



Promoting Excellent Alternatives in Kansas

## PEAK AWARDS APPLICATION INFORMATION

PEAK Nursing Homes is an initiative designed to encourage Kansas nursing home providers to change the culture of long-term care through education and recognition. The Kansas Department on Aging (KDOA) annually recognizes those homes that have taken steps to improve the quality of life for both residents and staff by changing the home's culture to increase resident control, empower front-line staff, enhance the physical environment, and increase community involvement.

### WHO SHOULD APPLY?

Kansas nursing home providers that have taken significant steps and realized success in implementing culture change in their facility should apply. However, all nursing homes may benefit from the self-analysis that comes with completion of the application. Previous award winners who have achieved additional success in advancing culture change in their facility since receiving their most recent PEAK award are encouraged to apply again.

### WHY PROVIDERS SHOULD APPLY?

The PEAK awards provide recognition for your efforts to implement culture change. Award winners will receive a plaque recognizing their achievement. They will be honored at the Governor's Conference on Aging Services. KDOA will request a Governor's Proclamation explaining the PEAK awards and naming the PEAK award winners. KDOA will also participate in other recognition efforts such as ceremonies at the Kansas trade associations' conferences, and celebrations at the award winning homes. KDOA will issue press releases for each of these events to generate media coverage for the PEAK winners.

The recognition generated for award winning homes also contributes to the advancement of culture change. Each awards ceremony and celebration brings praise to the award winners' staff and residents. Every piece of media coverage for the awards adds to the momentum of the culture change movement. So applying for a PEAK award is about more than seeking recognition, it's also a part of the effort to promote person-centered care.

### PEAK AWARDS PROCESS

An independent team of representatives from various stakeholder organizations dedicated to the field of aging will conduct a blind review of all PEAK applications received by the application deadline. Health care survey results for the previous 15 months will be reviewed. Selected applicants will be scheduled for a site visit by the PEAK Travel Team, who will be responsible for verifying the information provided in the application and ensuring the organization supports the concept of culture change. Homes that demonstrate exceptional gains during the application year in implementing culture change will be recognized for their outstanding progress in changing the culture of their home.

### 2009 PEAK AWARDS TIME LINE

Application Submission Deadline	December 31, 2009
Site Visit Notification (contacted by)	January 30, 2010
Award Winner Notification (contacted by)	April 3, 2010
Awards Presented	May 2010

For additional information on the PEAK Initiative, please visit the KDOA website at <http://www.agingkansas.org/CultureChange/PEAK/peak.htm>.

For further assistance please call 785-296-4986 or write to [PeakAwards@aging.ks.gov](mailto:PeakAwards@aging.ks.gov).

# PEAK NURSING HOME AWARD APPLICATION COVER SHEET

## Provider Information

PROVIDER NAME/NURSING HOME NAME			10 DIGIT PROVIDER ID NUMBER	
STREET ADDRESS/POST OFFICE BOX			PHONE NUMBER	FAX NUMBER
CITY	STATE KS	ZIP CODE	WEBSITE ADDRESS	
ADMINISTRATOR'S NAME		ADMINISTRATOR'S EMAIL ADDRESS		
OTHER NURSING HOME CONTACT/POSITION		OTHER CONTACT'S EMAIL ADDRESS		

## Application Guidelines:

**1) Complete the questionnaire and write an anonymous narrative explanation for each “yes” response. Applications will be subjected to a “blind review”. Please avoid using facility specific names or identifiers in your narrative writing.**

Use the narrative to describe the changes that have been made in each domain (i.e. tell your “story”). Include the steps you took to implement the changes and the outcomes your residents and/or staff have realized as a result of the changes. Also include any benefits your organization may have realized. Each response should be approximately 100 words or less. If you are submitting an application for a second or subsequent year, the application should document changes that have occurred since the last award winning application was submitted.

**2) Provide additional supporting materials, such as pictures or other evidence of change.**

You may submit pictures or other materials that help you explain the changes your home has made. However, to remain anonymous to the application review team, do not include images or materials that identify your home.

**3) Submit the application and all supporting materials by 5:00 PM (CST), December 15, 2009.**

You are encouraged to submit the application and supporting documents electronically to [PeakAwards@aging.ks.gov](mailto:PeakAwards@aging.ks.gov). You may also mail or deliver your application to Kansas Department on Aging, PEAK Awards, 503 S Kansas Ave, Topeka, KS 66603. If you submit your application by mail or delivery, please include 10 complete and separate copies of the application and supporting materials.

*Culture change is a journey, not a destination . . .*

# QUESTIONNAIRE

*Please answer yes or no to each question. If answered "yes", provide a brief explanation.*

## **Domain: Resident Control**

1) Do residents know they have the right to make choices and are they encouraged to do so? Yes \_\_\_ No \_\_\_  
If yes, describe how resident input is received, e.g., care plans, advisory council, learning circles/discussion groups, etc. and how choices are met.

2) Are daily schedules flexible and centered around resident's choices? Yes \_\_\_ No \_\_\_ If yes, describe wake-up times, bed times, bath times, meal times, etc.

3) Do residents have choices regarding menus and mealtimes? Yes \_\_\_ No \_\_\_ If yes, describe the residents' daily dining experience. For example: residents have a choice of entrées, side dishes, beverages, etc.; have snacks and beverages available at all times; can eat out or have carry-in from restaurants; can have favorite foods prepared; and have flexible dining hours.

4) Do residents have options in bathing methods and times? Yes \_\_\_ No \_\_\_ If yes, describe the bathing experience.

5) Do residents regularly engage in activities of their own preference and need? Yes \_\_\_ No \_\_\_ If yes, describe the choices and provide examples of activities available to a resident during a typical day.

6) Are residents involved in the development of their plan of care? Yes \_\_\_ No \_\_\_ If yes, describe the care planning process, including the flexibility of meeting times and how the staff get to know the residents as individuals. Are care plans written in the resident's voice such as "I care plans"? Yes \_\_\_ No \_\_\_

7) Are resident satisfaction, along with family satisfaction, surveys conducted on an on-going basis and are they analyzed for possible areas for improvement? Yes \_\_\_ No \_\_\_ If yes, describe the survey tool used, frequency of survey and how the results are used.

8) Have strong relationships developed between the resident, their family, and the direct care workers? If yes, describe some examples of how the relationship was developed and any special events the resident and staff have been involved in. How does the staff get to know a new resident and their family to assist them in making the transition from the community to the home?

**Domain: Staff Empowerment**

1) Are decisions made by teams which include staff from all levels? Yes \_\_\_ No \_\_\_ If yes, describe the team make-up and the frequency of meetings. Has a team leader been chosen? Yes \_\_\_ No \_\_\_

2) Are certified nurse aides and other front-line staff involved in the care planning process? Yes \_\_\_ No \_\_\_  
Are they asked for input before/during the care planning process? Yes \_\_\_ No \_\_\_  
Are they notified of changes made to the care plans? Yes \_\_\_ No \_\_\_  
If yes for any of these questions, describe the process.

3) Are staff members cross trained and able to perform multiple tasks? Yes \_\_\_ No \_\_\_ If yes, describe which staff are cross trained and their daily tasks.

4) Do staff create their own work schedules? Yes \_\_\_ No \_\_\_ If yes, describe the scheduling process.

5) Is there consistent staffing at least on the day shift? Yes \_\_\_ No \_\_\_ If yes, describe how staff are assigned to the same residents and the shifts with consistent assignments.

6) Are there incentives and opportunities for career advancement? Yes \_\_\_ No \_\_\_ If yes, describe the incentives and opportunities, e.g., salary increases, paid tuition, salary while attending training or classes etc. Are they recognized for their career advancements, by a pay raise or formal structure? Yes \_\_\_ No \_\_\_

7) Are staff satisfaction surveys conducted on an on-going basis and analyzed for possible areas for improvement? Yes \_\_\_ No \_\_\_ If yes, describe the survey tool used, frequency of survey and how the results are used. Are the satisfaction survey results shared with the staff? Yes \_\_\_ No \_\_\_

8) Are staff members included in identifying solutions to resident issues? Yes \_\_\_ No \_\_\_ Are they able to contact the families for input? Yes \_\_\_ No \_\_\_

9) Are members of the staff involved in hiring/firing? Yes \_\_\_ No \_\_\_ Do they train new hires?  
Yes \_\_\_ No \_\_\_

**Domain: Home Environment**

1) Are there distinct neighborhoods or households? Yes \_\_\_ No \_\_\_ If yes, describe your neighborhoods or households.

2) Are the residents' rooms, care areas and common areas less institutional and more home compatible?  
Yes \_\_\_ No \_\_\_ If yes, tell what one would experience in your home, e.g., layout (including dining, and bathing, etc.), furniture, décor including use of residents' personal items, plants, animals, etc., and the residents' input into the decisions about these things.

3) Has the traditional nurses' work area been made to have a less institutional appearance?  
Yes \_\_\_ No \_\_\_ If yes, please describe the area.

4) Have efforts been made to reduce institutional noise (overhead intercoms)? Yes \_\_\_ No \_\_\_ If yes, describe what changes have been implemented.

5) Are there ample outdoor areas that provide safe and secure access for resident use? Yes \_\_\_ No \_\_\_ If yes, describe your outdoor area(s) and residents' accessibility to them, e.g., walking/wheelchair paths, raised planters, gardens, and/or furniture, etc.

6) Have the bathing areas for the residents been updated or changed to reflect a more pleasant and home like environment? Yes \_\_\_ No \_\_\_ If yes, how have they been changed?

**Domain: Community Involvement**

1) Is there a formal process for informing the community about activities at your home? Yes \_\_\_ No \_\_\_ If yes, describe the process, e.g., nursing home newsletter, local newspaper, etc.

2) Is there an established process in each neighborhood to encourage residents to participate in community activities, both inside and outside the home, on a weekly basis? Yes \_\_\_ No \_\_\_ If yes, please describe the process.

3) Is there a formal volunteer program with recognition? Yes \_\_\_ No \_\_\_ If yes, describe your volunteer program(s) and how you recognize the volunteers.

4) Are there intergenerational programs scheduled regularly and frequently? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe your intergenerational programs and how often they occur.