

Quality First: reaching beyond familiar boundaries

A HSA Quality First encourages providers across the country to reach new heights of continuous quality improvement. Not-for-profit providers of adult day services, skilled nursing, assisted living, continuing care, independent living and home and community-based services are accepting the call to renew their public commitment to quality.

Intergenerational Quality

Through a unique intergenerational program, the Hebrew Home at Riverdale in New York City initiated its “HOPE” program, dedicated to “Healthcare Opportunities Providing Employment” for local high school students with learning disabilities.

“We couldn’t stand by while worthy young members of our community were overlooked,” says Connee Kaufman, director of volunteer services and creator of the HOPE program. “We want to help them get the services and training they need to succeed in their professional and personal lives.” Rather than attending a typical high school (like PS 122 with thousands of kids), the 45 students that Hebrew Home currently sponsors do not attend public high school. Instead, the state allows the home to provide certified on-site teaching to these students who, in public high school, were at great risk of flunking or dropping out. “It’s a great way to give back

to the community,” says Kaufman, “and we are in a position to provide them with a quality education.”

When not in class, HOPE students receive job training under the tutelage of Hebrew Home staff and volunteers in various departments ranging from food services, housekeeping and resident transport to nursing and “friendly visiting.” In fact, HOPE students are also able to participate in a “Life Skills” program that teaches them “daily money management, interpersonal skills, personal hygiene, nutrition and job interview skills,” says Communications Director Malka Margolies.

Now in its second year, the HOPE program has had time to study its effects on the lives of its participants. Preliminary data from 2003-2004 indicate that the students have dramatically improved their attendance records (on average by 24 percent), “even shocking their former public high school teachers,” notes Kaufman



Daily Living Centers was heavily involved in a successful effort to expand federal Medicaid waiver services in Oklahoma to include adult day services.

proudly. Once the attendance records improved, they stayed remarkably high; the next year’s record was still 21 percent higher than in public high school. “It’s simply a better atmosphere and pace for these students to do well,” says Kaufman, “and everyone benefits from the program—the community, the home and these great kids.”

In another unique intergenerational program this past fall, residents at Vista Del Monte, a CCRC in Santa Barbara, Calif., journeyed deep into the fast-paced world of American youth. In conjunction with nearby Westmont College, a dozen Vista Del Monte residents partnered with a dozen students of kinesiology (the study of the principles of mechanics and anatomy in relation to human movement) for an eight-week fitness routine of marching



Daily Living Centers

depressing, just down and out,” admits Ryan Wassell, 21, “but they actually seem to have this sense of immediacy. They’re so open. They’re happy about just doing things.”

Quality First encourages leading-edge care and services like this intergenerational program, for it improves the seniors’ quality of life while simultaneously giving students an opportunity to learn that the “elderly” are not just some obscure demographic. Jenna el Fattal, 20, admits that “our generation is so into being young, and we think being old is bad. This class took that away.” As the *Santa Barbara County News* noted in a December article about the program, Jenna’s feelings are evidently mutual. “It’s good to be with young people who know what they are doing,” says resident Mina Launt, 93. “It gives you faith in young people again.”

with walking sticks—or “exerstriders”—around Vista Del Monte.

The premise, students said, was to learn if a three-times-a-week fitness routine would improve the seniors’ balance, strength, confidence, mobility and posture. Though still preliminary, the results appear to be good so far, says Westmont kinesiology professor Gregg Afman. Anecdotally, the seniors simply feel better. “I couldn’t really stand up before because I’ve got arthritis in my knees,” says 88-year-old Jo Dushais, “but now I can, and I know I’ve got more muscles.” In fact, after other residents learned that their friends reported improved breathing and posture, more seniors started “crashing” the classes, determined to trade their walkers for a pair of what the European pioneers of the activity call “trekking poles.”

Yet more surprising both to the students and the Vista del Monte residents was the sense of respect each group developed for the other. “I pictured getting old as kind of

Advocating for Options

Daily Living Centers, an adult day service provider in Oklahoma City, pushed Oklahoma’s Medicaid Advisory Committee to expand the Developmental Disability Services’ waiver program to include adult day services in its Medicaid provisions. Until November 2004, the state’s Medicaid regulations allocated funding for in-home assistance, therapy (physical, occupational, speech), transportation and medications to qualified disabled individuals but, says DLC President Bill Weaver, “adult day health had never been an option.”

While the Oklahoma public school system nurtures students until the age of 18, Weaver cautions that “few see the handful of students who fall through the cracks—those with mental or physical disabilities so severe they are unable to participate in work programs.” Moreover, those who fall through the cracks are in even greater danger if, as aging adults, these men and women are not met by the



“We must put quality first, due to the fact that many stakeholders in aging services often don’t put quality first:

- Congress and state governments put cost first.
- Federal and state health and housing agencies put rules first.
- Some ‘consumer advocates’ and ombudsmen put punishment first.”

– Suzanne Weiss, AAHSA’s senior vice president, advocacy

highest standards of healthy, affordable and ethical aging services. Ultimately, it was the “community involvement aspect of Quality First that first got me interested in this search for additional funding.”

Oklahoma aging services providers were relieved when, in 2001, the state’s Department of Human Services granted disabled adults access to governmental aid. However, state money for adult day health programs was limited and varied from year to year, so ultimately it was not enough. In an effort to continuously improve the quality and affordability of his field’s services, Weaver—with the assistance of community leaders, government officials and professionals within the Oklahoma aging network—set out to expand federal Medicaid waiver services in Oklahoma to include adult day services, thus relieving the bulk of the burden placed on the caregivers of disabled adults.

“I just kept talking and talking about the advantages of adult day care and showing the progress in quality care made by the Quality First program.” The deal-maker, Weaver continues, was “allowing government officials to visit our organization and see the difference Quality First made.”

After three years of grassroots lobbying under the Quality First banner, February 2005 marked the beginning of Medicaid DDS contracts with licensed adult day



Vista Del Monte

Vista Del Monte residents happily participated in an eight-week fitness study by kinesiology students from a nearby college, to the benefit of both generations.

health centers around Oklahoma. “This accomplishment results not only in new clients and an additional funding source for centers,” says Weaver, “but it also significantly minimizes the gap in care for the developmentally disabled in the state of Oklahoma.”

Creative Support of Staff

Johnson County Nursing Center (JCNC), Olathe, Kan., has learned that “if we put people first, then it must also include our staff,” according to Executive Director K.J. Langlais. In concert with Quality First, JCNC felt compelled to develop and diversify its human resources tactics.

“I used to think if we could only give our entire staff breaks during the year, like teachers, or something that would attract them to long-term care, then maybe our turnover would improve.” It simply didn’t matter, Langlais says, whether “we scheduled 12-hour, 10-hour or 8-hour shifts or anything in between. We still came up with the same result: Both our management and nursing staffs needed time for rest, family and balance.”

JCNC decided that the root of the problem could only be addressed once it


could guarantee consistent staffing. A consistent staff means consistent schedules that still must balance employees’ personal needs with the necessity for predictability, so that the staff can rely on one another logistically, and the residents can rely on the staff both personally and emotionally.

Langlais and her staff agreed that the best way to ensure this balance was for each employee to receive three consecutive days off each week. Most of the staff could then be divided into two preference groups: those who wished to work four 10-hour shifts Monday through Thursday, and those who wished to work three 12-hour shifts Friday through Sunday (and get paid for 40 hours). The shifts overlap to ensure adequate staffing at any given moment. This way, those with families or other social obligations could have the weekends off and Friday free for personal appointments and the like; and at the same time, the staff enrolled in school or working another job during the week could have four consecutive days off. The program’s flexibility, then, does not vary week to week; at any given moment, rounds are being made by the same staff that made them a week ago (to the hour).

Within five weeks of advertising positions for this new schedule, 19 of JCNC’s 26 openings were filled, and nine months later the community maintains a reduced turnover rate and a reduced number of call-ins (due to the staff’s increase in free time). “We’re able to continuously improve quality through stability and predictability” with a high quality program that still puts a premium on resident and staff satisfaction, says Langlais.

Tell Us Your Story

These programs reflect and embrace AAHSA Quality First as a public initiative to improve the way we think about growing older. These organizations have integrated leading-edge care and services, community involvement and human resources development into the daily operations of their organizations in order to ensure their own integrity, and to provide the highest quality of care to their residents and clients.

Many of you have similarly wonderful programs and deserve recognition for them. If you want to tell others your Quality First story, or you would like more information about these programs, contact Bruce Rosenthal, director of AAHSA Quality First, at brosenthal@aahsa.org, or visit the Quality First Web site from www.aahsa.org. 

David Young is AAHSA's Quality First associate.

Resources

Hebrew Home for the Aged at Riverdale, Bronx, N.Y.
Contact: Connee Kaufman, director of volunteer services, ckaufman@hebrewhome.org.

Vista Del Monte, Santa Barbara, Calif.
Contact: Laurie Yttri, executive director, lyttri@frontporch.net.

Daily Living Centers, Oklahoma City, Okla.
Contact: Bill Weaver, president, bw@dailylivingcenters.org.

Friends of Johnson County Nursing Center, Inc., Olathe, Kan.
Contact: K.J. Langlais, executive director, kjl@jcnc.info.