



2001 KAHSA Awards of Excellence!



Edith L. Stunkel, 2001 Chairman's Citation Award Recipient.

Edith L. Stunkel, Chairman's Citation Award

After studying under leading experts in the field of aging at University of California-Berkeley and receiving her masters of social work degree, Edith Stunkel found herself transported to Manhattan, where she planted roots, raised a family, and pursued her passion for creating a better world for older adults. Over the past quarter century, this incredible woman has served in a variety of capacities, including Assistant Director and Director at the Center on Aging at Kansas State University, Co-Director of the Brokering Rural AGE project, Training Director for the Kansas Consortium for Training in Gerontology, and founder of the Kansas Association for Aging Education, just to name a few.

Edith has worked for the Kansas Association of Homes and Services for the Aging since 1997. During her tenure she has provided exemplary service to KAHSA members. She has served as an invaluable bridge between academia and frontline practice. Thanks to her, several hundred frontline caregivers have received state of the art training in elder abuse prevention. She created a model for diversification of services for rural nursing homes; played a critical facilitation role in the groundbreaking study of Kansas nursing home employee turnover; and participated in the study of the benefits of not-for-profit retirement communities to their counties. Most recently, she secured a large grant from OSHA for a first-of-its-kind statewide train-the-trainer program to improve nursing home worker safety.

Edith Stunkel has become known as a leading gerontologist in Kansas and "abroad." She has made the world a better place for the elders she has served, the colleagues she has mentored and worked along side, and through the friendships she has forged.



From left to right: Glendene Flaming, 2001 KAHSA Lifetime Achievement Award Recipient and John Grace, President/CEO KAHSA. Photo Credit: Jim Meyer

Lifetime Achievement Award Winners

Glendene Flaming, Bethesda Home

Glendene Flaming began working for Bethesda Home in 1979 in the business office and over the years obtained her Administrator's license. In 1990, she was appointed Administrator, shortly after the Hesston tornado made its appearance. Glendene guided Bethesda Home through the renovation of an administrative wing; construction of duplexes and the purchase and development of a six-acre retirement Village; the initiation of an endowment; plus planning and construction of a special care unit for residents with Alzheimer's and similar care needs. Glendene has recently retired. Over the years Glendene has shown exemplary dedication to providing the highest quality care for seniors.

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Dr. Cramer Reed, Larksfield Place

Dr. Cramer Reed often calls himself a “Maturian”. His admirers have other names for him including “exceptional”, “a true community leader in aging and wellness” and “a role model of successful aging.” He has been a successful practicing physician, founder of the College of Health Professions at Wichita State University, the originator of Health Strategies, Member of the Board at Larksfield Place, and President of the Wesley Medical Center. What is amazing is that he did almost all of the things after a long successful medical career. Dr. David Street, Chairman of the Board at Larksfield Place stated, “You continue to challenge us with your ideas, perfectionism, humility, and compassion. You are the personification of ‘successful aging.’” Because of his untiring efforts, the Board of Larksfield Place has renamed the Quality of Life Center, The Cramer Reed Center for Successful Aging. The new center is building a 3 million-dollar endowment for further research and applications into health and wellness programs.

Caregivers of the Year

Sandra Phenneger, Friendly Acres

Sandra Phenneger, CNA, CRA, has been at Friendly Acres since 1998. She began as a Housekeeper – and it was her outstanding performance and devotion to the residents that made her invaluable as she transferred from the Housekeeping Department to the Nursing Department when she completed the requirements for CNA certification in July of 1999. During Friendly Acres’ 2001 state survey, two surveyors (independently of each other) commented on Sandy’s excellent work performance. The following are just a few statements from the nomination letters. “Sandy Phenneger simply exemplifies the love and caring that staff in long-term care *need* to be a success in their chosen field.” “Sandy’s demeanor and dedication to her profession serves as a role model for others. She brings love and dedication to work with her everyday, and helps to make it fun – encouraging others to come to Friendly Acres, whether it be as a resident or staff.”



Vivian Rhodd, Winfield Good Samaritan

Vivian Rhodd has been employed at Winfield Good Samaritan Village for 33 years, starting out as a CNA, and then pursuing personal growth by achieving CMA, LPN, Medicare Coordinator and Assistant Director of Nursing. She has been at the cutting edge of changes (and imagine how many changes there have been in 33 years) and never stepped away from a challenge. As Rev. Richard Osborne, Administrator, said, “ She has embraced each task with the wisdom of Solomon and the dignity of a Mother Theresa.” Another co-worker said, “Vivian always maintains the highest professional and moral standards for the benefit of residents and fellow staff. She knows her residents by name and has always been the resident’s advocate. She is ‘compassion and caring’ in a uniform.”

Clinical Care Awards - Catholic Care Center, “S.W.A.T” (Skin and Wound Action Team); Cheney Golden Age, Oral Care Program

Excellence in Service - The Cedars, Neighborhood Program; Schowalter Villa, “Safety is No Accident” Program; Wesley Towers, Wesley Players Drama Group

Innovation of the Year - Larksfield Place, “Keeping You Car Keys” Program; High Plains Retirement Village, “Baby’s Morning Out” Program

Public Relations

Best Publication - Schowalter Villa, Website

Best Practice - “Retirement Community Health Network,” Radio Program. Collaborative effort of: Hutchinson Good Samaritan Village, Mennonite Friendship Retirement Community, Pleasant View Home, Ray E. Dillon Living Center, Sunshine Meadows Retirement Community and Wesley Towers

KAHSA 2001 Recognition Award Winners

The following KAHSA members were recognized with a 2001 KAHSA Recognition Award at the Awards of Excellence Ceremony. Recognition Awards are presented to members receiving five nursing care deficiencies or less on their annual Kansas Department of Health and Environment survey.

Aldersgate Village, Assisted Living, Topeka
Anderson County Hospital - Long Term Care Unit, Garnett
Ashland Health Center, Ashland
Atwood Good Samaritan Center, Atwood
Bethesda Home, Goessel
Central Kansas Medical Center, Great Bend
Clay Center Presbyterian Manor, Clay Center
Decatur Co. Good Samaritan Center, Oberlin
Dodge City Good Samaritan Center, Dodge City
Dooley Center, Atchison
Ellsworth Good Samaritan -
Village-Villa Hope, Ellsworth
Fowler Nursing Home, Fowler
Frankfort Community Care Home, Inc, Frankfort
Friendly Acres Health Care Center and Assisted Living, Newton
Good Samaritan Village, St. Francis
Hutchinson Good Samaritan Village, Hutchinson
Lakeview Village Inc, Lenexa
Larksfield Home Health Agency, Wichita
Lawrence Presbyterian Manor, Lawrence
Liberal Good Samaritan Center, Liberal
Linn Community Nursing Home, Linn
Logan Manor Community Health Services, Logan
Lyons Good Samaritan Center, Lyons
Manor of the Plains, Dodge City
Meadowlark Hills, Manhattan
Mennonite Friendship Manor, Hutchinson
Mount Joseph Senior Community, Concordia
Park Lane Nursing Home, Scott City
Parkside Homes, Inc, Hillsboro
Phillips County Retirement Center, Phillipsburg
Pioneer Lodge, Coldwater
Pioneer Manor, Hugoton
Pleasant View Home Health, Inman
Republic County Hospital LTC, Belleville
Rush County Nursing Home, LaCrosse
Sandstone Heights, Little River
Saint Joseph Senior Community, Manhattan
Schowalter Villa, Hesston
Solomon Valley Manor, Stockton
Sunset Home, Concordia
Sunshine Meadows Retirement Community, Buhler
Trego County Lemke Memorial Hospital -
Long Term Care Unit, WaKeeney
Trinity Lutheran Manor, Merriam

Spotlight



Dr. Carol Moore
KAHSA Board Member

Dr. Carol Moore began her education by receiving her diploma in nursing from Grace Hospital in Hutchinson. She then proceeded to obtain her Bachelor of Science in Nursing degree from Eastern Mennonite University in Harrisonburg, Virginia, a Masters in Nursing from Wichita State University and then a PhD in Adult and Continuing Education from Kansas State University.

Dr. Moore currently serves as Chairperson of the Nursing Department at Bethel College and teaches several courses, including Professionalism in Nursing. "I really would like the students that take my course to walk away knowing that their primary focus should always be the person they are taking care of, and to look at the whole person. Including family, community, and what makes a difference in that person's life," said Moore. In addition to chairing the Department, she is an Advanced Nurse Practitioner, and serves on the Board of Mennonite Friendship Manor and the KAHSA Board. She has served on the Mennonite Friendship Manor Board for approximately four years and really enjoys being there to support and validate the work of the Administrator and other health care providers. "We are fortunate to have an Administrator that really works to educate the Board which is so valuable," said Moore.

She has served on the KAHSA Board for three years now and enjoys being a part of promoting the positive aspects of long-term care, and added, "One of the advantages of working in non-profit long term care is the focus on the resident versus monetary issues. The extra time allows us to take a step back and ask 'What can I do to give this person dignity as the aging process occurs?' " "We are so pleased to have Carol on the KAHSA Board," said John Grace, President of KAHSA. "Carol brings a new perspective to our board as a a board member from one of our finest facilities; she also has such strong academic credentials that we look to her for help in areas of research and university applications."

KAHSA Members Lead the Way: Grass Roots Advocacy



KAHSA members are active in working with their local Senators and Representatives by offering their facilities for forums, inviting them to attend events and overall forming great relationships so they can do their best to see that not-for-profit long-term care providers get the recognition they deserve. We certainly commend those KAHSA members that are active in their local areas and encourage those who aren't to jump on-board! The following are examples of what just a few members have been doing over the last couple of years.

In March of 1999, Wesley Towers was celebrating their 30th Anniversary, when Ray Vernon, Administrator/CEO, decided to embark upon a new venture, a Legislative Forum. Their local Chamber of Commerce held the Legislative Forum for approximately 25 years when Sonja Reiser, Director of Marketing, Wesley Towers, approached them about Wesley Towers hosting the event for a change. Reluctant to move what was already a "good thing," the Chamber agreed. Little did they know they were about to make their good thing even better! Wesley Towers has now hosted the event for three years and the Chamber is thrilled to have them host it, and who can blame them? Due to the change, they have had an increase in attendance of fifty percent. "Having the event at Wesley Towers has been good for the Legislative Forum and it provides a great opportunity for residents to take part," said John Daveline, President of the Hutchinson/Reno County Chamber of Commerce.

The event is held in Wesley Towers' Chapel that includes a stage, wireless microphones and offers a great setting for this community gathering. Flyers are sent to chamber members, churches and other community organizations and anyone, including residents, are welcome to attend. Marketing efforts have included flyers, newspaper advertisements, and radio promotions.

The Moderator is normally the Chairman of the Chamber's Legislative Committee, and Senator Dave Kerr, Representatives Mike O'Neil, Mary Kauffman, Jan Pauls and Melvin Minor have a wonderful opportunity to address community issues. "The Legislative Forums are a great public relations opportunity for Wesley Towers," said Reiser.

Frankfort Community Care Home has done a coffee get-together at one of their local restaurants (that is typically crowded with community residents in the morning) and had two buses transport residents to attend their event. Secretary Connie Hubbell, and the Mayor of Frankfort attended their last breakfast. As with many of our other KAHSA members who host events such as this, they enlisted a sponsor, the Rotary. "We also hosted an annual soup day where we invited our local Representatives

to attend and everyone had a wonderful time," said Evelyn Walters, Administrator of Frankfort Community Care Home. "We really enjoyed having the Representatives present at our activities, and plan to invite them to more in the future - perhaps our local art show coming up in September."

For the last three years, Rush County Nursing Home has hosted a Legislative Lunch. They invite their local representative, now Rep. Larry Powell, to come and speak with residents during their normal lunchtime. After, they arrange another lunch for Department Heads and Representative Powell to give them the opportunity to discuss issues. "It has been a great way to get to know Representative Powell since he is new," said Sadie Goodwin, Administrator at Rush County Nursing Home. "We have a better understanding of who he is and where he comes from."

Candidate forums are another creative approach to providing residents with the latest public policy information. Brewster Place Retirement Community in Topeka hosts candidate forums during each election cycle, and has Virginia Feeley, a resident, moderate each forum.

"Our candidates have a keen awareness that our residents vote!" said Tom Akins, Brewster's Director of Development. "Brewster Place is a polling site for our local precinct. When you combine that with the historically excellent voter turnout for senior citizens, office seekers are eager to appear at Brewster Place."

Candidate forums are relatively easy to organize. "We mail a letter to each candidate one month before our scheduled forum," explained Akins. "In the letter, we point out that our precinct traditionally averages between 65% and 75% voter turnout. We explain who has been invited and ask candidates to give some thought to issues that affect our residents."

"We stress that the forums are not intended to be debates," said Akins. "Instead, we ask candidates to make a 5-7 minute presentation about who they are and what issues they think are important. Then, once each candidate has made a presentation, we open up the floor to questions from the residents."

Brewster hosts candidate forums for both primary and general elections. Featured races included city and county commission seats, legislative seats, statewide officeholders, and federal elected officials. Particularly with primary elections in which a number of candidates and a number of offices are up for election, a series of forums are held. In these cases, the invitation letter to candidates will offer them a choice of dates and times. In addition, forums are held for bond and tax issues and constitutional questions. "For issue-related elections," explained Akins, "we usually ask a retired professor or reporter to appear and present both sides of the issue."

For more information on successful grass roots efforts, contact Debra Harmon-Zehr or Cheri Kern in the KAHSA office.

Top 10 Practical Tips to Avoid Liability Issues (With my apologies to Will Rogers)

By Linda Williams, GuideOne Insurance LTC Risk Manager



KING members were recognized for “No Idemnity Claims” for the 2000-01 plan year at the 2001 Awards of Excellence Program.

“If it weren’t for bad news, we’d get no news at all” – are the thoughts echoed by many workers in the long-term care industry as they read newspaper headlines across the country. Never before has the industry received so much bad press over the problems of so few facilities. If the great journalist-philosopher Will Rogers were alive today, I’m sure he could offer a few bits of wisdom to help this hurting industry to cope with its problems. As it is, I’ve imparted some of his famous quotes into my top 10 practical tips facilities can take to avoid liability issues (or tomorrow’s newspaper headlines).

1. **“It’s not what you pay a man but what he costs you that counts.”** Nowhere is this truer than in the long-term care industry. Recruiting and selecting the highest quality of staff is imperative in order to protect residents and to provide the care they need. Criminal background checks, should be an integral part of your selection process. Other checks should include:
 - Employment references (both past and present, if possible);
 - Credentials (state board of nursing, nurse aide registries, etc.); and
 - Pre-employment physicals (include tuberculosis testing).Once an employee is hired, training is the next critical process. All employees should receive a planned orientation that includes general employment information and that which is specific to their department and position responsibilities. Return-demonstrations should be assessed and documented for all essential psychomotor skills. Make sure all supervisors and staff know what to do in the event of a crisis situation, such as a suspected abuse, fall, elopement, and medication error.
2. **“Always drink upstream from the herd.”** In other words, don’t be quick to inherit problems flowing from elsewhere. That is why a full-body assessment should be performed with each resident that is admitted to the facility. If it’s not documented that a resident came with a bruise, pressure sore and/or contracture, it will be assumed later on by anyone reading the resident’s chart, that it had been acquired at the facility. It is equally important to document residents’ histories, as well – especially in cases such as the arrival of the little elderly lady who has weighed 80 pounds for the last 20 years and is not likely to ever reach her ideal body weight at age 93.
3. **“Lettin’ the cat outta the bag is a whole lot easier’n puttin’ it back in.”** Likewise, it’s a whole lot easier to identify residents that are at risk for a problem, such as a fall, before it occurs, rather than to wait to address it after it happens. Besides falls, other assessments that should be performed and documented, upon resident admit and routinely thereafter, include risk for: skin breakdown (i.e. pressure sores); weight loss; elopement and functional declines.
4. **“The quickest way to double your money is to fold it over and put it back in your pocket.”** Open communication is a better investment than anything money can buy. As an example, what good is a \$5,000 mechanical lift if the staff does not know how to use it properly or which residents to use it with? Likewise, if the staff do nothing more than identify residents at risk for a particular problem, such as a fall, but don’t initiate an action plan with appropriate interventions, they’ve merely documented their own negligence. All nursing employees, especially the direct-caregivers, need to know which residents are at risk for specific problems, what to look for and how to best meet the resident’s needs, according to a written plan of care. Family members and responsible parties also need to be informed so they will know that the facility has the best interest of their loved one in mind. As always, all communication, whether it be training or informing, should be documented on the appropriate form.

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Whenever an intervention, such as a chemical or physical restraint, is indicated, staff should make sure that an informed consent that explains both risks and benefits is addressed and signed by the appropriate parties.

5. ***“It don’t take a genius to spot a goat in a flock of sheep.”*** If you’re routinely looking for things that shouldn’t be there, you’ll spot them instantly when they occur. Thus is the value of performing weekly skin assessments, recording resident weights and documenting the resident participation in restorative and/or activity programs. The basis for why many facilities get into trouble is usually because they don’t have systems in place to catch problems until it’s too late and the situation is out of control.
6. ***“If you find yourself in a hole, the first thing to do is stop diggin’.”*** Sooner or later, incidents involving residents occur, requiring the staff to stop what they’re doing and assess the situation. How the staff reacts to an incident immediately after it happens can, at times, mean the difference between life and death. All nursing staff need to know what appropriate actions to take when events such as a resident fall or a medication error occur so that the resident’s safety is ensured and the appropriate emergency services and assistance is obtained. Afterwards, everything must be documented thoroughly in the resident’s chart and incident report. Sometimes this documentation, alone, determines what kind of defense the facility has to offer in the event of a lawsuit. Multi million dollar verdicts have been awarded to many plaintiffs because the facility staff neglected to properly assess a resident or make any changes in their plan of care following an incident.
7. ***“Rumor travels faster, but it don’t stay put as long as truth.”*** Facilities should never try to hide incidents such as falls, elopements, allegations of abuse or medication errors, from the resident’s family and/or responsible party, as well as the physician and state licensing official (if warranted). As unpleasant or seemingly trivial as it may be, each of these parties has a right to know what’s happened to the resident, and staff members have an obligation to keep them informed. Besides incidents, other common mistakes staff have made include forgetting to report abnormal lab values or diagnostic results. This neglect can sometimes lead to dire consequences in a resident’s health and well being. It’s equally important for staff to keep each other informed of changes that have occurred with the resident, via verbal, written or taped reports between on-coming and off-going shifts, so that follow-up assessments and other important interventions get done.

8. ***“Even if you’re on the right track, you’ll get run over if you just sit there.”*** Many times, simply responding to and reporting an incident is not enough because the resident requires on-going treatments, assessments and/or monitoring, depending on the potential for or actual harm done. In the event of a newly discovered pressure sore, follow-up documentation must be done on a minimal weekly basis until the area is resolved. It’s highly recommended that the nurse who is responsible for doing this be specially trained in measuring, staging and describing the skin condition. For skin conditions that are not improved as a result of the treatment or that show no progression toward healing, the physician should be notified promptly and a new plan of care developed. Likewise, if a resident is refusing or is noncompliant with a treatment, the resident’s family and/or responsible party should be informed at once, with the consequential risks explained, and an alternative plan of care developed. The exchange of this information should be formally documented with signatures obtained from all involved parties.
9. ***“Good judgment comes from experience, and a lot of that comes from bad judgment.”*** At times, facilities find that despite their best efforts to prevent a fall or other problem from happening, it occurs anyway. The important thing for the facility to do is to investigate and determine what worked and what didn’t, then revise or add new interventions to the resident’s plan of care to prevent a future occurrence from happening. Whether in a survey situation or in a courtroom, facilities will always be judged by the degree of care that an assisted living or retirement center of ordinary prudence would have exercised under the same or similar circumstances. If the facility can produce a three-page list of all the interventions they’ve attempted to prevent the incident, it’s doubtful that anyone can accuse them of neglect. Unfortunately, what too many facilities do is wait till the resident falls for the third time before they figure out that the personal alarm was not enough.
10. ***“If you’re ridin’ ahead of the herd, take a look back every now and then to make sure it’s still there.”*** How true! Sometimes as managers we think that our problems have all been solved because we’ve finally got the right systems in place, only to find out later that somehow, somewhere, somebody stopped doing what they were supposed to do, and so nothing ever got done. That’s the reason that effective quality assurance programs and continuous auditing are so vital. And, as always, leave a documentation trail behind (in everything you do) to prove that, at the very least, you’ve done your best!

(Sources: Will Rogers Official Web Site: <http://www.cmgww.com/historic/rogers/quote.html>)

OSHA Update

On April 26, KAHSA completed the twelve “Back to Worker Safety: ABOUT TIME” - Attaining Better Outcomes Using Training: Tools, Information and Motivation for Employees - train-the-trainer programs on ergonomics and bloodborne pathogens for long term care staff. Teams of at least three staff members from 78 facilities across the state attended the workshops supported by funding provided by an Occupational Safety and Health Administration (OSHA) Susan Harwood Training Grant awarded to the Aging Research Institute. Workshops were held at various locations throughout the state and were attended by nearly 250 individuals.

Each facility received a training manual with modules on:

- Principles of Adult Education
- Accident Investigation
- Job Safety Analysis
- Bloodborne Pathogens
- Ergonomics
- Planning & Wrap-up

By their attendance at one of the workshops, facility administrators expressed their commitment to improving worker safety and their commitment to involving at least half of their nursing home employees in active worker safety procedures within three months of being trained through this grant. In order to facilitate nursing homes’ implementation of no-lift workplaces, the grant also provides a modest reimbursement for the lease or purchase of a lift from a participating vendor for those facilities that are interested.

The response to the workshops by participants has been overwhelmingly positive, with comments ranging from “*all subject areas covered were interesting & useful to implementing a successful program*” to “*the presenter is very knowledgeable and always has great information, not to mention very colorful and interesting to listen to*” to “*good information; easy to understand notebook & slides.*”

KAHSA is offering two additional workshops - July 19 at Larksfield Place in Wichita and July 26 at Meadowlark Hills in Manhattan (brochures will be sent out soon), and plans are underway in anticipation of renewing the grant for a second year. If your facility might be interested in attending a workshop or has ideas for grant year two, please contact Debbie Nuss, OSHA Grant Manager at (785) 233-7443, ext. 223 or at dnuss@kahsa.org.

The Learning Network for Senior Services (TLN) Highlights of Recent Upgrade

The Learning Network for Senior Services (TLN) offers a wider range of continuing education coursework for your frontline professionals. We are pleased to call your attention to the many new and exciting features that have been added to TLN in a recent upgrade!

The Newsletter Module has been completely redesigned and has improved indexing of newsletters, better print functions and made the Web links active in the newsletter text. The ability to create individual user accounts (including departmental information) has been added to the Training Module, along with more secure entry with user login/password and a lost password feature. The Opinions section now offers more accurate results and pre and post tests are available for all CEU courses.

TLN has also added audio to the Caregiver Training I (previously an inservice module) and added two new topics, “Disaster Preparedness” and “Elder Abuse and Neglect.” Plus, they have twenty-four new sets of articles now on the Leadership (PM) Module database, improved the testing process for faster access and made improvements on the Administration Module.

The program’s new features and upgrades have made the program extremely user friendly!

TLN Tips from the Frontline

by Bev Johnson, Friendly Acres

“I have to use a computer? I’m too old to learn how to use a computer!”

“I’d never have thought I’d be using a computer. I don’t have one at home, and had not planned to ever use one. In fact, I’d vowed never to even think about using one.”

“You don’t want me near that thing - I’ll really mess it up!”

“I’m scared to death of those things - technology and all that.”

“Why cant we just stick with the traditional group Inservices like we’ve always done?”

These are among the printable comments heard by staff members when TLN (then KLN) was announced in early 2000. Grumbling, mumbling, griping, and refusing were frequent. However, Inservice 2000 requirements did not change, and everyone survived having to sit before the computer and complete the program.

TLN has meant a lot of one - on - one time with employees as they learn the extreme basics of using a computer. Every challenge involving TLN over the past 18 months has provided a good learning experience for all involved. The computer which

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(The Learning Network Continued)

is dedicated to TLN is an older and slower one, so we've had some glitches, but Professional Mentoring personnel provide excellent, friendly and quick support. A simply written instruction book was developed in-house, and on occasion staff do open it. Other staff will ask for assistance while tightly clutching the instruction book.

TLN is combined with eight Inservices which have mandatory attendance. Last year's use of TLN included five required Inservice modules and an additional two, employee's choice. This years requirements were expanded to the employee's choice of any two, and completion of one Leadership module. New employees have five Inservice modules to complete within the 90 day probation period, then the remainder of the year to complete the other requirements. New staff have been terrific about compliance - it's the "old timers" who procrastinate.

TLN is an excellent source of information for the non-licensed staff and an excellent source of Continuing Education material for licensed staff. Use by licensed staff will be encouraged more during 2002. TLN was a source of tremendous information used in Mentor training late last year. As part of the orientation process, one reading and associated activity is required of the new employee.

We look forward with great anticipation to the "New and Improved" version of TLN.

Guest Author: Bev Johnson, RN, Staff Development and Director of Corporate Compliance Officer, Friendly Acres.

Special thanks to Ziegler Capital Markets Group for supporting KAHSA and The Learning Network.

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Karen Lemon, Editor.

The Learning Network for Senior Services

Continuing Education Course Schedule July-September 2001

New courses and changes in this schedule may be made on an on-going basis. Go to the TLN Partners Web site at www.tlnpartners.com for the most up-to-date course list/schedule and to register!

Course registration deadline is one week prior to the course start date.

July 2001

How To Make Your "Team" Work	07/02/01	07/27/01
Effective Communication	07/09/01	08/03/01
Corporate Compliance Part II	07/09/01	08/17/01
Motivating Staff Members to Be All They Can Be	07/16/01	08/10/01
Skin Care	07/16/01	08/24/01

August 2001

Handling the Challenges of Change	08/06/01	08/31/01
Depression Among the Elderly	08/06/01	08/31/01
Building Your Public Image	08/13/01	09/09/01

September 2001

OBRA Timing & Scheduling for the MDS 2.0	09/10/01	10/19/01
Foundations of Supervisory Skills	09/10/01	10/19/01
Recruiting and Retaining Good Staff	09/17/01	10/19/01

KAHSA Education Update

Be sure to sign-up for these upcoming courses soon! For more information contact our education department, or go to our website, www.kahsa.org.

RAI 301 Quality Improvement Through the Use of Quality Indicators

Eugene M. Hughes Metropolitan Complex, Wichita
September 27, 2001

This workshop focuses on the basics of Quality Indicators. What they are, what they mean, how they are changing and what you can do about them! There will be a focus on quality improvement techniques and surveyor issues.

RAI 401 Medicare/PPS Update

Eugene M. Hughes Metropolitan Complex, Wichita
October 26, 2001

This workshop will include an update on Medicare PPS, with a focus on MDS triggers to RUG's and documentation issues for MDS coding and how to survive a post payment review audit from your fiscal intermediary. Restorative nursing as part of Medicare PPS will also be covered!