

# *Giving Voice to Quality*

*The National Citizens' Coalition for Nursing Home Reform consumer education project;  
Funded by the Retirement Research Foundation*

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**EDUCATIONAL CONFERENCE CALL #4 IN OUR SERIES:  
“Staff Communication & Respectful Work Environments”  
WEDNESDAY, **SEPTEMBER 13, 2006 – 3PM (ET) [2PM CT / 1PM MT / 12PM PT]****

## **EDUCATIONAL CONFERENCE CALL MINUTES**

### **1. Welcome & Project Overview**

- This call series on issues of quality in nursing homes has been funded by the Retirement Research Foundation. The project began centered around the concept that while staff and professionals have access to information about nursing home quality care issues, family and residents often do not.
- This project will help educate people by tapping into a national pool of experts. It will help inform families and residents on how to improve the quality of life and care in nursing homes they (or their family members) are in.
- The calls have been successful. For example, we have seen people make connections across the country with people that have similar questions and issues. People are beginning to understand that they are not alone, and what type of progress is possible and is being made on related issues.
- If you are participating in this series for the first time, and have not received a packet of materials for this call, please call NCCNHR at: 202-332-2275.

### **2. Introduction of Robyn Grant, Conference Call Special Facilitator**

### **3. Conference Call Overview**

- We welcome you, and are excited that so many have folks have been able to join us.
- This call is “Staff Communication & Respectful Work Environments.”
  - Quality of care can be improved by improving the interaction between residents and staff.
  - We want to create a new paradigm where residents, family and staff are interconnected, rather than independent.
  - We need to create partnerships and alliances.
  - We need to appreciate one another and work together for quality care.
  - Effective communication is essential for this work toward quality care.
  - Residents and staff need to learn how to communicate more effectively.
- I would like to outline the agenda at this point and talk about logistics. Agenda of the call: Following each of the speaker presentations, we will entertain questions and stories from those of you on the line. Logistics: Your line is muted. When we open the call for questions and comments, the operator will tell you what to do.
- Please limit your questions to only one question, and if necessary, one follow-up question.
- Web site: [www.nccnhr.org/consumervoice](http://www.nccnhr.org/consumervoice) - all information resources for this call series are available at this website.

#### **4. Speaker Introduction (Hollis Turnham)**

#### **5. Expert Speaker Presentation: Hollis Turnham**

- Kate and I are very excited to be here for NCCNHR's quality call this afternoon.
- What is important? The ability to have enough staff to do what needs to be done.
- Many staff leave, citing reasons of a breakdown in communication/respect
- Paraprofessional Healthcare Institute (PHI) has developed communication tools, because we believe that everyone can benefit from learning how to communicate more effectively.
  - Initially developed for use inside long-term care agencies to address concerns of CNAs with communication with bosses and co-workers
  - Used these materials and exercises in that setting and to help consumers (especially those that are hiring their own help in their own homes).
  - Now these materials are being used for consumers.
- How is this approach used? (What do I need to change about myself? Important for residents that are trying to pull themselves together - self confidence - to determine how they can represent themselves.)
  - This approach is based on learning methods of communication. Effective communication begins with each of us personally realizing that we have the initial burden of responsibility or opportunity to set the stage to resolve thorny problems and bring up difficult issues. These skills can be taught. It's about self-awareness, self-moderation, and being clear about expectations. There are good ways to present this information. People can learn and practice and benefit from these communication skills.
- Retaliation and the coaching style:

Retaliation is a common question that is brought up. Retaliation does happen when people bring problems to the forefront. Please help PHI to figure out how to further address retaliation concerns. Open yourself to a new way of approaching communication. Give these approaches a chance to help improve the communications, address the concerns and fears people have about raising the issues that they have and see.
- The approach that we lay out today will not answer all those concerns about retaliation. We ask that you open yourselves and us to a new way of approaching communication with frontline staff and facility staff.

#### **6. Participant Question and Answers**

- Q** The main issue in the New Orleans region since Katrina is staff retention. What advice can I provide staff with reduced personnel in the area and with retention as a problem post-Katrina – how can they approach that dilemma?
- A** Go to [www.directcareclearinghouse.org](http://www.directcareclearinghouse.org) for information about retention, to “Best Practices, Ideas, Reports, Studies.” There is an approach called: “Coaching Supervision” – surveys show that it’s not about wages and benefits pushing people out of the job, it’s how staff feels, and if they feel respected, and like a member of a valued team. It can be important to change the culture by the administration to hold onto direct care workers.
- Q** One message is that you must work as a team and if folks get to know each other as a family, they stay. The working poor (nursing home staff) left after the hurricane.

A You've brought up the issue of consistent assignment. We will look at that later in this call.

## 7. Speaker Introduction (Kate Waldo)

- Introduction of Role Play Exercise

## 8. Role Play Presentation: Kate Waldo & Hollis Turnham

- Call Bell Light story
- Demonstrating the five steps to how to deal with it

## 9. Participant Question and Answers

What stood out to participants?

Q I noticed that Jill realized she needed to put it in perspective before she approached the worker. She paid attention to the workers' perspective.

A She looked at it in from the Service Workers' prospective - asked the nurse if she had time.

Q I was very impressed with the role play. The first one was confrontational the whole time. The second one was supportive. There was follow-up.

A The second approach calls for follow-up and action. An important part of approach: you must show [staff] that you trust them, and hold them and yourself accountable for your actions. The first one left us wondering what will happen the next time the call bell goes off.

Q If Suzie (second role-play) had said she was busy and Mrs. Stevens wasn't her [responsibility], what would the next step be – it's not Suzie's fault that she's busy, and Mrs. Stevens isn't Suzie's responsibility.

A Check in with the staffer, and figure out what the worker's reality is/was. This is the first step to build a relationship of honesty and openness. This goes back to the team approach to consistent assignment. People who work together for a long time have a fluidness and some people have the ability to fill in.

A It is important to look at the workers' perspective. Suzie will be happy to help if she's given a few minutes to finish what she's doing right now.

A Team approach. Consistent assignment on a whole floor means you have a team approach. When you know your coworkers better, you can know when they need help – you can work together.

Q The daughter should have said she *would* find someone, not see *if* she could find someone. Don't want to escalate the situation.

Q Something small but important: specify the timing (i.e.: something occurred "all week" vs. "last two times") - present the problem clearly and directly - and use language that is free of blame and judgment.

A You need to be free of blame with your statement. Don't pass judgment. Be detailed and specific with your complaints.

Q Shouldn't the new caregiver have been informed about the residents' plan of care?

A Yes, in a perfect world. The care plan does exist, but sometimes life gets busy, for the worker too, and details get missed. It's important that the worker makes sure that positive change happens in the future – takes responsibility.

## 10. Speaker Presentation: Kate Waldo

- Description (walk through) of the 5 steps
  1. Creating a relationship with the worker. (i.e.: daughter composed herself before she approached the worker.) Think about what makes you shut down

- and stop listening – listening blocks, emotional triggers. What strategy should you use when that happens? That is called “Pull-Back.”
- i. It is important to consider when it is a good time to address the issue – right time, right place.
  - ii. Make sure that distractions are minimized. Hallways are busy places. Private places can minimize anxiety – and be more supportive. Assumptions can be put aside.
  - iii. Show that you believe the worker can fix the problem – keep an open mind about the staff worker, and understand the that person’s reality.
  - iv. Be aware of tone of voice when approaching the staff member; have an inviting and open tone.
  - v. The family member indicated belief – something different is happening, and knows that the staff member has the ability to help. Without taking the time, she might not have gotten the information about the staffing issues.
2. Presenting the problem. Present the problem clearly without blame or judgment, indicating belief in the staff members’ desire/ability to help.
    - i. There was no resolution other than that the immediate issue was addressed. In the second example the time was taken to solve the problem and look at it in a larger context.
  3. Listen for the workers’ perspective.
  4. Resolve the problem with the worker, not for the worker. The family member listened for the workers’ perspective, and therefore, was able to solve the problem with the worker, and the worker came up with solutions that she could own; that is where the accountability piece comes in. The questions that Jill asked allowed Suzie to come up with the solution. Jill focused on work-related behaviors. Both were satisfied with the outcome, and the problem was addressed.
  5. Obtain commitment for action steps. Follow-up to make sure that in the future, the problem continues to be resolved. Keep the problem-solving close to the resident – empower the staff, show respect. Say, for example, “I think that you will do this, and the next time I come in, may I check with you to see how this is working out?” If it is not working out there is an opportunity to solve the problem again; this may involve going to the charge nurse.

## 11. Participant Question and Answers

- Q&A about the 5 steps
  - Q** I would like an example of presenting the problem using objective language free of blame or judgment.
  - A** Describe the behavior, don’t pass judgment – it is measurable, detailed and objective, not subjective. In the role play, instead of saying “It’s been like this all week,” say “It’s been like this the last two times I visited.” Instead of saying that it doesn’t seem like anyone cares, say that the last few times she has found her mother very uncomfortable.
  - A** Presenting the problem is one of those skills that needs to be practiced through exercise and conversation. Don’t make it so that it’s like a robot, but rather, incorporate your personality. Once that style is incorporated in

a facility, it becomes a different culture.

**A** We may not always be aware of our impact – we have an intention, but don't understand what is going on for the worker and for the resident. Being able to put that in perspective is key. You need to pay attention to the situation and the conversation, how people react to what you say. Pay attention to all the (everyone's) multiple realities. You need to be clear, address the *behavior*, not the *person*.

**Q** Residents want to know how to relate this scenario because residents don't necessary get the same attention that family members do.

**A** Great point – this is very easily translated to different situations. One of the key pieces is the commitment to action. Residents need to be a part of creating the solution - in this model the person most affected should be a part of solving the problem. "How can we, the resident, and the worker, meet in the middle on what we want/need." Respect gains respect. Give and take on both sides – meet in the middle to resolve it. Need to figure out where you compromise so the resident feels like she's part of the solution, and the worker feels like it can be done.

**Q** This approach should be used by Ombudsmen when advocating for people.

**A** This approach does create that openness. And the one person that you have control over is yourself. And changing yourself takes practice – and fostering respect takes practice.

## 12. Discussion between Speakers - Kate and Hollis: Self Management and "Pull Back"

- **Pullback.** Recognize what triggers are, so you can check that emotion, notice your own physical signs so you can stop it, and put your attention back on the other person, which helps that relationship. It's not about not addressing it's the problem, it's about how you address it.

- Use trigger sheet
- How workers are affected
- Introduction of provider

**Q** My stressor is that I get bent out of shape when I talk to someone and I know they aren't hearing me. I don't know how to make them hear me.

**A** Listening blocks are a huge part of what's going on for that worker. What can you ask that might help that worker remove the blocks? If you have awareness around the behavior, it gives you insight. In a respectful environment you must say what's going on. For example, something to the effect of: "Normally, you are very helpful, and now you're not. What's going on for you? "The only thing you have control over is making sure this person is listening to you. If it's an existing problem, you have to create a new culture. This doesn't happen immediately.

**Q** I am frustrated. I talk to the person [staff] like I'm talking to a little kid, which annoys that person.

**A** Tone used is important. What can you do to catch yourself before it comes out of your mouth so that you can present yourself in a healthy way? You need to let the person know what's going on, but think about how to

present it.

**Q** How can this information be shared with the staff? The staff can say something will change, but you can know that it won't!

**13. Speaker Presentation: Bonnie Kisielewski – Nursing Home Administrator**

- Actions taken to improve communications among staff and staff and residents/families
- What's the best way to take this information about communications back to your facility's leadership?

**A** Thank you everyone for allowing me to share and brag a bit. Today's topic hits home for us. I wanted to talk to you about how we do care. We have been working over the last year on Consistent Assignment – that means that the same staff care for the same residents on every shift and unit (nurses, housekeepers, nurses, activity people, etc. in the unit).

- The LNAs start building meaningful relationships with residents and families. Dealing with the same person day in and day out helps them to learn the history, know the person, and therefore individualize the care because they learn about each other's routines. It allows families and residents to have someone they can report to about concerns. Providing the same person makes it so when you go in to visit, you're only dealing with one to two caretakers all the time. By having the whole team up there, they can tag team and build working relationships and provide relatively seamless care. If you're doing that, negative situations like the role play don't occur. Cross-train people.
- Ask questions. Ask if the facility/administrator/administration is aware of the culture change movement in long-term care. Ask for an update, if they are participating, where they are in the process, how they are improving consistent assignment. Building a relationship will practically eliminate retaliation. You will be building trust.
- Educate your facility. Ask them why they aren't involved, or offer to help them get involved (if they aren't involved).
- If there is someone with whom you feel really comfortable, ask for that person to be assigned to you, your unit all the time.

**Q** I am concerned about how many people know about these calls. I don't think a lot of residents and their families know about this. NCCNHR should think about getting ads put in major newspapers around the country. Long-term care residents and their family members read the newspaper a lot.

**Q** Is the consistent assignment program available in a form I can get a hold of to give to my administrator?

**A** Yes! The Pioneer Network has a Getting Started manual. Also on the website, which will be linked off of the NCCNHR website. Clearinghouse website also has great materials on coaching supervision, etc.

**14. Participant Question and Answers**

- Q&A about exploring the triggers and strategies to address them

**15. Resources**

- NCCNHR and NCCNHR website
- [www.paraprofessional.org](http://www.paraprofessional.org)

- [www.directcareclearinghouse.org](http://www.directcareclearinghouse.org)
- [www.coverageiscritical.org](http://www.coverageiscritical.org)

#### **16. Closing, Wrap up, Announcements**

- Please fill out the evaluations you will receive via email and mail. Please make sure that if people joined you on the call, they fill out an evaluation and return it to NCCNHR.
- The next Educational Call is on October 11<sup>th</sup> on nutrition, hydration, and feeding. Please register for this call if you are interested in participating.
- We ask that ombudsman try to have at least one or two active family members or residents with you on these calls.
- Thank you to everyone who participated on this call!