

# Hebrew Rehabilitation Center Boston

**Re-focusing on respectful relationships  
to re-imagine home**

*By Karen Kahn*



Kseniya Sheedy, HRC Boston Senior RA, uses craft projects to engage residents.

**A**s you wander the halls of Hebrew Rehabilitation Center in Boston (HRC Boston), home to 405 elders and adults with disabilities, residents are engaged in various activities, from playing Rummikub to knitting to making handmade cards and holiday decorations. Often a resident assistant is nearby providing support, conversation, or assistance with tasks that may be difficult as a result of lost strength, mobility, or eyesight. In some living areas, Russian is the primary language, but even without translation, it is clear that residents feel at home. With the support of staff, residents are

enjoying a meaningful, dignified life based on a solid foundation of relationships and activities.

One of multiple senior housing and long-term care locations run by Hebrew SeniorLife (HSL), an affiliate of Harvard Medical School, HRC Boston has a long-standing reputation for excellent care. Since 2012, under the leadership of Chief Nursing Officer Tammy Retalic, the staff at the Boston campus have been working together to implement a person-centered culture that affords residents and staff more control of their living and working experience. HRC Boston partnered with PHI's Coaching and Consulting Services team to build the skills and relationships among staff that would be necessary to transform the center's culture. Today, the Boston campus is reaping the rewards of their investment in cultural transformation, but there were plenty of challenges along the way.

## Background

Hebrew SeniorLife has three long-term care communities in the greater Boston area: Orchard Cove in Canton, NewBridge on the Charles in Dedham, and HRC Boston. Orchard Cove began its journey toward a more person-centered

### About this publication:

This publication is part of a series of case studies that showcase exemplary employers in the eldercare/disability services industry who have implemented the PHI Coaching Approach<sup>SM</sup> and have experienced tangible, transformative change throughout their organization as a result. All case studies are available online at [www.PHInational.org/casestudies](http://www.PHInational.org/casestudies). The author, Karen Kahn, is Director of Communications at PHI.



Leadership was confident that they could make meaningful progress toward creating a new kind of resident experience within the existing physical plant.

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– Tammy Retalic  
Chief Nursing Officer,  
Hebrew Rehabilitation Center

culture in 2005, when it participated in PHI's Center for Coaching Supervision and Leadership. Staff learned new communication skills and a coaching style of leadership that supported more individualized care and support. By implementing a household model and consistent care teams, Orchard Cove successfully improved both resident experience and health outcomes, while also strengthening the engagement of its staff.

Orchard Cove's efforts became a model for HSL's newest campus, NewBridge on the Charles, which opened in 2009. There, the long-term care center (HRC at NewBridge) was built with the intention of implementing a household model, in which self-organized teams would provide individualized supports to residents so they would have greater control over their daily routines and activities.

When Retalic took over the nursing leadership of HRC Boston, she believed that, despite an older physical plant, HRC Boston too could implement a person-centered culture. She wanted to build on the experience of Orchard Cove and NewBridge, both of which were making meaningful progress toward creating a new kind of resident experience, one that is less institutional and more like home.

The old building however was not the only challenge to transforming resident experience at HRC Boston. The workplace culture had been damaged as a result of the opening of the NewBridge campus, which drew both staff and residents from HRC Boston. Offered the chance to live and work in the new household model planned for Dedham, 176 residents and 300 staff members made the move.

Despite a carefully managed and well-intentioned process, the loss of so many people frayed the fabric of the Boston campus community. Retalic describes what she calls "left behind syndrome": Morale was low; distrust was rampant. Long-standing teams had been torn apart, putting increased pressure on nursing assistants who felt that they were not respected and valued by the new leadership.

Retalic realized that HRC Boston was having an identity crisis. But rather than seeing the disrupted culture as a barrier, Retalic saw it as an opportunity for the staff to rally together to change the experience of both working and living at HRC Boston.

"Residents," Retalic says, "want to be able to do things that they do in their own home. If we create more resident choice, we create a more homelike environment." But to create this kind of culture, staff need new skills to be able to "listen and be responsive."

"If we can give staff the skill sets," Retalic notes, "we start to break down the very medical, traditional processes, and re-establish what is necessary to ensure quality care within a framework that better fits with individual choice." That, she explains, "has to be done at a very grassroots level. Staff need the skills and permission to make decisions at the resident level that are both individual and meaningful."

## Introducing Culture Change



Tammy Retalic, Chief Nursing Officer, with an HRC Boston resident.

*There is only one way to create a person-centered experience with residents, and that is through creating a person-centered experience with the workers.*

— Susan Misiorski  
PHI National Director of  
Coaching and Consulting Services

With the learning experiences from Orchard Cove and NewBridge in hand, Retalic looked forward to creating a more consistent, person-centered living and working experience across the three campuses.

At HRC Boston, she knew that change would have to begin with the workplace culture. Not only would trust need to be restored, but the traditional hierarchical organization would need to be transformed to empower frontline staff. Fortunately, Retalic's own leadership leant itself to the task.

According to Susan Misiorski, PHI's National Director of Coaching and Consulting Services, Retalic is a natural high-involvement leader. People can tell "she believes in them," says Misiorski. "She genuinely values people, and they feel that from her. It became a matter of putting into place systems that matched her style of inclusiveness."

Retalic, who had previously worked with PHI to implement the household model at NewBridge, asked PHI to help put similar systems in place at HRC Boston. With PHI's Misiorski and Organizational Change Consultant Kathy McCollett as partners, Retalic hoped to create a high-involvement process that would engage staff in envisioning and implementing a culture that would prioritize resident choice and resident control.

Through this process, the goal was also to rebuild trust and respect among staff. "We approached this transformation with a shared belief," says Misiorski. "There is only one way to create a person-centered experience with residents, and that is through creating a person-centered experience with the workers."

What evolved from the collaboration was a multipronged strategy that included:

- Establishing an inclusive, multi-disciplinary team, with staff from all levels, to lead the entire culture change process.
- Creating a guiding document, the Five Practices of Culture Change, to serve as a compass for the change process across the campuses.
- Training all staff, from top management to frontline resident assistants (RAs, the name used for CNAs), in interpersonal communication and problem-solving.
- Building participatory leadership and coaching skills among nursing and department managers through annual leadership retreats.
- Empowering RAs to make decisions with residents that honor individual choice and enhance possibilities for meaningful activity throughout the day.



## A Multi-Disciplinary Approach

In early 2012, Retalic brought together an interdisciplinary team of 60 leaders from all parts of HRC Boston to explore creating a more person-centered culture. Following a kick-off event facilitated by PHI, it became clear that it would take a comprehensive, sustained approach to overcome distrust and resistance to change. An ongoing interdisciplinary team was formed to lead HRC Boston's culture change efforts.

### TELL Committee

Retalic asked about 30 staff to serve on the new culture change committee. The first challenge was resistance to the very language "culture change." To the team, it implied that there was something wrong with the care they had been providing. So they chose a new name, based on what they envisioned

as potential positive change and their role—TELL, Together Enriching Lives Liaisons.

Although initially participants were skeptical that they would have a meaningful role in considering what changes were right for HRC Boston, according to Misorski, there has been an enormous shift. She says, "I would say it took a good year of experience with being genuinely

heard for TELL members to believe that their input would drive change." But over time, Misorski says, "they experienced the leadership's participatory approach as genuine, and now there is an expectation throughout the building that when change is made, it will be made in an inclusive way."

TELL has become the heartbeat of change at HRC Boston. Meeting monthly—and then bimonthly—for an eight-hour day, the group explores person-centered practices, educates themselves and other staff, and plans and implements change. To lead that process, Retalic created a new position, Culture Change Leader, which is filled by Susan Moser, one of the community's chaplains. Moser is responsible for coordinating the team, rolling out new initiatives, and maintaining momentum.

Moser says, the TELL group has been key to breaking down some of the earlier distrust, particularly between nurses and RAs. "Today," she says, "there is such respect between RAs and nurses in the TELL group. They have come to know each other, have talked about the strengths they each bring to their work." She continues, "Telling is a two-way street. It's about one side sharing and the other side listening, and then the other sharing and keeping the conversation going." To keep that open communication alive, Moser works with a small team to plan highly interactive TELL agendas that engage committee members from all levels of the organization in sharing their knowledge and expertise.



The TELL Committee, pictured here, has become the heartbeat of change at HRC Boston.

*The Five Practices have become a statement of values and a guide to everyday practice.*

## Learning from the Pioneers

Gaining a deeper understanding of what culture change is—and articulating that for the entire HRC Boston community—has been TELL’s mission. One means of building enthusiasm for change among the team members has been attending the annual Pioneer Network conference. For several years now, Moser has taken diverse groups of staff from the various departments across the organization.

Marie “Alberte” Parent, who has been a nurse at HRC Boston for 27 years and serves on TELL, says that the Pioneer Network conference “flipped her head around.” Parent is passionate about supporting elders and their families; she describes nursing as her vocation, her “first love.” But it was the Pioneer conference that made her understand that HRC Boston should be a true “home”—a place where residents come to LIVE, not to DIE. She says, “Residents need to live their life to the fullest. I believe that.”

Moser explains that she asks attendees at the Pioneer Network conference to return to HRC Boston and present what they learned. One RA was particularly moved by a presentation about eliminating bed and chair alarms. After presenting the information to TELL, she was encouraged to work on a pilot project that would try a similar approach with her household. Retalic says, “The team decided what education was needed, slowly took people off the alarms, and monitored the results. After seeing that there was no increase in serious injuries, the program was implemented on all floors.” This kind of teamwork has now become part of the organization’s culture, with a direct impact on quality of care and quality of life.

## Five Practices of Culture Change

One of the primary roles of TELL has been to articulate what “culture change” means at HRC Boston. Moser says, the concept is abstract, and she often found that staff didn’t understand what it really meant—how did it change what they were supposed to actually do?

So Moser worked with TELL to articulate what became HRC Boston’s “Five Practices of Culture Change”:

- Respecting the voices of our residents
- Re-establishing relationships
- Re-emphasizing individual choice
- Re-imagining home
- Re-empowering staff

“The Five Practices are a powerful tool,” says Retalic. “When someone new joins the team, it is a way to make clear where everyone is coming from.” The Five Practices have become a statement of values and a guide to everyday practice that has since been explored and shared across all three HSL campuses.



Marie “Alberte” Parent, RN (left), meeting with Rabbi Sara Paasche-Orlow, HSL’s Director of Spiritual Care. Parent has been with HRC Boston for 27 years. She says, “Residents need to live their life to the fullest.”



Susan Moser, HRC Boston  
Culture Change Leader

*These communication skills not only paved the way for effective teamwork, they fueled the healing of workplace relationships.*

At the November 2014 TELL meeting, for example, staff from both HRC Boston and NewBridge shared what they have done recently to “re-emphasize individual choice,” including ensuring residents can choose when they get up and go to bed, what they wear, what they would like to eat, and when they would like to bathe. When residents choose not to do something—for example, bathe—RAs report that to a nurse, but they respect the resident’s wishes.

Parent explains that this is a significant shift in the organization’s culture. Where at one time residents were expected to comply with the schedule set out by the nursing team, today “the resident chooses. They have a say in their care.” As a result, she says, “they feel valuable, respected.”

## Building a Strong Foundation: Communication Skills

In addition to designing an inclusive process for developing their vision and rolling out culture change, PHI worked with Retalic and Moser to develop a one-day training that would enhance core communication and problem-solving skills. These skills are foundational in a person-centered environment, as teams have to be more flexible and responsive, working together across traditionally siloed departments. In the case of HRC Boston, these communication skills not only paved the way for effective teamwork, they fueled the healing of workplace relationships that had been damaged by the move of staff to the Dedham campus.

### Train-the-Trainer Approach

Working with Retalic, Misorski and McCollett customized PHI’s core communications training, creating a one-day training, “Communication Skills for a Respectful Workplace.”

Using a train-the-trainer model, PHI educated all of HRC Boston’s operations leaders—the household or unit managers—as well as department heads to deliver the adult learner-centered curriculum, which uses an interactive, experiential format to engage participants. These leaders then rolled out the training to their staff.

Moser says, this model was “brilliant.” It brought people into a single “mindset,” and created a commitment among leaders to train everyone across the organization. “They understood why it was important.”

The foundational skills covered by the one-day training included what PHI terms “self-reflection” and “self-management,” as well as a mindful approach to problem solving. Self-reflection involves understanding one’s own personal style of communication and recognizing that, though it may differ from that of others, there is no “right” or “wrong.” Two skills help individuals to manage those differences and to engage more deeply with others: active listening and pulling back in stressful situations.

Retalic notes that by teaching the skills, leaders also became role models. “People know how to pause, how to paraphrase, how to depersonalize



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statements, how to walk away if necessary and return to a conversation when they are ready,” she says. “Once we got the communications skills, it opened up the floodgates.” The workshops provided skills necessary to renew a culture of respect and trust. Staff felt empowered. It changed the way they talked to one another and to residents and their family members.

## Improving Relationships/Strengthening Teams

Nursing homes are notoriously stressful places to work. Self-management skills such as “pull back” encourage people to pause before reacting to a situation, to reflect and ask curious questions, rather than making assumptions. It opens up rather than blocking communication, and provides a foundation for finding a mutually agreeable solution to a problem.

Kseniya Sheedy, a senior RA on a Russian-speaking household, says the communications training gave her the skills she needed to better handle challenging situations such as when a resident’s daughter, upset about the color of her mother’s nail polish, rudely interrupted Sheedy. “I had to pull back,” says Sheedy, “and say to myself, maybe it is not about the nail polish, she has something else going on.”

The communications skill training has also been crucial to the Boston campus’ efforts to create an environment where residents can engage in meaningful activity when and where they want to. That kind of flexibility requires teamwork.

Parent explains that staff have become much more collaborative in their approach to resident care: “The resident needs something, everybody puts their hands together to do it. That is how culture change succeeds.”

## Leadership Enhancement

Retalic understood she was asking her leadership team to make dramatic changes not only in how care was delivered, but in how they led their teams. To provide more choice to residents requires a more empowered staff, and more open communication between all levels of the organization.

Asking high-level managers to lead the communication training was an important step in developing a new leadership model. As Retalic describes it, traditionally long-term care leaders, especially nurses, use a “transactional” leadership model; that is, the leader tells the subordinate what to do, and holds that person accountable for the results.

Nurses, she says, “have grown up in the system. There is a head nurse, and that person is supposed to be the one who has all the wisdom. They’re responsible for getting all of these pieces done; they tell the team and the team follows.” But culture change, she explains, “requires leaders to shift their focus from ‘tell’ to ‘ask.’ That is a hard paradigm to change.”

To build a team prepared to lead a “high-involvement” culture, PHI facilitated annual retreats beginning in 2012. Using the appreciative inquiry approach that focuses on strengths rather than deficits, they helped the leadership team move from a transactional leadership model to a transformational model.

*A person-centered culture is just not possible without a leadership team that is actively driving that change.*

— Susan Misiorski  
PHI National Director of  
Coaching and Consulting Services

*Fundamentally, culture change is about empowering all staff to help residents engage in life-enhancing activities.*

— Marie “Alberte” Parent, RN,  
HRC Boston

Leaders learned skills that support a facilitative or coaching style of leadership that still holds people accountable for results. This change is laying the groundwork for “self-organized” teams that will be empowered to make day-to-day decisions that support resident choice.

As the person-centered and participatory culture began to grow at HRC Boston, Retalic identified that the changes were particularly challenging for nurses. To ensure they had the support needed to grow with the new model, she opened up a new avenue for engagement: “culture change chats with Tammy.” These conversations, Retalic says, are an opportunity for the nurses to share their concerns as well as to envision what is possible.

“There were some real challenges—for example, time,” says Retalic. Medication passes took up such a vast portion of the shift, the nurses couldn’t manage much else. That has now changed, with the implementation of BID medication passes (residents receive routine medications twice per day). The charge nurses are now on board, and they are helping to develop a training for the rest of the nursing staff on how to be mentors and coaches.

To Misiorski, the leadership team at HRC Boston really stands out. They not only stayed together throughout the tumultuous time, she explains, they embraced the new vision and were an integral part of creating the shift in workplace culture. “A person-centered culture is just not possible without a leadership team that is actively driving that change,” says Misiorski, “and HRC Boston has the right people in the right positions. This team has helped the staff heal and grow and reaffirm themselves as a healthy team.”

## Changing Roles of Resident Assistants

In any nursing home, the frontline staff—resident assistants, as they are called at HRC Boston—are crucial to how care is delivered. The key to transforming the culture has been empowering the RAs, including giving the more experienced RAs an opportunity to move into a new “senior RA” role.

## New Caregiving Practices

According to Moser, two practices have been particularly important to empowering RAs: consistent assignment and shift-to-shift huddles. RAs care for the same residents on a regular basis—allowing them to develop stronger, more meaningful relationships—and they communicate from shift to shift by gathering for 15 minutes in a “huddle” to review information about each person in their care. This practice recognizes the expertise of RAs, who share their observations, and ensures that the next shift is aware of anything out of the ordinary that might have occurred prior to their arrival.

Moser says, “Shift-to-shift huddle has been key to staff empowerment and improved communication. It gives frontline staff a voice, and helps to breakdown the traditional hierarchy between nurses and RAs.”

Parent explains that fundamentally culture change is about empowering all staff to help residents engage in life-enhancing activities. “It is not only life enhancement specialists that lead an activity. Everyone can do an activity.



*We wanted to create a career path for RAs, so they could move up and learn more. We wanted this to be a leadership position.*

– Doris Bertram-Morin,  
HSL's Director of  
Professional Development

You have five or ten minutes, sit by a resident and do some type of activity. You can just talk, watch TV, read the life story and discuss it.”

To get to this point, however, Retalic says, she had to work with life enhancement staff and help them understand that teaching the RAs and supporting them in doing spontaneous activities would not take away from their expertise or threaten their jobs. “Once we got beyond that,” she says, “the life enhancement staff used their talents to teach the RAs, and they are doing amazing things in the households. For example, we encouraged life enhancement staff to create activity kits, so an RA can sit down and do puzzles or other activities with residents in the moment. We are making supplies for artwork or other activities, which once were locked up to prevent stealing, readily available.”

Parent notes that giving more authority to RAs to decide what to do with the residents changes other dynamics as well. “RAs feel people are listening to them,” she says. “They have an issue, they can bring it to the table. It is a big shift.”

## Senior Resident Assistants

One of the biggest shifts for HRC Boston has been the implementation of an advanced role for RAs, made possible by a grant from the Boston Foundation.

Doris Bertram-Morin, the HSL Director of Professional Development, explains the thinking behind creating this new role: “We assume that everyone wants to be a nurse but we have many nursing assistants who are happy in their role caring for residents. They like the relationships, and are not interested in moving into nursing roles. We wanted to create a career path for these individuals, so they could move up and learn more. We wanted this to be a leadership position.”

To become a Senior RA, individuals are required to take a 10-week computer course on their own time. Twice a week for two hours, trainees show up to learn how to write and access emails and use basic Microsoft programs like Word and Powerpoint. According to Bertram-Morin, the computer classes were important because to lead peers, “you have to be able to communicate using email and other tools.” In addition, attending the computer course demonstrates an RA’s commitment to learning new skills.

Following the computer course, candidates for the Senior RA position are given release time to attend a full day of training once per week for eleven weeks. The curriculum includes advanced training in anatomy and physiology, caring for residents with dementia, advanced skin care, palliative and end of life care, safe patient handling, and communication and coaching skills. Leadership training is built in across all the content areas.

Sheedy, who was in the first training cohort, found the new skills she learned, including the computer course, built up her confidence. She has used new Powerpoint skills to share the successful crafts program she began to increase resident engagement in her household.

*The Senior RA role has provided a stronger voice for RAs in the culture change process.*

Through her work with TELL and her training to become a Senior RA, Sheedy has become a culture change leader. She says, “Resident engagement is important—it can brighten a resident’s day. I have witnessed residents who have dementia agitated and pacing. If they sit down with us and do an activity, it calms them because they are focused on one thing.”

Increasingly, Sheedy says, she is seen as a resource person on her floor: “I support people on the team and they support me, and we have built trust. Everyone feels they have someone they can go to and rely on.”

Bertram-Morin says that though there have been challenges, the Senior RA program is becoming a more integral part of care delivery. With two cohorts of aides having gone through the training, almost every household has a Senior RA on day and evening shifts. On the day shift, Senior RAs have been taken off their regular assignments, so that they can expand their support role.

To ensure the senior RAs have support and mentoring in their new positions, the program also relies on a job coach from Jewish Vocational Services. Individual weekly meetings give the RAs a chance to work through issues that they may be less comfortable discussing directly with a supervisor or peer. Retalic says the coaching has been essential to helping the Senior RAs grow their leadership skills.

Importantly, the Senior RA role has provided a stronger voice for RAs in the culture change process. “If there is information that needs to go out to their team,” says Retalic, “we go to the Senior RAs. Or we pull the Senior RAs together and ask them, ‘Can you give us input into the design of this program?’ Or, ‘This isn’t working well, what input do you have to improve what we are doing?’ We pull them together a lot to find out the pulse of the households.”

## Outcomes

In the last couple of years, HRC Boston has made significant progress toward building a person-centered culture that is based on respect and trust. Staff have strengthened their relationships with one another, with residents, and with family members. Residents increasingly make more choices about their daily routines and activities.

“Hear the voice, honor the choice,” says Parent, when she describes the focus on resident choice. “Culture change is about living life to the fullest. It is a change in mindset. You always think about the resident first. Make them feel valuable, respect them. Respect their choices. If the resident does not want to take a shower now, respect that. Go back later.”

HRC Boston knew from the beginning, creating an environment in which residents are respected and valued requires staff who also feel valued and respected. And here too, Parent says, she has seen a big change. “There is a different feeling from a few years ago. I see the difference with the RAs on my team.” The data that HRC collects to analyze the quality of staff and resident experience bear this out.

## A More Engaged and Stable Staff

Hebrew SeniorLife puts a lot of emphasis on data collection to assess success. Among the most impressive data collected at HRC Boston is that related to staff stability.

Prior to Retalic taking the reins as Chief Nursing Officer, HRC Boston was relying heavily on staffing agencies to fill staff vacancies caused by unexpected call outs and turnover. By 2014, agency use had dropped by 84 percent, and unplanned time off had decreased by 18 percent. Overtime also dropped precipitously (14 percent), and as a result the campus is saving \$100,000 annually on staffing costs. Whereas nurse aide/resident assistant turnover is an enormous problem across the nursing home industry, with average rates above

50 percent, in 2014 HRC Boston reported a turnover rate of 12.76 percent.

Staff engagement as measured by three variables—intention to remain in the job, willingness to recommend HRC Boston as a place to work, and feeling motivated to do one's best work—also shows steady increases across nursing and direct-care staff (see graph).

## Improved Resident Care

Retalic says, "A homey environment isn't enough; you have to have good clinical outcomes as

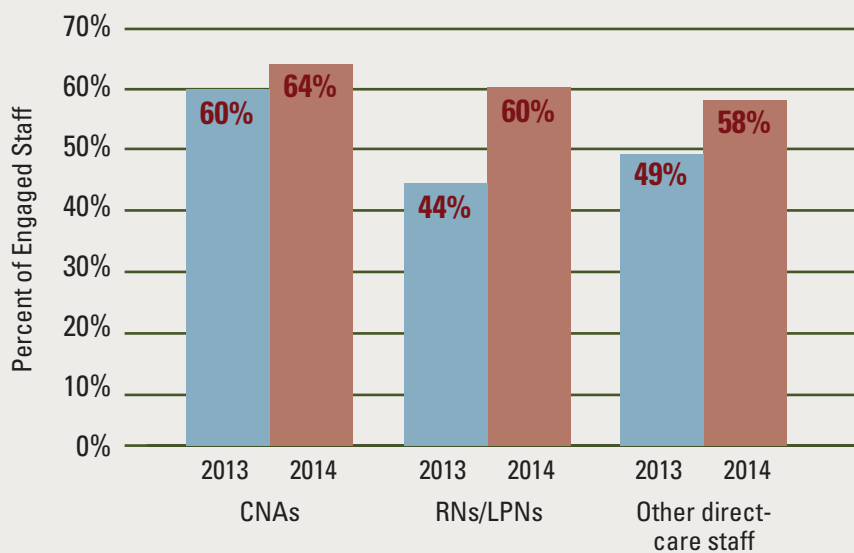
well." She distributes a clinical dashboard each month that shows staff how they are doing.

In the last year, she says, HRC Boston has seen improvements in resident satisfaction as well as improved quality of care indicators. For example, though there has been some increase in fall rates following the elimination of alarms, falls resulting in injuries did not increase.

In addition, Retalic notes, staff have frequently celebrated months with no pressure ulcers. The annual rate in 2014 was .17 per 1000 patient days, nearly 50 percent lower than in 2013. And, as Retalic notes, the low number of pressure ulcers is especially remarkable because the acuity rate at HRC Boston is higher than average.

Family satisfaction is also an important measure of success. At the November 2014 TELL meeting, a full hour was devoted to exploring compassion and empathy in relationship to family interactions. Panel members from different

### Staff Engagement



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*The sense of 'brokenness' and distrust has been replaced by a truly participatory culture. Each person's voice is respected.*

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departments stressed the need to pull back, ask curious questions, communicate honestly, and trust that when you are respectful, family members will also be respectful. Several RAs described how they used these principles to turn difficult relationships with family members into positive encounters.

These efforts have paid off. Family members overwhelmingly indicate that they would recommend HRC Boston to others.

## The Journey Continues

“The HRC Boston workplace culture has come a long way,” says PHI consultant Susan Misiorski. “The sense of ‘brokenness’ and distrust has been replaced by a truly participatory culture. Each person’s voice is respected. There is a sense that everyone can participate in shaping the vision of the Boston campus as a quality workplace and a place where residents enjoy their quality of life.”

In looking back, Retalic says, creating a new campus (i.e., NewBridge on the Charles) was an enormous challenge and it is no surprise that there were some difficult times during the transition years. More importantly, she says, today the three locations are on the journey together, learning from one another’s experiences as they evolve a 21st-century model of care. One thing they’ve all learned: a new building is nice, but the key to providing a high-quality, person-centered experience is trust and respect, for both residents and staff.

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PHI • 400 East Fordham Road, 11th Floor • Bronx, NY 10458  
Phone: 718.402.7766 • Fax: 718.585.6852 • E-Mail: [info@PHInational.org](mailto:info@PHInational.org)