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July 1, 2014



## **Just 7 more Medicare customers can deliver over \$1 million to your top line.**

*This additional revenue offsets losses from Medicaid reimbursement rates.*

### **Does your organization need to grow revenue?**

Clint Maun and Maun-Lemke have over 25 years of expertise in “changing the results of healthcare”. We have learned through that to assure their sustainability, LTC organizations **must not be** revenue dependent upon Medicaid.

Maun-Lemke’s proven A.R.M.S. Length Revenue Enhancement System can be implemented cost-effectively through our step-by-step process and web-based computer consulting support. For information on the A.R.M.S. Length System and how your organization can achieve their full Revenue potential, call us at (800) 356-2233.



## **Communication Corner**

### **How Healthcare Professionals Can Help Patients Make Healthy Choices**

Many chronic health problems are linked to modifiable lifestyle behaviors, such as poor nutrition, lack of proper self-care, and physical inactivity. Of course, changing such behaviors is not easy—even when a patient understands that their health is at risk. Healthcare professionals play a critical role in educating and motivating their patients to adopt healthier lifestyles, but to be successful, we must do more than simply offer advice.

#### **How to Truly Motivate Behavior Change**

In the past, and even today, many healthcare professionals have simply informed and directed patients on health-related behaviors. This type of approach usually includes running through a list of do’s and don’ts and handing out information and

instructions on changes that are deemed necessary. Although education and information is indeed required, we simply can't expect patients to be successful of behavior change on this approach alone.

So, what else must be done? There are several approaches and theories to behavior change, but it's agreed that behavior change is a gradual process that requires coaching and motivation throughout. Here's a simple three-step process you can keep in mind and use on your patients when it comes to behavior change.

Patient-centered techniques, such as motivational interviewing and collaborative goal setting, aim to promote internal motivation and have been associated with improved health outcomes. Such techniques encourage patient autonomy in deciding what changes are necessary and how they can be achieved.

1. **Ready.** Is a patient ready to change? If they're not even truly aware of the problems and risks of their behaviors, then the answer is no. Help raise awareness of the problem and provide relevant information in a non-confrontational manner—it will help increase an individual's readiness to change.
2. **Set.** Once a patient understands that their personal choices are making them vulnerable to a particular health problem, you can help them take the next step. This is the stage in which you can help them identify all the possible barriers and challenges that stand in their way. This is a crucial step to take before setting goals and creating action plans. For example, considering social factors, like who will be there to support the desired behavior and who may resist the new behavior is critical to long-term success.
3. **Go.** Healthcare professionals have the ability to increase a patient's confidence and motivation. This can be achieved through providing reassurance and constructive feedback, and also giving them the skills and resources they need to achieve success. Helping a patient set goals and action plans is one tool that can help patients to improve diet and physical activity. Action plans with small and achievable goals are optimal, since even small successes can increase patient self-esteem and motivation. The SMART acronym has been used as a guideline for setting suitable goals and refers to goals that are Specific, Measurable, Achievable, Relevant, and Time-framed.

Remember, behavior change is something that takes time and support. Although there are several theories and countless tools and approaches, it's certain that you can help your patients through the behavior change process by taking them through the three-step plan above.

*“To say you have no choice is to relieve yourself of responsibility.”*  
—Patrick Ness



Pressure ulcers, also known as bedsores and pressure sores form when muscles and soft tissue press against a surface such as a chair or bed. This pressure cuts off blood supply to that area and can cause the skin tissue in this area to die. Those who spend most of their day in a bed or a chair, are overweight or underweight, and spend a lot of time in one position are at highest risk for developing pressure ulcers.

Healthcare professionals play a vital role in pressure ulcer prevention and can take steps to help their patients prevent these problems. Here's a look at the tried and true strategies:

Help the patient change positions often—position changes are key to preventing pressure sores. These changes need to be frequent to minimize pressure on vulnerable areas.

If you're repositioning a patient who is bed-ridden, consider these tips:

- Change your body position every two hours.
- Use bed linens or other specialty devices to help lift and reduce friction and shearing.
- Adjust the elevation of the bed. Raise the head of the bed (no more than 30 degrees) to prevent shearing.
- Place cushions to protect bony areas. Protect a patient's bony areas with proper cushioning. For example, help a patient lie at an angle with cushions supporting the back or front as opposed to lying directly on their hip.

If the patient is in a wheelchair, encourage them to shift their weight about every 15 minutes. You can help them completely reposition about once an hour.

Lastly, help patients by inspecting their skin daily. Inspect the skin daily to identify vulnerable areas or early signs of pressure sores. Early signs of pressure ulcers include skin that may be tender, painful, firm, soft, warm or cool compared with the surrounding skin.

*“Prevention is better than cure.”  
—Desiderius Erasmus*



## News You Can Use

### New Data Shows Pressure Ulcer Reduction in Nursing Homes

Nursing homes dramatically reduced pressure ulcer rates and restraint use in the last three years by participating in Medicare Quality Improvement Organization (QIO) initiatives, according to recent government data.

More than 780 nursing homes partnered with QIOs in a pressure ulcer reduction initiative, achieving a 38% reduction between 2011 and 2014, according to the fact sheet distributed by the American Health Quality Association (AHQA). The American Health Quality Association represents QIOs, which are private organizations charged with helping Medicare providers boost care quality. Nearly 1,000 nursing homes

worked with QIOs to minimize restraint use, and they posted a 76% reduction.

The Centers for Medicare & Medicaid Services (CMS) contracts with one QIO in each state. In 2011, CMS announced a series of QIO programs, including the pressure ulcer initiative, to reconfigure healthcare processes to make them safer and more patient-focused.

In one example of how the pressure ulcer program worked, the quality organization in Arkansas helped a rural nursing home to implement best practices, such as prompt risk assessments and evidence-based training protocols, according to the AHQA.

*Why do people say "no offense" right before they're about to offend you?  
"Anonymous*



## Just For Fun

### Heard at the Doctor's Office

*We all overhear funny conversation or perhaps our patients tell us humorous anecdotes. Here are a few prime examples!*

My four year old daughter had a terrible case of the flu, she was achy, had a high fever, and was terribly hoarse. After waiting in the waiting room at the doctor's office for over an hour we were finally admitted to see the doctor. After the usual routine of listening to her breathing and checking her ears, the doctor looked my daughter in the eye and said, "So what would you say is bothering you the most?" Without skipping a beat my daughter promptly answered, "Billy, he always breaks my toys!"

Due to a job transfer, Brian moved from his hometown to New York City. Being that he had a very comprehensive health history, he brought along all of his medical paperwork, when it came time for his first check up with his new doctor. After browsing through the extensive medical history, the doctor stared at Brian for a few moments and said, "Well there's one thing I can say for certain, you sure look better in person than you do on paper!"



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