



The Nurse Leadership Project

Quarterly Progress Report to the Ohio Department of Medicaid

(Third Quarter 2019)

In the third quarter of the project, the initiative to launch Phase V for session 3 and Phase I and II for session four was developed with a systematic approach to project management. Details of our progress and accomplishments with the program are as follows:

Project Administration:

- I. Continued to hold weekly team project meetings.
- II. Review all applications received and determine those that qualify for session four, which begins in January 2020.
- III. Continue marketing and recruiting efforts to fill future training sessions.
- IV. Notified ten participants of their acceptance into the NLP session five training which begins January 2020.
- V. Travel/Lodging arrangements have been confirmed and reserved with a local hotel for session four participants attending the two one day trainings at Tobin & associates in August and October 2019.
- VI. Updated the NLP website.
- VII. Emailed invites to all NLP session 4 participants to attend the upcoming two one day trainings schedule for August 21, 2019, October 2, 2019 and the 3 day Core of Knowledge training at EFOHCA December 3,4 and 5, 2019.
- VIII. Schedule one on one conversation with participants.
- IX. Collected annual direct care nursing turnover rates from session one participants.
- X. Mailed via USPS session one annual and session three final family satisfaction surveys.
- XI. Follow up with past participants.
- XII. Registered session 4 participants with OHCA for the 3 day Core of Knowledge training December 3, 4 and 5, 2019.

Project Agenda:

- I. **Phase IV: (Session 4):**
 - a) Eleven session 4 participants have been registered for the Core of Knowledge nurse training scheduled for December 3, 4 and 5, 2019.

II. **Phase V (Session 3):**

- a) Seven participants attended and completed the 3 day Core of Knowledge Nurse Training held at OHCA, 55 Green Meadows Drive South, Lewis Center, Ohio 43035 on July 23, 24 and 25, 2019.
- b) Seven participants were awarded a certificate of completion for 21 hours of Continuing Education Units with the assistance of EFOHCA.
- c) Seven participants graduated from the NLP program and received their Nurse Leadership Executive (NLE®) status/certificate, which has been posted on the website.
- d) One participant was unable to attend the Core of Knowledge in July due to the Executive Director mandating she stay in the facility those days. Therefore, she is scheduled to attend the December 2019 three day Core of Knowledge training to complete the NLP program.
- e) Emailed the participant and administrator questionnaire in regards to the leadership training program and its impact on the participant and their staff and facility. Expect to receive feedback by end of October 2019.

III. **Phase I (session 4):**

- a) Nurse Mentor completed the remaining four onsite facility visits to explain the purpose and requirements of the program, as well as sign the participation agreements with the Administrator and nurse leader participant.
- b) The nurse mentor conducted the remaining resident satisfaction surveys at four facilities.
- c) Tobin mailed out the remaining family satisfaction surveys.
- d) Received back family and resident satisfaction surveys (Please reference project measurements below).

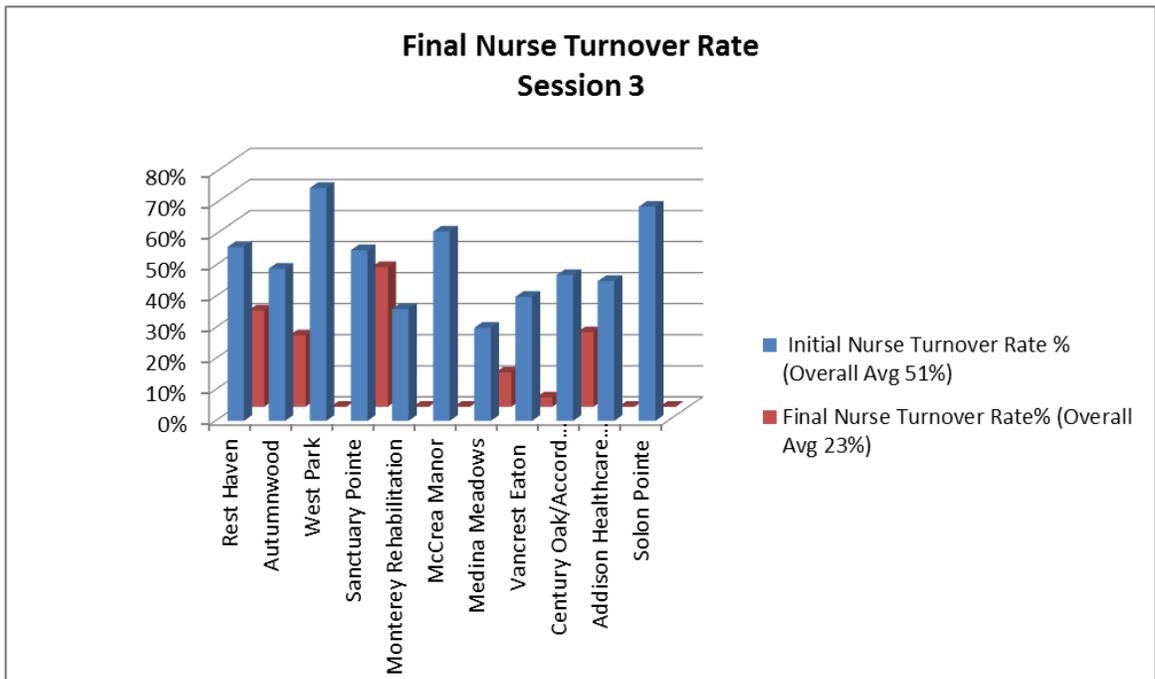
IV. **Phase II (session 4):**

- a) Thirteen participants attended the two day training July 10 & 11th, 2019 which includes topics on effective communication, emotional intelligence, personality, trust, 5 stages of leadership and challenging behaviors with interactive role play. Thirteen attendees received 12.5 hours of Continuing Education Units with assistance of EFOHCA.
- b) Distributed and received back the participant evaluation of the 2 day training, which reflects positive feedback.
- c) Eleven participants attended the one day training on August 21, 2019 which included topics on conflict management, accountability and consistency. Eleven attendees received 4.5 hours of Continuing Education Units with the assistance of EFOHCA.

Project Measurements:

I. Our goal is to decrease each participating facilities direct care staff turnover rate by 5%.

a) The following data in the graph below is the final direct care staff turnover rate reported by session 3 facilities. All facilities have shown a decrease in direct care staff turnover with a minimum of 10% or higher. The overall average nursing staff turnover rate decreased 23%.



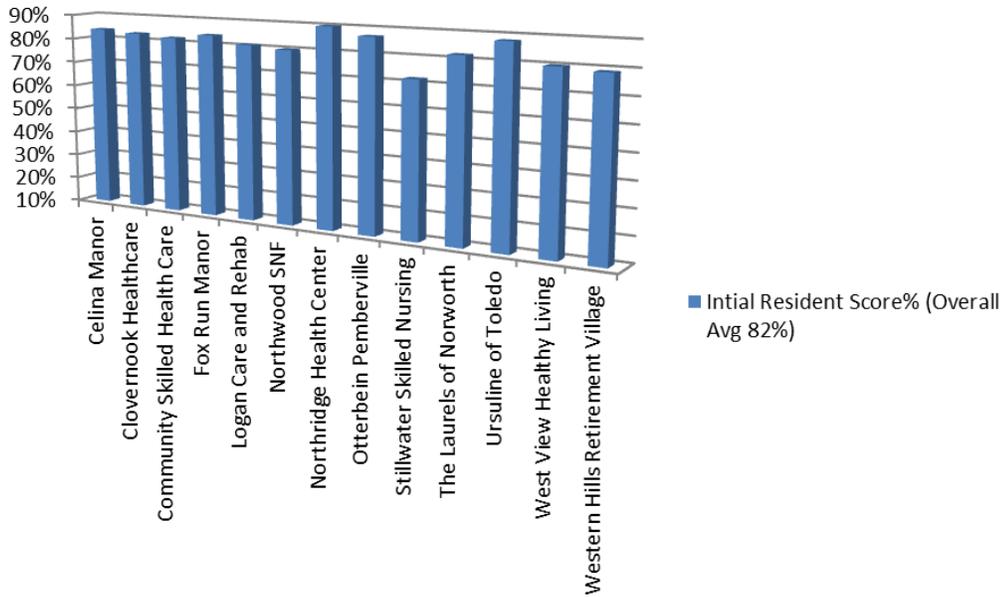
| Facility | Initial Nurse Tu | Final Nurse | Outcome |
|---------------------------|------------------|-------------|------------------------------------|
| Rest Haven | 56% | 31% | Decrease of 25% |
| Autumnwood | 49% | 23% | Decrease of 26% |
| West Park | 75% | - | *DON left company |
| Sanctuary Pointe | 55% | 45% | Decrease of 10% |
| Monterey Rehabilitation | 36% | - | *DON did not complete program |
| McCrea Manor | 61% | - | *DON left company |
| Medina Meadows | 30% | 11% | Decrease of 19% |
| Vancrest Eaton | 40% | 3% | Decrease of 37% |
| Century Oak/ Accord Care | 47% | 24% | Decrease of 23% |
| Addison Healthcare Center | 45% | - | *Will complete program in December |
| Solon Pointe | 69% | - | *DON left company |

- b) The following data in the graph below is the annual (12 months post-graduation of NLE® program) direct care staff turnover rate reported by session 1 facilities. Our goal is to decrease an additional 1% in years 2019 and 2020.

| Facility | Final Nurs 1 year late | | Outcome |
|---------------------------|------------------------|-----|--|
| Convalarium of Dublin | 15% | 9% | Decreased 6% |
| Delaware Court | 2% | 1% | Decreased 1% |
| Echo Manor | 10% | - | *Did not complete program |
| Friendship Village | - | - | *Did not complete program |
| Heartland of Bellfontaine | 23% | - | *Left company |
| Otterbein Gahanna | 40% | - | *promoted to regional position |
| Otterbein New Albany | - | - | *Did not complete program |
| Prestige Gardens | - | - | * Left company |
| Summit's Trace | 5% | - | *Left Company |
| West Park | 6% | - | *Left Company |
| Whetstone Care Center | 3% | 42% | Increased 39% |
| Winchester Care | 97% | - | *Did not complete the program in this facility |

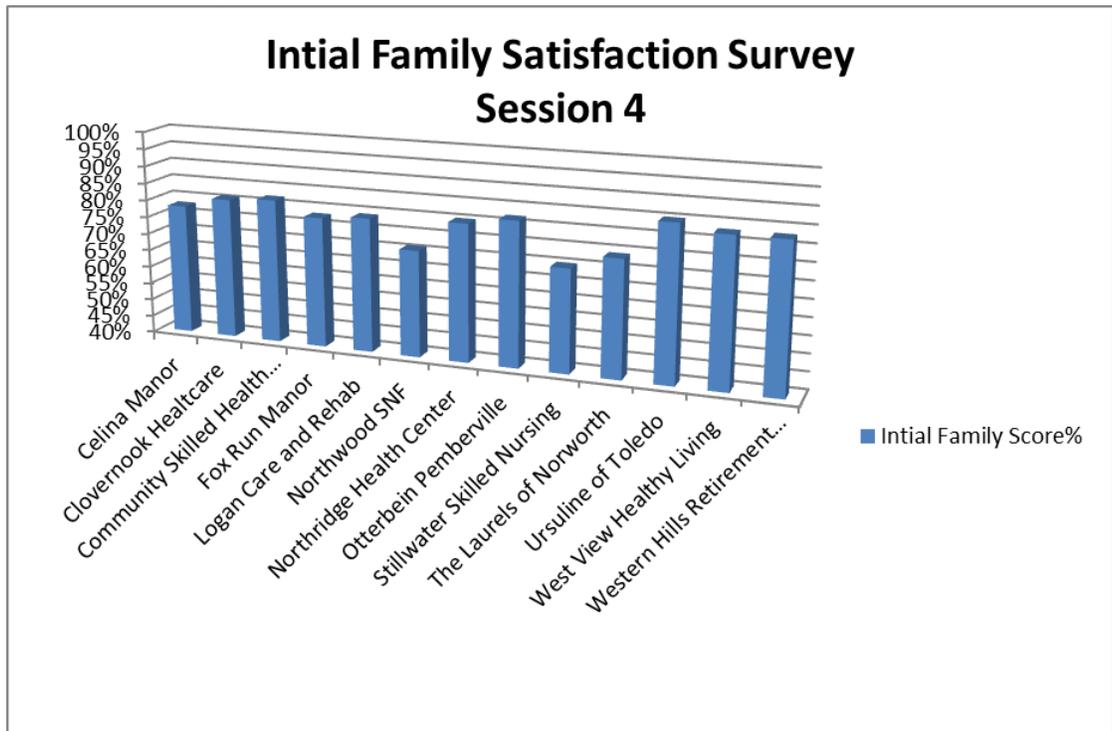
- II. Our goal is to increase each participating facility's resident and family satisfaction survey scores by 7%.
- a) The following data represents the completed initial baseline resident satisfaction survey scores collected from one on one interviews with residents from the remaining 5 facilities the mentor visited in the beginning of July.

Initial Resident Satisfaction Score Session 4



| Facility | Initial Resident Score% |
|----------------------------------|-------------------------|
| Celina Manor | 84% |
| Clovernook Healthcare | 83% |
| Community Skilled Health Care | 82% |
| Fox Run Manor | 84% |
| Logan Care and Rehab | 81% |
| Northwood SNF | 80% |
| Northridge Health Center | 90% |
| Otterbein Pemberville | 87% |
| Stillwater Skilled Nursing | 72% |
| The Laurels of Norworth | 82% |
| Ursuline of Toledo | 88% |
| West View Healthy Living | 80% |
| Western Hills Retirement Village | 79% |

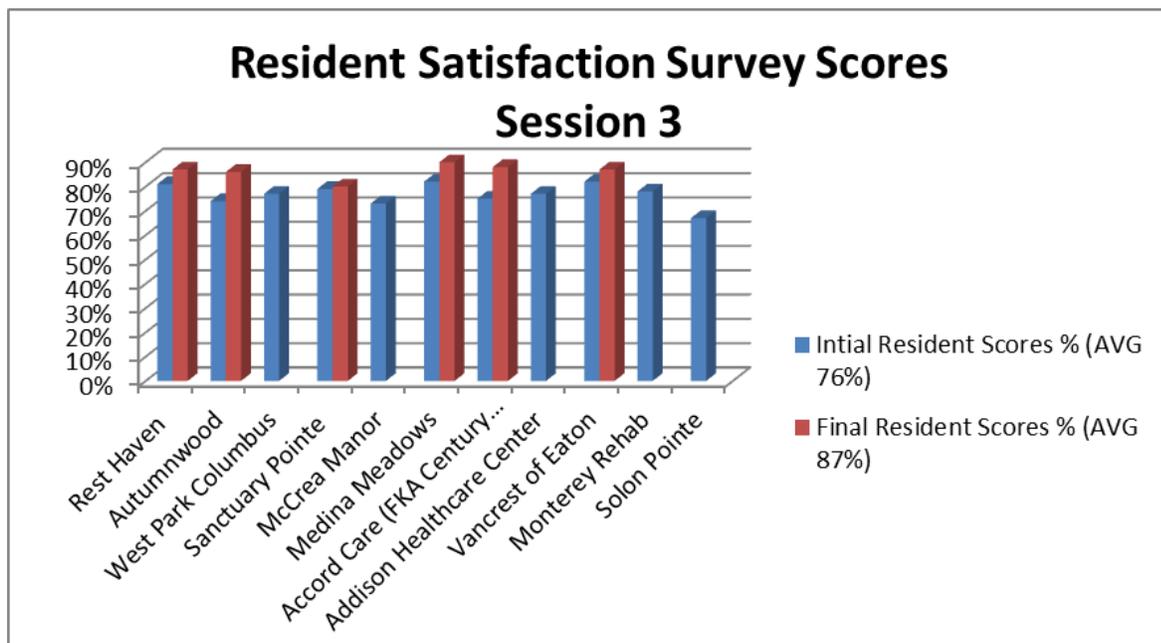
- b) The following data represents the completed initial baseline family satisfaction survey scores received back via USPS mail from the remaining 10 session 4 participating facilities.



| Facility | Intial Family Score% |
|----------------------------------|----------------------|
| Celina Manor | 78% |
| Clovernook Healthcare | 81% |
| Community Skilled Health Care | 82% |
| Fox Run Manor | 78% |
| Logan Care and Rehab | 79% |
| Northwood SNF | 71% |
| Northridge Health Center | 80% |
| Otterbein Pemberville | 82% |
| Stillwater Skilled Nursing | 70% |
| The Laurels of Norworth | 74% |
| Ursuline of Toledo | 85% |
| West View Healthy Living | 83% |
| Western Hills Retirement Village | 83% |

- c) The following data represents the initial and final scores for Session 3 family satisfaction surveys that we received back via USPS mail. *Please note that the DON from West Park Rehabilitation, McCrea Manor and Solon Pointe left their position. The DON from Monterey Rehab did not complete the program due to many issues at the facility which required her presence; therefore these facilities did not have

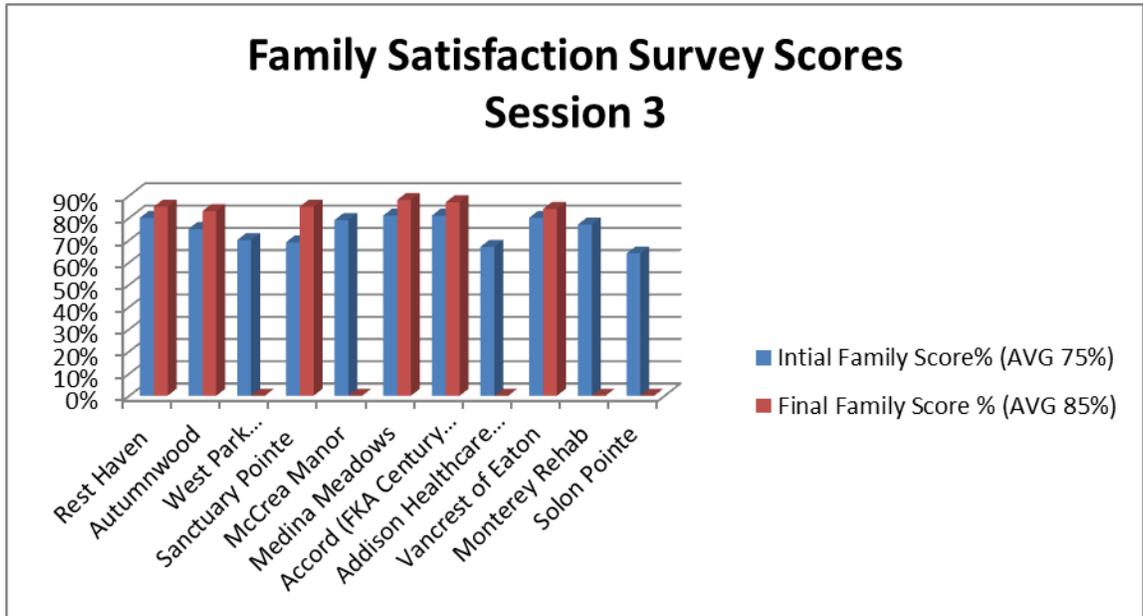
final resident satisfaction surveys completed. The overall average resident satisfaction improved 11%.



| Facility | Initial Resident Sc | Final Resic | Outcome |
|-------------------------------|---------------------|-------------|--------------------------------------|
| Rest Haven | 81% | 87% | Increased 6% |
| Autumnwood | 74% | 86% | Increased 12% |
| West Park Columbus | 77% | - | *DON left company |
| Sanctuary Pointe | 79% | 80% | Increased 1% |
| McCrea Manor | 73% | - | *DON left company |
| Medina Meadows | 82% | 93% | Increased 11% |
| Accord Care (FKA Century Oak) | 75% | 88% | Increased 13% |
| Addison Healthcare Center | 77% | - | *DON completes program December 2019 |
| Vancrest of Eaton | 82% | 87% | Increased 5% |
| Monterey Rehab | 78% | - | *DON did not complete program |
| Solon Pointe | 67% | - | *DON left company |

- d) The following data represents the initial and final scores for Session 3 family satisfaction surveys that we received back via USPS mail. *Please note that the DON from West Park Rehabilitation, McCrea Manor and Solon Pointe left their position. The DON from Monterey Rehab did not complete the program due to many issues at the facility which required her presence; therefore these facilities did not have family surveys mailed out. The DON of Addison Healthcare will be completing the program in December 2019, after completing the Core of Knowledge for nurses

training at OHCA. Final family satisfaction surveys will be mailed out at this time. Expect to have this data collected by the end of January 2020.



| Facility | Initial Family S | Final Family S | Outcome |
|---------------------------|------------------|----------------|--------------------------------------|
| Rest Haven | 80% | 85% | Increased 5% |
| Autumnwood | 75% | 83% | Increased 8% |
| West Park Rehabilitation | 70% | - | *DON Left company |
| Sanctuary Pointe | 69% | 85% | Increased 6% |
| McCrea Manor | 79% | - | *DON Left company |
| Medina Meadows | 81% | 88% | Increased 7% |
| Accord (FKA Century Oak) | 81% | 87% | Increased 6% |
| Addison Healthcare Center | 67% | - | *DON completes program December 2019 |
| Vancrest of Eaton | 80% | 84% | Increased 4% |
| Monterey Rehab | 77% | - | *DON did not complete program |
| Solon Pointe | 64% | - | *DON left company |

e) The following data represents the annual (12 months post-graduation of NLE® program) resident satisfaction surveys for session 1 facilities that we received back via USPS mail. Our goal is to increase by an additional 2% in year 2019 and in year 2020.

| Facility | Final Resident S | Annual Reside | Outcome |
|---------------------------|------------------|---------------|--|
| Convallarium of Dublin | 92% | 93% | Improved 1% |
| Delaware Court | 90% | 90% | Remained the same |
| Echo Manor | 78% | - | *Did not complete program |
| Friendship Village | - | - | *Did not complete program |
| Heartland of Bellfontaine | 82% | - | *DON left company |
| Otterbein Gahanna | 96% | - | *DON promoted to Regional MDS |
| Otterbein New Albany | - | - | *Did not complete program |
| Prestige Gardens | - | - | *DON left company |
| Summit's Trace | 93% | - | *DON left company |
| West Park | 87% | - | *DON left company |
| Whetstone Care Center | 90% | 82% | Decreased 8% |
| Winchester Care | 86% | - | *Did not complete program in this facility |

- a) The following data represents the annual (12 months post-graduation of NLE® program) family satisfaction surveys for session 1 facilities that we received back via USPS mail. Our goal is to increase by an additional 2% in year 2019 and in year 2020.

| Facility | Final Family Scc | Annual Family ! | Outcome |
|-----------------------|------------------|-----------------|--|
| Convallarium of Dubl | 86% | 87% | Increased 1% |
| Delaware Court | 84% | 86% | Increased 2% |
| Echo Manor | 77% | - | *Did not complete program |
| Friendship Village | | - | *Did not complete program |
| Heartland of Bellfont | 80% | - | *DON Left Company |
| Otterbein Gahanna | 78% | - | *DON promoted to Regional MDS |
| Otterbein New Albany | | - | *Did not complete program |
| Prestige Gardens | | - | *DON Left Company |
| Summit's Trace | 60% | - | *DON Left Company |
| West Park | 78% | - | *DON Left Company |
| Whetstone Care Cent | 77% | 75% | Decreased 2% |
| Winchester Care | 72% | - | *Did not complete program in this facility |

Project Financials:

- I. The following chart reflects the travel expenditures that have been utilized for the third quarter of 2019.

| Travel Expenses -QTR 3 2019 Expenditures | Cost Per I | # Nights | Total Cost | # Rooms | Total |
|--|-------------------|-----------------|------------------------------------|----------------|---------------------|
| Travel - Participants - OHCA 3 day training 7/22-7/24/19 | \$ 141.00 | 21 | \$ 2,961.00 | 7 | \$ 2,961.00 |
| Travel - Participants - 1 day training 8/21/19 | \$ 106.49 | 1 | \$ 106.49 | 10 | \$ 1,064.90 |
| Holiday Inn - mentor - resident surveys 9/17/19 | \$ 146.58 | 1 | \$ 146.58 | 1 | \$ 146.58 |
| | | | | | |
| | | | | Total | \$ 4,172.48 |
| | | | 2019/2020 FUNDS ADVANCED | | \$ 39,600.00 |
| | | | Total Unused SFY 2020 Funds | | \$ 35,427.52 |

Project Outcomes:

The following changes and accomplishments have been reported by the participants throughout the leadership program.

- One participant started as an ADON but was promoted to DON the week of the first 2 day training in July. She then resigned and left the company before the August class to take a DON role at another corporation.
- Participants stated the most important things they learned were about themselves and their areas of weakness/strengths, how to make staff feel heard and valued and their opinion matters. Increased ability to communicate with different personalities and dealing with conflict as well as increased listening skills and delegation.
- We had one participant leave her DON role in LTC after the August class to expand her career and skills as a Director of Clinical Services for hospice.
- One participant implemented above the line thinking and SWOT with her staff and has seen many taking above the line thinking to heart.
- One participant conducted a mandatory nurse leadership staff meeting in August to discuss personality types, trust and delegation/empowerment. She has scheduled part 2 of the nurse leadership staff meeting for October. The management team is working on more employee appreciation projects. For instance the management team had an employee car wash day where management washed employee cars and then provided lunch for them. She also went through span of command with staff.
- One participant implemented the personality tests for their STNA classes to help her understand their personalities and learning styles. She has also used the post it note activity (which is a mind mapping activity) for a quality improvement project the facility is working on. The staff members were engaged and participating, which allows staff to feel like they contribute to the team and facility and know that their input is important.
- One participant is currently working with her Administrator, COO and CFO on staffing hours that will balance everyone's needs. She also implemented the personality test with her staff. She is continually working on being agency free but continues to be a challenge. She implemented a skin check system in coordination with the resident showers and alternated this check between shifts.

- One participant changed on call to every other weekend to give nurses a break. She encouraged nurses to double check medications. She has above the line thinking posted on her office board. Staff completed a post it note activity about positives of their job.
- One participant has all staff wear AIDET bracelets as part of their company uniform, staff training and meetings.
- One NLE graduate has stated the NLP program has helped her learn the more she involves her floor staff, the more engaged they are and more they participate and follow through. She acknowledged one of the biggest challenges preventing her from being successful in her DON role is having the staff needed to complete all the daily tasks needed for the residents and facility.

We will continue to concentrate on the development of nurse leaders, and focus on leadership abilities that affect engagement and retention of direct care staff, with goals of decreasing the direct care staff turnover rate and improving resident care, in turn, an increase in resident and family satisfaction.