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### Introduction

- Dana Nelson-Eisinger, NHA/OTR
  - Over 15 years of Long Term Care experience
  - Over 10 years experience as Director of Rehabilitation in SNFs
  - Administrator at Upjohn Care and Rehabilitation Center at Heritage Community

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### Session Objectives

- Understand why we made the change to a Case Management Department
- Understand our transition process
- Explore tools to assist with change
- Understand our outcomes based on the change

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## Building Characteristics

- 118-bed skilled nursing and rehab center
  - 34 bed rehab unit
    - 22 Medicare ADC
    - 18.6 ALOS Medicare
    - 38 admits/month
    - 36 discharges/month
  - 20 bed memory care unit
  - 64 bed long term care unit
- Located within a CCRC
  - Independent Living
  - Assisted Living
  - Memory Care Assisted Living
  - HUD housing




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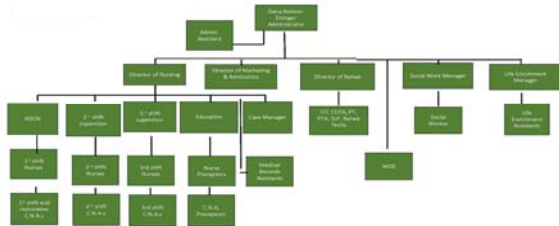
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## Why we made the change

ORGANIZATION CHART  
FEBRUARY 2016  
\*PRIOR TO CHANGES




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## Why we made the change cont.

- 1) Inefficiencies
  - Care Conferences- many people at the table
    - ADON or MDS
    - Case Manager
    - Social Work
    - Dietary
    - Life Enrichment
    - Rehab
  - Each Resident had numerous people to talk to
    - Had frequent complaints that residents/families didn't know who to talk to
  - MDS Process
    - Admissions: A
    - Social Work: C, D, E
    - Dietary: K
    - Life Enrichment: F
    - MDS: B, G, H, I, J, L, M, N, O, P
    - Therapy: O




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## Why we made the change cont.

- 2) Had one Case Manager who was not able to meet all the needs of the position
- 3) Person-Centered Care: the need to spend more time getting to know each resident and their family
- 4) Matches hospital structure
- 5) ACA/Managed Care changes:
  - MDS staff were spending a lot of time on authorizations/re-authorizations
  - Decreasing length of stay
  - Increased number of MDS
  - Increased needs at time of discharge
  - Increased number of admissions
- 6) Need for increased customer service/resident and family satisfaction

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## Why we made the change cont.

- So all these things were continually on my mind... Then one night, laying in bed of course, I had an idea...



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## Exercise



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## Exercise

- Get to know each other!

- Sample questions

- Where do you work?
    - What is your position?
    - Where did you go to school?
    - Where did you grow up?
    - Do you have children?
    - Are you married?
    - Where do you live?
    - What are your hobbies?

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## How we made the transition

- Wrote it all out so that it actually made sense
- Met with my Leadership team to get their input and buy-in
- Formalized proposal and met with Executive Team for approval

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## How we made the transition cont.



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### How we made the transition cont.

- Met with team members involved to roll out and plan for transition
  - Helped them see WHY the change was going to occur
  - Gave them time to acknowledge and accept the change
  - Incorporated the team in roll-out to help develop buy-in

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### How we made the transition cont.

- Determined specific job duties
  - Each duty that each person/department was responsible for needed to be documented.

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### How we made the transition cont.

- Determined training needed
  - Social Workers:
    - Insurance authorizations/re-authorizations
    - NOMNC/exhaust letters
    - Appeal process
    - Medicare Certs
    - Admission contracts
    - MDS
    - LOCD

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### How we made the transition cont.

- Determined training needed
  - MDS
    - Discharge planning & Home Services
    - Medicaid applications
    - Rep payee
    - Equipment ordering
    - Community Services
    - Competency
    - DNR
    - Admission Contract

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### How we made the transition cont.

- Determined training needed
  - Floor nurses/ADON
    - Assessments
      - Braden, Fall, Side Rail, Pain, Elopement
    - Sleep Logs
    - AIMS



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### How we made the transition cont.

- Staff changes and need for restructuring
  - Initial Transition during planning:
    - 3 nurses and 2 Social Workers (1 who was the Manager)
    - Manager left for job advancement
    - Decision to hire nurse for Manager position

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## How we made the transition cont.

- Staff changes and need for restructuring cont.
  - Transition #2: 4 nurses and 1 SW
    - Wanted to have caseload and job duties divided equally, but quickly determined that the SW was not able to handle the nursing role and tasks of the position
    - Re-divided job duties to remove nursing specific responsibilities from SW and add other duties to her job duties.

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## How we made the transition cont.

- Staff changes and need for restructuring cont.
  - Transition #3:
    - SW resigned
    - Decision to hire nurse vs. SW
      - \*note regulation 483.70 (p), F251: "Any facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is
        - » (1) an individual with a minimum of a bachelor's degree in social work or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology; and
        - » (2) One year of supervised social work experience in a health care setting working directly with individuals
    - Once again re-divided job duties to equally divide caseload and job duties
    - Nurses needed training again on the psychosocial aspects of the position

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## How we made the transition cont.

- Staff changes and need for restructuring cont..
  - Transition #4:
    - Decision to eliminate Manager of Case Management position to create another Case Manager "in the trenches"
    - Director of Rehabilitation assumes responsibility of Case Management team with new title of Director of Rehabilitation and Case Management
    - Need for further education in tasks that the manager had been primarily handling.

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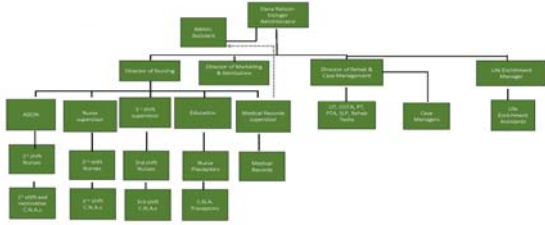
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## How we made the transition cont.

ORGANIZATION CHART  
APRIL 2017  
\*2ND LEVEL OF CHANGES




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## The leader as a change agent

- Once the leader has decided change is needed, then that leader must become a change agent. The leader must be out in front to encourage change and growth and show the way to bring it about. The leader must first understand:
  - 1) The technical requirements of the change
  - 2) The attitude and motivational demands for bringing it about

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## The leader as a change agent cont.

- Assess yourself as a change agent for the change you are considering:
  - Make a list of the logical advantages and disadvantages that should result from the change, and then make another list indicating the psychological impact.
  - Just seeing this on paper can be clarifying.

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## The leader as a change agent cont.

### WHY PEOPLE RESIST CHANGE (Developing the Leader Within You, John C. Maxwell)

- The change isn't self-initiated
- Routine is disrupted
- Change creates fear of the unknown
- The purpose of the change is unclear
- Change creates fear of failure
- The rewards for change don't match the effort change requires
- People are too satisfied with the way things are
- Change won't happen when people engage in negative thinking
- The followers lack respect for the leader
- The leader is susceptible to feelings of personal criticism
- Change may mean personal loss
- Change requires additional commitment
- Narrow-mindedness thwarts acceptance of new ideas
- Tradition resists change

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## The leader as a change agent cont.

### A CHECKLIST FOR CHANGE (Maxwell)

- Questions that you should review *before* attempting changes within an organization. When the questions can be answered with a *yes*, change tends to be easier. Questions that can only be answered with *no* (*or maybe*) usually indicate that change will be difficult.

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## The leader as a change agent cont.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Will this change benefit the followers?
<input type="checkbox"/>	<input type="checkbox"/>	Is this change compatible with the purpose of the organization?
<input type="checkbox"/>	<input type="checkbox"/>	Is this change specific and clear?
<input type="checkbox"/>	<input type="checkbox"/>	Are the top 20% (the influencers) in favor of this change?
<input type="checkbox"/>	<input type="checkbox"/>	Is it possible to test this change before making a total commitment to it?
<input type="checkbox"/>	<input type="checkbox"/>	Are physical, financial, and human resources available to make this change?
<input type="checkbox"/>	<input type="checkbox"/>	Is this change reversible?
<input type="checkbox"/>	<input type="checkbox"/>	Is this change the next obvious step?
<input type="checkbox"/>	<input type="checkbox"/>	Does this change have both short-and long-range benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Is the leadership capable of bringing about this change?
<input type="checkbox"/>	<input type="checkbox"/>	Is the timing right?

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## The leader as a change agent cont.

### SOLICIT SUPPORT FOR CHANGE FROM THE MAJOR INFLUENCERS IN THE ORGANIZATION (Maxwell)

1. List the major influencer(s) of the major groups within your organization.
2. How many will be affected *directly* by this change? (Most important group)
3. How many will be affected *indirectly* by this change?
4. How many will probably be positive?
5. How many will probably be negative?
6. Which group is the majority?
7. Which group is the most influential?
8. If the positive group is stronger, bring the influencers *together* for discussion.
9. If the negative group is stronger, meet with the influencers *individually*.
10. Know the "key" to each influencer.

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## The leader as a change agent cont.

### HOW TO OFFER OWNERSHIP OF CHANGE TO OTHERS (Truett, "Helping Employees Cope with Change")

- 1) Inform people in advance so they'll have time to think about the implications of the change and how it will affect them.
- 2) Explain the overall objectives of the change-the reasons for it and how and when it will occur.
- 3) Show people how it will benefit them. Be honest with employees who may lose out as a result of the change. Alert them early and provide assistance to help them find another job if necessary.
- 4) Ask those who will be affected by the change to participate in all stages of the change process.
- 5) Keep communication channels open. Provide opportunities for employees to discuss the change. Encourage questions, comments, and other feedback.
- 6) Be flexible and adaptable throughout the change process. Admit mistakes and make changes where appropriate.
- 7) Constantly demonstrate your belief in and commitment to the change. Indicate your confidence in their ability to implement the change.
- 8) Provide enthusiasm, assistance, appreciation, and recognition to those implementing the change.

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## The leader as a change agent cont.

THE EVOLUTIONARY PROCESS THAT MUST OCCUR AS AN ORGANIZATION MOVES FROM IGNORANCE TO WILLINGNESS AND INNOVATION (Kassier)

- 1) **Ignorance:** No unified direction or sense of priorities is felt among the followers. They are "in the dark."
- 2) **Information:** General information is given to the people. Initially the ideas for change are not embraced.
- 3) **Infusion:** The penetration of new ideas into the status quo may cause confrontations with apathy, prejudice, and tradition. The general tendency is to focus on problems.
- 4) **Individual change:** The "early adopters" begin to see the benefits of the proposed change and embrace them. Personal convictions replace complacency.
- 5) **Organizational change:** Less defensiveness and more openness concerning proposed changes can be observed.
- 6) **Awkward application:** Some failures and some successes are experienced as the change is implemented. The learning process is rapid.
- 7) **Integration:** Awkwardness begins to decrease, and acceptance level increases. A growing sense of accomplishment and a secondary wave or results and successes occur.
- 8) **Innovation:** Significant results create confidence and a willingness to take risks. The result is a willingness to change more rapidly and boldly.

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## Results of the change

- Challenges:
  - Turn-over
  - Lack of staff with in-depth Medicaid experience
  - Large amount of training and education needed within Case Management department and with building staff regarding their roles
  - Length of time for successful transition

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## Results of the change cont.

- Successes:
  - Increased efficiencies
    - Care Conferences-streamlined and smaller
      - Case Manager
      - Dietary
      - Life Enrichment
      - Therapy
    - MDS Process
      - Case Managers: A, B, C, D, E, G, H, I, J, L, M, N, O, P, Q, V
      - Dietary: K
      - Life Enrichment: F
      - Therapy: O, GG

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## Results of the change cont.

- Successes cont.:
  - Decreased resident/family concerns regarding "I don't know who to talk to about that"
  - Increased "ownership" over each resident/know resident better/knowledge of family dynamics
  - Increased breadth of understanding of previously specialized roles
  - Improved timeliness of MDS and Care Plan completion
  - Increased compliance with Advanced Directives
  - Improved cooperation between departments (especially nursing and Case Management)
  - Improved discharge planning including coordination with external providers and internal CCRC transitions
  - Increased compliance with follow-up calls after discharge
  - Hospital readmission rate 8.3% since inception

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## Thank you



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