Today's Agenda

1. Introductions: Me + You + Things That You Do For Your Residents
2. HATCH™: The Six Domains + The Key Responsibilities
3. Culture + Clinical Practices + Contractures + A Smile
4. Workplace Practices + Leadership + Empowerment
5. Community + Family + Technology
6. "Risk Enablement"
The HATCh™ Model
Holistic Approach to Transformational Change

Helping Your STAFF Build and Sustain

Healthcentric Advisors

 Helping Your STAFF Build and Sustain Quality of Life and Quality of Care for Your Residents – Empower them to LEAD and MAKE THE DIFFERENCE

Ray Miller
Direct Supply Educator, Story Teller, & Grandpa

“When I think of my Grandparents, I think about how THEY would like to be cared for. So I care for my Residents like they were my Grandparents.”

Good Samaritan Caregiver
Kissimmee, FL
April 2015

Healthcentric Advisors is a nationally-recognized non-profit health care quality improvement agency providing consulting, research and educational services to the health care community. Healthcentric Advisors (QIO) 235 Promenade, Suite 500, Providence, RI 02908. 401-528-3221 or kbutler@healthcentricadvisors.org. http://vimeo.com/57899184

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An “Old Thought” About Aging In Place

When thou wast young,
Thou girdedst thyself,
And walkedst whither thou wouldest:

BUT

When thou shalt be OLD,
Thou shalt stretch forth thy hands,
And another shall gird thee,
And carry thee whither thou couldest not.

John 21:18

What do Caregivers do for their Residents?

1. Help  16. Fix Things
2. TIME  17. Encourage
3. LOVE  18. PURPOSE
4. CARE  19. Greet them
5. Honor  20. Daily needs
7. COOK  22. Be a FRIEND
8. SMILE  23. Guide / advise
10. TEACH  25. Rub their back
11. Support  26. Sing and dance
12. LISTEN  27. COMFORT THEM
13. Respect  28. Adjust the temperature
14. Advocate  29. Provide SPECIAL Events
15. Heal them  30. Make them feel IMPORTANT

YOU
Staff Member
Miracle Max
Care Giver
Leader
Friend

Staff Members of:
Willowcrest, Milwaukee, WI
Guardian Care, Orlando, FL
BRIA Health, Geneva, IL
Kissimmee HCC, FL
Keystone Rehab, FL
Plus MANY Attendees at
State & National Shows

March 2015 Woodbury Senior Living, MN:
Sandy B. Receptionist*

1. I worked here before. I left to be a stay-at-home Mom for 7 years but the Residents pulled me back.
2. They’re not “just a Resident” to me.
3. Do NOT take them for granted. Engage with them -- DON’T pity them. Show them respect, compassion, dignity -- call them by their name.
4. HARDEST: Watching them struggle but not being able to help
5. MOST IMPORTANT: Be here -- LISTEN – ACKNOWLEDGE Them – They MATTER.
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Shanti B., CNA (NS): For 12 years I've been on the night shift. ... I have learned to tap into "individual considerations". I have learned to LISTEN.
The Disengagement Theory of Aging
formulated by Cumming and Henry in 1961 in the book Growing Old

Aging “is an inevitable, mutual withdrawal or disengagement…”

It results “in decreased interaction between the aging person and others in the social system he belongs to”.

The theory claims that “it is natural and acceptable for older adults to withdraw from society.”

“...it’s natural and acceptable for older adults to withdraw...”

“Their argument, while logical, is not supported by empirical data. Thus, it has largely been dismissed...”

“...it’s natural and acceptable for older adults to withdraw...”

“The process of aging is greatly facilitated when older people pursue hobbies and relationships, and generally lead a more active lifestyle.”

March 2015 Woodbury Senior Living, MN:
Rebecca, RN

1. Help the Residents to smile...to be happy...to be comfortable ... Learn from them.
2. Care for the family. They’re struggling with Mom’s loss of control. Help them to find some peace. They’re part of the Care Team and, in some ways, they’re also being ‘cared for’.
3. When a Resident comes to you for care, it’s a CRITICAL TRANSITION.
   It’s a time to heal, to manage chronic AND acute conditions, to access Therapy and their doctors. While LIVING here, these are much more available.
Key Responsibilities

1. HOME
2. Society
3. Connection
4. Engagement (RSF)
5. -
6. -

Key Responsibilities

1. Knowledge
2. Awareness
3. Experience
4. Preparation
5. Consistency

The HATCH™ Model
Holistic Approach to Transformational Change

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### What Matters the Most?

<table>
<thead>
<tr>
<th>Clinical Practice</th>
<th>Leadership</th>
<th>Community and Family</th>
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<tbody>
<tr>
<td>1. Body</td>
<td>1. Team</td>
<td>1. HOME</td>
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<td>5. Processes</td>
<td>5. -</td>
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<td>6. Education</td>
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<td>7. Development</td>
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<td>8. Human Resources</td>
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<td>9. Physical Plant</td>
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<tr>
<th>Work Place Practices</th>
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<td>1. Do</td>
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<td>2. Hire</td>
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<td>3. Train</td>
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<td>4. Mentor</td>
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<td>5. Retain</td>
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<tr>
<th>Environment</th>
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<tbody>
<tr>
<td>1. Five Senses</td>
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<tr>
<td>2. Safety</td>
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<td>3. Comfort</td>
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<td></td>
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<tr>
<td>4. Cleanliness</td>
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<td>5. Compassion</td>
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<tr>
<th>Compliance</th>
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<tbody>
<tr>
<td>1. Knowledge</td>
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<td>2. Awareness</td>
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<td>3. Experience</td>
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<tr>
<td>4. Preparation</td>
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<tr>
<td>5. Consistency</td>
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<tr>
<th>CULTURE</th>
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<tbody>
<tr>
<td>1. Trust</td>
<td></td>
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<tr>
<td>2. Quality</td>
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<tr>
<td>3. Patience</td>
<td></td>
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<tr>
<td>4. Sanctuary</td>
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<tr>
<td>5. Fulfillment</td>
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<td></td>
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<tr>
<td>6. Friendship</td>
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<tr>
<td>7. Engagement</td>
<td></td>
<td></td>
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<tr>
<td>8. Compassion</td>
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**Let’s take a look at a few examples**

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6. “Risk Enablement”

### The Journey of Culture

“This is the young boy I noticed across the street with the sores on his feet”

Nate Sproat, UW Eau Claire
Health Care Administration
President - ACHCA Student Chapter
sproatna@uwec.edu (920) 883-9183
The Journey of Culture

This was at a natural water spring nearby the village of Kilo 16.

“This was a makeshift kitchen at Francisco’s old house.

This is the inside of the house that a single mother and 4 small children lived in. This is the house that we built for them.

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The bed legs were sawed down, you can still see some rust.

“This is the gentleman tied to the wall ...”
Culture + Contractures

The HATCH™ Model

HOLISTIC Approach to Transformational Change

Fishing Pole Analogy

Orthopedic: Rehab (quick + surgery + painful therapy)
Restorative: disease process, CNS injury, neurological

So how does it work?
Prolonged, low-load, passive stretch over time (6 weeks)
15-20 minutes (on the Golgi Tendon Organs)
will allow the Resident to reach the point of “Muscle Inhibition” (Relaxation)

Golgi Tendon Organ

Proprioceptive sensory receptor organ
They are located at the insertion of skeletal muscle fibers into the tendons of skeletal muscle.
Ms. Bessie was to have surgery to put in a feeding tube

Cervical Extension ("tone" in the spine)
Staff could not get enough nutrition into her to sustain life

Ms. Bessie

Immediately after fitting

20 minutes later

Thinking of the Resident Holistically

Loss of Range of Motion (contractions)
Nutrition
Circulation
Skin Tissue (Wound)
Breathing
Hygiene
Elimination
Orientation
Dignity
Self-Esteem
Thinking of the Resident Holistically

- Nutrition
- Circulation
- Breathing
- Skin Tissue (Wound)
- Hygiene
- Dignity
- Orientation
- Self-Esteem

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Alone in Eden: Care Aides’ Perceptions of Consistent Assignments

“Although care aides initially welcomed the restructuring, they described gradually becoming overwhelmed by the work, confined by consistent assignments, and isolated from colleagues and other residents.”

Elizabeth Andersen and Jude Spiers

22 care aides from 5 nursing homes in a western Canadian city
My Belief:
The better the Staff know their residents, the better the Staff can care their Resident.

Ray Miller

Leadership + Culture

Empowerment = "Making" Them Leaders

You asked me 4 questions about my job: *

BEST
A Resident said, “I knew I’d be OK because YOU are here.”

HARDEST
1 - We need to stay out of the “factory care” approach.
2 - Transitions between shifts.

MOST IMPORTANT
RELATIONSHIPS

MOST FRUSTRATING
When I KNOW something needs to change but no one listens ...
"When I know something needs to change but no one listens."

<table>
<thead>
<tr>
<th>Level of Authority</th>
<th>Degree of Familiarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>CNAs</td>
</tr>
<tr>
<td>RNs / LVNs</td>
<td>Therapies</td>
</tr>
<tr>
<td>Therapies</td>
<td>CNAs</td>
</tr>
<tr>
<td>CNAs</td>
<td>Seeking</td>
</tr>
<tr>
<td>Seeking</td>
<td>Permissions</td>
</tr>
<tr>
<td>Permissions</td>
<td>Gathering</td>
</tr>
<tr>
<td>Gathering</td>
<td>Information</td>
</tr>
</tbody>
</table>

When you empower Staff, you achieve quality and culture.

What we can do best to do:

1. Identify some of the Resident's old Friends and invite them to play cards every Tuesday.
2. Invite the Family to bring their pet for a visit. Pets don't come as often as they used to – remember, residents used to bring their pets behind.
3. Encourage kids from local schools to come for visits. They don't come as often as they used to. EVERYTHING stops when Children visit.

The "Profession of Caring"

...Though (my) outward man perish, 
YET (my) inward man
is renewed day by day.

... Now ... your abundance may be a supply for (my) want, 
that (my) abundance ALSO may be a supply for YOUR want.

2 Cor. 4:16; 9:14
**HARDEST:** "Transitions between shifts"

Handoff Mnemonics

"Every Good Boy Does Fine"

+ "FACE"

"ROYGBIV"

---

"Hand-off" Mnemonics

1. AIDET
2. ANTICipate
3. ASHICE
4. CUBAN
5. DeMIST
6. GRRRR
7. HANDOFFS
8. I PASS the BATON
9. Just Go NUTS
10. MIST13
11. PACE
12. PEDIATRIC
13. SBAR
14. I-SBAR
15. SBARR
16. SBAR-T
17. SHARED
18. SHARQ
19. SIGNOUT
20. SOAP
21. STICC
22. 4 P's
23. 5P's

---

I-PASS the BATON

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>introduce yourself and your role</td>
<td>name, identifiers, age, sex, location</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>presenting chief complaint, vital signs, symptoms, diagnosis</td>
<td>current status and circumstances; including codes status, eval of certainty, recent changes, and response to treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety concerns</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>critical lab values and reports, socioeconomic factors, allergies, alerts (e.g. falls, isolation)</td>
<td>comorbidities, previous episodes, current medications, family history which were taken or are required, providing brief rationale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>who is responsible (e.g. nurse, doctor, team), including patient or family responsibilities</td>
<td>level of urgency, explicit timing, and prioritization of actions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership</th>
<th>Next</th>
</tr>
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<tbody>
<tr>
<td>what happens next (e.g. anticipated changes in condition or care, the plan, any contingency plans)</td>
<td></td>
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</tbody>
</table>
Just go NUTS

- **Name**: resident, diagnosis, room number
- **Unusual or unique**: variances identified on the individual care plan including critical lab values, pain management, etc
- **Tubes**: such as IV, NG, catheters, drains, ostomies
- **Safety**: concerns such as falls, medication

“Hand-off” Mnemonics S-BAR Iterations*

<table>
<thead>
<tr>
<th>SBAR</th>
<th>SBAR-T</th>
</tr>
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<tbody>
<tr>
<td>&gt; Situation</td>
<td>&gt; Situation</td>
</tr>
<tr>
<td>&gt; Background</td>
<td>&gt; Background</td>
</tr>
<tr>
<td>&gt; Assessment</td>
<td>&gt; Assessment</td>
</tr>
<tr>
<td>&gt; Recommendation</td>
<td>&gt; Recommendation</td>
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<tr>
<th>I-SBAR</th>
<th>SBAR-D</th>
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<tr>
<td>&gt; Introduce</td>
<td>&gt; Situation</td>
</tr>
<tr>
<td>&gt; Situation</td>
<td>&gt; Background</td>
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<tr>
<td>&gt; Background</td>
<td>&gt; Assessment</td>
</tr>
<tr>
<td>&gt; Assessment</td>
<td>&gt; Recommendation</td>
</tr>
<tr>
<td>&gt; Recommendation</td>
<td>&gt; Documentation</td>
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</tbody>
</table>

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Community and Family: Technology Can Improve the Quality of Residents’ Lives

Technology-based Solutions For Social Isolation

Shirley: “I look at the calendar before I go to sleep to see what programs are on the next day. This program has enriched my life; I have friends I can talk with every day.”

Mary Johnson, 77
Resident, Clermont Park Retirement Community

“Our video, LIFELONG LEARNERS, challenges the myths of aging, shows a bit of our process and how some residents are now using the new technology and enriching their lives.

“We have 167 independent living apartments at Clermont Park. To date 90% of them are using the tablets.

“As they became more comfortable with the tablets, the residents began to feel more empowered and willing to try more things on the tablet and in the rest of their world.

“The ‘Yes, I can!’ attitude now permeates our entire campus.”
Mary Johnson, 77

Teacher … AGAIN!!!

“Teaching is what I did—do. Who I am is a teacher. My field of expertise is the education …. I have a Master’s degree in Humanistic Education from Webster U.

“In my 43 years in the field, I concentrated on Kindergarten and 1st grade. I have this itch that says, ‘Learning and teaching stuff’ is what you do so for goodness sake sign up for the pilot group and see where it takes you.”

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Falls and the Dignity of Risk

Today's Agenda – In Review
Do You Have Thoughts or Questions

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Was This of Worth?
In large measure that depends on what you do with it.

Keeping the CARE and the CARING Connected
Strengthening Resident Choice & Culture of Safety Using FLS Engagement

... but (MY hands are) stretched still ...