

TRUTH of the MATTER

by Lane Bowen



Each and every day, when I walk into the Support Center, I am greeted by Charles Purvis. “Hey, hey, hey, how are you today?” or some similar rendition, can be heard across the atrium or courtyard. Over the years, rain or shine, regardless of the season, Charles greets me in the same buoyant, encouraging manner. It’s always a beautiful day to Charles. On

my “good” days, I engage Charles in friendly banter. On more stressful mornings, I try to manage a smile and a brief greeting. I confess that Charles may be the only person to see me smile on those mornings!

Charles welcomes each and every person he encounters throughout the day in this same fashion. It doesn’t matter to Charles what position an individual has here. A few weeks ago, on a particularly trying morning, I was observing Charles as he went about his duties as building steward, replenishing supplies and attending to the small details that allow us all to feel pride and comfort in our surroundings. What would motivate someone to always approach life in such a positive way? Did he live some sort of charmed life, free of the disappointments and challenges that the rest of us experience? Did he realize the impact he had on each of us?



Charles Purvis

These days, when I listen to talk of culture change, I think of Charles. I wonder how many people like Charles work in our centers. What effect would such an approach have on the comfort level of our patients?

Many people relate culture change to the physical plant, or the actual building. While the structure of your center reflects the way nursing homes are regulated and the way we have traditionally provided care, *real culture change is about the way we interact with each other*. CMS refers to this as the “psychosocial environment.” An appropriate psychosocial environment would be one that reinforces the independence and individuality of each patient.

Remodeling a building does not change the culture of the people inside of that building. After all, repainting or adding televisions is like changing your hairstyle or clothing choices. What we find attractive today may change next year or next month! Changing our culture is much more lasting — it’s about changing attitudes, about what we find meaningful in our lives.

In deeper conversations with my friend Charles, I have found that like many others, he has experienced the loss of a job that he believed he would retire from. He has encountered many hardships and heartaches. Charles has made a conscious choice to welcome each day with open arms. He says that when he joyfully greets each individual he encounters, the smiles and kind words “bounce back” to him, making his load just a little bit lighter.

As President of HSD, it is my responsibility to set the goals and expectations for the division. I will be talking more about culture change in the coming months. In the meantime, I challenge you to explore how you can translate Charles’ example into your everyday work life here at Kindred. I will be doing the same. As always, I want to hear from you. Until then,

Respectfully,



Lane Bowen, Executive Vice President and President, HSD

FOCUS ON CORE VALUES AND PRINCIPALS

It All Starts With a Loyal Customer

by Barry Somervell, Senior Vice President, Sales and Business Development

As we evaluate ourselves and look at the census trends in our centers, it is more evident than ever that the referral customer makes a huge difference in the health and well being of a facility.

In our business, there is no product to see, touch or hold. We have only the services that we provide and the degree of satisfaction the customer receives from the care we give. Our patient families provide the best source of feedback we have – there is no doubt about it.

Every patient, family or referral source interaction is an opportunity to create either loyalty or merely satisfaction. We have to strive for loyalty from our patients, families and referral sources. In order to accomplish loyalty, the service has to go further than just meeting the needs, it has to venture into the pleasantly unexpected. We all know from our own experience that the businesses who gain our loyalty or that we recommend to others provide that “extra something” that earns our devotion.

When letters or personal comments come our way, they are always for something that was done beyond the norm – something that was extraordinary. Those occasions of recognition or referral of another patient are a result of our best growth tactics, the delivery of outstanding patient care.

We must continually focus on delivering the extraordinary. In the future we will use this section of the newsletter to celebrate the successes that you achieve with our patients and provide insight and resources to help generate even more success.

Growth feeds our organization and provides for even more resources to support our great patient care, but none of that comes without loyalty from those we serve. Nothing we do is more important than the delivery of great patient care in a fashion that exceeds satisfaction and generates loyalty. ***Let us not forget that it all starts with a loyal customer – be extraordinary!***

Kindred Healthcare’s mission is to promote healing, provide hope, preserve dignity and produce value for each patient, resident, family member, customer, employee and shareholder we serve.

We're ALL EARS!!

by **Kimberly Beach, Vice President, Operational Systems**

We all work hard everyday to do the best job we can for our customers. Using their feedback helps us to understand what we are doing well and what we can do to improve. Listening to our patients, residents and families is a very important part of our commitment to Service Excellence.

Kindred, along with numerous other long term care providers, uses My InnerView to conduct our Resident/Family Satisfaction Surveys. Our next survey will be mailed to respondents in early October* and we want to get the best feedback possible. So how can we spread the word? Take a look at these ideas:

1. Complete an implementation plan for your center's survey.

Designate an individual to manage your survey. Although most employees will be involved, having one person "in charge" of the survey will help ensure that critical steps will not be missed.

2. Select the proper respondents.

When determining who should receive the survey, use these guidelines:

- **First Choice** – The resident or patient
- **Second Choice** – A family member or friend who regularly visits the center
- **Third Choice** – A family member who is not able to regularly visit but keeps in touch with the resident or patient.

3. Spread the word!

- Announce it in all-staff meetings.
- Display or hand out the "All Ears" flyer.
- Send a pre-survey letter to respondents asking them to complete the survey.
- Announce the survey in Resident and Family Council meetings.
- Have your Angels discuss it during visits with their resident or patient.



4. Assure respondents that their responses are confidential.

5. Extend an invitation for respondents to meet with the ED, DNS or the designated survey manager should they have questions or specific issues.

6. Share the prior year results and the actions that have been taken for improvement.

Knowing that their response will make a difference makes it more likely that they will provide their input.

Our goal is to provide outstanding care and Service Excellence. Listening to our residents, patients and families and then using Process Improvement to make changes is one way we can honor that commitment. **Help us to spread the word – after all – "We're All Ears!"**

* A complete schedule can be found on the Service Excellence site on Knect.

EMPLOYEE SHOWCASE

Transitional Care Center Promotional Opportunities Announced!

by **Peter Corless, Senior Vice President, Human Resources and Administration, HSD**

We have an exciting new career opportunity for Executive Directors and Directors of Nursing to earn a promotion to be a Chief Executive Officer (CEO) or Chief Clinical Officer (CCO) at a Transitional Care Center (TCC). Pictured are the first two recipients of these new titles, Linda Whyde, CEO and Becky Nash, CCO from Eagle Creek in the Central Region. Linda and Becky were also named the ED and co-DNS of the year, respectively, for the Health Services Division for 2009. Congratulations to both of them on earning these prestigious designations.

To qualify for promotion to the CEO or CCO positions and the pay raise and increase in incentive compensation that go along with it, the majority of following must be achieved:

- one year experience operating a TCC
- can articulate the center's strategic plan
- good Clinical Quality Review scores
- key Service Excellence components in place
- clinical program components operational
- attended Top Gun training
- operating at or above plan for survey performance, M2 census, EBITDARM, turnover goals and customer satisfaction goals

Twice a year, a Regional Senior Vice President may nominate a TCC ED or DNS who is meeting the above criteria for consideration for promotion to the CEO or CCO position. Upon receiving the nomination, a panel of Divisional Senior VPs and Lane review the submissions and decide who will be promoted.



Linda Whyde, CEO, Lane Bowen, Executive Vice President and President Health Services Division and Becky Nash, CCO

If you are not a current TCC Executive Director or Director of Nursing Services, it doesn't mean that you can't aspire to become a CEO or CCO. By building the service culture and M2 census, you can move your center to TCC status or you can look to transfer to a TCC as opportunities arise. Being a CEO or CCO is another way that we continue to invest in our people in response to the evolving SNF world.

KINDRED/INDUSTRY NEWS

The 2010 AHCA Bronze and Silver Quality Award Recipients for Kindred Have Been Announced

by **Barbara Baylis, RN, MSN, Senior Vice President Clinical Operations**

I am pleased to announce that Kindred Healthcare Health Services Division has 23 nursing center recipients of the 2010 Bronze – Commitment to Quality Award and nine nursing center recipients for the 2010 Silver – Achievement in Quality Award. The awards are presented by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL).

This year 701 nursing homes and assisted living communities from across the nation applied for the Bronze Quality Award. Our 23 Kindred recipients were among the 501 organizations to receive the Bronze award. The AHCA/NCAL National Quality Award Program is based on the core values and criteria of the *Malcolm Baldrige National Quality Award Program*. Addressing the Award Criteria is not easy. Through the process the criteria helps center staff to think and act strategically. It helps them to align processes and resources and to engage their workforce, patients/residents, and stakeholders. These are worthwhile goals.

Nationally, 271 nursing homes and assisted living communities applied for the Silver Quality Award. Our nine Kindred recipients were among the 39 organizations to receive the Silver award. The awards will be presented to each award recipient during the AHCA/NCAL's 61st Annual Convention and Exposition, October 10-13, in Long Beach, California. Join me in congratulating the following Kindred Healthcare centers:

For the 2010 Bronze award, the following Healthcare Centers have been recognized:



Aurora Care Center
Aurora, Colorado

Bayberry Care Center
Concord, California

Brighton Care Center
Brighton, Colorado

Crosslands Rehabilitation and Healthcare Center
Sandy, Utah

Den-Mar Rehabilitation and Nursing Center
Rockport, Massachusetts

Federal Heights Rehabilitation and Nursing Center
Salt Lake City, Utah

Fifth Avenue Health Care Center
San Rafael, California

Goddard Rehabilitation and Nursing Center
Stoughton, Massachusetts

Greenbrae Care Center
Greenbrae, California

Hacienda Rehabilitation and Care Center
Sierra Vista, Arizona

Indian Creek Health and Rehabilitation Center
Corydon, Indiana

Lafayette Nursing and Rehabilitation Center
Fayetteville, Georgia

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Las Vegas Healthcare and Rehabilitation Center
Las Vegas, Nevada

Pickerington Nursing and Rehabilitation Center
Pickerington, Ohio

Sage View Care Center
Rock Springs, Wyoming

Santa Cruz Healthcare Center
Santa Cruz, California

Smith Ranch Care Center
San Rafael, California

**Specialty Healthcare and Rehabilitation
Center of Mobile**
Mobile, Alabama

Sunnyside Care Center
Salem, Oregon

The LakeMed Nursing and Rehabilitation Center
Painesville, Ohio

Vancouver Health and Rehabilitation Center
Vancouver, Washington

Walden Rehabilitation and Nursing Center
Concord, Massachusetts

Weiser Rehabilitation and Care Center
Weiser, Idaho

**For the 2010 Silver
award, the following
Healthcare Centers
have been recognized:**

**Brentwood
Rehabilitation and
Nursing Center**
Yarmouth, Maine

**Forestview Nursing
Home of Wareham**
Wareham, Massachusetts

Greenbriar Terrace Healthcare
Nashua, New Hampshire

**Ledgewood Rehabilitation and Skilled Nursing
Center**
Beverly, Massachusetts

Loudon Healthcare Center
Loudon, Tennessee

Oakwood Rehabilitation and Nursing Center
Webster, Massachusetts

Parkway Pavilion Healthcare
Enfield, Connecticut

The Village at Laurel Lake (Assisted Living Facility)
Lee, Massachusetts

Windsor Rehabilitation and Healthcare Center
Windsor, Connecticut



***A big round of applause and hearty
congratulations to everyone involved.
Great job!***

ANGELS = Listen carefully and respond, "It's my pleasure."

MDS 3.0 and RUGs IV – You Are READY!

by Tami Johnson, Director of Case Management Services



As we enter September, we are fast approaching the implementation of the MDS 3.0 and RUGs IV on October 1. This will represent the single

greatest change in the MDS process in over 15 years. Kindred has devoted significant training time to this process with all centers to ensure that staff is prepared for the change. However, successful implementation rests with how well the center implements and adopts new standards of operation.

In the training, we asked participants to do a few things.

- First, reduce the lag time between assigning an ARD, finishing an assessment and transmitting that assessment. That time frame should be less than two weeks. We asked you to put backup plans in place to have people to complete the MDS process during vacations and times of high admission volume.
- Second, we have asked that every center have two people with log-ins to transmit MDSs. That does not require both individuals to have modems. It just requires that the center has two people who have CMS-generated passwords to transmit MDSs. If you do not, please work with your DDCM to secure two log-ins.

- The next most important step involves how the center manages MDSs and Case Management. On October 1, centers should discard outdated forms and processes and implement the new tools trained during the RUGs IV training. If your center spreads tasks over multiple people, we encourage you to standardize the Case Management process. Having one person to oversee this complex process ensures that pieces have not been dropped. Effective RUGs management, discharge planning and customer service are important to ensure your center is ready for the future.
- Finally, by October 1, 2010 every person who completes a portion of the MDS process should have completed their assigned sections of the MDS Guru and completed and passed the MDS competency examination. These scores should be recorded inside of LMS.

If your center is doing these four things, you are well on your way to a successful implementation of the MDS 3.0 and RUGs IV changes. Kindred has provided over five days of training to every MDS Nurse and Case Manager. In addition, training has been provided to Executive Directors, Directors of Nursing, Social Workers, Nutritional Services, Activities, Business Office and Rehab just to name a few. We are ready to make the change, but it will require attention to detail and standardization of practice. We are proud of the training efforts in the field. Now, let's implement and have a successful 2011! **Thank you for your hard work.**

***Be sure to keep current with the most up-to-date
MDS 3.0 information on Knect →
Health Services Division → MDS 3.0***

2010 –2011 Influenza Season

by Kathy Silliman, RN, Clinical Program Developer

The CDC Advisory Committee on Immunization Practices (ACIP) is recommending that, starting this fall, the Influenza vaccine be given to everyone, regardless of age or risk factor for influenza. This dosage of a “universal influenza vaccine” is recommended in hopes of alleviating some of the confusion and logistical difficulty of identifying high-risk groups, as well as simplifying the message for the public. It also reflects the fact that people under the age of 65 are at much higher risk for complications and death from H1N1.

For the 2010-2011 flu season, the seasonal flu vaccine will include protection against the 2009 H1N1 flu virus. Barring some unforeseen circumstance, most Americans will be able to return to having one flu vaccine to protect them against the major circulating flu viruses. Younger children who have never had a seasonal vaccine will still need two doses.

It is recommended that the following viruses be used for the influenza vaccines in the 2010 – 2011 influenza season (northern hemisphere):

- A/California/7/2009 (H1N1)-like virus;
- A/Perth/16/2009 (H3N2)-like virus;
- B/Brisbane/60/2008-like virus.

Symptoms of Flu

People who have the flu often feel some or all of these symptoms:

- fever or feeling feverish/chills – *it is important to note that not everyone with the flu will have a fever*
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (very tired)
- possible vomiting and diarrhea, though this is more common in children than adults.

How Flu Spreads

Most experts believe that flu viruses are spread mainly by droplets when people with flu cough, sneeze or talk. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose. You may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Most healthy adults may be able to infect others beginning one day before symptoms develop and up to five to seven days after becoming sick. Some people, especially children and people with weakened immune systems, might be able to infect others for an even longer time.

Preventing Seasonal Flu: Get Vaccinated

The single best way to prevent the flu is to get a flu vaccine each season. There are two types of flu vaccines:

- The “flu shot”– an inactivated vaccine (containing killed virus) that is given with a needle. The seasonal flu shot is approved for use in people six months of age and older, including healthy people, people with chronic medical conditions and pregnant women.
- The nasal–spray flu vaccine – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for “Live Attenuated Influenza Vaccine”). LAIV is approved for use in healthy people two – 49 years of age who are not pregnant.

Good Health Habits Can Help Stop Germs and Prevent the Flu

- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too. If possible, stay home from work, school, and errands when you are sick.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Washing your hands often will help protect you from germs.
- Avoid touching your eyes, nose or mouth with something contaminated with germs.
- Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

INDUSTRY HIGHLIGHTS

Working to Reduce Avoidable Re-Hospitalizations

by **Sally L. Brooks, M.D., AGS-F, FACP, Vice President, Medical Director**

As a quality improvement initiative, our centers are focusing on reducing avoidable re-hospitalizations. This provides an opportunity to fortify our clinical processes, increase our customer service and improve our referring partner relationships.

There are chronic conditions where we may make a preventive impact. Research reveals that the percent of SNF admissions re-hospitalized within 30 days for any reason is 17.7%. (Dr. Andy Kramer, University of Colorado research.) The majority are due to the following five conditions:

- Congestive heart failure 7.9
- Electrolyte imbalance 6.8
- Respiratory infection 4.6
- Sepsis 2.4
- Urinary tract infection 4.7

MedPAC and CMS are discussing the addition of “avoidable re-hospitalizations” as an SNF Quality Indicator. They have already implemented these metrics with payment penalties in hospital systems. The final diagnoses and metrics for skilled nursing facilities are yet to be determined. As with many things “geriatric,” there are a variety of reasons contributing to the potentially avoidable re-hospitalization. The following are factors that impact the decision to transfer a patient to the Emergency Department or hospital:

- Physician involvement and availability
- Diagnostic testing availability
- Nursing assessment skills
- Clinical competencies of SNF
- Nurse/physician communication and understanding

- Advance directives, surrogate decision making, end-of-life planning
- Family expectations
- Transition issues – accurate transfer data and medical info, continuity of care

The patient or resident can suffer “transfer trauma” as hospitals are not always equipped to deal with the frail elderly. Hospitals are “acute care” facilities, but skilled nursing and rehabilitation facilities are adept at managing chronic conditions and all unique psychosocial aspects.

Consider a patient or resident’s experience with an ambulance ride, a long wait in the Emergency Department, prolonged time on a stretcher, unfamiliar surroundings, confusing and disturbing sounds and strange new caregivers. This is heightened if sensory aids such as eyeglasses or hearing aids are left behind. This can all add up to an experience that can actually have a negative impact on one’s overall well-being. Studies reveal that an acute confusion episode, or delirium, often ensues with subsequent depression, anxiety, anger, perceived loss of control, fearfulness, sleep disturbance, pressure sores, infection, a loss of trust, a change in eating habits, increased falls and insecurity. Full recovery from this episode often takes much longer than the incident itself.

Focusing on reducing avoidable hospitalizations is a quality measure that encompasses many processes we all touch daily. Think about how you can positively impact our residents each and every day through preventive approaches.

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

CENTER HIGHLIGHTS

Healing Environments

by Pamela Burks, HSD Designer and Project Coordinator

As we implement the plans for this year's group of Transitional Care Unit projects, our focus remains on creating a healing environment for our residents and a warm welcome for their families. Color palettes are based on natural elements: earth, sky and water, with patterns that reflect nature. New artwork contains images our residents will recognize: people engaged in familiar activities in regionally accurate settings, local historic photographs, and hobbies. We are using images that tell a story, stimulate memories and engage the viewer.

One of the most critical qualities of a healing environment, and perhaps the most difficult to achieve, is QUIET. A quiet environment supports the sleep that

is essential to healing and helps reduce stress and over-stimulation in both residents and staff. From the physical plant perspective, we are looking for every opportunity to reduce the noise level in our facilities by incorporating sound attenuation measures wherever practical into the designs for our refurbishment projects: sound-absorptive panels, carpet, acoustical ceiling tile, and screen walls. Caregivers can contribute to noise reduction efforts by turning off TVs and music devices in unoccupied rooms, modulating voices when communicating in open spaces, and keeping overhead paging to a minimum.



Memory Walk Time!

Be sure to sign up for the Memory Walk activities in your community. September and October are the perfect months to walk and to participate in a worthy cause at the same time. Encourage others – your co-workers, family, neighbors, and friends, even your pets – to join you in helping to fund a cure for Alzheimer's.

New Nursing Center Websites Are Coming!

by **Leslie Wright, Operational Website Consultant**

One of our 2010 projects for HSD involves updating each individual Nursing Center website. The process to develop a design, provide meaningful navigation, update images, and other tasks associated with website development has been finalized. An initial group of centers have been contacted for information specific to their centers. As input from centers is gathered and sites are built, another group of centers will be contacted and the process will continue until all centers are complete.

Creative Services has done a great job of revitalizing and polishing our web presence and we believe you will find the updates appealing and informational.

Our main Kindred Nursing Center website was updated last year, along with the main Kindred Healthcare site and our hospital websites. If you haven't taken a look at the new sites, please do so.



As part of our new website design, we are including employee testimonials and we need your input! Please email me with your testimonial on why you like working at Kindred so that we can share it with others. By submitting your story, you will be giving us permission to use your testimonial on our websites and in other Kindred publications. All submissions will be eligible for a random drawing for an iPod Shuffle! Please submit your story to me, no later than September 30. The winner will be contacted and featured in our December issue of HSD Happenings. **Good luck!**

email: Leslie.wright@Kindredhealthcare.com

Summer 2010 Digital Information Board Updates

by **Leslie Wright, Operational Website Consultant**

During the first week of July, an email was sent with information on updated slides for the lobby digital information board. Updates will be necessary from time to time based on new annual numbers, Quality Report releases, changes in programs, etc.

The process to update your existing presentation can be found on the Service Excellence website on Knect: Knect -> Health Services Division -> Service Excellence -> Key Supplies and Resources -> Link to Digital Information Board Resources.

This web page also contains general information on managing your presentation as well as

ordering info for supplies and accessories such as replacement cameras, additional SD cards, etc.

If you have any questions or issues regarding your digital information board, please email or call me. I will be glad to assist.

If you display photos on your board, follow these tips:

- make sure the border is the same on all sides
- photos should be close-ups of people
- be sure to add text that describes the event in the photo

NEXT ISSUE

The next HSD Happenings will be published in December 2010. If you have story ideas or content suggestions that could be used for the next edition, please submit them to leslie.wright@kindredhealthcare.com by October 15, 2010.

HSD Happenings can be found online on KNECT -> Health Services Division -> Publications. Please print additional copies of the newsletter for distribution as needed.



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