CALIFORNIA
CULTURE
CHANGE
COALITION

# Nursing Homes

- People see nursing homes as a place to waste away and die instead of thrive.

- Stigma: A place where "bad" things happen.

- A place you "have to go to" rather than a place you "want to be".

## How did we get here?

# Medicare and Medicaid

- 1965 skilled nursing facility benefit added to Medicare and Medicaid

- Frequently described as an "afterthought"

- Care had to be "medically necessary"

- "Convalescent Hospitals" sprang up across the United States

# The Nursing Home

- Tiled hallways
- Florescent lights
- Medicine carts
- Intercoms and call lights
- Hospital beds
- Nurse's stations that form a barricade from residents
- No privacy

# An Obsolete Model?

- "Stepped down care" has ended up being the "step child" of health care.

- 1987 – OBRA resulted is sweeping changes in nursing home standards and enforcement.  But, good intentions that did not get at the root of the problem.

# An Obsolete Model?

- Quality of care may have improved, but little about the quality of life for a nursing home resident improved.

- People began to recognize that something fundamental was missing.

- The institutional model of care does not meet the needs of the whole person.

- Even with the best of care, no one really wants to live in a nursing home.

# Who made it this way?

- Very well intentioned people show up for work every day in a deeply flawed system.

- Nursing homes – like hospitals – are unnatural environments.

# The Pioneers

## 1996

- The National Citizens' Coalition for Nursing Home Reform (NCCHNR) convened a panel of four practitioners engaged in transformational change.

- 28 additional participants

- The Pioneers from that meeting have formed a national movement that is now referred to as the "culture change" movement.

# WHAT IS CULTURE CHANGE?

# What is Culture Change?

- A term that is used to describe fundamental changes in the ways nursing homes operate.

- An on-going transformation in the physical, organizational and psycho-social-spiritual environments that is based on person-centered values.

- Restoration of control to the elders and those who work closest with them.

# Culture Change

| Personal transformation | The values held by the organization |
|---|---|
| Organizational transformation | An on-going journey to create individualized person-centered care |
| Physical transformation | Artifacts – the evidence of the journey |

# THE VALUES OF CULTURE CHANGE

# THE VALUES OF THE NEW CULTURE

- Care and activities designed to respond to resident choices

- A living environment that is designed to be home-like rather than institutional

- Close relationships  between residents, family members, staff and community

# The Values of the New Culture

- Work organized to support and empower all staff to respond to resident's needs and desires

- Management that enables collaborative and decentralized decision-making

- Systemic processes that are comprehensive and measurement-based and that are utilized for continuous quality improvement

**Culture Change Is Not:**

- Another rigid program or set of regulations.

- It is not about rewriting policies and procedures.

**It's about:**

- Rethinking how we provide care.

- An on-going conversation in each individual facility at all levels about work place practices that better meet the needs of residents and staff.

**It starts with asking the residents what they want.**

# THE JOURNEY OF CHANGE

# The Goal of Change:

- Goal is to move from institutional to individualized care

- Relationship is the fundamental building block of a transformed culture

# The Journey

- Move operational decision-making  to the level that is closest to the resident as possible.

- Monitor – meet with staff and residents regularly to find out how things are going from their perspective

- When things go wrong – and they will -- sit down with staff and let them come up with modifications that will work.

- Start with involving staff at every level of the organization.  Ask the staff that will be affected by the change in the home, to help with the planning and implementation.

- Distinction between clinical and operational decision-making:
  - clinical (scope of practice)
  - operational – how things get done

# Consistent Staff Assignment

- The structural support for caring relationships

- Front line staff are highly involved in care planning and the daily decisions that affect the lives of their residents

- Work is more rewarding because staff works with the resident's rhythms rather than forcing them to fit the facility's schedule.

# The Journey

- Creativity involves risk – and fear of the consequences of taking a risk is what stops us.

- Collaboratives are designed to allow you to make change but control the level of risk.

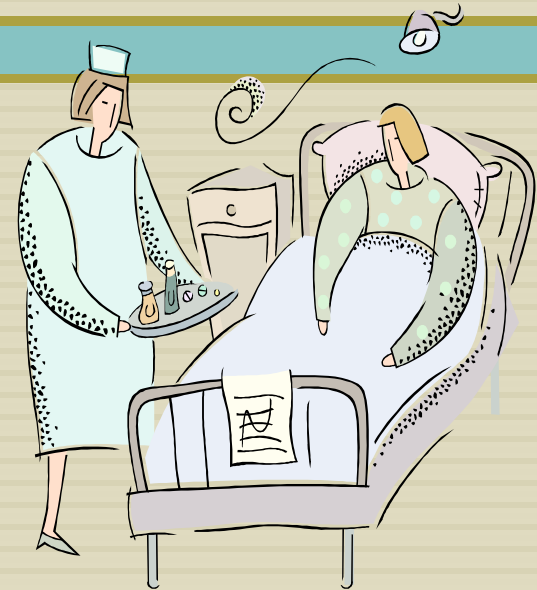"Take care of your staff and they will take care of your residents"

Mary Tellis Nyack

# ARTIFACTS OF CULTURE CHANGE:

# A MORE HOME-LIKE ENVIRONMENT

# Traditional Model of LTC

- Medical treatment is the focus and primary goal

- Decision making is made by the physician and nurse

- Staff float between assignments

- Schedules are primary way to manage care

- Task Oriented

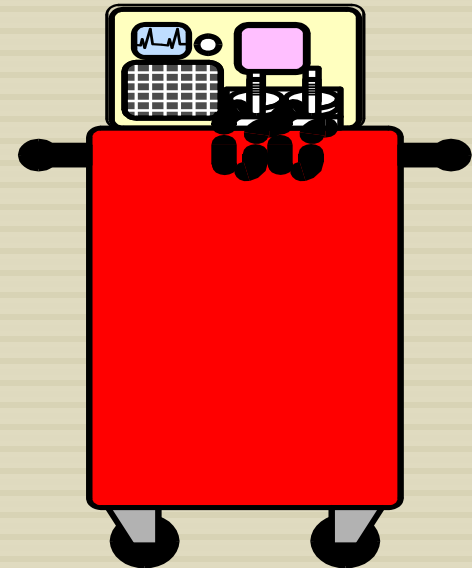- Refer to residents by diagnosis or room number

Nursing homes modeled after acute care

- Nurses station is hub of activity – like a magnet

- Semi-private rooms on double loaded corridors

- Over head paging

- Industrial looking medicine carts

# So Tell Me?

# Control of Personal Environment

- **Day one, resident's personal space is typically reduced to less than approximately 100 s.f.**

- **Features of the space do not resemble home they have moved from.**

# So Tell Me, What can you really do with a 99-bed Nursing Home?

## Putting the Home in Nursing home

# The Artifacts of Culture Change

"Artifacts" are the physical evidence that can be readily seen by the observer:

- Wake up, go to sleep and take a bath on your schedule

- Activities that have a purpose

- Dogs and cats / birds and fish

- Kitchens or pantries stocked 24-hours a day

# The Artifacts of Culture Change

- Aromatherapy for pain

- Massage

- Smell of baking bread

- Spa Day

- Intergenerational Programs

- Elimination of call systems

- Elimination of nurses stations



08/08/2007

# Moving into Wellness

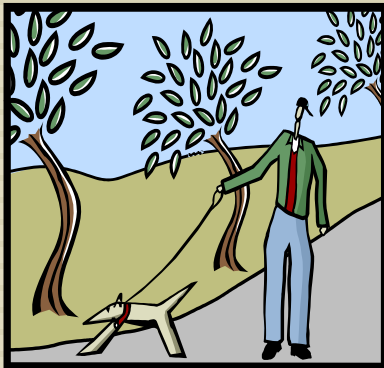- The hazard of institutionalization: Failure to thrive in the elderly
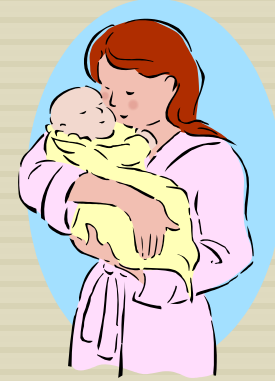- Creating healing environments

# Creating Home

- Culture Change does not have to be expensive
- Older plants can be transformed relatively inexpensively

# Daily Pleasures

# Blending the Model

NEIGHBORHOODS:

- Key to person directed care
- Key to building smaller communities
- Critical to larger care centers
- One resident council vs. neighborhood teams
- Councils held in circles; everyone equal

ROOM USE KEY CODE

1. DINING AREA
2. ASSISTED DINING AREA
3. LIVING ROOM / SOCIAL SPACE
4. RESIDENT ROOM / SLEEPING AREA
5. BATHING AREA
6. STAFF WORK SPACE
7. PUBLIC CORRIDORS
8. PRIVATE CORRIDORS
9. RESIDENT LAUNDRY ROOMS

SPATIAL HEIRARCHY OF PRIVACY

PRIVATE
SEMI-PRIVATE
SEMI-PUBLIC
PUBLIC
SERVICE
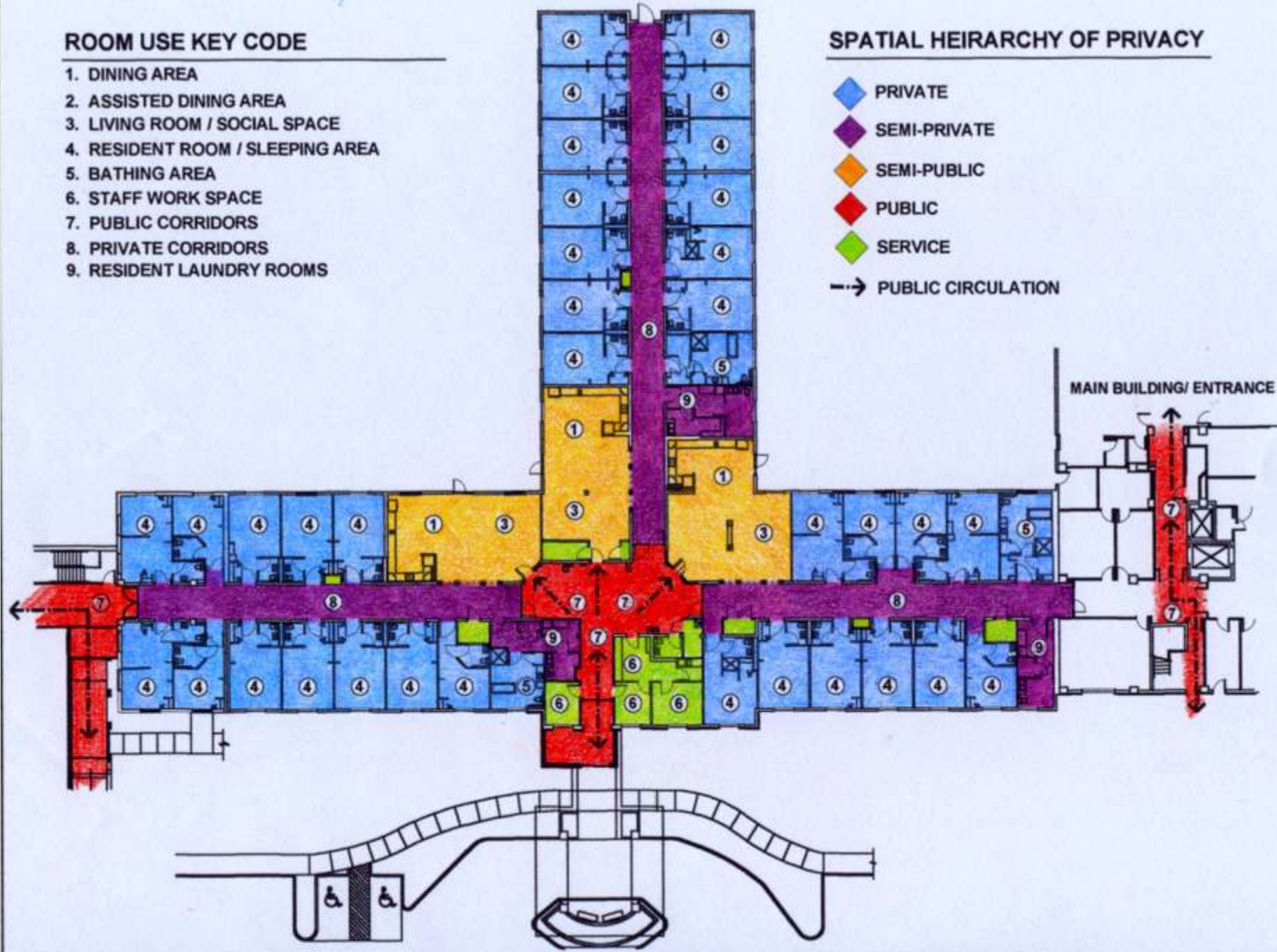PUBLIC CIRCULATION

MAIN BUILDING/ ENTRANCE

ROOM USE KEY CODE

1. DINING AREA
2. ASSISTED DINING AREA
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4. RESIDENT ROOM / SLEEPING AREA
5. BATHING AREA
6. STAFF WORK SPACE
7. PUBLIC CORRIDORS
8. PRIVATE CORRIDORS
9. RESIDENT LAUNDRY ROOMS

SPATIAL HEIRARCHY OF PRIVACY

◆ PRIVATE
◆ SEMI-PRIVATE
◆ SEMI-PUBLIC
◆ PUBLIC
◆ SERVICE
--→ PUBLIC CIRCULATION

MAIN BUILDING/ ENTRANCE
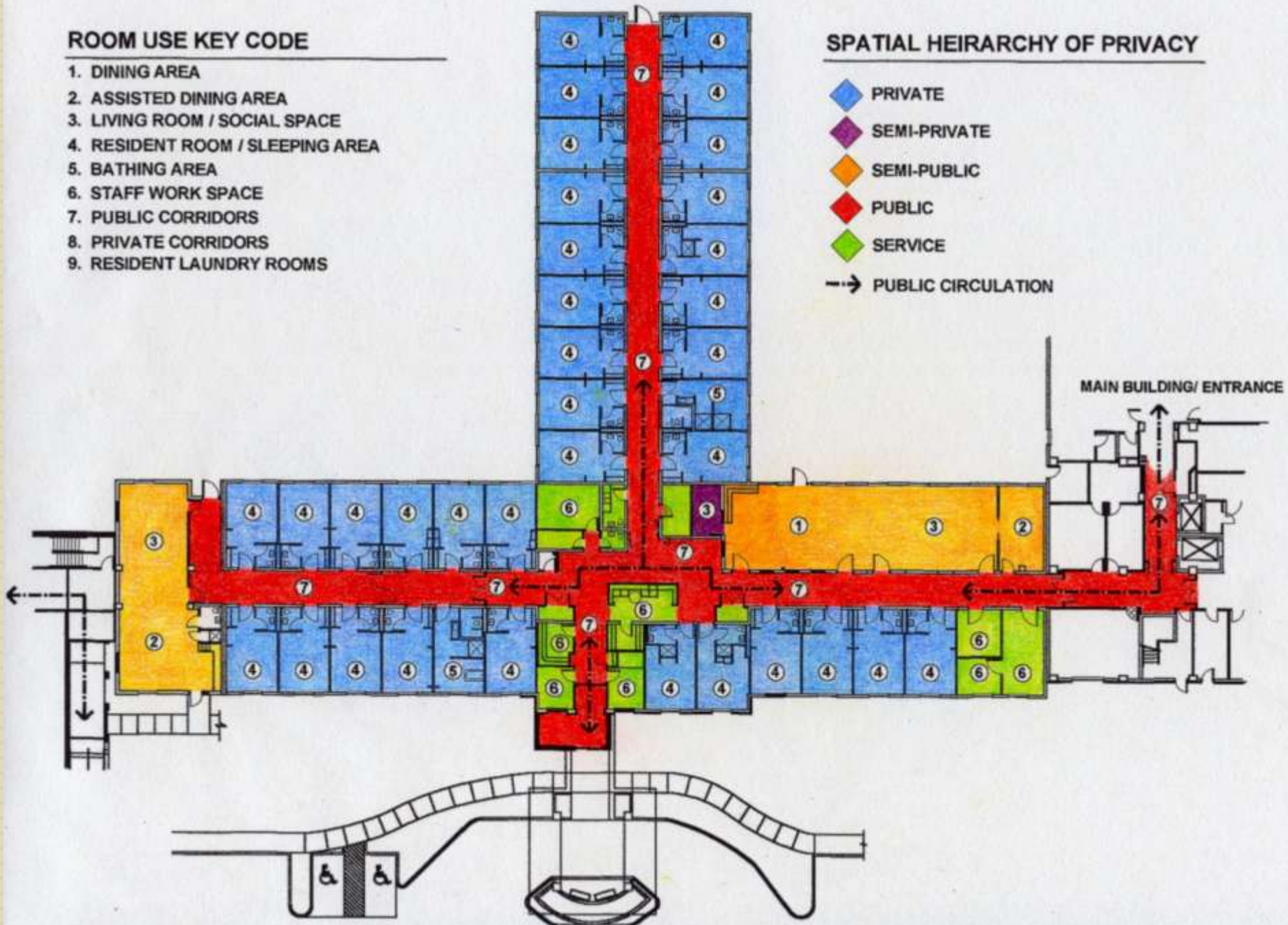
# Meadowlark Hills

Entry sequence into the households now suggests and encourages a residential pattern of behavior.

# Control of Personal Environment

Storage for seasonal items within a space can contribute to a sense of control over personal belongings.

# FAMILY LAUNDRY



PIÑON
MANAGEMENT, INC.

# Golden Empire Grass Valley

# PRASODA STORE

# Rowan Community

# NOISE LEVELS

- Overhead paging
- Call light systems
- Squeaky carts, buffers

**Quiet times should be honored no unnecessary noises at least before 8:00 AM**

# Community Integration

- Nursing homes can appear isolated from the community

- The importance of visibility in the community

- Colleges, theater, markets, restaurants shopping

# The Antidote:
# Plants, Animals, Gardens

# Active Minds and Adult Enrichment

# Bringing Community into Our Homes

- Intergenerational activities
- Volunteerism
- After school programming

# Elders and Kids

# After School Programs

# Measurable Results

- Increased work place satisfaction translates into lower staff turnover rates and increased efficiency.

- Culture change facilities have significantly less staff turnover

- High correlation in "lower staff turnover" facilities and better patient care outcomes

# Research Demonstrates:

Consistent Assignment and resident-directed care:

↓ lowers use of antipsychotic medication

↓ reduces weight loss

↓ lowers incontinence

↓ lowers use of physical restraints

# CMS Support

| F240 | Quality of Life |
|------|-----------------|
| F241 | Dignity |
| F242 | Self Determination |
| F246 | Accommodation of Needs |
| F248 | Activities |
| F 272 | Assessment |
| F 279 | "highest practicable physical, mental and psychosocial well being |

# Pioneer Network

- The network has grown to over 10,000 people in ten years

- Annual national conferences

- Coalitions in 50 states

www.pioneernetwork.net

www.prioneerexchange.org

# The Coalition: Our Partners

- Aging Services of California

- California Advocates for Nursing Home Reform (CANHR)

- California Association of Health Facilities (CAHF)

- California Hospital Association

- Centers for Medicare and Medicaid Services (CMS)

- Health Services Advisory Group

- State Ombudsman

- SEIU

# JOIN THE CONVERSATION:

# www.calculturechange.org

"YOU DID THEN WHAT YOU KNEW HOW TO DO AND WHEN YOU KNEW BETTER… YOU DID BETTER"

MAYA ANGELOU