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July 1, 2019

Clint Maun's *MOTIVATIONAL MINUTE*



Here is a motivational minute from Clint that stands the test of time.

True Integrity

How do you handle true commitment?

In 1927 a real estate and insurance company in Savannah, Georgia failed. Approximately 500 stockholders were out several hundred thousand dollars. Both the owner of the company, a man named Mercer, and his young son vowed that some day the stockholders would be repaid their losses. The company never got going again and the father eventually died. His son, however, never forgot the debt. Twenty-eight years later the son deposited a check for \$300,000 in the bank to repay the debt to the stockholders. It had taken nearly three decades to fulfill the commitment, but finally it was completed. The young man was Johnny Mercer, the songwriter and singer. One of the many popular songs he wrote allowed him to earn enough royalties to be able to pay off the debt. The name of the song was *Accentuate the Positive*.

This story points out one person's true commitment to a promise. I suggest that the reason for Johnny Mercer's success was his goal-directed effort toward making good on the debt. If you want to achieve your goals, you must have a purpose in life. That purpose must be a guiding star and it must be based on true long term commitment.



The Leading Edge

Identifying & Dealing with Resident Bullying

Adults transitioning into a long-term or post-acute care setting are dealing with a multitude of challenges and issues. Not only are they facing declining health and wellness, they are having to adjust to an entirely new daily routine. Indeed, being told what times to eat, move, and socialize can spur stress and tension. Some patients are able to adapt and thrive, but others may not have the tools to cope and may express their emotions through negative behavior like bullying. People who bully others often seek control. Residents in long-term care facility may feel helpless and depressed and turn to bullying in an attempt to assert power and gain attention.

Experts cite that bullying usually encompasses three primary characteristics:

1. Repeated intentional harm
2. A power imbalance between the bully and their victim
3. A threat of future or continued harm

For example, if resident Joe continually calls resident Mary “Mean Mary”, that is bullying. Mary doesn’t like being referred to by that name, and has told Joe that, but he continues to call her Mean Mary. Mary feels angry and embarrassed, but also feels powerless to stop Joe. She avoids Joe in fear that he will continue to call her names and further embarrass her.

There are other types and examples of bullying, of course. Physical bullying involves bodily attack or intimidation. Social bullying relies on manipulating social relationships to isolate, embarrass, or ridicule a person. And, cyberbullying is bullying that happens over the internet or social media, and can include harassment, intimidation, and spreading hurtful information or rumors. While this is not an exhaustive list, it covers the major types of bullying. We’ll now cover what you, your staff, and residents can do to appropriately address and manage resident bullying.

How to Help Staff & Residents

- **Identify, separate, and communicate.** Once bullying is spotted, it is important to immediately intervene. Separate the parties involved, make it clear that bullying is not okay, and then have one-on-one follow-up conversations with everyone involved. When speaking with the person who is bullying, focus on the impact of their behavior (i.e., “That comment made people feel uncomfortable”) rather than focusing on them (i.e., “You are a bully”). Focusing on the person may make them defensive, whereas focusing on the impact can help everyone keep an eye toward solutions and creating a friendly community.

Bullying behavior might also express an undiagnosed or undisclosed condition, such as chronic pain, depression, anxiety, or unprocessed grief. When someone starts bullying, a good first step is to have conversations with that person to see if perhaps the real problem is one of these underlying conditions. Once these are treated, the bullying might stop.

- **Educate your residents.** It’s important for staff to educate residents on what bullying is and what it looks like. Share the three primary characteristics of what bullying encompasses along with some examples. Many residents may be

experiencing bullying but don't understand that they are being bullied. Sharing this definition can empower residents to realize if they are being bullied and feel empowered to ask staff for help. Follow this up with more discussions and training for staff and residents.

- **Implement and enforce policies.** Ask every resident to discuss and sign a letter defining bullying and agreeing not to do it. This gives staff something concrete to come back to when talking with the person who is bullying and reminding everyone of unacceptable behavior.

Although there is no one-size-fits-all solution to bullying, you can create awareness and policies among both staff and residents. And once people can identify bullying, it's easier to know how and when to intervene and help create a bully-free atmosphere.

"Seeing the bad in the world and in people isn't difficult
or wise or insightful—it's lazy."
—Chip Gaines



Communication Corner

CMS to Release New List of Poorly Performing Nursing Homes

The Centers for Medicare & Medicaid Services (CMS) have recently revealed that they will release a list of nearly 400 poorly performing nursing homes that qualified for but have not received heightened federal scrutiny through its Special Focus Facility (SFF) program. CMS officials said the agency is in the process of posting the names of the SFF program designees deemed to be the poorest performers across the nation (but have not communicated an exact date). With this announcement, CMS officials still stressed that [Nursing Home Compare](#) remains the best avenue for consumers to find comprehensive information on nursing facilities.

SFF Processes & Protocol

As for SFF designees, once deemed as having serious and consistent quality issues, the buildings are visited by CMS survey teams twice as much as normal skilled care centers (about twice a year). "The longer the problems persist, the more stringent we are in the enforcement actions that will be taken," according to a CMS website description of the SFF program.

Within 18 to 24 months of a facility being placed in the SFF program, one of three options occur:

1. Improvement and graduation from the list (which is updated on a monthly basis)
2. Termination from Medicare
3. Extension of time given by CMS to correct issues

CMS has cited that roughly 3,000 out of the 15,000 nursing facilities in the country are One-Star operations, the lowest in the Five-Star Rating System, but there are only 88

SFF slots, which are filled in consultation with the states out of a pool of 400 candidates. CMS will also provide each state a list of five nursing home facilities that essentially performed the worst on health inspection surveys. These facilities have systemic issues with quality and safety discovered through annual surveys. From that point, states recommend back to CMS which facilities they would like slotted in the SFF program, with CMS making the final decision on the recommendations.

CMS officials have also noted that they are just getting started in their renewed focus on nursing facility oversight, noting changes to the Star Ratings with more emphasis on outcomes versus process-based factors and continuing programs to reduce the use of antipsychotics as well as reduce unnecessary hospitalizations and adverse events.

*"The way I look at it, every day that I'm moving forward
is a day I'm not moving backward."*

—Bobby Bones



News You Can Use

New Report Sheds Light on Catastrophic Health Events & ACOs

A recent report published by the Medicare Payment Advisory Commission reveals that Medicare beneficiaries who stay continuously enrolled in the same accountable care organization (ACO) over a four-year period have ten percent lower healthcare costs, but when beneficiaries have a catastrophic health event, costs skyrocket.

The report cites that Medicare beneficiaries who left for a new ACO, or were assigned out of one, cost fourteen percent more from 2012 to 2016. Beneficiaries with stable health stick with the same network, but a major health problem leads to a different group of doctors, which elevates costs, analysts note.

The authors also noted that beneficiaries who switch into and out of ACOs have higher pending growth than both those beneficiaries consistently assigned to an ACO and those never assigned to an ACO.

The Payment Advisory's top executives have also noted that the spikes in cost elicit fundamental questions as to whether or not ACOs are equipped to manage catastrophic health events suitably.

"The earth has its boundaries, but human stupidity is infinite."

—Gustave Flaubert



Just For Fun

Jokes that are Out of this World!



Why is a moon rock tastier than an Earth rock?

It's a little meteor.

Which is closer, Florida or the moon?

The moon. You can't see Florida from here.

How do you know when the moon is broke?

When it's down to its last quarter.

What did Neil Armstrong say when no one laughed at his moon jokes?

"I guess you had to be there."



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