

Transcript

Tammy Weis Interview

Episode 26: "Bringing Workplace Excellence & Christ-like Care to the Aging"

Andy Braams: Today, I am with Tammy Weis. And Tammy, I'm going to let you begin by telling us a little bit about your background before coming to Baptist Homes. And you have a lot of background in this in this environment. So just introduce yourself a little bit and what your background is and then how you came to be a part of the Baptist Homes and Healthcare Ministries.

[00:00:40] **Tammy Weis:** Okay, thank you, Andy. Yes, my name's Tammy Weis. I'm a registered nurse by training. I've been a nurse over 40 years. I started out in acute care, working in a hospital as most nurses do. And over the years, I worked for an insurance company for about eight years and then moved into long-term care after being in hospital discharge, planning, and administration for a few years. I've been in long-term care since the late nineties. And most recently was the CEO of Apex Healthcare. We owned 16 nursing homes and assisted livings across four states. It was a family-owned company who sold everything off as they got out of the business.

So we did four transactions across those four states over the course of several years, sold everything and I sort of semi-retired and then several people started calling me, finding out that I wasn't working and said, "Can you help me with this? Can you help me with that?" And so, I started what I like to call a consulting company, but it really is just me. And I started helping long-term care providers with whatever their immediate needs were from census development, to operations, to new projects, whatever that might be. And I'm currently the Acting Vice-President of Workforce Excellence for Baptist Homes. And actually, one of my compatriots that I have worked with on several other projects is a member of a Baptist Church in St. Louis. And he's the one who actually connected me to Baptist Homes.

[00:02:19] **Andy Braams:** Okay. So what does that mean, workplace excellence? And, as you answer that, transition maybe from what excites you about working with Baptist Homes and Healthcare Ministries as well?

[00:02:34] **Tammy Weis:** I think what excites me about working with Baptist Homes is the growth and the opportunity to really grow the ministry into the skilled environment. And, really, it's part of what workforce excellence is about is providing Christ-like care in an industry that often struggles to provide care in any fashion, let alone in a Christ-like way. And then figuring out, along with all of the leadership at Baptist Homes, exactly what that looks like to the frontline staff members.

You know, there's a biblical passage about "everyone did what was right in their eyes." But making sure that we know that on Saturday night at 10 o'clock the staff that is working with our residents knows what that Christ-like care should look like and is delivering that. And so that's really the effort is to make sure that we embed that in the culture of all of our staff members at Baptist Homes.

[00:03:49] **Andy Braams:** Okay. Okay. Well, let's get a little bit into your expertise at this. And let's talk about trauma. Can you tell us a little bit about the nature of trauma and how that relates to trauma-informed care?

[00:04:06] **Tammy Weis:** I think trauma-informed care has been really come to the forefront in the last few years, and part of that is because everyone has been through something. And we all react to those things that we've been through in our lives differently.

But in the United States, one in four children have experienced some sort of maltreatment, either physical, emotional, or sexual abuse. One in four women have experienced domestic violence and one in five women and one in seven men have experienced rape.

The trauma that occurs in those formative years of childhood development, particularly a brain development is known to have a much more long-term effect. And over 62% of all adults have experienced at least one, while over 25% have experienced more than three traumas in their childhood.

And what comes with that is a whole host of other issues, particularly related to chronic illness often, suicide, drug use, alcoholism, STDs, chronic illnesses from smoking. Those are just some of the things that are known to be attached to those persons who've experienced these kinds of trauma. And what people think about is PTSD in soldiers and people who've experienced trauma.

Trauma that is defined as the mental PTSD, in particular, is defined as the mental health condition that follows a terrifying event and it doesn't have to have happened to you. It can also be from witnessing a terror terrifying event that's happened to someone else.

And then there's a second component of trauma that is moral injury. And those are often in folks who have in some way, either through force or of their own choosing, if you will have, violated their most deeply-held beliefs. And for example, a soldier who believes in the sanctity of life, but is forced to kill and maybe forced because he's in a war and maybe forced to kill you know, women and children, for example. You know, pastors who have had, you know sexual abuse situations in their congregations, things like that. Those are moral injuries where we feel we have not done what we know deeply-held belief says we should have done.

And how that translates to the long-term care environment is often what we see are our residents who have behaviors that, that are abnormal for the resident, not abnormal in the sense of psychiatrically, but abnormal for them.

Anger, depression anxiety, they have nightmares. These folks who have PTSD and moral injury may self-medicate over the years to quiet that noise. They also have fear and alienation and memory loss often that's associated with that. And shame is often one of the big drivers of those behaviors by residents.

[00:07:41] **Andy Braams:** So Tammy, I think when a lot of people think of long-term cares, the general statement would be a nursing home, maybe a rehab facility, you know, some

combination of that. And people will think, well, or traditionally the old folks home and they go there because they're old because they need care.

But perhaps, people don't really think about this aspect of care that is needed; that people there it's not just being infirmed or something, or becoming where your body is not responding as it used to, which I think again is what many people would think. But now that you've kind of laid out, you know, one in four children, one in five women being raped one in seven minutes.

And so, all of these different traumas, the moral injury aspect of that. There is more than just the physical care; more than just a mental disorder type of care. There is trauma-informed care, as you're saying. So what is Baptist Homes and Healthcare Ministries? What is our role in that?

How can we assist from a practical perspective, but perhaps even from a spiritual perspective? What is Baptist Homes and Healthcare Ministries doing in regards to helping people that are in need of this trauma-informed care?

[00:09:13] **Tammy Weis:** That's a good question. Education on trauma-informed care is now required as part of the compliance component of state and federal certifications, but we've added that to all of our orientation materials.

It's important that caregivers understand that we are providing an intimate level of care. We are bathing people. We are dressing people. We are cleaning them up. We are assisting them to the toilet. We are providing care that puts them in a vulnerable position in an intimate moment. When you have somebody in the shower room with no clothes on, that brings up a lot of these feelings, particularly when the trauma relates to those sorts of things.

For example, a resident, a female resident who has a male aide showering them and screams through the entire procedure, you have to question when this is not part of that resident's behavior on a normal basis, why does this event trigger that? And we have to ask those questions. What is it in this person's past that may be triggering this?

When residents have certain television programs on in their rooms that have these crime dramas with all these, you know, *Criminal Minds* and *SVU*, and all these sorts of things right before they go to bed, and they've got this on in their room, that may be triggering things that they don't even fully understand themselves.

And it's key for our staff to watch for those triggers to understand what they may be, and to make sure that we know how to deal with them. And some of these residents come to us very highly medicated for these disorders that they've had out in the community. And that's another thing that we really have to look at is, you know, as other medications are added or as they were self-medicating with various things, how do we dial down those medications and make sure that we understand and help them avoid what these triggers may be?

So to the lady with the shower, it may not be appropriate for us to have her have a male aid as a shower aid. If that is really going to constantly be triggering her [we need to figure] out ways to make that more of a safe environment for her to receive care. Just making sure that our staff understands that the behavior has, in most cases when it is isolated, an individual likes strictly around the shower time that there's a trigger that we need to become aware of.

Certainly in long-term care, we have residents who have unusual behaviors related to a mental disease or disorder related to dementia diseases. Lots of other reasons, but those behaviors: wandering and those sorts of things, tend to be throughout the day. They are not and they may not be constant depending on where they are in the stage of their disease, but they are not so isolated and very easily defined as triggering. The veteran who suddenly doesn't come out of [his/her] room as we [are] having more news reports about wars and things like that, or as we're getting closer to Veterans Day or VJ Day or things like that, you know, delving into that and really knowing our residents and knowing what their history has been really as what we're educating our staff to do.

[00:13:15] **Andy Braams:** So from that last statement, then Tammy, you mentioned the intimacy, the proximity intimacy, and, you know, caring for people as far as bathroom and showers and stuff. That's a necessity, but there's also a bit of a requirement not to do that, but in knowing our residents well enough to get them through these humps to get them beyond these times as well. So, I think that's an important distinction that I hope our listeners pick up on that yes, there's the intimacy proximity-wise but there's also the building of that relationship appropriately, obviously, to help people in that.

So, I'm going to kind of switch gears and we're going to kind of tie these two together here in just a moment, but I know one of your passions is to help teams to gravitate and align towards a particular mission towards it to be focused in a particular area.

So what kind of triggered that passion within you, Tammy?

[00:14:19] **Tammy Weis:** Again, I think some of those things are just hardwired into us as part of who we are. And not everyone feels that way, but I do. My grandmother was a director of nursing and long-term care. I grew up in the nursing home that she was the director of nursing in as a little kid.

And I don't know that I ever really realized until I was much older, the effect that that probably had on me, that I had so many grandparents and you know, significant people when I was really little. And I also think being a nurse, believing in what you're doing in your work, I think is key for high-performing employees.

The goal of Baptist Homes is to get, hire, retain, train the highest quality employees that we can. And I think aligning them with the mission of Baptist Homes is really the best way to secure those values, making sure that they really are front and center and a component of what we do.

I worked in the bone marrow transplant unit at Ohio State when I was working as a clinician. And, when I left there, I left for a variety of reasons, at that time, I needed a more steady schedule. My son was going to kindergarten, but I also left there because I'd gotten to the point where I didn't value the mission anymore, because I felt like we were offering people something when maybe nothing was the better choice, if that makes sense; that we just kept going and going and going and going because we were learning. And I can look back now and see that many people survived [who] wouldn't have, if we hadn't been there doing what we were doing, but it was difficult when you're in the middle of it to kind of see that.

And so, I think that's where some of that passion came from is reminding our frontline staff the value of what they do. That you know, all of us in leadership positions at Baptist Homes, we don't take care of anybody today in the sense that we're not changing the beds or giving someone a bath or any of that.

But we're like the parents. We're educating those who are and it's our job to make sure that that we put the right people in those positions. So, I think choosing to be on the team, because you believe in the mission of the team, I mean, do any studying about teams and you know, whether that's football or business, it's always about the belief in each other and what we're here to do.

So, I think that's where it comes from.

[00:17:17] **Andy Braams:** So, what are some current goals [and] objectives that you have for the various facilities? Again, Acting Vice-President of Workplace Excellence, what are some of those goals or objectives that you have right now that are helping to move the teams at the various facilities and campuses towards achieving that mission and fulfilling that vision?

[00:17:45] **Tammy Weis:** You know, it is always the goal of Baptist Homes to promote the sanctity of the life of the elderly, as well as the quality of care that we provide that honors God in a Christ-like way in our facilities. And so my goal is figuring out as best we can, how to translate that into:

"I'm a nursing assistant on Saturday afternoon when there's no leadership around and I need to take, you know, Bessie Sue Jones down the hall to give her a bath." And what does that look like? And making sure that, that everyone in our facilities understands how Christ-like care evolves and what that looks like, making sure that we're compliant with state and federal regulations.

That's another component of our goals is to make sure that we are hiring and retaining and training our staff. We've added some really cool training components that can be done anytime, anywhere by our staff. And that we get some systems in place so that they can have the tools they need to be those ambassadors.

But also, to make sure that our families and our residents always feel safe and secure. That they feel that we are transparent to them. That they know that we are taking good care of their family members. They don't have to question what goes on. Not that it would be a bad

thing to do so, but that they don't feel the need to do so because they can see it. They can feel it.

For me, I think you can tell a lot about a facility when you tour a facility and whether people speak to you and they say hello to you, even though they don't know you. Do the staff members know the residents by name? Do they know their stories? That gives you a good indication that we are doing a good job.

So those are, those are a lot of my goals. Again, I think trying to bring the mission, vision, and values of Baptist Homes into the forefront. We are working on adding that component to everything that we do. We've always known it was there, but now we're just putting it out there. So, when we advertise for a job, we're adding mission, vision, and values of who Baptist Homes is.

So that when, you know, Susie Smith applies for this job, she right in front of her understands that this is who we are. And it's who we're going to expect you to be on board with this mission. We're adding [it] into our job descriptions. We are adding a conversation with employees on their first orientation day about:

"These are our mission, vision and values. And how, how did you come to be here? And how do you relate to those?" We're adding a video in our orientation of Dr. Harrison describing those mission, vision, and values and, and how important they are to the core of what we are and what we do. And I think hopefully, we're also sending a lot of our leadership positions. We don't make that offer lightly. We send them back to pray about it. Think about it. We do the same to make sure that we're making good choices about the people who are fitting into Baptist Homes.

[00:21:17] **Andy Braams:** Okay. That's great. So, let's kind of combine those two ideas then about moving towards mission and the vision mission values aspect with trauma-informed care, because obviously one is talking about how our goals fit and how we're moving forward.

And the other needs to be a goal of sorts. So, how do you mirror those two ideas or not mirror? How do you bridge those two ideas together? Maybe some ways that you're working with the different staff at the facilities to move in that direction and bring them to a convergence.

[00:21:57] **Tammy Weis:** I think a lot of it is a lot of these traumas and moral injuries present themselves as sort of outrageous behaviors, screaming, hitting, swearing, that sort of thing.

But they can also present themselves as self-isolation. "I don't come out to activities. I don't eat my meals anymore. I come and I moved my food around in the dining room, but I don't really eat the meal. I'm starting to lose weight. My gait is, you know, slow and bent over." Just all those things that would indicate depression.

It's incumbent on our staff to be well-versed in how to look at those things, those behaviors, those things that are going on to say, none of us are the sum of the worst thing we ever did. And so, this individual is not the screamer, the hitter, the biter, and particularly to educate the staff to say, where does that come from?

That's you know, at 10 o'clock in the morning when we're trying to have, you know, Mrs. Jones get bathed and changed and all those things. She's screaming and biting and yelling. And at three in the afternoon, she's in activities with our campus pastor singing hymns. So, what's going on here? And they are with the residents every day, they know better than anyone.

And that's the other thing is giving them the tools they need to say. "Whoa, whoa, whoa." And throw a flag to work with social service, to work with the campus pastors, to say, "Something is not right about this behavior. This is not, this is not a part of their dementia." Those are the things we have to try to get to that root cause.

Do they have a dementia that's progressing? Do they have some kind of mental illness in their history that we need to, you know, maybe adjust? Or is there something in their history that maybe no one knows but them? They may never have discussed this with anyone. Their family may not even know that something happened to them in their teenage years. Who knows?

And so, really, then, treading very carefully into that water with the campus pastors and the social service folks to assess that on the front end, but again, they're not always things as people are getting admitted, but they're not always things that people are readily going to give up.

They may not even recognize that they have this trauma and how they're manifesting it. So, once we see it, that's when our staff has to really intervene getting to that root cause. And again, using our mission, vision, and values to say, you know, "She didn't swing at you. That isn't about you, that she swung at you in the shower."

"It isn't about you, that she [is] yelling and swearing at you in the shower." Let's figure out where that's coming from and being able to depersonalize that as much as we can as staff and say, "Let's get to the root of where that's coming from because that's [not] normal behavior for them." And just imagine how traumatic it is for family members to see their loved one behaving in this way, using words they never use and having behaviors that they never have, or the depression when they come to visit.

And suddenly, you know, "Dad hasn't shaved in three days and he's in his room and, you know, he won't get up and the room is dark and the curtains are pulled and he won't come out." We need to be on that before we let it get too far down the road. And so that's where, sort of, the who's going to get to the root cause really comes down, I think, to the trained professionals in our social serviced, our psychological services that we offer in our facilities, our campus pastors, maybe their own pastor, our pastor reaching out to their church pastor kind of pulling that all back together. But our frontline staff are really the ones who have to, you know, throw the flag that there's something going on here.

That's different. Cause they're the ones who are experiencing it every day.

[00:26:36] **Andy Braams:** Yeah. You know, you mentioned it for our listeners, Tammy, you just mentioned that the campus pastors, and I know in a recent episode for those that listen, or you can go back and listen to this. At the board meeting in December, the campus pastors did a round-table type of discussion.

And so, you can hear more about that if you wish. One of the distinctives of Baptist Homes is that we do have pastors at each campus, not chaplains, but full pastors. And as Tammy knows, the help that they can provide from a spiritual perspective, not only to the residents, but to help the staff to process some of these things that they're encountering as well.

And so as we do try to help people with trauma through trauma-informed care, etc., that that is a nice benefit that we have. And again, a distinctive, we're not the only organization that does that, but it is an important aspect to us and it can go very much towards what Tammy was just talking about.

So, Tammy, at a recent workshop one of the things that I learned about you is that you are very culturally aware. And so just a little fun question that we're going to add to this, that Dr. Harrison asked me in a recent episode [when] we flipped the mic. You used a lot of references for movies and other things in that workshop and I appreciated that. So, what is a favorite book and/or a favorite movie that you might recommend to our listeners today?

[00:28:23] **Tammy Weis:** I am kind of a culture junkie and nerd and I will admit I'm an avid reader. And so my favorite book has a tendency to be the one I just finished, whatever that may be. I [like] anything written by James Patterson, avidly. I've read all the Alex Cross. I love all those kind of crime-story novels, that kind of thing.

But I'm also reading right now, I'm rereading, a book by Atul Gawande, that's called, *Being Mortal*, and I highly recommend it to anyone. He's a physician. He's from an area where I grew up in Athens, Ohio. I grew up not far from there. Yeah, he's a physician. His parents were physicians, and it's a discussion about aging and nursing homes in the United States.

And just how the elderly, how our culture, has changed over generations to how nursing homes came to be all that sort of thing and how we can do better. And I think it's a pretty cool book too, for anyone who has that interest. And movies again, I could name a dozen that I watch anytime they're on, but if I had to pick a favorite, I think my family would tell you for maybe not the story reason, but it's probably *Out of Africa*.

I'll watch it anytime it's on. I own it in like VHS and DVD and mostly because the cinematography in it is just amazing. And the view of Africa, the period costumes and the score for it is so magnificent that I actually have it on my iPod that I swim with. When I swim laps, I listened to audits when laps.

So it's just an amazing score. And so visually beautiful that I could watch it any time it's on.

[00:30:26] **Andy Braams:** Okay. Great. Well, thank you, Tammy. As we close today, how can we be praying for you maybe as a part of Baptist Homes and Healthcare Ministries? [And] just in general, how can our listening audience be praying for Tammy Weis?

[00:30:45] **Tammy Weis:** For myself, and for all of us [at] Baptist Homes, listeners can pray for the wisdom and guidance in our decision-making, [for] our staff, that we do everything to make them feel supported from us in that they get spiritually-fed the way that they need to be, and that our families and the residents that we serve, feel that from us as well.

And that we are doing right and providing that Christ-like care that we're not all just doing what we think is right in our own eyes, but that we are coming together and doing the right things in God's eyes and in a way that honors Him, especially in this new phase of growth at Baptist Homes.

You know, there's a there's an old saying in medicine: "Just cause you can do a thing, does it mean you should?" And so, it's, you know, sometimes the right decision is what you don't do. And so, making sure that as we grow and change and evolve, that we're doing that in a way guided by what God is asking of us.

[00:32:02] **Andy Braams:** Let me close our time, then, together in prayer about these matters.

Father, thank you for this time with Tammy, that she can lay a little bit of her heart and her passion for our listeners and for even for our staff, Lord, as many will listen to this and hopefully be encouraged. But God, we do ask for your wisdom as Baptist Homes and Healthcare Ministries has more buildings being built, which means the ability to care for more people, which also mean the need for additional staff or additional leaders at various levels, whether that's directors of nursing, whether that is social services, dietary aspects, Lord, all that goes into that.

So do allow the senior leadership to have the wisdom, as she said, to guide the decision-making that needs to be had so that we can help not only to bring on the right staff, but that we would support the staff in that way, that then the downflow of that would help the residents and the families that are involved in the various facilities in the various locations that we have God that that's not just from a physical, emotional aspect, but it's also from a spiritual perspective that we can help to do that as well.

And then God, as she said, that we might know the right thing again, that wisdom, but then we might choose to do that right thing even when it's not popular perhaps, but that it's right even when it may mean doing nothing, rather than trying to appear that something is happening because we're making a decision just to do something. Lord, let us know to make the right decisions and then choose to make those decisions if they are indeed of You.

So again, God, thank you for Tammy for her leadership within Baptist Homes and Healthcare Ministries for her willingness to work with all of the different facilities to bring about workplace excellence and just continue to guide her into to lead her in the future as well.

In Jesus' name. Amen.

Well, thank you, Tammy, for joining us on *Biblical Perspectives on Aging* today. And I know you were on kind of a combo many months ago when independence was just coming on board, but nice to get to hear your perspective individually at this time.

So again, thank you for joining us.

[00:34:41] **Tammy Weis:** Thanks for having me. Thanks.

[00:34:42] **Andy Braams:** You're welcome.