

---

## The Link Between Person-Centered Care, Staff Engagement and Leadership Practices

---

What you do matters.

---

### Nursing Home History

- 1965 - Passage of Medicare/Medicaid
  - Offered a Nursing Facility Benefit
  - Began the rise of “Convalescent Hospitals”
  - “Convalescent Hospitals” designed like hospitals
- Quality of Life concerns
  - 1960’s - “depersonalization” of nursing home life
  - 1970’s - “custodial care”
  - 1980’s - residents’ are in a state of “psychic despair”
  - 1990’s - “loneliness, helplessness and boredom”

Frank, B. 2004

---

---

## Omnibus Budget Reconciliation Act

- 1987 – OBRA
    - Standardize regulations
    - Step-up enforcement
    - Intended to improve the Quality of Life
      - “Provide care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”
- 

---

## What is Person-Centered Care?

- Compassionate care that considers the whole person – physical, psycho-social and spiritual.
  - Culture change refers to the process of transforming a care center from delivering task-centered care to person-centered care.
    - Environment, care practices, workplace practices
  - Care centers that have embraced person-centered care deliver results.
-

---

## High Performing Nursing Homes

Three Common Elements -

- Culture – person-centered care
- Workforce commitment
- Leadership practices

All three are interdependent

Grant, L. 2008

---

---

## Results are Interrelated

- Implement principles of culture change
  - Enhanced leadership practices
- Employee satisfaction
- Workforce stability
  - Low turnover, high retention, low absenteeism
- Consumer satisfaction
- Clinical outcomes
- Regulatory compliance
- Occupancy rate and mix

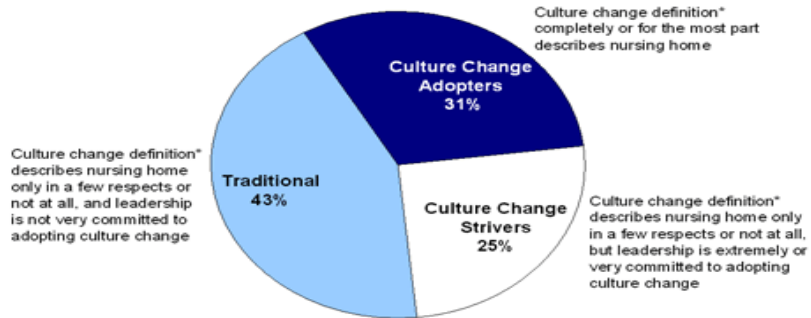
Grant, L. 2008

---

# Commonwealth Fund National Study

**Figure ES-1. Adoption of Culture Change by Nursing Homes, 2007**

Categories of Nursing Homes, by Extent of Culture Change Adoption



\* Culture change or a resident-centered approach means an organization that has home and work environments in which: care and all resident-related activities are decided by the resident; living environment is designed to be a home rather than institution; close relationships exist between residents, family members, staff, and community; work is organized to support and allow all staff to respond to residents' needs and desires; management allows collaborative and group decision making, and processes/measures are used for continuous quality improvement.

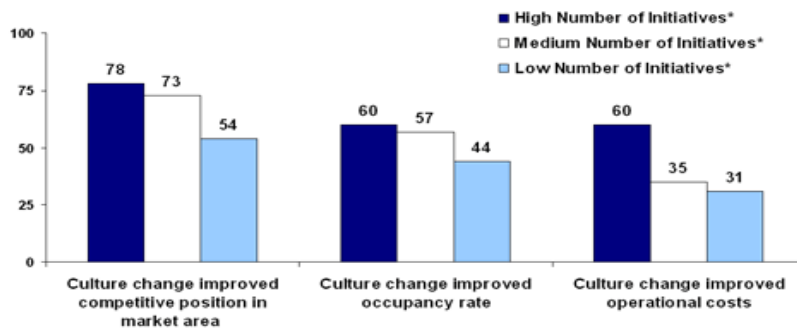
Source: The Commonwealth Fund 2007 National Survey of Nursing Homes.

Doty, M. et al. 2008

# Culture Change Makes Business Sense

**Figure ES-3. Improvements in Business and Operations Greatest in Homes with More Culture Change Initiatives Under Way**

Percent of nursing homes indicating that culture change has had the following impact:  
(Base: Definition of culture change describes this nursing home completely, for the most part, or in a few respects)



\* Respondents were asked whether their home was currently implementing any of 11 different resident-centered, staff, or physical environment initiatives associated with culture change. High = 7 or more initiatives; Medium = 4 to 6 initiatives; Low = 3 or less initiatives.

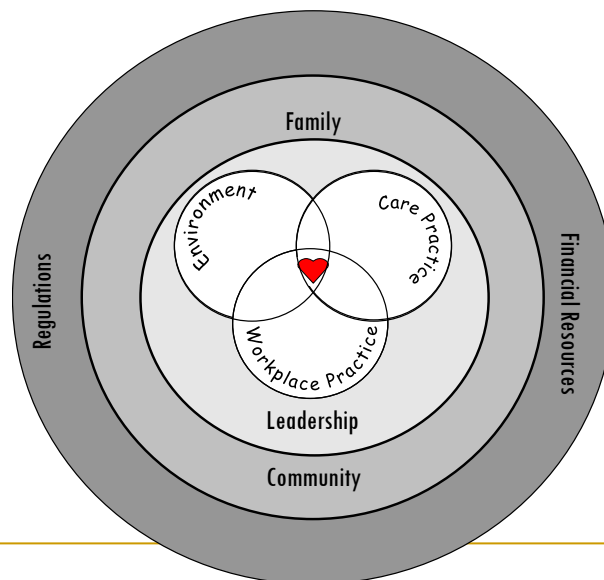
Source: The Commonwealth Fund 2007 National Survey of Nursing Homes.

Doty, M. et al. 2008

## From Practice to Theory to Practice to Theory to Practice

- Licensed Administrator in California
- QIO
- Implementation in Oakland
- QIO
- Implementation with Windsor Healthcare

### Person-Directed Care Model



---

## Oakland - June 2006

- Nursing Department = 77% turnover rate
  - CNAs = 94% turnover rate
    - \$1,961 direct cost to replace one
  - Average of 52 call-outs per month
  - Long history of non-compliance
- 

---

## Oakland - June 2006

- 8 vacant FT nursing positions
  - 1,200 hours of overtime per month
  - Physical plant, grounds
  - Average of 104 residents
  - Culture
    - Lack of trust
-

---

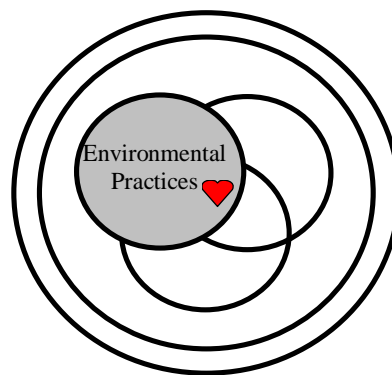
“I think that’d be good.”

Mr. Condee Watts

---

---

## De-Institutionalizing the Environment



---

## June 2006

### Physical plant and grounds:

- Graffiti inside and out
  - Not one living indoor plant
  - Neglected courtyards
  - Dead space
  - Broken furniture
  - Mismatched chairs
- 

---

## Building Trust and Making a Statement

- Presence
  - Asking and delivering
  - Consistency
  - Listening
  - Speaking with conviction
  - Painting the graffiti
-

---

## “Low Cost Ways to Enhance a Nursing Home Environment”

Lois Cutler and Rosalie Kane’s recommendations:

- Environmental taskforce
  - SWOT analysis
  - Assess floor plan
  - “Before” photo’s
  - Hold focus groups
- 

---

## Low Cost Ways...

- Bring in talent from the community
  - Deep clean and add color
  - Creative purchasing
  - Focus on individual components of the larger environment
-

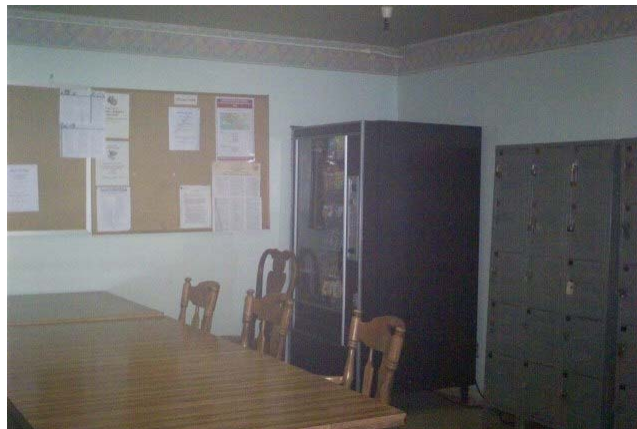




---

## Monthly Environmental Enhancements

- Live plants
  - Moving furniture and fish tanks
  - Adding fish tanks
  - Landscaping, tree trimming
  - Window curtains
  - Deep cleaning
- 







## Environmental Changes

- De-institutionalizing:
  - Individualized personal environments
  - Added - color, music, animals, children
  - Enhanced shower rooms
  - Decreased random alarms
  - Eliminated overhead paging

---

## Total of 55 Environmental Changes

### Some were small

- ❑ New chairs for the nurses
- ❑ Live plants

### Some were big

- ❑ Beautiful courtyards
  - ❑ Refurbished guest bathrooms
- 

---

## Keeping it Low Cost

- Maharaj – full-time beautification specialist
  - Local art schools
  - Search for talented staff
  - Home Depot
  - Thrift shops
  - Yard sales
-

---

“I want to go home.”

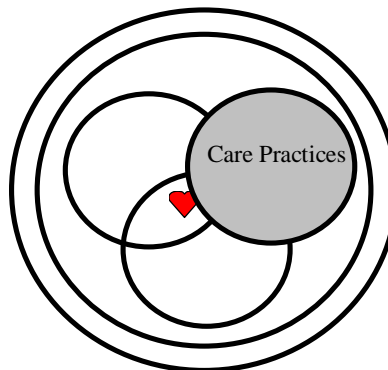
“Often when a resident says “I want to go home” they are not necessarily referring to the house they came from, but rather to a state of being that was comfortable, ordered, and fundamentally orienting.”

Caulkins, M. 2003

---

---

## Person-Centered Care Practices



## Old Culture vs. New Culture

Institutional-driven systems (patient adapts to institution) vs.  
Individual-driven systems (home adapts to the person)

- Considerations include:
  - Meal service – restaurant, buffet, expanded dining hours, 5 meals-a-day, eggs made to order
  - Food preferences and liberalized diets
  - Daily routine – resident choice
  - Bathing schedule based on resident choice
  - Night time care – individualized
  - Death and dying – acknowledged
  - Consistent assignment

## Characteristics of NH Service Work

Necessity for internal service –

- Staff serve one another within the organization
- High degree of trust

Leaders –

- Create a positive climate for internal service
- Communicate – “it’s about we and me”
- Put the staff at their best
- Relationship facilitation strategies

---

## Relationship Facilitation Strategies

- Ample supplies at hand
  - Resident transfer equipment at hand
  - Report between shifts
  - Staffing configurations
  - Staff composition
  - Mitigate conflict
  - Consistent assignment
- 

---

## Staffing Models

Consistent Assignment =

Consistently assigning the same caregivers to the same nursing home residents every day

Rotating Assignment =

Rotating caregivers from one group of residents to the next after a period of time

---

## Support for Consistent Assignment

- Results from 13 research studies:
  - Enhanced relationships
  - Improved staff attendance
  - Improved staff, resident, family satisfaction
  - Lower staff turnover
  - Improved accuracy, timeliness:
    - screening and assessments
  - Improved clinical outcomes
  - Improved quality of life

**Allow for individualized care**

## Same SNF – Different Units

### **Consistent Assignment:**

#### ***Top Five Stressors***

- Preventing Falls
- Stubborn Residents
- Terminal Residents
- Depressed Residents
- Death as Emotional Stress

### **Rotating Assignment:**

#### ***Top Five Stressors***

- Low Wage
- Abusive Residents
- Heavy Workload
- Disagreements w/ Coworkers
- Lack of Staff

## Who Preaches the Benefits?

Those who support consistent assignment:

- Eden
- LEAP
- ActionPact
- Pioneer Network
- CMS
- National Commission on Nursing Workforce for LTC
- Quality Improvement Organizations (QIOs)
- Culture change coalitions
- Advancing Excellence Campaign

## Evidence Against Rotating Assignment

C.N.A.'s HIGH RATE OF BURNOUT

- 70% feel burned out some of the time
- 60% sometimes treat the residents impersonally
- 40% have become hardened emotionally

---

## Burnout

“The true cause of burnout is the deadening effect of closing one’s emotions to people who are in obvious need of a human connection. Human life is sustained by affection.”

Thomas, W., "What Are Old People For?  
How Elders Will Save The World." 2004

---

---

## C.N.A.’s Four Major Causes of Stress

Lack of:

- Staff
- Good supervision
- Education
- Time

Pillemer, K. "Solving the Frontline Crisis in LTC." 1996

---

---

## Time Pressure = Insensitivity

- 50% of workers – “I don’t have time to be civil.”
- Good Samaritan Experiment
  - No hurry
  - Hurry up
  - Rush over – we are late
- Cognitive narrowing – focus on task

Pearson, C., Porath, C. 2009

---

---

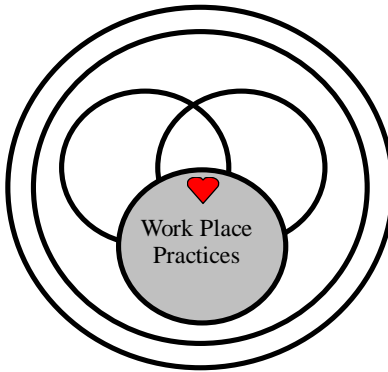
## Key Reasons that C.N.A.’s Select Nursing Home Work

- The opportunity to help others
- Makes me feel meaningful
- It is useful to society
- Offers a lot of contact with people

Pillemer, K. “Solving the Frontline Crisis in LTC.” 1996

---

## Employee-Centered Workplace Practices



## What Matters the Most?

- Systems
- Equipment
- People

---

## The Impact of Leaders

### Healthcare organizations

- Fragile ecosystems
  - Leader's actions influence:
    - Culture
      - Relationships
    - Staff engagement
    - Clinical outcomes
    - Quality of life
- 

---

## What You Do and Say Matters

- You're in the spotlight
  - Be fixated about yourself
  - Assume you're clueless
  - Focus on controlling your moods, words
  - Tune into how others react to you
  - Assess yourself
-

## Person-Centered Care Leadership



## Being an Administrator

- Emotionally demanding
  - “Look at my arm.”
- Overwhelmed
  - Buried by measures
- Use power wisely
  - Moving Mr. Watts

---

## Dr. Donald Berwick

### **Power**

“...choice is not in the hands of nameless power, not fated to control by deaf habit. Not ‘our policy,’ ‘the rule.’ Just you. Your choice. Your rule. Your power. What is at stake here is a small thing in the face of the enormous healthcare world you have joined. Just a nickel in a \$2.6 trillion dollar industry. But that small thing is what matters. I will tell you; it is all that matters. All that matters is the person, The person. The individual.”

---

---

## Increase Staff Engagement

---

---

## Satisfaction Surveys

### Percentages to People

- Voices of people
  - Perception is reality
  - Selection bias myth
  - Public relations force
- 

---

## Power of Staff Satisfaction

### Influences

- Turnover
- Relationships - co-workers, residents, families
- Quality of care
- Regulatory compliance

## Higher Employee Satisfaction

- Fewer resident falls
- Fewer pressure ulcers
- Fewer catheters
- Less nurse turnover and absenteeism
- Less CNA absenteeism
- Higher occupancy rates

*MyInnerView, Inc. 2005*

## Staff Satisfaction = Family Satisfaction

- Satisfied employees report:
  - Better supervision
  - Better training
  - Better work environments
- Satisfied families report:
  - Quality of life
  - Quality of care
  - Quality of service

Grant, L., "Organizational Predictors of Family Satisfaction in Nursing Homes." *Seniors Housing & Care Journal*. 2004.

---

## Satisfaction and DPH Inspection Results

- More “excellent” = fewer deficiencies
- Less “excellent” = more deficiencies
- Areas with the strongest correlation
  - Resident grooming
  - Choices/preferences
  - Staff care and concern for residents
  - Recommendation to others

Tellis-Nayak, V. 2010

---

---

## Drivers of Staff Engagement

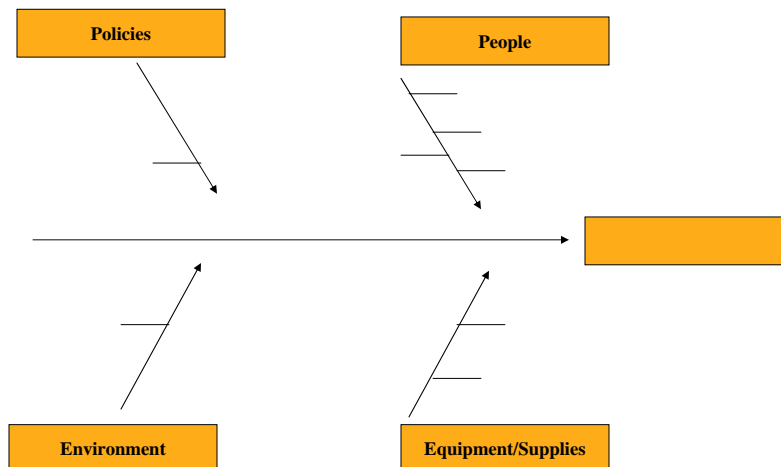
- Management cares about employees
- Management listens to employees
- Help with job stress
- Workplace safety
- Adequate equipment and supplies
- Supervisor cares about you as a person

MyInnerView, Inc. 2010

---

## Uncover the Root Causes

- Identify all possible causes
  - Brainstorming
  - Keep asking - what else? What have we missed? Are there other factors?
  - Arrange these causes along “bones”
- Avoid discussing solutions
- Vote on the most influential



---

## Satisfaction Surveys - Next Steps:

- Create the action plan
  - Post the action plan
  - Implement the plan
  - Collect more data
  - Leaders change practices
- 

---

## Community Builder

---

### Science of Change:

#### *Quality Improvement Practices*

- Evidence-based solutions
- Small pilot-tests
- Evaluation and re-evaluation
- Mid-course adjustments
- PDSA Cycles

### Psychology of Change:

#### *Relationship-Based Practices*

- Build on intrinsic motivation
- Holistic approach
- Start where people are
- Build capacity for change
- Trust, trustworthiness

## Theory of Relational Coordination

- The effectiveness of care and service coordination is determined by the quality of communication among staff
- Which depends on the quality of the underlying relationships
- The quality of the relationships reinforce the quality of the communication

Important in settings with high levels of task interdependence, uncertainty and time constraints

---

## Relational Coordination

Effectiveness Measured By:

- Communication
  - Frequent, timely, accurate, problem solving
- Relationships
  - Shared goals, shared knowledge, mutual respect

Gittell, et al, 2008

---

---

## Relational Coordination Works

- Significantly associated with both enhanced resident quality of life and higher nursing assistant job satisfaction
- Evident in homes on the culture change road

Gittell, et al, 2008

- To foster relational coordination – select and train staff for **both** relational competence and functional competence
-



## People Paradigm

### Focus on Relationships

#### DEMING:

- Quality, the result, is a function of quality, the process
- Essential ingredients of the process:
  - Leadership and people
- Cannot improve complex, interdependent systems and processes of care until you progressively improve interdependent, interpersonal relationships

Covey

## Quality is All About Relationships

- Between co-workers
- Across departments
- Between supervisors
- Frontline and supervisors
- Staff and residents
- Between residents
- Staff and resident's family members

Eaton, S. 2001

**It's not the policies...**  
**It's the people.**

---

## Reduce Turnover and Improve Employee Attendance

---

---

### Top Reasons for Leaving

- Too many patients
- Pay was too low
- Not valued by the organization
- Dissatisfaction with supervisor
- Lack of opportunity to advance
- Could not provide quality care

## High Turnover = Low Quality

- Physical restraints
- Catheter use
- Contractures
- Pressure ulcers
- Psychoactive drug use
- Quality-of-Care deficiencies

Castle et al., 2005  
Castle, 2007

## Cost of Turnover Nationwide

- \$2,500 per employee
- \$2.5 billion nationwide
- Direct costs
  - Advertisement costs
  - Staff time to interview, check references
  - Drug screen, pre-employment physical
  - Classroom orientation, Unit orientation
  - Cost of coverage of the vacant position

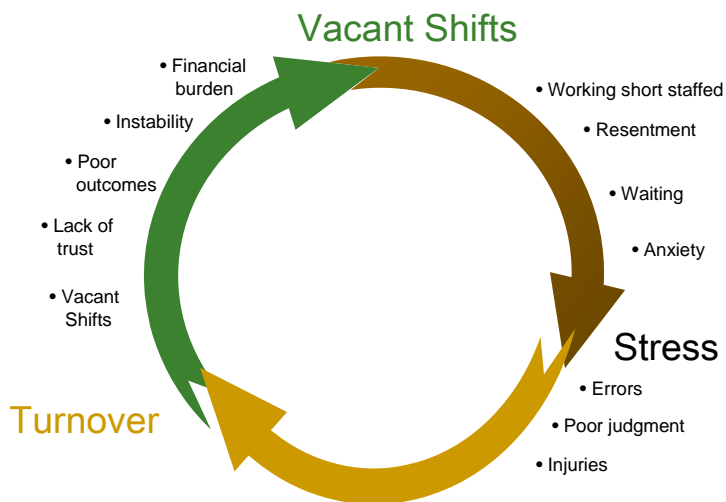
Seavey, D., "The Cost of Frontline Turnover in LTC." 2004

## “What a Difference Management Makes”

- Paired 4 high v. 4 low turnover facilities
- Similarities
- 159 on-site interviews
- Areas that distinguished low v. high
  - Leadership visibility
  - Cared for caregivers
  - Orientation, career ladders, scheduling
  - Primary assignments
  - Rarely worked short

Eaton, Phase II Final Report, 2001

## A Vicious Cycle



Eaton, Phase II Final Report, 2001

---

## The Impact of Vacant Shifts

### **CNAs REPORT WHAT GETS NEGLECTED:**

- Range of motion
- Hydration
- Feeding
- Bathing

---

Hawes, 2002

---

## No-Fault Attendance Policy

- No more qualifying absences
    - Treat every call-out the same – it counts
    - All call-outs are “excused”
  - Removes inequity
  - No need for physician notes
  - Absences are simply measured
  - Person-centered – “we really care about you and the reason”
-

## The Root-Cause of Absenteeism on the PM Shift?



Nurse Ratchet

## Proactive Replacement Plan

Short term:

- Check-in - replace tonight's call-off today
  - Call employee who called off
  - Show concern
  - Replace for next shift?
- Replacement priority list
  - Leave a list for nurses every evening and weekends
  - Name, phone numbers, time to call

---

## Scheduling Success

- Increase FT and decrease PRN and PT
  - Hire reliable people
  - Consistency, accuracy, predictability
  - Discipline before intervention
  - Flexibility
    - Allow staff to trade days
    - Honor requests for time off
- 

---

## Eaton's Findings on Scheduling

### Most Common Reason for Termination

- Flexible in low turnover facilities
    - Allow for different start times
    - Consider personal lives
  - Rigid in high turnover facilities
    - In response to problems
    - "Personal life is not my problem."
-

## Who are the CNAs?

- Total 1.47 million
- Deliver 80% of hands-on care
- 90% are women
- 51% are non-white
- Average age is 38
- 50% are near or below the poverty line
- 41% rely on public benefits

GAO, 2001  
National Clearinghouse on the Direct care Workforce, 2006  
BLS 2006, FHCEF 2010

## Person-Centered Care Leadership



---

## Consistent, Effective Rounds

---

---

## Invisibility

“The problem is not motivation. It is the ways in which we unintentionally demotivate employees.”

Quint Studer

---

---

## Leadership Visibility

### Rounds to trigger engagement

- Engage the heart and minds of staff
  - What you do and say matters
    - Meet and greet, linger
    - Observe – processes of care, handoffs
    - Praise, build self-esteem
    - Build trust
    - Foster teamwork
- 

---

## Five Key Questions To Ask Staff

- **Relationship building**
    - “How are your beautiful kids doing?”
  - **Focus on the positive**
    - “What is working well today?”
  - **Positive feedback loop**
    - “Is there anybody who has gone above and beyond the call of duty today?”
  - **QI - systems focus**
    - “Is there anything we can do better?”
  - **Needs**
    - “Do you have the tools and equipment to do your job?”
-

---

## Common Forms of Feedback

- Silence
- Negative
- Positive

Praise should be:

- Timely
  - Specific
  - Sincere
  - Positive
- 

---

## Thank You Cards

- Cards are powerful
    - Send them to staff members' homes
    - Birthday cards
    - Anniversary cards
    - Excellent attendance
    - "I appreciate you"
    - "I am glad you work for us. On behalf of the residents, their families and your co-workers – Thank you."
-

---

## “I See You”

- Smile
  - Make eye contact
  - Use the other person’s name
  - Hand them a granola bar
  - Offer condolences
- 

---

## Death and Dying

- Shocked
  - Condolences
  - Packing up belongings
  - Moments of silence
-

## Assess People and Act

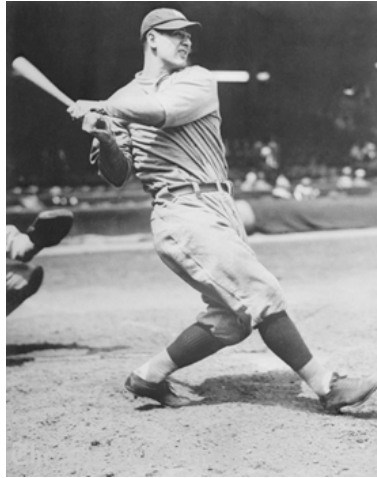
## Comprehensive People Assessment

- Meet with key leaders with a list of all staff
- Rate every employee
  - \*=Triple crown winners – reliable/skills/attitude
  - >=Lowest rated staff
  - ?=Unreliable but excellent skills and attitude
  - !=Reliable but poor skills and attitude

## Comprehensive People Assessment cont.

- Focus on the triple crown winners
- Shift from tolerance to quality improvement
- Publicly share the performance standards
- Have conversations – give feedback
- Make changes





## Bad is Stronger Than Good

- Eliminate the negative
- Negative thoughts, feelings and events produce greater effects than positive ones
- Interdependent work = larger negative effect
- Grumpiness, nastiness and laziness are contagious

Felps, W. 2001

## Person-Centered Care Leadership



## Energizers

- Who brings out the best in others?
  - Have expertise and technical knowledge
  - Create enthusiasm for things
  - Optimistic about possibilities
- When you interact with each person, how does it typically affect their energy level?

Cross, R. 2004

---

## Hire Potential Triple Crown Winners

---

---

## Recruiting, Hiring and Selection

- Take the time to hire winners
  - Enhance the pool of candidates
  - Improve the screening process
  - Provide a quality orientation
-

---

## Recruitment Process Problems

- Applicant is not greeted
  - Receptionist in not aware of their role
  - No one knows open positions
  - Interviews are not conducted for walk-ins
    - “Come back Tuesday at 11:00”
- 

---

## Interview Tips

- High standards
  - Ask the right questions
    - Open ended
    - Behavior based
  - Ask to see their last performance evaluation
  - Facility tour observations
    - Monitor interactions with people
-

---

## Careful Selection

### **Ask the right questions to screen for key character traits:**

- Maturity – self reflection
  - Compassionate
  - Sensitivity to others needs
  - Self esteem
  - Ability to communicate, learn
  - Friendliness, 5 smiles
- 

---

## Relational Competence

- The ability to see the larger process and how their work fits into it
- The ability to see the perspective of others, to empathize with their situation
- The behavior that shows they respect the work others do even if it is of lower status

---

## Communication Builds Trust

---

---

## PCC Leadership Practices

To demonstrate management listens to employees:

- Conduct consistent, frequent rounds
    - Ask key questions, listen, act, follow-up
  - Learning circles, end of shift huddles
  - C.N.A.'s attend care conference meetings
  - Neighborhood meetings
  - Community meetings
-

---

## Communication

### **THE BIG PICTURE: MISSION and VALUES**

- Community meetings
    - Provide staff with direction, purpose
  - Express high expectations
  - Key values:
    - Respect
    - Teamwork
    - Caring and compassion
- 

---

## Community Meetings

- Performance data
    - Human resource
    - Clinical outcomes
    - Business results
  - Benchmark and compare
  - Celebrate positives
    - Employee and rookie of the month
    - Raffles
-

---

## The “Golden Rule”

- Christianity
    - Do unto others, as you would have them do unto you
  - Islam
    - No one of you is a believer, until he loves for his brother what he loves for himself
  - Judaism
    - What you hate, do not do to anyone
  - Hinduism
    - Do nothing to thy neighbor, which thou would not have them do to thee
  - Buddhism
    - Hurt not others with that which pains thyself
  - Confucianism
    - What you do not want done to thyself, do not do to others
- 

---

## Culture is Improving

“I got your back.”

Pam, CNA

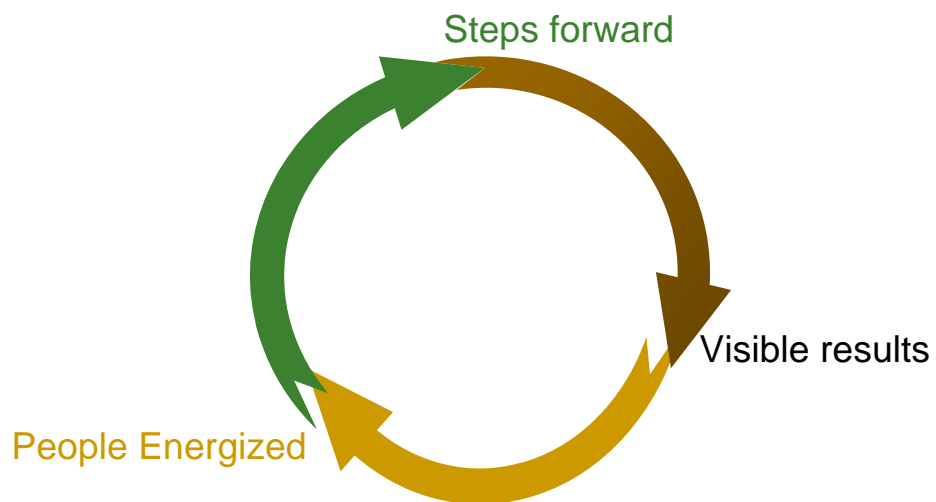
---

## Care, Listen, Prevent Stress

### Oakland - 133 Changes

- Some were small
  - New chairs for the nurses
  - Softer toilet paper
- Some were big
  - Peer Mentor program
  - Flu shots

## 133 Changes: The Flywheel Effect



---

## Oakland - May 2007

- Ø vacant FT nursing positions
  - Average daily occupancy rate jumped from 104 to 120 in March 2007
  - Quality mix increased by 30%
  - 44 live indoor plants
  - Overtime declined by 70%
  - Resident's at high risk with pressure ulcers declined 55%
- 

---

## Oakland - May 2007

- Nursing staff turnover declined from 77% to 28%
  - CNA turnover rate declined from 94% to 31%
    - Saving \$70,000
  - Call-outs declined by 40%
  - Resident, family member and staff satisfaction scores increased
  - Best year of compliance
  - Margin doubled
-

---

## Recent Example - Stockton

- 41 changes
  - Outcomes – 11/09 – 3/10
    - 29 deficiencies to 13
    - Falls declined by 50%
    - Overtime from 8% to 2%
    - Satisfaction scores increased
    - Medicare A occupancy from 11 to 25
- 

---

## Key Changes

- Spoke to or removed bad apples
  - Hired triple crown winners
  - Wrote 170 thank you cards
  - Increased communication
  - Stopped overhead paging
  - Facilitated relationships
    - Other departments changed to help CNAs
    - Reorganized staffing pattern
-

---

## Germa, C.N.A.

- “You did respectful rounds.”
  - “You fixed the staffing problems.”
  - “You helped instead of scolding us.”
  - “You listened to us and got us what we need.”
  - “You cared about us.”
- 

---

## Recent Example - Sacramento

- 45 changes
  - Outcomes – 5/10 – 8/10
    - Best health inspection in 7 years
    - Overtime from 7% to 2%
    - Satisfaction scores increased
    - Sentinel events from 26 in March to 6 in June
    - Pressure ulcers from 8% to 1%
    - Achieved highest Medicare A census in 8/10
-

---

## Environmental Changes

- 3 new lights in hallways
  - Painted exterior
  - Created clean linen drawers
  - Purchased new art inside and out
  - Planted flowers
  - Purchased a new fountain
- 

---

## Human Resource Changes

- Analyzed every employee
    - Increased focus and shifts of triple crown winners and decreased shifts of low performers
  - Hired triple crown winners
  - Changed employee name badges
  - Community meetings
  - Reduced labor hours
-

---

## System Changes

- Daily Quality Improvement meetings
  - Asked staff the right questions
  - Measuring customer satisfaction everyday
    - Intervened to prevent early discharge
  - Post discharge call
  - Restructured admissions coverage
  - Increased quality surveillance
    - Created efficiencies
- 

---

## Martha, Resident Council President

- “Talk to me. I know more than you.”
  - “Talk to each other about me. I’m tired of repeating myself.”
  - “I care about who I’m sleeping in the same room with so you should too.”
  - “Only keep the staff who care.”
-

## Formula for Individualized Care

**Staff engagement + Retention + Consistent Assignment + High % of FT staff = Growth of Tacit Knowledge:**

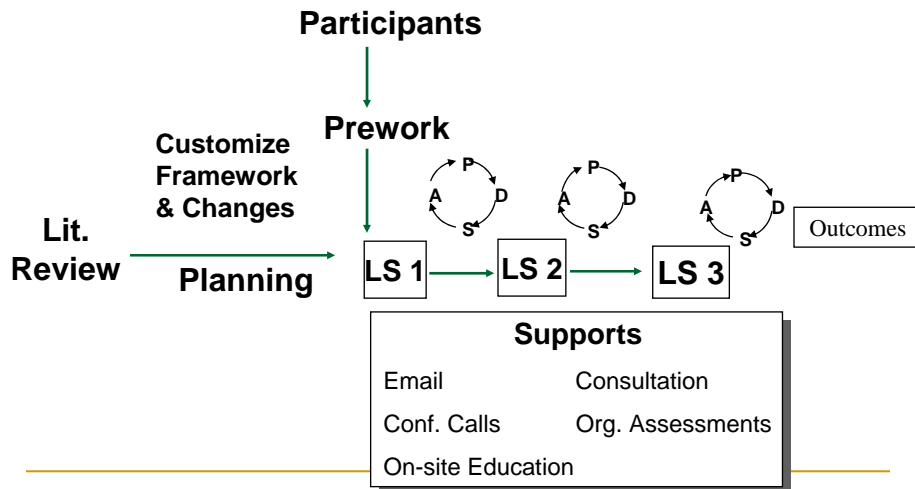
- Lifting and turning safely
- Names of grandchildren
- Anticipating needs
- Reciprocity

Eaton, S., "Beyond Unloving Care." 2000

"No one has ever cared for me like you do."

Mr. Condee Watts

## Collaborative Model – The “How” of Change



## Contact Information

**David J. Farrell, MSW, LNHA**

**Director of Organizational Development**

**Regional Director of Operations**

**SnF Management**

**dfarrell@snfmgt.com**

**(510) 725-7409**