Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

57th Annual Meeting

Thursday, September 3, 2026

Seguin Room

11:15am-12:15pm

4d. Lead with Purpose: Transforming Home Care Through Intentional Leadership

Presented by:

J'non Griffin, RN, MHA, HCS-D, HCS-O, COS-C, HCS-H, HCS-C

Senior VP of Coding and OASIS/Compliance, SimiTree

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Lead With Purpose

Transforming Home Care Through Intentional Leadership

Texas Home Care & Hospice Association | 2026

J'non Griffin, RN, MHA, HCS-D, HCS-C, HCS-H, COS-C
SVP Coding & OASIS/Compliance | SimiTree

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About Your Presenter

J'non Griffin

RN, MHA, HCS-D, HCS-C, HCS-H, COS-C

SVP Coding & OASIS/Compliance
SimiTree

- Nearly 40 years in home care nursing
- Expert in ICD-10 coding, OASIS accuracy, PDGM, HHVBP & clinical compliance
- Board member, Home Care Association of Florida (HCAF), Illinois Home Care and Hospice Council, and Association of Home Health Coding and Compliance
- National educator in home health & hospice regulatory compliance

Today's Promise to You

Practical

Frameworks and tools you can use immediately — no fluff

Relevant

Everything grounded in home health, hospice, and home care (private duty) reality

Inclusive

Meaningful for every role — clinical, administrative, and field

Honest

We will talk about the hard parts too — burnout, pressure, change

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Our Journey Together — 60 Minutes

1 5 min
The Call to Lead
Why this conversation matters right now

2 5 min
The Reality We're In
Understanding the home care leadership landscape today

3 15 min
The CARE Framework
Four pillars of leadership at every level of your agency

4 10 min
Culture Is Quality
Connecting how you lead to what CMS measures

5 10 min
Leading Sustainably
Practical resilience tools for you and your team

6 5 min
Monday Morning Commitments
Leaving today with something concrete and actionable

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QUICK POLL — LET'S HEAR FROM YOU

Which part of home-based care do you lead in?

Grab your phone — this takes about 10 seconds.

- **Home Health**
- **Hospice**
- **Home Care — Private Duty / Personal Care**
- **More than one — we wear many hats**

Scan to join the poll
Go to menti.com
Code 0000 0000

No phone? No problem. We'll take this one by show of hands, too — just call out your service line.

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"The most dangerous leadership myth is that leaders are born—that there is a genetic factor to leadership. This is nonsense. Leadership is made, and it is made by ordinary people."

—Warren Bennis

Raise your hand if you've had a leader who made you want to give your absolute best.

Now raise your hand if you've had one who made you want to quit.

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A Moment That Changed Everything

The Scenario

It is Monday morning. A home health aide arrives at her patient's home — a 78-year-old woman recovering from a hip fracture. Something feels different. The patient is more confused than usual, her color is off, and she has not eaten since yesterday.

The aide hesitates. She was not supposed to call the nurse without first checking with her supervisor — the same supervisor who told her last week she "asks too many questions."

She waits. Two hours later, the patient is transported to the ER with a UTI-triggered delirium that could have been caught at 8 AM.

The Clinical Failure?

Possibly.

But the leadership failure happened the week before—when a staff member was told her questions were not welcome.

The Leadership Lesson

Psychological safety — the belief that it is safe to speak up — is not a "nice to have."

It is a patient safety imperative.

And it starts with every leader in this room.

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The Home Care Leadership Landscape Today

77%

of home-based care agencies report significant difficulty recruiting and retaining qualified staff

43%

of home care leaders report moderate to severe burnout in the past 12 months

4.2×

more likely that engaged employees deliver better patient outcomes vs. disengaged colleagues

30%

average annual turnover in home-based care — often driven by leadership culture, not compensation

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What Leaders at Every Level Are Navigating

Workforce Instability

High turnover, difficult recruitment, evolving caregiver expectations — doing more with less every day.

Regulatory Complexity

PDGM, HHVBP, OASIS-E2, the hospice HOPE tool, home care CoPs — the compliance landscape has never been more demanding.

AI & Technology Disruption

Ambient documentation, AI-assisted coding, EHR shifts — leaders must guide their teams through rapid change.

Survey & Audit Pressure

Medical reviews, probe audits, ADRs — the scrutiny is constant and the stakes are real for every department.

Staff Burnout & Morale

Post-pandemic exhaustion has not fully resolved. Your team is watching how you handle pressure.

Time Pressure

More patients, more documentation, more compliance — with the same number of hours in the day.

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But here is what we know:

The most powerful variable in your agency's performance is the quality of its leadership.

Not technology. Not reimbursement rates. Not CMS.
Leadership — at every level.

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The CARE Framework

Four Pillars of Leadership at Every Level of Your Agency

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The CARE Framework for Home Care Leadership

Great leadership in home care is not complicated — but it is intentional. Every person in this room can practice these four pillars.

C

Clarity

Clear expectations, clear communication, clear purpose—so every team member knows what winning looks like.

A

Accountability

Holding yourself and others to high standards—with compassion. Not blame. Ownership.

R

Resilience

Leading through adversity without losing your people or yourself. Bouncing forward, not just back.

E

Empathy

Seeing the whole person—patient, caregiver, and colleague. Empathy is the foundation of trust.

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C — Clarity

C

"When people don't know what's expected of them, they fill the gap with fear."

What Clarity Looks Like

- Clear job expectations — not just a job description, but a living, regular conversation
- Team huddles that answer in 10 minutes: what do we need to accomplish today and why?
- Transparent communication about agency performance, challenges, and wins
- A clear escalation pathway so every staff member knows exactly who to call and when

Home Care Application

- Field clinicians know their documentation targets — OASIS, HOPE, or visit notes — and why they matter
- Coders understand how their work directly affects case mix weight and agency cash flow
- Aides and personal-care caregivers know what a great visit looks like — not just the task list, but safety observation
- Every employee can answer without hesitation: what does our agency stand for?

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A — Accountability

A

"Accountability is not punishment. It is the promise that what we say matters will actually matter."

The Myth

- Accountability means catching people doing something wrong
- Holding staff accountable damages morale and trust
- Good leaders protect their team from consequences
- Accountability is only a management tool — not for field staff

The Reality

- Accountability starts with leaders modeling the very standards they set
- Low accountability is the #1 morale killer — your best people resent the carried loads
- Compassionate accountability builds trust and psychological safety over time
- Every team member is accountable — for their patient, documentation, and colleagues

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R — Resilience

R

"Resilience is not about bouncing back to where you were. It's about bouncing forward to who you need to become."

Resilience in Home Care Leadership Operates at Three Levels:

Personal Resilience

- Recognizing your own stress signals before they become crises
- Building a support system inside and outside work
- Knowing your 'why' when things get hard

Team Resilience

- Creating a culture where mistakes become learning opportunities
- Celebrating wins loudly and often — not just addressing failures
- Cross-training to reduce single-point vulnerabilities

Operational Resilience

- Systems and processes that hold when staff turn over
- Clear succession planning even at the supervisor level
- Contingency plans for survey readiness and staffing crises

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E — Empathy

E

"Empathy is not agreeing with someone. It is the act of genuinely trying to understand their world."

Why Empathy Is Non-Negotiable in Home Care

- Your team enters the most vulnerable spaces of human life — they carry that emotional weight home
- Aides and nurses witness difficult, complex situations — they need leaders who acknowledge this
- Empathetic leaders have measurably lower turnover — people stay where they feel valued
- Patient and family satisfaction scores — HHCAHPS and CAHPS Hospice — correlate directly to how staff feel treated

Empathy in Practice — Not Theory

Ask, don't assume: "What's getting in your way this week?" opens more than any engagement survey ever will.

The 24-hour rule: If someone is struggling, follow up the very next day — not next week.

Celebrate the human: Know your team members' names, milestones, and what genuinely matters to them.

Lead with curiosity: When something goes wrong, ask 'what happened?' before 'who did this?'

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CARE Leadership at Every Level of Your Agency

Leadership is not a title. Every person here leads someone — a patient, a colleague, a process.

Role	Clarity Looks Like...	Accountability Looks Like...	Resilience Looks Like...	Empathy Looks Like...
Executive / Director	Agency goals communicated monthly; staff understand why major decisions are made	Performance data shared openly; leaders hold themselves to the same standards they publish	Steady, calm messaging during crises; avoids creating panic in the team	Visible and accessible leadership that acknowledges the difficulty of front-line work
Clinical Manager	Caseloads are fair; expectations are specific; feedback is timely and actionable	Documentation accuracy tracked; missed visits addressed promptly and consistently across the team	Manages survey readiness without creating a culture of fear	Knows each clinician's strengths and actively supports their development
Field Nurse / PT	Patient goals are shared with the whole care team, not siloed in one note	Assessments completed accurately every time — not 'good enough'	Handles unexpected clinical situations without escalating anxiety to the team	Validates patient concerns even when they fall outside the clinical visit task
Aide / Caregiver	Knows exactly what to report, to whom, and feels genuinely safe doing it	Follows the care plan consistently — and flags when it needs updating	Does not freeze when something unexpected happens — applies training calmly	Sees the whole person, not just the task on the care plan
Coding & Office Staff	Coding rationale is documented; clarification queries are timely and specific	Clean claims, timely submission, audit-ready documentation every time	Manages deadline pressure and high volume without cutting corners on accuracy	Understands clinical context when assigning codes — not just sequencing rules

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Culture Is Quality

How the Way You Lead Shows Up in What CMS Measures

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Your Culture Is Your Quality Program

Your star ratings, your quality scores, your documentation accuracy — they are all downstream of your leadership culture.

Documentation Accuracy

A culture where clinicians feel supported taking time for accurate documentation — where quality is valued over speed

Patient & Family Experience

A culture where staff treat patients and families the way they themselves are treated — with dignity, clear communication, and respect

Avoidable Hospitalizations

A culture where field staff feel empowered to escalate concerns without fear of being told they are overreacting

Staff Turnover

A culture where people feel seen, valued, and clear on their purpose — not just compliant with a task list

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Leadership Moment in Action: The Rushed OASIS

The Scenario

A clinical manager is under pressure. Three nurses are completing SOC OASIS assessments this week and the agency is behind on submissions. She tells the team: "Just get them done — we can clean them up later."

One nurse submits an OASIS with M1830 (bathing) coded as '2' (assistance of one person) when the patient actually requires maximum assistance — which is a '5.'

The case mix weight comes in lower than it should be. The agency loses reimbursement. When the ADR arrives three months later, the documentation does not support what was billed.

What CARE Could Have Changed

- **C** Clarity: The standing standard is accuracy first, speed second — stated explicitly, not assumed under pressure.
- **A** Accountability: The manager holds herself to the accuracy standard she sets for her team.
- **R** Resilience: A deadline crisis is handled with a system response — not by lowering clinical standards.
- **E** Empathy: The manager asks what is causing the backlog before issuing a blanket directive.

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Leading Sustainably

Protecting Yourself to Protect Your Team

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The Burnout Reality — Let's Be Honest About Where We Are

62%

of home-based care nurses and aides report emotional exhaustion as a primary ongoing concern

1 in 3

home care leaders have considered leaving the industry in the past year

85%

of burnout-related departures are preventable with a stronger leadership culture

Warning Signs — In Yourself and Your Team:

- Cynicism replacing compassion — patients become 'tasks', not people
- Physical signals: sleep disruption, frequent illness, persistent headaches
- Irritability that spills into patient or family interactions
- Dreading Mondays more than usual and more than situationally
- Withdrawing from colleagues or reduced quality of communication
- Feeling that 'nothing I do matters' — learned helplessness setting in

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Practical Tools for Sustainable Leadership

These are not self-care platitudes. These are leadership infrastructure decisions.

The Weekly Pulse Check

5 minutes every Monday

Three questions: What is one thing draining me this week? One thing energizing me? One thing I can do to protect my team? Write the answers down.

The Micro-Boundary

Non-negotiable recovery time

Identify two 30-minute windows per week that belong only to you. A walk. Quiet coffee. No work phone. Protect them like a patient appointment.

The Debrief Huddle

Within 48 hours of a crisis

After a difficult event, hold a 15-minute team reset. Not a blame session — a reset. 'What happened, what did we learn, what do we need?'

The Recognition Ritual

Positive reinforcement as strategy

Start every team meeting with one specific, genuine recognition. Not 'great job' — name the person, the action, and why it mattered.

The Peer Support Network

Find your people

Identify two peers — inside or outside your agency — you can call when struggling. Not to fix problems. To be heard. Isolation accelerates burnout.

The Workload Audit

Quarterly with your supervisor

List every recurring responsibility. Flag what only you can do vs. what could be delegated, automated, or eliminated. Unsustainable loads are a system problem, not a personal failing.

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Monday Morning Commitments

Leaving Today With Something Real and Specific

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5 Leadership Commitments — Starting Monday

1. **Have the conversation you have been avoiding.**
   One person on your team needs direct, caring feedback you have not delivered. This week, deliver it.
2. **Say it out loud.**
   Tell your team your top three priorities for the week — not just the schedule. What actually matters and why.
3. **Protect one hour.**
   Block one hour this week that cannot be touched by urgent tasks. Use it for thinking, connection, or recovery.
4. **Recognize someone specifically.**
   One genuine, specific recognition delivered to one person on your team before Friday. Not 'great job' — name what they did.
5. **Ask before you assume.**
   The next time a team member misses a mark, ask what happened before drawing any conclusion.

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The Ripple Effect

Every leadership decision you make today ripples outward — to your team, to your patients, to the families who depend on this care.

You do not have to be perfect.
You just have to be intentional.

That is what it means to Lead With Purpose.

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Questions & Conversation

Ask Anything

- Situations in your agency you want to apply CARE to
- How to approach a specific difficult conversation
- Practical questions on any sustainability tool
- Connecting CARE to your current quality or compliance challenges

Stay Connected

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Thank you, Texas! ♥

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