

Sample Application

PEAK Nursing Homes

Promoting Excellent Alternatives in Kansas

PEAK 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.

The following information is intended to provide guidance for completion of the PEAK nursing home awards application. For additional information or an electronic copy of the application, please visit the KDOA website at www.agingkansas.org/kdoa/programs/peak.htm. For more information and training materials on culture change, visit Kansas State University's Center on Aging website at www.ksu.edu/peak. For further assistance please contact:

Dave Halferty

(785) 296-8620

DaveHalferty@aging.state.ks.us

WHO SHOULD APPLY?

Kansas Medicaid 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.

Applications should be mailed to: Kansas Department on Aging
Attn: Dave Halferty
503 S. Kansas Avenue
Topeka, KS 66603

Applications must be **received by KDOA no later than Thursday, January 31, 2008.**

BENEFITS GAINED BY PREVIOUS PEAK AWARD WINNERS:

- **PEAK Award Winner plaque;**
- Excellent opportunity to provide well-deserved **staff recognition;**
- **Positive local media reports** are good for business - previous year's winners have reported an increase in inquiries and occupancy as a result of newspaper articles about their PEAK Award;
- **Governor's Proclamation** reflects the Governor's support of excellent Kansas nursing homes;
- **Recognition from state legislators** enhances the value of nursing home care in the eyes of those directing state policy;
- **Recognition at association conferences** enhances respect among peers;
- **Recognition at Kansas Governor's Conference on Aging** promotes the value nursing homes provide to Kansas's elderly and their families;
- **National recognition** and requests to assist in the development of best practices;
- **Modest monetary reward.**

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	ZIP CODE	WEBSITE ADDRESS
ADMINISTRATOR'S NAME		ADMINISTRATOR'S EMAIL ADDRESS	
OTHER NURSING HOME CONTACT/POSITION		OTHER CONTACT'S EMAIL ADDRESS	

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Application Guidelines: COMPLETE ALL FOUR DOMAINS

Complete the questionnaire and write a narrative explanation for each “yes” response. 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.

Additional supporting materials may also be submitted, such as pictures or other evidence of change. 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.

PEAK applications received by the deadline (January 31, 2008) will be evaluated by an independent team of representatives from various stakeholder organizations dedicated to the field of aging. Survey results for the previous 15 months will be reviewed for deficiencies related to quality of care and quality of life. 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.

PLEASE NOTE: All materials submitted to the Kansas Department on Aging as part of the PEAK application are considered public record and may be subject to public disclosure requests. Stories received may be used by the Kansas Department on Aging or Kansas State University’s PEAK Education Program in various publications and press releases.

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 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.

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

3) Do residents choose what to wear on a daily basis and are they encouraged to dress themselves if physically and cognitively capable? Yes ___ No ___ If yes, describe the dressing process.

4) Do residents have ownership of their rooms as well as spaces to use? Yes ___ No ___ If yes, describe how rooms are personalized to reflect their individuality.

5) 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., advisory council, learning circles/discussion groups, etc.
and how choices are met.

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6) Do residents regularly engage in activities of their own choice and desire? Yes____ No____ If yes, describe
the choices and provide examples of activities available to a resident during a typical day.

7) Is input received from each resident for 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.

8) 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.

9) Are resident 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.

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.

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2) Are certified nurse aides and other front-line staff involved in the care planning process? Yes____ No____ If yes, 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.

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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.

Domain: Home Environment

1) Are there distinct neighborhoods or households and if so, how are they staffed? Yes____ No____ If yes, describe your neighborhoods or households and how staff are assigned.

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, plants, animals, etc.

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.

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5) Are there secured outdoor areas? Yes ___ No ___ If yes, describe your outdoor area(s), e.g., walking/wheelchair paths, raised planters, gardens, and/or furniture, etc.

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.

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5) Are family 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.