



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

The following "daily dozen" constitute the personal creed of Robert Louis Stevenson

- 1. Make up your mind to be happy. Learn to find pleasure in simple things.
- 2. Make the best of your circumstances. No one has everything, and everyone has something of sorrow intermingled with the gladness of life. The trick is to make the laughter.
- 3. Don't take yourself too seriously. Don't think that somehow you should be protected from misfortunes that befall others.
- 4. You can't please everybody. Don't let criticism worry you.
- 5. Don't let your neighbor set your standards. Be yourself.
- 6. Do the things you enjoy doing, but stay out of debt.
- 7. Don't borrow trouble. Imaginary things are harder to bear than the actual ones.
- 8. Since hate poisons the soul, do not cherish jealousy, enmity, grudges. Avoid people who make you unhappy.
- 9. Have many interests. If you can't travel, read about new places.

- Don't hold post-mortems. Don't spend your life brooding over sorrows and mistakes. Don't be one who never gets over things.
- 11. Do what you can for those less fortunate than yourself.
- 12. Keep busy at something. A very busy person never has time to be unhappy.

Employees Matter

Simple Strategies for Dealing with Upset Families

The arrival of an upset family at your healthcare organization can indeed turn a normal, calm day into a stressful, chaotic one. How your team manages these incidents is critical, as it can make a huge difference in the reputation of your organization, help prevent potential lawsuits, and create overall peace of mind in the workplace.

Although you can't predict when an upset family will show up at your doorstep, you can establish a solid plan and protocol to effectively address the situation. Here are some simple strategies you can implement to prepare you and your team for these volatile family encounters.

• Give family members the opportunity to express themselves in a quiet place. Show the family to a designated room that is away from other patients and visitors. Remain calm and allow them to say what's on their mind. Avoid escalating the situation if a family member lets a few profane words slip. For example, try to avoid saying things like, "I won't tolerate your language" if the family member uses "sh*t" or "damn" in a sentence. That may only make the situation worse.

It's essential that you and your team give everyone a chance to settle down. Let family members finish what they came to say. They have likely practiced their speech on the drive over and if you interrupt them they will only get more frustrated and start over.

- **Recap the issues to ensure clarity.** Ask the family member(s) if they have expressed everything that was on their mind. Then calmly run through the list the family made. This will give the family a chance to clarify any issues they feel have been misunderstood. Avoid defending or debating any item yet; this is simply a restating of the family's issues as the family has presented them.
- Engage team members. If your organization is like many, your administrator or DON may decide on a solution without much consultation. He/she may then send a message to the staff saying recapping that solution. The staff, of course, may have some strong opinions, issues, and/or better alternatives to that

solution. Simply put, it's critically important to involve line staff in the solution phase. This also allows the frontline team to see that the organization's leadership team truly understands the challenges the frontline team face with their day-to-day interactions with family members.

Once things have calmed down and you've identified the issues with the family, let them know that your team is going to work with them to help resolve those issues.

• **Practice.** Role playing is an extremely effective way to practice and perfect how to manage upset patients and family members. Role play scenarios. For example, you can have employees play the role of family members shouting in the lobby. Go through the protocol and practice how you would address the situation. As a team, go through what was handled well and what could be improved.

Upset customers are a part of any business, and these interactions can be especially volatile when people are representing sick or dying loved ones. It's essential for your organization to be prepared and ready to handle these situations with compassion and professionalism. The strategies above should help you get there.

"Believe you can and you're halfway there." —Theodore Roosevelt



Budget Planning? Key Questions to Keep in Mind

About this time every year, facility leaders are tasked with creating a budget that will help the organization meet its business goals for the following year. Effective budgeting is usually not taught in nursing school or a part of healthcare curriculum, so the thought of creating a budget that advocates patient and staff enrichment while also impacting the bottom line can prove overwhelming.

Here are some key questions that can help you accurately determine the resources necessary to achieve quality resident care outcomes while also effectively presenting your needs to leadership.

Questions to Consider

• Do we have the equipment to provide quality care?

Do an equipment audit. Review if there have been increases in equipment rentals to meet patients' needs. It's always a good strategy to be in touch with new and changing patient needs. Maybe you need more bariatric equipment or beds to treat pressure ulcers. If you need new or additional items, specify what equipment is needed to effectively and efficiently deliver care.

It's also a good idea to have a short and long-term plan. Communicate what

could fill the gaps in the near-term, and what may be required to meet needs in the next two to five years. It's easier to buy a little at a time than a lot at once.

• What staffing needs would impact care the most?

Your budget request should consider the type and cost of staff that would best help patient care. For example, you may currently need more CNAs to improve patient experience and care than more nursing staff. Evaluate what kind of staff are needed and provide the estimated benefits of hiring that additional staff. For example, adding CNAs may result in tangible benefits like fewer falls. The benefits of additional CNA staff can be measured in many ways, such as fewer survey citations and penalties, less nursing time spent filling out paperwork related to falls, improved quality measures and patient safety, and fewer opportunities for litigation.

• Does my staff need training to improve specific outcomes?

Proper and adequate staff training is directly correlated with successful patient and resident outcomes. If you need to make education a priority in the budget, be as specific as possible, detailing the required training and education as well as the return on investment for that training. For example, your request could specify training for infection-control issues, which could in turn improve care and result in fewer urinary tract infections (UTIs).

Keep in mind that administrators need clarity about why requested training needs funding and how it will improve outcomes. Emphasize that improved outcomes will be reflected in improved quality measures, such as fewer UTIs, fewer rehospitalizations, or fewer antibiotics prescribed.

Although the idea of creating yearly budgets might feel overwhelming, asking the questions above and doing your due diligence will make your budget as specific and clear as possible, and ultimately help make your requests more successful.

"Strength doesn't come from what you can do. It comes from overcoming the things you once thought you couldn't." — Rikki Rogers

News You Can Use

Report Suggests Foreign-Born Talent to Fill Staffing Gaps

As life expectancies continue to increase and the population of adults requiring care continues to grow, solid hiring and retention strategies will prove essential to care providers. The **LeadingAge LTSS** (long-term services and supports) **Center** recently released three new reports detailing the promises of tapping into the foreign labor market to address such staffing needs.

Authors of the report note that currently about one-quarter of CNAs and one-third of homecare workers are immigrants. They also cited that in the U.S., the demographics

are drastically uneven, with those who need care outnumbering those who can provide care. The report's authors believe that foreign-born workers are one solution to meeting these current and future workforce needs.

The LTSS Center conducted its research over the course of a year by scanning literature and interviewing providers across Australia, Canada, the United Kingdom, and the United States. Researchers note that foreign-born nurses make up about five percent of those employed in the LTSS sector in most of Europe and North America. Personal care assistants, meanwhile, account for between nineteen and twenty-five percent of LTSS providers in Canada, Ireland, the United Kingdom, and the United States.

Migrant workers are much more prevalent in homecare, they found, which researchers believe is attributable to less stringent working requirements, along with nursing homes' organizational structures, which often require more advanced language skills.

LeadingAge offers tips for integrating workers into nursing homes' organizational structures, and possible challenges to expect — including language and cultural barriers, racial and ethnic discrimination, and stressful working conditions. Providers can address some of these challenges by offering appropriate orientation, training and support, development of cultural competence, and staying proactive in monitoring and addressing discrimination and conflict in the workplace.

View the **three reports to learn more**.

"We become happier, much happier, when we realize life is an opportunity rather than an obligation." —Mary Augustine

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Workplace Humor

Just For Fun

We hope you never hear (or worse yet say) these lines at work!

- Teamwork is important. It helps to put the blame on someone else.
- I'm great at multitasking. I can waste time, be unproductive, and procrastinate all at once.
- Nothing ruins a Friday more than an understanding that today is Tuesday.
- My resumé is just a list of things I hope you never ask me to do.
- There is a new trend in our office. Everyone is putting names on their food. I saw it today, while I was eating a sandwich named *Kevin*.
- I get plenty of exercise jumping to conclusions, pushing my luck, and dodging deadlines.

