

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

WHAT IS YOUR MOUNT EVEREST?



Last month, I climbed Mount Everest, the world's tallest and most prominent mountain at 29,029 feet (8,850 meters). Well sorta....I accepted the 29Zero29.com challenge organized by entrepreneur and extreme living specialist, Jesse Itzler, and his unbounded team. The event was at Mount Stratton, Vermont. We

had 24 hours over 3 days to summit Mount Stratton 17 times. Each summit hike was 1,750 feet, 1.1 miles long and steep. 29029 vertical feet of Mount Everest in a weekend. Instead of resting overnight, I decided to push my outer limits and completed this event in 27 continuous hours climbing through the night and being part of the sunrise over the mountain. Everesting. One step at a time. I figure I have xxx days still ahead of me if Lady Luck is on my side. Every day, I ask myself "What Is My Mount Everest?" What thoughts do I want to have and actions do I want to take that will lead to achieving goals and feeling fulfilled? I challenge you to explore your Mount Everest. What actions can we take to meet the challenges of the day and help others in their endeavors?

In considering this question in the healthcare industry and especially in nursing and long term care, one of our Mount Everest is how to continually improve the quality of care and the role of nursing home leaders in an ever-changing industry. Improving staff satisfaction is one "Mount Everest" challenge that will translate into higher levels of performance and service excellence. The AHCA Quality Improvement Committee assessed several key areas to improve staff satisfaction and investing in the various ways to enhance staff perception and build a committed and motivated workforce are goals we can set and achieve – one step at a time. Notable most of these objectives cost little financial investment although require some changes in leadership and management actions.

In order to prepare to climb a mountain, it's important to learn as much as possible about it. Here are the key areas for nursing home leaders to focus on to improve staff satisfaction.

What Matters Most to Nursing Home Employees?

1. Management cares about employees
2. Management listens to employees
3. Management helps to reduce job stress
4. Fair evaluations
5. Staff respect for residents
6. Workplace is safe
7. Supervisor cares about you as a person

Once we understand the mountain, we can then develop the strategies to support each step we take. Following are the key areas for improvement and specific actions practices and programs.

1. Demonstrating that Management Cares About Employees

- Regularly share evidence-based clinical "best practices" and assist staff with the implementation of changes in order to incorporate those practices into daily care.
- Be transparent and share all data with staff—clinical outcomes, satisfaction survey results, occupancy trends and financial results.
- When a measurable outcome is not up to par, allow and encourage staff to participate in process of finding a solution—identifying the root-cause, analyzing all the possible causes, and in identifying solutions that have the best potential to improve the outcome.
- Move towards audited patient records to collect data and measure results instead of simply to identifying those who missed documentation.
- Ensure that individual employee's schedules are honored. Employees should be informed ahead of time if their schedules and assignments need to be changed to meet organizational needs.
- Work schedules and assignments are clear, well organized and posted well in advance.
- Employees can clearly see the efforts made to fill vacant shifts and prevent understaffing.

Tip: Make sure your staffing coordinator is smart, fair and extremely organized.

- Employee evaluations are conducted on, or before, their anniversary date. Employees are never surprised by the information shared during the evaluation meeting regarding their areas for improvement. For the most part, they feel the evaluation was fair and in many cases they feel great after the meeting.

Tip: Bring your employee master listing to every stand-up meeting and announce upcoming employee anniversary dates.

- Recognize joyful events that occur in the employees' lives and celebrate the event at the facility.
- When tragedy occurs in the employees' life—acknowledge it. Allow staff the opportunity to determine how they can help ease their coworker's pain.
- When residents pass away, inform the staff that were

Continued on page 4



Pathway to Rehabilitation Excellence

By Gina Tomcsik
Director of Compliance
Privacy Officer

Payment Use File Tips

What rhymes with “PUF”? *Bluff, cuff, gruff, rough, stuff, snuff, tough* to name a few. How does rhyming a word relate to therapy compliance? When you read the title, and read the word “PUF”, “puff” is probably what came to mind. I didn’t spell it wrong. The word “PUF” is an acronym for **Payment Use File**.

The Centers for Medicare & Medicaid Services (CMS) provides information on services provided to Medicare residents in Skilled Nursing Facilities (SNF) through the Skilled Nursing Facility Utilization and Payment Public Use File (“PUF”). The information in this file reports on submitted charges, patient demographic, chronic condition indicators for each facility provider number, Resource Utilization Group (RUG), and the state where the SNF operates.

The PUF report containing 2015 data was just released and available on the CMS website. I know, 2017 is quickly ending and we are approaching 2018. So why is the data so old? The data contains 100% final action, which means, for example, that all claim adjustments have been resolved. Even though the data is almost 3 years old, there is valuable payment and utilization information contained within it about the services provided by SNFs. It doesn’t reflect the quality of care provided by each SNF nor is it risk adjusted in order to account for differences in the underlying severity of patient populations.

Of importance to SNFs and especially therapy providers is the Therapy Minutes Aggregate Table in the PUF report. This table contains information on the number of Rehab Very High (VH) and Rehab Ultra High (UH) assessments that were submitted by the SNF, as well as the percent of the VH and UH assessments **where the total therapy minutes falls within 10 minutes of the minimum RUG level threshold**. This is important because times are *rough* in the SNF world since we are under tremendous scrutiny. Government auditors will *snuff* us out as we try to work within the guidelines and the payment system developed by CMS. Perception of post-acute care providers is that we are trying to *bluff* the system when our only goal is to remove the *stuff* that is negatively impacting our residents and patients to improve their quality of life.

Do I sound *gruff*? Perhaps I am a bit frustrated by the PUF report. Where in the regulation does it say that we cannot deliver service during a look-back period totaling within 10 minutes of the minimum RUG threshold? RUG levels in the Prospective Payment System (PPS) have many regulatory specifications that need to be met and ensuring we aren’t delivering within 10 minutes of the minimum RUG threshold isn’t one of them.

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What is a SNF and therapy provider to do? We are in a *tough* situation! However, there is peace of mind. That peace of mind is always doing what is right and clinically appropriate for our residents and then ensuring our documentation clearly paints the picture of the services we provided and the acuity of care delivered. Because at the end of the day, we all need to sleep at night. And avoid handcuffs!

For more information, please contact Gina Tomcsik, Director of Compliance, Functional Pathways at gtomcsik@fprehab.com or call 865-531-2204. You may also discover more at www.functionalpathways.com



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Assessing and Managing Sex Offenders in the LTC Setting

Part II

By Paige Hector and Steven Greenwald



Last month in Part I of this series on issues related to sexual offenders in the LTC setting, we introduced the concept of *justice involved individuals*, the importance of critical thinking and the preadmission screening process. Let's take the next step and discuss facility policy.

Just as with any process in the facility, clinical or non-clinical, a well-written and accurate policy is paramount to successfully manage the complexities that may arise with a justice involved individual.

Perhaps your facility already has a policy in place; for others, maybe one needs to be written. Whether you need to update or write a policy, ensuring that the policy accurately reflects your practice, that it is realistic, that it identifies systems in place to maintain safety and is easy for staff to follow is crucial. (Refer to Paige's article in NAL issue dated May 13, 2015 titled "Updating Policies and Procedures: Stop the Groaning!" for helpful guidance on policy development and updating.)

Engage the interdisciplinary team, including floor staff, in dialogue to ensure development of a robust and accurate policy. Encourage staff to express any concerns about providing person-centered care and services to individuals with a criminal background, especially those that are sexual in nature. If leadership does not allow staff to share their honest feelings and concerns about this population, it is likely that problems will manifest later.

Use the questions below to help guide discussion and delve deeper into the complexities of admitting, caring for and discharging justice involved individuals. An excellent resource is "The Younger Adult in the Long Term Care Setting" which is part of the LTC Information Series from The Society for Post-Acute and Long Term Care Medicine, <https://paltc.org/product-store/younger-adult-long-term-care-setting>. However, as noted in Part I, do not hold the misconception that only younger, male adults pose risk related to a criminal background.

Starting in November 2017, facilities are required to provide a Facility Assessment Tool to surveyors at the beginning of the survey. Per CMS, the purpose of this tool is to "...to determine what resources are necessary to care for residents competently during day-to-day operations and emergencies." With that in mind, review these questions to identify what resources are necessary in your facility to care for justice involved individuals.

Critical Questions to Discuss with Facility Leadership, the Interdisciplinary Team and Floor Staff in the Develop of a Policy

1. How will the facility screen for justice involved individuals prior to admission?
2. Are there circumstances in which the facility absolutely will not consider admission?
3. What is the exact nature of the crime(s) committed? Over what time period were crime(s) committed? Are there concerns that the crimes were of a violent nature and this individual may not be appropriate for the LTC setting?
4. Is the individual a threat to staff? To other residents? To visitors? To children?
5. How will leadership ensure that all residents, staff and visitors are kept safe?
6. What assessment tool will the facility use? Who will complete the assessment upon admission and as needed?
7. Is someone qualified to conduct training on intervention skills?
8. How will ongoing education be addressed to ensure staff is fully equipped to be successful with the challenges that may arise with justice involved individuals?
9. Is there sufficient staffing to be able to consistently uphold the care plan for interventions such as limiting access to certain activities and reducing opportunities for dysfunctional and/or inappropriate behavior?
10. Is the individual on parole or probation?
11. Does he/she have to register as a sex offender or "check in" with the court system or a court representative for any reason?
12. Will the facility provide transportation to meetings related to terms of probation or parole (e.g., court hearings, probation or parole officer visits, etc.)?
13. What happens if during the course of rehabilitation or simply over the course of time, the resident's medical condition improves, and he/she now poses a threat in the facility setting?
14. If the individual exhibits aggression or agitation which appears to be related to cognitive decline, confusion and/or exacerbation of mental illness, what interventions will be provided and how will this be documented?
15. What safeguards will leadership put into place to support staff diligence in identifying behavior or possible red flags?
16. Will the facility post notice that there is a sexual offender residing in the facility? Remember to check your state notification laws that impact this decision.
17. How will the facility uphold privacy and confidentiality rights under HIPAA for the justice involved individual?
18. How will leadership ensure that the sexual offender (or any justice involved individual) is also kept safe?
19. Is the facility required to obtain fingerprinting?
20. How does the facility proceed when fingerprint consent is refused by the individual or the representative?
21. Who does the facility notify if the resident cannot be fingerprinted?
22. Is the facility responsible for notifying law enforcement if the resident is discharged from the facility or leaves without a discharge order?
23. How will the facility handle requests for leaves of absence, for example, an extended home visit or a shopping trip, for a justice involved individual?

- closest to the person if they were off work. This will provide them the chance to come to the facility if they choose. Don't let them come to work after being off to new resident in the room without preparing them.
- When residents pass away, offer condolences to the staff that were in close relationship with the resident. Allow them time to grieve and attend the funeral or memorial service. Recognize that positive relationships are a priority and therefore facilitate relationship-building among all stakeholders in order to create a sense of community.
 - Bring people together regularly and engage them in relationship-building exercises.
 - Provide quality education and in-services that incorporate the principles of adult education. Offer educational topics beyond the mandatory in-services required by state regulation. Use data to drive your education agenda and use employees with subject matter expertise to participate in the training.
 - Pilot test all changes and work out the kinks before spreading the change facility-wide. Never burden the staff with a new policy or procedure that has not been thoroughly pilot tested.
 - During the rollout of any change, stand alongside the staff during the rollout of the new process and provide responses and additional information that reflect your support.
 - Praise and recognize staff in public. Counsel and coach the staff in private.
 - Recognize and reward both individuals and teams for achieving and sustaining quality goals.

2. Demonstrating that Management Listens to Employees:

- Regularly measure and take action on staff satisfaction survey results. Share results with staff, celebrate successes and improvements. For areas that need further improvement develop (with staff) and share the plan of action and report back to staff on progress and completion.
- Consider sending a letter to each employee summarizing the actions being taken to enhance the areas of improvement gained from their feedback.
- Consider the use of an employee newsletter and/or webpage to assist in promoting management and staff communication.
- Facilitate a process to have CNAs attend and participate in resident care conference meetings. Formally invite the CNAs and help them prepare for the meetings by showing them important information for them to share.

Tip: Work with CNAs who are part of the interdisciplinary team, to schedule care conferences times that will work for everyone including families.

- Seek out individuals to “weigh-in” on any decision that involves them—e.g., process changes, supplies and equipment.
- Be honest with the staff. Don't raise expectations and say “maybe” to suggestions that they make that you know are unlikely to come to fruition. Professionally say, “No” and then explain why. Under promise and over deliver.
- Share the facility goals and strategic plans with the staff. Make a sincere effort to keep people informed of the big

Continued on page 5

24. Is the facility responsible for notifying law enforcement if the individual does not return from a community pass and is considered discharged?
25. How will the facility uphold the new *Requirements of Participation* that specifically state that a justice involved individual has the same rights as other residents? For example, if the individual was handcuffed or shackled to a bed in the hospital, that is considered a restraint in the skilled facility. Justice involved individuals must have the same rights as other residents which include visitors, technology and phone calls. This may pose some very challenging situations for the facility and leadership must be prepared to handle these dilemmas and justify their actions.
26. Under what circumstances should the facility contact the police for intervention?
27. How will the facility cope with the possible stigma and impact on the facility reputation when a sex offender resides in the facility?
28. What treatment resources are available for sex offender (or

other justice involved individuals) programming and groups?

Answering these questions and engaging in honest dialogue requires interdisciplinary input, *including those individuals who will be tasked with carrying out the care plan and interventions*. With all this information, the facility can now proceed with developing a great policy. If the decision is made to use a pre-written policy, the facility must individualize it to reflect the actual practices in the facility.

Remember that beginning with Phase 3 implementation of the new Requirements of Participation, facilities will be expected to have an ethics program in place by November 28, 2019. While this may seem like a long time away, establishing an ethics program will require significant time and training. As one can imagine, issues related to residents' rights and justice involved individuals will likely be a topic addressed by these committees. Start planning now.

Part III of this series will address survey implications for facilities that care for justice involved individuals.

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- picture and how they fit into it.
- Be transparent and share all data with staff—e.g., clinical outcomes, satisfaction survey results, occupancy trends, and financial results.
- Have facility leaders adopt an open door policy but recognize that most staff will not walk into a manager's office unless invited. Leaders need to get out among the staff in order to maximize their efforts to listen to the staff.
- Conduct regular and frequent rounds to visit with and talk with the staff. Ask questions and be 100% interested in the answers.
- Ask relationship building questions to show you see your staff as more than just workers and that you want their input.
- Focus on them: "How are your beautiful kids doing?" or "How is your husband doing, I heard he was ill?" or "Do you have any kids? How old are they? What are their interests?"

Tip: Write the information down in order to remember.

- Focus on the positive: "What is working well today?"

Tip: Make sure to pass on the positive response.

- Positive feedback loop: "Is there anybody you are working with who has gone above and beyond the call of duty today?"

Tip: Make sure to pass on the positive response.

- Quality Improvement—systems focus: "Is there anything we can do better?" or "What is frustrating you today?"

Tip: Consider the information they share is probably affecting more than one person so bring this information to the next QI committee meeting.

- Equipment and supply needs: "Do you have the tools and equipment to do your job?"

Tip: act on the information they share and always get back to them and let them know what you did/will do to make sure they have the right equipment and supplies to do their job well.

- Create consistent, formal, structured systems to receive employee insights and feedback such as learning circles, community meetings and/or neighborhood meetings, regular employee satisfaction surveys, and suggestion boxes. Be sure to check daily and post the suggestions and your responses on a bulletin board next to the suggestion box.
- Know one thing about each staff person that you can talk about when you meet—perhaps something you share in common with them.

3. Demonstrating that Management Works to Reduce Stress

- Make sure that there are ample supplies at hand. Nothing frustrates CNAs more than a lack of clean linen available. During management rounds, open every linen closet door and see what's there.
- When a resident passes away—acknowledge it. Personally offer condolences to employees who had a relationship with the resident. Allow the staff time to grieve and remind them of how proud you are of the positive contribution they made to the resident's life. Hold memorial services and moments of silence at general staff meetings to honor those who have passed.

Tip: Develop systems to communicate with staff when a resident has passed away. Consider calling certain staff members who were in close relationship with the resident at their home (if it's their day off) and letting them know when a resident has passed.

- Address and take appropriate action with negative staff members that are contributing to their co-workers' job stress. Pay close attention to who is on-duty during unusually stressful times. Notice the dynamics between the staff.
- Experiment with creative staffing configurations—e.g., spa aides, additional activity staff, and clerks—to take stress off of nursing staff. Consider adding a concierge position at peak times in order to serve new admissions and their families, answer call lights, make beds, deliver nourishments, and so forth.
- Expand the activity program in order to individualize programs for residents and reduce their loneliness and boredom. Investing in activities staff allows the nursing staff to be more effective and efficient.
- Reduce shifts worked understaffed. Measure the number of shifts worked understaffed and regularly report the percentage of shifts worked understaffed to the staff. Explain to the staff that efforts are being made behind the scenes to prevent understaffed shifts and how they can assist.
- Decrease the institutional environment. Create a home-like environment that is relaxing and pleasant to live and work in.
- Offer more dementia care training for the entire staff. Be sure to include regular and consistent education regarding how to deal with combative and verbally abusive residents and families.
- Offer wellness programs for the staff—e.g., smoking cessation classes, discount memberships to the local health club, bring in a massage therapist to provide the staff with 15 minute massages, change some of the vending machine items to healthy food choices.
- Keep the facility sparkling clean and free of clutter.
- Upgrade the employee lounge and create an area of peace, sanctuary and quiet.
- Intentionally create spontaneity and laughter on the job. Surprise the staff by creating "fun" and laughter at every opportunity. Organize a facility choir made up of staff and residents.
- Create a culture where everyone responds to call lights to first determine what the resident needs. 68% of the time anyone can handle the situation.
- Minimize transferring an employee from one unit to another at the beginning of a shift—staff find it really stressful to start to work on one unit and be told in 10 minutes they are working on an other unit.
- Create clear lines of communication so that employees know who to turn to when stress is a problem.
- When stressors are brought to management attention, be sure to not only listen to them but also to do something to improve the situation.
- Provide training to deal with difficult residents and families.
- Provide adequate training to deal with resident behaviors.
- Provide a safe way for employees to remove themselves from problem situations when stress becomes overwhelming. Employees should be able to call for help or otherwise remove themselves before an adverse incident occurs between staff and resident, and they should be empowered to do so.

4. Demonstrating Management's Commitment to Consistently Fair Performance Evaluations:

- Ensure that all job descriptions are up to date and in alignment with a valid, credible performance evaluation tool.
- Educate staff regarding how they are being evaluated and what the different performance categories and ratings address within the performance review tool.
- Complete evaluations on time. An effective strategy to stay on top of getting the evaluations done timely is to announce upcoming employee anniversaries at every management meeting with a gentle reminder that their evaluation is due. The goal should be to complete employee appraisals before or on their date of hire. Most employees remember their date of hire (anniversary date) and expecting their evaluation. The importance of the evaluation is diminished when they are late.
- Consider implementing quarterly mini evaluations to provide more timely, constructive, and positive feedback to employees. No employee should have to wait for their anniversary to learn that their work falls short.
- Allow every employee the opportunity to complete a self-evaluation before the performance review meeting. Compare their evaluation with your own and discuss it with the employee.
- Make an effort to collect more information and make sure you let the employee know of your diligent effort. Obtain other supervisory staff members' opinions regarding line staff. For example, if a CNA has reported to a few charge nurses over the course of the review period, ask each of them to provide feedback.
- The reviewer's approach going into the review should be to coach, build the employee's self esteem, and move the employee closer to their potential. Therefore, conduct the review as an exchange of information, not as a report card. The evaluation form is only a tool—a means to an end (honest discussion). The goal should be no negative surprises for the employee receiving the review.
- Some subjects the review should cover include job proficiency, working relationships with other employees and supervisors, relationships with the residents and their families, and how they fit with the culture of the facility.
- When beginning the performance review, be sure to obtain the employee's comments first. Look at their self-evaluation and highlight the areas where your ratings match. Ask probing questions and promote self-discovery. Ask—"What do you like the most about your job?" and "What frustrates you here?" Disagreements should be addressed through discussion and concessions on both parties. Therefore, complete your evaluation form in pencil—and be willing to make adjustments based on the discussion during the review.
- At the end of the review—ask if the employee being reviewed felt the review was "fair." If the answer is "no" spending some time to work out the differences in opinion and come to a resolution is warranted.

5. Demonstrating Management's Commitment to Treating Residents With Respect.

- Implement consistent assignment of the same caregivers to the same residents and abandon the practice of rotating staff assignments. Consistent assignment allows the staff to form close relationships with the residents.
- Encourage all staff to get to know the residents beyond their current diagnosis. Allow all staff to read the extensive information collected about each resident by the Activities and Social Service staff.
- Inform family members of your consistent assignment approach and encourage family members to get to know

their loved ones caregivers and to provide those caregivers with insights regarding the loved ones life and lifelong habits and daily pleasures.

- Educate the staff regarding why they should make the effort to form relationships with the residents and the families and how such relationships ultimately make their job of caring for the residents easier and more meaningful.
- Embrace person-centered care and begin the process of transforming the entire organization toward a person-centered care model.
- Offer multiple opportunities for staff to learn how to deal with difficult resident behaviors. After a resident acts out, teach staff how to analyze the event in order to come to an understanding of how to avoid triggering that residents' behavior in the future.
- Treat the staff with respect. The staff will treat the residents in the same manner that they are treated by the leadership team.
- Educate the staff on the leadership's philosophy on respect for resident, families, staff and visitors. Consider respect as a core value of the facility and promote it at every opportunity.
- Find ways to reward employees that have demonstrated respect for all those they come in contact with.
- Ensure that the facility enforces strict policies and practices on the respect shown to residents and family members.
- Ensure that a system is in place for investigating reports of disrespectful treatment of residents.

6. Demonstrating Management's Commitment to Safety:

- Make sure all staff clearly understand your goal to keep everyone safe. Regularly discuss work place safety at every general staff meeting. Express how much you care about the staff's well being.
- Establish an active and involved Safety Committee. Include all disciplines and levels of staff as members of the committee. At meetings report all incidents including residents, visitors and employees. Regularly conduct a root-cause analysis of every incident including every near miss. Let those affected participate in the root-cause analysis.
- Have employees of the Safety Committee participate in safety rounds and help them to learn to identify and report unsafe practices and unsafe working conditions. Teach them how to intervene without causing ill will among the staff.
- In the evening ensure that parking lots are well lit and considering providing escorts for employees to their vehicles.
- Post employee safety tips throughout the facility, in the facility newsletter, and attach safety tips to employee paychecks.
- Consistently communicate through written word your commitment to keep staff safe through regular education and sustaining awareness. Dedicate certain weeks throughout the year where you focus on certain aspects of safe work practices.
- Have safety contests and provide rewards to the staff for working a specific number of days without incurring a lost-time work injury.
- Provide all staff with training on how to deal with difficult residents. Conduct hands-on education regarding how to protect oneself from combative residents at least three times per year.

7. Demonstrating Care for Staff as a Person:

- Hold regular meetings with staff to inform, educate and listen. Charge nurses should deliver a report to the CNAs

at the beginning of their shift and hold a short “huddle” meeting at the end of the shift.

- Write personal “thank you” notes when staff members go beyond the call of duty.
- Make sincere efforts to get to know each of their staff members as people.
- Always monitor workflow and step in to assist staff when help is needed. Charge nurses should provide regular, positive feedback to the CNAs.
- Consistently follow up when a staff member returns from being out ill to let the staff member know that they are concerned for their welfare and that the staff member was missed.
- Write personal cards to staff on birthdays and employment anniversaries. When a CNA is celebrating a joyful event in their life, the charge nurse should help to organize a “pot luck” get together for the employee.
- Hold occasional appreciation gatherings for the department and have cake, pizza or other treats.
- Provide the opportunity for employees to have input on how their job is performed.
- Provide a simple form in multiple locations that residents, visitors and, co-workers can use to acknowledge employees for day to day acts of kindness and post.
- Recognize and post achievements of units, teams, and departments so that residents, visitors and co-workers can see them.
- Understand the workload of employees and manage assignments accordingly.
- Understand the needs of employees in their personal lives.



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Recognizing the challenges encountered by leaders and managers in long term care including staff satisfaction, is the first step to enhancing quality of care especially as the acuity level of our elders continues to rise and funding decreases. With each step we take, the summit gets closer and the satisfaction is undeniable! Keep on climbing

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Rebecca Adelman, PLLC, Esq. - Ms. Adelman is a founding shareholder of Hagwood Adelman Tipton, PC and practices in the firm's Memphis, TN office. She is the chair of the firm's Strategic Planning Committee and Women's Rainmaker Mentoring Program. For over 25 years, Rebecca has concentrated her practice in insurance defense litigation representing national insurance carriers and self-insureds with a concentration in healthcare law. Please feel free to contact her at radelman@hatlawfirm.com or visit her website: www.rebeccaadelman.com

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