Quality Relationships, Quality Care: The Case for Consistent Assignment

October 22, 2007

The Jewish Home & Hospital Lifecare System
MANHATTAN • BRONX • SARAH NEUMAN CENTER/WESTCHESTER • LIFECARE COMMUNITY SERVICES
To Life, For Life
Jewish Home Lifecare

Long Term Care 1630 beds
Community Services Division
  Home Health Care
  Adult Day Care
  Lifecare
Transportation
Housing
61% of the total clients served by JHH were in the Community Services Division.

JHH provided 13,315 people with services, of those 9,176 were unduplicated individuals.

32% of JHH clients were served by 2 or 3 services during 2006.

2,279 individuals were served in non-clinical programs such as Connections, community health forums or PEC Conferences.
2006 Persons Served**

- **Community**: 6497, 61%
- **Nursing Homes Subacute**: 2088, 19%
- **Nursing Homes Long Term Care**: 2144, 20%
- **Housing Programs**: Kittay House, Riverdale/Weinberg 202, Gladstone 202, NORCs 1838, 17%
- **Day Care**: Bronx, Manhattan, Sarah Neuman, Senior Health Plan, LifeCare Plus 2021, 19%
- **Home Care**: Bronx, Manhattan, HAPI 2638, 25%
2006 Total Persons Served*: 13,315

- **Manhattan Nursing Home**, 1407, 11%
- **LTHHC**, 1632, 12%
- **Bronx Nursing Home**, 1626, 12%
- **Transportation**, 2850, 21%
- **Gladstone**, 202, 53, 0.4%
- **Riverdale/Weinberg**, 202, 70, 1%
- **Senior Health Partners**, 777, 6%
- **Day Programs**, 840, 6%
- **NORCs**, 1372, 10%
- **Kittay House**, 343, 3%
- **LifeCare Plus**, 404, 3%
- **SRN Nursing Home**, 935, 7%
- **HAPI**, 1006, 8%
- **NORCs**, 1372, 10%
Jewish Home Lifecare Staff

- Bronx - 1099 (excludes corporate departments)
- Community Services - 322
- Kittay - 41
- Lifecare Transport - 60
- Manhattan - 918 (includes corporate departments)
- Westchester - 452 (excludes corporate departments)

- Total = 2892
Promoting Wellness & Healthy Aging

To transform the traditional nursing unit into a resident-centered neighborhood

Our vision is to combine high standards of care with the creation of communities of caring that are more humanistic, person centered, & that are like home. We envision an atmosphere that supports resident, staff & family strengths, is less task oriented & more about caring for people & relationships between people.
Within each community staff have consistent assignments.

Clear lines of authority and accountability are established.

Communities assume responsibility for staffing, budget and all outcomes.

The structure depends heavily on the talents, skills and leadership of the team and each community coordinator.
Decentralized Structure

This structure:

reduces hierarchy,
realigns staff working in the communities
allows decision making to occur close to the resident and staff team
Getting Started

Define the role of Administration
Include Key Leadership
Role expansion
Partnership with 1199
Training
Site Visits

- Non-traditional groups of staff went on 12 different site visits around the country.
Quality Relationships

- Residents
- Families
- Community Staff
- Support Staff
A Neighborhood Learns Together
I may not be totally well, but parts of me are healthy, ...do me a favour by acknowledging them.
Learning From Each Other

Creating success—not managing behaviors
Implementation

Training

Environmental Changes

Teambuilding
Building Community

Broke down units into neighborhoods
Clinical staff chose primary neighborhood
Built community assignments in neighborhoods
Community Meetings
Team Building in Communities
Name the neighborhoods
Paradise View
Memory Lane
Harmony Harbor
Friendship Gardens
Building Community

Strength-based approach
Quality Relationships: Consistent assignments
The Lunch Club
Teamwork In Action

From tray service to restaurant-style dining
Building Community through Relationships
Quality Care

- Quality Indicators
  - Safety
  - Clinical Indicators (pressure ulcers, weight loss, depression)

- Quality of Life
  - Pain Management
  - Depression
  - Satisfaction Surveys
<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>MEASURE</th>
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<tbody>
<tr>
<td>Resident</td>
<td>Observational: Apparent Affect Rating Scale and Cohen-Mansfield Agitation</td>
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<tr>
<td></td>
<td>Direct: Health-related quality of life indicators (e.g., unplanned weight loss)</td>
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<tr>
<td>Staff</td>
<td>Indirect: Employee Satisfaction Survey</td>
</tr>
<tr>
<td>Family</td>
<td>Indirect: Family Survey</td>
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<tr>
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<td>Indirect: Family qualitative comments</td>
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Resident Outcome
Significant Findings

Positive affect on Day shift increased during the study by 35%
Positive affect on Evening Shift increased by 26%.

Negative affect on Day Shift decreased by 51%
Negative affect on Evening Shift decreased by 44%.
Improvement in resident satisfaction as indicated on Apparent Affect Rating Scale

Decrease in number of residents experiencing behavior problems as indicated by the Cohen/Mansfield Agitation Inventory

Increase in indicators of positive affect in residents assessed utilizing the Apparent Affect Rating Scale

Decrease in numbers of residents experiencing unplanned weight loss

Decrease in use of physical restraints
Hypothesis continued

- Decrease in number of residents who experience unplanned decline in ADL.

- Increase in ratings of the responses to the areas in the Home’s annual staff satisfaction survey: Support & supervision, communication & empowerment, role clarity & function, respect & family relations, and collaboration & teamwork & opinions valued.

- Decrease in number of residents taking nine or more medications

- Decrease CNA, RN, and LPN staff turnover by 10% (non-retirement)

- Increase in self-reported ratings on “Dementia Family Satisfaction Survey,” so that 75% of all items will be rated good to excellent

- Decrease in the use of agency RN/LPN staff.
## Staff Satisfaction: Retention

Overall turnover in 2005 and 2006

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<tr>
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<th>2006</th>
<th>Industry Average</th>
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<tbody>
<tr>
<td>RN’s</td>
<td>13.33%</td>
<td>44%</td>
</tr>
<tr>
<td>LPN’s</td>
<td>12.14%</td>
<td>33%</td>
</tr>
<tr>
<td>CNA’s</td>
<td>10.98%</td>
<td>42%</td>
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Quality Care: Staff Satisfaction

• Significant improvement in staff satisfaction for those staff working on culture change communities

• 16% decrease in absenteeism first six months of 2007 as compared to first six months 2006.
Developing New Models of Person-Centered Care

18 homes developed a one-year pilot project to address workforce issues that affect the expansion of person-centered care activities.

Explore new innovative concepts which will benefit the person-centered quality care, the economic well-being of each facility and enhance the satisfaction of workers.
New Models of Person centered Care

Joint Labor Management Projects:

Community based scheduling for all disciplines

Incorporating the Food Service Workers into the daily life of the community

Environmental Service workers and Food Service Workers to attend interdisciplinary care plan meetings
Together We Are Creating a Better Life For Our Elders