



NORTHERN
NEW ENGLAND

LEADS
INSTITUTE

A project of the
Paraprofessional Healthcare Institute

Leadership Stories

from Maine

The Voices of Direct-care
Workers in Culture Change

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A project of the
Paraprofessional Healthcare Institute

The Voices of Direct-care Workers
in Culture Change

Leadership Stories from Maine

Featuring:

The voices of the direct-care staff from Maine's LEADS sites:

The Cedars • Portland

Home Care for Maine • Farmingdale

Mid Coast Senior Health • Brunswick

Sandy River Home Resources • Portland

Springbrook Health Care and Rehabilitation Center • Westbrook



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Paraprofessional Healthcare Institute

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INTRODUCTION AND BACKGROUND



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The Voices of Direct-care Workers in Culture Change The Northern New England LEADS Project in Maine

The Northern New England LEADS (Leadership, Education, and Advocacy for Direct-care and Support) Institute involved twelve long-term care organizations in Maine, New Hampshire, and Vermont, in a regional culture change initiative.

Culture change is the name for the reform movement in long-term care working to change long-term care institutions into environments that nurture the people who are living and working in them. The central elements of culture change involve a shift in focus that gives a voice to residents/consumers and the direct-care workers providing

their care. A LEADS' goal was to help build a core of strong leaders among direct-care staff, supervisors and administrators who could learn together and implement policies and practices to support culture change in their organizations. The three-year grant-funded project was based on a successful model for involving direct-care staff and provided a combination of leadership development, skill training, technical assistance and public education activities.

Five long-term care organizations in Maine representing both facility-based and home-care providers were selected to join LEADS in 2005: The Cedars in Portland, Home Care for Maine based in Farmingdale, Mid Coast Senior Health in Brunswick, and Sandy River Health Systems' Springbrook Center in Westbrook and Home Resources in Portland. Each site started work on the LEADS project by forming a leadership team of staff from all departments and levels—direct-care/service, supervisors, and administrators. Members of each leadership team attended training programs and regional events and were responsible for overseeing the implementation

and communications of LEADS activities within their organizations.

Over the three-year project these organizations experienced culture change in many different ways. While firmly grounded in their commitment to quality care and a respect for the role of direct-care workers, each organization identified priorities and faced unique challenges on what came to be understood as the journey of culture change.

LEADS can best be described by the people who have taken part in it. The LEADS' Leadership Team has been a model for involvement and the project provided the opportunity for direct-care staff to demonstrate and define what it means to be a leader.

The Voices of Direct-care Workers in Culture Change was produced to highlight the role of direct-care workers and to capture a glimpse into the culture change journey through their experience and to present it in their words. When you read each section,

you will read more than a description of the activities implemented in these long-term care organizations. These direct-care workers are describing changes that have as much to do with their own role as committed caregivers and

growing leaders as they do with their organization and its care practices. The successes and challenges of the project are the successes and challenges each worker experiences every day.

Capturing these descriptions involved small group interviews with the direct-care worker members of the leadership teams and LEADS project workgroups within each organization. These employees are the full time direct-care staff who were willing to get involved and were identified by their administrators for a leadership role. Using an oral-history interview process each small group met with Jocelyn Barrett, a facilitator and writer. Their answers to a series of questions have been transcribed in such a way as to use their words – their voice—to describe LEADS and culture change. We hope that their honest and personal story will enlighten others to the valuable role direct-care staff can have in implementing and sustaining a culture of quality care, and that it provides insight into how to support a competent and compassionate direct-care workforce.

The funding from Jane's Trust and the Langeloth Foundation for the Northern New England LEADS Institute will end in 2007. Culture Change is expected to continue. The next and most important challenge for these

capable front line caregivers is to recognize their victories and strengths, and to continue to be leaders in their organizations. It is the challenge of the organizations, their administrators, nursing staff and co-workers, to continue to give them the tools, opportunities and support to build their skills and to apply them on the job every day. Everyone's commitment is needed to sustain what these individuals and organizations have achieved—here in lies the true meaning of culture change.

THE CEDARS

PORTLAND



Kim Lewis
CNA-Med Tech

The Northern New England LEADS project has engaged direct-care staff and brought together a lively leadership team at The Cedars in Portland.

The team includes Certified Nursing Assistant (CNA) Kim Lewis, CNA-Medical Technician (Med Tech) Joetta Manto, CNA Roxanne Pinkham and CNA Bethany Abbot. When the four women took time out of their busy schedules to sit and talk about their roles in the LEADS project it became clear that they are all invested in the program and in improving life for the residents and the staff at The Cedars.

Long-term care facilities like The Cedars have traditionally been run on a medical model and essentially viewed as extensions

of hospitals. This often results in institutional practices that put emphasis on tasks rather than residents. Direct-care employees have very little say in the policies and procedures, even though they spend the most time with the residents every day. Oftentimes this mindset at facilities is ingrained over so many years that change can seem impossible. LEADS initiatives like the Peer Mentor Program, Coaching Supervision classes and Resident-Centered Care provided the dedicated and insightful workers on the leadership team the tools and opportunity they needed to begin to make important changes.

The leadership team has celebrated successes, but is facing many challenges as they implement LEADS objectives to change the culture to one based on resident and staff needs. When given the time to step back from their hectic day-to-day in the facility and reflect on their experiences, these direct-care workers talked both about how far they've come and how far they have to go. They are proud of their successes, and for every challenge they face there are ideas to discuss and explore, and a commitment to see those ideas through until they, too, become success stories.

Respecting each other

Kim Lewis sees the potential positive outcomes of situations. Even when faced with a challenge, she can turn it around and make it a learning experience for everyone. She talks about improving communication at The Cedars, and how LEADS has helped the direct-care workers to develop the tools they need to keep that vital communication open and between themselves, the nurses and administration.

I always try to communicate in positive ways. I did that before LEADS started too, but since we learned the communication tools in the coaching supervision classes I know how to take a tricky situation and turn it around. Like, for example, I brought a complaint to someone on the other shift and the reply I got back was, “Well, you know, I’ve been finding a lot of wet beds at the end of your shift.” So there is still that defensiveness sometimes. But rather than get upset I said, “You know what? That’s not a good thing to be finding. Why don’t you give me the names of those people whose beds you found wet.” I wrote it all down and I said, “Thank you for sharing that with me. I can tell that you want to have really good care. I’ll take care of this problem, and you can take care of the one I was talking about and that’ll really improve things around here.” It diffused the

situation. Throwing criticism around doesn’t help anyone.

I’ve had people say that being a nurse manager is a tough job because the nurse manager is looked on as someone who’s supposed to fix every little thing. I have a lot of respect for how difficult the job is, but I’m going to keep asking questions and learning how best to talk to them so I can get what I need for my residents. Sometimes I have to be the one who stops and listens, and sometimes I have to wait and be patient but I know I need to have a good working relationship with everyone even if it’s not always easy. I think the CNAs are advocating more for each other now than they were before LEADS started. I know the Peer Mentors, when there’s a problem, will advocate for the other CNAs and I think that people appreciate it.

I also think a lot of the communication and the recognition from the nurses depends on who you’re working for and how stressful the day has been. And since we started LEADS that has gotten better. Last week I went and worked on a different floor. I felt so good because at one point I told the nurse on duty that I had observed something wrong with a resident. I went to the nurse and said, “I really think this resident may have broken her hip.” I pointed out what I had noticed to her and she said,

“Good call. I’m having that X-rayed.” At the end of my shift I told her that it had been nice to work for her. She looked me right in the eye and said, “Oh no, you don’t work for me, you work with me. You did a great job. Come back any time.” Well, that’s the sort of thing that stays with you and makes you feel good for a long time.

Giving honest feedback

One thing that’s become clear through the LEADS project is that often what makes a person a leader in this field is that he or she is the one in the room who is willing to speak up. Speaking up means standing up for the choices you make in your daily work, it means going to bat for another worker and it also means being a full participant in programs like LEADS. Workers can only be full participants when they not only commit to the successful parts of the program, but also keep pushing for ways to make it better. LEADS could not be successful, in fact couldn’t even exist, without the insight of workers like Roxanne Pinkham and Bethany Abbot. As Joetta says, it’s the CNAs who work “where the rubber meets the road” and so their insight into the reality of the work is a key component in LEADS. Roxanne has been with The Cedars, working on the floor,

for the last twenty years. Beth is relatively new to The Cedars as a staff person, but spent time there as an agency worker who helped to keep things running often on the most difficult days. They work in different units, and both are trained as LEADS Peer Mentors.

Roxanne’s hard work and the fact that she has such a long history at The Cedars have contributed to the progress LEADS has made. Her experience and her role as a peer mentor position her as a leader who is willing and able to speak her mind. While Roxanne appreciates how far they have come with the LEADS project, she is still looking ahead and standing up for her ideas about what needs to happen to keep improving the facility that she’s been with for so long.

In this job it’s simple: you have good workers and not-so-good workers and you try to make the not-so-good workers better. That’s what the Peer Mentor program is. It gives us a chance to show them how to do things and do them right. A lot of times the training doesn’t show them the right way to do things. I help run the Peer Mentors on my floor. We have six of them total that do the program. I had a class of 7 that graduated but only 2 stayed with us. When new employees come in we assign them with a peer mentor and they stay with them through orientation and

through their first couple of weeks; how long depends on what they need. They have a peer mentor that they can go back to and ask questions, and, if they need it, will help them with their work. It's better than just throwing them to the wolves. The ones that stayed have worked out good. Hopefully, the next crew will, too.

We're still having problems with the program, and I think it's making it hard for us to do it right. One thing that I've been asking for is that the peer mentors get to interview the incoming students. Right now the CNA classes are interviewed through a job program; they aren't interviewed by people who actually do the work that they're applying for. That doesn't make any sense to me. What ends up happening is that a lot of the people taking the class don't have a clue as to what this job really is about. Then when they get out on the floor and see what it's really like, we lose them.

Sometimes after someone's been doing this for two months we'll realize that they're just not cut out to do it. At that point, I think they should be let go; it's for everyone's good. I don't know. I've been here for twenty years and most people can learn if you give them time and you help them out, but some just aren't cut out for this work. But they stay on and take a full run when they're not capable of doing

it and it gets to be a real point of contention. I think it would make sense to give new people a sixty-day probationary period. It would be best for everyone because if the wrong ones end up staying and taking on a full load they can't handle, they're not going to be happy here either.

Bethany Abbot is also a LEADS Peer Mentor, though she works on a different unit than Roxanne. She agrees with ideas about how to make the Peer Mentor program more effective, and also shares her own success stories about LEADS initiatives in her unit. She is thoughtful and talks about her coworkers with a focus on the fact that they're a team, and she's proud of her role as a Peer Mentor and how it has helped that team to work effectively.

I agree that there's a lot more progress we're still working toward with LEADS. The programs we've done already are working well on my floor. I'm a peer mentor, and I'm really close to the girls that I've trained. When I was mentoring them, I made sure they knew that we're all here to take care of the residents, and to make sure they keep really living the best life they can. That was the one thing that was the most important, so as long as they kept that idea in mind they were doing a good job. Even now they still

call me up at home and ask me questions sometimes. I feel like I've really helped them.

We have our own separate staff on our unit and we've been making all kinds of changes because of the LEADS project. We've been working on the resident-directed care a lot because if the residents are happy; it makes the day better for everyone. The nurse went around and interviewed all of the residents about what time they want to get up, what they like to eat, what they used to do at home... things like that. This was right around the time that the new girls started in the Peer Mentor program, so they just went right into working with the resident-directed care and never had to readjust. Some of the people already on the floor were a little afraid that getting off the schedule would make the day more hectic, but it doesn't at all. The residents ring less, they complain less, they're less agitated. It's just been good all around.

The fact that the LEADS programs are so successful in my unit also has a lot to do with the staff that we have there already. It helps that we have the same nurse all the time, and she's really wonderful and wants our input. We're lucky that she's been here a while and she's very steady. I can do all the mentoring in the world, and we can work as hard as we can but if we don't get the support, it makes

things harder. The difference is that now, with all the LEADS training, I'm not afraid to speak up. The other day there was a nurse manager on another wing who was snappy with me and not helpful and I just said, "I seem to remember that you've been taking the same LEADS classes as me, right?" She toned down and we got things done. It felt great to have that backup. It makes everyone more effective.

Consistency and Commitment

Joetta Manto is articulate, committed and passionate about her work. She's well informed and insightful about the LEADS program. What stands out most about Joetta is that she speaks from the heart about her job and the people she works with. LEADS is committed to involving direct-care workers like Joetta. The program has given Joetta opportunities to express herself and develop leadership skills that make her an asset to the LEADS project and a leader in the direct-care profession.

There has been a great deal of progress made with LEADS. It's different for every unit and for different staff, but I think that it has given those of us who are willing to step up and do extra work the boost we need to make some changes for the better. At the time we started LEADS, I would say more

than 50% of the CNAs and nursing staff here were agency people because of an enormous amount of callouts and associated issues. That was frustrating for us because of the cost associated with it, and also because it's very hard to work in an environment where your staff is shifting and changing every day. Our first priority with LEADS was for us to look at recruitment and retention. We created the 100% Staffing Workgroup and began coming up with ideas about how to get people in and keep them here. One major win was when they bumped wages up so that Human Resources now has a more competitive position for recruiting new people. The existing staff all enjoyed that increase as well, which was a very practical way to help with retention. Another success we had was when we tweaked the perfect attendance program and increased its visibility. In that program they have a drawing for 100 dollars every 3 months and everyone who has perfect attendance has their name put in and the winner gets 100 dollars. All the people with perfect attendance get movie tickets and they post their names on the bulletin board by the time clock so they get some recognition from the staff as well. It's made the program more visible and there is more of a buzz about it now.

Because I'm a Med Tech, something that has gotten better for me personally is that instead of

just putting me on the floor to fill in if a CNA calls in, there is a real effort to fill that shift with someone else. It's not just, "Oh, Joetta's here. We'll just use her." We had a nurse leave recently and in her exit interview she told them, "My primary reason for leaving is that I'm getting too many admissions and you told me when you hired me that I would have a Med Tech to assist me and more often than not, I don't." It was a hard way to learn, but they have changed that and it makes the nurses less stressed out, and that makes the work environment on the floor much better for us.

I care about this program, and I care about this job very, very much. We can criticize or praise our progress all we want, but to me it all comes down to everyone knowing who we, as the CNAs and Med Techs, really are. CNAs still don't have the recognition and the respect we deserve—inside the facilities and in the general public. We're doing mini-assessments just like nurses are and we're dealing with psych issues and families and we're absorbing and feeding back all of that, every day. Some people dismiss us because of an existing lack of respect, and don't respond to our ideas and take us seriously. LEADS has helped give us a voice, and when we speak up and are supported by the LEADS initiatives we are seen in a different light and receive more

respect. I'd like this job to be viewed professionally and I don't think it is yet. We're still looked at as the people who work in the trenches, but I think we hold up the sky. Hospitals and nursing homes could not run without us, and I think that programs like LEADS are going to help to change the way we're viewed.

Epilogue

The Cedars is actively working to incorporate the LEADS' objectives to enhance caregiving and workplace practices into their long-term commitment to implementing culture change. The reports of increased staff satisfaction and lower staff turnover over the past two years support their plans to continue the leadership team, peer mentoring program, coaching supervision model and communications activities. To contact The Cedars and learn more about their involvement in LEADS and culture change, please call Ken Sandberg, Chief Operating Officer, or the staff introduced above at 207-772-5456. You may also visit their website at <http://cedarshealthcare.com/contactus.cfm>.

SANDY RIVER HOME

PORTLAND

RESOURCES



Lydia Caron
CNA



Ken Garnet
Property Services

Sandy River Health Systems is an organization in transition.

LEADS was introduced to them over two years ago and established leadership teams in two areas of the company, Sandy River Home Resources and Springbrook Nursing and Rehabilitation Center. Over the last year the statewide company of eleven nursing homes and a home care division completed negotiations to be purchased by Genesis HealthCare—one of the nation's largest long-term care and rehabilitation therapy providers that employs over 36,000 people. During this change process, the work of the LEADS' leadership teams has continued in both sites. Sandy River Home Resources, the only home care division in the company, is a relatively small unit and has to

be creative to recruit and retain its home care and property services staff. The LEADS goals of better communication and worker recognition aligned with the administrator's interests for staff recruitment and retention and provided an opportunity to engage key members of the staff. Ken Garnet, who represents the property services division on the leadership team, describes the services that this unique department provides:

Our part is to help keep people in their homes by redoing their homes to better accommodate their needs as they get older or have more physical challenges. We build ramps, we install handicapped bars and grab bars in tubs, we'll put railings in the hall or even come in and change light bulbs for them. Whatever they need us for, we're available to do it.

Ken is an outspoken, no-nonsense member of the leadership team at Sandy River Home Resources. Another member is CNA Lydia Caron, who is dedicated to the LEADS goals of better communication and worker retention. This dedication and her sense of responsibility for the other members of the direct-care team make her a natural leader. Lydia and Ken have stayed committed to the leadership team at Sandy River

even though it has faced many challenges.

The majority of the workers at Sandy River Home Resources are involved in home care, and because the workers are spread out over a large part of the state the LEADS approach at Sandy River had to be tailored to the agency's needs. Home care providers spend their days out in the field as opposed to in a facility, so their primary relationships are with the clients with whom they work. Communication between the agency and the workers is more of a challenge without the direct-care staff and administration grouped together in the same building every day. The fact that the ownership of the organization was also changing hands lead to a sense of instability among the staff. The communication channels that LEADS built became more important and also, at times, more difficult to maintain. Lydia and Ken have been essential to the survival of the LEADS initiatives. In listening to them talk about their own experiences, it's clear that they came into the LEADS project already possessing leadership qualities and that their commitment to the project's goals has stayed strong and kept them invested through these uncertain times.

Utilizing the tools you have

One thing that's become clear through the LEADS project is that often what makes a person a leader in this field is that he or she is simply the one in the room who is willing to speak up. Speaking up means standing up for the choices you make in your daily work, it means going to bat for another worker, and it also means being a full participant in programs like LEADS. Workers can only be full participants when they commit to the successful parts of the program, and keep pushing for ways to make it better. Lydia has become a true leader in the LEADS program at Sandy River Home Resources, committed to making sure that the workers in the field are heard by decision makers in administration. She's articulate in expressing what she has learned about direct-care workforce's challenges—both from within and outside of the workforce. But she goes far beyond just recognizing the problems; she is committed to making changes for the better.

When I was beginning as a CNA I started looking around more instead of going through the day-to-day motions of just working a job. When I did I realized that there was a lot about this field that was just not working very well. I kept hoping

that I'd bump into people who thought so, too. And at first I didn't, and I got kind of discouraged. But after a while I started to find people who felt the same way. When LEADS started I was like, "Yes. This is exactly what we need." Their ideas were right in line with mine in that they want to make the work better, have more training and more communication. LEADS seemed to want to help the company grow in the direction of a more a healthy environment, so I jumped right in and wanted to do what I could to help. My biggest area of involvement has been with the Peer Mentor Program. As a peer mentor I do a lot of job training and I field any questions that new people have. Ideally, a peer mentor is supposed to be with a new person from when they come into the company through orientation, and then through their first week or two of work.

Going into someone's home as a caregiver is really hard. You meet a lot of different people in this work, and not everyone has the tools to deal with that. I try to get the people I mentor to realize that when you go into someone's home you have a chance to get to know the person, and that's the best way to learn what they are going to need from you. If you're just doing your job and being a CNA then really you're helping them get through the things that they can't do on their own, whatever that may be. I

think if more places start implementing peer mentor programs it would help with a number of things. People will stay with the job more. They'll stay for a longer period and you'll end up with more people who really want to do the job and are invested in it.

Home care isolates you in a way. You don't have a lot of contact with the other people in the agency so it works differently than in a facility. Communication between the field staff and the office is a huge issue. We've been working on it but it's hard because there are a lot of people who just go to work and it's a paycheck and they don't want to get any more involved with the agency than they have to. Trying to combat that mentality makes it hard to do what we're trying to do with LEADS. You can have all kinds of plans and programs but if the people aren't willing to participate, there's not much you can do.

We've started a "meet and greet" to get the girls together in an environment other than a staff meeting. It's easier for a bunch of workers to get together without their supervisors and discuss the heart of the matter and how their jobs are affecting them. They're more apt to talk freely. We had a good turnout for our first one because we had food and it was well advertised. We all sat down and had points and concerns that we were going to discuss, and it was successful. We probably got half

of our department there, which isn't bad for the first meeting. Leaders have the responsibility of bringing what comes up in those small groups forward in the bigger LEADS meetings, in the staff meetings or with the administration. There's a reason why people get intimidated by the higher-ups; especially in home care where you usually don't get to know them as people. I think in this profession, we tend to take a lot more guff than we should and we just kind of suffer in silence. For some people it's because they haven't found their voice and for some others, they're somehow less than the people in administration. Well, I definitely do not believe that and I am not at all afraid to speak up. Because I'm more comfortable I feel a responsibility to speak up for my fellow workers. To me that's just become part of my job.

Communication is essential

Ken is in a unique role at Sandy River. As a part of the property services department he is not a direct-care worker, but still interacts with the same administration and works out in the field with consumers. His department is small; only four or five people at a time work with Ken, but breakdowns in communication are still present even in this small group. Ken comes to the job and to the LEADS team after working as

a contract homebuilder for forty years. He was drawn to Sandy River's philosophy of assisting people so that they can continue to live in their homes for as long as possible. A job with property services provides him a practical way to use his skills to help the agency to fulfill this goal. With his work on the leadership team and as a peer mentor he benefits from the opportunity to have his voice heard, and the agency gets to take advantage of his ideas and insight to keep the property services department up and running.

I'm a stickler for communication. Without proper communication there's too much left to interpretation. When I was first asked to join in with the LEADS program, the "improving communication" part of it is what I really keyed in to. Personally, it hasn't changed me too much because I've always been happy to speak up. That's a good trait and a bad trait at times. I think one of the reasons I get along so well with my supervisors is that I'm honest with them. If I have something to say I say it. They say, "Good, that's what I want you to do." If you don't speak your mind it all just builds up and creates a lot of disconnect. Unfortunately human nature dictates whether or not everyone wants to say what's on their mind. Someone will say that nothing is bothering them and then they'll leave and

it'll be start gnawing at them and that comes out in bad ways. If I have a problem with a person, I tell them directly. You just don't come up to someone and be very aggressive and get in their face and say, "You need to listen; you need to listen to me right now." That's the wrong approach. I guess the LEADS trainings have helped people learn how to approach each other better. Now they just have to actually use what they learned.

In property services the turnover is substantial. We get people and lose them pretty quick and a lot of it is miscommunication, I feel. Part of it is when people are brought on they aren't told too much about the details of the job. They weren't told that they didn't get a vacation; they weren't told that they didn't get paid holidays. And then what happened was these holidays came along and they'd say, "Okay, I'll see you Tuesday." Well, no; we have to work Monday. That put a bad taste in their mouths and there was a lot of grumbling and a lot of griping and it made the peer mentoring job difficult at that point in time.

To be a good peer mentor there's something you have to make clear from the beginning. I just said, "I am not your supervisor. I'm here for you if you need information from me. I'm here to help you, not get you in trouble." I mentored one new hire,

and I got involved not only watching and helping him do his job the way it's supposed to be done but also answering questions when they would arise. That helps a lot for new people just coming into a company. But, to me, it seems like there isn't as much follow-through on the Peer Mentoring as there should be. Sandy River is very concerned about retaining people. The communication gets cut off with the new hires too quickly, I think. If the peer mentoring is kept longer going instead of the communication getting cut off with the new person, I think it would be better. The communication development is the most important part, and it has got to stick around.

Epilogue

When the LEADS project started in 2005, Sandy River Health Systems was operating nursing homes throughout the state and maintaining a home care division called Sandy River Home Resources, which provides home care services in the southern Maine. Sandy River Home Resources had been serving seniors since 1999, and became known as a complete resource for home care including home handyman services. In early 2007 Genesis HealthCare Corporation purchased Sandy River Health Systems, and by the summer of 2007 Formation Capital and JER

Partners announced their acquisition of Genesis. In the process of corporate and administrative changes, Sandy River Home Resources was closed. Interviews for this story were conducted prior to the reorganization and news of the closure. The early work to start LEADS activities with Olga Gross, Administrator, and the staff of Sandy River Home Resources was exciting. This agency offered options such as benefits, schedule incentives, and regular staff meetings that are not often offered to direct-care staff in home care. It didn't take long for the leadership team, peer mentor and communications activities to get started. There were a number of staff who got involved in LEADS activities over the course of the first year. Lydia and Ken took on lead roles and continued their peer mentor and communications roles through times of change. The LEADS staff appreciate the role that Olga, Ken and Lydia took on and carried to the closure, and we wish them the very best.

HOME CARE FOR MAINE

FARMINGDALE



Karen Brown
PSS/Administration



Betty Philips
PSS

When the LEADS project began working with Home Care for Maine it was clear that the approach at this home care agency would be somewhat different than that of a facility.

Resident-directed care, for example, can be a clearer focus when a caregiver is one-on-one in the client's house or apartment than while working in a nursing home with several residents needing attention. Because home care providers spend their days out in the field as opposed to in a facility, their primary relationships are with the clients with whom they work. Communication between the agency and the workers is more of a challenge without the direct-care staff and administration grouped together in the same building every day. LEADS provided

a perfect opportunity for the administration at Home Care for Maine to learn about the realities of direct-care work from the workers themselves. In return, the home care workers developed stronger relationships with administration and took advantage of opportunities to be involved in important decisions that affect their work out in the field.

Involvement in the leadership team at Home Care for Maine encouraged the development of positive relationships between staff and administration and created opportunities for workers to take on leadership roles. Betty Philips has worked as a Personal Support Specialist (PSS) for Home Care for Maine for five years, and Karen Brown does PSS work part-time, and part-time administrative work in the agency's office. Karen's responsibilities also include coordinating the LEADS Peer Mentor program. The two women have been with the LEADS program since it began, and their insight into what it means to be a home care worker has helped the leadership team learn where to concentrate their efforts—especially with those workers who aren't seen everyday.

New knowledge, new perspective

A goal of the LEADS project is to bring direct-care workers and administration together in a way that they can define common goals and develop the communication and mutual understanding they need to work toward those goals. In doing so, the people involved often don't just learn about the roles that the other people play in making the organization successful, but also learn something of themselves and where they fit into the equation.

Betty Phillips has a presence and a smile that's warm and welcoming. Her love for the consumers and her respect for Home Care for Maine shine through when she talks about her work. "I think that this is definitely what I was meant to do, and I get so much pleasure out of it. My consumers are my teachers. I'm helping them, but they're helping me, too." LEADS has helped her to learn that her love for the job and her willingness to go the extra mile are what make her special. Consistent involvement with the leadership team has developed her self identity as a leader and an advocate and helped her to understand the important role she plays in the LEADS project and at Home Care for Maine.

I got to know a lot of people at the agency

office because last year I broke my ankle and they had me come up and worked there until I could get back out and start doing the PSS work again. They got to know me, too, and that I was always willing to help out with whatever came up. I would call up workers and consumers and ask them how things were going and if we could do anything to improve the services. I liked talking to people on the phones, but I was glad to be able to get out and start doing the PSS work again.

Getting to better know people in the office has been part of the LEADS project. I think they asked me to be part of the team because I had already been up there a lot, and they know how much I love the work and if they need something I'll always help out if I can. We've got someone from each department working together now and it brings us closer and we work better as a team. In the past, communication has been a big problem in our company. It was the number one issue when we did a survey in one of the first LEADS meetings and then it seemed to come up every time we talked. Since we started LEADS I think that the communication has improved immensely. Before, all the direct-care workers who were in the homes felt kind of like they were out on their own. They'd hear "administration" and think,

“Those are the big wigs.” And now we’re all talking on the same level.

We just had an area meeting with administration people and direct-care workers and I could hear the administration using some of the communication tools we learned from the coaching supervision we got in LEADS. People were using paraphrasing and repeating things back to help clarify. We did a listening block where everyone had a chance to say what they thought about a problem and some of the workers who wouldn’t necessarily have raised their hands to speak ended up having good things to say at their turn.

I’ve been learning a lot from LEADS. I find myself using the communication tools we learned when I go into the homes, even. Oftentimes a consumer would say something to me and I didn’t quite understand what they meant. I might think they’re saying one thing and really they mean something else, so now I ask it back to them. “This is what I thought I heard you say. Is that what you meant?” And they’ll say, “No, I didn’t mean it that way” and try to explain it better. It really helps me understand them better and if I understand them better, I can better take care of them.

One of the biggest changes for me is that I’m learning about what it means to be an advocate. I

didn’t see myself as an advocate before, because I always thought advocates were people who would get up and give a speech in front of everyone. If someone wanted me to speak up at the legislature, there’s just no way that I could do it. But with LEADS I learned that one of the ways that I advocate is when I meet people—even at the supermarket—I take every chance I can get to talk to them about the company and my work. In that way I’ve been a big advocate selling our company and what we do.

I really love this job, and I know how important it is. I’ll be with a consumer and she’ll say, “My sister-in-law fell and broke her hip and she really needs someone to come in.” I’ll get her number and call her and just explain the services we provide and ask her, “Does that sound like it might be helpful?” Often that person will be glad to hear from me because she does need the company’s services; she just wasn’t sure how to go about getting them. I can answer her questions and tell her all about what we do and how wonderful it is. In that way, I’m a good advocate, and I’ll keep on doing it as long as they need me to.

Opportunities and insight

Consumer-directed care is one of the core principles of the LEADS project. It’s a concept

that's developing differently in the home care setting than it is in facilities. The barriers to consumer-directed care that come up in the homes have less to do with the environment and more with workers taking time and paying attention to clients' needs. It's about getting to know the clients as people and being invested in forming and maintaining a connection with them that encourages them to participate in their own care as much as possible.

Karen is a PSS who already understands this concept quite well. "I have one client that I go in and clean every week and then the next week it'll be a disaster. It's just very cluttered and she basically has a path through the middle. I've figured out that's just the way she chooses to live. It is her choice and we are consumer-directed, so I just keep her path clear for her and just make sure everything is safe." Karen understands the need to listen to her clients and observe them as individuals, rather than following a regiment of care that would discourage her connection to them. The Peer Mentor Program gives experienced workers like Karen the opportunity to model this respect and insight for new hires. The LEADS project has presented Karen with challenging new opportunities that take her out

of the consumers' homes and into leadership roles where she sits at the table with administration and provides them the crucial insights that come from her role as a direct-caregiver.

When I go into a consumer's home, everything I do comes back to what is best for them. I even try to do the housework the way they would like it, not the way I would necessarily do it because it makes them feel more comfortable. When I'm starting with someone new I'll usually ask them, "What is it you really want done the most because we are limited on our time. I may not be able to get to absolutely everything." There are times when we'll rearrange the cupboards so that they don't have to reach up or bend down to get things. I'll even suggest, "Hey, let's just keep this stuff right out on the counter." It may not look pretty, but they'll be able to reach it and it will be better for their comfort level.

If a client can't communicate what they want very well, I pay attention to the house itself. I try to take notice the first time I go in how they have things arranged, how they have their towels folded. That's something we get into with the families sometimes; they want you to do this and this and this. But we are consumer-directed. We do what the clients want. They know how they like their homes to be, and I'm not there to change things around unless they ask

me to or there's a safety issue. It's important to me to teach consumer-directed care to the new people coming in, because it is so important in our work. The Peer Mentor program is doing wonders for that.

If new hires have never gone into homes before, it can be kind of scary. As Peer Mentors we've been there and done it so many times. I want them to feel comfortable with the job and I explain that I've worked for the agency for several years and that I love it here. I share some experiences that I've had so that if they have something similar happen to them they can remember what I told them about and think realize that it's normal. We contact new hires once a week and see if there are any questions that they might need answered. If I can't answer their questions I will go to a supervisor or scheduler and ask for them. We become a friend to them, just somebody they can ask the silly questions to that they might not want to ask a supervisor. Most of them feel like they have somebody they can connect with.

We have had some situations where the new hire was going to get done and then the mentor talked them into giving the job a little more time and they stayed on with us. We had one lady who wanted to get done because she didn't want to do the personal care anymore. So the mentor said, "Why don't you try being a homemaker?" She did and she liked it

and stayed around. We have saved people that way. Sometimes the mentors will call up the office and they're all excited because they've helped someone out. It makes them feel important. The biggest thing I've noticed about this company is that they don't treat direct-care workers like we're somewhere below them. Whenever I tell the office people that they treat us so well, they say, "Well, we have to. Without the consumers and direct-care workers we wouldn't have a company."

One thing that has been a wonderful challenge for me with LEADS is the extra training I took to be the coordinator for the Peer Mentor program. It was tough because I was shy, but now I've gotten to know people from other agencies and even other states. And now when we have meetings it's like a big party. I found it's been very interesting and it's really taking me out of my box. What's neat about the meetings is that I'm not always sitting with other direct-care workers; everyone is all mixed together. When they put us in different groups I could be with the CEO of a company or nurses or anyone, really. They like to mix us up. It was scary at first but now I just talk about my ideas and what I've learned as a direct-care worker and I know that what I have to say is very important. Now Home Care for Maine has also asked me to be on a strategic planning committee,

which is looking at ways to improve our agency down the road. Being a part of these groups is such a new area because I started out as just a direct-care worker. But I've enjoyed the challenges so much. I like knowing that we've made so much progress and that there are still new opportunities that will keep coming up.

Epilogue

Home Care for Maine succeeded in its goal to bring direct-care workers and administration together. With Susan Rovillard's support as their administrative leader, Karen, Betty and their co-workers on the leadership team built their confidence, communications and a shared vision over the course of the LEADS project. The outcomes—better communication, knowing your own importance, peer mentoring and accepting new challenges that take you “out of the box”—are just the beginning of positive changes happening at Home Care for Maine. To contact Home Care for Maine and learn more about their involvement in LEADS and culture change, please call Mollie Baldwin, Chief Executive Officer, or the staff introduced above at 800-639-3084. You may also visit their website at <http://www.homecareforme.org/>.

SPRINGBROOK CENTER FOR HEALTHCARE AND REHABILITATION

FARMINGDALE



Marge Ellis
Restorative Aide



Lorraine Blow
Housekeeping



Julie Paulsen
Med Tech

The Northern New England LEADS Project has given some of the dedicated caregivers at Springbrook Healthcare and Rehabilitation Center in Westbrook the opportunity to make changes at their facility that they've wanted to see for years.

The LEADS team at Springbrook includes CNA and Med Tech Julie Paulsen, Restorative Aide Marge Ellis and Housekeeping and Laundry Department Supervisor Lorraine Blow. When given an opportunity to step out of their hectic schedules as "LEADS Champions," they shared stories and insights on how far the LEADS Project has moved

their facility toward culture change—and how far they have yet to go. Lorraine expressed very clearly what, when all is said and done, LEADS participants should remember about their work:

I think in the beginning I wasn't quite sure what it was and what we were going to do in the project. But as it kept going along, I now see the big picture all comes back to the people who live here, how they want to live - today and tomorrow.

Nursing homes have traditionally been run on a medical model and were essentially viewed as extensions of hospitals. This established the institutional atmosphere and schedules focused on tasks-to-be-completed found in most facilities and is now being viewed critically as a source of disconnect between caregivers and residents. The implied hierarchy among staff also puts strain on the workers' relationships with one another. Oftentimes the institutionalized mindset at facilities like Springbrook is ingrained over so many years that starting a change can seem impossible. The LEADS Project has provided its leadership team at Springbrook with a practical template for change. One of the key aspects,

Julie explains, is consistent assignment of a small group of residents to specific nurse aides.

It used to be that when you came in, you knew what unit you were on and you just went along and got people up or just lined them up and fed them lunch. Now we've implemented consistent assignment. Consistent assignment means you have a set group of people who are your residents each day. Your task is finding out what their likes are, what they want, how they want their day to run. Then we adapt to that.

The goal of the LEADS Project is to establish a system of care practices where the relationships that are encouraged through consistent assignment can grow and be sustained. It's clear to the leadership team that culture change is happening in the relationships that are growing between the workers and their residents and between the aides who are working together. Julie, Marge and Lorraine each tell their own stories about daily life at Springbrook, and these stories can in turn help us understand the true meaning of culture change.

Encouraging empathy

A key step in making culture change sustainable at Springbrook is changing the way workers view

their role and caregiving practices. Because the medical model puts the emphasis on tasks instead of people, it's useful to step back with a worker and appeal to their sense of empathy. "When we're explaining resident-directed care," says Marge, "the best thing to do seems to be to personalize the situation as much as we can. To step back with a worker and say, 'Okay, what did you have for breakfast? Did you even eat breakfast? What time do you get up? Do you go to bed at 8 o'clock every night? Do you think everyone who lives here wants to?' We're dealing with people here, and everybody is an individual human being."

This kind of reflection reminds them of the importance of independence and dignity in everyday care. It also helps them understand the role that caregivers have in assuring the residents' quality of life and opens a door for building relationships with the residents. Julie has a way of stating the way things are—or the way things should be—that appeals to common sense. It's easy to see that this likeable woman understands the concepts she's talking about very well, and has gone from "dabbling" in the LEADS project to being one of the strongest forces behind it.

If you want to learn about independence and dignity, all you have to do is look at our toileting practices. You know, the common institutionalized practice is that you just stand them up, you change the dirty brief, you put a new one on and you never give them an opportunity to actually use the toilet. People can't seem to grasp the fact that if you never set someone on a toilet, they'll never be continent or that the entire society would all be incontinent if we never had the chance to sit on the toilet. It's like you've got to un-train people before you can teach them the right way. I think we've made a little headway everywhere because at least people are talking about it and there's awareness. They're thinking about it, they're trying it.

The aides are always in the mindset of "not enough time, never enough time." Well, you won't have time if you have gotten everyone up at 7, given them lunch at 12 and then decide to set them all on the toilet at 2. But if you've gotten somebody up at 8 and then gotten somebody up at 9 then at 10, you can spread your day out. It's a constant busy, sure, but you're not as likely to get slammed all at once and overwhelmed. You're getting so much more done if you're doing it in a manner that's appropriate for that individual, as opposed to hauling them out of bed while they're fighting getting up, and then they

won't sit on the commode because they're mad at you. And I tell the aides, "At night when you're helping your residents get undressed and washed up, sit them on the toilet rather than laying them in the bed. It's okay. Just think; if they go to the bathroom when you're washing them up at night, chances are at rounds they're going to be dry. You're making less work for yourself." This also has a lot to do with the dignity issue. How awful would you feel if someone took away your right to something as basic as using the toilet? I've read the statistics of the improvements that come with person-directed care. Your paperwork will be decreased because the residents won't be falling as often. The bedsores will be decreased because they have consistent assignment, and that's just better for everyone. Their quality of life is going to be better and I guarantee that their health and independence will also go way up if we can just do these things.

The night shift up on Irish Hill works so well together. It hasn't been easy but the two of them have stuck with it and they're doing it. And you know what? Everyone says that evening shift is calmer and the residents are happier and the bells don't ring as much. We see a real difference on that same floor between the night and the day shift. There's more tension on the day shift and people know it. I've heard other staff mention the difference—nurses

and whatnot. But the problem is that I don't think that some of the nurses make that connection to the LEADS project. Some of them are not very supportive, so we can see all of these victories when we're down here on this level; but until we get support from above, it's gonna be tough to make it stick.

Teamwork is essential

Culture change cannot exist on the frontlines without support among the workers, the nurses, and those in administration. It's clear that one of the greatest obstacles the leadership team at Springbrook faces is that workers are afraid to make changes. Julie points out the reality of the situation when she says, "If they look around and don't see anyone else trying to do it, they won't do it themselves." Marge is an outspoken LEADS Champion who is proud of the fact that she's always liked to stir up trouble by tossing protocol to the wind and following her common sense when caring for residents. She talks about some of the challenges the LEADS project is facing, and what needs to happen to get past them and on with progress.

I think the change needs to start on the frontlines, but I also think that the structure of the chain of command needs to change somehow. If you

look at what we're hoping to accomplish you realize that you can't do resident-directed care with that number of residents correctly and expect five aides to do it. Yes, we can do things like resident-directed care, but it doesn't hold water if the nurses are going to come through and say, "Well, why isn't that person out of bed yet?" Or when you really need a hand they say, "I can't help you right now because I've got this thing to do in the office." We only need a few minutes. Can't the office work wait?

I keep telling everybody, "I know change is hard, but believe me, if we just try it, it will run smoother because we'll be working as a team." In every aspect of this place we're working too hard because it's so inefficient. It seems like there's always some little glitch that causes trouble. "Well, right now we're in this transition or right now we're in that transition, so we can't redecorate. Well, we can't do consistent assignment today because we're short-staffed." No, it's got to be every day or it won't work. The frustration for me is that it's not happening fast enough and there needs to be responsibility and accountability.

In this line of work everybody needs to be shoulder to shoulder. If we're short staffed there should be no such thing as, "No, we're not going to play BINGO because we're short." That's foolish; it's

crazy. You get out there and whoever has five minutes starts calling out the numbers. Everybody should be working together to accommodate the residents. I've had other workers say to me, when I'm checking in with a resident about what they want, "Oh, you're spoiling them." Really, how could anybody living in a facility be spoiled? They're here 24 hours a day, 7 days a week at our mercy, eating what we choose to feed them. If we can give them a little bit of a choice, why wouldn't we?

Until the staff bridges that distrust and that distance, until they make it known that the residents come first no matter what, we're not going to have a staff of people who really want to make a difference. There's going to be a smattering, but we won't have a full culture change unless it's all around and all the way up to the top.

The different departments have their own responsibilities and the leaders have to step up and say, "Okay, this is what we're doing to make changes in our own way, and this is how it's going to help everyone else." Lorraine has done it with housekeeping. She's their supervisor and if they're short, she's out there helping them and that makes a huge difference. A nurse that's going to roll up her sleeves, step up beside you and help to get it done is a huge asset. The success of Lorraine's group is

because she supports them whichever way they need. That makes 100% of the difference and this building would be perfect if everybody did things the way that department does.

Being proud of what you do

For all of the challenges the LEADS Leadership team has faced at Springbrook, there are true success stories. When a worker makes progress with a resident, it's a chance to see how a shift toward resident-directed care can affect both the residents and the caregivers. These small victories are at the same time the results of culture change and the base of it. They provide positive reinforcement that will continue to help the LEADS Project gain momentum. When these positive interactions happen in a supportive environment, mindsets can truly change and the challenges will become easier to face.

The progress in the housekeeping and laundry department is echoing throughout the building and acts as an inspiration to the leadership team. "They're wonderful," says Julie, "and I tell the girls who are working out on the floor, 'They're right there and they're always smiling and willing to help out. If there's a specific resident who needs some attention, go

talk to housekeeping. They'll go sit with them for a minute and make that resident feel better and I swear that little bit of attention will make your job so much easier."

The drive behind this change is supervisor Lorraine Blow. Lorraine speaks from the heart and gets right to the point. Her commitment to the people who work in her department and the residents at Springbrook is clear in everything she says.

The staff that I have working for me has really stepped up to the plate. When I first came here, they had papers with the daily tasks of housekeeping on them. On the left it had this very specific list of what time you do what and how much time you have to finish this task or that task. Well, those papers are long gone. When you are doing housekeeping or laundry, you start at 6:30 and you're here until 3. There are no more times listed where you have to be doing some specific thing every minute of the day. You just do what needs to be done, because every day is different and you have to be flexible. They know that it's okay to talk with a resident. It's okay to help out with a resident. Of course there are certain things that they can't do, but there's a lot they can. They can take time to sit with a resident, or go get them a sweater, or get them a drink.

I try to keep the housekeepers in the same area when they're up working on the floors so that they get to know the residents. They get to know the staff that's up there and they'll do whatever they can to help. It's worked really well because now they know the people in that area personally and it makes them feel like they're part of the team. If they see me coming, they don't think, "Oh my god, here comes the supervisor. I've got to get doing something." No, they are doing something. Sitting with the resident for a few minutes to say hello and how are you is part of their job. They're doing what they're supposed to be doing.

My staff welcomed this because they've always felt, "I'm just a housekeeper. I'm just a laundry person." That makes the hair on my back stand up because that's wrong. They're just as important as anyone else in this building. They have something to offer and it's trying to get the rest of the staff to understand that they have something to offer that can be the problem. We have something to give and we can all work together no matter what your job is in this building. Sure, there's still the wall up about letting housekeeping and laundry help out more. The girls are trying to push through it. They'll come to me feeling bad about someone from another department and I tell them, "Just keep plugging away. We are

going to get through—sooner or later it's going to happen.”

And with what they've been doing, they enjoy coming to work. They come in mornings and they have smiles on their faces. During the day they'll come and tell me different stories, different conversations they've had with residents or CNAs they helped out that said thanks and showed their appreciation. It's great. I find the energy to keep working away at this because it's something I feel. When I go up on the floor and I have one resident who recognizes me, and I can go over and sit and talk with that resident, and they end up with a smile on their face, I've done my job. I feel better inside. I want the people working for me to know what that feeling is like. That, I feel, is my most important job.

Epilogue

The LEADS Project has been embraced at Springbrook as an opportunity to enhance and encourage staff and to make changes. As one of the Sandy River Health Systems' facilities, Springbrook has experienced major organizational changes over the last year. In the midst of administrative and operational changes the LEADS staff and with the support of Ed Fitzpatrick, Administrator, Springbrook

proceeded to implement Neighborhood meetings and to build the teamwork needed for resident-directed care. Encouraging a sense of empathy, building teamwork and ensuring that every member of that team knows his or her own importance were personal and group goals. The role of the direct-care staff in accomplishing these goals and the capacity of individuals to effect culture change is perhaps no better described than in these words from Julie, Marge and Lorraine. To contact Springbrook and learn more about their involvement in LEADS and culture change, please call Ed Fitzpatrick, Administrator, or the staff introduced above, at 207-856-1230.

MID COAST SENIOR HEALTH CENTER

BRUNSWICK



Mary Moore
CRMA



Sandra Morse
PSS

The LEADS project leadership team at Mid Coast Senior Health Center in Brunswick is clearly proud of the place they work and of the changes they've been able to make there since LEADS began two years ago.

Located in a former hospital building, the facility is in transition from the institutional, medical atmosphere to one which is homey and comfortable. Mid Coast's plays a unique role as the only facility in the area that offers a full continuum of healthcare and wellness services for seniors under one roof. The LEADS leadership team at Mid Coast has brought together the administrators and staff from all of the departments in the facility. Direct-care staff involved in

LEADS took time out of their busy schedules to sit and talk about how the project has impacted their work, and how it has enabled them to change their surroundings. Charlotte Trufant, who works in the Activities department, explains why LEADS has been so important:

This is the residents' home; it's not a hospital anymore and it shouldn't look like a hospital. I think before LEADS began some of us would toss around ideas about how to make it better, but it always came back to, "Where's the money going to come from? Who's going to oversee it? How's it going to be maintained?" LEADS became the answer to those questions.

Besides Charlotte, the leadership team members at Mid Coast includes other direct-care staff: Certified Residential Medication Aide (CRMA) Mary Moore, CRMA Missy Fitts, and Personal Support Specialist (PSS) Sandra Morse. Each was chosen for a leadership role because of her investment in the residents, her ability and willingness to voice ideas about how to improve the facility, and a commitment to follow through on those ideas. As Missy describes it:

LEADS has given the staff a voice that they didn't have before. Before we would talk

to our supervisors and say, “Hey, I think this is a good idea. We should try this.” Sometimes they listened, sometimes they didn’t. Sometimes they wanted to, but couldn’t. If you have a group of people sitting around the room, on an equal level with the supervisors, and we’re all saying, “We think this needs to change;” it’s a different story.

Each separate unit at Mid Coast brings its own set of challenges and needs. These LEADS direct-care staff leaders have diverse experiences at Mid Coast. Each is using the advantages that the LEADS project provides to make changes that bring their workplace closer to resident centered care, to examine the value of direct-care work, and to teach others about the importance of culture change. The opportunities through the LEADS project to share, support and learn from one another’s experiences reinforces the efforts that Mid Coast is making to work as a community with a focus on resident quality of life. Those who are working every day to provide the best possible home for the residents are a team, and every caregiver who is a part of LEADS plays a unique and essential leadership role.

Creating a place that feels like home

One of the first priorities of the leadership team

at Mid Coast was redecorating the institutional atmosphere that was still prevalent in parts of the facility. The changes they’ve made to some areas of the building are a positive reminder of their progress and a motivation to work on the areas that still look drab and institutional. Charlotte Trufant has been with the company since long before they moved into the building they are currently in, and spends most of her time coordinating activities in the Mere Point long-term care unit and Bodwell rehabilitation unit. It’s clear that she has a deep investment in Mid Coast and her longevity gives her a perspective that benefits the leadership team, and everyone she works with.

I’ve been with Mere Point for almost 30 years, before we moved into this building and before the addition of the other units when it was just Mere Point Nursing Home. I started out as a CNA and then I was asked in ‘91 to become Activities Director. The biggest change that has come from LEADS, for me, has been the new look on the Mere Point and Bodwell units. Before it looked very much like a stark hospital. Now on Mere Point we have new furniture, new flooring, we’ve painted and redecorated. The dining area looks like a little cafe has a sign that says “Bistro.” It’s great because it encourages residents

to come out of their rooms and be together in a very comfortable, home-like place. It's helped me with the activities because it's created an inviting place to go.

Unfortunately, we still have one hallway that looks like a hospital because it's a very institutional teal and tan tile floor. I hold resident council meetings on Mere Point and Bodwell, and I think that getting everyone's ideas and opinions is a very important aspect of the changes we make. I like to be sure we're getting as much resident input as we can. We brought up the option of carpeting, but the resident council said no way. It would be too hard for them to move their wheelchairs. It's so valuable to have that input because we were just thinking of the look and the fact that it would muffle the noise a bit; we didn't even think of that aspect. So we have to come to a conclusion all together on something to do about that.

There are still, sometimes, problems with the activities. I might have a resident that wants to join an activity but it's his or her shower day, and the staff can't change the schedule around to accommodate it. I think we're still working really hard to make progress on the resident-directed care, but the important thing is we are working on it. I have seen some changes like letting them sleep late and being more flexible about their meals. I think it's just hard because the CNAs are used to their routines. They have to get their job

done and they do a good job. When people ask me about resident-directed care and I'm trying to get the idea across to them what I've always just said is, "Why are we here? Why are we all here? We're here for the residents." That's what it always comes back to. To me that speaks wonders about this job and this facility. It's their home, and they are number one.

The residents are priority number one Missy Fitts was a natural addition to the LEADS Project at Mid Coast. Missy works exclusively in The Garden Memory Impairment Unit. She talks about her work with the memory-impaired residents with a great deal of compassion and common sense. Missy is an outspoken worker who is proud of the fact that she sometimes tosses protocol to the wind and follows her common sense when caring for residents. People like Missy who take the initiative to really know their residents are the most essential part of resident-directed care in a place like Mid Coast. It begins in the interactions that happen between her and her residents every day and the example that she sets for others who see that supporting culture change is part of what makes her a happy and effective caregiver.

A lot of people are scared of The Garden because they aren't familiar with Alzheimer's as a

disease and how it affects people, but I really like The Garden and I feel like I've found my little niche there. Plus, I have a quirky sense of humor so Alzheimer's residents tend to love me. You have to be patient and you have to have a sense of humor; it helps keep things upbeat. I also strongly believe in the idea of resident-directed care. To me it's just common sense and common respect. If a resident doesn't want to get out of bed I'm not going to force her out of bed. If I was 90 years old and I wanted to sleep in and I wasn't hungry for breakfast at 7:00, you sure wouldn't get me up. I think that they have their rights, dementia or no dementia. They know whether they want to get up or whether they don't want to get up, whether they want to have a shower or don't want one. In the LEADS meetings, we decided that with dementia residents it's up to us to decide whether they are capable of making those decisions, and if so we let them do it within reason. It's tough because you come to this dilemma of, "I have to get care done and I have a lot to do. Should I let this resident keep sleeping?" Ultimately you have to treat them like they're your grandparents, or like you would want to be treated if you were them. It's their home. They're the boss.

I've had my supervisor say to me, "We need to get this person up right now." I've said, "No. She

doesn't want to get up. I've already worked it out with her and I'm not going to be the one to go pull her out of bed when she doesn't want to be up yet. If she wants to sleep in, that's her right." LEADS has made it easier to take that approach with supervisors because now everyone knows about resident-directed care, and we're supposed to be following it. Yes, the resident will get up. Yes, she will be fed and, yes, she will be washed up and taken care of before I leave. But I have a whole 8-hour shift to work with, so I have some flexibility. The supervisors have to trust that when we follow the LEADS model, things may look a little different, but we're still going to get everything done. And everyone's going to be happier while we're doing it, too.

Worker recognition and building community

Although some people like Missy stay exclusively in one unit, there is a large staff at Mid Coast and many of them move from one unit to another. Mary Moore divides her time between working on the floor and administrative work. Her insight into the needs of the workers and her organizational skills are valuable to the LEADS team and the company itself. She talks about how important it is to recognize the hard work

that is done every day at Mid Coast, and to foster a sense of community among the direct-care staff and the administration.

We've talked a lot about direct-care worker recognition with LEADS, and at Mid Coast we're trying to make it a priority. We know that everybody likes to eat, so the Building Community workgroup organizes recognition lunches. We try to cover all three shifts so sometimes it's breakfast and you've got 3rd shift leaving and 1st coming in. It gives the staff a chance to mix a little bit and say, "Hey, I recognize your face." Communication like that is important. I like to know who's who on all the shifts, but it's not always easy. There is a very large staff here between all of the units and all of the shifts.

We're always working to get the word out about LEADS. We've developed a notebook on each unit of some of the things that have been happening with LEADS so that people that aren't involved in committees can read about it and see what kind of progress we're making, and I think people are really learning about it. They hear little things or they see an improvement and it takes one of us to say, "You know, that was one of our LEADS projects." It gets people's interest. We are kind of the go-to people now; if someone has an issue or a question, they can come talk to one of us.

We did discuss at one point having suggestion boxes to keep things going. It's a mix of personalities here, like anywhere. You can tell who has the heart to put a little extra time in and those of us who can give that extra usually do. I know that there are people who would like to be part of LEADS who have kids or they have another job or they're in college. We try to keep them updated and encourage them to get involved in any way that they can. I think the facility was doing okay before LEADS in certain areas, and we've definitely made some improvements because of the support we get from LEADS. For me a big part of it is once you get people hired, to try to keep them happy so they can realize this is a great place to work and they'll stick around and become part of that group of people who are willing to do that little extra, and who really get invested in their jobs.

Learning from each other

One of the ways in which Mid Coast encourages the retention of new workers is through their LEADS Peer Mentoring program. A Peer Mentor is someone that can help new hires to gain insight into the job that comes only from a person who has experience and is invested in the people they care for. Sandra Morse has been a PSS at Thorton Hall, the assisted living unit, for two

and a half years. Sandra's number one priority is forming relationships with the residents she works with in Thorton Hall. Becoming a Peer Mentor for LEADS has become a way for her to encourage others to find the same meaning in the work that she does herself.

Mostly what I've gotten involved with in LEADS is the Peer Mentor program. I think that they asked me to be a mentor because I really like the residents. I like spending time with them. That's something that you want to teach to the new PSSs that come into Thorton Hall from the beginning. They have to like the residents and they have to be patient and have a good sense of humor. They have to learn to go at the residents' speed, which can be pretty slow sometimes. We're actually advocates for the residents in many ways. Someone will mention something that's bothering them to me and tell me that they're planning to talk with the nurse or the activities person who's here during the days about it. A lot of our people are in some stage of memory loss, so often they don't remember what they said the next day. I've learned that we're really advocating for them by listening to their needs at night, and then if they forget about what they had mentioned to us, passing it on to the people who need to hear about it. Things like that you learn as the job goes along.

If new people have problems, they can come to me. The Peer Mentors are trained to put out little fires and answer questions, things like that. I'm the only one in Thorton Hall right now but we're going to get more. We kept 3 out of the 4 of the new people that I mentored, so that's pretty good. I feel like part of it, too, is just being a good employee and being an example for the new people. They say you shouldn't get attached to residents, but you can't help it. Of course you're going to get attached to someone you spend time with every day. But you can learn to be okay with it when they have to move on, or when they pass away. You learn those things through experience and from the people who are working around you. We learn a lot from each other.

Epilogue

Mid Coast Senior Health was actively working on facility improvements to create a more home-like environment for its residents when the LEADS project was started. The projects fit perfectly with the organization's commitment to transition from the traditional nursing home culture where a few people make most of the decisions with little conscious consideration of the impact on residents and direct-care staff. Activities to improve the space were conducted with staff

and across departments in ways that also helped to build a sense of community and improve communication and peer support. Over the past two years Mid Coast has completed renovations and conducted numerous staff education and coaching sessions. The investments of time and resources have contributed to a decrease in the turnover rate of direct-care staff, to assure continuity of care, and helped to build fulfilling relationships between residents and staff. To contact Mid Coast Senior Health and learn more about their involvement in LEADS and culture change, please call Darlene Chalmers, Administrator, or the staff introduced above at 800-729-8033. You may also visit their website at <http://www.midcoastseniorhealthcenter.com/>.

