



SNF Risk Management through Person-Centered Care

Carol Marshall, MA

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ISBN: 978-1-68308-565-2

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Table of Contents

Introduction	v
About This Book	ix
Dedication	xi
Foreword: Life as We Now Know It.....	xiii
Section 1: Customer Service: The Key to Reducing the Risk of Claims and Litigation.....	1
Exceptional Customer Service as a Successful Business Model	3
Gaining the Competitive Edge.....	4
Person-Centered Care	5
A Brief History of Customer Service.....	6
Customer Loyalty	8
The Impact of Customer Service.....	8
Consumers Measure Quality Healthcare	11
Who Are the Customers?	12
Three Distinctions of Quality.....	14
Reputations Are Earned.....	18
How to Establish a Good Reputation	19
Traditional Thinking vs. Successful Thinking.....	28
The Tour	29
Give Customers What They Want.....	34
The Impact of Kindness and Provisions of Care	40
Despair: When the Elder Realizes Loss	43
Teaching Compassion.....	47
Reduce Risk Through Partnering	52
Family Members as Team Members.....	53
Acknowledgment of Risk.....	55
Informed Choice: Knowledge Is a Powerful Tool.....	56
Liaison.....	59
Employee Satisfaction Survey.....	61
Section 2: Families Are Like a Jury Summons: They Cannot Be Ignored.....	65
The Impression of the Long-Term Care Industry	66
New vs. Old.....	67
Families Are the Frontline Customers.....	68
Staff’s Responsibility for Reputation	71
Ten Strategies for Building Successful Family Partnerships.....	74
Seven Signs of Families in Conflict.....	81
Initiate Change.....	81
Broken Promises.....	84
The Broken Promise and the Family	87

Table of Contents

Provide Support and Guidance to Families	88
Keys to Successful Admissions: Putting Your Best Foot Forward.....	89
A Good Idea to Help New Families.....	92
“You First” Customer Service	96
Dining.....	104
“You First”: The Difficult Family.....	106
How to Approach the Difficult Family With “You First”	109
The Difficult Husband.....	116
How Staff Can Apply “You First”	118
Acknowledgment of Risk for Refusal of Daily Care	121
Acknowledgment of Risk for Refusal of Modified Diet.....	122
Acknowledgment of Risks Associated With Resident’s Choice.....	123
Acknowledgment of Risk for Smoking.....	124
Risk Acknowledgment With Pool Risk.....	125
Risk Acknowledgment	128
Section 3: MDS 3.0 Interviews and Customer Service: Reducing the Risk of Litigation Through Person-Centered Care	131
Constructing the Person-Centered Care Plan.....	134
§483.21 Comprehensive Person-Centered Care Planning.....	138
MDS 3.0 Interviews	144
Interviewing Skills.....	144
Common Characteristics in Long-Term Care Facilities	153
Elements of Person-Centered Care.....	154
Kansas Department for Aging & Disability Services.....	160
PEAK 2.0 Criteria.....	201
References.....	215
Resident and Family Handbook.....	217

Introduction

Reduce the risk of claims by implementing person-centered care

In November 2016, the Centers for Medicare & Medicaid Services (CMS) issued significant new requirements for long-term care facilities to implement beginning November 28, 2016 with full implementation by November 2019. One of the new requirements is person-centered care. CMS requires facilities to put person-centered care planning in place in phase 1 (beginning in November 2016), meaning that the facilities must create unique, individualized care plans for each resident.

The new change reads:

Quality of Life (§483.25)

Based on the comprehensive assessment of a resident, we are requiring facilities to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive **person-centered care plan, and the residents' choices.**¹

What is person-centered care?

Person-centered care means:

Treating each person as a unique individual: Senior citizens have lifelong habits and rituals—things such as reading the morning newspaper, taking a shower at the end of the day, wearing perfume, sharing a cup of coffee with a spouse in privacy, and visiting over meals and snacks. Individuals who have lifelong rituals and habits should be able to continue them even after they move into a long-term care facility.

Protecting each person's dignity: Living in a community environment creates privacy challenges. Sharing information, taking medications, changing clothes, and bathing and toileting become difficult to do in privacy. Person-centered care means protecting people's privacy as much as possible. For example, care providers should administer medication in a private area (not in the dining room).

Respecting each person's rights and preferences: A change in address does not mean a change in a person's rights and preferences. Person-centered care means that a person's rights and preferences remain intact when he or she enters a long-term care facility.

¹ 42 C.F.R. § 483.25 (2017) (emphasis added).

Maintaining a strong relationship among care providers, residents, and families: The single most important way to reduce the risk of claims is to build strong relationships between staff, residents, and families. After all, “satisfied customers seldom sue.”

How does person-centered care operate in a facility on a day-to-day basis?

Person first: The staff must place the needs of the resident and his or her family first and view them as the most important aspects of care. Person-first care starts with understanding. Staff need to understand the resident’s personality, wants, and needs and then strive to meet them. Staff also need to understand how to communicate with family members to ensure that they inform and update them about the resident’s ongoing individualized care.

Establish the preferences and provide them

The most important sections of the Minimum Data Set (MDS) for establishing preferences are F0400 through F0800. The information these sections gather is the bedrock for person-centered care and delineates the opportunity to establish methods to reduce the risk of claims. When thinking about the resident’s preferences, it is consistent with establishing relationships to foster trust with staff to meet his or her needs by:

- Choosing clothes to wear
- Receiving a shower (and how frequently)
- Receiving a tub bath
- Staying up past 8:00 p.m.
- Choosing to eat snacks between meals
- Choosing what time to take a nap (or avoid a nap)
- Choosing which snacks to eat
- Using a phone in private
- Choosing what time to get out of bed
- Having a place to lock up personal possessions
- Including family or friends in care decisions
- Listening to music
- Taking medications in private
- Being around animals and pets
- Reading books, newspapers, or magazines
- Keeping up with the news
- Choosing what to watch on television
- Participating in favorite activities
- Doing things with groups of people
- Spending time away from the long-term care facility
- Joining or maintaining memberships: Rotary, Lions, church gatherings, Garden Club, etc.
- Spending time outdoors
- Choosing to garden
- Fishing
- Caring for personal belongings

Include the resident in as many choices as possible

- Have the president of the Resident Council meet with the activities director every day to choose the programs to show on the community TV, and post the hour-by-hour programs that will play in the common area. This way, all residents will be able to choose whether to watch the community TV or find a different activity.
- Allow the president of the Resident Council to select snack offerings for each week. The president of the Resident Council communicates with the council members and provides their preferences to the activities director. When passing out snacks, place a music box on the cart to alert residents that you are offering them, or make snacks available in a “resident-only” area of the facility.
- Ask residents what time they want to get out of bed and what time they want to go to bed and then adhere to it.
- Include the Resident Council in planning activities on a weekly basis. Monthly Activity Calendars reflect the residents’ choices, not the will of the facility.
- Include the Resident Council in simple things such as furniture arrangement in the lobby, dining room, visiting rooms, pictures on the wall, drapes, etc.
- Accept input for menu selections on a weekly basis. Advertise the menu selections a week in advance. Change the menu selections to include detailed descriptions of the menu items. Instead of “meatloaf” and “mashed potatoes,” write something like, “home-style meatloaf seasoned with gently sautéed onions, peppers, and breadcrumbs, topped with savory beef gravy. Served with buttered mashed potatoes topped with savory brown gravy.” Few restaurant menus provide just the name of their selections. The same should be true for residents dining in a long-term care facility. Enhance dining experiences to reflect restaurant menus and service.
- Give certified nursing assistants (CNA) the tools to bond with residents. Teach staff how to connect with residents and engage in conversations. Encourage staff to ask questions and provide extraordinary service.
- Offer specific activities for specific residents: knitting, painting, sewing, reading, or listening to favorite music. Residents with hobbies from lifelong interests have the same interests when they live in a community environment. The community that fosters continued individualized interests creates a bond with staff.
- Learn residents’ preferences, such as whether they like to wake up with a cup of coffee before getting dressed for the day, take a shower before bed, or read the daily newspaper.

It doesn't take a lot to make residents happy when you learn their preferences. Other things such as breakfast in bed, lunches on the patio with their friends, growing a small garden and enjoying the fruits of their labor, or just passing the time with the "simple things in life" make all the difference to many of them.

When family members see how the resident is content, getting his or her needs met, and turning to staff for support and friendship, they interpret those services as quality care. Quality care that residents and families' measure does not mean the same thing to professionals. Families measure quality care by the way the staff treats their loved ones—which, at its core, is person-centered care.

Reducing Risk of Litigation Through Person-Centered Care

"Satisfied customers seldom sue." The idea of providing residents what is best for them, according to their diagnoses, conditions, and personalities is not always the way to make sure they are satisfied.

Residents who have a litany of illnesses, fear, depression, anxiety, and confusion are difficult to please, and unhappy residents are the nucleus of litigation risk.

Meeting the needs of the resident once a month with the "meal of the month" does not satisfy the needs of the residents to have their favorite foods on a daily basis.

The idea of reducing the risk of litigation through person-centered care is the idea that meeting the needs of the resident on a routine basis creates an atmosphere of trust, dependence, and value. If residents contribute to their own well-being and partner with care providers, the satisfaction increases and risk of litigation decreases.

Person-centered care does not mean that every resident is provided with every desire: if you do not have bathtubs in the facility, and a resident wants to have a bath, a compromise is reached. In the person-centered care model, the resident is in a position to request, modify, and compromise, whereas in the long-term care systems in place without person-centered care, the resident must accept the methods and systems offered by the facility without input.

Giving residents and their families a voice reduces the risk of litigation. Partnering with families reduces the risk of litigation. Designing approaches that are unique to the individual builds relationships between families and facility staff. When families recognize their loved one is happy, is well cared for, and has no complaints, it is easy to say "satisfied customers seldom sue."

About This Book

The risk of litigation continues to loom large in the long-term care industry. Skilled nursing, assisted living, memory care, and independent living communities are at risk for claims and lawsuits. This book is designed to provide tools to reduce the risk of litigation through use of person-centered care, including elements that contribute to person-centered care, such as customer service, QAPI, and family involvement.

To access the downloadable materials go to: www.hcpro.com/downloads/12632. These are designed to be used as part of the facility's risk management tools.

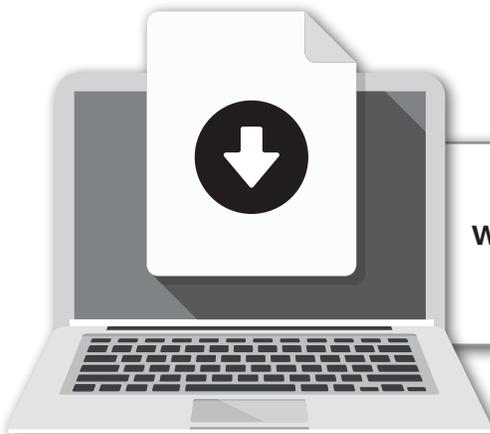
Specific acknowledgment and thanks to Kansas State University Center on Aging and Gayle Doll, PhD, for their generous contributions to this body of work.



DOWNLOADABLE Materials

Download the following materials by clicking on the link below:

- Acknowledgment of Risk for Refusal of Daily Care
- Acknowledgment of Risk for Refusal of Modified Diet
- Acknowledgment of Risk for Smoking
- Acknowledgment of Risks Associated With Resident's Choice
- Customer Service Training Program PowerPoint
- Risk Acknowledgment With Pool Risk
- Risk Acknowledgment
- Handbook
- "You First" Difficult Family In-Service
- "You First" Elder Care In-Service



www.hcpro.com/downloads/12632

Dedication



As a child, I visited my grandmother (pictured center, in right photo). I recall, her talking about her grandmother who was in the “old folks home” because she was unable to take care of herself, and none of the family members could care for her. I recall conversations about why children were not allowed to visit. In those days, the “old folks home” cared for elders in this manner:

Upon admission, my great-great-grandmother was given a hospital gown and placed in a wheelchair and tied to the chair to prevent her from falling. She was then escorted to the hand rail opposite the nurses’ station. There she spent her days under the watchful eyes of nurses. At the end of the day, she was put to bed and tied there to prevent her from getting out of bed during the night. Rooms were built without

Dedication

bathrooms, and elders who were continent were taken to common bathrooms, like present-day school bathrooms with several toilets. Bathing was provided as sponge baths in bed, to prevent the elder from falling in the shower. Nurses wore white uniforms, white caps, and the requisite white stockings and shoes.

Life in the “old folks home” was funded by churches or as an extension of the hospital. This was before the days of Medicare and Medicaid. If the elder was unable to pay, the church funds provided money to the home. For that era, the professionals did what they deemed “best.” None of them intentionally hurt elders, or punished them; after all, “it was for their own good.”

I wonder what she would think of today’s long-term care environment. No restraints, activities, friendly staff, and freedom of choice. Had she lived long enough to see the OBRA 1987 changes, she wouldn’t recognize the same community decisions to care for elders with kindness and respect.

This book is devoted to the elders who came before, who were governed by laws and care models that were designed to protect them from harm in an authoritarian manner. For those who created our world, gratitude and a heartfelt amount of apology for not understanding the human dignity of choice and freedom, regardless of the effects of old age. If I could say something to my great-great-grandmother, I would tell her “we are doing better now.”

Foreword

"Life as We Now Know It"—*The Neighborhood Concept*

Medicalodges Columbus—Luanne Foust, CNA

Like everyone when this new concept came about of changing our residents' way of living to smaller groups and having them develop their own small neighborhoods, I was very skeptical, because the older we get, the harder it is to make changes. We all heard a lot about person-centered care and read about it and got to go visit a couple of places that were doing some person-centered care concepts. After visiting and thinking more about it, I thought that it sounded fun and exciting and would be a great change for our residents to live in a more close-knit family environment. I made up my mind that I was ready for it and decided to run with the ideas we had been coming up with. Here is a little overview, from a CNA perspective, of how things are going in our home since we began the neighborhood way of living.

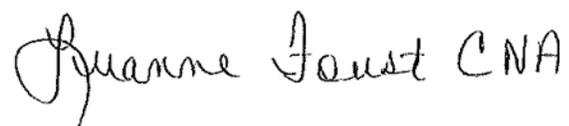
It has been a fun and exciting challenge, and there have been a lot of ups and downs, as there are with any new learning experience, but the more we did this as a resident/family experience, including everyone living on East Maple, the more it became a reality day by day. East Maple is made up of eight semiprivate rooms, with a private dining room for all of the East Maple residents, a shower room, and access to larger dining rooms. They also have access to a patio area and screened-in porch to enjoy on nice days. One of the keys to having a successful neighborhood is to study and visit with all of your residents and learn their likes, dislikes, and routines that they like to carry over from home. The goal is to make it as homelike as possible. They have choices of wake up times, numerous menu choices, and the choice of when they want a bath or shower, and they get to be included on planning activities. They love being involved in all aspects, and it makes a much homier atmosphere, and as a CNA, you really get to connect on a much deeper level. Not only do you bond closer with your residents, but I have found that I have bonded deeply with many of the family members. When the family members see all of the little things we do just to make a happy, comfortable, loving living environment and see to all of their needs, we gain such respect from the families and such trust is built between all of us. It really doesn't take a lot to make any of the residents happy and content when you learn their preferences, such as early-morning cups of coffee or showers early in the morning or just right before bedtime. Other things such as breakfast in bed, lunches on the patio with their friends, or helping them grow a small garden and enjoy the fruits of their labor make all the difference to many of them. We've had many special events over the years, such as neighborhood block parties, indoor cookouts, wiener roasts over a pit fire, walks outdoors, or a balloon lift-off to celebrate residents who are rehabbing back to their outside home. We always have birthday parties, bake fresh bread and cookies, and enjoy tea and coffee during movie time. Sometimes we simply sit together and read the

Foreword

newspaper and talk about the little things in life that are going on around us. It is amazing how we have developed lasting, personal relationships and became one big happy family together. Of course, not all times are good, and sometimes we lose one of our neighbors. During those times, we grieve together and celebrate their lives, making it easier for all of us to get through the times of sorrow.

I could go on and on about the things we have done to provide our East Maple residents a happier life, but the one thing I will say is a happy resident will always make your job of taking care of them so much easier, and you have more time to enjoy personal, quality family time with all of them. Just as a small personal note from the CNA: I have always enjoyed working here, but I can tell you that I have never had such satisfaction and enjoyed my job like I do since we went to the neighborhood concept. It's like I have this big extended family on East Maple, but also all of the friends and families of these people have become just like my own family. All of our residents get to experience the neighborhood concept but also have choices of what they want to do, when they want to do it, and where they do it. I just hope that someday everyone who works in nursing facilities can experience "life as we now know it" at Medicalodges Columbus. It truly is a wonderful way of life for our elderly!

Luanne Foust, CNA

A handwritten signature in black ink that reads "Luanne Foust CNA". The signature is written in a cursive, flowing style.

Section 1

Customer Service: The Key to Reducing the Risk of Claims and Litigation

According to the CNA Aging Service 2016 Claims Report, the average claims paid by long-term care facilities in 2015 was \$211,709.¹ To help reduce the risk of claims, the concept of customer service is a critical facet of long-term care. Litigation risks are a dominant risk in the long-term care industry, with some suits leading to multimillion dollar settlements. Even though many states have instituted malpractice caps, the caps do not protect the facility from claims of negligence.

Well over half of U.S. states have passed some form of a law that limits the amount of money a medical malpractice plaintiff can receive after a successful lawsuit—meaning one in which the jury finds that a healthcare provider harmed a patient by committing medical negligence.²

In the past, when the elderly became too ill to live alone, families turned to long-term care experts only to be frustrated by the lack of services. Families expect to see the same type of care offered in the acute care setting. Facilities seldom address the differences, leaving the family confused and often angry. This disconnect is the first step to creating mistrust between the family and the facility.

In recent years, the long-term care industry has increased care services at different levels, with the intent to encourage elders to remain in their own home as long as possible. To that end, there has been an increase in community-based long-term care services: state-sponsored family support for elders, home health, assisted living, senior apartments, and lifestyle retirement communities. Families have a variety of choices to arrange for the optimal care model for their loved ones. While price may be the consideration for many, service is the consideration for all.

Residents who reside in long-term care facilities are at risk for adverse events: falls, pressure injuries, weight loss, etc. Some adverse events are unavoidable and closely linked to underlying illnesses. While no one is guaranteed a safe environment free from hazards, families expect the resident to remain free from injury, regardless of conditions, illnesses, or injuries. When adversity arises, even when it is unavoidable, the family is quick to blame the caregivers. Families who are unprepared for watching a decline in condition are quick to place blame on highly skilled professionals.

¹ CNA Aging Services 2016 Claim Report, p. 7.

² State-by-State Medical Malpractice Damages Caps, David Goguen, J.D. Nolo Legal Encyclopedia.

Section 1

Family members are often unprepared to face the reality that elders are at risk for falls, despite the best care and interventions provided in the long-term care setting. The expectation that the facility can prevent falls opens the door for families to file a claim or suit when the inevitable fall occurs. A total of 42% of claims by allegation are directly related to falls.³

Each year, 2.8 million older people are treated in emergency departments for fall injuries.⁴

Offering choices for consumers to reduce the risk of injuries and falls is one piece of the customer service approach to reducing the risk of claims and litigation. One important approach is to remove the term “prevent falls” from the conversation with families. Falls cannot be prevented. The risk of falls can be reduced, but no one can prevent falls from ever occurring. Falls happen to people throughout their lifespan: toddlers fall, school children fall, athletes fall, and adults fall. Jennifer Lawrence fell going up the stairs to receive her Oscar award in 2015. Pope Francis fell in 2016, surrounded by five adult men. Falls are not preventable, but families believe that once a resident is a member of the long-term care community, falls should be eliminated. Some families bring an elderly family member to a long-term care facility specifically because falls are frequent in their own home. The unspoken expectation is that the facility will eliminate the risk for falls.

Elders who move into a facility for long-term care may reside in the facility for a few months or several years. The long-term care industry is an industry with a “captive population,” meaning elders who are unable to care for themselves and require the services of 24-hour care. Once in the long-term care system, elders liquidate their homes, assets, and belongings to reside in the long-term care facility. The long-term care resident remains in the facility until passing away. But to be certain, the resident will die under the watchful eye of the care provider. When the elder selects a long-term placement, it is their final home. When the resident passes away, the facility and the family are left to sort out causes of death, contributing factors, and determinations of whether the death was expected or unplanned.

The best scenario is if the resident and the resident’s family participate in palliative care or hospice, so when the passing occurs, the support system is in place to promote heartfelt goodbyes and arrangements. The worst-case scenario is when the family is ill prepared to face the passing of the family matriarch and becomes an adversary. The relationship with the family is the key to determining if a death, whether expected or unplanned, will result in a claim.

Historically, customer service was something expected at hotels and restaurants. In today’s world, customer service spans every industry. Consumers demand exceptional service within all industries, from plumbing to cable installation, or they take their business elsewhere. With the wide use of the internet, sites have cropped up that expose poor service for every type of company. The Centers for Medicare & Medicaid Services has upped the game in long-term care by ranking nursing homes, home health, and hospice using a star system designed to be user-friendly to the average consumer. The ranking of the stars is based on

³ CNA Aging Services 2016 Claim Report, p. 9.

⁴ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed August 5, 2016.

data that is months and in some cases years old. Yet, the facility is held to the assigned ranking, even after improvements have been successfully implemented.

Competition for the long-term care census is at its highest point in years. In 2016, occupancy for nursing homes was about 1.4 million according to a report issued by The Centers for Disease Control and Prevention (CDC).⁵

Exceptional Customer Service as a Successful Business Model

Exceptional customer service is mandatory for any successful business model and especially for long-term care. Customer service not only leads to increased business, a strong reputation, and improved standing in the community, but it also impacts the CMS Five-Star Rating, quality indicators, and accuracy on the Minimum Data Set (MDS).

Exceptional customer service has benefits for the long-term care setting, including:

- Improving or sustaining the facility's good reputation
- Increasing the facility's census
- Decreasing the facility's risk for lawsuits
- Increasing employee retention
- Welcoming community contributions
- Creating a positive business image
- Motivating acute care hospitals to refer patients and families
- Creating pride in employees
- Inspiring confidence from families
- Establishing the facility as the facility of choice in the community
- Reducing the risk of derogatory social media postings
- Motivating employees to apply for open positions

Customer service is the foundation of all successful businesses. Customers' freedom of choice—their ability to choose where to conduct their business—is at the core of successful business. When consumers choose to be customers, business prospers.

⁵ Long-Term Care Providers and Services Users in the United States: Data from the National Study of Long-Term Care Providers, 2013–2014. Vital and Health Statistics; Series 3 Number 8, February 2016.

The same is true for healthcare consumers. All consumers have choices about where they receive their healthcare. Even when consumers are faced with restrictions imposed by insurance companies, consumers will strive for “top notch” care. Consumers often select their physician and choose their hospital, and in every case, they have a choice when choosing a long-term care placement.

Physicians’ bedside manner

Physicians may be selected by insurance coverage, specialty, or location. But patients judge the quality of a physician’s care by bedside manner. Patients will state “I love my doctor” based on the way the physician treats them when they interact. The typical patient does not know whether the physician prescribed the right brand of medication or the right dose or used the right suture weight when closing a wound. However, they do know how they feel when the physician has conversations with them, answers their questions, and listens to their complaints. It is that relationship that the patient uses when describing the physician to others. It is the same criteria when residents and families describe the services provided in a long-term care facility.

Long-term care may be selected by insurance coverage, a referral from a physician or discharge planner, or Medicare or Medicaid certification. But residents and families judge the quality of a facility by “bedside manner.” Residents and families rarely state “I love that facility,” but the strongest influence on customer satisfaction is the way staff treats them when they interact. The typical resident and family does not know whether the staff provided the right brand of medication or the right dose or bathed the resident properly. However, they do know how they feel when the staff has conversations with them, answers their questions, and listens to their complaints. It is that relationship that the family uses when describing the facility to others. Using a formalized customer service program promotes the culture of caring in a manner that touches the customer where they understand care: service.

Gaining the Competitive Edge

The concept of providing good customer service is paramount to not only succeeding in the long-term care industry but excelling. Not only is every facility vying for the scarce long-term care dollar, but with escalating lawsuits and insurance claims, the Five-Star Rating, state surveyor interviews, and MDS 3.0, the long-term care industry is taking a hard look at the relationship between the facility and the elder and the elder’s family. The successful relationships become word-of-mouth praise and referrals.

The adage “friends don’t sue friends” holds true in today’s litigious long-term care environment. Even egregious acts pass without lawsuits when families feel as though the facility had nothing to hide, supported the family during the crisis, and communicated openly. When families are engaged in the long-term care process, planning, and outcomes, they become part of the day-to-day support system for both the resident and the facility. With a strong relationship, open communication turns into understanding of how care models benefit the resident. Satisfied customers spread the good word. It is essential that facilities treat residents, families, and staff members with the utmost respect and consideration to stave off the chance of litigation, an insurance claim, or poor reputation.

When facility staff members form a true partnership with residents and families, the concept of joining together to provide the best possible patient care becomes the all-consuming mutual focus. By committing to these goals, the facility lays the groundwork for lasting and trusting relationships that may prevent the satisfied customer from seeking legal counsel, complaining to state surveyors, or moving their loved one to a competing facility.

This book is written specifically for long-term care facilities that can benefit from developing a customer service program. It is the intention of this book to instill confidence, create trust, and build lasting relationships between facility staff, family members, and elders. While there is no guarantee that strong relationships result in successful state surveys, a high Five-Star rating, or reduced risk of claims, it is a necessary approach to achieving customer satisfaction, increased census, and improved reputation.

Person-Centered Care

In November 2016, CMS released new requirement that includes “person-centered care.” The requirement for strong customer service is the hand-in-hand method to achieve and successfully integrate person-centered care. When staff understand that each resident and their families are unique individuals who deserve individualized treatment, customer service is the vehicle for successfully establishing the person-centered care model. It is not enough to provide individual approaches for the resident; it is necessary to ensure satisfaction along the way. From the beginning, all staff must find ways to communicate openly, offer individualized unique care models, and appreciate the nuances of preferences.

Implement customer service to initiate a culture change that becomes the lifeblood of the facility. For a “You First” customer service program to work, it must become the way of life for every employee. No matter the employee’s responsibility or job assignment, the primary job description is customer first: “You First.” It must be an ongoing, supported program that starts from the top. Buy-in from the administrator and managers is critical to the success of the program so that it becomes so well integrated that it becomes the “personality” of the facility. It is introduced at new-employee orientation and is part of every aspect of the facility’s culture. It is not enough to introduce it and expect staff to adhere to the program. Moving from the medical model to the “You First” model takes baby steps, reinforcement, and daily oversight. Staff who are accustomed to just “getting the job done” may struggle at first to implement the customer service model. But once they see the benefits and understand how it makes their jobs easier, it becomes second nature and “we have always done it this way.” Now is a perfect time to introduce and implement “You First” customer service, because of the requirement for person-centered care. Combining the two training models is a seamless way to move from putting residents into the facility’s care model to putting the resident first.

It simply will not work to instruct staff members to conduct themselves in a customer-friendly manner if management does not become a role model. Managers will be most successful when treating staff members in the manner with which they expect the staff members to treat families and residents. Managers can ensure success by being the model of exceptional customer service.

A Brief History of Customer Service

Customer service, which entered the industry as “guest relations” or “customer relations,” originated in the hotel industry. As the hotel industry became competitive, hotels began to look for ways to beat the competition and increase stays. Travelers often select hotels by location and price. The advent of the “member” arrangement allows the traveler to acquire points toward free stays. But once the competitors offered the same program, vacancy rates leveled off. The competitive edge became “guest relations.” Hotel staff are instructed to call guests by name and use phrases to foster confidence.

Innovative hotels began to focus on the need to make certain every guest was a satisfied customer and offer more “guest-friendly” services than the other businesses in town. Hotels rapidly realized that if guests thought they received exceptional value for their dollar, most likely they would return and remain brand loyal and, even more important, would share their experiences with others. The easiest and most cost-effective way to provide added value was by improving the way guests felt during their stay. Thus, the hotel industry gave birth to the concept of treating customers as guests.

But it is not foolproof. One bad experience at a hotel will drive the customer to try a competitor’s brand. If the hotel chain fails to attend to details such as cleanliness or amenities, fickle customers will jump ship to see whether a competitive brand can meet their expectations.

Upscale restaurants also jumped onto the customer service bandwagon. If many establishments in town offered good food and elegant surroundings, good customer service could be the one advantage that would set one restaurant apart from its competitors and bring people back again and again. A fine restaurant will discover quickly that excellent food does not overcome bad service. Now with online rating services available at a moment’s notice, consumers are rating restaurants within minutes of receiving their meal. Ratings and online reviews matter, and consumers refer to them when choosing where to dine. Since ratings are second nature to consumers, long-term care facilities must be aware of the comments posted on the internet.

Healthcare catches on

Another industry that has a strong commitment to customer service is the acute care hospitals. Historically, when people became ill or injured or required surgery, they went to the hospital where their doctor sent them, rarely asking questions. In the case of an emergency, patients were rushed to the nearest hospital. Now, with the CMS Hospital Compare website, consumers access information about the hospital’s ranking, infection rates, and overall competency. Savvy consumers now select their hospital based on information reported on the internet. No longer do patients agree to go to the nearest hospital; more likely, they are apt to insist that the ambulance avoid hospitals with a poor reputation. When physicians began to obtain privileges, and offer services at more than one hospital, patients realized they have a choice in healthcare decisions.

Disneyland®, and subsequently Walt Disney World®, took the idea of customer service to heart. The Disney “culture” puts park guests at the center of its business. “We create happiness” is Disney’s service theme. The Disney concept has spilled into the healthcare industry with its approach depicted in *If Disney Ran*

Your Hospital: 9 ½ Things You Would Do Differently by Fred Lee, in which he describes how the acute care hospital can create an atmosphere of respect, service, and care.

Competition for the consumer becomes the focal point of any industry that wants to survive in a competitive marketplace. Consider the effects of this in healthcare: Hospitals advertise special services for women in homelike units for maternity care, eliminate semiprivate rooms in favor of private rooms, decorate with bright colors and plan festive activities in pediatric units, and provide family dining for visitors. All of this creates a competitive edge for the healthcare dollar.

Long-term care gets on board

The long-term care industry learned a valuable lesson from the hotel industry: Treat residents as guests. Long gone are the days of the “old-folks home” in place when my great-great-grandmother needed long-term care. Even though the facility is technically their home, living with strangers and being cared for by strangers, the setting and restricted environment are greatly improved when all residents are treated as valuable guests. In 2017, Jimmy Buffett announced opening long-term care services in a “Margaritaville” lifestyle. Competitive nursing homes and assisted living facilities are adopting a customer service philosophy based on the following tenets:

- Customer services has an impact on litigation. If “friends don’t sue friends,” satisfied residents and family members are less likely to take legal action against a facility.
- Customer service touches every aspect of care.
- It makes or breaks the reputation of the facility.
- It starts with management and flows through the entire staff.
- Customer service never ends.
- Exceptional customer service affects census.
- Customer service is reflected on the Five-Star rating on CMS’ Nursing Home Compare website.
- State surveyors interview residents and families, and a strong customer service program affects the responses to state surveyors.
- Proper interview techniques on the MDS 3.0 impact quality measures and subsequently the facility’s Five-Star rating. Properly coded MDS preferences enhance person-centered care.
- Physicians are likely to refer patients.
- Employees are likely to remain loyal to the facility.
- Recruitment is positively affected.
- Person-centered care and customer service go together.

Section 1

When residents and families are treated well, offered respect, and allowed to develop trust, residents become satisfied customers. Satisfied customers are more cooperative, are happier, file fewer complaints, refer other potential residents, and become excellent advocates in the community.

A perfect example of the results of successful customer service can be found at Presbyterian Village North Senior Living Community in Dallas, Texas. This community offers senior living options, including independent living, assisted living, memory care, and skilled nursing.

In 2000, Mrs. Kathleen Henneberger moved into Presbyterian Village North Senior Living Community. She resides in the assisted living community on the campus.

Having her family close to her was one of the most important decisions in choosing a long-term care placement.

Over the past 17 years, the family has become a welcome part of the community with their frequent visits and involvement with staff. Frequent visits from her children, grandchildren, and great-grandchildren have enhanced her life.

Fast forward to 2017. Now, at 91, her adult children have moved into the Independent Living Apartments at Presbyterian Village North. Her family cites the great food, great activities, and great staff who make the lives of the elderly a robust lifestyle that attracted her two sons and their wives to “downsize” their homes and move into the community shared with their mother. Visits conducted by phone are times of the past; now the families get together by walking across the campus. All the family members are closer than before, and they are able to share meals, activities, and gatherings every day.

Customer Loyalty

Businesses rely on customer loyalty for continued success, and it is important to understand what keeps customers satisfied. One way to start a customer service program is to understand how staff view their position as a consumer. Many times, service models are translated to workplace treatment. Or staff do not relate to the customer service techniques provided by other businesses.

The Impact of Customer Service

Every business needs customers. Customers provide the money so the business can continue. Successful companies enjoy continued success because they develop and keep satisfied customers.

Employees in the long-term care industry operate as though they work in the healthcare business. Most healthcare providers focus on the medical, recuperative aspects of healthcare. But that is only partly correct—healthcare is *people* business. Providing medical or long-term care is the vehicle that brings people together, but long-term care is more than a medical service: It is the business of serving all the people who enter the long-term care setting. Customers include families, delivery people, physicians, therapists, visitors, contractors, and staff members.

Long-term care does not just provide medical and custodial care to elders. Customers rely on staff to answer questions, solve problems, recognize the unique characteristic of elders, and do it cheerfully. Long-term care customers are not a “one-time customer”; they are customers for days, weeks, months, and even years. Long-term care customers cannot choose to conduct their business with a different restaurant when the only dining choice is provided by the facility dietary staff. When customers are “captive customers” day in and day out, there are specific needs that must be met 24/7. Their expectations can be summed by the following:

- Satisfied customers have their needs met.
- Loyal customers see staff members exceed their expectations.
- Customers expect to be first consideration for care, dining, and therapy.
- Exceptional long-term care facilities focus on giving customers superior service.
- Superior service reduces the risk of claims and increases the chance of new admissions.
- Superior service increases the chance top quality employees will be attracted to the facility.
- Captive customers rely on staff for competent care.
- Residents need staff to “forgive and forget” cross words, rude responses, and interruptions.
- Customer service is fraught with emotions. Staff members realize that when they encounter poor service as customers, they have the advantage to take their money and their business elsewhere. In the long-term care setting, residents are “captive customers” who must endure the service staff members provide with little or no on-the-spot recourse.
- Customer loyalty in the long-term care industry cannot be assumed—current residents will not necessarily remain there. What would happen if the residents in your facility had an opportunity to move to a facility with a better reputation that suddenly had a vacancy?
- What if family members research facilities on CMS’ Nursing Home Compare website and identify a local facility with a better Five-Star rating?
- It is not safe to assume that once the resident admits to your facility they are a permanent customer.
- Loyalty to a facility is based on the way staff members make the resident and family feel about their care.

Customer service affects litigation

One factor that threatens the entire long-term care industry is the mountain of lawsuits filed against nursing homes and assisted living facilities.

Some states, such as Alaska, Texas, Kansas, Colorado, Florida, Georgia, and others, have medical malpractice caps, limiting damages. Other states prohibit medical malpractice caps. For example, in Arizona medical malpractice caps are constitutionally prohibited. Regardless of the medical malpractice caps, negligence

is not capped in any state. In 2016 and 2017, there has been a move by Congress to establish medical malpractice caps on a national level to reduce the cost of healthcare. Premiums paid by physicians, hospitals, and long-term care providers are expensive, and those costs are passed on to patients and consumers.

Lawyers have built a mountain of litigation against long-term care facilities sparked by complaints of disgruntled family members and residents. Whether due to medical malpractice or negligence, experts agree that the spate of lawsuits against long-term care facilities is here to stay. Some law firms advertise on media and even on the sides of buses. In Texas, med-mal caps have seen a significant decline in lawsuit filings. Seldom did law firms advertise for nursing home clients. In April 2017, AARP issued a scathing report on the quality of Texas nursing homes. While attorneys cannot earn much from med-mal claims, there is no limit on negligence claims. Citing the AARP report, attorneys have returned to media advertising in the state of Texas asking consumers to report instances of broken bones, pressure sores, falls, etc., as negligence claims.

What may be an acceptable policy, care protocol, or process (e.g., providing continence care every two hours) can be fodder for plaintiff's attorneys who convince juries of "egregious" acts of neglect and abuse. Attorneys search for staff members who will testify that they "work short" on a regular basis. Attorneys advertise for clients and family members, who are motivated to file complaints of neglect and violation of resident's rights assured under the Omnibus Budget Reconciliation Act of 1987. Every day, seemingly normal encounters initiate customer dissatisfaction, which ultimately leads to lawsuits.

The overall care, policies and procedures, and protocols in the facility may meet the standards enforced by state and federal government regulations, but they fall short when it comes to the satisfaction of the most important person in the long-term care industry: the customer. It is the customer who ultimately determines whether the quality of the care provided is satisfactory, negligent, or abusive. The measure of quality care is not in the technical aspects of the implementation of procedures or policies, but in the method and perceived logic of the delivery of services. The perception by families that their loved one is "always wet" or must wait too long for an answer to the call light, especially on weekends, turns into perceptions of neglect and poor care. The next step families take is to call their attorney.

Friends don't sue friends

Creating a trusting partnership with residents and families helps protect facilities from lawsuits and complaints to the state. Remember the concept that "friends don't sue friends," and then keep in mind that 91% of all claims against long-term care facilities are filed by disgruntled sons and daughters of residents.

The following are two scenarios that demonstrate the reasons family members chose not to file lawsuits.

The newly admitted resident was resting in bed, when around midnight, she decided she did not want to be in the facility and found a way out of the facility. She wandered outside and then across the street and over to the hospital across the street. Staff realized her absence within minutes and began the search. The search led them to the hospital, and within five minutes the elder was identified and escorted back to the facility. The family was so pleased with the facility's ability to manage the elder, they thanked

them for their prompt response and the resident remained in the facility for three weeks until her recovery was complete.

A visitor slipped on ice at the entrance of the facility. She was in her 70s and suffered a fractured ankle. The facility called for an ambulance, and the director of nursing (DON) escorted her to the hospital. The investigation into the fall indicated the visitor had several items in her hands when she tried to open the door and lost her balance. The visitor was treated and released the same day. The following week, the visitor brought flowers to the DON to thank her for her kind care and support during her injury. When the visitor needed aftercare outpatient therapy, she received it at the facility where she had fallen.

In these scenarios, family members established a continuing relationship with staff members who could have prevented the events and perhaps even death. It is the perception of quality care, and the caring behaviors of staff members, that makes a difference between a lawsuit and care partner.

Consumers Measure Quality Healthcare

“Quality care” is a term heard often in the long-term care environment. This concept has been addressed in many forms:

- Quality measures derived from coding on the MDS
- CMS five-star ratings
- Scope and severity citations on the state survey
- Newspaper reports when one facility has a crisis
- Television reports of disasters
- Annual *U.S. News and World Report* ranking of nursing homes

State regulators try to measure it, families demand it, physicians expect it, and residents require it. Knowing how the facility and staff members provide and measure quality care is another matter.

Most healthcare consumers do not have the clinical knowledge to determine whether the care provided by nursing staff members is the highest possible quality. The average consumer is not able to determine whether the medical care prescribed and delivered is the accurate medical model that is best for the resident. The average consumer is not able to determine whether staff members administer the accurate medication, whether a physician uses the proper techniques, whether a physical therapist uses the proper approaches in gait training, or whether a speech pathologist uses proper instructions when correcting a swallowing disorder.

The average consumer measures the quality of healthcare by the tangible measurement of the way the facility’s staff members treat them and their loved one. Residents and their family members measure quality of care by determining care provisions such as:

- Is my loved one kept clean?
- Is her hair combed and makeup applied?

Section 1

- Was the nurse nice to me?
- How well does the doctor explain the problem?
- Does the doctor see me when he comes to the facility?
- Was the coffee hot and was the juice cold?
- Was the room clean?
- How does the facility smell?
- How long does it take for staff members to answer call lights?
- Is the weekend care equal to the weekday care?
- Are the linens clean and in good condition?
- Is the paint current and free from chips and scratches?
- Is the furniture in good condition?
- Is the food flavorful, and do I have choices in what to eat?

The impression made by these factors determines whether the consumer believes the facility provides good quality care. And it is quality care that determines the facility's reputation in the community.

Who Are the Customers?

In long-term care, there are many customers, including:

- Residents.
- Fellow staff members.
- Contractors.
- Vendors.
- Surveyors.
- Maintenance workers.
- Volunteers.
- Delivery staff members.
- Visitors.
- Prospective residents.
- Discharge planners.

- The community.
- Every person who enters the facility.
- Regional manager: Although this person is not in the facility daily, he or she is an important customer. The regional manager is the driving force behind the success and progress of a facility. The regional manager is one of the most important customers in the facility to receive optimal guest services. The regional manager is ultimately responsible for the success of the facility and has a responsibility to ensure that litigation and substandard care are controlled or eliminated.
- Administrator: The administrator is the customer who provides services, gives raises and promotions, and purchases new equipment for the facility. More than a boss, the administrator is the person who makes decisions regarding the methods, frequency, style, and “personality” of everything that occurs in the facility. Treat the administrator in the same style as an honored guest and observe the reaction.
- Director of nursing: The director of nursing is the customer who is contacted on every care issue. This person has a direct effect on programs, planning, and coordination of everything that transpires in the facility. By treating the director of nursing as a customer, job satisfaction increases, cooperative working relationships bloom, and job-related stress diminishes.
- Nursing staff members: Nursing staff members interact daily with other key customers: the residents and their families. Their role is to ensure excellent clinical care, observe and report resident conditions, and interact with physicians. If all employees treat staff nurses as customers, the cooperative working environment becomes less hectic and stressful.
- Certified nursing assistants (CNA): One of the most visible customers is the CNA. This is the person who contacts the resident in the most intimate and consistent manner. This staff member has the closest and most frequent contact with the residents’ families.
 - These employees are among the lowest paid and often are the least respected. The CNA is the single most important family contact in the facility. By treating nurse assistants as customers, it is more likely that the CNA will treat others as guests. Try an experiment: Instruct other staff members to treat CNAs as though they were a member of the resident’s family for three weeks. Measure the difference in job performance and interpersonal relationships with coworkers, residents, and families. Observe body language, eye contact, and facial expressions. Without giving specific instructions to make changes, changes will occur.
 - CNAs are the frontline staff members who need very strong customer service skills. The staff members who have the most resident and family contact are the staff members who need to exercise exceptional customer service skills. CNAs make decisions and trust that the facility will stand behind them. Give CNAs the customer service skills they need to be successful and models of the facility’s philosophy and vision.
- Physicians: The relationship with the physician as a customer determines the security, frequency, and nature of referrals. Physicians approve or disapprove the admission of residents

every day. Decisions regarding resident care, therapy, prescriptions, and treatments are the sole responsibility of the attending physician. When the physician feels like a guest who is welcome, respected, and part of the team, the relationship with the facility staff members grows in trust and respect.

- **Therapists:** The relationship between therapists and nursing staff members has been unique in most facilities. Unique characteristics are impacted when facilities do business with a therapy provider; the facility is actually the therapy company's customer. As a result, the therapists are instructed to treat facility managers as customers. Train therapists that in fact their customers are residents, families, physicians, and all staff members. In most therapy relationships, therapists develop an in-depth and intimate relationship with residents. This occurs simply because therapists have the opportunity to spend lengthy uninterrupted one-to-one time with residents. One of the strongest opportunities for strong customer relationships rests with the therapists.
- **Residents' family members:** Residents' family members are critical customers. Their approval and disapproval determines whether the resident will remain in the facility or transfer to a competitor's facility. The family member is the one who decides whether or not to sue, who shares information with family and friends, and who complains to the state. The family members bring a host of emotions that lead to accusations and discontentment. When family members feel comfortable and receive guest treatment despite their frustrations and fears, the relationship with the facility is strengthened. The frontline customer is the family member.
- **Business office manager:** The one person in the facility who has a high risk of confrontation is the person who tells the family "Medicare does not pay for everything." Families given the advance beneficiary notice with 72 hours' notice to decide whether to pay for the continuation of care come to the business manager with angst and hope for financial counseling. The business office manager does not engage with customers on a daily basis and needs exceptional customer service tools to deal with customers facing a financial crisis.

Everyone who enters the facility is a customer. The state surveyor, mail carrier, x-ray vendor, food service delivery staff members, and even salespeople are customers. Everyone makes an impression by even a brief encounter and influences the facility's reputation in the community.

Three Distinctions of Quality

Whether dining at a restaurant, staying at a beach resort, or trying to choose a long-term care facility, consumers are looking for quality. There are three distinctions when measuring quality. Features or characteristics that:

- Must be present
- Add value
- Are pleasant surprises

Essential services

When certain features or characteristics are absent, the customer becomes frustrated or angry. Without these features, the resident or family has no reason to consider moving into the long-term care facility. For instance, to provide adequate care in a nursing facility, there must be “round-the-clock care,” including assistance with dining, dressing, and toileting. There must also be prompt response to call lights.

The absence of a “must” feature disappoints the customer, but the presence of it brings the service up to average, where there is common ground with competitors. The level of care provided as a “must” is considered an expected level of service, and when questioned, customers describe service as “below average.” Providing only “must” services leaves customers wanting more and does not allow them to feel special or welcome. Nonprofit companies have the reputation of providing better care than for-profit companies. The fact is that exceptional customer service is free: No matter the staff members’ working patterns, the principles of exceptional customer service are essential.

The following are examples of some “must” services for a long-term care facility:

- Competent billing and bookkeeping
- Clinical policy and procedure manuals
- Experienced staff members
- Answers to questions
- Appetizing meals
- Clean environment
- Therapy program with a solid track record and a good reputation
- Prompt response to call lights
- Security
- Safe environment
- Person-centered care

Added-value services

Second, consider added value: Customers view other features and advantages as “more is better.” The customer doesn’t plan on these features being part of the service but greatly appreciates them and finds that the more they get the better they like it. For instance, a guest might be disappointed by a skimpy towel in a hotel room, while a larger, luxurious towel might be a bonus. In the long-term care setting, personal visits from the administrator, fresh flowers on tables, shiny floors, clutter-free environments, and beautiful carpets are “extras” not seen in every facility. The added-value features increase customers’ satisfaction levels, and as a result, that facility gains a competitive edge over its competition.

Section 1

The following are examples of little or no-cost value-added services for the long-term care facility to gain a competitive edge over the competition:

- Interdisciplinary approach during team meetings that includes family input
- Age-appropriate music available for residents
- Piped music from the era of the resident's youth
- Posted television programs and times for resident's choice
- Frequent phone calls or handwritten notes to families
- Staff-initiated complements to families
- Snacks and coffee available at all times for families and visitors
- Greeting cards mailed to families from residents for special occasions
- Guests offered refreshments during visits
- A private visiting room
- Vases available for flowers brought by visitors
- Staff reads the current newspaper aloud to residents, individually or in a small group of 3 or 4
- Discussions about the news topics
- Bulletin boards featuring family members of residents
- Compliment board with staff postings regarding residents' activities and accomplishments

Pleasant surprises

"Delighters" are special features or characteristics that the customer does not expect but finds valuable when present. They exceed the typical service program. The more unexpected and more useful a feature in the program, the more likely it is to create true delight. Mints on a pillow, ice in the ice bucket, and a turndown service are all delighters in hotels. In the long-term care setting, paper doilies under desserts, fresh flowers in rooms, commemorative decorations, entertainment, and unexpected outings are considered delighters when the facility provides them outside of the expected service model. People seldom inform the service provider what will delight them; it is up to the provider to offer the extras, almost with an element of surprise.

The idea of a pop-up activity is one example of a delighter. Surprising elders with a spontaneous activity breaks the monotony of day-to-day living. Use surprise ice cream sundaes on a weekend to bring residents together or a social. Start an unannounced margarita party (nonalcoholic) complete with chips and salsa. Start a pop-up sock hop, play music from the 50s and 60s, and encourage staff to participate in "wheelchair dancing" to the oldies. Spontaneous playful "pop-up" events add variety to day-to-day routines.

The following are examples of some delighters for a long-term care facility:

- A special community outing program to plays, art shows, ball games, and concerts.
- In-house instruction for activities such as oil painting, chess lessons, bridge club, cooking, knitting, or gardening.
- Parties specifically for families, especially children and organized by the activities director. Grandparents want to celebrate birthdays with grandchildren; host parties once a month for grandchildren.
- Periodic phone calls from staff members to families with updates, especially with good news, such as when a resident meets a therapy goal or weight goal or participates in activities.
- Music box on the cart that provides snacks.
- Magazines, books, and newspapers readily available AND someone to read them to residents.
- Tables with tablecloths, cloth napkins, and fresh flowers.
- Scented shower rooms.

Obviously, the more added-value services and delighters provided by the facility, the greater the span between average providers and superior providers.

Consumers create reputations

Every consumer has an opinion of how a business treated him or her and of its products, services, or outcomes. People share opinions openly between family members and friends. Consider the following:

- Good (and bad) reputations are easy to make
- Reputations of nursing homes and assisted living facilities are readily linked to negative images
- The reputation of a long-term care facility determines its census
- A good reputation creates an edge over the competition
- Successful facilities have successful reputations
- How a crisis is handled impacts the facility's reputation
- If a discharge planner believes the facility does not provide optimal service, he or she will not refer new admissions

Understand the phenomenon called the “four-eleven rule”: If something good happens, customers tell four people; if something bad happens, customers tell 11 people. Customers are part of the facility every day, and every day the facility's reputation is developed and shared. No days pass without someone communicating experiences in a long-term care facility. Patrons who visit a restaurant do not visit for three meals a day; long-term care customers dine three times per day and rate each meal. Provide optimal service for optimal results.

Reputations Are Earned

Reputations are word-of-mouth advertising every facility needs to create an ongoing flow of business. Reputations are difficult to establish and easy to lose, so how are they created?

Residents

Residents always talk about their environment, the food, fellow residents, and the treatment they receive. What the resident says sets the record for what others say about the facility. Statements like the ones below made by a resident will cement the concept of poor care. When the residents share these concepts with relatives and visitors, the visitors will echo what is said to them:

- “It always takes a long time for the nurse to answer my light.”
- “The food is always the same.”
- “It is always cold in here.”
- “Don’t say anything; I don’t want them to be mad at me.”
- “I hate to ask for help. They don’t have enough people working here.”
- “I can’t have a shower every day, only on certain days.”
- “I had to wait so long I wet myself.”
- “I thought I could go to therapy every day, not just Monday through Friday.”
- “I never go to activities; they don’t do anything except play bingo.”

The world comes to residents through outsiders. Residents live in a “closed environment.” The outside comes only through contact with staff and visitors. Staff members often complain that residents tell and retell the same stories over and over. The fact of the matter is that in a “closed environment,” new stories are a rare occurrence. If residents did not reminisce, they would have nothing to talk about.

The world to a resident is the world presented to them by staff. If staff convey information, good or bad, the resident relies on it for their own frame of reference. When staff members come to work in a bad mood and share that mood during their interactions with staff, residents will respond with their own mood. Residents reflect what is presented. Cheerful interactions are reflected in the resident’s reactions. Staff members have a strong influence into the personality and cooperation of residents on a daily basis.

Family members and visitors

Visitors draw conclusions about the entire facility based on a brief encounter. The fable of three blind people describing an elephant is an illustration of what families may encounter:

Three blind people were taken to the circus to “see” an elephant. Since they were blind, it was necessary for them to use their hands to explore this creature called an elephant.

The first person felt the trunk and declared, “An elephant is just like a snake: It wiggles and wrapped itself around my hand.”

The second person disagreed, “No, an elephant is big and round and has bumps like fingernails. An elephant is shaped like a barrel.” This person had felt the elephant’s leg.

The third person disagreed even more, “No, an elephant is not like a snake or a barrel. An elephant is rough like a paintbrush and sways back and forth.” The third person had felt the elephant’s tail.

When visitors and family members come to a facility and observe the actions of staff members, they conclude that what they observe occurs 24 hours a day, seven days a week. Families who visit only on weekends and evenings believe staffing is bare bones, the person in charge isn’t working to solve problems, meals are casual, and activities are not planned. If families and visitors believe they are observing business as usual, they will rightfully believe the care model is less than adequate. Disgruntled customers call attorneys when an adverse event occurs.

Family members and visitors will share their observations with anyone who will listen, and thus a reputation is created.

Employees

There are numerous statements employees make without thinking that can quickly spread a negative impression of a facility:

- “I hate working here.”
- “We are always expected to work short.”
- “This place smells so bad. Why don’t they clean it better?”
- “The administrator is lazy; he never comes out of his office.”
- “They always want me to work overtime.”
- “If my mother needed a place to stay, I wouldn’t bring her here.”
- “I don’t like working with her; I have to do all the work.”

Employees are a beacon for the reputation of the facility. There is a clear link between what the employees think of the facility and the reputation they build with potential customers. Disgruntled employees drive customers away and may persuade current customers to look for a better facility. Disgruntled employees drive away much-needed staff, particularly with the millennial generation. The generation that places high value on what others say, and posts on social media, responds to peer statements and treats them as fact.

How to Establish a Good Reputation

Determine the actual reputation of the facility. Conduct surveys with these customers:

- Current residents
- Former residents

Section 1

- Families
- Discharge planners
- Employees
- Former employees
- People who came to tour
- Physicians
- Contractors
- Vendors
- Therapists

Train staff members to recognize that their comments impact reputations. Use in-services, reinforce appropriate behaviors, and include customer service as part of the annual performance appraisal. Share satisfaction surveys and ask staff members how they can change systems to improve customer service.

Require staff members to report all information they have heard about the facility's reputation. Positive and negative statements are essential for forming and maintaining a reputation. Read thank-you cards aloud to staff members during staff meetings, post them on staff bulletin boards, and praise staff members mentioned specifically in cards. Once the thank-you cards have been circulated, place a copy in the resident's record. If the record were to be copied for a lawsuit, the plaintiff's attorney will have to deal with a thank-you note written by the plaintiff in the matter. Any written statements of praise are part of the medical record. When families compliment the staff in person, staff members are required to enter the conversation in the record with quotation marks surrounding the statements made by the family. Positive statements in the record are evidence of family satisfaction. Satisfied customers seldom sue.

Implement approaches to maintain a good reputation or change a bad or mediocre one:

- Build positive relationships with discharge planners, physicians, and referral sources
- Teach staff members the power of their statements to others
- Direct family and resident feedback, regardless of how short or "insignificant," to the administrator
- Deal with families on a regular basis, in person, and by phone
- Send satisfaction surveys to discharge planners

Participate in community events that garner positive publicity:

- Plant a tree at a local elementary school
- Donate a bench at a playground with a plaque indicating the donation was from the facility
- Join and participate in civic organizations such as Rotary or Lions

- Use stories of residents' lives as human interest stories in the local paper
- Make a knitting group from able residents and donate knitted items to the local hospital for needy babies
- Become a drop-off location for school supplies, toys, coats, or food for the needy

Ensure a great reputation with residents

Staff members are required to address residents by their names and avoid terms of endearment such as “honey,” “sweetheart,” or “dear.” Residents interpret such nicknames as demeaning, unprofessional, or patronizing. Some residents were distinguished citizens before admitting to the facility; no one would ever consider calling an attorney or bank president “honey” or “sweetie,” regardless of their illness or age.

Employees must keep promises. The facility can shape the expectations of residents through education. The staff member needs to know the scope of services available so they don't offer the impossible—and the staff members must never promise to deliver that which is not possible. For example, if a resident wants items outside of the physician's order, and the physician refuses to honor the wishes of the resident, staff members need the tools to deal with the resident's disappointment. Disappointment does not give the staff member permission to disregard or disparage the physician.

Knowing what is possible and providing it is the key to making and keeping promises. Require staff members to carry out promised tasks no matter the circumstances. One of the most-often broken promises happens when answering a call light. Staff members may say, “I will be back as soon as I finish helping the resident next door.” Residents don't know how to seek help when they are left in a helpless situation. Instruct staff to leave the call light on until the tasks requested by the resident are complete. Entering a room and turning off the call light does not meet the resident's needs.

Anyone can answer a call light. Not all requests are medically based. If a resident simply wants an out-of-reach remote control, or the curtains closed, any staff member can provide that service.

Provide prompt and courteous service. Residents who spend a large part of their day in bed, in a wheelchair, or alone often have a poor concept of time. Seconds can seem like minutes, and minutes can seem like hours. Prompt service to busy staff members may mean 10 or 15 minutes after the request was made by the resident, while to a resident, prompt service means immediately. Keep families and residents informed regarding the expected time for call lights to be answered.

There is a saying, “Do you know the difference between minor surgery and major surgery? Minor surgery is what happens to the other guy.” The same concept is applied to prompt service. To the requester, time spent waiting is always longer than the time measured by the staff members providing the service. Courtesy is measured by words, body language, and expressions. It is defined not by the person providing the courtesy, but by the recipient.

Keep families informed about a resident's condition. Report unusual occurrences, such as skin tears or falls. Never leave a message on the family's recorded device describing the incident. Recorded messages must be handled with the utmost attention to customer service. Confusing or alarming messages can disrupt

a facility-family relationship. To eliminate the risk of an unfortunate message being left on a family's machine, create a message that every staff member must use when leaving a message on an answering machine, such as:

"This message is for Mrs. Anderson. Please call Happy Hills Facility for a message regarding your loved one. Please ask for Nancy Nurse. If I am not available, please speak with Sally Nurse."

By using a consistent message, all staff members know to keep information restricted and to the point. No misunderstandings can occur, and fewer alarmed family members will expect poor treatment. Recorded messages are kept and used by plaintiff's attorneys as an admission of blame, fault, or guilt. Using a planned recorded message reduces the risk that a recorded message will negatively impact an investigation.

Report changes in condition, including declines and improvements. The only surprise a family needs is the one that delights—surprises that disappoint cause distress and lead to distrustful customers. Handle bad news with compassion and support.

Unplanned does not mean unexpected

Every resident is expected to fall, and falls are unexpected. Disease processes continue, but the time frame for disease progression is rarely predictable. Eyesight worsens with age; no one knows when eyesight fails.

Families need to know that unplanned does not mean unexpected. Disease processes advance with residents, and those advancements are expected. Even slight changes are important to families. Report falls, weight loss, loss in activities of daily living skills, changes in appetite, changes in interest in activities, changes in skin integrity, etc. Do not fall into the habit of informing families only at care plan meetings. Keep families informed as changes occur.

Demonstrate quality customer service

There are a number of ways to demonstrate quality customer service in any organization. Each long-term care facility needs to train everyone in the organization on the essential points of good customer service. Customer service is the impression left with the customer during an encounter with the company.

The greeting is the key

Greeting customers, staff members, visitors, and residents is critical in the measure of customer service. Most stores have grabbed this concept, with the "Walmart® Greeter" to the hostess at a restaurant; most businesses have staff members who welcome customers. A similar greeting in long-term care facilities will inspire confidence and make the visitor or resident feel welcome. Everyone who enters the facility deserves a "hello" from staff members and especially the CNA who is caring for the resident. CNAs who ignore or fail to greet or speak to family members send the nonverbal message that the family simply is not important.

Provide special parking spaces marked "Reserved for Family Members." Many visitors are elderly and at risk for falls. Placing reserved spaces in front of the facility not only provides a service to families, it reduces the risk of slips, trips, and falls. Marking spaces with "visitor" is not sufficient; families do not view

themselves as “visitors.” The concept of “visitor” to a family member is for someone who comes one time to conduct business.

Telephone skills speak volumes

Strive to answer the phone by the third ring. An unanswered phone gives the impression that the caller is not important, or that staff do not care about the ringing phone.

Phone calls equal money. If every phone call represents a potential admission, it is revenue. When staff members are annoyed by the interruption of calls, remind staff that every phone call is the potential for a raise, additional staff members, or new equipment. Rude or inconsiderate phone manners will drive customers away, damage the facility’s reputation, and ultimately have a ripple effect in the community.

A word about cell phones: Private conversations by staff members on personal cell phones send the message to residents and coworkers that their private life has priority over a resident’s needs. Instruct staff members to keep phones on vibrate and to return messages in a private area. Everyone has special circumstances in their personal lives: children at school, babysitters, spouses who are traveling; but no circumstance is important enough to interrupt care and initiate a private conversation in front of a resident or resident’s family.

Telephone tips:

- Answering the phone. A smile can be heard through the phone, and so can a tone of annoyance. No matter what the interruption, the caller cannot tell that the staff member is in the middle of a task; the caller can only assign meaning to the tone of voice on the other end of the phone. It takes the same amount of time to answer the phone with a cheerful tone as it does to answer the phone with an annoyed tone. Train staff members to act as though the caller is the only task at hand—don’t try to multitask when talking on the phone. A phone call is often the first impression—and sometimes the only impression—a customer receives.
- Everyone throughout the entire building answers the phone in the exact same way, regardless of the time of day or night. Create a standard phrase all staff members use to answer the phone. For example, state the name of the facility, then the staff member’s name, followed with, “How may I help you?”
- Taking a message. When it is necessary to take a message, write it down. Include the name of the caller and phone number, even if a staff member believes the number is readily available. Note the time and date of the call, and sign your name to the message. Deliver the message or leave it in a designated place.
- Placing a call. All phones in the facility are business phones, and staff members should use them for business exclusively. If a personal call is necessary, staff members need to keep it to less than one minute.

When calling a customer, physician, another business, or family member, the staff member identifies him- or herself, the facility, and the department. State the purpose of the call and listen for questions. Keep the call brief and to the point—assume the person on the other end has a very busy schedule.

Welcome visitors

When a new visitor is in the facility, be cordial. This person may be a visitor who decides whether to reside in the facility, and the potential resident and family share that decision with other people they know. Offer to escort the visitor. Staff members should make eye contact and introduce themselves. Smile. When greeting a familiar guest, remember his or her name. The impression the facility makes on visitors will contribute to the overall reputation of the facility.

Check personal appearance. Always wear a nametag in a visible place, and remember that visitors see a nametag best just below shoulder level. Do not place a name badge on a belt loop or waistband where visitors must make an obvious move to see it. Always dress in a professional manner; clothes should be neat and clean.

In a local community, the Chamber of Commerce hosted a “Meet the Business Owner” evening at a local convention center. Many local businesses were represented, and a newly constructed facility sent their administrator to market the features and amenities of the facility.

The evening was progressing well, and the event was well attended. One elderly gentleman approached the administrator and stated, “Oh, I’ve been to your facility; you have a real nice place.”

“Well, thank you,” replied the administrator, “We are very proud of our new facility. When were you there?”

“Well,” the gentleman began. “A few weeks ago, my wife broke her hip and the doctor thought she should go to a nursing home for a few months to get some therapy and get strong enough so I could take her home. So, I stopped by your place on my way home from the hospital one evening around 6:30.

“I walked into your place, and I have to admit, it is real pretty. I stood in the lobby for a while, but no one noticed me. So, I wandered around a little and saw some nurses sitting at their desk. So, I walked up there and waited a little bit; I didn’t want to disturb them if they were busy. Well, your nurses work real hard, because no one noticed me or spoke to me. I figured they were too busy writing in the charts or something.

“So, I left and drove about five miles up the road and went into another nursing home. It sure isn’t as pretty or as new as yours. But I walked through the door, and right away someone with a tray full of dirty dishes stopped and said hello and asked if I needed help. I told her about my wife. She said she couldn’t help me but took me to a nurse.

“That nurse stopped what she was doing and took me all around the nursing home and showed me all the rooms and even the therapy room where my wife would get physical therapy.

“So, I figured that I would take her to the place that had the time for me. I think you have a real nice place and all, but I would rather have her in a place where they have the time to take care of her.”

The lesson is clear: Always greet people, no matter their reason for being there. Treat everyone who enters the facility as though he or she is the most important person in the facility. Greet the mail carrier, delivery person, and the service technician since they will spread their impressions throughout the community, and one day, one of them may have to make a recommendation to a friend or relative who requires long-term care placement.

Build trust

Residents and family members have a desire to trust the people who are in charge of caring for themselves or their loved one. Establishing trust is critical to effective customer service. Customers who trust the caregiver tend to be happy and spread a positive view into the community.

Gaining the trust of a customer takes a consistent, predictable method, which includes the following aspects:

- Use easy-to-understand language. The average healthcare consumer does not understand the terms and abbreviations that professionals use. Use words and grammar the average person will understand. A staff member may think he or she impresses a family member with professional jargon, but instead this may lead to confusion and mistrust. Family members who do not understand may not ask for clarification for fear of appearing uneducated or embarrassed.
- Keep the customer informed. Talk to residents and family members often. Tell them what staff members are doing and why. Relay positive information to family members and residents on a regular basis. While it is not necessary that staff members write formal progress notes to a family, employees can foster trust with a phone call or brief conversation. Making residents aware of their progress motivates them to continue working toward independence. “When you first got here, you could only take a few steps, and now you can walk all the way down the hall. You are doing very well.”
- Keep commitments. If a staff member commits to something, honor that commitment. It’s also important to be on time. When scheduled to participate in a meeting, committee, or event, staff members need to keep to the schedule.

It is impossible to measure attitude

Attitude is not measurable—it is a set of behaviors that leads people to draw conclusions about someone’s state of mind. Attitude is a small thing that makes a huge difference.

Behaviors that depict attitude include:

- Facial expressions, such as a smile and eye contact. A smile always reflects attitude—so does a scowl.

- **Body language.** Staff members display pride by walking with their head high and shoulders square and by walking with confidence. Observe someone who lumbers with their gait, keeps their eyes on the floor, and seldom greets others: The conclusion is that they have a poor attitude. When sitting in a chair, never lean on the surface, slouch down in the chair, or curl your legs under: This isn't the comfortable chair in your living room; it is a professional atmosphere where professional demeanor reflects a professional attitude. Sit tall and convey an attitude of professional competence.
- **Verbal language.** Staff members need to remove all profanity from their vocabulary. Swear words, slang, and street talk do not belong in a professional setting, no matter where or when discussions take place. Even when staff members are talking among themselves, swear words do not belong in the workplace. Additionally, instruct staff members who are not native English speakers that they are not permitted to use their native language in the proximity of residents or visitors. Doing so excludes others from conversation and sends the message that the topic of conversation is the one who is not participating in the discussion.
- **Joyful work.** Staff members enjoy their jobs or convince others around them that they do. Managers set the standard by conveying a joyful attitude every day in every situation. Staff members then embrace tasks cheerfully and with enthusiasm. Tasks have to be completed whether completed cheerfully or with a bad attitude. It takes the same amount of time to conduct tasks joyfully as it does with an angry or stress-filled attitude. Perfect practice makes perfect results. Practice what a joyful work attitude is, and make it second nature. Joyfully offer to help coworkers and residents.
- **Leave home at home. Leave work at work.** Everyone has a bad day or a bad morning and faces life events that can influence attitude and behavior all day long. Keep personal problems away from work, and keep work problems away from personal life. Focus on the issues at hand, especially customer satisfaction. All employees should commit to giving 100% of their energy to the job at hand, and give 100% to their family and friends when away from the job. It is not what happens to a person that matters; it is how that person responds to what happens that makes a difference. Attitude is contagious, so think about what is being spread.

Practice respect

Respect for the individual is critical to customer service. Respect for the individual crosses all lines of resident care and customer service. Working as a team necessitates respect for the individual as well as the team. Respect is a skill that staff members develop and use daily. Follow these four principles:

1. **Never gossip.** Gossip is an attempt for one individual to feel better about their own circumstances. The person who gossips is conveying to others that their own circumstances are better than another's. Never gossip about anyone. Never permit gossip in the workplace. Gossip is hurtful, degrading, and abusive. No one ever felt better when they found out someone was spreading rumors or gossip about them. Gossip can destroy organizations and end all efforts of positive customer service built by a facility. Gossip about coworkers, residents, and their families is a

destructive behavior. Never tolerate gossip, and if someone brings gossip to work, never spread it, and tell the person that gossip is not part of the corporation's work ethic.

2. **Confidentiality.** Breaching confidential information about a resident fosters distrust. And if a facility is subject to the Health Information Portability and Accountability Act of 1996 (HIPAA), a breach of confidentiality can cost an organization a fine of up to \$250,000. Never discuss residents away from the workplace, even to a spouse. While at work, discuss resident information in secure places only. Never remove resident information from the facility, and never post or display information regarding residents that may violate privacy rights. HIPAA training is not only necessary; it may protect the facility from claims.
3. **Call people by their names.** People feel most honored when they are called by their name. People are complimented when someone remembers their name.
 - Always call people by their name, never by a nickname the staff members "invent" unless the person gives permission.
 - Tell residents your name often; memory problems may mean they don't know what your name is from one day to the next.
 - Always refer to staff members by their name when referencing them to someone else.
 - If you don't know a person's name, ask. "I'm sorry, but I've forgotten your name" is more complimentary than not calling them by their name at all.
 - Refer to vendors, delivery people, and visitors by name.
4. **Provide respect.** Be certain all residents are appropriately attired and well covered. In areas where there is therapy activity, ensure respect by remembering to draw the privacy curtain or close the door. When discussing residents in their presence, include the residents in the conversation—and inform them that you will be talking about them in front of them. Ask permission to continue; never treat a resident as though they do not exist when talking to a family member. When discussing the resident, use positive terms to deliver news.
 - One CNA thought a resident in a compromising position was funny. She called a different staff member to the room. Upon her arrival, the first CNA snapped a cell phone picture of the newest staff member's reaction to the resident's compromising position. She then posted the photo on social media. While it did not violate HIPAA because the resident's identity was not revealed, it violated the resident's right to be respected. In this case, the act of positioning the resident in a compromising position and using it to humiliate him is abuse. Both employees were terminated.

Traditional Thinking vs. Successful Thinking

Exceptional customer service is the key to successful facility operations. From staff members' interactions to building an excellent reputation, the most important aspect of the facility's image can only be established and maintained through exceptional customer service.

Pitfalls of the tour

Prospective residents and families most likely tour a facility before admission, and this is the facility's best opportunity to convey exceptional customer service.

The prospective customers may tour several facilities in the area before deciding which nursing home or assisted living facility best meets their needs. If a facility does not make a good first impression, it could easily mean prospective residents and families choose to go elsewhere and elect to give their healthcare dollars to a competitor.

The way the facility looks and the way the staff members behave when potential residents and their family members come for a tour are crucial.

The tour begins when the discharge planner or the family member places a call to the facility. Essential conclusions are made based on several factors:

- How many rings it takes to answer
- Whether the caller gets transferred more than once
- Whether the person designated as the admissions coordinator is available
- Whether someone can answer all of the caller's questions
- The attitude of the staff on the phone
- Background noise (e.g., shouts of "Help me!" in the background may be a deterrent)
- Whether evening and weekend inquiries can be handled professionally

The next stage of the tour is the time when the family members arrive at the facility for their first appointment:

- Curb appeal: cleanliness, parking lot appointments, parking availability.
- Cleanliness of the lobby.
- Notices on the door: computer-generated signs or handwritten signs. If it is important enough to post, it is important enough to post using a professional format.
- Whether the door requires a code to enter.
- Appearance of the residents.

- Greetings by staff in a timely manner.
- Whether staff members stop conversations to greet visitors.
- Smell.
- Appearance of staff.
- Eye contact by staff.
- Ashtrays at the entrance.

Be prepared to greet visitors before their appointment. Keeping a prospective resident waiting sends the message that they are not important, despite the fact they may have had an appointment. Smile, make eye contact, extend a professional handshake, and make the visitor feel welcome.

Prospective residents want to know the details about services and programs. Before the tour begins, ask about the prospective resident's needs, and then provide details about the programs and successes of the facility. Customize the tour to hit the "hot issues" regarding the needs of the prospective admission.

Offer the prospective customer refreshments, and make sure he or she is comfortable in an office before touring the facility. Use this opportunity to allow the customer to get a feel for the administrative offices and permit them to discuss the reason they are seeking an admission. Administrative offices that are neat and clean convey a message of confidence and quality care.

How promptly the tour begins is a measurement of the attentiveness of the staff. Keeping a prospective admission waiting in the lobby or near unfamiliar residents sends the message that visitors are not important to the staff.

The Tour

When prospective residents and families tour a facility, the facility's representative tells them about the quality programs, amenities, and advantages the nursing home or assisted living facility has to offer. Well-appointed amenities are highlighted, the therapy department is offered up as the crowning touch to an excellent program, the activities calendar is used to demonstrate that all residents are kept busy, and the dining room is heralded as a "unique" experience and not an institutional dining system so often reviled in long-term care facilities. What is depicted on the tour is intended to ensure the family members that they are making the right decision, and the long-term care experts in the facility are eager to help and support the resident and their family members.

Therefore, when visitors and prospective families tour the facility, the eager staff depicts the facility in the best possible light. However, it's easy to see how misunderstandings occur. It is necessary to never mislead a prospective resident with enthusiastic comments or promises. Find a way to explain the realities of the facility processes in a positive light.

The risk is that the family accepts the information as a promise.

Section 1

Every staff member working in the facility is required to understand the promises made during the tour. Failure to teach staff members the promises stated to families is setting up the facility for failure and the possibility of a claim or lawsuit.

Conduct the tour with honesty, even if it means the prospective resident will not admit. Include the following for facility tours:

- Every facility must have someone who can conduct a tour in the evenings and weekends, as that is the time many families are off from their jobs. Every staff member can conduct a tour. Teaching all staff to conduct tours keeps the information fresh for all staff.
- Every facility staff member conducting a tour takes the same route and explains the same features and benefits.
- Everyone in the facility is able to participate in the tour, even if it means that they only smile and greet the visitor.
- Work areas and living areas should be tidy and neat. Prospective customers will judge the facility by what they see. The areas in the therapy treatment rooms require constant cleaning and tidying to be presentable at a moment's notice. Require therapists to keep the treatment areas, office areas, and equipment in "customer ready" condition.
- Use a code to inform staff that a tour is beginning. Something as simple as, "Dr. Grant, please phone extension 111." This coded announcement can alert staff that a tour is about to begin and take extra care to honor privacy, close doors, and be prepared to greet the visitor.
- Be honest. If a prospective resident asks about meals, share the actual alternatives offered; never try to "sugar coat" the feature or the benefit.
- Inform the prospective customer about staffing ratios, how long it takes for call lights to be answered, and how residents are managed by staff.
- Provide the company website address and most recent state survey results.
- Have written materials readily available that describe the difference between Medicare and Medicaid. Most states provide this information for free.
- Have the visitor meet key people. If it is the weekend or evening, the senior manager must be introduced.
- Explain how different the residents are and how the needs of the residents may seem unusual, but the staff is trained to manage a multiple set of circumstances.
- If the facility requires double occupancy, describe the process for selecting roommates.
- Express that the facility has an excellent falls management program, and elderly residents are prone to fall. While falls are unusual, they do happen with the population, and despite every effort of the staff falls are a normal part of aging. Never promise that the newly admitted resident will not sustain a fall in the facility.

- Answer questions respectfully and honestly. Never hide information or lie about services.
- Have staff trained to greet visitors despite the tasks at hand. Every visitor, whether a touring prospective customer or a family member, must be greeted and welcomed to the facility.
- It is not just the care staff who needs to greet customers; be sure housekeeping, maintenance, and dietary staff know how to interact with visitors.
- Have the facility “tour ready” every shift, every day, every hour.
- Prepare tour packets to hand to every visitor: facility brochure, information about key people, therapy information, website, Centers for Medicare & Medicaid Services website and Nursing Home Compare access.
- Talk about the smells. Few facilities can provide continent care in an odor-free environment. Describe how smells are fleeting and the steps the facility uses to control smells.
- Discuss the physician arrangements and how physicians are accessed.
- Explain what the care plan meeting team needs from the family and how often care plan meetings are held for their loved one.
- Reveal the smoking regulations.
- Explain how residents can leave the facility for home visits or outings.
- Be upfront about copays and costs: Never permit a customer to be surprised by prices and costs.
- Always obtain contact information from the touring family. Then designate someone to contact them by phone to inquire about lingering questions.
- Send a follow-up questionnaire and ask if they admitted, and if not, why not. Then use that information to tailor tours and supporting information.
- Design a script and route for every tour. Every prospective resident should receive identical information.
- Have more than one person on staff who can conduct a facility tour.
- Plan for at least three people every shift, every day, who are capable of conducting tours.

Try this

Recruit a friend or relative to act as a prospective family. Send them in on a weekend or evening and ask for a tour. It is easy to observe tours during regular business hours, but after hours and weekends are equally important. Provide your friend with information regarding a “typical” family’s questions, interests, and demeanor. Then take your friend to lunch and ask what happened. Use this information to design successful approaches for staff who are responsible for tours.

The true picture

No one really knows how a long-term care facility works until they become a customer or resident. The well-appointed building or the older building with dated décor send messages about the lifestyle residents have inside the rooms within the building. When prospective residents and families tour a facility, the facility's representative tells them about the quality programs, amenities, and advantages the nursing home or assisted living facility offers. The “best foot forward” tour illustrates the successes, amenities, and advantages this facility has over the competitors.

Residents who access Medicare for their Part A stay have not been educated regarding resource utilization group levels, yet they are consumers of the system's restraints. Part A Medicare education for families can go a long way to giving families the tools to manage their finances, expectations, and ultimately the decisions where the resident will reside after the Medicare Part A stay.

What the facility often excludes:

- “Many of our residents have dementia and may not be like your loved one.” Be sure to let families know what other residents are like and what they will encounter when they visit.
- “Some of our residents ask for help repetitively throughout the day.”
- “Some of our residents are incontinent.”
- “We have some residents who cannot feed themselves, and they will be in the same dining room as your loved one.”
- “Some of our residents are confused and may accidentally wander into the rooms of other residents.”

Be honest

- Every state requires that the facility post or make available the most recent state survey. If the facility has a stellar survey, use that information as part of the tour. Point out the survey results, and show the touring family how well the facility did on the most recent survey. If a plan of correction is included, demonstrate how the facility fixed deficiencies. With the rollout of the Five-Star rating on Nursing Home Compare, it is essential that the facility know how to refute the star ranking.
- Use satisfaction survey results to demonstrate customers' opinions. Point out the percentage of customers who rate the staff competencies, food, activities, etc., with high regard.
- Point out that the facility staff is capable of caring for numerous disabilities, including residents with dementia, Alzheimer's, paralysis, neurological disorders, etc. Explain that some residents require more assistance than others and that staff is trained to care for all disabilities. Agree that some of the residents may appear to be severely handicapped, and explain that staff members know how to care for them individually. Avoiding the explanation until the resident admits to the facility may cause families to be alarmed when they discover the severely impaired individuals.

- Indicate the levels of medical professionalism staffed in the facility. Be honest about the hours that the RN is on duty, and the same for the nurse assistants, therapists, and therapy assistants. Glossing over the professional roles and their actual contribution to the facility causes mistrust when the family or resident discovers the actual roles after they admit.
- Tell families what the menu includes, how alternative selections are made, and what can be done if the resident does not want to eat the prepared meals. Telling the prospective resident that “everyone loves the food” may be stretching the truth. Be honest about the variety of diet orders, including puree, mechanical soft, low sodium, no concentrated sweets, etc.
- Talk about how laundry is done by the facility, how it is treated in hot water, and how it is redistributed to the residents. Being honest and forward-thinking will give the families the information they need to determine whether to do the laundry for their loved one. To gloss over the laundry system until clothing items are ruined by hot water is to set up the facility for failure and a disgruntled customer.
- Be honest about the activities calendar. No one will participate in every activity; some will participate in a few activities. Indicate the calendar and the activities and what is available for someone who does not wish to participate in group activities. Clearly state the policy about in-room television service and what the cost (if any) is to the resident.
- Talk about how the family can call the resident, whether by an in-room phone or the facility phone.
- Show the family where they can visit, where they can dine with their loved one, how they can order a meal, or whether they can bring special meals for the resident.
- Talk openly about the facility’s smoking policy. Tour the smoking area and talk about the system for observing residents who smoke.
- Talk about fire drills and evacuation location.
- Tell families what time residents rise in the morning for breakfast. To leave that information unspoken until the first morning after admission is the first step to a disgruntled resident.
- Clearly describe when the physician comes to the facility, how the family can contact the physician, and how the facility informs the family what the physician said when he or she examined the resident.
- Introduce key people: Everyone wants to know who is “in charge.” Introduce therapists, the administrator, and the director of nursing.

Be honest and clear. Ask for comments and check for understanding. Be supportive; families can be frightened and insecure about putting their loved one into long-term care. Inspire confidence and provide a clear picture of the programs in the facility.

Give Customers What They Want

The 20 basic principles of customer service to implement include the following:

Ask the customer what they want, and give it to them cheerfully time and time again. Customers know what they want and are very verbal about their expectations when they have not been met. Once the needs are known, staff strives to meet each customer's expectations.

The customer is always right, most of the time. Even when the customer is not right, it is important to move the customer from the unacceptable to the acceptable. Unreasonable requests, demands, and mandates by customers can be met with empathy and understanding; then the facility is able to move the customer to a more acceptable situation through compromise. Customers are more willing to compromise if they believe the facility is willing to meet them halfway. Facilities that state "It is against our policy" are missing an opportunity to demonstrate the willingness of the facility to provide care requested by the customer. Customers who believe they are a partner in the relationship are more willing to cooperate with policies and processes within the facility. Meet customers by accepting their point of view and demonstrating understanding: "I think your idea is a good one, and I am happy to discuss it with you. The facility has systems in place to make sure the needs of the residents are met. Let's take a look at what you need and see what can be done." You haven't said "yes" and you haven't said "that is against our policy," but you've asked to explain why the processes in the facility are for the benefit of residents and staff.

If you decide the best way to resolve a situation is to "give in" to the resident's request, even though it is a difficult request, do so with a smile and sincere eagerness. "I am happy to do that for you, and I want to thank you for bringing it to my attention." No matter the situation, solution, challenge, or request, there is seldom one solution. While solutions must meet with state regulatory mandates, it is possible to compromise with the customer to design a solution that is workable for the resident, staff, and family.

Provide high-quality care, clinically and emotionally. No family member is experienced with all of the long-term care regulatory requirements, challenges of staffing, management of difficult residents, and trying to make everyone happy in a group environment. Throughout any solution or resolution, remind the customer that the ultimate goal for every solution is high-quality care, clinical expertise, and an emotionally supportive environment. Customers need to know that requests made by them must conform to clinical standards and exceptional quality care and be emotionally secure for the resident.

Do whatever it takes to make the answer a "yes":

- "I'm thirsty." When a resident asks for a cup of coffee, do whatever it takes to say, "Yes, I would be happy to get you a cup of coffee." Too often staff does not want to be interrupted to bring coffee, water, or juice to a resident if it is between meals. Strive for the "yes" to provide service to requests. It is important for staff to remember that residents are not capable of solving their problem—thirst or hunger—without assistance. For a resident, hearing "No, not now, I am too busy," is the same as saying "No, you have to stay thirsty."
- "I need to go to the bathroom." Nothing is more degrading and dehumanizing than to be required to wait so long to go to the bathroom that the resident soils him- or herself. It is not only

uncomfortable physically, but emotionally it causes embarrassment and depression. Prioritization for toileting must be the utmost most urgent “yes” that can be provided for residents. If family members bring incontinence care to the attention of the staff, the staff must take immediate steps to employ continence care programs.

- “Just tie my mother to the chair so she won’t fall.” While no facility will agree that tying someone to a chair is optimal quality care, finding the “yes” to this request is possible. First, educate the family. The Centers for Disease Control and Prevention website is a good reference to provide families with facts about falls in the elderly. Express understanding and empathy. Explain how it seems like it would make sense to restrain someone to prevent falls and go on to express how restraining a resident actually contributes to falls. Acknowledge the family’s fears and offer a compromise of an alarm and keeping the resident close to staff, either the nurses’ station or activities director’s station.
- “Yes” does not mean the request will be honored: Yes, means you find a way to build a partnership with the family.
- Do the job right the first time. It takes less time to do it right the first time than it takes to do it twice. At times, the staff uses the phrase “I don’t have enough time.” The fact is that the time is adequate; it is the priority of activities that makes time use ineffective. As a result, staff may complete tasks improperly or incompletely. While it may take a few more minutes to complete a task completely and thoroughly, the ultimate time savings from completing the task once is immeasurable. For example, providing continence care without thoroughly cleaning the peri-area leads to rashes, skin breakdown, and discomfort. If the continent care is thorough every time, the secondary time to remediate the initial shortcut is not required.
- Keep promises. “I will be right back as soon as I finish with the other resident.” That means the staff member must be right there. Staff members get interrupted and side-tracked, and priorities can change the staff’s direction in a moment’s notice. Create a system whereby staff can remember to return to the resident.

✓ Tip

Every doctor’s office has a system of identifying which rooms have patients waiting to see the doctor. Each exam room has a set of colored tabs that are mounted above the door. When a patient is waiting, the nurse flips one of the colored tabs perpendicular to the wall so the physician can see that an exam room is ready for him.

Few facilities have the same system. Most facilities have doorjamb that are made of metal and accommodate magnetic signs. Provide each staff member with a refrigerator magnet. When entering the room, the staff member places the magnet on the metal portion of the doorjamb. When staff members need to be identified, others simply search for a magnet. Residents, staff, and families all have a way to seek assistance from staff without disrupting the area by walking room to room or calling out a staff member’s name. Families will begin to understand how to seek help and reduce the times they state “I can never find help when I need it.” They will find a room with a magnet on the door and realize help is available when the staff member finishes the tasks inside the resident’s room.

There is no such thing as “after hours” in healthcare; it is a 24-hour industry. Every staff person knows that staff is required 24 hours a day, seven days a week and holidays. Knowing that fact, there is never a reason that a phone should go unanswered. Families should be welcome to call the facility at any hour and expect information to be available as though they had called between 9 and 5 on a weekday. Every staff member must be as informed regarding the resident and their families. Evening and weekend staff should be more informed than weekday staff merely because families visit weekends and evenings and staff must be more customer focused and more informed than any other shift.

- Encourage input. Actively use and peruse the customer’s opinion of the services provided. Ask customers how they perceive the care provided for their loved one. Listen to the input provided by families during care plan meetings. While families may have unrealistic or simplistic views of how their loved one should be cared for, listening to their input will demonstrate how much the customer is valued by the facility. Some family members have early stages of dementia and may require extra care; however, asking for the family’s input will lead to a partnering relationship between the facility, the resident, and the family.
- Go out of your way to ensure that all customers are comfortable. Make refreshments available at all times. If coffee can always be made available for residents and their guests, that will be one step to open avenues of hospitality. Provide a comfortable private area for visiting that will further the level of comfort. Many families would rather not visit in the resident’s room, especially if a roommate is in the room during the visit. Most facilities have an empty resident room. Convert that room to a comfortable visiting room where families can sit on comfortable chairs and visit in a room with the door closed. Keep coffee and refreshments fresh and available in the visiting room. Make a phone available in the visiting room so families can phone other family members and complete family conversations.

Make the “extra effort” the standard effort; “good enough” isn’t good enough. No matter the request, no matter the issue, going the “extra mile” as the standard of care will create an atmosphere of contentment and satisfaction. Giving the extra effort as routine does not need to be unusual or “rarely” delivered. The perception of the extra effort may be as easy to implement as these simple steps:

1. Every service is delivered with a sincere smile.
2. Say “How may I help you” instead of “What do you need?” Using the question “How may I help you?” denotes an idea of willing service. This simple change in the manner in which staff enters a room to answer a call light gives the impression of an extra effort.
3. Say “How else may I help you?” Before leaving the area of the room, staff must ask for additional tasks to complete. That question may remind the resident of an additional request and prevent a quick return for the room within a few minutes.
4. Ask “Would you like to take your coffee to your room?” Many times when residents finish their meal, they would like an additional cup of coffee. Most often residents are whisked off to their rooms without the remaining coffee.

5. Smile. No one believes optimal care is provided when staff isn't smiling. When the staff smiles while providing care and services, the resident believes the staff is pleasant.
6. Offer guests refreshments. When the staff notices visitors, instruct staff members to offer coffee or other beverages. Keep a plate of cookies near the guest book where visitors sign in. It may motivate more visitors to sign in and truly demonstrates going the extra mile.

Explain how systems work, because knowledge is a powerful tool for a satisfied customer. No one knows how systems work in long-term care or why such systems are in place. The time to explain systems is *before* a crisis. If information is provided before a crisis, it is education. If it is provided after a crisis, it is an excuse.

✓ Tip

- Use the resident and family handbook, but do not simply provide it to the customer. Frequently discuss with residents and families procedures and processes and the reasons behind the methods used in the facility.
- Encourage Family Councils, family support groups, forums, and volunteerism. Keeping families involved with the internal workings of the facility provides a sense of belonging and ownership. When families feel that they are contributing to the overall benefit of the resident's life they are more content, and should a crisis arise, the family may already be an advocate.

Emphasize trust in the staff. No relationship exists without trust. Trusting the staff members that they have been trained well enough to talk with the families, physicians, and rehab teams not only builds a strong, responsible team but also fosters reliability with residents and families. No one communicates perfectly, not even members of the management team. Train the staff well, set the expectation, and trust that staff will follow through adequately. Mistakes will assuredly happen, and use those mistakes for training; keep the discipline for times when staff knowingly deviate from procedures and processes.

Keep the facility neat, clean, and odor-free at all times. Families and residents rely on staff to be able to live in a clean facility.

- All staff is required to keep areas clean, not just the housekeeping team.
- As part of the daily activities of daily living routine, encourage staff to wipe down residents' wheelchairs. Frequent wiping will postpone the power washing required for many chairs.
- Employ "the Universal Worker." Under this model, all staff members are cross-trained to be competent at more than one job. The CNA can be trained to work in the laundry, clean rooms, or work in the kitchen. Many staff members want extra hours and may be willing to work in other departments on their scheduled day off. Use known staff to complete tasks and encourage cross-training.
- Have a method for reporting areas that need cleaning: toilet bases, closet floors, over-the-bed tables, bed rails. Housekeeping staff have routine cleaning tasks and often look over dirt that can be noticed by other staff. Much like a maintenance request form, provide a "spot cleaning" form to alert housekeeping of an area that needs attention:

Section 1

- Baseboards that accumulate cleaning splashes
- Lamp shades
- Bed rails
- Dresser drawer fronts
- Call light buttons
- Hand cranks on beds
- Corners
- Behind doors

Smiles are free; give them liberally. It is a known fact that smiles are contagious. Smiles can be provided by staff, regardless of their personal problems. Some staff education tips include:

- Every person who is greeted deserves a smile, especially family members.
- Even when someone's private life is undergoing strain, it is possible to smile while at work. Smiles will even lessen the strain of personal tribulations.
- Smiles are contagious; if one person smiles, most often that smile is returned.
- Smiles can be heard on the phone. The phone should be answered with a smile.
- Residents will respond to smiles, even when confusion and dementia are primary diagnoses.
- A genuine smile leads people to believe you are happy to see them.
- Set the goal for every staff member to be told by someone: "You are always so cheerful," or "You are always smiling," or "I feel better when I see you."

Answer the phone by the third ring. A phone that rings and rings and goes unanswered does not inspire confidence. Few people believe that the phone is unanswered because staff is assisting residents. Callers think, "They can't even answer the phone—how can they care for my loved one?" Further staff education tips include:

- Set the standard of answering by the third ring.
- Do not ask the nurses to be the primary staff to answer phones. Shift that responsibility to the business office, social worker, admissions coordinator, and even the administrator. Placing the responsibility of answering the phone on the shoulders of the direct care staff interrupts care routines and essential documentation.
- Invest in a cordless phone system. After regular business hours, the staff can take the phone with them when they are away from the desk.

- Every person answers the phone in exactly the same way. Consistency in the way the staff answers the phone paints a picture of competency. Train staff at orientation and review annually on performance appraisals.
- “Spot check” the manner and method the phone is answered. Call the facility to test how the phone is answered. This isn’t “spying”; it is assessing what families hear, what prospective admissions hear, and what the physician hears when calling.
- Use “on hold” information that includes the phrase, “We are sorry to delay your call, but our staff is currently helping residents.” An unanswered phone may lead customers to think, “No one even answers the phone.” Using “on hold” information to announce services at the facility can be an advantage to new callers and an annoyance to families who call frequently. Change the message at least every quarter.

Other general staff education tips include:

- Make refreshments available to visitors. Don’t expect guests to wait on themselves if they want coffee or a cold drink. Every staff member must offer refreshments to residents and families when they observe them visiting. Many residents have a diagnosis of dehydration; by offering refreshments to their visitors, residents will be motivated to be included as part of the social activity of sharing a cup of coffee or snack.
 - When residents lived at home, the hospitable thing to do was to offer guests a cup of coffee. Just because the address has changed does not mean the ritual has changed. Create a system where residents can offer coffee to visitors. Residents may have access to “coffee anytime” and invite visitors to the “coffee room” for visits.
- Insist that staff acknowledges every visitor with eye contact, greeting, and offer to help. It is possible to observe the “lost look” of visitors who arrive for the first time. No one should permit a visitor to “wander” up to a staff member to ask for help. Staff must be proactive and approach the visitor.
- Provide ample paper and pens for family members to communicate compliments, complaints, or concerns.
 - Include feedback opportunities at every encounter: Include customer feedback forms in all newsletters, in all statements, at every bulletin board, and in every resident’s room, dining room, and activities area. Family members and residents need an avenue to respond to issues, both positive and negative.
 - Provide a “mailbox” where customer feedback forms can be deposited. No one will hand a complaint form to the nurse whom they believe is causing a problem. Some wish to complain anonymously, and others may want to talk to a manager. If customers request audience with a manager, respond within 24 hours. If the customer is identified on the form, call the person and inform him or her of the resolution to their complaint. If customers offer a compliment, phone them and thank them for their kind words.

The Impact of Kindness and Provisions of Care

The elders in today's long-term care setting are from a generation where kindness was a virtue. At the family center was being kind to one another. The mainstay of attending religious services focused on being kind. The kindness shown in the generations residing in long-term care looked like this:

- No one bothered to lock their doors
- If your neighbor was in trouble, you cheerfully lent a hand
- Children were taught to care for and about each other
- Gardens were planted and the bounty was shared
- Need a favor, you could count on your neighbor
- Children played outside until dark without worry
- A new neighbor was welcomed with a basket of home-baked cookies or pie
- You waved at the neighbor
- If you got in trouble at school, it was double trouble at home
- Bullying was unheard of
- If you wanted help, all you had to do was ask, and friends arrived, no questions asked

Kindness and provisions of care

Families rely on staff to provide clinically sound care. However, families are seldom aware of differences between day-to-day care models that may vary by staff members. While clinical competencies prove the knowledge and skill set of educated staff, the provisions of care vary by personality. One nurse visits with the residents during care, while another equally competent nurse is shy and does not engage the resident. When cross-cultures are introduced, provisions of care can be more strained. Elders who are unfamiliar with cultural differences interpret interactions as rude, uncaring, and difficult to understand. The millennial generation caring for elders presents problems of “What’s in it for me?” approaches from nurses. The elders in the long-term care setting are accustomed to kindness and are uncomfortable with rudeness.

Nurses provide competent clinical care. The difference is the perception by the resident and family that one is more competent than the other. When residents and staff measure competency by the “bedside manner” of the staff, customer satisfaction is impacted. It is human nature to measure quality by the way the consumer “feels” about the provider. The most competent physician is at risk of creating a bad reputation because the front office staff is rude. The same is true in long-term care. If the staff is rude, or conveys apathy, the consumer will rate the facility as providing poor care and unhappy customers.

The kindness factor

The one common denominator in determining the quality of care is the “kindness factor.” When families observe behaviors in their loved one, the idea that quality care is provided is directly interpreted by families when their loved one is happy. The elder’s happiness level sparks a bond between the facility and the family. When elders complain to families that call lights take too long, the food is unappetizing, or the staff is rude, the family translates the statements to meaning poor care, neglect, or malpractice. When the care results in an unhappy resident, families move from advocate to adversary.

Nothing can be identified as the “one thing” that makes a person happy. For some, it is a winning football team, for another, it is the smile from a loved one, and for another, it is a hummingbird. Happiness can be a fleeting emotion or anticipated when looking forward to an event such as a wedding. And there are times happiness is lost as a loved one faces life’s final years in a long-term care facility. Dealing with loss, whether loss of freedom, loss of the family home, or loss of privacy, and moving from distraught to happiness take a concerted effort.

Consider the circumstances surrounding a long-term care admission:

- The family home is reduced to one-half of a closet and a bedside dresser.
- The room is shared with a stranger who makes strange noises, smells funny, and doesn’t understand the meaning of peace and quiet.
- The bathroom is shared with a stranger.
- Showers are in a large room void of homelike towels, and always provided with a nurse who does the washing and drying.
- The few possessions brought from home are like diamonds in the sun, except other people touch them almost every day.
- Food is prepared according to a mass menu and to attempt to meet the preferences of most. Gone is that favorite way of preparing the family’s favorite apple pie.
- Clothes are washed in hot water and are returned and stored in the small half closet. Sometimes, favorite clothes are ruined or lost.
- The phone is difficult to manage because the roommate, or even well-meaning staff, can hear the most private of all conversations.
- In-room televisions compete with the desire for a quiet environment.
- Hair is combed for the convenience of staff: elders who have never had braids in their hair now sport corn rows and bows.
- Activities are planned in a group setting and posted on a large board. Few are individualized, quiet activities such as knitting, reading, or listening to music.

Section 1

- Television programs on the community television are left to run, even though no one is watching, creating added noise to an already noisy environment.
- Quiet is a welcome respite from loud staff conversations, competing activities, and staff instructions.

Moving from home to a long-term care facility is fodder for despair. Taking time to “adjust” to the new way of living takes time, patience, and the understanding of all staff. But staff members have tasks, limited time, and regulations to implement. Staff should consider this: Elders have few “firsts” and many “lasts.” When elders arrive in the long-term care setting, there are a few firsts, such as sharing a room with a stranger, having a stranger help with a shower, eating in a large dining room with older, disoriented elders, group activities, and even the call light. The other side of the coin is a series of “lasts”: They have had their last time behind the wheel, owned their last dog, gone to the county fair for the last time, and mowed the lawn for the last time. Change in the long-term care placement is filled with firsts and lasts, and each has its own emotion.

The kindness factor: Staff

Direct care staff face daunting tasks every day: bathing, dressing, toileting, transferring, etc., all of which are fraught with risks of injury and negligence. Day in and day out these valuable staff members are assigned tasks that require full undivided attention.

At the end of the day, tasks are delegated to the next shift, and the cycle continues. Many of the tasks assigned to the direct care staff are labor intensive, require a strong skill set, and, above all, control of emotions.

Along with a high degree of responsibility on the job, many of the direct care workers face financial and emotional challenges at home. Workers at the lower-income scale face decisions of whether to pay the electricity bill or put gas in the car. These weighty issues impact every aspect of their lives: at home and at work.

Providing emotional health to staff means improving the lives of the elders. Staff who cannot separate home problems from work bring an emotional toll on elders, coworkers, and families. Starting a workday with an argument from a spouse or child spills into the workday with coworkers and elders. Few employees have the skills to separate emotions from one encounter to the next. But, it is possible to do just that.

One year from today, today will be history. One hour from now, new history will be made. Today is the only time when it is possible to control events. Now is the only time when it is possible to make a choice regarding life’s events. Society marks events as anniversaries or commemorations. Today will be marked as anniversaries or commemorations for some, depending on the events that occur. However, most days go by as unnoticed, unrewarded, punished, and forgotten.

To the direct care worker, few days are commemorations of a job well done. The expectation of the direct care worker is to come to work on time, care for the elders efficiently, and don’t make any critical errors.

Every day, direct care workers are responsible for extending lives, saving a life, and making the lingering days of elders filled with comfort. The responsibility of direct care workers is daunting.

The question to ask is: “What did you do today that made someone thankful for you?”

Implement an experiment. Ask a CNA the question “What did you do today that made someone thankful for you?” First, the CNA will be surprised at the question and then respond with, “I don’t know.” That is because the value of the CNA is often taken for granted. There are few times when a CNA is asked to think about the impact their efforts make on the lives of an elder.

“To the world you may be one person, but to one person you may be the world.”

–Bill Wilson

The answer is also that management is thankful for the unending care provided. Seldom does management extend words of thankfulness to staff. Asking staff to recognize the appreciation by elders, as well as managers, goes a long way to making staff realize their importance. Managers must ask themselves: “What did you do today that made someone thankful for you?” Supporting staff is more than a pat on the back; it is positive interactions, directions, and praise.

It is more than “employee of the month”; it is the emotional health that occurs when someone is recognized as a valuable contributor to the company. Regular recognition and recognizing a job well done motivates individuals to strive for more recognition. Ignoring efforts motivates employees to stop trying and eventually look for a new job.

Recognition for a job well done fosters the feeling of being appreciated, worthy, capable, and accountable. Few people will continue working if they are not recognized for their efforts. Most people will work harder when they find kindness in the workplace.

Despair: When the Elder Realizes Loss

It is no wonder elders feel a sense of despair when entering a long-term care environment. In the hours spent in the bed, accompanied by memories and faced with loss, the elder may find the feeling of despair. For elders who realize the long-term care facility is their final home, that they will not return to their lifelong residence, it is understandable that a feeling of hopelessness takes root. It is the bottom rung of a ladder constructed throughout a lifetime that now has led them to their final home.

Staff who welcome residents into the long-term care setting set a hopeful tone when describing the short-term stay, with expert therapists to provide rehabilitation with the goal of returning home. At the onset, new admissions are filled with hope, and elders work hard to overcome the illness that required the admission.

When the new resident has the first encounter with other elders who will not be able to return home, they make one of two decisions:

1. This is not for me. I will work hard to avoid the fate befallen the other elders.

or

2. This is the path I have been destined to take. I will never recover sufficiently to go home. I will have to adjust.

Well-meaning family members may try to boost the mood of the elder with positive statements such as “You have so much to be thankful for,” or “You will get better; it just takes time,” or even “If you work hard, and can go to the bathroom by yourself, you can go home.” Families have good intentions; however, to the elder who believes they will forever be in a nursing home, the good intentions fall on deaf ears.

At this critical juncture, elders need staff whom they can trust, to love them and encourage them to reach goals. Elders will not understand their needs for support; their despair is a strong emotion that gets in the way of being able to see past their circumstance. Highly motivated, positive-thinking staff is the key to an elder’s adjustment. Relationships are the one factor that can move an elder from despair. Call it the kindness factor.

Despair

Elders are feeling a flood of emotions, many of which have several labels: fear, anger, anxiety, loneliness, regret, etc. Negative emotions surround the circumstances related to the admission. A sudden onset of an illness or injury causes elders to respond with a flood of emotions. The staff needs to have the skills to allow the elder to express emotions without fear of retaliation, belittling, bullying, or insignificance. Elders need to understand their emotions are normal and nothing to be ashamed of. Staff members are the vehicles to open expression of emotions, not roadblocks. Train all staff to accept emotions as part of the process of admission, recovery, and the realization of loss. When elders were raised, that kindness was at the core of the golden rule; they struggle to understand staff who are thoughtless, hurried, or self-absorbed. Staff who understand the workings of the society built by elders are staff who build strong relationships with elders and their families.

Recognize change

Elders who face changes do well when others agree and recognize changes that are reality. Ideas that “Yes, you have a new illness, and I am here to see you through it” or “I am not sure how well you will do, and I will do my best to make sure you do your best” allow elders to voice their changes. Staff should be supportive without providing false hope. Emotions are one of the strongest elements that contribute to the successful integration of recovery approaches. Staff who know how to support elders, even when the elder is difficult, combative, or frustrated, have the skills to extend a home environment instead of a clinical one.

Unconditional acceptance

Elders come to the long-term care facility with a host of issues that are not commonly found with younger individuals. Ill elders may have unattractive appearance, smells, and body changes. Elders are well aware that they are not “at the top of their game” and are embarrassed that their appearance is not to their expectations. Elders have a difficult time coming to terms with their new circumstance. Nan was receiving continent care from a CNA and was heard to say “I am so sorry you have to look at my body; it looks a lot like that rutty road I grew up on! I wish I had my young body for you to see. I don’t want you to have to see my old body; young bodies are much nicer.” This is a critical time for staff and families to engage in

“total unconditional acceptance.” Total unconditional acceptance is the approach staff uses to treat elders as though they have no disabilities, smells, or unattractive appearance. Unconditional acceptance means accepting individuals as people, not conditions or illnesses. It starts with the elder’s name: They are not “honey” or “sweetie.” Assigning a term of endearment strips the identity of the fragile elder to a nondescript label. Unconditional acceptance means dealing with individuals without assigning opinion, judgment, or degrading labels.

One step at a time

Moving someone out of despair is not a quick one-size-fits-all task. Person-centered care is the method for individualized approaches to the elder. No two people are the same, and no approach will work for everyone. Staff must deal with the individual with unique interactions designed specifically to address the behaviors exhibited by the elder. When two different elders display similar behaviors, it is not proof that the same approach is successful for each. Two people who are withdrawn and prefer seclusion will not respond to the same attempts to get them to interact; it may be as simple as different caregivers or as difficult as requiring professional psychological intervention. Regardless of the approaches, time and consistency are necessary to help elders move through the circumstances that initiate the emotions. Once the approaches are identified as successful, it is critical to share the information with all care providers. Relying on only one staff member to interact with the elder and deal with issues is a path to failure. One avenue to explore is the activities previously important to the elder. Adults find pleasure in hobbies, family, and activities. Prescribing the unique approach to help the elder work through emotions requires use and implementation of long-held pleasures. Person-centered care may mean the resident responds to a bird feeder, a certain genre of music, books about fishing, or even an outing. Consider life in a situation where the elder never leaves the confines of the building. The “cabin fever” feeling contributes to despair.

Move to the solution. Get “buy-in” from the elder. It is difficult for an elder to create their own road map to happiness. Getting participation from the elder requires delicate supportive interactions from staff. Consistently approaching the elder with successful interactions is the first step to get the elder to cooperate with reducing emotional insecurities. The gradual acceptance of staff support is one way of reducing despair and moving toward acceptance. Elders often choose a “favorite” staff member. Use the favorite staff member to move the elder from despair to acceptance. Then, use the favorite staff member to teach others how to support the elder with successful approaches. The elder will recover more rapidly and successfully with the person-centered approach than if each staff member approaches the elder in their own way. Essential elements include cross-generational and cross-cultural training to enable the staff to be as consistent as possible.

Once the resident moves from despair to acceptance, it does not mean the problems have permanent resolution. They will occur again and again. Elders have a lot of time to observe changes around them, family events that occur without them, and other elders declining in health or passing away. Despair will reoccur when life events impact the elder. Staff must be alert to subtle changes, understand the elder’s life events, and be prepared to launch interventions early. Waiting for the despair to result in loss of appetite and seclusion will be more difficult to support the elder when emotions are out of control.

Deal with emotions on a daily basis. Staff must address the emotional health of the elder on a daily basis. Emotional health is as important as nutritional health and cannot be ignored. Staff who interact with elders with total unconditional acceptance and unique person-centered care will assist the elder in managing emotions. Merely asking “How are you today” and rushing out the door is not sufficient time for an elder to express their thoughts. Taking time to visit with the elder while providing care is an important step to supporting the emotional health of the elder.

Determining how to foster kindness that an elder understands is a daunting task. With so many different elders, staff need to understand the slight nuances of individuals old enough to be “set in their ways.” Taking the time to become friendly enough to know how to foster a smile or bring a tear is a gift that is difficult to teach.

Staff can be taught how to bring out the best in the elder

The world to a confined elder comes to them only one way: through the care provider. If the care provider arrives at work in a bad mood and shares that mood with the residents, there is little chance to foster happiness. If the care provider leaves the problems from home at home and enters the environment with a smile, a strong posture, and generous behavior, the likelihood that the world is a good place is an easier sell. Staff are the core of the kindness scale. It is impossible to have happy residents when staff are rude, upset, angry, or in a bad mood. It is possible to teach how to convey a positive attitude. Being positive is a choice. Staff choose words, posture, and eye contact. Staff choose what to discuss, and what to keep private. The ultimate “kindness” factor starts and ends with staff.

Training staff to manage behaviors means staff understands that working in the long-term care setting requires that the “other person” is more important than “self.” During the shift, the most important person in the building is the resident and their families, and the next most important persons are coworkers. The kindness impact is a selfless gift provided to others. Placing the “other person” in high regard is a critical element in sustaining customer satisfaction.

Joy is a choice. No one lives in a Hallmark card. Every person has issues, whether they are from broken relationships, abuse, financial disaster, or misbehaving children. The factors surrounding life’s issues are as common as the air. No one is immune from life’s issues. We are, however, capable of controlling reactions to life’s issues. Choosing reactions to life events is what every person does when faced with challenges.

Kellie Pickler is a country singer who was a contestant on “American Idol.” She did not win the title but went on to a successful singing career. Her life is filled with broken dreams and broken promises. Her mother abandoned her at an early age, and her father has been in and out of prison her entire life. She was raised by her grandparents, and her grandmother died when Kellie was a young teenager.

Kellie has a history of brokenness and the right to lash out at life and react in a manner that is destructive. However, she has chosen joy. On her television show “I Love Kellie Pickler,” she was interviewed regarding her life’s hardships. Her reply is striking. She stated, “I choose joy. Every day when I wake up, I make a choice, and I choose joy.”

Reactions to life events can take a “victim’s point of view.” Some individuals justify certain behaviors by blaming life’s experiences. Some individuals allow life’s experiences to justify anger outbursts, inability to follow rules, and excuses for rudeness. Some individuals use justifications of life events to keep them from succeeding in career and job choices. These justifications impact the lives of elders and can lead to and contribute to the resident’s experience. When staff use life’s experiences as an excuse to justify rudeness, bullying, and poor care, it is a road map to litigation. Examples of excuses include:

- “I can’t help it; I was abused as a child. It is just the way I am.”
- “It isn’t my fault; my parents were alcoholics.”
- “No one in my family even graduated high school. I am not going to succeed either.”
- “I tried to go to college, but I can’t afford it, so this is all I can do.”

When staff use life’s experiences as valuable lessons to further their compassion, caring, and giving, the road map leads to satisfaction. No one can control life’s events. The only thing one can do is control how they respond to life’s events. Some respond with grit and determination, while others respond with blame and excuses.

The difference can be learned. When individuals view themselves as victims, they believe others “owe” them leniency. When individuals view themselves as victors, they believe they have something to give and share.

Teaching Compassion

The goal of every facility is to provide optimal care, with well-trained compassionate staff. It is easy to teach skills; competency testing and training are part of every community. It is more difficult to teach compassion and control outside influences at work. It is, however, possible. Compassion is a tool that conveys empathy, respect, and dignity. Each attribute of compassion is a teachable tool.

Empathy: Empathy is understanding the world through the eyes of someone else. Understanding how the world works through the eyes of an elder undergoing stress is an essential tool for successful providers. The easy part of caring for elders is the clinical care, the “mechanics” of providing quality care. The difficult part is understanding the reactions of the elder when care is provided.

Mary is a noncommunicative resident in a long-term care memory unit of a nursing home. Mary does not like to receive incontinent care, have her teeth brushed, or have her hair combed. Staff have a number of residents to care for, and Mary’s resistance to care slows them down. In an effort to care for all of the residents, they forced Mary to accept care by teaming up to control her unwanted movements. Mary’s resistance to care worsened until staff were entering the room three at a time to render care. It didn’t take long for Mary to resist care by hitting, kicking, and biting.

The family was upset and stated that their mother has been resisting care for some time, and at the prior living setting the care providers had to team up to make sure Mary got the quality care required for her well-being.

Section 1

One nurse saw the world through Mary’s eyes and tried a new approach. First, only one person at a time could care for Mary. If she resisted, the care provider was instructed to leave the room, wait 5 to 10 minutes, and try again. The manner in approaching Mary was also changed. The care provider was instructed to walk slowly, face Mary, wait, and gradually reach for her hand. Once she could touch Mary, the next step was to comfort her and talk low and slow. Even though Mary could not talk, care providers were instructed to tell Mary what they needed to do to help Mary.

Since Mary did not like to have her hair combed, the staff were instructed to use the comb as a tool to “desensitize” the use of the comb. Staff learned to start with the comb on her hand. If Mary tolerated that, they could move the comb to her arm, elbow, shoulder, and then one swipe of the comb on her hair. That was it for combing her hair. The next day, the staff was to repeat the same approach for desensitizing Mary to the comb.

The nurse recognized that Mary was reacting out of fear and protection. By teaming up to force Mary to comply with care, they were making it worse for Mary on a daily basis. The nurse’s empathy drove her to move to a more person-centered approach for one frightened individual.

While feeling empathy is a common emotion, taking action to apply principles to move the feelings of another requires a series of person-centered care questions:

- What would make me react the same way as this person?
- What would make it better?
- If I had the same background as this person, would I have a good reason to act this way?
- If I lived like this person, how would I want it to be?
- If a stranger tried to help me with incontinent care, how would I feel?
- What would it be like to have people talking about me in front of me?
- How much would I eat if the food was not to my liking?
- What if others hurt me while helping me get dressed?
- How would I react if someone pulled by hair while combing it?
- What would I do to get others to understand me if I couldn’t talk?

In his book *Conflict Without Casualties*, author Nate Regier, PhD, talks about empathy:⁶

- Ask questions about how a person is feeling, what’s important to them, and how they are experiencing a situation. “How are you doing with this transition?” “What concerns you the most?”

⁶ Regier, N. (2016). *Conflict Without Casualties: A Field Guide for Leading With Compassionate Accountability* (1st ed.). Oakland, CA: Berrett-Koehler Publishers.

- Affirm that it is okay to share feelings and that you care about the emotional part of another person's world. "I care about how you are feeling today. If you want to talk about it, I'd be glad to listen."
- Take time to listen. Check for understanding by repeating back what you thought you heard. "I heard you say you are anxious about making a mistake. If you don't get it right, we will keep trying."
- Never say, "I know how you are feeling . . ." People don't want you to know; they want you to care.

Creating person-centered care means relating to the individual, regardless of their needs, emotional health, or the desires of staff.

The sense of self enables the elder to stand up for themselves as a valuable person. When an elder is faced with their children behaving as parents, the elder feels the need to fight for respect. Well-intentioned sons and daughters feel the need to speak for their parent, make decisions, and "run the program." Taking over diminishes the value and respect the elder holds in the family constellation. Devaluing the elder diminishes respect.

Elders with dementia wish to maintain self-respect and require daily support and encouragement to do so. Residents who lose control of bowel and bladder feel the shame of their condition and believe they do not deserve respect.

People are well aware when they feel they have been disrespected. Respect is an emotion that can elevate someone or destroy them. Respect is learned. Often said, "You have to earn respect," the definition of respect varies from one person to another. Some may feel disrespected when confronted, while others feel disrespected by a glance or feeling ignored. Staff who are quick to recognize when a peer disrespects them are not aware when they disrespect elders. Respect must be not only taught but monitored and modeled on a daily basis.

Elders who move into a long-term care facility are required to reduce their worldly possessions to accommodate a new living situation that is confined to one room or half of one room. Taking those possessions to their final home requires decisions that bring heartache and careful consideration. When an elder takes their most valuable possessions to the long-term care facility, they are taking their most prized possessions and mementos. Watching strangers handle those possessions with casual disrespect brings emotions to the elders who want their final possessions to be handled with respect. When clothing is shoved into drawers or squeezed into one-half of a closet, it echoes disrespect of possessions.

"Honey, would you like more coffee?" Unless the question is posed to a loved one, it does not belong in a long-term care environment. Disrespecting elders by using terms of endearment is stripping away identity.

"Mr. Anderson, do you like it when staff calls you 'honey'?"

"No, I hate it. They took my home. They sold my car, and now they have stripped me of my name. Everyone here is called 'honey.' I never know who they are talking to."

Some residents require extensive assistance. In an effort to short-cut grouping descriptions, staff create titles or labels to describe specific residents who require assistance, for example: "feeders." Using derogatory terms, regardless of the convenience of staff, is disrespectful and unkind. Whether the elder understands the derogatory term, or whether others overhear the reference, no good comes from derogatory labels. Referring to an elder as a "walkie-talkie" is another derogatory term used by staff to indicate independence. Derogatory labels have no place in offering respect and kindness to individuals.

Respect requires tolerance. Elders are required to be tolerant of menu choices, entertainment, noise, and rules that govern their living environment. Elders offer respect to figures of authority: administrators, nurses, and physicians. Elders are quick to give respect, even when feeling disrespected by others. Elders tend to believe caregivers are the rule makers and "run the place," when in fact, the care of elders is a partnership that requires acceptance, dignity, respect, and kindness.

Dignity relates to all ages, young and old. Circumstances can erode dignity or honor it. As elders lose their independence, dignity fades. New mothers often state "You leave your dignity at the door when you enter the delivery room." Long-term care facilities do not have delivery rooms, and dignity is one lasting gift caregivers can provide free of charge.

Dignity is how the resident views "self." Residents in long-term care are well aware of the facts surrounding their placement and struggle to reconcile how their life path led to their new address. How an elder views "self" is a reflection of how they believe others view them. Dignity is not just the aspects of the aging body; it is the mind, body, and spirit of the individual whose body has declined. Elders do not see themselves as aging, unnecessary adults, but as a young mind, with the desire to be accepted, regardless of their health.

One resident states: "I think it involves a feeling of self-worth, feeling good about yourself, feeling that even though you don't have the latest technological skills, you have skills and expertise that's borne out of experience and that you appreciate that yourself, and hope that other people appreciate it too."

It is difficult to maintain dignity when staff are required to shower, dress, and provide peri-care. Elders who enter the long-term care environment are there because they have difficulty caring for themselves. Bank presidents, CEOs, and housewives are all residents in long-term care facilities. None of the residents are accustomed to the intrusions of quality care. Dignity is one aspect of care that is easy to provide and is a welcome gift by elders.

Dignity means being worthy of honor or respect, a sense of pride in oneself. Recognizing the dignity of an elder is done in several ways:

- Close doors and curtains when providing care.
- Assure elders that the care being provided is confidential.
- Provide calming words, supportive tone, and kindness.
- Elders may be embarrassed; provide care in a dignified manner.
- Never talk about other residents in the presence of others.
- Dressing residents appropriately.
- Providing hairstyles according to the resident's wishes.
- Leaving the TV and radio tuned to the resident's wishes.
- Ask if the resident wishes for the door to the room to be open or closed.
- Ask for agreement or permission to help before initiating care.
- "I know this feels uncomfortable; let me know if you need me to stop."
- Engage in activities; parking an elder in front of a TV in the common area is not an activity. If the activity is initiated, the elder enjoys companionship and interactions, not solitude with "The Price Is Right."
- Show tolerance.
- Take time to talk to elders, and explain the tasks being performed.
- Take time to listen. Elders do not have new experiences to share, so they tell the same story over, and over, and over. Listening means acting like you have heard the story for the first time . . . every time.
- Ask for input. Elders want their opinions heard.
- Be thankful. Using "thank you" when an elder pays a compliment is providing dignity to the fact that their contribution is welcome.
- Dress residents with the dignity and respect, and select clothing that matches, fits well, and is clean. Never allow a soiled garment to last throughout the day.

Some families understand how to honor and respect their loved one, and the facility that echoes the family's respect will be appreciated by families and residents. Satisfied customers seldom sue.

The impact of kindness is difficult to measure. Happiness ebbs and flows, as circumstances and experiences change. The one thing that is measurable is the satisfaction of the experiences in long-term

care. Using regular satisfaction surveys, tracking, trending, and remediating provides insight into the overall level of contentment in the facility.

Reduce Risk Through Partnering

A resident was enjoying his afternoon cigarette on the facility patio. All the right assessments were done, indicating the resident had the skills to smoke independently. The CNA was supervising the resident when he asked for a drink of water. The CNA went into the facility to retrieve some water, leaving the resident alone in the smoking area. When she returned, the resident was fully engulfed in flames; he died of his injuries.

On a warm spring afternoon, the staff wanted some fresh air in the facility. One of the nurses propped open the door leading to the patio, and a soft breeze freshened a usually stuffy living setting. Residents were seen going in and out, enjoying the pleasant spring day. Staff were very attentive, monitoring the residents who ventured outside to sit under the tree. As the day began to cool, the residents returned to the confines of the facility. However, one resident didn't return, and staff failed to count the residents to ensure all were in their living areas. Several hours later, they discovered one resident had ventured off to the adjoining property, where she had fallen and died from her injuries.

A resident resided in the facility for several years, until her health declined. As part of her decline, her skin failed and she developed several unavoidable pressure ulcers. As the pressure injuries progressed, the family was informed, educated, and supported by all staff during the decline. On her passing, the family requested that the CNA who cared for their mother attend the funeral and sit in the family area. After all, the resident thought of the CNA as she did her own grandchildren.

What do all of these incidents have in common? None of them resulted in a lawsuit.

Why do families sue?

Every facility is at risk for lawsuits. Why do some get sued and others never see the inside of an attorney's office? There are several reasons:

- "I want to make sure this does not happen to another elder"
- "The facility has something to hide"
- "This should have never happened"
- "I spent my inheritance and I want my money back"
- "They ignored my mother"
- "No one will answer my questions"
- "No one ever told me she was that sick"
- "This was totally preventable"

Families sue when they believe the facility failed to properly care for the resident. Families expect error-free, hazard-free care with optimal outcomes and without risk. Families expect the facility to be diligent at every moment to prevent declines in health, accidents, and infections. If the facility fails to meet the family's expectations, lawsuits result.

Reducing the risk of lawsuits is an ambitious goal for all providers. Understanding what motivates families and what can be done to influence families reduces the risk of lawsuits. There are some events that are egregious, and no amount of risk management guarantees lawsuits will not be filed. There are some things that reduce the likelihood of litigation.

Family Members as Team Members

Facilities interact with family members as guests; they are encouraged to visit with residents and are seldom included as members of the care team. Families attend care plan meetings and listen to staff recap the prior quarter's information from care teams consisting of the nurses, DON, physicians, therapists, and CNAs. When care is administered, the care team provides optimal care. When everything goes as planned, the family members are satisfied.

However, the breakdown is that seldom is the family included in the success or failure of provisions of care until something goes wrong. Including the residents and families with care outcomes along the way enforces that they are an integral element in success.

Family members are viewed by staff as interruptions, demanding of special treatments and immediate attention to resident's needs. Some staff avoid family members to avoid probing questions or accusations. Moving the family from "recipient" to "partner" takes specific efforts on the part of all team members. Person-centered care is one element that incorporates the family as a team member. Person-centered care not only provides for unique approaches for the resident, it incorporate elements for families. When families are included, it lessens the risk that the family feels the facility "has something to hide." Family inclusion is the first step to reducing the risk of lawsuits.

In the person-centered care model, residents are offered a variety of tasks in their care model. Some of the selections made by residents and their families pose a risk to the facility if the tasks result in harm or claims of negligence. (See the Risk Acknowledgment forms in this book's downloadable materials.) Teaching families about risks of aging and living in a long-term care community creates a reality that families live by.

The CMS regulations for quality care fall into the realm of person-centered care. If a facility follows the regulation, it has a strong footing for defending the actions taken by the facility. The challenge comes from families who believe the personal requests from the resident should supersede the regulations. For example:

A facility in Louisville, Kentucky, received a citation from their state surveyor when the surveyor witnessed a resident wearing a clothing protector (bib) as a violation of the resident's dignity. On day two of the survey, the resident was not provided with the clothing protector as recommended by the state surveyor. The resident became angry, began shouting at the staff, and demanding his bib. Staff explained the position of the state surveyor, and the facility is obligated to protect his dignity.

Section 1

The resident asked to speak with the surveyor, who granted the interview. The resident explained that he prefers the bib, as he does not have a large closet to hold enough shirts if he should spill food on his shirt.

The state surveyor did not yield to the resident's wishes, stating that terry cloth clothing protectors provided by the facility and passed among residents are a violation of the resident's dignity.

Following the survey, and issuance of an F Tag, the facility's activity director met with the resident and his family to find a solution. The family purchased several barbecue aprons. They had his name sewn on the front along with sayings attesting to his skills as a talented chef. Since the clothing protector was not issued by the facility, but was a resident's choice, purchased by the resident, and used exclusively by him, the plan of correction was accepted and the resident is now permitted to wear his own apron to meals.

Lawsuits do not stem from apron use. Offering resident choice must be within the CMS regulations. Complying with regulations places the defense in a stronger position than operating outside of the regulations to please a resident. When residents make person-centered requests that are outside of regulatory guidelines, the interdisciplinary team offers alternatives that are acceptable to regulators and less risky for litigation. Documenting the process for assessment, compromise, and care planning are the tools a defense attorney needs to build a defense or prevent a lawsuit from progressing through the courts.

The challenge is that regulations are not clear on what exactly constitutes "acceptable" and "unacceptable" standards of care.

The regulations are clear. 42 *CFR* 483:

The facility must create an environment that is respectful of the right of each resident to exercise his or her autonomy regarding what the resident considers to be important facets of his or her life. This includes actively seeking information from the resident regarding significant interests and preferences in order to provide necessary assistance to help residents fulfill their choices over aspects of their lives in the facility. (483.15(b), Tag F242)

The resident has the right to a dignified existence, self-determination. . . . A facility must protect and promote the rights of each resident. (483.10, Tag F150)

The comprehensive care plan must include . . . "services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under 483.25; and any services that would otherwise be required under 483.25 but are not provided due to the resident's exercise of rights under 483.10, including the right to refuse treatment under 483.10(b)(4)." (483.20(k), Tag F279)

The regulations updated in §483.21 in October 2016 regarding portions of the care plan regarding person-centered care state the care plans must include the resident's goals for admission and desired outcomes.

The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to the initial goals of the resident.

Be culturally competent and trauma-informed.

CMS has issued guidance transmittals to further the support of person-centered care: *CMS Manual System, Pub. 110-7 State Operations Provider Certification Transmittal 127*, November 26, 2014.

If a resident (directly or through an advance directive) declines treatment (e.g., refuses artificial nutrition or IV hydration, despite having lost considerable weight), the resident may not be treated against his or her wishes.

If a resident's refusal of treatment results in a significant change in condition, the facility should reassess the resident and modify the care plan as appropriate.

The facility is expected to assess the resident for decision-making capacity and invoke the healthcare agent or legal representative if the resident is determined not to have decision-making capacity. Once the decision-making capacity is assessed, the facility is expected to determine and document what the resident is refusing, to assess the reasons for the resident's refusal, to advise the resident about the consequences of refusal, to offer pertinent alternative treatments, and to continue to provide all other appropriate services.

Person-centered care is prominent in the 2016 *Requirements of Participation*, experience and drives the implementation of effective approaches that combine regulatory compliance and resident choice. When person-centered care is the culture in the facility, it is a balancing act to make resident's choice align with state and federal regulations. Combining person-centered care with regulations takes an effort from all members of the care team, families, and residents. When a cooperative approach is built, litigation risks are reduced.

Acknowledgment of Risk

When a resident makes a determination for care that is not in line with the regulator's, facility's, or physician's recommendations, the documentation of the determination is essential to reduce the risk of litigation. Noncompliance with physician's orders is permissible under OBRA 1987: The resident has the right to refuse treatment. The essential question is how to manage refusals against risks of litigation.

Waivers are one way of obtaining acknowledgment of risk. Waivers are used in a variety of industries: amusement parks, sky diving, children's sports, and rodeo, as well as healthcare.

The following are important facts to address when using waivers:

Waivers do not protect against negligence. If an injury occurs while the resident is engaged in the activity, and the injury is a direct result of negligence, the waiver is not a protection. For example, a resident who elects to smoke is left unattended and suffers an injury. If the facility's policy is to permit residents to smoke independently, and an injury occurs, the waiver will not protect against facility negligence. The

test is whether a prudent person would have identified the need to provide supervision while a resident is smoking. However, if the resident develops an illness related to smoking, the waiver protects the facility from possible litigation due to a new diagnosis that is a result of smoking.

Assumption of risk. Waivers must contain enough information to identify (in writing) the risks associated with the activity. The facility provides warnings, and the warning must be sufficient to allow for the acceptance of risk on the part of the resident. The information must be clear enough for the resident and the family to make decisions based on the contents of the waiver. The language contained in the waiver must be in a language understandable by the resident and the resident's family. The legality of waivers varies by state.

When a waiver is insufficient

A family in Texas placed their 43-year-old son in a long-term care facility due to advanced multiple sclerosis. This engaging and attentive family left no stone unturned to find a cure for their son. One day the family came to the administrator and began giving instructions regarding how to shine a laser light up their son's nostril with a belief the laser will reach the brain and cure multiple sclerosis. They found a laser device on the internet, paid \$500.00, and were convinced it would cure their son's multiple sclerosis.

In this circumstance, allowing for the use of the laser may result in adverse outcomes that arise between laser uses. Issuing a waiver is not a guarantee that the facility will not face litigation if an injury results. The risk lies in the areas unrelated to the treatment but may be a contributor to other adverse events.

Family members are desperate to find cures and, above all, make sure their loved one is getting optimal care. It is the facility's responsibility to be the resource for families to assist them with current validated treatments and approaches. Using a waiver for the use of an unproven treatment will not defend the facility against the risk of lawsuits.

The wording of the waiver is essential and requires the expertise of an attorney. Facilities should not write waivers that hinge on litigation protections. Seeking the advice of an attorney may cost in the beginning and save a lawsuit in the future.

When a waiver is utilized and a family elects to file a claim, even if the waiver is deemed legal and the plaintiff has no standing, the facility faces steep defense costs.

Informed Choice: Knowledge Is a Powerful Tool

- Physician's diagnose
- Discharge planners direct
- Social workers find resources

Who educates the resident and family regarding what to expect? Family members have a variety of sources to identify diseases. The internet is the information highway to inform families regarding disease processes. The internet is the wild, wild west when it comes to accuracy. Directing the clinically competent care is the responsibility of the facility. Giving families and residents the information to participate in the care reduces the risk for litigation.

Conditions that contribute to the need for long-term care are foreign to families:

- “Thank goodness she is living with you. She was falling at home; at least she won’t fall anymore.”
- “I am so glad he is here; he stopped eating at home.”
- “He refused to take his medicine at home; at least now he will take his medication.”

Regardless of the treatments, diagnosis, or circumstances, residents have the right to make choices. Informing families of the choices and implementing person-centered care is an element to control the risks of litigation. Educating families provides for open communication, cooperation, and setting expectations.

One of the best tools to educate families regarding disease processes is to use written information to describe the risks associated with specific conditions. Directing families to reputable websites minimizes the chance that families will demand unusual treatments.

To build education tools for the families, you can reprint articles from the CDC and specialty associations. Tools that are provided by the facility, even printed from a website, explain to the family members what is to be expected as part of the disease process. Written verification of the issuance of the materials provides a defense attorney tools to build a defense should the need arise.

Residents are encouraged to complete an advanced directive and consider “do not resuscitate” (DNR) orders. The intention is for care providers to know the resident’s wishes in the event of an emergency or decline in condition. Refusing treatments and delineating who can make decisions for them should they be incapacitated are only parts of the instructions to physicians. The actions taken by professionals when following advanced directives can be fraught with regrets, disagreements, and last-minute changes of mind. Reviewing the advanced directives on an annual basis reaffirms the resident’s wishes and the attorney-in-fact who makes the determinations of care.

It is not uncommon for someone with a DNR order to be rushed by ambulance to a hospital when a family member is called to the facility to be with their loved one in their final hours. At the last minute, the family “changes their mind” and rescinds the DNR order. When the resident dies, the family points the finger at the facility for their slow response in calling for an ambulance. Reviewing the DNR orders affirms the agreement for lifesaving interventions. Talking about DNR is not a taboo topic, but one that needs to be addressed at least annually, or at quarterly care plan meetings.

Facilities rightfully need to reduce the risk of litigation. Using waivers, acknowledgments, or releases may be effective and may not be much help for a defense in court. The act of issuing and signing a waiver or release does not guarantee that the court will honor the form. Issuing an Acknowledgment of Risk is a valuable tool to reduce the risk that a family will call an attorney to initiate action against the facility.

Section 1

An Acknowledgment of Risk is a tool designed to inform families that living in a long-term care environment is not a risk-free environment. It describes the risk for falls, skin injuries, weight loss, and elopement. It provides information to families that care is not provided one-on-one and there are times when residents are out of the line of sight of staff for several hours each day and evening. When families acknowledge the risks and agree to admit their loved one, it starts the relationship with expectations and trust. Acknowledging the risks and what can and cannot be provided at the time of admission establishes the relationship immediately. If the family chooses to admit the resident after understanding the risk, if an adverse event happens, the family is better prepared to partner with the facility and not a plaintiff attorney.

When the family makes a decision, it is important to prepare family members to observe the results of their decisions. Whether the family agrees with the physician or disagrees, there are results.

If a family refuses a feeding tube, the results may be malnutrition, skin breakdown, and weight loss. Families are not prepared to observe the physical changes as a result of the decision. Signing an Acknowledgment of Risk does not prepare families to see and live with the results of the refusal.

The resident refuses bathing. Families are not prepared to deal with rashes, dry skin, dandruff, and odor. Families are quick to blame the facility: "How could you let this happen?" Signing an Acknowledgment of Risk is one way to prepare the family for the likely results of their decision.

The resident refuses the prescribed diet. The family may agree but are not prepared to see the results of pneumonia, choking, or struggles while eating.

FIRST-HAND EXPERIENCE: PREPARING TO HANDLE THE RESULTS OF CHOICE

My father passed away from throat cancer in 2008. He was receiving hospice services at the time of his passing. I have been in the healthcare industry for over 20 years and as a result I am familiar with hospice, the meaning of "six months" to live.

My father's disease progressed to his brain and his behavior became dangerous. He acted in a manner that was a danger to himself and others. At the end of his life, he was not the father I had known, but a result of the progression of cancer.

In his final days, he lost consciousness and slipped into a coma. It was at that time I made the decision to stop life support and allow him to slip into that "good night." He received his food, hydration, and medication via a gastrointestinal feeding tube. I made the decision (with consultations with his physician) to withhold nutrition and hydration to ease his end of life.

I was not prepared to visually or emotionally watch the results of my decision. Nothing could have prepared me to watch the changes in his body. Dehydration and malnutrition lasted for 16 days. During that time, staff and physicians encouraged me by saying he is unaware of his discomfort; he is medicated and comfortable. But through the eyes of a well-educated daughter, the results of my decision will live with me for the rest of my life.

Families walk a similar path. Each decision made on the behalf of the well-being of their loved one has results. The results, when adverse, are placed on the shoulders of the facility.

Asking families and residents to sign an acknowledgment of risk is only part of the effort needed to reduce the risk of litigation. The most important aspect is to prepare families for a step-by-step process of what to expect after the decision is made. If the physician caring for my father had prepared me for the visual and health aspects of my father's process for dying, the ability to understand my decision would have been easier. Explaining the changes, supporting the family, and easing anxiety go a long way in reducing the risk of lawsuits.

Liaison

CC Young in Dallas, Texas, has a full-time staff member who is the liaison between family, resident, and facility. Her job is to visit with residents on a regular basis and connect with families to create methods of cooperation between staff and family. She is not perceived by customers as a nurse, nor as a member of the staff, but rather a link between the known and unknown. She acts as the social element for inclusion of the family and resident in day-to-day operations. She does not "have all the answers" but knows how to find them and relay them back to the family. She is the friendly, "go-to" person seen around the campus visiting with residents and families. Her role is to be the person who "gets things done" in a manner that puts the facility's culture in the spotlight. This key person knows the pulse of the family and is closer to a confidant and friend than a manager.

Section 1

When the family is faced with life decisions, she is the guiding light to communicate to staff the specific issues the individual family is facing. No two residents are alike, and no two families are alike. The liaison is the person who prepares the staff for finding the right approach, the right care, and the means to approach the family in a manner that is acceptable. This invaluable role keeps lines of communication open between everyone who is involved in ongoing care.

Not every facility can afford to place a staff member full time to make sure the team has the communication tools to reduce the risks of litigation. There are other approaches that serve the same purpose:

- **Manager contact:** Each manager is assigned a set of families. The duty of the manager is to be the “go to” person for the family. The one person in the facility that a family member knows to contact, knows how to communicate, and knows the answers to questions will be reliable.
- In the standard way of operating a facility, the DON or social worker interface with families. Or there are “on-the-spot” problem solvers that may or may not know the intricacies of the family dynamics. The risk is that inconsistent staff solve problems inconsistently. Rather than asking a family to solve problems without knowing who can solve them, a consistent manager opens the door to consistency.
- By assigning each manager a family, the family has a consistent view of the facility. The manager is not the person who solves the problem but is the person who knows who can. The manager brings a sense of belonging and support regardless of the situation.

Duties for the manager contact include:

- Provide the family with a business card
 - Instruct the family to reach out to the manager first, before interfacing with staff regarding issues that arise during the course of care
 - Attend care plan meetings with the family and resident
 - Visit the resident at least once per week for a “contentment check” to identify any way of addressing small concerns before they become issues
 - Reinforce the facility culture, caring, and routines
 - Address issues identified by staff
 - Be the “go to” person for the resident
- **Two-week manager.** This structure assigns new admissions to a manager. Much like the manager contact duties, this assignment lasts only two weeks from admission. The duties are more involved, but after two weeks, the family and the resident are oriented to the facility and its routines.

The relationship will last, and the two-week manager will likely remain the “favorite,” but the family is free to engage with others for problem solving.

Two-week manager duties include:

- Greet the new admission on arrival
- Provide a business card
- Contact the resident once per day
- Phone the family the morning after admission to ensure the family the resident settled in well and had a good night
- Inform the family of therapy treatment, new medications, and new tests
- Each time the family is in the building, greet and visit briefly
- Call the family four times the first week and three times the second week
- Attend the first care plan conference
- Transition the family from the two-week manager to the general staff by making sure the introductions are complete
- Start off on the right foot, making the path easier

Employee Satisfaction Survey

Consider implementing an employee satisfaction survey. You can preface the release of the survey by stating: We want to understand the area where you work. Your answers will help us create a positive work environment. We will use the results of this survey to make our facility the best in our community.

Please use this survey by checking the box that best reflects your experience. These questionnaires are completely anonymous; the check boxes cannot be used to identify handwriting, so please be completely honest. Drop the completed questionnaire in the box marked Satisfaction Surveys, placed in the employee break room.

Section 1

Subject	Very True				Very Untrue
I am satisfied with my job					
I have confidence in leadership					
My contribution is important to the facility					
I am proud to work here					
My coworkers like to work with me					
I make important decisions every day					
My physical working area is in good condition					
There are enough staff working on my shift					
I am paid better than other facilities in town					
I can be promoted					
My manager is very supportive of me					
I believe my job is secure					
I like the people I work with					
I can go to my manager with problems					
People who work here gossip					
I am treated like a person, not a number					
I am recognized when I do a good job					
My manager asks for my input					
I get enough training to do my job well					
I would recommend a friend to work here					
I plan on working here for at least two more years					

26 IDEAS FOR QUICK CUSTOMER SERVICE CHANGES

1. When passing snacks between meals, add a music box to the cart. It is reminiscent of the ice cream truck and alerts elders there are treats available.
2. Think "food first." Elders who are offered Ensure on a daily basis will become tired of the "same old thing." Offer a luscious piece of cake, pie, or cookies. Put the choices on the cart with the music box.
3. Change the title of the MOD (Manager on Duty) to Weekend Director. Give the Weekend Director the power to make on-the-spot decisions. Prohibit the phrase "I can't do anything until Monday."
4. Prohibit staff from telling customers, "We are working short."
5. Teach CNAs to smile and greet family members.
6. Find out about the facility's social media presence by setting up Google alerts.
7. Designate parking spaces near the entrance as "Reserved for Family Members."
8. Instruct staff to write quotations made by family members in the chart.
9. Teach all staff to conduct tours, especially evening and weekend staff.
10. Make all tours exactly the same, same route, same "script," same materials (brochures).
11. Follow-up with families who toured.
12. Make compliment forms readily available.
13. Post the Corporate Compliance Hotline prominently throughout the facility.
14. Include the exterior of the facility in rounds conducted by the administrator.
15. Eliminate terms of endearment, such as "sweetheart," "honey," and "dear."
16. Escort guests instead of pointing toward the direction.
17. Make a Please and Thank You campaign.
18. Confirm dress code is consistent between weekday staff and weekend staff.
19. Plan monthly parties for grandchildren of the residents.
20. Have a "lost and found" day once each month, on a weekend so families and elders can retrieve lost items.
21. Form a "Welcome Committee" for newly arriving residents.
22. Celebrate discharge to home with certificates, announcements, and recognition of staff who assisted the elder's recovery.
23. Institute 24-hour dining.
24. Remove the term "feeder" from the vocabulary of all staff.
25. Post TV schedules beside common area TVs.
26. Turn off TV set when no one is viewing it.

Customer Experience Quiz

Name: _____ Shift: _____ Date: _____

Answer the questions below based on your experiences. **Check all that apply.****Have you ever been treated poorly at a restaurant?**

- I complained and never went there again
- I would tell my family and friends
- Someone else was served before me, even though I came in first
- I have waited too long for my meal to arrive
- I have had servers and clerks be rude to me
- I have complained about poor service
- Someone has retaliated against me after I complained
- I have used social media to share my poor experience
- While out to eat, my friends at the table were served before me
- I have sent my food back because it was too cold
- I have waited too long for my food to arrive and just left without eating my meal

Think about service when you stayed in a hotel.

- I have never stayed in a hotel
- I was on vacation
- I attended a conference
- The hotel staff called me by my name
- The hotel staff was friendly
- The hotel staff answered my questions
- The hotel staff went out of their way to help me
- The hotel room was dirty
- Other people at the hotel were noisy
- I did not feel safe at the hotel
- I could not get someone to answer the phone at the front desk

Remember the service you received at a store.

- I have been ignored by sales staff
- Sales clerks have been rude to me
- It is hard to find help when I need it
- The clerks are too busy to help me
- I have seen clerks visiting with each other instead of helping customers
- I can never find anyone to tell me where the bathroom is located
- It took a long time to find the price of the item I wanted to purchase
- The clerk was rude when I tried to return an item

Think about a time you waited for a repairperson or service technician to arrive.

- I had to be home between 8 A.M. and 5 P.M.
- I have had to wait for another visit because the service wasn't done correctly the first time
- It cost more than I was quoted over the phone
- They did not clean up their mess
- I never used that same company again

Think about a time you were overcharged for items, or returned your purchase.

- The company apologized
- It took a long time for them to credit my card
- I returned an item for "store credit only"
- I have received a late notice even though I paid the bill
- I never went back to that store

Total the number of boxes you checked: _____

SNF Risk Management through Person-Centered Care

Carol Marshall, MA

Customer service in long-term care facilities involves two key aspects: properly educating families about the realities of SNF living, and handling adverse events appropriately. The financial health of a facility can depend on the prevention of a single lawsuit. ***SNF Risk Management Through Person-Centered Care*** will help facilities understand the components of an effective customer service program, realize the importance of risk management, and master several methods of reducing the potential for litigation.

This book will instruct facilities on how to develop an effective customer service program—using person-centered care to build partnerships with residents, families, staff, and the media; improve a facility's reputation; and decrease the likelihood of lawsuits.

This resource will help facilities:

- Measure customer satisfaction
- Master the eight-step plan to deal with difficult family members
- Enhance their facility's reputation
- Train staff to provide top-notch customer service
- Build positive working relationships with residents, families, and staff
- Develop an effective customer service program using person-centered care
- Build partnerships with residents, families, staff, and the media
- Decrease the likelihood of lawsuits

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