



Transforming  
from a  
Research to  
an  
Improvement  
Culture





**Nikki Briggs, MSW**

**At CJE: 10 months**

**Working in Aging: 5 years**

**Favorite Life Hack: Format Painter**

**Pet Peeve: Inattentive language  
use**



**Christie Norrick, MSW**

**At CJE: 5 years**

**Working in Aging: 8 years**

**Favorite Life Hack: YouTube**

**Pet Peeve: Unnecessary  
“Reply All” use**

CJE SeniorLife® is a non-profit, eldercare provider that annually serves over 20,000 older adults, their families and caregivers through:



- **Life Enrichment**
- **Supportive Resources**
- **Healthcare**
- **Research and Education**

***“A test of a people is how it behaves toward the old”*** Abraham Joshua Heschel

# THE MISSION OF CJE

To facilitate independence and to enhance the quality of life of older adults



## OUR VALUES

Respect      Intention  
Advocacy    Innovation  
Compassion    Accountability

**The CJE Advantage:**

A broad continuum of care in which individuals of **all ages, faiths and incomes** can access life-enriching opportunities, resources and healthcare.

Our Jewish values make us the **provider of choice** for enhancing lives and navigating the process of positive aging.

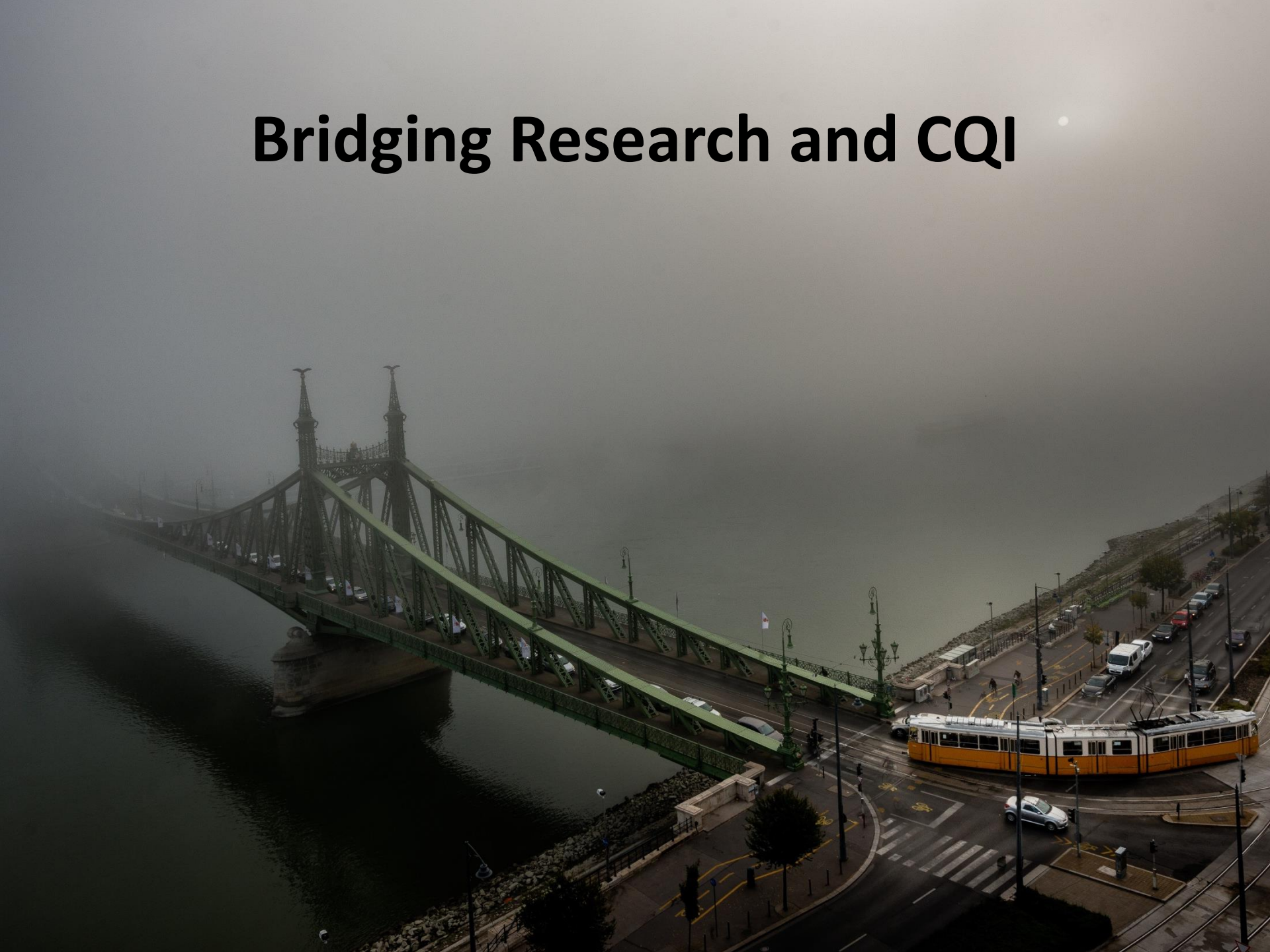
**35+  
PROGRAMS  
AND  
SERVICES:**



# LSRI Background

- Completes research, program evaluation and quality improvement projects
- Expertise in the field of aging
- Externally funded through contracts
- Led by Dr. Margaret Danilovich (jointly appointed at Northwestern School of Medicine)

# Bridging Research and CQI

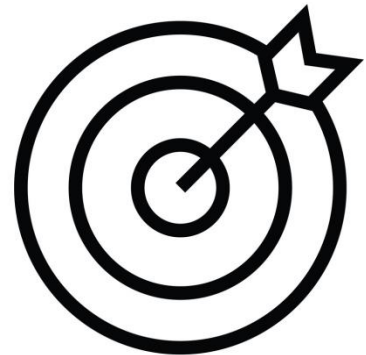




Why  
did  
we  
need  
CQI?

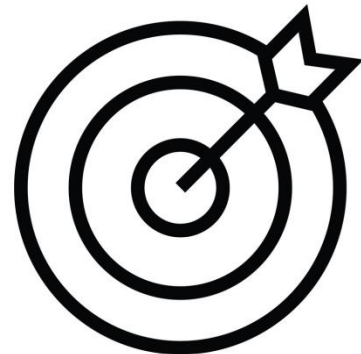


Goal:  
Clean,  
Accurate,  
Useful  
Data



# Why?

- Program planning
- Accountability to funders
- Follow clients through services
- Accurate client count
- Accurate demographics
- Improvement



# Pros:

CQI Team learns best practices from each department

Able to support each department

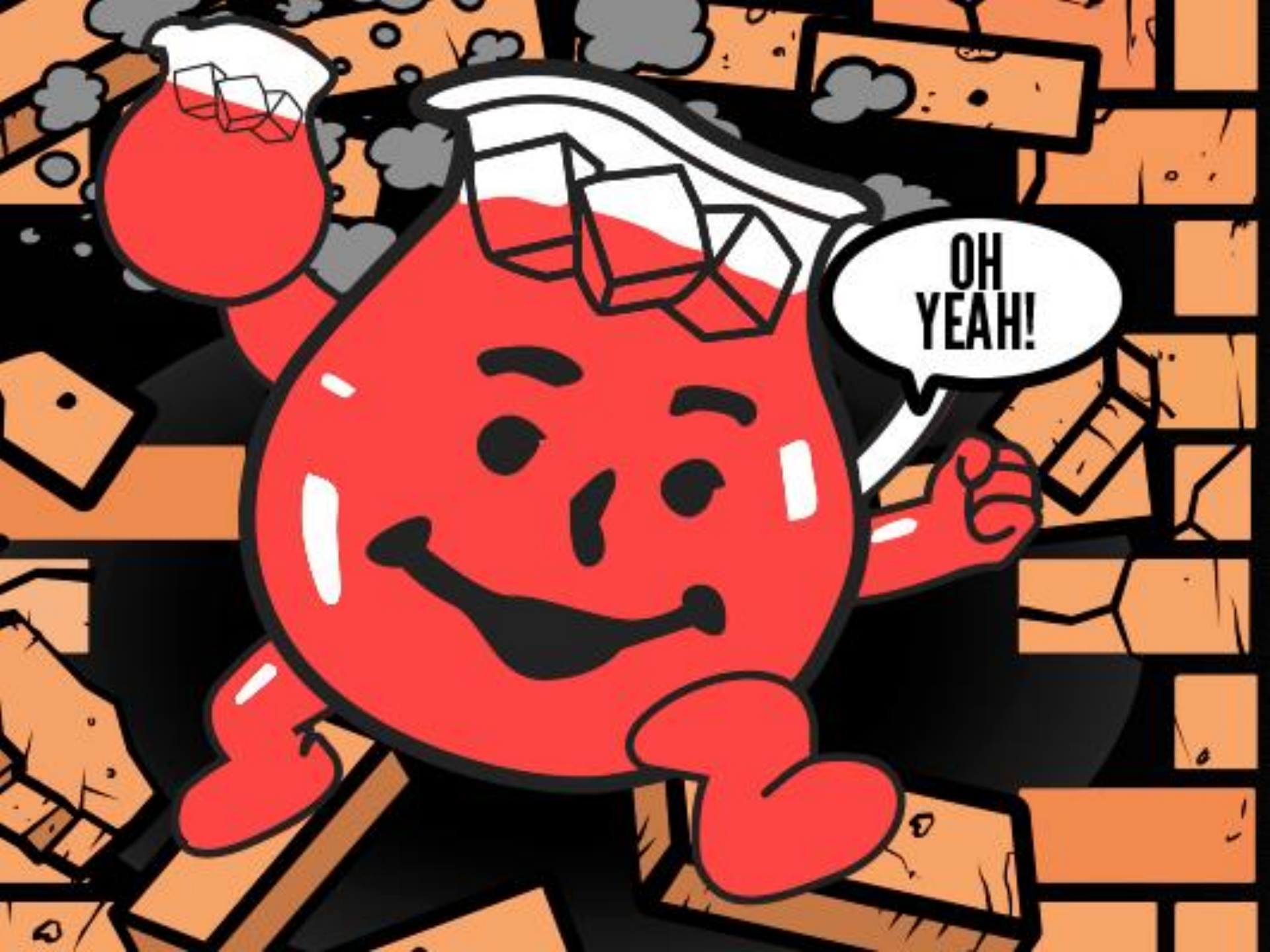
Support from JUF Staff who have experience in this model

Dedicated team to develop professional expertise in CQI

# Cons:

CQI team has to learn different procedures of all client-facing departments

Difficult to make improvements quickly



OH  
YEAH!

**because change is**

**SCARY.**



# Stage of Change

Precontemplation



Contemplation



Preparation



Action



Maintenance

# People say:

NO.



Maybe?



Getting my stuff together.



**I'm doing it!**



I'm ***still*** doing it!



# Stakeholder Matrix

Stakeholder	Unaware	Resistant	Neutral	Supportive	Leading
CEO				C	D
Board Chair	C			D	
Program Manager				C, D	
Direct Staff			C	D	
Clients	C, D				

C = Current

D = Desired

# Focused on Two Types of Stakeholders



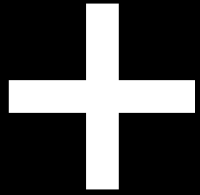
Executive  
Staff

Managers &  
Direct Care  
Staff





Different  
Stakeholders



Different Needs  
& Goals

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Different  
Approaches

# Considerations for Work with Older Adults



# Language Choice

Say This:

Older Adults

Older People

People 65 and Over

Not This:

Older Adults

Senior Citizens

Elderly

Geriatric Patients

Old Timers, Geezers

# Sensory Considerations

Hearing impairments

Vision impairments

Neuropathy

All can impact ability to perform ADLs, IADLs

# Functional Impairments

- Tremors
- Limited mobility/range of motion
- Difficulty transferring
  - Assistive device use

# Cognitive Impairments

Ex. Alzheimer's Disease & Related  
Dementias Consider:

- Get immediate feedback
- Limit the number of questions asked
- Limit the answer choices (yes, neutral, no)
- Use interviews instead of surveys when possible

# Intersectionality

- Immigration history
- Primary language
- Religion
- Trauma history
- Gender

# Best Ways to Engage Them

10am- 3pm

Less during winter  
months

Advertise in print


**Don't have the session  
last too long**

Make sure the space is  
accessible



# Evaluation Best Practices





Paper  
vs.  
Digital

- MANABOY
- COMPTON HIGH SCHOOL
- BAD GIRL BOUJEE
- BASIC
- EVERY DAY I'M HUSTLIN'
- I LITERALLY CAN'T EVEN
- NOPE
- LET'S DO THE DAMN THING
- CALIFORNIA LOVE
- GIRLBOSS
- MAGICAL BABE
- GOOD VIBES ONLY
- BASIC
- INTERNET FAMOUS
- SLAY
- BUT FIRST, COFFEE
- EVIL GENIUS
- DAMN, DANIEL
- NETFLIX AND CHILL
- BLAH BLAH BLAH
- MY DOG IS MY SPIRIT ANIMAL
- YAAASSS
- FEELINGS
- SPIRITUAL GANGSTER

# Tools We Recommend

PHQ-9

GAD-7

CDC HRQOL-14

Morse Fall Scale

UCLA Loneliness Scale



# Caregivers-Care Partners



# Some Considerations:

- Older adults more likely to have caregivers than younger adults.
- Caregivers can be “formal” (paid) or “informal” (e.g. spouses, adult children)
  - Not all identify as a caregiver
- Caregivers can be a critical part of the care team
  - May be able to accurately report impact of services and identify problems

# Some Potential Pitfalls:

- Caregivers may be decision-makers (e.g. Power of Attorney)
- Consider client self-determination
- Beware of complicated family dynamics

# How's the transformation going?



# What's tripped us up lately:

Staff turnover

Lack of understanding of initiative goals at all levels

Not having the right people at the table

# What we're doing about it:

Reduce knowledge loss when transitions happen

\*\*\*NEED MORE INFO HERE\*\*\*

Keep reminding people of what the benefits are to them and whatever is motivates them\*



# Successes

Data Integrity

Reporting  
Efficiencies

Data Precision

Staff Engagement



# Communicating Results



# Know Your Audience

Who are they?

What specific questions are they asking/thinking about?

How much detail do they need?

# Format Options

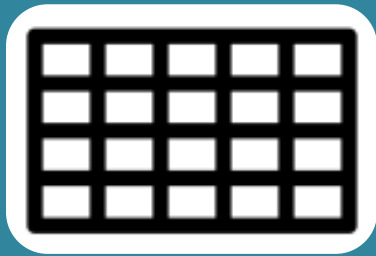




Photo: Zane Lee-Unsplash

Be  
transparent  
about who  
will see the  
data.

# Case Studies



How can you create buy-in and build momentum?

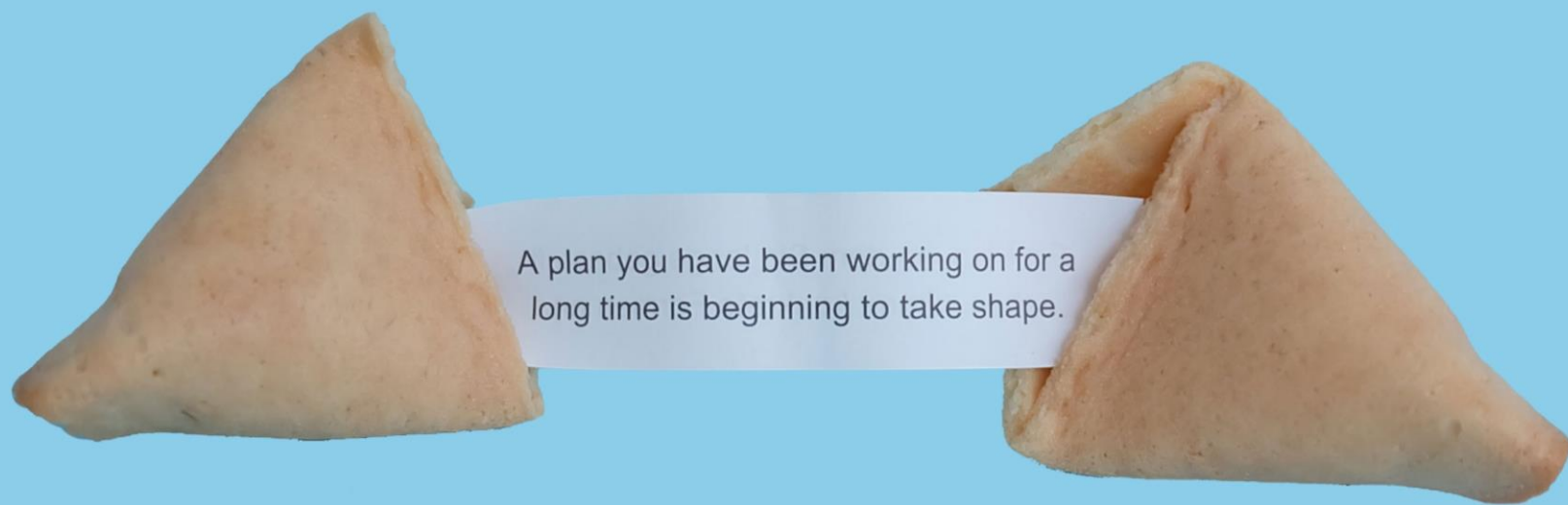
How will you ensure that the data collected is meaningful to stakeholders?

What action steps can you take as work toward your CQI goals?



What will  
you be  
taking  
back with  
you to  
use?





A plan you have been working on for a long time is beginning to take shape.



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