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May 1, 2019

The graphic for 'Clint Maun's Motivational Minute' has a blue gradient background. On the right side, there is a close-up image of a silver stopwatch with a black face and a yellow hand. The text 'Clint Maun's' is in blue, and 'MOTIVATIONAL MINUTE' is in large, bold, white letters with a blue outline. Below the graphic, a white box contains the text: 'Here is a motivational minute from Clint that stands the test of time.'

Have you chosen a purpose in life?

Everyone must have a purpose in life. This purpose guides all of our actions. In fact, you can't see goals unless you have defined the true meaning of your life.

Identifying your purpose remember that *your* life has many dimensions. Satisfy your deep needs for true meaning and choose personal and family relationship that bring love to your life. In addition, satisfy community and religious goals that meet your spiritual needs. Your culture and recreational goals must enrich your life and make it fun to live. Once you have looked at these dimensions of your life, it is important to answer 3 tough questions:

1. **Who am I?** Write a short description of who you really are as a person.
2. **What am I doing here?** What do you want to contribute with your life that will help you and make the world a better place to live. In other words write your own epitaph. What do you want people to say about you after you've departed this life?
3. **Where am I going?** What direction will you pursue in your life? Then you need to rate on a 1 to 10 scale your performance in life to death.

By answering these 3 questions you will be able to define a true purpose for your life.



News You Can Use

New Toolkit Sheds Light on How Hospitals Select SNF Partners

The Centers for Medicare and Medicaid Services (CMS) is revealing how some top hospitals are picking preferred skilled nursing partners. A new 14-page toolkit published by CMS outlines some of the innovative strategies Medicare accountable care organizations (ACOs) are using to cut costs and coordinate care.

CMS has noted that many hospitals have decided to work only with SNFs that demonstrate the ability to consistently provide high-quality care, with a willingness to reform how they deliver services. Other ACOs are developing scorecards on their skilled nursing partners to help deem which can remain in their trusted circle. Facilities are typically rated on how well they prevent readmissions, improve patient independence and save dollars by reducing lengths of stay. CMS also cited that one ACO removed SNFs that repeatedly failed to meet performance targets from the high-performance network.

Another accountable care organization, meanwhile, calculated a single-performance score for nursing facilities, and placed them in one of four tiers: standard, bronze, silver, and gold. Those who landed on the higher levels received greater access to quality improvement support from the ACO, motivating nursing facilities to provide data to the organization, and maintain high quality care.

ACOs are also putting pressure on skilled nursing facilities to perform by dedicating staffers to improve care coordination following discharge. Those caregivers might be embedded within the SNF or available by phone from a centralized ACO office.

Learn more by [accessing this important CMS Care Coordination toolkit](#).

*"Like most people, what I find irritating
in others are my own faults."
—Jools Holland*



The Leading Edge

New Goals for Dementia Care

The National Partnership to Improve Dementia Care, which includes federal and state agencies, nursing facilities, other providers, advocacy groups, and caregivers is an initiative that kicked off in 2012 by the Centers for Medicare & Medicaid Services (CMS) to promote comprehensive dementia care and therapeutic interventions for nursing facility residents with dementia-related behaviors. Indeed, near the start of the decade, experts in the field knew that significant focus and effort was in dire need for dementia care. For example, a May 2011 Office of Inspector General (OIG) report found wide use of atypical antipsychotic drugs among elderly nursing facility residents, especially when prescribed for off-label conditions (i.e., other than schizophrenia and/or bipolar disorder). A summary of the Medicare claims reviewed for atypical antipsychotic drug use for January through June 2007 also revealed some alarming

statistics:

- 14% of the 2.1 million elderly nursing home residents had at least one claim for these drugs.
- 83% of claims were associated with atypical antipsychotic drugs used for off-label conditions.
- 88% were used in the presence of the condition specified by the FDA boxed warning.
- 51% of claims did not meet Medicare's medically accepted conditions, amounting to \$116 million.
- 22% of the atypical antipsychotic drugs associated with the sampled claims did not comply with CMS standards regarding unnecessary drugs in nursing homes, amounting to \$63 million.

The National Partnership to Improve Dementia Care has truly helped to address these issues and lack of adequate dementia care. The program created a person-centered focus on care and reduced unnecessary antipsychotic medication use. In fact, in October 2017, the CMS announced that the Partnership's initial goal of reducing antipsychotic use among long-stay nursing home residents by 30 percent by the end of 2016 had been reached. Now, a new national goal has been set for improved dementia care: a 15 percent reduction in antipsychotic medication use by the end of 2019 for long-stay residents in those facilities with currently limited reduction rates.

Tools at Your Fingertips

All nursing facilities can access the revised materials provided by the CMS and used in Dementia Focused Surveys. The CMS encourages facility leaders to use these tools to assess their own practices in providing resident care.

Other resources include:

- The [Hand in Hand Training Series](#): Section 6121 of the Affordable Care Act of 2010 requires the CMS to ensure that nurse aides receive regular training on caring for residents with dementia and on preventing abuse. The CMS, supported by a team of training developers and subject matter experts, created this training to address the need for nurse aides' annual in-service training on these important topics.
- [Focused Dementia Survey Worksheets](#): Revised survey materials that were developed for the 2014 Focused Dementia Care Survey Pilot and 2015 expansion effort. The intent is that facilities would use these tools to assess their own practices in providing resident care.
- [Critical Element Pathways](#): Ready-made audit tools that can be used to identify the needs, strengths, and weaknesses of your dementia care program and develop an action plan and/or a Performance Improvement Project.
- In addition, CMS released [Resident-Specific and Facility-Specific Questions](#)

[for 2018](#), which can also help you build and enhance your dementia program.

Dementia care is mandatory, and facilities must be prepared. If you haven't already, it's a good idea to designate a staff member as the champion for your dementia care program. Use the rules and tools at your fingertips, and you can help ensure you're not only reaching the new dementia care goals, but also providing a best in class dementia care program for your residents.

*"When everything seems to be going against you,
remember that the airplane takes off against the wind, not with it."
—Henry Ford*



Communication Corner

Programming that Lifts Mind, Body, & Spirit

According to the American Geriatrics Society, depression can affect up to 40 percent of nursing home residents in a given year, and the numbers are probably even higher than this given that many seniors in nursing or long-term settings are unlikely to raise or communicate their symptoms. Many residents may not say they're depressed because of the stigma, or they simply may not realize they're depressed. For example, seniors may be experiencing several changes at once, such as the loss of a loved one, illness, and/or adjusting to the facility.

It's critical for caregivers and staff to screen for depression. Healthcare providers can then create a proper treatment plan. In addition to this, there is a lot a facility can do to help residents feel better mentally, physically, and emotionally. To be sure, programming and activities that include movement, hobbies, and pastimes can spark learning, growing, and development and can help at every cognitive level. The more active people are, whether it's physically, mentally, or socially, the better they will feel.

Here are some mind and body-boosting activities that can help your facility get started:

- **Sensory activities:** Any activity that allows individuals to offer input and stimulates one or more of the senses. Examples include music, pet visits, and multi-sensory tactile experiences that incorporate touching, tasting, smelling, and hearing within the activity.
- **Comforting exercises and materials:** These would be activities for residents who are critically ill, have high pain levels, have limited endurance, and are spending most of their time in bed or in their room. Activities could include relaxation or pain management audio materials, slideshows, videos, story listening, pet visits, memory book writing, creative and expressive opportunities.
- **Physical activity:** Simple movements can help with circulation and provide a

boost not only to the body, but also to one's mood. You'll of course need to be mindful of individual capability, but examples include exercise classes, movement to music, wheelchair-friendly exercises, breathing exercises, walking, and relaxation exercises.

- **Cognitive activities:** Cognitive activities offer intellectual stimulation to maintain and enhance awareness and cognition. Cognitive activities should be provided for all levels of ability and can include discussion groups, decision-making or category games, problem-solving scenarios, life-management skills, trivia, reminiscing, reality awareness, stress management techniques, and orientation.
- **Community-based activities:** These activities can help residents stay connected and involved with the surrounding community. You can invite members of the community to your facility to speak and interact with the residents, or you can take the residents to art fairs, the library, malls, or any other place they would be interested in seeing in the surrounding area.

Depression can happen at any time, so it's critical that your facility remains vigilant and provides programming that can help boost residents' spirits. Again, keep in mind that all the activities you provide can—and should—be adapted to meet the needs of each individual resident. Activities should emphasize what residents *can* do, instead of what they can't.

*"I avoid looking forward or backward
and try to keep looking upward."
—Charlotte Bronte*



Just For Fun

Not So Smart Employees

There's a saying in business that there's no such thing as a dumb question. You may rethink that statement after reading some of these HR queries from employees:

I lied on my resume. Now that I got the job here, can I change it?

Can my manager require me to have specific working hours?

Can I have my salary deferred until next year so that I don't have to pay taxes this year? I don't need the money this year.

Will you give me a raise if I stop smoking marijuana?

Can I wear a swimsuit and towel on casual day?



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

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