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Hello everyone, this is Marcy Gallagher. If you're having trouble logging onto the WebEx, just give us a shout and we will try and walk you through it. The event password is share, all capital letters. It does take a few minutes for that to load. But I would like to welcome everyone to our first month nursing homes sharing call. Thanks for joining us today. Before we begin I wanted to mention just a few housekeeping items. This WebEx is being recorded so we would appreciate everybody putting their phones on mute to eliminate any background noise. If you do not have a mute button you can press 4 star to mute and then 4 star again to unmute. At this time I am going to turn things over to Pamela Longmire and we will get started. 'S

. Hi everyone, I am excited about our first goal. I'm hoping that we are going to be able to get together and build a strong network, and help each other out. 'S I want to introduce our team. I am really excited to have such a fabulous team and they are great support and we want to make sure that all of you know that we truly are here for you. That is our job, and we love our job of being able to help you and support you and give you the tools to help you be successful. We have Mary Danelson and she is in Muskogee. And she does a lot of Billings area and that part of the state. Marcy Gallagher and she is in Anaconda. And Marcy, does a lot of the upper part of the state. She does Bute, and the Missoula area and up above that. And the cap myself, and I try to do everywhere. If you ladies want to pop in and say Howdy.

Hi everyone. Thanks Pam.

The point of today's call is just a sharing call. We really want to get out there that we want this to be your call. We have set up some things and speakers to get things started and things to think about, but really what we want to start doing is get dialogue started. One of the things that I want to discuss a little but is I don't know if you have heard of the memory bridge, but the memory bridge was started by Michael Verde in the 90s, and it is dedicated to keeping people with [Indiscernible] connected. And how to connect with these people. And one of the programs that Michael date as he started saying -- seeing that we are starting to get a gap between our elders and our youth. And it used to be that our youth were very involved and respectful of elders. And spend time talking to them and getting excited about hearing their stories. And we have moved away from that. And so Michael started a project in Chicago, and it was a memory bridge product -- project and it was to get our youth able to communicate and just connect with our elders. And so he launched this collaborative and were meeting one-on-one with residents and they would go in and make homemade gifts for them and bring them to them and sometimes they would do crafts together and make things together. It was just in our reach to connect them and it was really successful, and I am planning on giving more training in this area hoping to bring it to our homes and help things out. And adapting some of these ideas to Montana. Could somebody put their phone on mute please? I am going to mute all lines. To get started with this, we have Manuel Garza. He goes by many and he is the Helena health -- Helena high school [

Indiscernible] and he has already started this in Montana. And he is going to share with us today about what he has going on. And his ideas. And we will let you take it away Manny, thank you.

Good morning everyone. I am Manny Garza, a little bit about myself. I was a healthcare provider at Helena high school for 13 years as the athletic trainer. And since then I switched to full-time teaching but in 2001, we had an opportunity to get a health exploratory careers class at Helena high, a 100 minute class, about eight to period class for juniors and seniors, and half of the class is to get kids to get exposed to healthcare professions and then the other part is nurses aide certification. So what I have done or what I do is I teach the kids on medical terminology, I certify them in first aid and CPR, and I go through anatomy and physiology so they get comfortable with the organ systems. And the first semester we do all of these activities and they job shadowing our local hospital in Helena and then in the third quarter, they take an eight week course, the nurses aide course. And it works out perfect for us. It is a week so we have 100 minutes a day so it is 80 hours. And within those 80 hours we have 16 to 24 clinical hours. And at the end of the course, the students have the option to test out and take a certification test, and over the past 14 or 15 years we have all but usually just a handful of students. Well over 90% test out. We have had every single kid pass. There has been a couple students throughout the years that I've had to take the test twice but they of all past and got their certifications and as juniors and seniors, they get to go and enter the healthcare field in assisted living, nursing home facilities and I have to do to that St. Peter's Hospital now. And it's just a great opportunity for these kids to get healthcare facility or healthcare experience as they are continuing on at the post secondary level and also a few kids that this is their career. So Helena high has done a great job of getting students career ready along with college ready, and you probably want to know how this is paid for. I am certified as a vocational education instructor because I was a healthcare provider for my first 13 years so Helena high school and Helena school district is eligible for Carl Perkins money. We get Carl Perkins which is a federal fund and we get a certain amount of money allotted to the Helena school district every year and this is how we pay registered nurses to come in and teach the CNA portion. I am not certified to teach the CNA course because the requirements are a registered nurse and a minimum of one year in long-term care facilities. So we have had two ladies in the past that have come in and taught the course. And they do book were to begin with the students in the classroom and once they have gone through enough work they do clinicals on each other so a student would be performing a skill on each other. For the first part of the clinical. And they go to the healthcare facility and do actual skills. I'm residents. It's been a great opportunity for our kids to connect with the elderly population, we've had students go and work in the Helena area and them outside the Helena area. We have had some students from Cranston Montana or Jefferson City and Montana city that have gone to nursing facilities in their small communities. So we have had in our reach of students working in Montana city area. And -- go ahead and open it, if anyone has any questions on what we do with -- at Helena high school and how we work this program, but one more thing I forgot, as Pamela mentioned, we have a club called [Indiscernible], future healthcare professionals, and we do a lot of volunteer service in our local nursing homes in the assisted living. were we got interview residents, we do hair, makeup, nails, we play games with the elderly population. We do gifts, we do things around Thanksgiving, Halloween and Christmas and we make some decorations for the residence to go in their healthcare facility. If you guys have any questions on the course but I teach, help careers, or the certifications which would be CPR/1st aid, CNA certification or the club that goes along with it, go ahead and -- I am not sure how we do this.

Anyone should be able to speak up.

Degrades we teach our juniors and seniors. It recaps the class at 22 students because of clinicals for the nurses aide. It is an application process at Helena high and there is also a class that the Y-uppercase-letter we have two high schools at Helena high so juniors, seniors, anywhere from 16 to 18 -year-old students.

Our policy is they cannot use a lift unless they are 18. Do they take the state test at age 18?

They take the state test -- we have had minors take the state test before they have gotten to 18.

A pleasure to see your class. I got a chance to visit with your students I thought I was remarkable. I had a question for you about perhaps you might know of any rural education funds that might be able to be used for other high schools that may be within -- maybe some of our outlying areas. Do have any knowledge of funds or anything that we could give to other high schools they could use this and gets more of those CNA's that we need desperately?

Very good question. Renée Harris at OPI runs the two-week workshop. I believe it is every summer, that will get a science teacher or a health teacher certified in health sciences which would make them vocational education certified which would make that school district eligible for Carl Perkins funds. Recently this spring I went to a conference in Missoula and a young lady named Elisabeth when was the coordinator for high school relations at fathead Valley community college. And they are introducing an online nurses aide program. So if there is Internet connection, I would imagine there is Internet connection but all the schools a Montana, they could do an online course, through fathead Valley community college for the coursework and then they would have to coordinate with the healthcare facility with a registered nurse that would oversee the clinical skills part. And this is the first year they have done it and I haven't had a chance to talk with them since we have our spring meeting last month, but this is a possibility. And I have heard contact information if anyone is interesting -- interested.

Very much so.

Her phone number, or business phone number is (406)756-3923. Does anybody need that repeated?

What was the name?

Elizabeth Romain. I also have an e-mail address for her if anyone is interested in that. Her e-mail is EROMAIN@FVCC.EDU. Pamela has it on the chatline. Do you guys see that on the chatline?

Sure do.

She didn't want to step on anybody's toes so I was going to contact her if I could. This may be a possibility for rural communities to get this up and running.

Those of you who don't have questions could you please mute your lines and you can individually mute and unmute your lines. We are getting background feedback. It is 4 star to mute and 4 star to unmute if you do not have a mute button. Any other questions for many? We are going to go to our first pulling question and then Manny if you want to stick around for a few minutes and see if other questions come up and let us know when you need to leave.

Okay, sure.

Could you pull up our first pulling question please?

I think the polling has timed out. And hopefully WebEx will have up some results for us shortly. And while we wait on those results, let me -- look at that. We are ready have them up. That was really fast. It looks like quite a few of you have used these in your facilities, and that is great. One of the things that I wanted to bring up that I recently learned that I found exciting and we will look for those of you that are in small college towns is other countries are making it so that college students can live in their unoccupied rooms in the nursing homes. And what they're doing is they're having some of them pay a small fee and some of them they are not charging a fee at all to reside there were only charging a food fee. And that gives them other people to interact with and visit with the residence and they are finding that really helps the residence with depression issues and it just helps to have people around coming and going, and the residence really enjoy having younger people around. It excites them and invigorate them. Has anybody heard of that or does anyone have any input on that? We have a lively crew today. The other thing that is exciting I think, and I know a lot of you have probably heard about this, nursing homes are choosing to have preschools in their nursing homes and they are not just open to the workers, but also open to the public. And other facilities are choosing to do day care to consider that helping with having stability. I know that George at Rocky Mountain here in Helena, he is looking at putting in a type of a day care. George?

Thanks, it's a process still ongoing, but we're looking at some of the needs of our younger CNA's who are starting families, our wages aren't all that good but anything we can do that could help and if you have more than one facility who has -- those with children, it looks to be a good mix. The only issue I have found going forward is just to have not only room inside the facility but outside and a play area. That is adjacent to the facility. That something you have to look at and that is probably the biggest hurdle but you can face. As long as you have the space, the bathroom, and so forth, it is doable and at first I had very limited interest but not have quite a few so I'm looking to start this up again. First it wasn't going well and suddenly around summertime, the parents are saying that their kids are home and wondering maybe this is a much better deal that we thought.

Does this look like this is something that will come to fruition for you George?

I think so. I think we have the report, I'm waiting to check with my sister facility to see the numbers that they have. What we're looking ads was whether we are going to be just a day care area or actually a site. And has to do with the number of children you have during the day. There is a cut off. I believe it is 12 but I think you go to 15 depending on how the hours actually work, then you would have to have a director along with someone to help take care of them.

Has anybody else can do this or has anybody else on this?

I think the thing you have to look at more than anything else is is it going to be sustainable for a while? It is hard to do with all the turnover in CNA's. You are trying to eliminate that. Something you can do to hold onto those that you really want to and you are showing interest in them an interest in the long run. I think it can be a good thing. I think it is something we can all look at and see if it is a possibility for our facilities.

This is Karen Kilpatrick. How do you plan to handle the kids that are sick? They can't be in daycare and that's where half my staff is. How will you handle sick kids?

It is the same issue. They have to come home, the need in about it is at least [Indiscernible] facility have that ability for one of our nurses to come over and take a look. At least give that -- at least first responder. We can't get away from that but at least it is comforting for the CNA to know that their children are right there if there is an issue, of course they have to go home and certainly we will have to take the same days off. It is just the cost that we may be able to do. If we can limit the cost per day or even for free, it is worth the money in the long run. I think. It pencils out okay.

Even if you can offer a maybe not for free but at a lower cost, and one of the things that culturally aware help eliminate is people being late for work because they had to stop at the day care and they had separation anxiety issues that took longer, so if they are actually just all going to the same location, and then dropping off the children and I'm going to their position that work, I would think that would be -- up was sustainability, help with being late, and lowers the excuse of my kids are sick and I have to stay home. And even if they wanted to have that opportunity to take a break or lunch with their children, they can. It's an option for them.

Just a dialogue with your staff is trying to see who you have and if it pencils out. I hate to open a can of forms. It is a little frustrating sometimes trying to get it all organized but I'm still in the process of doing it. I just had this that feeling as a parent, realizing how hard it was for me to do that, but if we could eliminate that, I am sure that that is such a relief for our workers that they will want to stay with us if we can offer them stability. Something just to look at.

Does anyone have any thoughts or questions on this?

Just to let you know, I went to the Department of public health to get their approval and look through our facility to see if it was possible. And there is sure program, one here in Helena, we can look to get qualified people to start running it and that is the process I am in right now.

That is great George, I thank you for sharing that. I really appreciate it. Hard to know whether homes are considering it or looking at it, but it seems like it might be a viable option. And there are a lot of things to consider to work on our staffing. Many of you were able to attend our Dr. Al Power event, dementia be on drugs and that was really exciting. And Marcy is going to discuss that with you.

Thanks Pamela. As Pamela just mentioned Dr. Al Power presented a dementia beyond drugs conference in Missoula, via teleconferencing Billings on June 3. Dr. Powe or workshop introduces new path dementia care designed to reduce reliance on antipsychotic drugs and facilitate meaningful engagement and improved well-being through person centered practices. We wondered for a those of you on the call who may have attended the Dr. Power presentation would you be willing to share your thoughts and maybe if you plan to utilize any of the ideas presented at your facility?

This is Sandra. It was an awesome [Indiscernible]. And it is going to be presented to all staff probably in a couple of different meetings.

That is impressive Sandra, that is great, I am glad you it worthwhile. You'll have to keep us posted on how that turns out.

Okay.

I would be real interested.

How about anybody else?

This is [Indiscernible] Sandra's administrator and I did not attend but I had her and one of our certified nursing assistants attended as well and I thought one of the benefits of that, they both came back very excited, very -- they felt like they had real -- identified real opportunities to work with that area but the third -- financial assistance especially found it valuable and not only did she come back and share with me, she also is sharing with her fellow staff members, the rest of her team, and that to me is a huge benefit when you can get people excited about things such as this where on the floor when they're working, they're putting it into action right away. And I heard nothing but excellent things about it and was very glad I was able to send them there. I thought it was very worthwhile.

That is fantastic. Kudos to you guys. I know we were really pushing folks to try to send their CNA's so that is great.

I would just like to really think those of you who did send your CNA's. I know Marcy just did that but I want to reiterate that. As we reach out to our CNA's and we empower them and they get excited and they share it, I think maybe they receive it better from one another. And so just really trying hard to reach the CNA staff so thank you.

How about anybody else? Any other comments? I don't know if folks attended via the teleconference out of the Billings site, or anybody else have any thoughts on Dr. Power? And the workshop? Okay. I think we will go ahead and just advanced to the next slide Pamela and have WebEx pull up our second polling question. We will wait for that to come up for our answers. That is great. Some of the comments we were really excited about having Dr. Power present and I know that he had contacted us, we had chatted with him at the conference about maybe being able to conduct some WebEx for our state, WebEx training, and so we are going to really try to take him up on the offer and we see that 10 of you actually had -- said yes that you would like for

training from Dr. Power, so we are just going to move forward with that and hopefully be able to utilize his the future. Something to keep an eye out for. Next we will bring Mariana and Mary is going to talk with you about a new tool that we have developed and just very excited about this new tool and how it can help you. Mary, would you like to discuss that?

I will, thanks Pamela. In this portion of the presentation we will talk about the double profit scorecard later. How can we best use our resources to assist you with your quality improvement work? I'm curious about how you would feel about having a nursing home listserv? This would be an e-mail listserv specifically for facilities to share ideas, policies, procedures and tools and we did this back at our last scope of work would it dot get utilize much. Those of you who are affiliated with critical access facilities the listserv we provide them through the [Indiscernible] has been very successful Internet to be a great sharing tool so if anybody has any thoughts before get started on restarting the nursing home listserv? Do you think that would be useful? If you could open it up to see if anybody has any comments.

All the lines are unmuted. Does anybody think that would be useful or do you have any thoughts on that?

I would be interested.

I as well. It is definitely a means of the networking that is invaluable to everybody that we can share and not reinvent the wheel every time.

Great,. Okay good. We will go ahead and talk about getting that set up again and it seems like a few of you are interested and if anybody else's comments you can call or e-mail us and let us know. But since the comments are positive we will try to get that started again. On this slide before we go to the next one that shows an example of a composite score calculator, if you could take note of the June 30 meeting at 2:00 p.m.. You can move to the next slide I will talk about the composite score calculator. These next two slides are examples of what this tool looks like. The first one is a PDF which is this one, that would need to be completed by hand. Ed the next example is on an Excel spreadsheet. This one does the map for you. You just need to enter the numbers in the calculator will do all the calculations for you. The composite data is you are aware of the information that long-term care facilities send into MBS and then the NCC or the national coordinating center sends this information to us, our analyst user to create the composite score report we send back to. You may have noticed three months lag time by the time you receive this information. If you use this composite score calculator which has all the measures on there, enter your numerator, denominator, and a calculate your score or you, this would allow you to see what your score is in real-time. Say you are working on a specific quality measure, for example decreasing the use of antipsychotic medication in a dementia patient. And you want to see the difference that would make by having a reduction of one person. You may be shocked to see the smallest increments of change by reducing antipsychotics and one person and how that would change your score. This is a good real-time tool that you can use for that. This can help you focus on where to get started in your QI project or where -- your benchmarking goals. We do encourage you to start small with a big like this. A big sure you have a success before moving from there. What are your thoughts on future training regarding this tool the composite score

report and the composite score calculator? What any of you be interested in having a webinar specifically on this tool?

Yes, please.

I would definitely need a training.

Okay good. I am not going into a lot of detail today, that's why thought if you would like this, something you would find beneficial, we can do an entire training on it. We will do a webinar on it. That is something we can talk about. You get big about this that e-mail us or call us. If you think you would use it. It is a great tool and we are excited about that. Let us know what you think and then the last slide I had here is a polling question on whether or not MDS training would be helpful to you. I know that the level of MDS coordinator experience is all over the board and long-term care facilities from brand-new to those with many years of experience. So if you are interested it would be great to know where you are at and what kind of training would be helpful. This pulling question asks whether or not it would be helpful but you can let us know what kind of training would be most beneficial to you. Also just FYI we do have some past webinars that are recorded, and those can be viewed on our website at [Indiscernible]. And that might give you of where we can go with her training. If you're interested in this. Can we start a polling question? Or is it done?

They have completed it. We have answers coming across now.

Thanks everyone. Go back to you Pamela.

I think -- did you are ready discussed everything you wanted to on the slide?

I did. I did not know that was my slide.

Just to help us better help you, can you share with us what you would like training on and where you would like us to maybe put some effort out where you have not seen it?

You guys are such a talkative group. I can hardly get a word in edgewise. With all of you.

This is sue war in. I will chime in. I think training is always beneficial on the Casper report. Connecting that to the MDS and documentation gaps that may occur and how that relates to completion of your MDS. The high points to look at on that tool that you had for say the number of Foley catheters, pain scores, how that translates from the Casper report to MDS. I think that is always helpful.

Remember the reports that we send out, try to send out every month, I apologize sometimes they are a little slow coming out. But it takes me a while to go through all of those, and there are a lot of you out there and I send them all out at one so you receive them about the same time. You receive your -- all of the data comes from your MDS reporting. So when you look at that, just know I know we have had people calling question where does this data come from. And it all comes from your MDS data that you're turning into us. When you log onto your Casper reports.

You see the numbers may be a little different, there shouldn't be a lot of difference between the numbers. We pull the information from Casper but we get it all the more up-to-date usually. That might be where you are seeing a little variation in the numbers.

Also may be some training for those looking at the quality [Indiscernible] ways that we can improve them. And also perhaps in staffing. Making sure that you're documenting our staffing correctly. Sometimes with me appropriate and are facing staffing reflect what we have. Training on that would be helpful. We make those mistakes.

And my understanding you one MDS training on staffing?

Not really MDS training on staffing MDS but in our response to the five-star -- as we fill out our surveys other areas, want to make sure we're doing it correctly. Doubling up in areas are not putting in the staffing that is necessary and often I can be confusing. There are been mistakes made and also we look at those quality indicators, things that we can change to improve our star rating. They we can training on their own ways that we can do that. Ways that we can or at least ways that we can improve that quality rating much more easily than we may be thinking. Maybe things we are not looking at or understanding and put in the five-star rating. Am I making sense on that?

I think so. I ask that you shoot me an e-mail so that I have a record of that. And I can pull it up and I keep track of that. And I took little notes here, but I can't write as quickly as you can type. As quickly as you can talk. I know what I am trying to say. And the other thing I want to encourage is remember June 30, we are doing a training with the five-star and many of you send questions in and I forwarded the questions to those doing the training. So coming, join that training June 30 and I'm sure they will have a Q&A time.

Pamela you are sending out webmail to everyone with the time and went to: For the training right?

Actually should of got one again this morning and whenever you get those, look for attachments. For today's call, there was an attachment that gave instructions for today's call. There are attachments for June 30, and --

We will go ahead and make sure we send a separate reminder for the June 30 call if that would be helpful because I think this is going to be a great WebEx and we would hate for folks to miss out on that. We will make a note to ourselves to send out a reminder prior to that call. Maybe on the 29th.

Does anybody have -- to hit on all of the needs, does anyone have areas where they really were struggling? And they have found a way to succeed past that challenge? Okay, all right, I will move to the next slide. And this is about our call. What I would like to know is should we continue these calls on even months? That basically is every other month we would do this next time in August, where it would be similar in sharing and what I would really like you guys to think about and prepare for is opening up and really sharing with each other. I know they can be challenging and I know that can make you vulnerable, but I think that there is so much

information out there, we have a lot of really wise people out there that have been doing this a long time. We have some people who have not been doing this very long at all. And just sharing and saying we're having this issue or we had this issue, and we struggled with that and we tried this and it didn't work and we tried this and it didn't work and finally this worked and just connecting with each other so that we can band together and move forward. And support each other. The next polling question is what we like to continue these calls? Are they helpful? If that can be brought up please. You

It looks like six of you said yes and none of you said no and 15 didn't answer. I think we will go ahead and move forward and continue these calls. And if we get to the point where there just isn't the interest, then we will this continue. This would be a place to chime in on chat. Mary already brought up the listserv, and how helpful that could be. I know Alaska has had really good success with this. And would just like to hopefully offer that to you guys and get that success and I think what I will do is just send out the information to everybody so that you all have each other's comfort -- contact information and can communicate with each other. Would anybody like to discuss ideas for how to communicate with each other? Other ideas that might work? Okay. It looks like we have really done pretty well for time. It is 11:51, looks like you will get about 10 minutes back. And I just want to thank each and any one of you that chose to jump on the call today. And give us your time. It is really important to us, we value your time, and value your comments and to make sure that we are doing things that really help you and help you to succeed.

Thank you, much appreciated it.

Thanks everyone. If you could hang on while WebEx brings our last polling question to give us an idea of generally how you felt about the call and that would be great. We appreciate the responses are coming in on this and there will be 15 minutes allowed for this last polling question so you can all get your answers in and that again just helps us and thank you for your time, and I hope you all have a great day and be sure to connect with us anytime, whatever you need, it doesn't matter, even if you think we can help, if you're curious, should it off, if we are able to help, we will do it.

Thank you very much.

Thank you, we will see you next week on the 30th. [Event Concluded]