



October 2, 2017

Are you capitalizing on your organization's **Quality Excellence** and **Success Outcomes**? Many providers offer private rooms, flat-screen TV's, and delicious food. The key factor that elevates your organization above consideration of the competition is your proven ability and track record to achieve **successful outcomes**. This program by Clint Maun, CSP will give you insight, tips, action steps, and directions on...

Methods to Mobilize, Market and Leverage Your Quality Initiative

This session stresses that Post-Acute Organizations should not be content in merely complying with quality requirements without also promoting their achievements in generating excellent outcomes. Instead, organizations should use quality initiatives to accelerate revenue, recruit coworkers, market positioning, receive high-level status, and secure preferred partnership and alliance positioning.



In this presentation, Clint will focus on a set of techniques designed to quickly accomplish all of the above.

Objectives:

By the end of this session, the participants will be able to:

1. Define the desired success for Quality Initiatives
2. Explore state-of-the-art tools for your quality roadmap
3. Grandfather the attention of mayors, partners, investors, and risk entities
4. Showcase your success journey internally and externally

This session will employ real-life examples/case-studies, along with lecture and group discussion.

We welcome the opportunity to talk with you about this program or to customize a session that provides your desired goals. [Let us know how we can assist you!](#)



Employees Matter

Effective Strategies to Improve Middle-Management Engagement & Satisfaction

In a healthcare setting, when middle-managers fall short, the entire organization, as well as your patients and customers, can suffer. Middle-managers typically have responsibility for running a department or service area, and because they aren't in senior leadership nor at the front lines of patient care, middle-managers act as a crucial bridge between the two. When middle-managers aren't equipped with proper skills or have low morale, there's a chain reaction—they may treat their employees poorly who then treat patients poorly, and an unhappy staff may eventually leave the company, leading to increased turnover.

Fortunately, there are some simple and effective strategies to improve middle-management leadership, engagement, and satisfaction. Take note of the following:

- **Invest in development and training provided and led by senior management.** Many organizations invest resources in training new managers and strengthening senior managers but neglect to continue developing the skills of their middle-managers. In a survey conducted by SHRM, middle-management employees were less satisfied with professional development programs provided by their employers than executive management employees. Why is this a problem? With a high volume of work and little leadership training, middle-managers are often left to *wing it* and make guesses as to what decisions and actions are best.

Many opportunities are available for leadership and senior executives to provide training for middle-managers. Examples include having your middle-managers:

- Leading an improvement project with a capable mentor
- Leading a project that is part of a larger collaborative initiative
- Attending seminars and conferences

- Leading an improvement workshop for direct reports
 - Using self-study or e-learning modules on quality improvement and development
- **Provide resources to address workplace stress.** Practically everyone experiences workplace stress, but middle-managers in particular may experience the brunt of it. A report published in *Health Service and Delivery Research* found that **middle-managers in healthcare work with limited resources and have increasing workloads that demand long hours.**

Senior leaders can do a lot to help mitigate stress and prevent burnout among their middle-managers. For starters, just acknowledging that stress occurs and checking in with staff to see how they're feeling is a great first step. Simply asking questions like, "How are you feeling?" and "Do you need anything from me?" can help provide a sense of security and calm on the job.

Other strategies to address and manage stress include workplace wellness programs that provide services like gym memberships, educational sessions on stress-management, and other health topics. Senior managers should also be encouraging and reminding middle-managers to take their vacation time to relax and recharge.

- **Tell them how they're doing.** Middle-managers can't learn and grow without regular and consistent feedback. This doesn't mean a performance evaluation every two weeks, but it does mean providing recognition for tasks and projects well done and constructive feedback for areas of improvement.

Providing feedback and recognizing hard work helps to boost engagement and morale, and in turn will help to boost the performance of employees reporting to middle-management. Of course, positive feedback is the easy part. Constructive feedback can be more difficult—but without a doubt, it's critical to provide. Without it, middle-managers won't know where they need to improve. Some of the most effective ways to deliver criticism include leading with a question. For example, you could ask, "How do you think that project went?" This way, your middle-managers can give you their stance on the situation and this can enable you to be a little softer with your approach (as opposed to leading with a list of items to work on).

Middle-managers are critical to healthcare organizations, and they deserve the time and investment from the top to further develop and enhance their roles. Heed the tips above to get your middle-managers on the right track.

*"Aim for success, not perfection.
Never give up your right to be wrong, because then you will lose the ability
to learn new things and move forward with your life."
—Dr. David M. Burns*



Highlights from the NCHS' National Study of Long-Term Care Providers

The *National Study of Long-Term Care Providers* (NSLTCP) is funded by the *National Center for Health Statistics* (NCHS) and is intended to:

- Estimate the supply and use of paid, regulated long-term care services providers
- Estimate key policy-relevant characteristics and practices
- Produce national and state-level estimates, where feasible
- Compare estimates among sectors
- Monitor trends over time

This study has replaced the NCHS' *National Nursing Home Survey*, *National Home and Hospice Care Survey*, and *National Survey of Residential Care Facilities*. The NSLTCP findings provide the most current national picture of providers and services users in five major sectors of paid, regulated long-term care services in the United States. Here are some of the highlights:

- **In 2014, about 67,000 paid, regulated long-term care services providers served about nine million people in the United States.** Long-term care services were provided by:
 - 4,800 adult day services centers
 - 12,400 home health agencies
 - 4,000 hospices,
 - 15,600 nursing homes
 - 30,200 assisted living and similar residential care communities

In the report, *current participants or residents* refers to those participants enrolled in the adult day services center, or residents living in the nursing home or residential care community on the day of data collection in 2014, rather than the total number of participants ever enrolled in the center or residents ever living in the nursing home or residential care community at any time throughout the 2014 calendar year.

- **Provider sectors differed in ownership, chain status, and average size, and supply varied by sector and region.**
 - At least 60% of home health agencies, hospices, nursing homes, and residential care communities were for-profit
 - About 40% of adult day services centers were for-profit

The majority of nursing homes and residential care communities were chain-affiliated, while the majority of adult day services centers were not chain-affiliated.

- **In 2014, more than 1.5 million nursing employee full-time equivalents (FTEs)—including registered nurses (RNs), licensed practical nurses (LPNs) or licensed vocational nurses (LVNs), and aides— and about 35,200 social work employee FTEs worked in the five sectors.**

Of these nursing and social work employee FTEs:

- Almost two-thirds worked in nursing homes
- About one-fifth were residential care community employees
- Almost one-tenth were employed by home health agencies
- Less than one-twentieth were employed by hospices and adult day services centers.

The relative distribution of nursing and social work employee FTEs varied across sectors; the most common employee FTEs were aides in adult day services centers, nursing homes, and residential care communities, while RNs were the most common employee FTEs in home health agencies and hospices.

- **Rates of use of long-term care services varied by sector.** The daily-use rate among individuals aged 65 and over per 1,000 persons aged 65 and over varied by sector. The highest daily-use rate was for nursing home residents, followed by residential care residents, and the lowest daily-use rate was for adult day services center participants.
- **Users of long-term care services varied by sector in their demographic and health characteristics, functional status, and experience of adverse events.** Adult day services center participants tended to be younger than services users in other sectors. Adult day services center participants were the most racially and ethnically diverse among the five sectors: about one-fifth was Hispanic and one-fifth was non-Hispanic black.
- **The adult day services sector was different from other sectors in notable ways.** There were fewer adult day services center providers when compared with the number of providers in other sectors, except for hospices. A higher percentage of adult day services centers were nonprofit or government-owned compared with providers in other sectors. Compared with providers in other sectors, a lower percentage of adult day services centers offered mental health or counseling services or therapeutic services. Adult day services center participants tended to be younger than services users in other sectors and they were the most racially and ethnically diverse among the five sectors.

The NCHS plans to conduct the NSLTCP every two years to monitor national and state trends. NSLTCP study results and publications [are available from its website](#).

"You are never given a wish without also being given the power to make it come true. You may have to work for it, however."

—Richard David Bach



News You Can Use

Study Finds Nonprofit Providers Fare Worse in Staff Training & Communication

Researchers from the University of Michigan have found that perceptions of safety culture within nursing homes vary greatly among staff and provider types, with nonprofit providers linked to worse staff training. The study, recently published in the *Journal of the American Geriatrics Society* used data from the Agency for Healthcare Research and Quality's Safety Program for Long-Term Care, including feedback from more than 14,000 nursing home staff from 170 facilities. The staff were surveyed on five domains of safety culture: teamwork, training and skills, communication openness, supervisor expectations, and organizational learning.

The study's results revealed:

- Facilities owned by a nonprofit organization were linked to worse training and skills for its staff, as well as worse supervisor expectations
- Nonprofit and chain ownership was also an indicator of worse supervisor expectations and organizational learning
- Facility ownership in general was found to have the strongest effect on the perception of safety culture within the facility

On a staff level, nursing home administrators were found to rate all of the domains higher than nursing assistants and other frontline staff. The most staggering differences in opinion were noted for communication openness, teamwork and supervisor expectations.

The researches ultimately notes that reporting safety culture scores according to occupation may be more important than facility-level scores alone to describe and assess barriers, facilitators, and changes in safety culture.

*"Before you put on a frown,
make absolutely sure there are no smiles available."
—Jim Beggs*



Just For Fun

Laws that You Didn't Learn at School

Lorenz's Law of Mechanical Repair:

After your hands become coated with grease, your nose will begin to itch.

Anthony's Law of the Workshop:

Any tool, when dropped, will roll to the least accessible corner.

Cannon's Karmic Law:

If you tell the boss you were late for work because you had a flat tire, the next morning you will have a flat tire.

Ruby's Principle of Close Encounters:

The probability of meeting someone you know increases when you are with someone you don't want to be seen with.

Willoughby's Law:

When you try to prove to someone that a machine won't work, it will.

Breda's Rule:

At any event, the people whose seats are farthest from the aisle arrive last.

Owen's Law:

As soon as you sit down to a cup of hot coffee, your boss will ask you to do something which will last until the coffee is cold.



Quick Links

MaunLemke.com
ClintMaun.com

ClintCast.com
CareCrowdVT.org



Republish Policy

Permission to republish/reprint an article is given provided the following conditions are met:

- Clint Maun receives proper recognition as the author of the article. A link to Clint Maun's www.clintmaun.com and www.maunlemke.com websites is published at the end of the article. The piece is not modified in any way.
- Clint Maun is informed of the re-publication/reprint and receives a copy of the publication with reprint. ([Contact Us](#))

You are receiving this email because you opted-in through our sign-up process to receive our free company email newsletter, Solutions (published monthly) and occasional news regarding major announcements regarding Clint Maun/Maun-Lemke Speaking and Consulting, LLC. You can unsubscribe at any time and your email information will never be shared with/rented/sold to others.

[Unsubscribe](#) <<Email Address>> from this list | [Forward to a friend](#) | [Update your profile](#)

Our mailing address is:

Maun-Lemke Speaking and Consulting, LLC
8031 W. Center Rd.
Suite #222
Omaha, NE 68124

[Add us to your address book](#)

Copyright (C) 2017 Maun-Lemke Speaking and Consulting, LLC All rights reserved.

