

The Business of Caregiving



Ararat Nursing Facility

Sustaining Excellence through Quality Improvement Systems, Trust, and Teamwork



It is Thursday morning and the Ararat nursing home staff are having a stand-up meeting in East wing. Mrs. Margo Babikian, a dynamic and compassionate force and inspirational Ararat leader, looks at her small yellow pad. “I want to wish Maria Anguiano a happy birthday today,” she states. The nursing home staff smile and clap. Many have star pins affixed to their name badges, recipients of acknowledgement for a job well done. Babikian goes on to welcome back those who have returned from

training information, and offers the opportunity for others to ask questions or share experiences.

So begins another shift at the Ararat nursing facility, a 196-bed skilled nursing facility with 215 staff, 100 of whom are CNAs. Ararat nursing facility was formed in 1993 under the auspices of the Ararat Home, a not-for-profit organization established in 1949 to care for elderly Armenians in Southern California. Of resident stays, 95 percent are funded through Medi-Cal

(California’s Medicaid program). Ararat’s primary aim is to create an environment consistent with its core values of compassion, dignity, respect, integrity, self-determination/choice, empowerment, flexibility, and vision of excellence.

Under the leadership of Babikian, Ararat has been recognized repeatedly for its compassionate, quality care and its employment practices. Babikian was born in Beirut, Lebanon, graduated from the American University of Beirut, and earned her RN, MS, and Health Care Management (HCM) degrees in the United States. She began with Ararat in 1994 as the director of

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vacation, and to request that a staff person who is sick be contacted to make sure she’s okay. She reports on a resident’s funeral that she attended where Ararat staff were acknowledged in the eulogy. She awards another star pin, quizzes staff on the week’s in-service

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The Business of Caregiving is a series of case studies that showcases exemplary employers in the eldercare/disability services industry. The organizations featured in this series have been selected to illustrate a “**quality care through quality jobs**” approach to sustaining and growing a long-term care business. All case studies, along with slide shows and podcasts, are available online at: www.PHInational.org/casestudies. The development of these case studies, along with web-based best practice descriptions, have been funded by the Hitachi Foundation (www.HitachiFoundation.org).

nursing, having served in managerial positions in several acute care hospitals in the area. After ten years, she became the executive director. Mentor and teacher are words that Ararat staff use to describe Babikian. She commands the utmost respect and admiration from those who work with her.

An environment of support, trust, and respect

Underlying much of what Babikian has created is a respectful environment of positive support and trust. She explains, “I believe that behavior is so very, very important. I believe it is contagious. If we surround ourselves with positive people—and that’s what I have done—life gets easier.” Babikian models this philosophy. She exudes positive energy. She nurtures an environment of open communications, creating a cohesive organizational culture.

Ararat Nursing Resident-Centered Care Management Philosophy

As leaders, we will be change agents at Ararat Nursing and will practice the fundamental values of employee empowerment, open communication, innovative interventions, compassion, and collaboration with all disciplines.

We will function in a learning organization characterized by flexibility and adaptive to changes benefitting our residents. In this open environment, information will be transformed into resident-centered standards of practice.

We will be excellence driven, fair and respectful. Elder talk [talking down to elders or in an infantile, cloying voice] in all its forms will be discouraged. Our decisions will be based on principles and core values. We will promote cohesive teams, accountability and positive relationships among residents, families and staff. We will create an environment where “Being at Home” will be characterized by privacy, autonomy, respect, affection, security, dignity, commonality and significance.

How has she achieved this? “Inch by inch, day by day,” she says. “Primarily, though, it is winning

their trust and respect. If there is trust and respect, it is easy to accomplish.” When she began as Director of Nursing, she told the staff: “Folks, you don’t know me, I don’t know you. I am here to make sure that residents get good care. If you take good care of them, I’ll take good care of you. And then I started sharing my values with them.”

There are 13 different ethnic groups working side-by-side at Ararat, though many of the workers, like the residents, come from Armenian backgrounds. “We are one team, we are very cohesive,” says Babikian. “We disagree with each other, but we do it with utmost respect and dignity. There is no bickering. If there is, they speak about it, we resolve it and life goes on.”

How do staff learn these communication and problem-solving skills? “Always role modeling,” says Babikian. “If they do something wrong, there is no reprimand, we just sit down together. Life was not like this in the beginning when I started. It was tough. There were lots of fights. They didn’t know how to resolve conflicts.” Now Ararat conducts conflict resolution training upon orientation and during annual in-service training. The leaders that Babikian has cultivated continuously model positive behaviors.

Susan Yeranian, director of clinical services, began her career at Ararat as a nursing assistant. “Speaking of the leadership,” Yeranian states, “Mrs. Babikian has never been a boss to me. From day number one. Her leadership style is coaching and mentoring.” She goes on to describe the approach: “We like people to grow—we don’t like people to fail. Because their failure is our failure.

We never hurt people, we never put them down, but opposite—we work on bringing out the best in people, finding their strengths, be-

cause everybody has weaknesses and strengths. So we are trying to find the strengths, pull out the strengths, and utilize the strength for the benefit of the resident and the facility.”

An example of the respect and trust engendered at Ararat is how sick days and call outs are handled. “When [staff] call in and say ‘I cannot make it,’” Babikian relates, “we never question them. We trust them.” If a person calls in sick, Ararat might offer to arrange to have someone pick up their children from school, or ask if there is any other way that Ararat staff can help. “So those are the type of things we do rather than saying, ‘Are you sure? Can you please come?’ None of that. They don’t abuse it,” says Babikian.

Janet Torosian, charge nurse, confirms, “If we have a difficulty in our family, someone is sick and we have to take care of him—just one call—one call is enough for them to support us, to be with the family member.” And co-workers emulate this supportiveness by shifting schedules and assignments to accommodate the need.

“It’s all about systems”

A critical element of Ararat’s success is the establishment of systems—for quality improvement, communications, and service delivery. When Babikian first arrived at Ararat, there were no systems in place. She created them. The Performance Improvement/Quality Improvement (PIQI) program is a case in point. The PIQI program includes the continuous monitoring of a large range of services and issues, such as nursing, therapeutic activities, food and nutritional services, so-

Ararat’s PIQI program attacks the problem of polypharmacy

Polypharmacy is the use of more than five medications. A 2008 study published in the Journal of the American Medical Association showed that elders in the United States often use multiple medications together, including prescription, nonprescription, and herbal or dietary supplements. One out of every 25 of these individuals is at risk for a major drug interaction.

Residents often arrive at Ararat with literally bags full of medicines, both prescription and over-the-counter. Of residents entering Ararat, 58 percent were using nine or more medications, and Ararat’s PIQI committee was determined to reduce this number and eliminate unnecessary medicine. “We monitored behaviors, we monitored the effectiveness of the medications,” says Babikian. “Inch by inch, unnecessary meds were discontinued by the physicians based upon our observations and evaluations. Everyone was involved. Behavioral interventions were implemented instead of medications—therapeutic activities, therapeutic interventions. It took months and months.” Today, according to Babikian, the rate of residents using five or more medications is 40.6 percent. The national average, Babikian notes, is close to 75 percent.



cial services, medical records, pharmaceutical services, staff education, grievances, state survey results, state and federal regulatory standards, and CMS quality measures. A cross-functional/cross-departmental PIQI committee meets quarterly to review data, assist with the development of PIQI activities, and make recommendations for action plans. Its 20 members include representatives from all departments/services within the organization.

Performance Improvement/Quality Improvement Program

The PIQI program is a system that sets up clear expectations and provides reliable follow-through for solving problems, thus improving the quality of



resident care. It encourages and empowers all staff to consider and address the performance and quality of Ararat’s systems and processes.

“Every issue, every problem or concern— they all know, I have taught them—is either a knowledge deficit, system design issue, or behavioral issue.”

– Margo Babikian

As an example, employees (and residents and family members) can find PIQI forms throughout the facility. They are encouraged to use the forms to identify specific service problems and recommendations for corrective action. The person completing the form indicates whether the problem, issue or concern is a result of knowledge deficit, system design issues, or behavioral issues. “Every issue, every problem or concern —they all know, I have taught them — is one of these three. If it is a knowledge deficit, we will teach them; if it is a lack of system design, we will write a procedure, we will design a system, we will give a policy in their hands; if it is behavioral we will talk with that person. We have found out more than 85 percent of the time it is the system that is the problem,” explains Mrs. Babikian. All staff are oriented to this approach of problem analysis, and PIQI forms are reviewed in the quarterly PIQI committee meetings.

Resident-Centered Care Teams

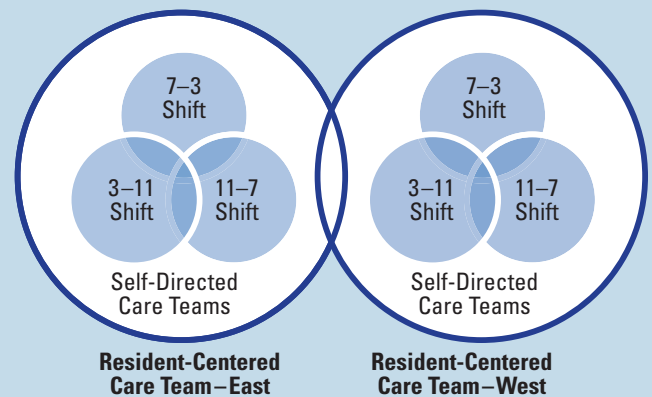
Ararat has established resident-centered care (RCC) teams that provide care to a consistent group of residents. Two RCC teams address the care of two units—East and West. These larger teams each have three smaller, self-directed resident care teams (one for each shift with 7-11 members)—for a total of six teams. The self-directed teams include a CNA team leader, CNAs, laundry team leader, environmental services team leader, food and nutrition team leader, and some shifts have social services and therapeutic activities representatives. These smaller teams are em-

powered to handle operational issues that arise, with the authority to do their own problem solving. For example, if there is an absence, the team will work together to come up with a solution as to how to manage staffing for the day. Care decisions are also made at the team level: “I say, ‘Okay, you are closer to the resident, you are going to make that decision.’ They are responsible of course, accountable for the decisions that they make, but CNAs make a lot of decisions—

more than I do,” explains Babikian.

RCC managers and team leaders complete monthly status reports that are submitted to the executive director. Reports include observations regarding residents, family members, and team members. They

Ararat Nursing Team Structure



are a mechanism for communicating staff accomplishments and any PIQI suggestions. They also ask the employee to reflect on his or her own stress level, leadership practices, and professional growth, constantly reinforcing the message that quality of the job for staff supports quality of life and quality of care for residents.

Multi-Disciplinary Care Conference Meetings

Another critical system that promotes quality of care, positive relationships with family and residents, and staff empowerment are the multi-disciplinary care conference meetings. These are held twice a week, with each resident covered on a quarterly basis. The meetings are facilitated by the executive director and attended by the resident and family (if they choose to attend), the director of clinical services, the primary CNA assigned to the resident, the primary nurse, the restorative nurse aide, the primary therapeutic activities representative, the MDS nurse¹, and representatives from nutritional and social services. Residents and family are welcomed with warm handshakes and thanks for their presence. Each attendee, including CNAs, then reports on the resident’s care, physical therapy, dietary intake, emotional state, psychosocial needs, participation in activities, and changes in status. Residents and family are invited to discuss any concerns they may have.

After a recent meeting, Ararat staff were seen weeping—the resident had come from a highly abusive home situation and their compassion for her was heart-felt as they reported the near catatonic state she was in upon arrival and the progress she has made under the care and guidance of Ararat staff.

Sample Flip Chart from In-Service Training Room

Communicate with Tact and Professionalism

Build and maintain positive relationships with all.
Don’t forget the infectious synergy of positive behavior.

1. Be an exceptional listener.
2. Use non-verbal (body language) in a gracious manner.
3. Maintain emotional control (DO NOT LOSE YOUR TEMPER).
4. Stay focused. Concentrate on the issue.
5. Use basic, fundamental etiquette (I’m sorry, thank you, forgive me, etc.)
6. Demonstrate empathy (put yourself in ... shoes).
7. Frame your message in the positive.
8. Don’t burn your bridges. You may need to cross over some day.

Performance Evaluation

Finally, systems include a 360-degree performance evaluation process. Every Ararat employee evaluates Babikian annually (anonymously), and the results go to the board of directors. CNAs evaluate their charge nurse, with results going to their supervisor, the director of clinical services. They also evaluate the director of clinical services (anonymously). In this way, systems of accountability are embedded in the review process.

Commitment to Quality Jobs and Quality Care

Career Ladders

Ararat nursing has a five-tier career ladder for CNAs with a 50 cent hourly wage increase for each level (see box on page 6). “There was no career ladder here. How do we motivate people if there is no career ladder?” asks Babikian. “Doing the same thing over

¹ An MDS nurse is the nurse who schedules and completes the Resident Assessment Instrument for each resident on a quarterly basis that informs a resident’s care plan.

CNA Career Ladder

Level 1 – Novice

Level 2 – CNA 1 (1 to 2 years of experience)

Level 3 – Team leader/alternate team leader (responsible for leading a team of 6–7 CNAs, problem-solving, assignments)

Level 4 – Staff coordinator (one staff member who pulls together all the schedules developed by individual teams)

Level 5 – Senior team leader (one staff member who works out of executive director’s office; liaison between administration and units; distributes memos, handles paperwork, helps with CNA duties where needed)

and over and over again—so what’s next? Career ladder tells them you can grow in this place. If you have the ambition, if you want to grow, yes, there is an opportunity for you.”

Babikian notes that the career ladder is not only for the nursing department but for all other services. With grant funding, Ararat has supported employees from laundry, environmental services, and food and nutritional services to pursue their CNA training, amounting to nearly \$1,000 per employee. In recent years, around 30 employees have taken advantage of this support (see “From Mop to Resident Care” at right).

Committed staff have the opportunity to move beyond the five CNA tiers as well. For example, licensed vocational nurses (LVNs—equivalent to LPNs in other states) begin at LVN 1, then can move to charge nurse, Rx nurse, resident care planner, and then in-service educator.

Susan Yeranian, current director of clinical services, has taken advantage

of many of these opportunities at Ararat. “I’m a great example of career ladder at this facility,” says Yeranian. “The year was 1994. I read the advertisement in Armenian newspaper that a newly opened Armenian nursing home needs Armenian-speaking caregivers. So I applied for a job and was hired as a nursing assistant. The facility sent me to American Red Cross to acquire my CNA certificate. I got my certificate and worked as a CNA for two years. While I was a CNA, I was recog-

From Mop to Resident Care—What a Difference!

In 1999 Marina Martirosian, who had immigrated to the U.S. from Georgia in 1995, heard about Ararat from a friend. At that time, she was unhappily employed in a sewing company, and she eagerly joined Ararat in the environmental services department as a housekeeper. She only spoke Georgian and Russian, though she was Armenian (she learned to speak Armenian and English at Ararat). Martirosian recalls the day, eight months into her employment, that Susan Yeranian, director of clinical services, approached her and “she tells me—get rid of this mop and go to (CNA) school.” Although Martirosian was frightened of failure, particularly given her lack of English language skills, she was encouraged by both Yeranian and Babikian. “They do a very big favor for me. ...Mrs. Babikian says, ‘Marina go, I pay for your school!’ And I very appreciate that and they trust me and I try.”



After successfully completing her CNA training, she began work as a CNA at Ararat. “First of course I am scared, I can’t do that. [First] I have contact with mop, and after with patient—it’s big difference! But thank God I have very good charge nurse that time and they trust me.” Now, Yeranian notes, Martirosian is “one of the best. She is an alternate team leader. She’s an expert now. And if we have a new CNA, Marina will be the one who will orient the new CNA. ...She’s very involved in doing orientations.”

nized by Mrs. Babikian and promoted to team leader position.”

After two years, Yeranian was promoted to a senior team leader position. Rather than having resident assignments, she worked in the nursing administration office. Then in 1998, she decided to go to nursing school and get her license as a vocational nurse (LVN).

Yeranian continues her story: “I came back to the facility and started my career as a charge nurse—floating charge nurse—I had all four units. Within 4 or 5 years, I took additional courses and eventually acquired my RN license, worked as a charge nurse and in a short period of time I was promoted to in-service educator. After a while, the position changed and I was promoted to director of professional education—and I was responsible for the education of the entire facility. And for the last three years my position changed to the director of clinical services.”

Recognition

Ararat has established many systems to recognize the accomplishments and contributions of staff, including monthly management reports to the executive director on positive performance of particular staff; letters to staff from the executive director; “pins of excellence” awarded at daily stand-up meetings, held during each shift; a “wall of fame” with plaques honoring employees of the month; and ongoing acknowledgements of birthdays, weddings, anniversaries, and other significant events for staff and their families.

The language used at Ararat reflects the value, recognition, and respect for the important contributions all make. Rather than CNA standing for

Excerpts from Margo Babikian’s “Love” Letters to Staff

“Thank you for your passionate commitment to higher standards of care towards our frail elderly residents. Without your unwavering dedicated service and professional vitality, this recognition [Best Practices Award] could not have been achieved.”

“You, as a team, have always had my utmost support to reject our greatest enemies: mediocrity, complacency and apathy. Let us continue the desire for superior quality for everything that bears the name Ararat Nursing. I will always salute you!”

“Just a kind reminder. Bring out the best in your team-mates. Be generous with praise and acknowledgement; continue to witness the joyful aspects of aging at Ararat. Continue to build and maintain positive relationships of trust. Don’t forget, none of us can achieve alone.”

“Dream big dreams for Ararat Nursing - not the encores of yesterday, but the fresh dreams of today.”

“Some passionate reminders. Take good care of your physical health. Do not borrow problems. Focus on what is best in others. Please do not forget to laugh and laugh heartily at yourself.”

Certified Nurses Aide, at Ararat CNA signifies “Champion of Noble Advocacy.” Environmental services and food and nutritional services take the place of housekeeping and kitchen.

Teamwork

Ararat develops leadership throughout its organization, and promotes teamwork at every turn. There are team leaders for CNAs, laundry, environmental services, food and nutrition services, therapeutic activities, social services, and business services. There is cross training, so that there are CNAs in other departments who can help with residents. The top leadership also models this approach, contributing to care when needed.

“No one will be left alone with a challenging assignment, with a challenging resident,” says Yeranian. “We always pitch in to help each other. And there is no such



thing, 'I am the director of clinical services, I am the administrator, I am the in-services educator and this is not my job'—no. I see a CNA next to the resident's door and looking for someone to help her with lifting. I go inside and I say, 'Let's lift her.' She says 'No, I will find a CNA.' I say, 'No, there is no difference, I am a nurse, I'm strong enough, let's lift her.' Nowhere else can you see that—office personnel or an administrator doing a CNA job. But we do that here."

Babikian confirms: "It is not an ivory tower type of leadership. It doesn't work. I am hardly in my office. I'm always with them... We're going to do it together. I pick up residents, I walk with them, I turn their position, I feed them. Not every day, but I feed them. So we come back to the role modeling. Every one—every single one—key people are role modeling."

Devotion to the Highest Quality of Care

It is Ararat's devotion to the highest quality of care and to the highest quality of life for the residents that motivates many of the Ararat staff. Staff speak of the importance of cultivating direct relationships with residents, and are proud of the many programs, services, and approaches that they have developed to enhance

the quality of life (see box below).

An example of the attention to a resident's quality of life, while at the same time ensuring ultimate safety, is the way in which an agitated resident is handled. Babikian notes:

The restraint issue was a great, great challenge when I first started here. [There were] dozens and dozens of different kinds of physical restraints. ... Every morning I would come and I would see residents tied to the bed. With good intentions—they did not want them to fall down. I just couldn't stand it, I think this is very cruel.

As an alternative, Ararat developed a means of assessing and addressing the needs of an agitated resident: Is the resident in pain? Is the resident hungry? Tired? Bored? Frustrated? Lonely? Uncomfortable? In need of going to the bathroom? In need of therapeutic touch? Staff are trained to make such assessments and to come up with solutions that maintain a resident's safety while at the same time allowing him or her

A Selection of Ararat Programs and Services for Residents

- Pain management—an award-winning system
- Flexible sleep hours, natural sleep remedies
- "I care" plans—residents express their preferences in these plans (sleep, food, activities, etc)
- Happy hands, happy feet—daily group movement activities
- Resident adoption—every employee adopts one resident per year, learns about him or her, and produces a photo album or other piece to share with the resident that describes the resident's life
- Doll therapy—residents with dementia have their own dolls to care for; other residents can enjoy the Victorian doll collection
- Behavioral management of residents with behavioral disorders associated with dementia—an award-winning practice
- Therapeutic pets/animal companionship
- Intergenerational programs
- Resident Council

freedom of movement. “Never, never ignore the agitated resident” is Ararat’s policy.

Other Supports

Ararat finds many ways to support the well-being and professional development of their staff. Staff are encouraged to find opportunities for down-time and self-care. “It is stressful work, long-term care is tough,” says Babikian. “They have to take care of themselves and unless they do, they will not be able to deliver the best possible care. I say please make sure you take care of yourselves. We have special programs we deliver throughout the year, such as sensitivity training, brain fitness, building/maintaining positive relationships, and stress reduction. It is extremely important. They feel accountable—they [the managers and team leaders] know they have to write something to me about what they have done to take care of themselves [in their monthly status reports]. Just that reminder helps to make it happen.”

Yeranian describes how she supports professional development for nursing department staff. Each year during performance evaluations, she helps staff define their goals for the year. Goals might be to read an article and write a small essay. Night shift CNAs may be assigned to work one day with the director of clinical services. The CNA will accompany her during supervisory rounds and in meetings, allowing her to see “the life of the daytime.” “It is very, very interesting for them, they get very excited,” she says.

Ararat also provides health insurance, retirement plans, vacation and paid time off, as well as flexible schedules. All staff receive training in conflict resolution, as well as training to sensitize them to the experience of elders living in a congregate care

Magharich

According to Armenian custom, if something good happens to one’s family or self, such as a graduation, a marriage, or the birth of a child, that person treats friends and co-workers to something sweet. This is one way that Ararat leadership and staff know that there is something exciting to be acknowledged. “I



go to the lunch room, I open the door and I see a big cake—I ask the staff, whose magharich is this?” says Yeranian. A memo goes out on bright, colorful paper to all staff expressing congratulations. It’s posted in all communication books in all departments. Yeranian communicates the news to Babikian, who then acknowledges the accomplishment at a stand-up staff meeting. This is just another way that staff are constantly acknowledged and honored.

environment. These trainings increase their skills in communication and empathy.

Experiencing tangible results

The cost of investment in the workforce has been minimal, and the pay-off has been great. Despite the economic climate, Ararat enjoys a 99–100 percent occupancy rate, with a waitlist. They have experienced consistently low turnover: currently 3 percent for all staff. For CNAs, the turnover rate ranges from 0 to 4 percent per quarter. Both of these accomplishments lead to cost savings since there are little or no costs associated with marketing of services or recruitment and hiring of staff.

Success breeds success—recently, an unannounced visitor arrived requesting a tour with detailed information about Ararat’s philosophy and approaches to care. Touched by what she saw and heard, she graciously thanked Babikian for accommodating her visit. Two hours later, an anonymous donation of \$30,000 arrived at their door.

Ararat has won many awards over the years. One that Babikian valued highly was a California

Ararat surveys their staff annually and have seen consistently high satisfaction rates – 95% on average.

Department of Health Services award for exemplary care of residents. This was a cash award that the Ararat leadership decided to distribute among all staff (excluding the executive director, administrator, and director of clinical services): \$1500 for each full-time employee and \$700 for each part-time employee.

Ararat surveys their staff annually and had seen consistently high satisfaction rates—95 percent on average. Staff may refer to Ararat as their second home, and their satisfaction is apparent in words such as these from staffing coordinator Shushanik Mouradian:

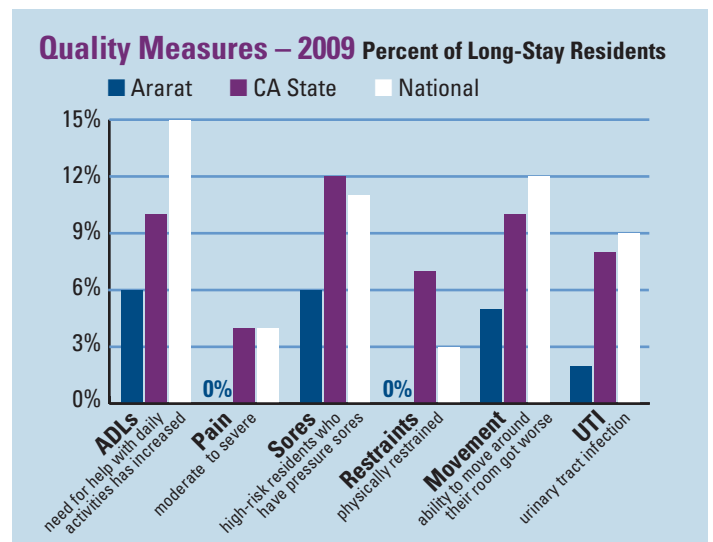
Every morning I come with nice feelings. I'm going to do something—my best for everyone. This is like a home. Hi, good morning, smile. It's a pleasure to come here. I have four grandchildren. Sometimes my kids tell me, "Leave your job, take care of babies, we'll pay you more." I say no thank you, I will not leave my job. I'm happy to work. I feel good when I'm doing something good. Helping people. We're working by heart. You can't do it without love, this job.

Research shows that management approaches that value the work life of CNAs and add to the quality of life of these caregivers are strong predictors of CNA satisfaction. Staff satisfaction, in turn, is associated with better occupancy rates, better state survey outcomes, and lower turnover, all outcomes that Ararat has consistently accomplished.

CNAs have enjoyed merit salary increases and a career ladder that adds to their income and expands their responsibilities. Of Ararat CNAs, 42 percent have climbed at least one level of the career ladder. Other staff in other departments have also benefited from a career ladder that promotes staff to team leader of their departmental peers, or trains them to be a CNA.

The quality of care provided at Ararat is perhaps the best indication of the outcomes associated with the approaches described here. Annual family satisfaction surveys show 98–100 percent satisfaction with care and services provided. Ararat is rated five out of five stars in the new quality rating system developed by CMS. Nursing homes with five stars are considered to have well above average quality. Sources of information in determining the rating are health inspections, staffing, and reported quality measures. Ararat's quality measures outperform the California state average as well as the national average (see table).

Ararat is rated five out of five stars in the new quality rating system developed by CMS. Nursing homes with five stars are considered to have well above average quality. Sources of information in determining the rating are health inspections, staffing, and reported quality measures. Ararat's quality measures outperform the California state average as well as the national average (see table).



And it all goes back to the leadership, whose compassion and understanding runs deep, and who have the vision and the systems to make Ararat a truly high-quality place both to work and reside. A family member describes the recent experience of her mother:

She's very happy being here. She went to the hospital one month ago and she was very uncomfortable. "I have to go home," she said, and got dressed and was looking around, not for our house but for her home in Ararat. This is home to her. I never want her to go anywhere else.

About the Author Marcia Mayfield, MPH, is the PHI Director of Evaluation. She is responsible for the design and management of evaluation systems and studies for PHI's training, organizational development, workforce development, and policy initiatives.

PHI

PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

