

Strengths

What strengths does CCNH have compared to other skilled nursing facilities that you know of or have heard? What strengths does CCNH have that we should make sure we make people aware of? What strengths should we build on?

- Dedicated, caring staff, motivated
- The facility itself and it's placement. Can be outside all day long. Nice outdoor environment. Can watch softball.
- Rooms and dining room kept clean
- Good light; natural light
- Activities
- Not profit oriented
- Physicians here
- Nurse aides are great, responsive
- Transport to the doctor accompanied
- Good skin care
- Good communication

Weaknesses

What is the weakness that you can think of that is most important to address quickly?

What weaknesses does CCNH have compared to other homes you know or have resided in or had a loved one residing in?

- **Temperature of food(x4)**
- Turnover, continuity of staff
- Weekend staffing is weak
- Hard to find staff at night
- Maintenance on facilities; getting courtyard cleared
- Doors need fixed; not properly shutting
- Dining service
- Wheelchairs need fixing
- No music during dining – possibly an opportunity
- Noise in the dining room
- Rooms are small

Threats

What are the biggest threats CCNH is facing? What is on the horizon – in the future – that will be a significant threat to CCNH?

- Tight budget and how it affects decisions
- People making decisions without information and reacting to budget constraints
- Healthcare industry in turmoil and needing to change
- How some county board members view the nursing home

Opportunities

What opportunities does CCNH have given current environment? What opportunities do you see in the future for CCNH to take advantage of? What have you seen at other facilities or learned about elsewhere that might be an opportunity for CCNH?

- Good publicity, human interest stories; have families tell their stories. There is a B52 pilot who has a great story. Have families tell a different story each month for publicity
- Figure out a better way to get to talk to county board members and have them get to know the home and the staff and residents
- Grant funding
- Fund development; fund raising activities; a fund development committee
- Tax funding
- Opportunity to build adult day care
- Opportunity to appreciate staff – from families and management and board

Strengths

1. What strengths does CCNH have compared to other skilled nursing facilities that you know of or have heard about or worked in?

- Have a wealth of management—an administrator, DON, ADON, more than 1 accountant; more than 1 social service worker. In many places management is very bare bones as a cost savings but here that is not the case
- Very clean; no bad smells. Adequate staffing, more than adequate staff especially in activities
- Key staff with longevity; friendly staff; clean, odor free; nice building; no cluttered hallways
- Staffing ratio, strong clinical nurses; NPs on site full time
- Access to management; Administration is very open to management
- Focused staff, staff engaged to help patients
- Building is nice;
- Staffing; front line CNAs, orientation every 2 weeks, hiring 6-8 people every 2 weeks;
- Quality of care—4-5 star rating in quality of care
- Education with staff; inservices; brown bag lunches
- The fact that it is a *county* facility; has more responsibility to take care of its employees
- Rehab/Medicare unit (x5)
- Therapy
- The people – the relationship with residents; the nursing staff is very caring here; that's unique here. That may be because it isn't part of a national organization but is locally focused (x4)
- As a not-for-profit we have a lot of volunteer staff, get donations
- Benefits offered to staff are great
- Private rooms
- Pulmonologist
- Resident-driven: majority of staff on board feel that way
- Good team in place right now; administration is on the floor, investigating; doesn't sit in their offices all day
- Number of people/staff with longevity and real pride in what they're doing. There is a core group of people who have been here 20+years who have the old feeling of homelike
- Great volunteers
- Love Code is an example of how caring staff are

2. What strengths does CCNH have that we should make sure we make people aware of?

- Diversity amongst employees is huge. As an example, you don't like this social service person to work with, here's another one. Have a range of experience from people with lots of experience to people with less experience but more contemporary approaches
- More patient focused than any other nursing home; less focused on revenue. Get to decide how long treatment should be or what resident needs, regardless of cost.
- Adult day care, locked dementia unit; rehab unit; beautiful facility
- Staffing ratios; strong clinical nurses; full-time NPs; dental clinic and dental hygienist
- Motivation of people working here to make things good for residents
- Let people know how good the facility looks and smells
- Let people know how well staffed we are; tell them about adult day care and outpatient therapy
- Medicare/rehab unit (x4)
- Need to market private rooms
- Let people know about services we have no one else has: dental, pulmonology
- Activity department and the outside services that come in like U of I students, Humane society, birthday parties
- Monthly inservices where people are trained. This place is big on education; good 2-day orientation; 4-hour training; doesn't just bring in any staff.
- We take all payors; we are not focused on payor – focused on patients

3. What strengths should we build on?

- Grow the continuity of care. Hope the 12-hour shift helps that and continue to grow it. CAN & nurses get assigned to a unit and a room which provides continuity from day-to-day. Important to build on that.
- More marketing about the facility and staffing
- Education with the staff; education such as brown bag lunches and inservices
- Management is a strength and need to build on it and work together more effectively
- Management is on the floor; open door; Karen is approachable and management isn't spending time in their offices
- Quality of care
- Therapy
- Need to get the word out about the Medicare unit
- Computerization with all charts on line. This allows us to document care, e.g., "I toileted her and when I did it." Improves communication and anyone can pull it up and know what has happened with this resident. We are still building on this.
- New options to choose from in food
- Activities – continue to bring in more community groups.

Weaknesses

1. What is the weakness that you can think of that is most important to address quickly?

- Lack of cohesiveness; so many department heads that sometimes they don't work as a team well; sometimes lack cohesiveness and easy to take offense; two different camps
- Divisiveness/factions (trying to stay out of being in either faction); need for team building
- Divide in management; two different camps; not feeling supported; lack of nurse managers
- Teamwork – issue gets passed around until they have escalated it; training on matrix kiosk, needs to be one-on-one
- Staffing – consider tuition reimbursement, scheduling, succession planning, filling nurse manager positions, recognition of employees needed.
- Lack of nurse managers
- Perception created by paper; how county board feels; family negatives stated in paper
- Turnover
- Negative publicity
- Financial situation
- Cash flow
- Need for additional financial/business office resources
- A marketer who goes out to community, meets with assisted living, organizes teas or receptions for after-hours, gets the community IN
- Lack of marketing and someone taking our message out to hospitals, assisted living, community, agencies
- Temperature of food
- Dining service, kitchen. If dining isn't appealing, slippery slope to people not thinking other things are appealing.
- Divisiveness in management.

2. What weaknesses does CCNH have compared to other homes you know about or have worked in

- Can't act as nimbly as some other places in dealing with employees because of union
- Need for team building in the management; communication would help team building
- Divisiveness; cattiness, fingerpointing; communication: for example with a care plan all people/areas need to be at care plan so issues can get addressed by proper areas
- Lack of follow-through. When IDPH is here all department heads don't step up; lack of holding people accountable all the same; setting deadlines and making people adhere to them
- Lack of communication. Get an issue on Monday but don't tell anyone else until later
- Lack of communication; making time for supervisors to talk with staff; clarity of message and time to give the clear messages; a CAN on nights may never see ADON or DON
- Why can't we fill nurse management positions? We may have big units that may scare off some nurses; lack of contracts with some payors such as Coventry and Blue Cross and United Need training coordinator and make sure everyone attends the inservices
- Need training coordinator and make sure everyone attends the inservices
- Staff retention. It may be a lot of people coming into it are new and don't know how much worse it is like elsewhere.
- No opportunity to get CEUs outside of the facility. At other places you are supported in going to get CEUs outside of the facility
- Need someone to be talking to discharge planners; need to be pushing that.
- Union. It makes it hard to make change and too much is driven by "past practices." Also push-back from management when trying to make change
- Need for restorative care 7 days/week.
- Communications to family promptly. Sometimes management avoids some family members who we know are going to be negative; we hide.
- Need more community involvement. Other homes had twice a year picnic with families and bringing people in to the home more.
- Haven't found the right person for DON.
- Large facility for a nursing home. Sometimes makes it difficult to keep things personal.
- Need to communicate more; a lack of communication between the higher-ups
- Not doing advertising or direct outreach. We need to be at Carle and Presence and VA.
- A little institutional due to size. Lack of landscaping and exterior appeal, grounds, maintenance.

Threats

1. What are the biggest threats CCNH is facing?

- Operationally inability for management to work with the team because of divisiveness
- Might lose some good people as result of divisiveness and that would be detrimental; constant change in some management positions
- Current nurse staffing is a struggle on the night shift
- Concerns being taken to Public Health and continued surveying; lack of volume and revenue; perception in the community;
- Turnover
- Night shift staffing for nursing
- Negative perception perpetuated in the newspaper
- County Board members making decisions when they know so little about the nursing home; we don't control our message
- Perception of Advisory Board and County Board; financials and building liabilities; paying for structural issues
- Financial – lack of cash; financial systems.
- Constant concern and question over our heads – “Are we going to be sold?” There was a cloud that has been lifted recently. The mood has lightened. People are smiling more; they are happier. But the question is still about what will happen to us. I wish the board would get it answered.
- Medicaid issue and state budget.
- Negative publicity and the negativity that creates in the staff and with potential residents
- Financial, lack of payments with the state.
- Divisiveness – 2 groups in management in conflict
- If we don't fill rehab unit we will lose it. Need to fill it.

2. What is on the horizon – in the future – that will be a significant threat to CCNH?

- Financials given state of Illinois issues
- Assisted living competition
- Being in Illinois
- State budget cuts and lack of funding
- Illinois state budget
- Unfilled management positions
- Assisted Living competition (x2)
- Uncertainty with board
- State budget

- Government's whole idea is to put nursing homes out of business; more reimbursement cuts, more audits

Opportunities

1. What opportunities does CCNH have given current environment?

- Rehab to home unit and opportunity to build that. (4)
- Create a separate 48-hour apartment with separate entrance to give rehab-to-home patients a chance to see how they can function independently
- Involvement with the community; Auxiliary is amazing. It can help with donations; Access to buses and vans and ability to get residents out in community; potential for working with Don Moyers Boys and Girls Club and Park District
- Restorative revenue being missed and there is an opportunity here; develop strong CHF program; find a niche and work with hospitals; make a hospice unit; build rehab unit; stroke program
- Safety ensuring security; energizing management with planning
- Job fairs; community events for reaching potential staff; change message to the public
- Nursing manager track; role training; additional training that staff wants
- Upscale the food – something out-of-the-ordinary; upgrading the other rooms; folding chairs for family; tvs in rooms; newer lounge furniture on other 4 units
- Get own dietary manager and own supervisors. I have seen this to be effective.
- Cosmetics with the facility; update certain areas, the bedrooms need tweaking
- Get people to come in and see for themselves. If you look at the faces of the residents you can see they are smiling and happy. Need people to see this.
- Opportunity to improve Medicare reimbursement and make sure we are satisfying Medicare patients.
- Improvement of continuity of staff by looking at seniority by unit instead of seniority for the facility overall
- Short-stay service line: Come in for 3 hours at \$15/hr; come in for bath and personal care twice a week and stay independent.
- Get Community to “know us.” Recent Meals-on-Wheels opportunity is a good example
- Continue to grow the outpatient therapy. Right now discharges from the Medicare unit are going to Adult Day Care and using Outpatient Therapy. Opportunity to grow this.
- Do more training and sending people out to get additional education and exposure
- Redesign of some patient rooms
- Get the board to be more knowledgeable. Have them come in and get to know us. Set up lunch and conversation with department managers and the board.
- Develop a mission committee that might include community members

2. What opportunities do you see in the future for CCNH to take advantage of?

- Expansion to assisted living; even residential on a short-term basis; partnering with assisted living; partnering with home care
- Residents get in the community not just people coming here; where can residents and patients volunteer?
- Get prepared for sicker people; get nurses certified in wound care; rehab nursing certified; magnet status
- Emergency management planning
- Become a magnet facility
- Nursing manager track; role training; nurse management development
- Training in the Eden philosophy
- More private rooms
- Staffing based not on number of heads but acuity
- Person-centered care – Eden alternative
- Develop assisted living adjacent. Can't be a 240-bed nursing home forever. Need to have a 5-year plan
- Expand day care

3. What have you seen at other facilities or learned about elsewhere that might be an opportunity for CCNH?

- Nurse liaison in the hospital every day for much of the day
- More marketing
- Marketing for rehab unit; therapy straight to home
- Admitting process
- Leadership development and team building
- Eden philosophy
- Homier rooms

From Staff Meeting

Strengths

What strengths does CCNH have compared to other skilled nursing facilities that you know of or have heard about ? What strengths does CCNH have that we should make sure we make people aware of? What strengths should we build on?

- Benefits
- Therapy
- Administration
- Co-workers, unity, like a family
- Administration's open door policy
- No smell, clean
- Caring staff
- Staffing ratio: 1-27 patients here; 1-45 at Helia
- In-house dentist and dental hygienist
- Progressive
- Nurse Practitioners
- Accept all payer patients
- Lots of areas for residents to get together
- Activities (x3)
- Beautiful facility
- No shared bathrooms
- Progressive, flexible, management open to change
- Beauty shop
- Auxiliary
- Like seeing DON and ADON out on floors
- Nurses, not high turnover
- Spouses can stay together
- Pet therapy
- Outpatient therapy
- Family Council
- Private rooms
- Dining committee

Weaknesses

What is the weakness that you can think of that is most important to address quickly?

What weaknesses does CCNH have compared to other homes you know about or have had experience with?

- Call lights going off and not being answered
- Quality of food
- Communication – from member of one department to another
- Laundry – losing clothes
- Need more education for staff, e.g., charting and documentation
- Need more interdepartment communication – departments involved with each other more knowledgeable about each other
- Not recognizing that *anyone* can answer a call light
- Lack of good signage on Main or Lierman
- Name – hurt to use the old-fashioned name “nursing home.”
- Need more handicapped access doors
- Open meetings for board meetings and bad publicity affects morale and what residents think
- Lack of advertising and marketing

Threats

What are the biggest threats CCNH is facing? What is on the horizon – in the future – that will be a significant threat to CCNH?

- Negative Press
- County board who makes decisions without any knowledge; uninformed decision makers
- Threat of sale
- Shrinking market
- Assisted living as competition and not regulated
- State Budget
- Not enough community involvement

Opportunities

What opportunities does CCNH have given current environment? What opportunities do you see in the future for CCNH to take advantage of? What have you seen at other facilities or learned about elsewhere that might be an opportunity for CCNH?

- Dialysis
- Scholarships for staff to advance CNAs to LPNs and LPNs to RNs
- Day care/grandparents interaction, e.g., Granny rocking hour
- Employee day care
- Having pets at facility
- Expand Medicare
- Pulmonary rehab
- Build skill level of staff
- Team building for morale
- Encouragement pot lucks
- Human interest stories of residents publicized, e.g., 102-year-olds