DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850

Welcome to the Nursing Home Quality Care Collaborative!!

We are excited that more than 4,200 Nursing Homes and their partners have committed to ensuring that:

Every nursing home resident receives the highest quality of care. Specifically, instilling quality and performance improvement practices, eliminating healthcare acquired conditions, and dramatically improving resident satisfaction

In order for real change to occur the foundational practices and culture for change must be fertile, flexible and fast! This change package is a living document that seeks to provide a menu of strategies, change concepts and actionable items from which your collaborative team will choose from and begin testing. The intent is not that any nursing home would try to attempt every change concept at the same time but prioritize your efforts based on those areas where you feel change is needed (think about collecting a few "wins" first). We suggest that you be inclusive of your executive leadership, staff, residents and families in the prioritization of your efforts as everyone has something valuable to contribute! Subsequent versions of the change package will build upon what we learn as a collaborative community and grow to support your internal goals and the national measurement strategy.

While getting started can sometimes seem overwhelming, the key to success is simply testing small tests of change often! What can you test by next Tuesday? To get started, one nursing home may want to select a few of the actionable items for which they believe they have already implemented and collect information on the effectiveness of the effort while another may want to identify numerous areas where they feel improvement can be made and begin by testing in each of those areas. However it looks for your nursing home, there are many quality improvement practices, tools and supports available.

Lastly, the great thing about a collaborative is that you are never in it alone. You have the support of a national network of nursing homes, quality improvement organizations, Advancing Excellence, the state survey agencies, ombudsmen, residents and families, health care providers and advocacy groups all working towards the same goal of improving the system of nursing home care. Use the resources available to you and share your data, knowledge and successes so that the network can all learn from you.

Thanks for all the incredible work you do!

Your partner,

Jean Moody-Williams

Jean Moody-Williams
Director, Quality Improvement Group
Center for clinical Standards and Quality
Centers for Medicare and Medicaid Services

This page intentionally left blank

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

National Nursing Home Quality Care Collaborative

Change Package

February 2013 v 1.0

This material was prepared by the Oklahoma Foundation for Medical Quality and Stratis Health, the National Coordinating Center (NCC) for Improving Individual Patient Care (IIPC) Aim, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 10SOW-IIPC NCC-C7-139 021213

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

IIPC NCC
Improving Individual Patient Care
National Coordinating Center

Introduction

This change package is intended for nursing homes participating in the National Nursing Home Quality Care Collaborative led by the Centers for Medicare & Medicaid Services (CMS) and the Medicare Quality Improvement Organizations (QIOs), to improve care for the millions of nursing home residents across the country. The Collaborative will strive to instill quality and performance improvement practices, eliminate Healthcare-Acquired Conditions (HACs), and dramatically improve resident satisfaction by focusing on the systems that impact quality such as: staffing, operations, communication, leadership, compliance, clinical models, quality of life indicators and specific, clinical outcomes (targeted focus on inappropriate antipsychotics in persons living with dementia, falls, pressure ulcers, physical restraints, urinary tract infections, and healthcare-acquired infections).

This change package is focused on the successful practices of high performing nursing homes. It was developed from a series of ten site visits to nursing homes across the country, and the themes that emerged regarding how they approached quality and carried out their work. The practices in the change package reflect how the nursing homes leaders and direct care staff at these sites shared and described their efforts. The change package is a menu of strategies, change concepts, and specific actionable items that any nursing home can choose from to begin testing for purposes of improving residents' quality of life and care. The change package is intended to be complementary to such resources as literature reviews and evidence-based tools and resources.

Strategies

1. Lead with a sense of purpose: The actions of leaders, multiplied by the actions of many, shape a culture and an organization. Strategy 1 sets the expectation for excellence in leadership. The foundation of a learning organization rests upon: exceptional executive leadership; a strong mission and values; and an accepting non-punitive culture.
2. Recruit and retain quality staff: A quality-driven nursing home identifies and develops great talent, in whatever discipline they serve, by setting high expectations and fostering an affirming culture. It recruits and hires qualified caring staff that fits its mission, values, and culture, and then cultivates longevity through a supportive work environment. Staff members at every level feel that their primary purpose is to provide quality care to the residents.
3. Connect with residents in a celebration of their lives: Distinctive nursing homes create an environment where the "resident always comes first." The focus is on keeping residents active in their families' lives and the community, according to resident preferences. At the end of life, a celebration of life honors the resident and embraces family, other residents, and staff.
4. Nourish teamwork and communication: Teamwork and communication among staff and between staff and residents is nourished by disseminating information in a complete, consistent and timely manner. Strong communication links people and build relationships between staff and residents. High-functioning teams respect one another and work interdependently towards common goals.
5. Be a continuous learning organization: A continuous learning organization: knows where it stands; knows when and how to change; uses data to drive performance; and views the organization as an interdependent system. The interdependent system is described as the combination of the people, structures, supplies, and resources that come together within an organization to make it function.
6. Provide exceptional compassionate clinical care that treats the whole person: A focus on the whole person requires staff that knows the residents well and can anticipate their needs. It also requires an engaged and competent medical and care team that effectively manages residents' changing health conditions and avoids Healthcare-Acquired Conditions (HACs).
7. Construct solid business practices that support your purpose: A well-run nursing home excels as a business yet feels like home. It seeks ways to effectively manage the bottom line with integrity and with the resident as the focus. It runs efficient operations; invests in equipment and supplies to provide the highest quality care; and ensures that its physical and outdoor environments are comfortable and inviting.

Table of Contents

1. **Strategy: Lead with a sense of purpose.** 8
   - 1.a Change Concept: Be the leader you would want to follow. 8
   - 1.b Change Concept: Let the mission drive your actions. 10
   - 1.c Change Concept: Plant now – harvest later: Nurture professional growth and foster innovation in others. 11
   - 1.d Change Concept: Focus on systems for change. 12
2. **Strategy: Recruit and retain quality staff.** 13
   - 2.a Change Concept: Hire only the best fit for your organization. 13
   - 2.b Change Concept: Welcome new staff – make them part of the team. 14
   - 2.c Change Concept: Set high expectations - support success. 15
   - 2.d Change Concept: Give the best staff a reason to stay. 16
3. **Strategy: Connect with residents in a celebration of their life.** 17
   - 3.a Change Concept: Treat residents as they want to be treated, remembering that your facility is their home. 17
   - 3.b Change Concept: Foster relationships. 19
   - 3.c Change Concept: Create connections with the community. 20
   - 3.d Change Concept: Provide compassionate end of life care. 21
4. **Strategy: Nourish teamwork and communication.** 22
   - 4.a Change Concept: Expect and support effective communication with staff and between staff. 22
   - 4.b Change Concept: Be a collaborator among collaborators. 22
5. **Strategy: Be a continuous learning organization.** 24
   - 5.a Change Concept: Make systems thinking the norm. 24
   - 5.b Change Concept: Track your progress. 25
   - 5.c Change Concept: Test, test, test! 26
6. **Strategy: Provide exceptional compassionate clinical care that treats the whole person.** 27
   - 6.a Change Concept: Carefully build care teams and keep them together. 27
   - 6.b Change Concept: Choose medical leadership wisely. 29
   - 6.c Change Concept: Transition with care (between shifts, departments, and all care settings). 30
   - 6.d Change Concept: Strive to prevent problems and treat when necessary. 30
7. **Strategy: Construct solid business practices that support your purpose.** 33
   - 7.a Change Concept: Seek strategic and creative approaches to expand your resource base to meet your mission and serve your residents. 33

7.b Change Concept: Maximize your efficiency. 35
7.c Change Concept: Ensure you are making the most of your physical assets. 36

1. Strategy: Lead with a sense of purpose.

Change Concepts

1.a Be the leader you would want to follow.

1.b Let the mission drive your actions.

1.c Plant now – harvest later: Nurture professional growth and foster innovation in others.

1.d Focus on systems for change.

1.a Change Concept: Be the leader you would want to follow.

Action Items

1.a.1 Institute an "open door" policy for all levels of leadership to establish presence and consistent availability for staff.

1.a.2 Routinely spend time in all neighborhoods and during all shifts (spend less time behind office doors where your view, and perceptions are obscured).

1.a.3 Hold and attend neighborhood/household meetings on all shifts.

1.a.4 Talk directly to staff and residents. Establish a practice to ask:

- How they are doing.
- What they need in order to do their best work and provide excellent care.
- How you can help reduce frustrations that prevent them from doing their best work.

1.a.5 Demonstrate interest in staff by addressing them by name.

1.a.6 Commit to following through on issues brought to you—keep that commitment.

1.a.7 Quickly address staff issues and requests, providing feedback to the person making the request, even if you cannot accommodate the request (explaining why and expressing genuine appreciation).

1.a.8 Ask for help when needed, showing respect for the perspective and expertise of others.

1.a.9 Provide help both when asked and when not asked. Set the example and pitch in!

1.a.10 Make policies and procedures helpful and meaningful. If a policy or procedure is not effective, change it. Do not inadvertently support work-a-rounds.

1.a.11 Align your actions with your organization's shared values. For example, if one of your organization's values is honoring resident choices, make sure you and your staff honor resident choices.

1.a.12 Recognize and honor staff and resident opinions. Use their name; say that you value them; and acknowledge what you saw them do or know what they did. Demonstrate your sincere appreciation.

1.a.13 Empower all staff, residents and family members to look for improvements and suggest changes. Follow up on their feedback (your responsiveness will bring more suggestions).

1.a.14 Change your mind if someone has a better idea. Then give them credit.

1.a.15 Remove negative language. Talk positively about others.

1.a.16 Establish customer service expectations, for example, expected times for turn-around on issues raised by staff and residents. Then meet or beat that time.

1.a.17 Seek out feedback on your individual performance and mentoring from peers.

1.a.18 Credit others for contributions that positively affect your performance.

1.a.19 Say "thank you" to staff because these simple words are highly valued. Find and thank at least one staff member each day for something they have done that you are truly grateful for.

1.a.20 Ensure necessary equipment is readily available, well maintained and in good working order. Do this by creating a system where all staff members are responsible for notifying maintenance staff of problems. For example, if a certified nursing assistant (CNA) notices there is little hot water, this should be reported to maintenance for immediate repair.

1.a.21 Track staff incidents and accidents. Conduct root cause analyses to understand what happened and take action to prevent future occurrences.

1.a.22 Acknowledge and celebrate milestones such as six months or one year with no accidents.

1.b Change Concept: Let the mission drive your actions.

Action Items

1.b.1 Use an inclusive process to establish, review, and reaffirm your mission that involve staff, residents, and families.

1.b.2 Ensure values are considered core to the facility and those who live and work there, for example, respect, resident-centered care, honoring wishes, service, family, enriching lives, building relationships, care, dignity, quality.

1.b.3 Translate the mission into action. For example; create a, "caught in the act of practicing the mission and values" practice, as a way to show or point out what it means to put the mission into action.

1.b.4 Share the mission and values with people as they are applying for work in your organization. Screen applicants based on mission and vision "fit."

1.b.5 Include the mission and values in the orientation of new staff. For example, if "build relationships" is a core value, encourage new staff to get to know residents and establish a relationship.

1.b.6 Share the mission and values with all staff.

1.b.7 Ensure that there is alignment of mission and values with what is happening in the facility every day. Ensure all processes honor the values.

1.b.8 Discuss values daily. Tell stories about how the values are carried out.

1.b.9 Use values in carrying out decisions on a daily basis. Ask "does this decision match with our values?"

1.b.10 Conduct regular surveys of staff and residents regarding whether the values and mission are evident in the day-to-day work and the operations of the organization.

1.b.11 Make strategic decisions based upon mission. Ensure that mission and values are core factors in strategic decisions.

1.b.12 Establish and focus on clear expectations for all staff that is centered on mission and values; in turn, staff will create high expectations (linked to culture and initiated at orientation and reinforced along the way) for themselves and each other. Expect the best.

1.b.13 Build relationships with board or corporate members who may have unique connections to your community or organization that advance the mission and values.

1.b.14 Encourage frequent visits to the facility by the board, and encourage them to speak directly to residents and staff to understand how your mission and values are embodied in your work.

1.c Change Concept: Plant now – harvest later: Nurture professional growth and foster innovation in others.

Action Items

1.c.1 Set the expectation for leaders and staff to look for and share ideas for ways to grow and innovate.

1.c.2 Encourage staff to attend conferences and participate in state or national committees. Expect them to bring ideas back to the organization and develop a process for sharing.

1.c.3 Guide and empower staff to solve problems. For example, leaders should respond to problems that are raised not by proposing a solution but instead by asking the team to investigate and determine what they believe would work best. Leaders serve as a resource and coach to the staff.

1.c.4 Supply clinical and non-clinical consultants to staff, when needed, to provide ongoing learning, professional growth and success.

1.c.5 Seek creative ideas from multiple sources within and outside the organization in order to foster innovation. Create a safe environment to test new changes, to try new ways to meet resident needs.

1.c.6 Accept or seek out opportunities to contribute to learning in the long-term care profession. For example, participate in research studies or projects contributing to the advancement of the long-term care field.

1.c.7 Participate in educating student nurses, PTs, social workers, aides, etc. Learn from them and their schools about new emerging practices. Make sure they are on the right path with promoting individualized care in long term care.

1.c.8 If practices are not making sense or are frustrating to staff, residents or family, do not settle for "this is just the way it has to be"—challenge that, sort out what you have control over and look for ways to address improvements.

1.c.9 Build leadership skills through training, support and coaching to help staff be effective.

1.c.10 Help leaders and staff to feel in control of and committed to their neighborhoods or departments – to know that they can influence how their days go and the outcomes they achieve.

1.c.11 Develop opportunities for leaders to learn from and support each other. For example, establish groups of new leaders and provide mentoring in order to help them understand the organization and provide support. Through this, the new leaders also become support for each other.

1.d *Change Concept: Focus on systems for change.*

Action Items

1.d.1 Use the root cause analysis (RCA) process to look at systems rather than individuals when something breaks down – this is a practice that will be useful not only to create a non-punitive environment but also support Quality Assurance and Performance Improvement (QAPI). Demonstrate that you are willing to take the time to investigate and understand why something happened before determining a response.

1.d.2 Proactively look for opportunities to improve the system and avoid events by asking staff, "Where are we at risk? Where are you most concerned about making an error? Where could we improve our system or process in order to prevent errors?" This supports the expectation and importance of staff sharing information about potential problems and quality concerns.

1.d.3 When a mistake/unintentional error occurs, do not punish staff. Assure so that they feel safe to report the problem immediately. Respond to errors or incidents based on distinguishing whether there was an inadvertent error made, versus at-risk behavior versus reckless behavior. Do not punish for errors or mistakes but instead look for how to improve the system and console the staff involved.

1.d.4 Have leaders confer before deciding how to handle a quality breach by a staff member, rather than having each supervisor act alone. Explore process factors that might have caused the mistake so the appropriate response can be made.

1.d.5 Build trust with and between your staff (do what you say you are going to do – if you make a promise, deliver on it).

1.d.6 Openly admit your unintentional errors so people are less afraid to admit theirs.

1.d.7 Recognize that having a non-punitive culture does not mean not holding people accountable. Make sure that staff members understand that there are reckless and intentional behaviors that will result in punitive actions. For example, taking tips from residents, abuse of any kind, etc.

2. Strategy: Recruit and retain quality staff.

2.a Hire only the best fit for your organization.

2.b Welcome new staff – make them part of the team.

2.c Set high expectations - support success.

2.d Give the best staff a reason to stay.

2.a Change Concept: Hire only the best fit for your organization.

Action Items

2.a.1 Define what quality staff means to you based on the mission, describe the characteristics you are looking for.

2.a.2 Create job ads that highlight high standards that fit your mission, values, and culture. (For example, use phrases such as "we are a skilled nursing facility seeking qualified individuals for our team of caring, dedicated professionals." OR "at XXX your work is always appreciated and never underestimated. We support our employees with competitive pay and benefits, quality leadership and a positive team environment.")

2.a.3 List quality achievements or awards on your website recruitment page and in your job ads as a demonstration of your commitment to quality.

2.a.4 Determine who needs to be involved in the hiring process based upon the position to be hired. Include opportunities for neighborhood staff and resident involvement in the selection process.

2.a.5 Before hiring, take candidates to the work site to see how they respond to those who live and work there.

2.a.6 When interviewing staff, ask why they got into profession; why they do this work. Look for candidates who are sincerely passionate about providing compassionate care.

2.a.7 Explore "fit". "Fit" is equally important to skills.

2.a.8 Use behavioral based questions during interview, for example, ask how they have responded to or would respond to different situations that arise in nursing homes. Have Human Resources staff conduct the first interview to focus on the "fit".

2.a.9 Ask candidates about their values. Use open-ended questions and ask them to share stories, give examples of how they have demonstrated their values. Include a question like: "What would you like to learn by working with us?" or "Describe to me what you consider to be a high quality nursing home?"

2.a.10 Ask about aspirations for personal and professional growth. This sends the message you want them to grow with your organization.

2.a.11 Embed a consistent high expectation message during the initial interview to align with the mission of service and resident-centered care.

- Use organization values and performance improvement as part of interview process. Make it clear to the candidate that you are looking for a good fit for the organization but also this is the person's chance to determine if this is a good fit for them. For example: give candidate a copy of your organization's Mission Statement and company values and ask: "Which one of these values resonates with you and tell me how you might use it in your work?"

2.a.12 Ensure continuity and consistency of high expectations is carried through all aspects of initial hire. During the hiring process explain that ideas for performance improvement are solicited from residents, family and staff.

2.b Change Concept: Welcome new staff – make them part of the team.

Action Items

2.b.1 Ensure continuity and consistency of high expectations is carried through all aspects of orientation. Review value based expectations during orientation. For example: "Employee works cooperatively and collaboratively with staff from other departments."

2.b.2 Provide employees with the tools and training they need in order to do their job well. For example, in-services, online and in-person training opportunities.

2.b.3 Assign a "buddy" or "mentor" for new staff to help them learn about the culture and "how we do things here." Ensure the mentor is someone who represents the mission and values in their attitude and work, and is available to support the new staff member through the challenging first months of a new position.

2.b.4 Make the length of orientation flexible, based upon the individual's needs, in order to develop strong employee orientation practices.

2.b.5 Have staff shadow other disciplines during orientation so that they see how their role interacts with others.

2.b.6 Encourage new staff to ask questions, and take the time to answer thoroughly and thoughtfully.

2.b.7 Schedule a 30-45-90 day follow-up interview by Human Resources to find out what support, additional training, etc. is needed. Give feedback to the manager.

2.b.8 Create opportunities for staff members to work together as a team on projects in order to foster a sense of family and community. (For example, the staff on each floor/unit decorates a pumpkin for Halloween and the residents vote for the best, or each department creates a "theme gift basket" for the holidays for a raffle, or staff members work together to create activities or decorations for a themed Nursing Home Week.)

2.c Change Concept: Set high expectations - support success.

Action Items

2.c.1 Embed a continuous and consistent message of high expectations through all aspects of on-going employment.

2.c.2 Tie and reinforce value-based expectations in performance appraisals. For example, look for or ask about examples where the individual demonstrated flexibility, independence & initiative while fostering a cooperative, caring attitude among staff.

2.c.3 As a leader, uphold the high expectations of the organization. If you see an issue, take action and set the tone for high expectations.

2.c.4 When hiring nurses, give them a sample competency test/checklist to set the expectations that they will be assessed on these skills on the job. Ask them to contribute to improving the test/checklist.

2.c.5 After hire but before orientation, have new employees complete a skill-based competency test.

2.c.6 Conduct annual Skills testing. Make it engaging; expect all staff to participate.

2.c.7 Explore experiential learning opportunities such as being placed in lifts, being fed, cleaning a resident room.

2.c.8 Foster a higher level of understanding and appreciation among staff members of separate departments. For example, encourage staff in non-clinical departments (housekeeping/dietary/laundry etc.) to obtain nursing assistant certification (as appropriate), allowing them to broaden their job.

2.c.9 Develop cross-training among departments to create blended roles; for example, housekeeping/laundry, housekeeping/dietary or dietary/activities. Involving staff in different roles promotes higher levels of cooperation and collaboration among staff members.

2.c.10 Include interdepartmental collaboration in job descriptions.

2.c.11 Set the expectation that all staff responds to resident needs and requests, whether or not they are assigned to work in that specific neighborhood.

2.c.12 Solicit staff feedback on staffing levels to ensure adequate help and respond to needs that emerge.

2.c.13 Use formal (staff satisfaction surveys) and informal (rounding) means to gain feedback on the quality of care and respond to needs that emerge.

2.c.14 Hold short stand-up meeting between manager and staff for each shift to identify concerns, resource needs, etc.

2.c.15 Recognize and reward staff for achieving organizational goals. For example, long periods without accidents.

2.c.16 Provide opportunities for staff to recognize or nominate fellow staff members for recognition or awards.

2.c.17 After survey process is complete, recognize the full team for their contributions. For example, formal leaders come in on all shifts and provide treats while rounding facility.

2.c.18 Celebrate successes - it's the little things that matter.

2.c.19 Recognize and reward staff for performance and commitment. For example, sponsor an annual banquet to recognize staff for years of service. Invite family members to attend. Send the family a questionnaire prior to the banquet to share stories during the introduction. Invite residents to come if they are able.

2.c.20 Before initiating change in the organization, meet with any staff and residents/families that will be impacted by the change in order to gain their support, buy in, and get their feedback. This sends an important verbal and non-verbal message that the organization believes they have valuable information to contribute.

2.d Change Concept: Give the best staff a reason to stay.

Action Items

2.d.1 Ensure your compensation and benefits are competitive in your marketplace.

2.d.2 Establish profit-sharing to make staff "partners" instead of "employees" (for-profit organizations).

2.d.3. Support staff in their professional development. For example, encourage continuing education, provide scholarship programs, reimbursement for time; pay percentage of tuition, provide in-services, or provide training on English as a second language.

2.d.4 Implement weekly paychecks, 401(k) plans, etc.

2.d.5 Provide an Employee Assistance Program (EAP) with no questions asked.

2.d.6 Provide opportunities for flexible schedules and work environment so that individuals are able to better balance work and family/home needs.

2.d.7 Create opportunities for the voices of your staff to be heard.

2.d.8 Coach and support supervisors so they provide effective, caring supervision and leadership for employees.

2.d.9 Implement succession planning; identify internal staff members with the potential to fill key leadership positions and provide them with development experiences. For example, involve them in problem solving and strategic planning.

3. Strategy: Connect with residents in a celebration of their life.

3.a Treat residents as they want to be treated, remembering that your facility is their home.

3.b Foster relationships.

3.c Create connections with the community.

3.d Provide compassionate end of life care.

3.a Change Concept: Treat residents as they want to be treated, remembering that your facility is their home.

Action Items

Admission process

3.a.1 Welcome new residents by creating opportunities for them and the staff to get to know each other. For example, a learning circle in the neighborhood to introduce the new residents, haring information gathered through psycho-social assessments and preferences, conducting interviews with all staff in the neighborhood or having a staff member interview the residents and present a summary for all staff.

3.a.2 Schedule an admission conference when a new resident arrives and gather not only clinical information but also personal history, preferences, etc.

Know residents as individuals. For example, establish processes and expectations such as:

3.a.3 List residents' choices and preferences related to all aspects of their daily lives. For example, wake time, food preferences, activities, bathing and bedtime. Make the list available to all staff to consult with as they are working alongside the resident.

3.a.4 Provide a book or journal about each resident's care processes and programs so that staff can update for others to read and stay current.

3.a.5 Keep all disciplines/staff informed of residents' preferences and progress so they can relate to the whole resident using processes such as 24-hour report, daily stand-up, huddles, and interdisciplinary team meetings.

3.a.6 Create a household notebook that provides information about the person's life (similar information you may see in an obituary but don't have to wait till they die to learn it).

3.a.7 Publish a monthly birthday list that includes resident and staff birthdays to emphasize that you work together and celebrate together.

3.a.8 Create a game. For example, share pieces of a biography of a resident and ask staff to identify them (or vice versa), or identify a baby picture.

3.a.9 Learn from family members to care for residents as they know them.

Staff training and expectations

3.a.10 Use words that reflect that this is the resident's home. For example:

- Use avenue, neighborhood, or household instead of unit.
- Describe the resident as moving in rather than being admitted.
- Use the word 'encourage' that supports the concept that residents are in control of their own choices.
- Explain that staff assists with eating rather than feeds the resident.

3.a.11 Create an environment where greeting with a smile and making eye contact is the norm to show that you value residents.

3.a.12 Conduct care conferences in the location most comfortable to the resident and best promotes openness and sharing. For example, in the resident's room.

3.a.13 Make prompt response to resident's needs as top priority. For example, expecting all staff and all disciplines to respond to call lights and structuring services and staff to allow for maximum response to resident needs.

3.a.14 Train staff that their appropriate response to resident's requests are positive, for example, "Thank you for asking. Let me see what I can do."

3.a.15 Keep care plans, journals, or other tools updated. Encourage all staff to update them as they identify changes.

3.a.16 As part of the first day orientation for new staff, tell stories on how residents' desires have been met. For example, how an opportunity was found to provide a way for a resident to do something special.

Structures for resident engagement

3.a.17 Promote bi-directional relationships between residents and staff. For example, a buddy or guardian angel program that matches residents and staff persons in a long-term relationship. Allow staff paid time to nurture these relationships.

3.a.18 Create a "Resident Life Committee" composed of residents and staff who come together to discuss any issues or ideas created by individual neighborhoods or the overall nursing home. Use their suggestions to make changes that contribute to the residents' quality of life. For example, adding their favorite foods to the menu arranging for a requested music event, etc.

3.a.19 Create opportunities for the residents to "give to others" and promote meaning in life. For example, help gather food for food shelf drive, participate in creating a gift for the new year's baby, select name from local giving tree at holiday times, help staff with English as a second language needs, collect or provide donations for individuals/groups in need.

3.a.20 Feature a monthly resident at household meetings along with their family present to provide an opportunity to meet everyone and talk about their lives/interests.

3.a.21 Celebrate different staff and resident cultural traditions as a way to better understand differences and similarities. For example, sharing foods, customs, and traditions.

3.a.22 Support residents to become involved and celebrate life events of staff such as weddings, births, etc.

3.b Change Concept: Foster relationships.

Action Items

3.b.1 Welcome and encourage family members to communicate with staff and resident. Proactively provide opportunities for families to communicate, including contact information and who to contact when.

3.b.2 Invite family and friends to visit anytime, eliminating visiting hours for resident's family members. Help them feel welcome. Give family information on how to access the building at times when doors may be locked.

3.b.3 Encourage families to feel "at home" when visiting – access to beverages, comfortable places to visit, etc.

3.b.4 Proactively initiate frequent communication with family members (regular calls or meetings) and discuss all aspects of resident care and life.

3.b.5 Create "two-way" communications – sharing with family and listening to their opinions and concerns.

3.b.6 Provide feedback – if you say you are going to follow-up, do so, and let them know what you found out.

3.b.7 Invite family members to witness and provide care as they desire.

3.b.8 Provide family members with ideas of activities to do with residents when visiting, especially for family members of residents with dementia who may not be able to express their needs. For example, help them decorate their room, bring in the family pet for a visit, share family photo albums, share stories, or join them for coffee in the dining room.

3.b.9 Invite family members to activities that the resident enjoys and would enjoy having family members with them at as well.

3.c Change Concept: Create connections with the community.

Action Items

3.c.1 Ask for suggestions from residents and families about activities they would like to attend in the community and follow up on their suggestions and provide transportation. For example, trips to see the changing colors of the leaves, a shopping trip, attend religious services, attend a community event, or attend a local play.

3.c.2 Make use of available technology. Use video streaming to broadcast the religious services at the nursing home allowing residents to participate in real time.

3.c.3. Be active in your local community to increase awareness and understanding of the services and care you provide and who your residents are. For example, at health fairs, with the Chamber of Commerce, or at the senior center(s).

3.c.4 Ask for suggestions from residents and families about community members or groups they would like to invite to the nursing home and follow-up on their suggestions. For example, invite the local clubs (for example Red Hat Club, Ladies Aide groups, Kiwanis, Masons, card clubs) so residents can participate, and invite local business men and women to have lunch with residents, sharing what's new in their business.

3.c.5 Establish discussion groups of interest to residents. For example, an ecology club.

3.d *Change Concept:* Provide compassionate end of life care.

Action Items

3.d.1 Provide on-site training for staff on the death and dying topic to aid them in providing compassionate care to the dying resident and supporting family members and each other.

3.d.2 Encourage empathy by training staff to ask themselves what they would want if they were in the resident's or family's position.

3.d.3 Support the neighborhood staff members as they provide care for the dying resident and after the resident passes away, acknowledge their care and presence and feelings.

3.d.4 Develop a system for ensuring that the dying resident is not alone (honoring resident's preference) – include family, staff and volunteers. Have a signup sheet for volunteers/staff to take shifts if the family is not available. Encourage the family to step away from the bedside for their meals, etc. by providing someone to sit with their loved one while they are gone. Be present with the resident and family so that they are not alone.

3.d.5 Provide comfort items for the family/representatives staying with the resident. For example, food, water, and/or blankets.

3.d.6 Involve clergy/pastoral care staff in support of staff as well as resident & family during the dying process. Also, provide access to faith resources 24-hours a day.

3.d.7 With permission of the resident and/or family, encourage other residents and staff to visit the dying resident if they wish.

3.d.8 Let family stay with the body as long as they want after the death occurs.

3.d.9 At the time of death, find ways to honor the deceased resident in line with their and their family's preferences, that give fellow residents and staff the opportunity to mourn the loss and celebrate their life. For example:

- At the time of death, have a reverent but public ceremony where staff and residents can acknowledge and celebrate the deceased. Make sure that staff on all shifts is aware of the procedure so that it happens whenever someone passes away. Laminate the prayer and/or directions for the bedside service so that any staff member can lead it.
- Escort the resident out the front door to the hearse, draped in a special "dignity" quilt. This is called the Walk of Honor.
- Schedule time for a memorial for each resident to share memories of their life. For example, have a process for saying "good bye" when the body leaves the facility and "welcoming back" when the body is brought back for the wake.
- Encourage staff to write notes to the family members to share thoughts, wishes, and memories. Collect the notes and send to the family members. Provide opportunities for anyone who wishes to share memories of the resident.
- Have a memory book in the main waiting area – as each resident dies, a page is added with reflections from the wake and any comments added by those present.

3.d.10 Provide an option for families to have a funeral service at the nursing home as another way of including them and acknowledging that this is their loved one's home.

3.d.11 Provide a meal for the family during the wake.

3.d.12 Do a service for all who have died during the year – as the name is read, a candle is lit, after the service, the family is invited to take the candle home with them.

3.d.13 Greet the family as they return to collect personal belongings, let them know how you are feeling and acknowledge their feelings. Show them you care.

3.d.14 Show slides at annual staff training of all residents that died to help staff remember and assist with grieving. Include photos to put a face with the name.

4. Strategy: Nourish teamwork and communication.

4.a Expect and support effective communication with staff and between staff.

4.b Be a collaborator among collaborators.

4.a Change Concept: Expect and support effective communication with staff and between staff.

Action Items

4.a.1 Implement a formal method for communication between shifts. For example, face to face meetings or huddles between shifts, Nursing Assistant shift-to-shift bedside report, and a communication journal in residents' rooms.

4.a.2 Conduct regular staff surveys and share results with staff, including opportunities for staff response and questions.

4.a.3 Establish the use of learning circles and huddles to foster relationships and create an opportunity for all to be heard.

4.a.4 Establish a process of updating care plans that supports effective communication, is sustainable in practice and requires measurement.

4.a.5 Include "all voices" that have a stake in what is being discussed. For example, if you are discussing an issue that pertains to a household you need to include the nursing assistants, dining, housekeeping, nurses, residents, families, etc. Use methods that encourage open and honest communication, especially to get at concerns. For example, staff may be more willing to share concerns in an anonymous survey.

4.a.6 Develop communication plans that use multiple approaches (e-mail, verbal, newsletters, etc.) based on content and audience to ensure a consistent message is disseminated throughout the facility and across all shifts. Do not rely on word-of-mouth.

4.a.7 Include all shifts in communications.

4.a.8 Establish regular neighborhood meetings on each shift for the purpose of identifying what is working well as well as opportunities to improve.

4.a.9 Remove boundaries between departments. For example:

- Shadow other disciplines at the time of hiring so they know what everyone needs to do to make the household run.
- Have housekeepers become CNAs which fosters communication and understanding between roles.
- Use interdisciplinary teams for problem solving.
- Hold neighborhood meetings that all disciplines attend.

4.b Change Concept: Be a collaborator among collaborators.

Action Items

4.b.1 Provide training in systematic methods so the team focuses on the project, not on figuring out how to work together as a team.

- Use templates or methods for consistency and to support shared expectations of process. For example, agenda and minutes.
- Use organizational resources. For example, having a place to put information on an intranet/SharePoint.

- Encourage team tools such as brainstorming techniques.
- Provide training on how to coach and provide feedback.

4.b.2 Celebrate successful collaboration.

4.b.3 Create systems that support teams to function even when they do not have the luxury or meeting to discuss. For example, a list of zip codes available of all staff to quickly organize carpooling during bad weather.

4.b.4 Model executive teamwork in interactions with each other and the rest of the organization. Do not delegate teamwork in crisis situations. For example, in a natural disaster the management stays in the facility along with the other team members - maintaining teamwork even when things go wrong.

4.b.5 Involve all staff in changes and improvement to increase the feeling of ownership and accountability. For example, when tackling a problem such as removing all audible alarms, start by surveying staff and gather their needs and recommendations.

4.b.6 Look for opportunities to coach to help strengthen team relationships. For example, role play a situation with staff prior to when they may need to address a conflict with a co-worker.

4.b.7 Cross-train staff so people can assist each other and collaborate.

4.b.8 Encourage and model for all staff to do whatever is necessary. For example, expect anyone to assist a resident that is requesting help, everyone is responsible to report equipment that is not in good repair, etc.

4.b.9 Encourage staff to help and support each other on and off the job. For example, having a practice in place to make sure staff is able to attend life events of other staff, such as funerals.

4.b.10 Involve managers in work of the neighborhoods. For example, everyone assists periodically in dining room during a meal.

4.b.11 Reward and recognize teamwork. Performance evaluations can include feedback on collaborative practices as much as individual contribution and achievement.

4.b.12 Encourage and reward staff for supporting each other. Create a real-time reward or recognition program to highlight when staff models this behavior.

4.b.13 Teach and model offering and accepting help.

4.b.14 Teach and model giving constructive feedback that is timely and specific and respectful, to help team members improve.

4.b.15 Enable management and administrative staff to be as close to the residents and direct care staff as possible to foster shared focus on resident needs. For example, place offices in neighborhoods rather than by department.

4.b.16 Share thank you notes received with everyone in the facility For example, via e-mail, posted on a bulletin board.

5. Strategy: Be a continuous learning organization.

5.a Make systems thinking the norm.

5.b Track your progress.

5.c Test, test, test!

5.a Change Concept: Make systems thinking the norm.

Action Items

5.a.1 Establish the nursing home as a learning organization whereby staff identifies areas for improvement in themselves and in care processes at the facility.

5.a.2 Create daily opportunities for learning. For example, conduct rounding with MD or nurses or discuss short vignettes for learning.

5.a.3 Discuss processes and systems to identify areas for improvement regularly – in meetings as well as everyday interactions.

5.a.4 Empower residents to get involved by identifying areas of improvement.

5.a.5 Build redundancies into the practices in order to prevent errors and lapses. For example, create checks and balances.

5.a.6 Use prompts and reminders to assist staff in completing critical processes and steps and prevent potential adverse events.

5.a.7 Make visible and talk about how different processes and activities are inter-related and part of systems.

5.a.8 Identify implications and consequences of changes to show inter-connectedness and relationships, intended and unintended.

5.b Change Concept: Track your progress.

Action Items

5.b.1 Measure important indicators of care that are relevant and meaningful to the residents you serve. For example, pressure ulcer rates, falls, infections, emergency department and hospital admissions/readmissions, satisfaction.

5.b.2 Set stretch goals. Choose national, state, and local performance benchmarks to beat.

5.b.3 Get everyone involved in setting goals including staff, management, and the board.

5.b.4 Openly and transparently share your performance data with staff, board, residents and families.

5.b.5. Be a valued partner to payers and other parts of the health care system by demonstrating the high quality of care you provide, opening the doors to your participation in new care delivery and payment models. For example, Accountable Care Organizations, bundled payment programs, readmissions initiatives.

5.c Change Concept: Test, test, test!

Action Items

5.c.1 Prioritize opportunities for improvement.

5.c.2 Know when to make real changes to processes and when to make enhancements to current processes.

5.c.3 Identify and support a change agent for each improvement project – a cheerleader and/or key facilitator of change in your facility. Choose someone who is expected and able to keep momentum despite setbacks and other factors that come up and distract.

5.c.4 Use a change methodology like PDSA (Plan, Do, Study, Act) to test small incremental changes; track and monitor your progress.

5.c.5 Take advantage of existing performance improvement templates and tools that are easy to use and guide systems thinking to define the problem, test interventions and measure the impact on the problem and on the larger system. Tools may include flowcharting, the PDSA cycle and root cause analysis.

5.c.6 Use an action plan template that defines who and when—to establish time lines and accountability.

5.c.7 Use a multi-department and multi-disciplinary approach to improvement. Involve people who care about the process being improved.

5.c.8 Involve residents and external stakeholders in improvement initiatives.

5.c.9 Set specific numerical performance improvement goals that staff and leadership personally own, believe in and understand their role in achieving.

5.c.10 Track and report progress in meeting performance improvement goals.

5.c.11 Celebrate success and find creative ways to reward and recognize staff who contribute to achievement of goals.

5.c.12 Set up a scoreboard for staff that monitors progress towards important goals. Example of a goal: days at zero pressure ulcers. Post the scoreboard that chart progress in common areas such as halls, staff room, etc.

6. Strategy: Provide exceptional compassionate clinical care that treats the whole person.

6.a Carefully build care teams and keep them together.

6.b Choose medical leadership wisely.

6.c Transition with care.

6.d Strive to prevent problems, and treat when necessary.

6.a Change Concept: Carefully build care teams and keep them together.

Action Items

6.a.1 Assign each staff member consistently to one area/neighborhood of the home so that they can serve one group of residents and care for the same residents almost every time they are on duty.

6.a.2 Train/educate your staff on the benefits of consistent assignment.

6.a.3 Implement consistent and then permanent/life time assignment. Start small – go slow. Meet with staff to enlist support and listen to concerns. For example, try on one neighborhood for 2 weeks, then progress to monthly, and finally permanent as the staff adjusts.

6.a.4 Involve staff in planning for consistent assignment. Enlist their help in making assignments looking for balance and what is doable.

6.a.5 Use feedback from residents and families in making assignments.

6.a.6 Meet regularly with staff and residents to discuss how consistent assignment is working, including reviewing assignments to ensure that relationships are going well.

6.a.7 Monitor the process as a QI project by discussing the status of change efforts at each QI meeting, making sure that all disciplines are informed and involved in process.

6.a.8 Make changes in resident assignment only when it will benefit the resident.

6.a.9 Empower direct care staff to be involved in team decision making by encouraging them to come forward with concerns and ideas.

6.a.10 Include all staff and disciplines in activities that provide opportunities to build relationships with the residents and the other team members.

6.a.11 Introduce new residents and staff to all staff and all departments.

6.a.12 Assign all disciplines permanently to a neighborhood and consider them as part of the team.

6.a.13 Have all disciplines attend neighborhood meetings and encourage full participation such as dining services, maintenance, and housekeeping.

6.a.14 Look for opportunities to blend roles, promoting opportunities for staff to work differently in support of good resident care and life. For example, housekeepers or dietary staff also trained as CNAs.

6.a.15 Involve medical leadership in senior management meetings.

6.a.16 Involve the medical director in the team that establishes and updates clinical care guidelines.

6.a.17 Involve medical leadership in the development of forms/communication tools to use in medical records and for communication.

6.a.18 Involve the medical leadership in providing education programs for staff. For example, have the medical director complete grand rounds regularly where they are educating staff on identification of early symptoms of heart failure, pneumonia, etc.

6.a.19 Bring services to the nursing home to minimize the need for residents to leave the nursing home for care. For example, lab, x-ray, EKGs, modified barium swallows, ultrasound, INR testing, etc.

6.a.20 Ensure adequate specialties are available to address the complex needs of residents – optometrist, podiatrists, psychiatrists, psychologists, orthopedics and geriatric psychiatry.

6.b Change Concept: Choose medical leadership wisely.

Action Items

6.b.1 Clearly articulate the expectations of medical leadership to have strong administrative and communication skills through the position description. Look for longevity and active involvement in organizations. Don't be afraid to be selective.

6.b.2 Choose an ideal model of care for residents and hire your medical director based on that idea. For example, if the ideal situation is to have a medical director round daily, set the expectation and hire based on the idea.

6.b.3 Provide routine feedback on the performance of the medical director and other providers to them.

6.b.4 Expect that the medical director/providers listen to nurses, aides, other staff, and actively seek their suggestions, assessments, and recommendations.

6.b.5 Involve the current medical director in training his/her replacement.

6.b.6 Provide competitive compensation so that the medical director can dedicate appropriate time to the facility.

6.b.7 Encourage the medical director and physicians to keep track of opportunities for improvements and bring those to leadership and QI.

6.b.8 Engage the medical director and physicians in the QAPI committee to review data, look for trends and opportunities for improvement, and make recommendations for addressing them.

6.b.9 Seek the input of primary care physicians/providers in initiatives that impact their residents or the systems of care in the facility.

6.b.10 Engage in QAPI by sharing data and trends, encourage input on opportunities for improvement as well as any recommendations for addressing them.

6.b.11. Include the medical director as a part of the leadership team and structure your team and meetings so they can actively participate.

6.c Change Concept: Improve communication between all staff, [illegible], departments and all care settings.

Action Items

6.c.1 Set standard times for medical director/primary physician to be available for consult regarding non-urgent issues. For example, 7-8 am or 5-7 pm.

6.c.2 Reduce or eliminate medical care by fax. Instead, communicate verbally with primary care physicians/providers.

6.c.3 Foster close communication between medical director/primary physician and NPs or PAs, including:

- Provide regular and timely updates on residents to anticipate needs or changes.
- Ensure consistency with plan of care.

6.c.4 Use available technology to connect with the medical director when they are not on site. For example, electronic medical records and video chat.

6.c.5 Schedule the medical director/primary physician availability to nurses 24/7.

6.c.6 Arrange communication channels with the medical director. For example, the medical director provides personal cell phone numbers to staff and encourages staff to call.

6.c.7 Create a structure and processes for communication to ensure key information is consistently transferred from staff to staff.

6.c.8 Ensure that all changes in resident status have been communicated by having nursing assistants round together at the change of shift.

6.c.9 Identify clinical cases for use in education to recognize changes in resident conditions early and react to them appropriately. For example, review an a-typical presentation of heart failure.

6.c.10 Provide evidence base or expert endorsed recommended tools and resources to manage conditions that contribute to hospitalizations. For example, congestive heart failure, pneumonia, aspirations, or urinary tract infections.

6.c.11 Teach all staff to look for changes in resident conditions. For example, use "stop and watch" forms (small enough to fit in a pocket) that can be completed and given to the nurse.

6.d Change Concept: Strive to prevent problems and treat when necessary.

Action Items

6.d.1 Collect data/ information with regard to hospital admissions/re-admissions and emergency department transfers as determined by the nursing home medical and clinical leaders:

- Track and analyze admission and transfer data.
- Identify if the decision to hospitalize was made by the resident's physician or an on-call provider that is not as familiar with the resident.

6.d.2 Conduct root cause analyses on all residents going to the emergency department or hospital to understand potentially avoidable hospitalizations

6.d.3 Review hospital re-admissions with staff as a group learning experience and identify any opportunities for improvement. Track the resident outcomes.

6.d.4 Provide standardized communication tools to give nurses options to be better prepared to update the provider and ask for what they need. For example, SBAR (situation/background/assessment/recommendation) communication templates or Care Paths.

6.d.5 Encourage and assist resident/families to complete advanced directives.

6.d.6 Communicate and provide education to the providers, residents and families on what equipment and medications you have available to treat the residents at your facility.

6.d.7 Collaborate with referring hospitals to identify needed information at time of admission to NH and transfer to hospital. Provide and receive feedback on effectiveness of interventions.

6.d.8. Ensure evidence-based policies and procedures are in place and staff are trained and supported to follow them for common conditions. For example, pressure ulcers, infections and other conditions unique to your facility.

Pressure Ulcers

6.d.9 Identify before admission if a person is at risk for skin breakdown in order to prevent pressure ulcers.

6.d.10 Inspect skin on admission (within xx hours) in order to prevent pressure ulcers.

6.d.11 Conduct comprehensive skin risk assessment (within xx hours) of admission and review on an ongoing basis using a standardized form.

6.d.12 Inspect skin on a weekly basis as a means to prevent pressure ulcers.

6.d.13 Communicate risk assessment results, skin checks and interventions to the nurses, nursing assistants and interdisciplinary team members.

6.d.14 Implement a plan for skin integrity (within xx hours of admission) to include, per individualized assessment, as appropriate:

- Support surfaces (bed and W/C).
- Offer fluids regularly for hydration.
- Provide resident preferred food choices and help the resident eat if needed. Real food first, fortified foods, and then supplements only when necessary.
- Help the resident to be as mobile and active as possible.
- Keep skin clean and dry.
- Provide incontinence care if needed.
- Individualize turning and repositioning schedules.
- Keep heels elevated off bed.
- Involve dietary and therapy before any issues arise.

6.d.15 Identify all potential causes of decreased mobility, including mood/mental health concerns, pain, etc. Develop a plan to address.

Infections

6.d.16 Practice antibiotic stewardship through monitoring the appropriateness of antibiotic use to prevent overuse of antibiotics.

- Do not use broad spectrum antibiotics without culture results and quickly change to narrow spectrum antibiotics that target the bacteria identified on the culture.
- Avoid antibiotics known to cause C.*difficile* and consider following with probiotics or yogurts containing Lactobacillus or Bifidobacteria.

6.d.17 Implement and follow guidelines for obtaining urinalyses and urine cultures.

6.d.18 Set expectation that all staff will be immunized.

6.d.19 Provide immunizations for residents and staff at no cost to staff. Go to the staff to give immunizations rather than making them come to you.

6.d.20 Ensure hand hygiene processes are being followed to avoid facility and iatrogenic (healthcare-acquired) infections:

- Conduct periodic observations of hand hygiene.
- Make hand sanitizers available.

- Post reminders for staff in restrooms and at sinks.
- Educate staff and residents.

6.d.21 Train and retrain all staff in standard precautions.

6.d.22 Follow proven environmental cleaning techniques to reduce the potential for the spread of infections:

- Use disinfectants as recommended.
- Use of disposable laundry bags to reduce handling of soiled linen.

Physical Restraints and Falls

6.d.23 Eliminate the use of physical restraints.

6.d.24 Deem audible alarms as restraints and develop plan for reduction and ultimate elimination.

6.d.25 Assess all residents for risk for falls and develop an individualized plan for their safety.

6.d.26 Promote strengthening and balance for all residents as a means to prevent falls.

6.d.27 Review all falls (including times, explore causes, determine whether patterns exist) and implement interventions for prevention based upon findings.

6.d.28 Involve resident and family members, the inter-disciplinary team members, and direct care staff in the investigation of falls and ideas for prevention.

Behavioral Health, Caring for Persons Living with Dementia

6.d.29 Educate staff and family on different types of dementia, and approaches to care, including medication use, in order to reduce/eliminate the use of anti-psychotic medications.

6.d.30 View "disruptive" behaviors as attempts to communicate needs. Explore patterns, times, potential causes to help understand the needs that are being communicated.

6.d.31 Involve direct care staff on all shifts in identifying and sharing approaches that work for behavior disorders. For example, meet with nursing assistants to gather creative ideas and ways they have identified and met resident needs without the use of anti-psychotics.

6.d.32 Provide individualized care based upon the resident's response. Empower the nursing assistants to use their best judgment and knowledge of the resident when caring for them.

6.d.33 When anti-psychotic medications are used, document the specific reason for use. For example, instead of stating paranoia, describe specific symptoms such as not eating because of fear of being poisoned by food.

6.d.34 Encourage staff to meet the resident's needs rather than accepting behaviors as typical.

6.d.35 Promote an environment that has been proven to be supportive: quiet; normal routine of home, familiar areas, consistent staff, etc.

7. Strategy: Construct solid business practices that support your purpose.

7.a Seek strategic and creative approaches to expand your resource base to meet your mission and serve your residents.

7.b Maximize your efficiency.

7.c Ensure you are making the most of your physical assets.

7.a Change Concept: Seek strategic and creative approaches to expand your resource base to meet your mission and serve your residents.

Action Items

7.a.1 Encourage staff involvement in identifying opportunities for additional revenue (no silly questions; letting them know their thoughts count; safe to speak up and be involved).

7.a.2 Engage senior leadership in exploring opportunities to search for alternative revenue streams that are in line with the facility's values and mission. Make the case; provide a cost/benefit analysis, use visuals, etc. Make if fun, whoever comes up with the best idea wins a prize.

7.a.3 Regularly review community needs, for example, PT, OT, speech, respiratory. Ask your referral sources about service gaps and unmet community needs.

7.a.4 Attend local events to increase awareness of services to meet the community's needs.

7.a.5 Seek grants/research opportunities, both private and public, to generate revenue. Maintain relationships with potential funders. Keep funders updated on the status of projects.

7.a.6 Explore innovative ideas to generate revenue. For example, lease unused space, create an office for a dentist, and lease the rooftop for cell phone tower.

7.a.7 Encourage staff involvement in fundraising.

7.a.8 Develop relationships with families for help in fundraising to provide needed equipment and materials.

7.a.9 Include the surrounding community in developing creative ways to fundraise.

7.a.10 Generate a list of equipment and materials for fundraising. For example, walkers, wheelchairs, clothing or art materials for recreational activities, etc.

7.a.11 Include a recreational wish list (for example, games, art supplies, gardening materials, services, areas of expertise) in community accessible places (for example, website, family/community newsletter) with instructions on how to donate.

7.a.12 Create an internal referral program for staff and residents/families to increase the number of residents.

7.a.13 Develop a database contact program (e-mail/phone/in-person) involving the leadership team to increase the total number of residents with minimal increase in expense.

7.a.14 Create an event to draw community financial support. For example, fundraisers, yard sales, or a garden tour.

7.a.15 Focus on fast result channels to increase the number of residents: professional referrals: hospice agencies, assisted living communities, home health agencies.

7.a.16 Develop and execute a master marketing/outreach plan and calendar to create a demand for services offered.

7.a.17 Develop statistics on the average length of stay (ALOS) per diagnosis, re-hospitalization rate, best practices, 5 star rating, etc. and share with hospitals, physician groups, and other referral sources as part of marketing materials.

7.a.18 Develop an anti-attrition program with the goal to have zero dissatisfied ratings (not related to medical, financial, death).

7.a.19 Routinely use resident satisfaction survey and follow up on issues and concerns to have data to share with prospective residents and the community.

7.a.20 Hold routine resident community meetings to involve residents in the life of community (share what residents like and do not like). Inform residents of changes happening in the community.

7.b [illegible]

Action Items

7.b.1 Make investments in items and services that will reduce costs over time. For example, more efficient heating/cooling, lighting, solar panels, water saving plumbing products, recycling and medical waste disposal.

7.b.2 Engage utility providers to audit the facility for cost savings and rebate opportunities.

7.b.3 Creatively review budget for potential cost savings. For example, off-site storage and vehicles for resident transportation.

7.b.4 Closely monitor scheduling and hours worked. For example, penalty pay, overtime, and use of agency staff to reduce costs and increase efficiency.

7.b.5 Create opportunities for staff to be involved in ideas for cost savings without compromising service.

7.b.6 Assess impact of cost savings ideas on staff (routine, care practices, etc.) prior to making decisions. Think about unintended consequences.

7.b.7 Negotiate prices for products and services. Buy in bulk. Seek opportunities through trade associations or other consortia to achieve group volume discounts.

7.b.8. Meet with resident/family upon admission to discuss finances including insurance, billing, and other financial matters, to identify resources to cover your costs.

7.b.9 Analyze the receivables balance by payer source to identify issues related to a specific revenue stream.

7.b.10 Ensure billing staff have knowledge of the Minimum Data Set (MDS) information to help verify accuracy of clinical data.

7.b.11 Validate (chart audit) processes to ensure accuracy of billing. (Consistent accurate and complete documentation is foundational to reimbursement commensurate to the work performed.)

7.c Change Concept – Ensure you are making the most of your physical assets

Action Items

7.c.1 Solicit resident and family feedback on the physical environment and explore opportunities for improvement.

7.c.2 Offer adequate outdoor spaces to provide opportunities for residents, family and staff. If spaces are not being used, find out why and make improvements.

7.c.3 Create meaningful living spaces that residents actually use in their daily lives, such as gardens and kitchens.

7.c.4 Critically analyze noise and constant light to identify opportunities to reduce resident confusion and promote a strong sense of safety.

7.c.5 Re-Invest in building upgrades to keep them modern and efficient.

7.c.6 Provide a room maintenance checklist to track cleaning and maintenance needs (and procedures) with a record of what was done and when.

7.c.7 Have a 'room of the day' for housekeeping. Each day, one room is thoroughly cleaned, rotating through all resident rooms.

7.c.8 Create maintenance request forms so that items are addressed quickly.

7.c.9 Schedule managers to round with staff regularly checking to see that all areas are clean and equipment needs met.

7.c.10 Have supplies (lotions, combs, toothpaste, Kleenex, blue pads, disposable briefs, etc.) available where most efficient (on each unit, or in each room) as opposed to a central location in order to reduce staff time required to obtain supplies.

7.c.11 Do not skimp on supplies with the small things that make the staff feel safe and respected.

7.c.12 Self-check equipment. Everyone takes the responsibility to ensure that equipment is accessible and in good repair.

7.c.13 Evaluate the age of equipment and the potential need for replacement on a regular basis (annual or more frequent as necessary).