



Neighborhood Assistants: Evaluating a New Role to Partner with Direct Care Staff & Serve as a Catalyst for Culture Change

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Who We Are

For over a century, Parker services, standards and approaches have led the way in aging services and what it means to grow older in America.

With the number of older Americans expected to double in the next 30 years, Parker remains committed as never before to changing the way we experience aging in America.



A little bit about our journey

Seeking partners and collaborations to bring positive change that will enhance the experience of aging

Engaging others by seeking input

Listening/learning from the feedback of those closest to our residents

Challenging traditional thinking about aging

Doing away with medical models & promoting person-directed living

Embraces & Champions Change

***“Change is the law of life.
And those who look only to the past or
present are certain to miss the future.”***

-John F Kennedy

***“An organization is a living organism;
it has to continue to shed its skin.
Methods... Focus... Values have to change.
The sum total of those changes is
transformation.”***

-Andrew Grove



A Parker Moment

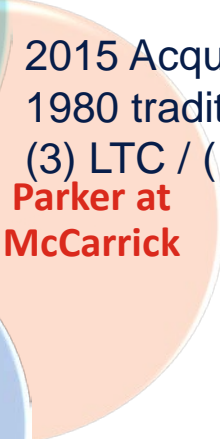
Parker's Journey Towards LTC Households

Traditional NH- (3) Neighborhoods,
The original 1907 Parker



Parker at Landing Lane

2015 Acquisition-
1980 traditional hospital structure,
(3) LTC / (1) Post-Acute Neighborhoods



Parker at McCarrick

2014 NH Build- (5) Small Houses



Parker at Monroe

Parker Nursing Homes

1982- (3) Traditional NH Neighborhoods



Parker at River Road

Appleblossom Way

Deerview Way

Magnolia Way

Evergreen Way

2001 new build- Household Model



ABW NA Pilot



Our Culture Journey Reflected in Language Change

Neighborhoods ~~Units~~

Apple Blossom Way (**ABW**)

ABW Neighborhood Pilot (2014-2017) = ABW NA Phase I, II & III

[Phases I & II]

Care Partners = CNAs;

Neighborhood Assistants = (NA)

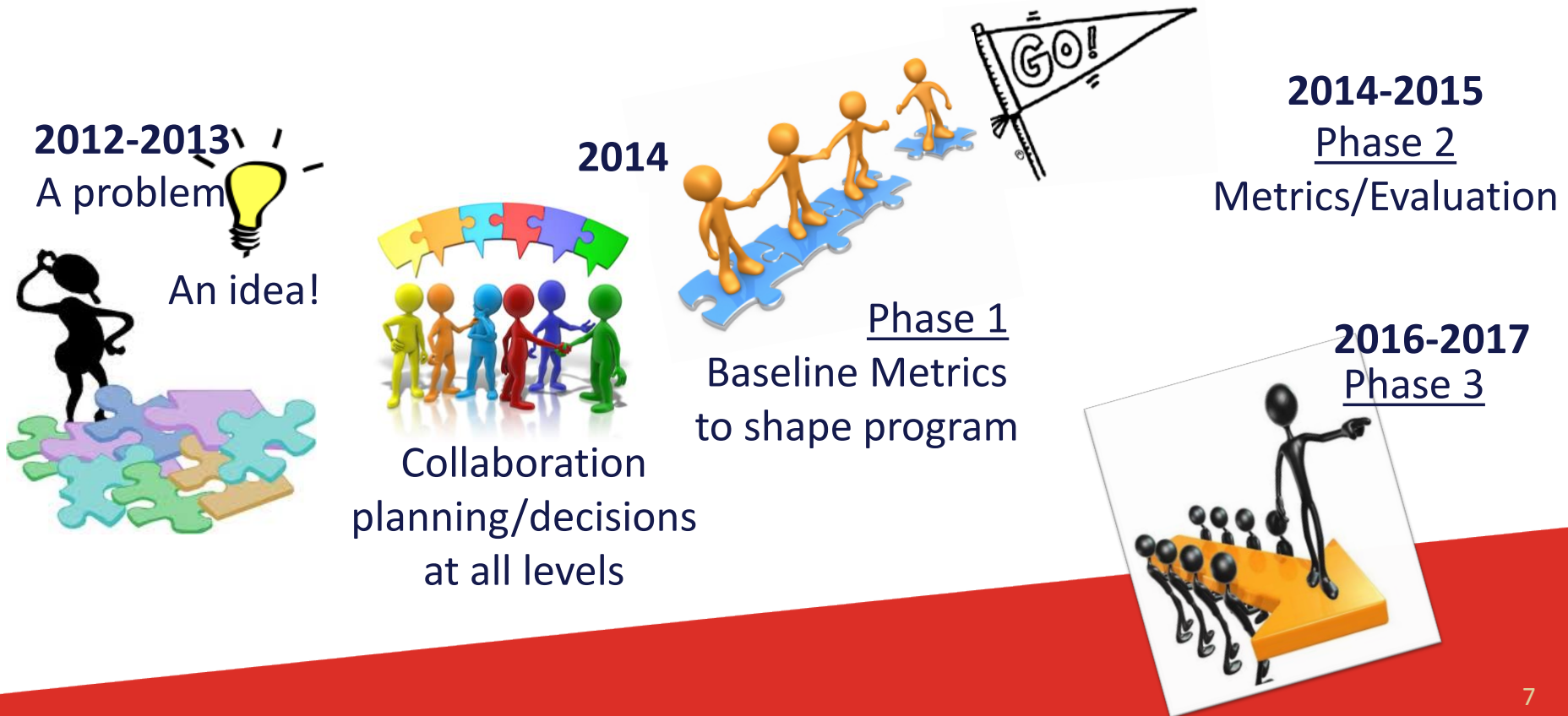
[Phase III]:

Care Partners = means anyone who is part of the Residents' lives, including employee, resident, family

Charter: formulizes the Team's Goals/Objectives

Process- Can take time to do it right...

- Employees engaged to thoughtfully generate concepts and action plans
- Engaged researcher as partner to change & to develop evidence-based practices that can improve quality of life for residents & employees



ABW/NA Pilot Desired Outcomes

- Increase social / meaningful engagement of residents by CNAs
- Positively impact resident mood / behavior
(overall resident mood / behavior can be improved by more pleasant interactions)
- Positively impact employee engagement / satisfaction
- Increase CNA participation in resident / family discussions regarding resident comfort / care



The Staffing Model/NA Concept:

Adjust to changing population to retain Parker standard/culture

NA Pilot Objectives:

- “Assist with non person-centered tasks” to enable CNAs more opportunities for person-centered approaches (e.g., engaging in meaningful conversations/moments while rendering care)
- “Reach and support more residents” & “respond in a more individualized, person-directed way” (means time)
- Enable the CNAs to join resident/family care planning & conferences
- Support Parker’s talent development goals

Study Approach

Phase I
May-Aug 2014

**Focus groups
(CNAs & Nurses)**

**Observations of
work flow (CNAs
& Residents)**

**Job Satisfaction
Questionnaires
(CNAs & NAs)**



Aug 2014

**NA Program
Starts
(1) neighborhood
(21) residents**

**June-
Emotion Focused
Communication
(EFC) 'Train the
Trainer'**



Phase II
Feb-June 2015

**Focus groups
(CNAs, Nurses,
Family, Residents)**

**Interviews (NAs)
Observations of
work flow
(CNAs/NAs/Res)**

**Job satisfaction
Questionnaires
(CNAs & NAs)**



Phase III
2016 - 2017

**New Structure
for better
support/engagement**

**Adjust
Charter/methods to
2016-17 changes
&
strategic goals**

Phase 1 & II Examples of Metrics:

Observations Made on both Day and Evening Shifts

% of time CNAs spend with residents

Avg. # residents CNAs assisted

Focus Group Results

Phase I focus group findings were shared in June 2014 to help shape the NA program design.

- CNAs appreciated being asked about their thoughts prior to implementation;
- CNAs stated that they 'always need an extra hand' & suggested NAs assist residents w/eating & toileting;
- Nurses felt having an extra person would decrease everyone's stress level;
- Nurses suggested NAs assist residents w/eating, pass out nourishments, sit outside w/residents & assist restless residents;
- Clarity of role would be important to eliminate confusion;
- 12-8pm suggested work schedule

Findings Phase II

Observations

- **Mixed results in comparison of Phase I to Phase II**
 - Percent of time the CNA spent with resident Dayshift increased while evening shift decreased
 - Number of residents assisted during observation decreased
 - Longer observational periods would have likely led to more stable results, but were not economically feasible.

Observations

- NAs were observed being able to reach & support multiple residents in an individualized way
 - delivering clean laundry, wheeling residents to meals, assisting CNAs quickly decreasing waiting time from another CNA, answering call bells, delivering messages
- Data suggested that the quality of life as a whole improved after implementing the NA program.
- NAs spent spontaneous one-to-one time with individualized management of behavioral expressions with residents with dementia who were communicating distress (agitation, persistent vocalizations)

Focus Groups and Interviews

- CNAs said routines less stressful (tension with NAs)
- Improved mood of staff was contagious
- Residents were “on time” to meals and residents were assisted with eating their meal closer to the time the food arrived.
- Nurses said there were no longer issues with laundry
- Nurses stated NAs were able to help spot if they needed another pair of eyes

Findings Phase II

Focus Groups and Interviews

Residents expressed that meaningful interactions:

- **“are when the staff are not looking at the clock or the door of the room in hopes of hurrying away”**
- It was the “little things” (CNAs smiling, patting resident shoulder, hugging) that were meaningful to family members.
- Family members had fewer complaints about not being able to find resident belongings & concerns about distress from other residents.

Phase III, Study Recommendations

- Involve CNAs in the interviewing and hiring of NAs
- Stress to the CNAs their importance to the NA success
- New NA shadow CNA for a full shift to understand routine & Neighborhood culture
- Provide ongoing training (huddles) to clarify roles & to manage competing priorities
- Provide continuing education & support to CNAs (mentoring others, memory care approaches)

Phase III, Study Recommendations

- Further develop creative staffing models & how to better deliver person-directed care/design environment
 - ✓ challenge the business model by finding ways to demonstrate the value proposition
- Parker is excellent at assessing, understanding & learning about future residents' lifestyles/preferences pre-admission, but...
 - ✓ Opportunity lies in improving the CNA/NA ability to transfer residents' preferences into concrete actions

Phase III, Study Recommendations

- Develop Recreation Therapy coaching program to assist CNA/NAs to manage signs of distress from residents w/dementia
- Consider use of the *Preferences for Everyday Living Inventory* (PELI) as a preference assessment on an annual basis

Partnerships to Making Change

- It's not common for researchers and providers to collaborate
- Trust grows and develops over time
- If starting new initiatives think about how it will be evaluated (costs; value proposition)
- Reach out to Universities in departments where gerontology courses are taught (students often need projects)
- Think about potential process and outcome measures
- Quality improvement projects
- Implementation and dissemination

Phase III Begins 2Q16

Intended Deliverables/Structure/Process:

- Apply Phase I/II Recommendations (clarify CNA/NA roles, Care Plan inclusion of CNA/NA, education, person-centered living, expand metrics, team building & decision-makers)
- Use as a catalyst for culture change & supporting Parker strategic goals (empowerment of Care Partners, Residents)
- Update Team Charters through collaboration w/interdisciplinary leaders (formal & informal)- Mission, objectives, deliverables & time frames
- Research any new industry information on LTC staffing models

Created a Structure to Better Support ABW Phase III

All Care Partners
(res/staff/fam):
*define/implement
creative ways
to change/support
pc living &
household model*



Coaching Team:
*engages, empowers,
supports & mentors
ABW Care Partners*

Steering Committee
*Mentors & empowers
the Coaching Team*

Many revisions of Coaching Team Charter...

- shifted focus
- financial stewardship considerations
- organizational changes



Phase III 2017

2Q17 ABW Phase III Coaching Team

Enthusiastic
Energetic
Committed to an Elder-centered team

Final 2017 Charter Highlights

- **Reflection by Team about desired outcomes / selected most feasible recommendations**
- **SHIFT in Focus** from NA to an ABW self-directed work team in an effort to develop a new prototype to convert medical model structures to household models
- Aligned to convert all traditional units/neighborhoods to **HOUSEHOLD SELF DIRECTED WORK TEAMS**

Final 2017 Charter, Mission:

| Coaching Team | Mission |
|---------------|---|
| | Support and mentor the ABW neighborhood Care Partners to develop into a self-directed work team that problem solves and makes decisions with the intent of fostering a meaningful quality of life for the elders, families and ABW care partners. |

2017 Phase III Coaching Team

Enthusiastic
Energetic
Committed to an Elder-centered team

Were Eager to get re-started

BUT...

2017 Phase III Coaching Team

- New members/new to Parker
 - ✓ unfamiliar with the Phase I/II Pilot
 - ✓ unfamiliar with Charters/Culture
- New Team Composition
 - ✓ Unfamiliar to each other
- Lack of clarity about meaning of ‘self-directed work teams’
- Unsure of their roles or functions

Initial Struggles/Opportunities

- Learning/understanding charter elements, developing relevant milestones & setting realistic timelines
- Organization of plan / practical schedule of necessary training
- Unclear how other neighborhood teams would react to ABW Phase III initiative

Parker Initiative, Foundation of Education

- Dementia Care/Behavioral Expressions Education
 - Emotion-Focused Communication (EFC)
 - STAR VA Program
 - Use of electronic learning management systems to provide the latest information on dementia/care techniques
 - National Council for Certification of Dementia Practitioners (NCCDP)
- Self-Directed Work Team/"Household Thinking" (communication, decisions, techniques)
- Communication/Messaging to others

Strategies Initiated to move Charter deliverables forward:

- Review the literature for “self directed work teams”/ NH conversions from medical to household- (student)
- Observations on Evergreen Neighborhood at Parker at River Road
- Site visit to Parker at Monroe 9-2016 (Team)
- Coaching Team attendance at conferences/specialized Training
 - ✓ Pioneer Network, Eden Neighborhood Guide Training
- ABW Coaching & Neighborhood members education
 - ✓ Parker nurse and CNA leadership program, STAR-VA , Hand under Hand training
- Relationship building between Coaching / ABW Neighborhood Team
 - ✓ “Getting to Know You” ice breaker sessions

Metrics / Documented Outcomes

- Resident/Staff/Family Satisfaction Surveys
- “Let’s Talk” Outcomes & Level of Engagement
- Neighborhood Guide training modules, on schedule

More Initiatives / Mentoring Successes

- Meetings with ABW team for communication/engaging
- Coordinated ABW staff coverage to include all Care Partners (all shifts) in educational training/decision-making process
- Designed Mentoring system

Anecdotal Evidence of Positive Outcomes

- Family member satisfaction
- Family requests to transfer their loved one to ABW
- More cohesive ABW team (e.g., attending funerals w/Coaching Team facilitating coverage)
- Increased evidence of empowerment (e.g., problem-solving; decision-making; self-directed approaches for behavioral expressions)
- Increased confidence of Care Partners in advocating for Residents

Next Steps

- Complete Neighborhood Guide (2Q17), with transition to Coaching Team ownership
- Metrics, mid-yr. review
- Complete Charter Milestones/revise to reflect direct Care Partners input
- 4Q17, ABW team input into recommendations for 2018

BABY STEPS TO WORLD DOMINATION..



Thank You!

Please contact us with any questions!

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