

TRUTH of the MATTER

by Lane Bowen



Customer and Employee Satisfaction: Focusing Our Efforts

As we review our customer satisfaction survey results from this year's My Innerview survey, we all see opportunities for improvement. It is important to take this information and translate it into action. Do you have a focused strategy to

improve your customer satisfaction scores? Do you know what factors most drive recommendation of our centers to others? The National Research Company gives us insight into these drivers through the data they compile from My Innerview surveys of over 5,500 caregivers, residents and family members each year. Through their analysis of this data, we can measure our progress by important national benchmarks and learn how to improve our rankings through the key factors that drive recommendations of nursing centers.

National Customer Satisfaction Benchmarks

It may surprise you that on average, 89% of residents and 87% of families rate their nursing center as "excellent" or "good." These positive scores are in direct opposition to popular belief of low satisfaction in nursing center care, quality of life and services. It is important to know how your center ranks against this national benchmark. Our division as a whole received a score of 91% "excellent" or "good" for overall satisfaction from residents and 85% "excellent" or "good" for overall satisfaction from families.

Factors That Drive Recommendations to Others for Care

Whether our scores are above or below the national average, there is always room for improvement. This data provides clear direction through key factors that have been proven to drive recommendations.

The factors most correlated with recommendation to others are heavily focused on the care the resident receives (care/concern of staff, competency, etc) and less on factors related to quality of services (dining, maintenance, etc.) or quality of life (safety, privacy, etc.).

Items Most Correlated with Recommendation to Others

Family	Resident
Care (concern) of staff	Care (concern) of staff
Competency of staff	Competency of staff
Choices/preferences	Responsiveness of management
RN/LVN/LPN care	Choices/preferences
Responsiveness of management	Safety of facility
CNA/NA care	RN/LVN/LPN care
Respectfulness of staff	CNA/NA care
Safety of facility	Respectfulness of staff
Adequate staff to meet needs	Attention to resident grooming
Resident-to-staff friendships	Commitment to family updates

National Employee Satisfaction Benchmarks

On average, 65% of nurses, 63% of CNAs and 67% of all workforce employees rank their *overall satisfaction* with their employer as "excellent" or "good." Feedback improves slightly when asked to *recommend as a place to work* with 65% of nurses, 66% of CNAs and 69% of overall workforce providing a rating of "excellent" or "good." This increases even more when asked to rate *their recommendation of their facility to receive care*, with 75% of nurses, 74% of CNAs and 76% of overall workforce providing a rating of "excellent" or "good." Our centers' employee satisfaction scores are received at least bi-annually. It is important to know how your employees' scores compare to both this national benchmark and your prior survey results.

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Items Most Correlated with Recommendation to Others		
Nurses	CNA	All Other Employees
Care (concern) of management	Care (concern) of management	Care (concern) of management
Attentiveness of management	Attentiveness of management	Attentiveness of management
Assistance with job stress	Assistance with job stress	Assistance with job stress
Safety of workplace	Safety of workplace	Safety of workplace
Quality of resident-related training	Adequacy of equipment/supplies	Fairness of evaluations
Fairness of evaluations	Care (concern) of supervisor	Staff-to-staff communication
Appreciation of supervisor	Quality of resident-related training	Respectfulness of staff
Adequacy of equipment/supplies	Communication by supervisor	Care (concern) of supervisor
Quality of family-related training	Fairness of evaluations	Communications by supervisor

Note that the top four items most correlated, in order of importance, with recommendation to others are the same for all three groups of employees.

While improvement in any key metric of customer or employee satisfaction is good, we need to focus on improvement in the areas that matter most to our customers and employees. That is where we will receive the greatest return for our efforts. Employee satisfaction is correlated to customer satisfaction. Refer to these charts throughout the year to keep those key focuses top of mind. Thank you for the improvements you have made and keep striving for service excellence.

Respectfully,



Lane Bowen, Executive Vice President and President, Nursing Center Division

Kindred Is Again noted as the Top Corporate Sponsor for End to Alzheimer's !

Gloria J. Jelinek, RN MSN JD Vice President Regulatory and Quality Management

Kindred achieved the top corporate fundraiser award during the recent Louisville Walk to End Alzheimer's! The final goal of \$20,000 was an increase of 30% over last year! **This marks the fifth year in a row that the Kindred Support Center has received this honor.** Congratulations and thank you to everyone who continues to make this annual fundraising campaign a smashing success. In our centers we are reminded every day how important it is to fight this deadly disease.



A = Always smile and make eye contact.

Introducing Dr. Rothman as Senior Vice President and Chief Medical Officer for the Nursing Center Division



Dr. Keith Krein, Senior Vice President and Chief Medical Officer for Kindred Healthcare, Inc., Nursing Center Division will be moving to a new role as Senior Vice President of Medical Affairs, effective the end of this year. In this capacity, Keith will have a reduced schedule and will focus on special projects for the Division and supporting Kindred's advocacy for

Skilled Nursing with policy makers.

We are pleased to announce the appointment of Dr. Marc Rothman as Senior Vice President and Chief Medical Officer for the Nursing Center Division, effective November 14, 2011. Dr. Rothman will report directly to Lane Bowen. Most recently, Dr. Rothman has been a practicing geriatrician with The Permanente Medical Group at the Kaiser-Permanente San Francisco Medical Center. Marc is a specialist in internal and geriatric

medicine, clinical epidemiology and long-term care. In San Francisco he led the Kaiser-Permanente post-acute service and attended to patients residing in our Tunnell and Lawton Centers.

Dr. Rothman obtained his BA at the University of Wisconsin, Madison and his MD at the New York University School of Medicine. He did a residency in internal medicine at Yale New Haven Hospital, followed by fellowships in geriatric medicine, clinical epidemiology and aging research at Yale University. Marc is a member of the American Geriatrics Society, American Medical Directors Association, American College of Physicians, and the Society of Internal Medicine.

Dr. Rothman and his family will be relocating from San Francisco to Louisville.

Welcome Dr. Rothman to the Nursing Center Division and Kindred!

Digital Information Board (DIB) Reminders

If you haven't recently reviewed the presentation currently playing in your lobby, please take a few minutes do so to verify the content is up to date. Updated slides are posted on the Service Excellence Web site periodically. All updated presentations and individual slides are available to incorporate into your presentation.

Go to Knect -> Nursing Center Division -> Service Excellence -> Key Supplies and Resources -> Link to Digital Information Board Resources or visit the URL link below for all the information concerning your DIB board:

<http://legacyhome.knect.com/content/healthservices/Service%20Excellence%20Website/DIB.shtml>

- Updated single slides are on the website – replacement rehabilitation slides for RehabCare, specialty program slides, updated corporate statistics, 'I Stop for Call Lights' slide, and updated AHCA award numbers.
- The holidays are coming up – be sure to post dates and times of special events for all patients, residents and visitors to see.
- For those who have recently had a facility name change, be sure those slides reflect your new name.

Awards and Accolades

2011 was a year we can all be proud of. So many of our staff, facilities, and our division and company have received recognition either in at a community, state, or national level. Below are a few more we have received in the last few months.

Lane Bowen Elected AHCA Secretary/Treasurer

Our own Lane Bowen, President of Kindred's Nursing Center Division, has been elected Secretary/Treasurer and a member of the Executive Committee of the American Health Care Association (AHCA) Board. Previously, Bowen was elected to the AHCA Board of Governors in October 2007 for a two-year term, and was re-elected in October 2009.

2010 Excellence in Action Award Winners for Customer Satisfaction

This honor recognizes nursing homes that achieve the highest levels of satisfaction excellence, as demonstrated by overall customer satisfaction scores that fall within the top 10 percent of My InnerView's database – the largest skilled nursing facility database of its kind in the U.S.



Royal Oaks Health Care and Rehabilitation Center, Indiana

Kindred Transitional Care and Rehabilitation – Harrison, Indiana

Kindred Transitional Care and Rehabilitation – Indian Creek, Indiana

Kindred Transitional Care and Rehabilitation – Beacon Hill (formerly Northwest Continuum Care Center), Washington

Fairpark Healthcare Center, Tennessee

Guardian Care of Zebulon, North Carolina

Kindred Nursing and Rehabilitation – Brigham, Massachusetts

Kindred Transitional Care and Rehabilitation – Eliot, Massachusetts

Parkway Pavilion Healthcare, Connecticut

Westgate Manor, Maine

Kindred Nursing and Rehabilitation – Canyon West, Idaho

Kindred Nursing and Rehabilitation – Mountain Valley, Idaho

Golden Gate Healthcare Center, California

Seacoast Nursing and Rehabilitation Center, Massachusetts

Kindred Transitional Care and Rehabilitation – Smith Ranch, California

Kindred Transitional Care and Rehabilitation – Castleton Director of Nursing Services Receives Statewide Honors

Paula Curran, RN, Director of Nursing Services at Kindred Transitional Care and Rehabilitation – Castleton, received the Governor’s Distinguished Service Award from Kindred Indiana VP Lester Bohnert on Monday, October 24. Paula received this award from Gov. Mitch Daniels for her years of dedicated service. She also was named the 2011 Nurse of the Year for Indiana as part of the Indianapolis Star’s Salute to Nursing. She also received the Lifetime of Compassion Award as part of the Salute. She was one of six chosen for the Lifetime of Compassion Award from over 600 nominations and then chosen Nurse of the Year from those six.



Congratulations to all!

The Medicare Help Line is Taking Calls

Tami Johnson, Director of Case Management Services

Sometimes it is important to get an answer to a question quickly when it comes to Medicare and other Case Management-related questions. For your convenience, Kindred now offers a Medicare Help Line. The Help Line is located at the Support Center and manned five days per week between 8 a.m. and 5 p.m. EST. This call center can help answer your Medicare and MDS-related questions. It is staffed by people trained in Medicare services, MDS completion, and Case Management. When you call, you will either talk to a representative or be asked to leave a voicemail. Remember to leave a detailed message along with the best time to reach you; this will allow us to obtain the necessary information to respond to your call effectively. We respond to your question either through email or by phone as quickly as possible. Today, we are fielding between 20-30 calls per day. Quality care starts

with knowledge. With a clear understanding of the decisions around skilled care, we can all be confident that we are providing the best care and documentation for every patient we treat. Be on the look out for new online orientation classes for Case Management Coordinators and MDS-Nurses. It is just one more way we are expanding our services to help you make a difference for the patients and customers in your center.



**Medicare Help Line
502.596.2200**

CENTER HIGHLIGHTS

At the Reflections Unit at Kindred Transitional Care and Rehabilitation – Milwaukee, Certification Equals Comfort

Gloria J. Jelinek, RN MSN JD Vice President Regulatory and Quality Management

What does it take to offer world-class Alzheimer's care? Just ask Jennifer Anderson, BSW and Reflections Program Coordinator. Jennifer has worked on the 41-bed unit at KTCR-Milwaukee for 10 years as the social worker, but in April asked for the opportunity to transform the unit into what she believed great (not good) Alzheimer's care to be.

In true "it takes a village" style, all of the staff on the unit collaborated to revitalize their mission and redefine their goals. Ultimately, they agreed that they wanted an environment that offered stimulation, comfort and opportunities for social engagement to residents and their loved ones. The result of their commitment is obvious to all – residents talk and laugh with staff, visitors and each other.

As you tour the space, you will find several different activities taking place in throughout the area – you may attend the Garden Club or engage in an exercise group – or you may choose a solitary activity that replicates your lifelong routine. Indeed, the highlight of any visit is the innovative Sensory Room, in which four different and distinct "workrooms" hold the attention of residents and visitors alike. Through donations from staff and

families, Jennifer and her crew were able to stock a kitchen complete with non-working stove and cabinets, and workbench where residents and staff work together on projects such as making bird houses, as well as a nursery and a washroom. Utilizing Montessori methods, each area stocks laminated cards that offer conversation starters to families and staff that are relevant to the activity. The Sensory Room is always a hub of joyful activity.

There have been many desirable outcomes from the transformation on the Reflections Unit. The amount of psychoactive drug use has been reduced, and, unlike other dementia units, KTCR has attracted a different type of admission – individuals with some cognitive impairment who require rehabilitation after a hospital stay, and who will eventually go back to their prior living arrangements. The staff on the Reflections Unit will tell you that the best outcome of all is the sound of laughter emanating from the gathering areas that have become commonplace on this exemplary program!

The Reflections Program achieved Kindred certification for the first time in October with flying colors!



Point Click Care Progress

PCC is now live at Kindred Transitional Care and Rehabilitation – Crawford and Kindred Transitional Care and Rehabilitation – Bay View. Please see the updated rollout schedule for 2012 and beyond, as well as other news and information about PCC at Knect → Nursing Center Division → SPARC .

<http://legacyhome.knect.com/content/healthservices/SPARC%20Website/index.shtml>



KINDRED AND INDUSTRY RELATED NEWS

Physiologic Insulin Therapy, The New Best Practice Part 1

Adapted from an Article by Don Zettervell

Submitted by Kathy Silliman, RN

There has always been a struggle in the management of patients with diabetes. How do we reach A1c goals of less than 7% and at the same time avoid hypoglycemia? Are we allowing fear of hypoglycemia let us get too comfortable with hyperglycemia? Most protocols for managing high blood sugars require contacting prescribers when glucose levels exceed 300 or even 400mg/dl. Since symptomatic hyperglycemia starts at glucose levels of 180mg/dl, allowing blood sugars to elevate to such levels proves the point that we are too comfortable with hyperglycemia. On the other hand, no one would suggest a prescriber be contacted every time blood sugars are above 180mg/dl.

There is also the problem of giving sliding scale insulin when blood sugars are deemed too high, especially when it's being discouraged by AMDA, ADA, AACE and the State Operations Manual. Yet, 84% of patients entering a nursing facility from a hospital setting on sliding scale insulin remain on it for the duration of their stay and more than ½ of all patients using insulin have standing sliding scale orders. So what are we to do? There is a new approach that is rapidly becoming the treatment of choice. It comes from understanding how the body normally handles glucose and then applying those principles to insulin therapy. Simply put, it is physiologic insulin therapy. Since the body's insulin needs change

constantly, this means creating insulin protocols that provide consistent, yet flexible insulin dosing that can mimic normal physiology. This new approach has some very distinct advantages. Dosing flexibility can decrease unnecessary phone calls to prescribers, helps to minimize hypoglycemic episodes and most importantly improves glucose control in accordance to current standards of care. It all starts with understanding the basics of insulin physiology.

Physiologic Insulin Production

In the type 1 diabetes patient, it is the failure of the pancreatic beta cells that results in a total lack of insulin production. Treatment simply requires replacement of the missing insulin the way a normal pancreas would. In the type 2 patient, it's more complicated. Insulin resistance leads to abnormalities in metabolism with decreased glucose uptake and increases in hepatic glucose production. Over time, beta cells gradually fail and insulin production declines. Since oral therapies depend on sufficient beta cell function to meet insulin demands their decline in effectiveness should be anticipated. When should insulin be added? A rule of thumb that is often used is that when glucose levels cannot be maintained at target levels using three or less oral agents then insulin is needed. Using insulin that matches the physiologic need clearly

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provides the most optimal glucose control and minimizes the risk of hypoglycemia. It's all about when injected insulin activity peaks and how long it lasts. In other words, when the peaks in activity and duration of action do not match the physiologic need, wide fluctuations in glucose will result as with sliding scale methodology. When this is kept in mind, it's easy to understand why NPH and regular insulin have given way to the more physiologic rapid and basal insulins as the therapy of choice.

Physiologic insulin therapy has arrived! Although we have been very comfortable with conventional insulin therapies, these therapies are a physiologic mismatch and the cause of most of the hypoglycemia problems we fear. It is the action duration mismatch that increases demands on staff and increases phone calls to prescribers. Embracing change is

what is needed, starting with basal / prandial rapid insulin therapy. It's a win-win situation: A1c values improve, there are less episodes of both hyper and hypoglycemia with more stable blood sugars. This will decrease the need for multiple finger sticks, eliminate the need for sliding scales and decrease demands on staff. In other words, it improves everyone's quality of life! Watch for the change – physiologic insulin therapy is on its way.

For more information on basal insulin, visit Sanofi Aventis's website at www.LTCdiabeteshelpteam.com. Also available is the resource guide, Kindred Keys to Diabetic Management Using Basal Insulin. If you do not have a copy or wish to order another copy, contact United Graphics at 800.481.1677.

NEXT ISSUE

The next NCD Happenings will be published in March 2012. If you have story ideas or content suggestions that could be used for the next newsletter, please submit your entry to kimberly.beach@kindredhealthcare.com by January 20, 2012.

**NCD Happenings can be found online at:
KNECT -> Nursing Center Division -> Publications
Please access and print additional copies of the newsletter
for distribution as needed.**



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ANGELS is a way of thinking and a communication style that is used by everyone in the Nursing Center Division. It lets others know we respect them, that we welcome guests, and it communicates our desire to make our customers happy.