

CPI *Unrestrained* Transcription

Episode 60: Corrie Dyson and Haley Huckabee

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Host: Terry Vittone

Terry: Hello and welcome to *Unrestrained*, a CPI podcast series. This is your host, Terry Vittone, and today, I'm joined by Haley Huckabee and Corrie Dyson of the Therapy Management Corporation, or TMC, a contract therapy services provider. Hello and welcome, Haley and Corrie.

Haley: Hey, Terry.

Corrie: Hello.

Terry: Hello. Well, let me tell you a little bit about our guests and their organization. TMC provides in-depth therapy experience to a variety of long-term care providers including skilled nursing facilities, assisted living facilities, continuing care retirement communities, hospitals, outpatient clinics, and more. They are active in 17 states, from California to Texas to Washington to New Jersey, and in communities across the country. In the spring of 2017, TMC committed to a training initiative that provided *Dementia Capable Care* training to more than 650 of their care partners culminating in TMC's recognition as a Dementia Capable Care Society Leader.

Today, we're going to talk about the implementation and results of that training initiative. Haley Huckabee is a speech language pathologist and TMC's director of clinical excellence. Corrie Dyson is the organization's clinical excellence coordinator and she is also a speech language pathologist. So let's begin today by having you tell us about the history and mission of TMC. Describe why you sought DCS training. Some perspectives of interest might be: what were the pain points that made you seek training, how are you seeking new growth as an organization, and how you finally came to choose Dementia Care Specialists for training.

Corrie: Great. Well, TMC was founded in 1995 by our owners, Mark and Dreama Waldrop, who are, respectively, a nursing home administrator and a physical therapist. They're also a married couple. And they felt that in the mid-90s, the industry was presenting them with an opportunity to provide clinically sound contract therapy services in a manner that was of the utmost integrity, that was innovative, and that place the "who" and the "why" before the "what." And we say that a lot in our company. The who that we talk about is, of

course, our patients that we're so blessed to serve each and every day. But we also include our customers and ultimately one another into that. And then the why is defined in our mission statement, which is to make a positive difference in the lives of everyone we serve. And this is why we exist as a company and what drives and guides every decision that we make as an organization.

When we were looking to bring in DCS training, we started with a paradigm shift of our own about four years ago. We've started focusing on providing clinical services that were uniquely better than what was already out there, and those services that we were hoping would produce those quality measures in our residents, quality outcomes in our residents that really focused on not necessarily the quantity of minutes that were being provided, as our industry has been doing for the last 20 years.

We've felt the industry was starting to shift toward an outcomes-based focus and we just really started turning our focus that way. And we sent our operations managers out on what we called a clinical excellence tour. We implemented programs that were kind of in line with that shift of quality over quantity and we wanted to be on the forefront of the industry in that. So that was about 2014 to up to 2015 that we started that focus on those clinical programs to individualize our plans of care based on the needs of the residents, and that were also based on the quality measures of the facility.

And dementia training, it became very obvious to us, and I will let Haley talk about this, but it became very obvious to us that we need a little more education with our teams on how to work with our patients with dementia, and that we needed a formal clinical program for dementia care in our facility. So I'm going to let Haley give you a little bit more info on that one.

Terry: Thank you. What a startling awareness to come up in 2014, to realize that you needed to take an inventory of your care and to move to a more person-centered focus.

Corrie: Yes. This company is a very innovative company and really tries to stay on top of industry trends. And when we started feeling that focus starting to shift, we knew that something was going to need to change and we need to jump on it and do it immediately.

Terry: That's great.

Haley: It was an exciting change for us to know that, oh, finally, the perspectives are going to be focused on quality. That's where we want to be. That's where we wanted to be for a long time. So it's an exciting change and I think we're continuing along those same lines. But as far as pain points when we were trying to figure out what was going to be best, just personally, one of the things that I have observed, and Corrie has observed, working in a lot of different buildings, a lot of teams, is just the gap in knowledge of our therapists coming out of school. A lot of the way that we're trained and the way that we are taught in

school is very much rehab-focused, where you're taught to identify the deficits and then fix those deficits.

But working in skilled nursing where so many of our residents have cognitive impairment, it just wasn't working, and people didn't know what to do. People felt fairly comfortable with those earlier stages of dementia, but once you get to the point where new learning is not occurring or they can't follow instructions in the way that we're taught to give them, then there was kind of a breakdown. And therapists really weren't sure what their role was and what their scope of practice was when it came to those residents in their later stage of dementia. And when we wanted to choose a program, we didn't want to reinvent the wheel. We knew there were a lot of really good trainings out there. I had actually taken the *Dementia Capable Care* course years before and even been certified as an Instructor, but didn't get a chance to really put that to use. The timing just wasn't right.

Terry: I see.

Haley: So I was familiar with the content. And really, after looking at several of the products out there, what sold us on *Dementia Capable Care* was how much the mission statement of that program aligns with our own. Like Corrie mentioned, that we exist to make a positive difference in the lives of everyone we serve, and then the mission of the program is to ensure that those with Alzheimer's disease and related dementias live to their functional and emotional potential. And we felt that was right in line. We really liked the abilities focus. We felt that it filled in a lot of gaps of knowledge. We liked the use of the Allen Cognitive Level Stages. That's familiar to a lot of therapists and it was just a really good fit.

Terry: Well, that's excellent. So that really kind of clues in how you came to select Dementia Care Specialists, and for reasons that we certainly appreciate. So you've identified this need and you've selected the training. Let's talk about the implementation of DCS training at TMC, when it started, your short-, mid-term, long-term goals, the benchmarks that you set, and kind of paint that process for us, if you would.

Haley: Sure. So we like to consider ourselves research scientists in training. So we approached this very systematically. And back in 2016, we started with 10 trial sites so that we could train those sites and then monitor outcomes and see if this was a program that would be useful and that we can continue to invest in. So we selected 10 sites based on various criteria to kind of get a cross section of all of our different locations. So we picked some that we considered high performers, some that were considered low performers, some that had a memory care unit, some that didn't, and then some that rated their nursing and therapy relationship as very good and others that had [rated their relationship] challenging. So we tried to vary a lot of different factors so that we could make sure this was going to work out well for all of our sites.

So we did the training with those initial sites. We did some follow-up surveys of the team members and then we also started tracking some of the quality measures and metrics in

each of those sites. And it was just exciting how much the outcomes reflected or were reflected in those metrics. Because, you know, metrics are not the be all and end all, but they are good indicators of where things are going. But we saw improvement in those sites and all of the quality measures that we were looking at.

And then the survey feedback was just amazing. The teams loved it. They felt like this was something they could immediately put to use. They felt like this was going to be beneficial to how they approach their treatment plans in the future and just felt better equipped. It wasn't one of those courses where you walk away from and go, "Okay. That was great information, but what do I do?" They really had the tools to know how to put this into practice immediately.

Terry: Well, that's great. So there were things that they could use right away to improve the lives and the care that they offer their residents.

Haley: Yup.

Terry: And enthusiasm as well for what they were learning. That's certainly a—so you start with 10, and then what is your ultimate commitment for sites as you say, "Well, we're going to embrace this organization-wide?"

Haley: Well, because the outcomes were so good and because the excitement was there, we did just get to go ahead. It was an easy sell to all of the decision-makers in the company to go ahead and launch this training company-wide. So, as you mentioned, we have now certified—now it's over 700—of our team members in *Dementia Capable Care* and we have rolled that out. We approached it as a required training for our team members. So all of our full-time, part-time, and even some of our regular PRN staff—and that is occupational therapy, occupational therapy assistants, and speech therapy team members—we required the training for them. We offered it on the clock. They were paid to attend this training. We just thought it was going to be a game-changer.

Terry: So it's a game-changer. Now, who is the training required for in your staff as you decide to commit to it?

Haley: We required the training for all of our full-time and part-time occupational therapy team members and speech therapy team members, and we do this on the clock. And we have even offered to some of our PRN therapists. We felt especially if they are the ones that were coming in regularly to do evaluations and are working in our building, we wanted them to be a part of this, too. And based on the feedback we've got from our team members, when we start recertifying everyone, we're going to include our physical therapy team members, too.

Terry: Okay, so that is a total commitment on TMC's part to the training. I'm wondering when you said—going back a second—so, you guys were research scientists in training and you

present your results of the first 10 sites to senior management. What do you think really caused them to commit to this? Was it a particular metric? Was there an ROI number? Was it the enthusiasm? Was it a combination of a lot of different things? I mean, what was the most prominent message from that first training you think that sold it to the rest of the incredible number of sites that you have? I mean, it's a big commitment for an organization to make.

Haley: It is a big commitment. It's a financial investment, for sure. As I said, we're training people on the clock, and that is not billable time. The workbooks, the Instructor certifications, it's an investment, but I think the easiest sell was the excitement. Our team members were singing the praises of this training and felt again that they could put it into use. And then having the data to back that up, showing the improvement and the quality measures. And the ones that we looked at were unexpected weight loss, residents that need increased help with their activities of daily living, and then antianxiety and antipsychotic use. And we saw improvement across all of those. So, you know, there's a financial number that's attached to those quality measures, for sure, but the quality of the service that we're able to provide and the improvement in the lives of those residents that are reflected by those numbers, we really didn't get any pushback.

Corrie: So that comes back to our commitment to taking care of the who. You know, we talked about that in our initial discussion where we say, you know, we always try to put who and why before the what. And we've said it for years in our company: if we're taking care of the who, if we're taking care of the residents, and using our why to make a positive difference in their lives, usually, the what comes out in the wash. I mean, all of the, you know, all of the financial implications and things that'll go along with it, if we know we're doing the right thing by our residents, a lot of times, we're seeing that, you know, that all comes out in the wash if we're really taking the initiative to do the right thing. And we just really felt strongly that implementing this training with our team members is the right thing to do, for sure.

Haley: Yeah. The number will fall in line when you're doing the right thing.

Terry: Well, I appreciate that. I mean, it's saying that the quality of care that finally gets to the resident is going to determine your viability and your—you know, the people will prefer you in the marketplace because of that very quality, separate from other ROI considerations that might not be so public-facing. I mean, what really makes a difference is the quality of life experience by the resident and that's what drove the decisions. That's really, I think, holistic and kind of a long-term view for a company to take. Again, inspirational.

So as you go through this training initiative, let's talk about some of the challenges you've faced. It sounds like there wasn't resistance. In fact, there was an embrace for this after the 10 sites came in and your research was completed before you committed. But what

about implementation on such a grand scale? What questions were you asked the most often? Please talk about the process of birthing this huge training initiative.

Corrie: I guess probably our biggest challenges came with those who might not have had the interdisciplinary support at the facility level. With our being a contract company, we work as guests in the facility. I mean, we're hired guests, but we're guests nonetheless. And so, sometimes it takes a while to get our host on board with what we're implementing in our facilities. And so, you know, we try to roll out programs and incentives and initiatives to make a positive difference. And sometimes that may not roll and jive with what the facility is trying to push at that time. And so, now that we're really starting to see the momentum and the outcome related to their quality measures, we really are starting to get some involvement and a lot more participation at the facility level.

And then the other question that we do get a lot is because of the paradigm shift and because we are asking them to change the way that they're thinking about dementia, a little bit of questioning about the implementation, especially the creation of functional maintenance plans, and how to roll those out, differentiating between those and the restorative nursing plans which are two different things that we focus on in our facility.

But we've done some formal and informal training and follow-up with our teams who have reached out to us. We actually had a formal follow-up regarding a lot of our frequently asked questions and we had such an amazing turnout. We actually had to do two. We blew RingCentral out of the water. We didn't realize that there was a cap on the number of phone lines that could call in, and we had to have a couple of different calls to get everybody their follow-up training. But once we did have that training and kind of broke it down for them, "This is what we are trying to do here with these functional maintenance plans to carry out what you guys are doing in therapy with these residents to maintain their best ability to function," it really did make a big difference.

Terry: I see. You've anticipated my next question which was as you go through this process, "When did you breathe this first sigh of relief and realize that that training was having meaningful benefits?", but, of course, you already sort of knew that from your test training. But I'm sure you were seeing confirmation of that as you went along in the process. Can you just talk about more of the process and the feedback that you got? I mean, was your clinical staff noticeably more response—it seems that from the response you got that they were invested in the course and concepts that they were observing. And what were some of those calls that were overloading your circuits? What kind of things were you hearing?

Corrie: As far as the questions related to the implementation?

Terry: Yes. Yeah.

Corrie: Is that what you're saying?

Terry: Yeah.

Corrie: Okay. Well, a lot of them really just wanted some—they just really wanted information on how to write an effective functional maintenance plan.

Terry: I see.

Corrie: We did surveys and they did tell us, with astounding numbers, that they had made changes to the way that they interacted with the residents and the way that they interacted with nursing regarding the residents. But the actual creation of the plan and making it functional, and how to train the nursing staff as a follow-up to what we've been doing in therapy with them, those were our biggest questions, I would say.

And we just broke it down to, you know, if this is your focus, then you need to train nursing on this and get some return demonstration from them that they understand what you're trying to do here, and then, you know, go from there. And we created some resources, which we did send you guys a copy of one of our resources, the activity participation for all levels of dementia for residents and all levels of dementia, where we took the information, we found someone who had broken down the stages of dementia, the late stage, middle stage, and early stage, into color code. So red would be late and end stage, middle stage would be yellow, and green would be early stage. And we broke those down into activities and description for nursing to be able to carry out our maintenance plan based on the color code that the resident falls into based on their dementia level. Those have been very helpful.

Terry: And thank you so much for sharing that with us. As people have heard in the early part of this podcast, we do have a link to that resource where you can download that, courtesy of TMC. And thank you so much for sharing that with us. I hope a lot of facilities will use that and find that it helps when they schedule activities for different levels. You certainly broke it out in a very clear and helpful way, so I hope our listeners will download that resource. Let's get to some of the ways that you—you've touched on it a little bit, but some of the ways that you've measured results around DCS training.

Haley: Yeah. Like I had mentioned, one of the things that we were tracking were the quality measures. So these are pulled from the five-star report from Nursing Home Compare. So we tracked the ones that we thought would be most impacted by providing additional dementia training. It's a little bit tricky because dementia touches so many different things and so many aspects of quality care. And then also some of these quality measures are going to be affected by other initiatives, too.

But the ones we chose, I think I mentioned, were weight loss, increased need for ADL help, and then the antianxiety and antipsychotic use. So we were able to track those at the baseline. So the month that the teams were trained, we pulled that information and then

we did a six-month follow-up. And we're just starting to collect information on a one-year follow-up. And what we saw was, company-wide, we saw improvement across all four of those quality measures in our site. So that was the first thing that was really exciting.

The other piece of that that was really exciting is we saw improvement in some quality measures where the industry trend was the opposite. So in some of those quality measures, the industry trend was actually getting worse, while our sites were improving, so we felt that was pretty significant.

Terry: Nice.

Haley: We are proud of that. Another aspect that we tracked was therapy utilization. We wanted to know with this additional training, would it result in more referrals for therapy, would therapists be able to identify patients that maybe had been missed in the past or have been left out because of this mindset of, "I don't know what to do with them," or thinking, "Well, they can't do anything." Well, now with this training, they know yes, they can. They have abilities at every stage, and we did see an improvement in that, too. So we knew we were reaching more people.

Terry: That's excellent. I see from a [CPI] [blog post](#) that some of your results found that 97% of your site showed improvement in at least one quality measure, 79% showed improvement in at least 2 quality measures, and 30% showed them in 3. Those are really remarkable results from a training initiative. And how do you feel about sustaining that going forward? Do you feel that now this is in place, that it's something that you're going to keep refreshing?

Haley: Yeah. I mentioned we have plans to start recertifying our team members, so following the guidelines of the two-year period on the Blue Card™. We want to make sure that we are continuing to provide that refresher to our team members that were—any new team members that are coming in, our new contracts that come in. We want to make sure we get them trained. So now, we have three Certified Instructors for the company.

Terry: Great!

Haley: So we have some resources to go through and continue to train. And we're even—now we know that you guys are offering this additional behavior-focused course, so we're going to get our Instructors certified in that and offer that when we refresh, too. And I just think it's going to continue to be relevant and continue to be a useful tool going forward. I don't see that going away.

Terry: Excellent. Do you have a story that maybe you could tell about how CPI training helped prevent a behavioral crisis or made life better for a resident?

Corrie: Oh, gosh. We have a lot of stories.

Haley: Of course, we do.

Corrie: You know, we have stories up the wazoo! (laughter)

Terry: All right, well, people love these stories, so please go on.

Corrie: Yeah. Well, we have started highlighting clinical excellence that goes on in our facilities and we call it Excellence in Action! And we share these stories company-wide. And after we implemented *Dementia Capable Care* in a lot of our facilities, we started getting a lot of stories about how this training has impacted the way they viewed behavior, especially when we talk about behavior being communication and how important it is for us to decide what their [residents are] telling us through that behavior.

One therapist, not long after she took the course, was asked to go—her facility is a continual care retirement facility and they have two cottages for their memory care facility patients. And so, she was going—she was asked to come over. The patient was having some behavior and she was asked to go over and evaluate. And she said, initially, she went to that old mindset of, "I don't know what they expect me to be able to do with this resident. She's been this way forever." And the closer she got to the cottage, she said, "All of a sudden, I started hearing Haley and Corrie in my head. 'Remember, behavior is communication. There's got to be something that she's telling you through this.'" And so, by the time she got in there and started to work with the resident, she was able to come up with a behavior plan based on what the resident was telling her through her behavior. That one just really spoke to me. I love that she said she heard us in her head saying, "*Hello.*"

And then we had another one where a facility in Chicago, Illinois, one of our speech therapists there had a resident who was just having all sorts of behaviors. He was actually being physically aggressive with staff, and he was verbally aggressive as well. And the facility ended up sending him to a psych facility, an inpatient psych facility. But when he came back, our speech therapist started working with him, using what she had learned through her *Dementia Capable Care* training. And she determined ways to communicate with him. She created a communication sheet to do that and started working really, really closely with the nursing staff and the activities team. There were members of the staff coming up to her and saying, "I see what you're able to do with this resident. Teach me. Show me what you're doing." And through some time, this staff became open to training. He started to show progress. He was less physically aggressive and had a very successful interaction with the speech therapist. She can get him to do basically anything, I think, because he started to trust her. And so, we have stories like that that come through to us all of the time. We get very touched by them because we know we're making that positive difference in the lives of our residents who maybe may not have had the opportunity to have that positive interaction in a long time.

Terry: Well, so you can see where DCS training really starts to put grassroots out to the organization on a basic, like you said, a paradigm-shift level where other people observing their success want to get in on the techniques and the perspectives that are giving them this new connection with their residents.

Corrie: Yeah, absolutely.

Terry: Those are excellent stories; thank you for sharing those. Haley and Corrie, along with your titles of director of clinical excellence and clinical excellence coordinator for TMC, you're also both identified as the company's hedgehog ambassadors. (laughter) And I thought, to close today, it would be interesting to know what your duties are as hedgehog ambassadors and how's that working out for you? (laughs)

Haley: What, that's not a clear explanation?

Corrie: Terry, you're . . .

Haley: I mean, hedgehog ambassadors. Hello?

Terry: I, you know, it should be more intuitively obvious, I guess, to me. But could you indulge us? (laughter)

Haley: Yeah. I think sometimes we forget that that probably sounds real weird to people that aren't in TMC. But it comes from the parable of the fox and the hedgehog, which is an old Greek poem, and it says the fox knows many things, but the hedgehog knows one big thing. And the gist of it is that as the fox is kind of all over the place; he's unfocused. Whatever is in front of the fox has its attention, whereas the hedgehog is very deliberate. Everything the hedgehog does is focused on the big picture, is reduced to every problem to one organizing principle. So we want to be a hedgehog company and not a fox company. And then the ambassador part is Corrie and I are part of a council that kind of acts as a liaison between our home office and all of our teams in the field. So as you said earlier, we're all over the place. We're actually now in 18 states. So we've been growing.

Terry: Ah, congratulations!

Haley: And the hedgehog council, well, every year, we put together a presentation that goes through company goals, company updates, just information that we want everybody to have. And we also try to do this in an entertaining way. So this year, our presentation has a lot of music videos. So we're achieving a lot of passion, maybe not a lot of talent, but a lot of passion (laughs). And we bring that to all of the sites in the field to make sure they have the information and then all year long, act as a voice of the employees. So if they have ideas, concerns, suggestions, any time that they need an ear, we act as that liaison to make sure that their voices are heard. And that's actually one of the main avenues where we got feedbacks that our PTs and PTAs wanted to be included in this dementia training.

Terry: I see.

Haley: So they were heard loud and clear. Their voices matter.

Terry: Well, that is a really illustrative story. And it's great to know that hedgehog ambassador is really an allegory for the rigorous focus and the passion that you bring to the work you do there at TMC. Thank you so much.

Haley: And I think I forgot to mention that this comes from the Jim Collins' book, [*Good to Great*](#), where he outlines the role of the hedgehog council and explains the parable.

Terry: Great. And the last name of the author is Collins?

Corrie: Yes, Jim Collins.

Terry: All right. Great. We'll have to put a link to that in the blog post about this podcast. Well, my guests today on *Unrestrained* have been Haley Huckabee and Corrie Dyson of the Therapy Management Corporation; they are a contract therapy services provider. Thank you so much, Haley and Corrie, for talking with us today.

Corrie: Thank you.

Haley: It was our pleasure.

Terry: Thank you, and thank you all for listening.