Nursing & Assisted Living Facility *Professional*

"NEWS AND VIEWS YOU CAN REALLY USE"

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SENT EACH MONTH TO YOU AS A MEMBER OF THE HEALTHCARE HEROES

THE HAT ADVANTAGE

by Rebecca Adelman

LIGHT A LAMP FOR SOMEONE: MENTORING IN LONG-TERM CARE

"If you light a lamp for someone, it will also brighten your own path." ~ Buddhist Proverb

This Summer, I'm mentoring a young woman who begins law school in the Fall. She has exceptional skills, a bright personality and motivation. Mentoring the legal careers of women helps empower participation and advancement in law firm leadership for women. I also enjoy imparting wisdoms of motherhood, friendship and quality of life as well as "work-life being" (a philosophy I developed in response to "work-life balance" which I believe is unattainable).

In long-term care, staff turnover and opportunities for advancement are challenges direct-care staff face and the ability for providers to ensure high-quality services is impacted by these problems. Like a new lawyer, new staff can feel unprepared for the realities of their position and mentors can create smooth transitions through skill development and emotional support. Offering personal and professional growth through trusting mentor relationships creates a culture of success. Peer mentoring improves retention of newly trained CNAs, while also providing new opportunities for experienced aides. Mentors orient and advocate for new staff, support co-workers, and are actively involved in culture change activities such as developing and implementing client-centered caregiving practices.

With the Final Rule by CMS including Training Requirements (§483.95), incorporating a mentoring program will be even more effective and enhance compliance with the many changes to the requirements for participation. These include staff sufficiency, staff training, submission of staffing data, person-centered care planning and quality of care compliance). The new regulations require facilities to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers. The implementation deadline is November 18, 2019 except for the following Phase 1/November 28, 2016 requirements: (c) Abuse, Neglect and Exploitation Training (g)(2) Dementia Management & Abuse Prevention Training (g)(4) Care of the Cognitively Impaired Training (h) Training for Feeding Assistants.
Sufficiency of staff is a focus for CMS and the determination of sufficient staff will be made based on the staff's ability to provide needed care to residents that enable them to reach their highest practicable physical, mental and psychosocial well-being. The ability to meet the requirements of Freedom from Abuse, Neglect, and Exploitation, Quality of Life, Resident Assessment, Quality of Care, and Infection Control will determine sufficiency of nurse staffing. Surveyors are directed by the CMS interpretive guidelines to determine whether there are sufficient numbers of staff to consistently implement the care plan. (See F353) The nursing home must provide staff, both in terms of quantity (direct care as well as supervisory staff) and quality to meet the needs of the residents as determined by resident assessments and individual plans of care. The facility must strive to staff in a way that optimizes familiarity with residents. The principles for quality include, but are not limited to, the facility ensuring that nursing assistants are able to demonstrate competency in skills and techniques necessary to care for residents' needs as identified through resident assessments, and as described in the plan of care. (See F498)

In addition, the facility must provide training in care of individuals with dementia and related behaviors to nursing assistants when initially hired and annually thereafter. Research on caregivers of people with dementia suggests that caregiver stress can have a significant impact on outcomes and behavioral expressions of distress in the individual with dementia. This may be true for family, community or institutional caregivers.
All of these factors reinforce the need for mentoring programs in long-term care and below is a discussion of mentoring skills and ideas for mentor programs in our communities.

Mentoring Skills
What skills strengthen a mentor's ability to build supportive relationships and teach? Consider a few I've identified.

1. *Willingness to share skills, knowledge, and expertise.*
2. *Demonstrates a positive attitude and acts as a positive role model.*
3. *Takes a personal interest in the mentoring relationship.*
4. *Exhibits enthusiasm in the field.*
5. *Values ongoing learning and growth in the field.*
6. *Provides guidance and constructive feedback.*
7. *Respected by colleagues and employees in all levels of the organization.*
8. *Sets and meets ongoing personal and professional goals.*
9. *Values the opinions and initiatives of others.*
10. *Motivates others by setting a good example.*

A focus on interpersonal communication skills addresses the CMS requirement that a facility include effective communications as mandatory training for ALL staff; including direct care staff.

Peer Mentoring Programs
With the increasing demand for workers in the direct care field,

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Pathway to Rehabilitation Excellence

By Kaleb Roudabush, NSCA-CPT
Wellness Coordinator

How A Healthy Lifestyle Can Impact You

Even if you've been hiding under a rock, it should come as no surprise that health care is a big topic these days. It's all over the news, the internet, and circulating in conversations between our friends, family, and coworkers. Unfortunately, if you do your research, America spends more per capita on health care than any other country; yet this doesn't translate to America having better outcomes. Though there are many opinions on correcting the growing health care crisis, the intent of this article is to offer insight on the importance of embracing a healthy lifestyle in order to reduce the need of medical care in the first place. Science has proven that proper diet and exercise helps lower your risk of disease. By reducing health related risks, you also reduce the chance of having to allocate your resources to health problems. The good news is that you can start making better choices at any age under any circumstance.

Take a look at some statistics recorded on a study done by Merrill Lynch on more than 4,800 pre-retired **and retired** individuals aged from 25 to **over** 70. The study looked into "life priorities" for retirement, which include the following: Family, finances, giving, health, home, leisure, and work.

- Health stood out — but not in a good way. Merrill Lynch explains: "Health is the biggest wildcard in retirement, sending ripple effects across the other Life Priorities. Two of the most important investments Americans can make in retirement are to maintain good health and cover its uncertain costs."

So what should you do? The Merrill Lynch study participants cited two "course corrections" above all that they'd be willing to undertake:

- Make healthier choices now to save money later: 91 percent%

Everyone's hand has been dealt differently. Some of us have pre-existing conditions that limit us. However, remember balance of mind, body and spirit. Take time to engage your mind through calling a friend, playing cards, or tending social activities. Exercise, go for walks, and remain active for physical wellbeing. Spiritual services, self-reflection, and spending time watching the birds or flowers can really calm the soul.

- Second correction is to use more generic medications / health supplies: 91%

Ask your doctor about generic brands of medications. Often times generic brands offer the same potency and effectiveness as name brands but with much less out of pocket expense.

On the bright side, the study notes these changes can make a difference in improving your quality of life and reducing your health risks.

Kaleb Roudabush is Wellness Coordinator for Functional Pathways. For more information, please contact him at kroudabush@fprehab.com or call 888-531-2204.

You can also discover more at www.FunctionalPathways.com

Getting on the Same Page by Paige Hector, LMSW

Assessing Caregiver Burden: How is Your Facility Doing?

I love to read. One of my dearest friends sent me an email with a beautiful quotation that said, "A room without books is like a body without a soul" by Marcus Tullius Cicero. Often, I have a couple of books going at once, not to mention the half dozen medical journals, trade journals and online articles. I got to laughing this week when I realized the topics of the two books I was reading simultaneously – *Loving Someone With Dementia* by Pauline Boss and *Middle School Makeover* by Michelle Icard. Can you say *sandwich generation*?!

Let me explain. While my dad is the primary caregiver for my mom, I'm there every step along the way with support from managing the bills and online banking to showering my mom on the weekends, making all the meals and helping Dad strategize creative solutions to the sometimes very challenging behavioral expressions that Mom presents. Sometimes Mom just comes to my house to hang out and both my parents get some breathing space. She loves caramel Frappuccino's so that's usually a stop at some point.

At the other end of the age spectrum, I'm a very happy and proud mom of a precocious and super-fun 11 year boy. This August he starts middle school, hence the rationale for one of my reading choices. I've learned that the middle-schooler's pre-frontal cortex is on lunch break for many years which is a major factor in the emotionality of kids this age. Good to know! I'm extremely grateful to the author for the positive way she approaches this tricky time of parenting. I have some new skills to learn but I'm a willing student.

So, back to the sandwich. Some days when I'm feeling caught between my parents' needs and my own family's needs, my patience may be less than stellar. I wonder…how many family members in our facilities are shouldering the same responsibilities of different generations of need? When I did a quick search of 'sandwich generation' I came across a blog titled [*wait for it*…], "What is the Sandwich Generation?" I read it. I'm not going to bore you with statistics but I will include this interesting tidbit. The author, Dana Larsen, takes the term sandwich generation and creates a whole new menu.

Consider these creative descriptions - 1. Traditional Sandwich: Those sandwiched between aging parents who need care and/ or help and their own children, 2.Club Sandwich: Those in their 50s-60s sandwiched between aging parents, adult children and grandchildren, or those in their 30s-40s, with young children, aging parents and grandparents, 3.Open Faced: Anyone else involved in elder care. (My husband wants to add another selection called The Subway for those caregivers managing families more than a subway ride away.)

How many families are "sandwiched" in your facility? Keep in mind that it's not just patients and their families. It's *our staff* in these situations too. Are we supporting them sufficiently?

How well are we assessing the level of caregiver stress and perhaps even burden of the people who will be responsible for taking care of the patients after their rehab stay? With so much emphasis on decreasing readmissions (from all settings), incorporating caregiver well-being into the care plan is essential.

While the patient may do fabulously with therapy and regain his prior level of independent functioning, he may still require assistance with any number of *instrumental* activities of daily living such as med set-up, meal preparation, shopping, bill pay and housekeeping. Or, the person that doesn't regain her prior level and now requires additional assistance for activities of daily living including dressing, bathing, feeding and overall daily supervision. Assessing caregiver well-being in both situations is crucial to the success and sustainability of the discharge plan.

Assessing caregiver well-being doesn't have to be onerous but it does need to be part of the plan. Ask the basic questions - Find out who comprises the patient's support system, who does what and how often. Then, take the basic questions a step further. Whether the discharge plan reflects the status quo or a shift in responsibility, ask the caregiver(s), "How are you holding up?" "What's your stress level like?" "What other responsibilities do you have on your plate?" Give that person the gift of permission to be honest about what their experience of caregiving is like. There may be an opportunity to share resources or make a service referral. Perhaps that person just needs some encouragement and support to reach out to other family members and ask for help.

And, there may be nothing you can do except to provide quiet space for the caregiver to talk, to cry, to laugh and to shore up necessary strength. That's huge.

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long-term care employers already experiencing extremely high turnover rates, and the growing number of people who are needing care, support, and services; it is essential to develop and maintain a more stable direct care workforce. A well-designed peer mentoring program for direct care providers is an appropriate component of any culture change movement in the long term care. I refer to the peer mentoring program developed by the Foundation for Long Term Care (FLTC) and how peer mentoring may affect culture, with or without a formal cultural change movement within the facility.

The program suggests that peer mentoring is likely to (a) improve CAN retention rates; (b) improve orientation processes so that they reflect the values of the facility; (c) reinforce critical skills and behaviors; (d) teach the value of caring; (e) use exemplary aides to role model exemplary care; (f) support new staff as they make the transition to being part of the facility team; and (g) provide recognition and a career ladder for experienced nurse aides.

The "Growing Strong Roots" peer mentoring project which can serve as a foundation for your organization's program, developed five core organizational components:
*training for facility coordinators;
*an orientation for the mentor and mentee's supervisor to assure their support;
*mentor training;
* follow-up
* booster training of mentors; and
*a formal evaluation.

The educational goals of the peer mentoring training are to:

1. identify the four main roles of a mentor (role model, social support, tutor, peer resource);
2. describe how a positive attitude sets the tone for the social and professional integration of mentees into the facility;
3. demonstrate the use of effective communication skills;
4. describe ways to use leadership skills to recognize and manage potential conflicts and solve problems;
5. recognize situations when information or guidance is needed from other sources and be able to access the appropriate resources and references (a critical component here is that the mentor does not teach clinical skills);
6. describe how to use reinforcement strategies to assist the in-servicecoordinator and mentee
to identify, plan, and reinforce learning experiences; and
7. apply mentoring skills to real-life situations.

I also recommend evaluating the Paraprofessional Healthcare Institute's nine key program design elements that organzations should address as part of a peer mentor program.

1. Job design: Write a job description that clearly articulates the new job responsibilities of the mentor. Ask for input from workers hired in the last year: What support would have been helpful to them? Think through issues such as caseload reduction: How will a mentor manage new mentoring responsibilities along with caregiving responsibilities?

2. Mentor compensation: Decide whether mentors will receive a wage supplement or a career advancement wage adjustment. Though some organizations pay mentors only for "mentoring hours," mentors act as leaders and role models at all times. Thus, peer mentor programs tend to be more successful when the position is recognized as a career pathway and compensated accordingly.

3. Management buy-in: Make sure you have sufficient organizational support. "Talk up" the program, letting people know how it will benefit the organization. Solicit input regarding program design. In order for a mentoring program to be effective, the organization's leadership must support it.

4. Organizational orientation to the mentor's role: Introduce the mentoring role to supervisors and other key personnel. Make sure staff understand the mentor's responsibilities, how the job is structured, how mentors are assigned mentees, and who is responsible for supervising and supporting the mentors. Explain to this group how the program will benefit them, as this is key to having staff embrace the program. It is a good idea for those overseeing the program and working closely with mentors to attend the mentor training program. Also make sure that those who will have responsibility for implementation have sufficient resources.

5. Mentor selection: Create a fair and accessible system for aides to apply to be mentors. If the system is seen as a way to promote "favorites," mentors will have no credibility with their peers and the program will fail. In some organizations, the application review team solicits references from supervisors, peers, and residents in addition to having the mentor candidates complete an interview process.

6. Mentor training: Focus initial training on interpersonal skills that help mentors support new employees. Generally, to learn effective skills, mentors need at least 16 hours of training. This initial training can be organized over two days or broken up into two- or four-hour segments and taught over several weeks. Additional in-services, once the mentors are carrying out their new responsibilities, are a good chance to build on early learning experiences.

7. Mentor oversight and support: Identify the staff person who will provide primary oversight for the mentor program. Discuss responsibilities, including matching mentors to mentees, ensuring that mentors fulfill their responsibilities, scheduling, troubleshooting, and providing support to mentors who may find themselves in situations they don't know how to handle. A program champion who sees the benefits and is willing to go to bat for the program is an important asset.
8. Mentor to mentee matching: Match mentees with mentors who seem to have a good personality fit as well as appropriate skills. If a mentee has weak clinical skills, match her with a mentor who excels in this area. If a mentee is very shy, find a mentor who can help give her confidence but will not overwhelm her with a strong, outgoing personality.

9. Mentee orientation: Orient new employees to your organization and introduce them to their mentors. Make sure mentees understand the mentor's role and the length of the mentoring period, so that they know what to expect from their mentor and know the limits of the mentor's responsibilities.

Your organization can reduce the risk of turnover and save costs with a peer mentor program while securing compliance with the new CMS regulations related to staffing, training and quality of care. Providing career paths and nurturing employees by addressing the balance of family, work and culture advance also our goal to provide quality of care. We welcome the opportunity to assist with a training and mentoring program and evaluate regulatory compliance.

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Please join me, Donna Fudge and Caitlin Kramer founder and partners at Fudge & McArthur, PA) at the Inaugural Long Term Care Insurance ExecuSummit on June 27-28, 2017. We'll be presenting "Drivers and Trends in Aging Services Cases". Hagwood Adelman Tipton, PC is also a proud sponsor of the event.
Visit www.LTCInsuranceConference.com.

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