

For Immediate Release

March 19, 2014

For more information, contact:

Angela de Rocha

Director of Communications

Kansas Department for Aging and Disability Services

785-806-7482

PEAK 2.0 Accepting Applicants through April 30 *A Gold Standard for Nursing Facilities*

TOPEKA – In 2002, the Kansas Department for Aging and Disability Services (KDADS) became a national leader in the push to bring about “culture change” in nursing home facilities across the State of Kansas by developing a now popular and on-going initiative known as “Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK)”.

Traditionally, high-quality care is seen as the gold standard for high-quality nursing homes. But Kansas has been a pioneer in raising the bar, changing that standard to include quality of life as an element equally important in assessing a facility’s success.

In 2011, KDADS introduced an even more progressive model, PEAK 2.0. Building on the success of the original PEAK, providers, consumers and advocates developed a pay-for-performance incentive program, under which nursing homes can be placed in one of five incentive levels to track how they are pursuing culture change, that they met minimum competencies in providing person-centered care and have sustained person-centered care, and that they are using their experience to mentor other facilities in providing person-centered care. Attainment of each level is tied to an incentive payment through Medicaid reimbursement to encourage more nursing homes to move towards person-centered care.

“More than 160 nursing homes in Kansas have demonstrated their commitment to excellence and to person-centered care, making life rewarding and enjoyable for their residents through this PEAK 2.0 program,” KDADS Secretary Shawn Sullivan. “We are eager to expand that spirit to all the nursing facilities in our state. Improving the quality of life enjoyed by nursing home residents is a significant—and measurable—priority. Person-centered care should be the standard of care for all Kansas nursing home residents instead of an institutional and medical based model.”

Since the beginning, the PEAK program has two goals. The first is to recognize those Kansas nursing homes that pursue progressive models of care, the second to provide education to nursing home providers about how to implement change and document its value.

KDADS contracted with the Kansas State University (KSU) Center on Aging in 2012 to administer the program and work toward achieving those goals. KDADS continues to oversee the program and apply the incentive to Medicaid reimbursements, but KSU handles administrative functions such as application, training and evaluation.

Today, KDADS has 162 active participants in the PEAK 2.0 program and continues to move toward statewide changes that refocus caregiving from the institutional model of accomplishing tasks to emphasizing the person -- person-centered care. To achieve these changes, nursing homes have begun to shift from solely providing the services and supports that their residents need to concentrate on four area essential to creating a person-centered care environment:

- Resident Choice – This involves guiding organizations away from the regimented top-down practices of the traditional model to a new approach based on personalized care/service plans, resident input and actively engaged families. It emphasizes customer service, hospitality and attentiveness to individual needs. Providing and promoting choices to residents is the most essential principle of resident-centered care. It provides resident with real choices across the board in their day-to-day living, relationships, activities, learning, leisure, and end-of-life.
- Staff Empowerment – This embraces the empowerment of staff to successfully function in many different roles and make decisions and respond to the choices of residents by building a relationship with them. KDADS has seen this increase job satisfaction for employees and quality of care for resident. Staff is given the latitude and authority, necessary training and flexibility to respond to the needs of the residents they serve. Staff have input into their work schedules and assignments, and are encouraged to work together as teams to innovate and solve problems.
- Home Environment – In this area the goal is for nursing homes to adopt a person-centered approach that shapes the physical environment, organizational structure and interpersonal relationships in ways that create a genuine atmosphere of home. It provides residents with clear opportunities to direct their own lives. Physical environments should be more homelike and less institutional. Larger nursing units are replaced with smaller "households" of 10 to 15 residents, residents would have access to beverages and snacks 24/7 just like they would at home, and overhead public address systems would be eliminated to create a homelike environment.
- Meaningful Life – Staff who work in nursing homes shape the physical environment, organizational structure, and interpersonal relationships with residents in ways that create an atmosphere of home. This includes building on lifelong interests and offering new activities/experiences for residents.

Educational objective modules of the PEAK program were researched and designed by staff at the in KSU Center on Aging and have been distributed to all Kanas nursing homes and other advocates in the profession. They are also available at the KDADS website at <http://www.kdads.ks.gov/LongTermCare/PEAK/peak.html>.

Applications for the PEAK 2.0 program are now being accepted through April 30, 2014 for any Kansas long-term care provider that wishes to participate. To apply, visit <http://www/he.k-state.edu/aging/outreach/peak20> and click on the APPLY NOW link.

If you have questions about the program, contact the PEAK 2.0 team at (785) 532-2776 or ksucoa@gmail.com.

Some PEAK experiences:

The successes of the PEAK program are many. Two nursing homes in Kansas share their successful journey:

Wheat State Manor, Whitewater

Our culture change journey began in December 2012. It has been a journey of ups and downs. It has been a learning experience for all of our staff and residents. PEAK 2.0 was introduced to us by our administrator. He asked for volunteers from our leadership team to facilitate our journey. The original PEAK team was formed. We were excited and ready to make it happen. Each facilitator formed teams to write our action plans for the four core areas we chose. As time went on, we realized that our action plans needed modified at times. The Core areas we chose to work on were:

Domain 1: Resident Choice – Food, bathing and daily schedules

Domain 2: Staff Empowerment – Decision-making in resident care

We held weekly culture change team meetings that were open to anyone who would attend. The facilitators worked on the action plans and discussed progress and challenges. We had the opportunity to send staff to Grow with Evergreen resources for Transforming Innovations (GERTI) training and visit Pleasant View of Inman to learn more about culture change. We hosted learning circles and posted updates to our Culture Change message board. We have utilized some of the resources available from the Pioneer Network, Action Pact, Eden Alternative, and GERTI.

Since making changes, our residents are happier, more involved with making decisions about the activities they do, and decide what food they want. They decide how they live their life! We have more spontaneous activities and some of the “direct care staff” are taking initiative to fulfill resident requests.

Some weeks it seemed that we had gone backward. It often felt like a challenge to get people to support the changes we wanted to make. At times we met resistance and reluctance to change.

Some of the resistance we met was with the people who we care for; not wanting to change because they were accustomed to the “institutional” way of doing things.

It is sometimes difficult for people to change their perception and look at new ideas. Some ideas have a financial impact and require long-term planning and budgeting.

On February 13, 2014, staff from PEAK 2.0 visited Wheat State Manor for our evaluation. The evaluation was very helpful to see that we have made progress. They also helped our team look at the goals we had not yet reached. They were wonderful to visit with and they were very encouraging.

We would encourage others planning to enroll in PEAK to stay focused on their goals and not get bogged down in the daily process. Communication is key for keeping your team on board. Stay positive and be patient. If one way doesn't work, stop and try another route. Culture change is a journey. Embrace it!

Kansas Christian Home, Newton

We are very excited about our PEAK/culture change journey. Applying for PEAK has only focused us more on our goals to provide resident centered care. We started person-centered care many years ago and started on the PEAK process in November of 2012.

Our board believes in person-centered care and is in the process of moving forward with a plan to create four neighborhoods.

PEAK has helped us in many areas. We serve breakfast as restaurant style dining with plans to do this for all three meals. A third commercial kitchen has been constructed to be able to cook what the resident wants at all dining rooms.

While in PEAK, residents and families have been interviewed upon admission with their preference for bathing, we've had consistent staffing in each neighborhood, residents make their own choice of when they wish to sleep and awake and medication times are adjusted accordingly, and more staff are attending care plan meetings.

Some of the benefits of PEAK have been that it has really helped to keep us focused on person-centered care, residents are happier with the changes and the PEAK process has forced us to take steps that we had only been thinking about taking in the past.

The evaluation process was a great experience in that it helped us to really focus in on areas that we needed to improve on. The phone interview helped us to clarify the next steps that we need to take. The next steps for our organization include expanding our meal times, involving more CNAs, residents and families at the Care Plan meetings, increasing the amount of person-centered care education, developing a formal policy for staff development and/or advancement, starting liberalized medication pass, empowering CNAs to respond to resident requests 24/7, and creating more private rooms and eliminating nurses stations.

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The Kansas Department for Aging and Disability Services mission is to foster an environment that promotes security, dignity and independence for all Kansans.