Implementing Culture Change in Long Term Care

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Objectives

- Identify elements of culture change
- Describe major culture change programs
- Outline basic steps for implementing culture change
- Identify challenges in implementing culture change
What is Culture Change?

Culture change describes a transformation in nursing homes to:

- give residents more control over their lives
- empower direct care workers to have greater decision-making and an active role in care
- improve the quality of care and quality of life for residents
- create a less institutional and more home-like environment
Why Culture Change?

Image of nursing homes prevalent in our society....
Evolution of Nursing Homes

• Public and charitable organizations

• Emergence of “total institutions” (Goffman)
  ◦ All activities conducted in the same manner, in the same place, under the same authority
  ◦ All individuals treated in the same manner and required to comply with the same activities and schedule
  ◦ Strict, inflexible schedule of activities
  ◦ Numerous and heavily enforced rules
  ◦ Activities that furthered the aims of the institution more than serve the needs of the residents
Evolution of Nursing Homes

- Economic stimulus for growth
  - 1935: enactment of the Social Security Old Age Assistance and Old Age Survivor Insurance → older adults able to purchase services
  - 1946: government seeded the growth of nursing homes by granting funds to assist in the construction of these facilities through the Hill-Burton Hospital Survey and Construction → modeling of nursing homes after hospitals
  - 1965: Medicare & Medicaid
Evolution of Nursing Homes

- Substandard conditions stimulate heavy regulations
- *Omnibus Budget Reconciliation Act of 1987 (OBRA)*
Current State of Affairs

- What drives staffing, environment, and care?
- Is it really a home?
Institutional vs Home-like Culture

What does home mean to you?
Institutional vs Home-like Culture

Geriatric nurse and researcher Judith Carboni compared the experience of living in a nursing home to feelings of homelessness. Her research identified the elements of home to be:

- **Identify**: bonding of person and place
- **Connectedness**: with people, past, future
- **Lived space**: things that have meaning
- **Privacy**: choice to be in and out of contact with others
- **Power and autonomy**: person freedom and decision-making
- **Safety/predictability**: familiarity and certainty
- **Journeying**: a place from which we can reach out to other points
Institutional vs Home-like Culture

Elements of homelessness:

- **Nonpersonhood**: loss of identity, not belonging
- **Disconnectedness**: distancing, loss of memories, feeling of no future
- **Meaningless space**: communal space with intrusion by others
- **Without boundaries**: lack of privacy which causes retreat into inner world
- **Powerless/dependent**: no choices, helplessness leading to dependency
- **Insecurity/uncertainty**: vulnerable, feel in danger at all times
- **Placelessness**: no journeying to meaningful experiences, institution is just a structure
What is a Home?

OBRA put forth that a home must:

- “care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident.”
- “provide services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident in accordance with a written plan of care which…is initially prepared, with participation to the extent practicable, of the resident, the resident’s family, or legal representative.”
Beyond Regulations

The Culture Change Movement
Evolution of Culture Change

*Eden Alternative*

- founded by Geriatrician Bill Thomas in 1991
- modifications to the physical environment are done to include plants and animals.
- emphasis is placed on having more decisions and control at the hands of residents and their direct caregivers, rather than administrative personnel.
- instead of being driven by the completion of tasks, staff are focused on creating a meaningful life for residents.

Website: http://edenalt.com
Evolution of Culture Change

Green House Program

- small clusters of self-contained rooms (7-10) with a residential-style kitchen that create a sense of community
- private bedrooms and baths, a home-like décor, and highly individualized care.
- traditional components of a typical institution, such as nurses’ stations, paging systems, and medication carts are avoided.
- direct caregivers are given a wider range of responsibilities and authority

Website: http://www.thegreenhouseproject.org/
Evolution of Culture Change

Wellspring

- grew from a group of nonprofit facilities in Wisconsin coming together to seek a positive way to improve quality care in light of the reduced reimbursement within a managed care environment
- in 1994 the group formally became the Wellspring Innovative Solutions for Integrated Care. Now administered by the Beacon Institute and called The Wellspring Program.
- Wellspring builds upon the beliefs that:
  - care decisions need to occur at the closest level to the resident as possible
  - staff need to be knowledgeable to effectively make decisions
  - an empowered staff increases resident and staff satisfaction
- Merged with Eden Alternative in 2012
Evolution of Culture Change

Pioneer Network

- developed in 1997 when several dozen long term care professionals in Rochester, New York came together to explore nontraditional approaches to change the culture in long term care.
- provides resources and guidance to staff in making system changes that will improve the quality of residents’ lives.

Website: http://www.pioneernetwork.org
Evolution of Culture Change

Research

• Rigorous study of nursing home culture change is in its infancy.
• The culture change movement has spread in advance of a solid research base to support its claims*.
• Research suggests that in culture change nursing homes, residents’ quality of life is better and staff are more satisfied with their work and the care they provide to residents, and these nursing homes are not experiencing negative financial outcomes.

The Culture Change Movement

- More than 30 states have culture change coalitions working to educate providers, policymakers, and consumers about culture change and resident-directed care.

- Only a small percentage of the nation’s 16,500+ nursing homes have embraced culture change although many are on the “journey” to achieving this goal.

- While the majority of nursing home providers are familiar with the concept of culture change, only a third of directors of nursing surveyed in one study describe their nursing homes as “culture change adopters.”
  - Of these, almost half (47%) do not allow residents to determine their own schedules—a fundamental principle of resident-directed care.
Culture Change 101
Elements of Culture Change

- Resident-centered and resident-directed care
- A holistic approach
- Relationships
- High quality care
- Home-like environment
- Enlightened management: direct care worker empowerment
Stages of Culture Change

*Staff-directed culture*: a small group of staff make most decisions, with little concern of effects on residents and direct care staff.

*Staff-centered culture*: staff make decisions but do try to be sensitive to and consult with residents.

*Person-centered culture*: staff incorporate residents’ preferences into care, direct care staff have increased voice in organizing their work.

*Person-directed culture*: residents decide when and how routine care takes place, staff organize their hours, patterns, and assignments to meet individual resident preferences.

Stages of Culture Change

• Stage One—The *institutional* model:
  ◦ organized around a traditional and often large (30-60 residents) nursing units
  ◦ traditional organizational chart (board of directors → administrator → department heads → supervisors → frontline workers)
  ◦ decisions are made by top managers
  ◦ direct care workers have little input
  ◦ nursing staff are not permanently assigned to the same group of residents
  ◦ kitchen is off limits

Leslie A. Grant, Ph.D., of University of Minnesota and LaVrene Norton, M.S.W., of Action Pact, Inc
Stages of Culture Change

- **Stage Two**—The *transformational* model:
  - direct-care workers and administrative staff are aware of culture change
  - group processes (e.g., learning circles) may be used but final decisions occur at the top
  - nursing staff are consistently assigned to the same unit or group of residents
  - low cost changes in décor, introduction of plants and animals
  - resident rooms are personalized
  - more mealtime choices offered to residents
  - direct line staff participate in decision-making
  - team leadership grows
Stages of Culture Change

- Stage Three—The *neighborhood* model:
  - traditional units are broken into smaller functional areas
  - direct line staff given greater decision making
  - nursing staff permanently assigned to one or more neighborhood within the same unit
  - cross-training of workers, other frontline workers are encouraged to become certified as CNAs
  - more choice is given to residents
  - decentralized dining without a full kitchen, small appliances used in dining area
  - neighborhood coordinator role formalized
  - decentralized leadership, decisions made by consensus in neighborhood teams
Stages of Culture Change

- Stage Four—The *household* model:
  - residents live in self-contained living units (usually 16-24 residents)
  - each household has a “nurse leader” who reports to the “clinical mentor” (i.e., director of nursing) and a household or community coordinator who reports to the “community mentor” (i.e., administrator or designee)
  - nursing station and medication carts eliminated
  - staff work in self-directed teams that are permanently assigned to a given household
  - household teams plan own work schedules
  - residents are given more control over daily routines, schedules, and activities
  - residents have increased choice and accessibility to food
  - residents in household share a common dining room and living area
  - traditional departments eliminated
Organizational Hierarchy in a Transformed Nursing Home

Residents

Direct Caregivers
(Nursing Assistants, Nurses)

Supportive Staff
(Medicine, Special Therapies, Housekeeping, Dietary, Laundry, Volunteers, Maintenance/Environmental Services)

Administrative Staff
(Management, Billing, Clerical, IT)
Resident-Centered and Resident Directed Care

- **Resident-centered**: emphasis on the needs of the resident rather than the tasks that needed to be done by staff but does not guarantee resident is in driver’s seat
- **Resident-directed**: care is driven by the resident’s needs, interests, choices, and desires.
Performing a task does not necessarily translate to a relationship being established between residents and staff. For meaningful relationships to be established...
Resident-Directed Care: Importance of Relationships

- consistent staffing (i.e., the same staff assigned to the resident at least 80% of the time) needs to occur
- residents need to know the names and functions of the staff with whom they come in contact
- there must be a climate of openness and support
- interest needs to be shown in the resident, not just the task
Resident-Directed Care: Importance of Relationships

- direct care staff need to feel supported in accommodating residents’ preferences, making decisions that accommodate residents’ needs, and in spending time listening and talking with residents
- residents need to be asked about their preferences and involved in decision-making
- all needs of residents—body, mind, spirit—are considered
Encouraging Resident Participation

- Introducing yourself to the resident (Introductions should be made by each person who is involved with or regularly comes in contact with the resident, e.g., therapists, nursing assistants, physicians, housekeepers.)
- Asking the resident about his history, family, interests, and preferences…. learning their story
- Promoting conversations that center on subjects other than medical condition and treatments
Encouraging Resident Participation

- Sharing some personal information about yourself (e.g., number of children, hobbies)
- Listening to the resident and hearing what is being said
- Commenting on observations (e.g., a new haircut, changed mood, new plant in room)
- Asking for the resident’s preferences for caregiving activities (e.g., when bathing is preferred, what outfit to wear, where to place a personal item)
Obstacles to Residents Actively Participating

- Lack of understanding by residents of their right to express their needs and desires
- Lack of experience expressing needs and desires to others
- Misconception that they must submit to decisions of professionals and caregivers
- Lack of confidence in ability to decide what is best in relation to health care
- Lack of energy to participate
Obstacles to Residents Actively Participating

- Subtle messages communicated by staff that resident’s participation is time-consuming or bothersome
- Failure of staff to invite participation of resident
- Fear that wrong decisions may be made
- Diseases or symptoms that interfere with decision-making and communication, such as dementia, stroke, delirium
- Language barriers
Benefits of Resident-Directed Care

- Residents are central and the drivers of care planning
- Open, meaningful relationships and communication occur between residents and staff
- Residents’ preferences and needs are respected
- Every level of staff contributes knowledge and engage in the residents’ care activities
- Staff is supported in their efforts to develop meaningful relationships with residents and address individual needs and preferences
- Supports culture change; nursing homes that engage in culture change tend to have higher levels of resident, family, and employee satisfaction.
Empowering staff is an essential ingredient to culture change

What does it take?
Empowerment

Rests on core beliefs that all staff:

- are capable responsible adults
- have abilities that are often underused
- want to do a good job
- care about residents and the nursing home
- will assume and handle responsibility well if given the opportunity
Empowerment

Leadership supports direct care staff empowerment by:

- Assuring competency to fulfill responsibilities. Staff may need to learn new skills or brush up on old ones.
- Giving clear instructions, including scope and limitations of responsibilities.
- Allowing employees to have as much control as possible over their work. If this is a new concept for employees, the process may begin with small responsibilities and gradually increased.
- Sharing information and knowledge about areas that concern work responsibilities.
Empowerment

Leadership supports direct care staff empowerment by:

- Matching the responsibility and accountability given with the authority to do the job.
- Eliciting opinions and thoughts.
- Being available to guide, intervene, and assist if necessary.
- Checking on progress and monitoring activities.
- Welcoming and listening to feedback.
- Offering praise and recognition for independent decision-making.
- Providing opportunities for growth and expansion of skills.
Relationships

Relationships are the thread that weaves all work activities together.
Consistent assignments facilitate positive resident–staff relationships

Consistent assignments = the same caregivers assigned to the same residents a majority of the time
Consistent Assignments

Positive outcomes for nursing homes, including improvements in:

- individuality of care
- teamwork
- relationships
- attendance
- staff, resident, family satisfaction
- staff retention
- assessments
- clinical outcomes
- quality of life
Relationships

Good communication skills contribute to relationships and a caring culture:

- undivided attention: focusing on resident
- observation: use of all senses

Tone set by administration ripples throughout organization

- completing tasks vs attending to holistic needs
- labeling vs identifying unique attributes of individuals
Relationships

- Staff meetings and reports effective to helping all staff be knowledgeable about unique aspects of each resident
- Teaching and fostering *presence* as a therapeutic tool
  - Presence is being with a person—physically and psychologically.
  - It implies being available to residents without being distracted or hurried; to care about, not merely take care of.
Relationships

- Interactions that reflect real life fosters relationships
- Importance of maintaining connection with family, friends
- Young people bring energy to nursing home that can be stimulation and satisfying
Moving Toward a Healing Nursing Home Model
Hierarchy of Needs

Achievement of peak potential of biopsychosocialspiritual functioning or peaceful dying

Spiritual awareness & growth

Self-discovery through use of illness as opportunity to seek growth & purpose

Establishment of meaningful, purposeful life

Attainment of harmony of mind, body, spirit, emotions

Interconnection with community

Prevention of avoidable decline & dysfunction

Exercise of individual rights

Restoration and/or stabilization of physical & mental health

Treatment of medical conditions

Assurance of safety of human & physical environment

Satisfaction of physiological needs
Assumptions Inherent in the Healing Nursing Home Model

- Psychological, social and spiritual well-being are of equal and sometimes greater importance than physical well-being.

- Medical supervision and treatment are only one component of the overall needs of residents.

- Many of the needs resulting from chronic conditions can be effectively and safely met with the use of alternative and complementary therapies.

- Caregivers’ presence and interactions affect health, healing and the quality of nursing home life.

- The physical environment can be used as a therapeutic tool.

- The nursing home is an integral and active member of the community at large.
Implementing Culture Change
### Artifacts of Culture Change Tool

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<th>Artifacts Sections</th>
<th>Potential Points</th>
<th>Your Subtotal Scores</th>
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<td>Care Practices</td>
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<td></td>
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<tr>
<td>Environment</td>
<td>320</td>
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<td>Outcomes</td>
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<tr>
<td><strong>Artifacts of Culture Change</strong></td>
<td><strong>580</strong></td>
<td><strong>Grand Total</strong></td>
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Full Artifacts of Culture Change tool available at: [http://www.pioneernetwork.net/Providers/Artifacts/](http://www.pioneernetwork.net/Providers/Artifacts/)
Developing a Plan

Reviewing assessment to identify problem areas:
- What can be changed?
- What are priorities
- What are the costs/benefits of putting things low on priority list?

Forming an Implementation Team
- Change agents, persons who can make or break effort
- Preparing, educating
- Getting buy-in

Developing a plan
- Priorities
- Timeline
- Obtaining support from administration, managers
Sustaining and improving competencies of the long term care workforce is a crucial need.
Cellular telephones
Google
Debit cards
Digital cameras
Flat panel TVs
Digital video recorders
GPS
Facebook
Pay at the pump gas
iPods
There are challenges in meeting the need for staff to maintain and acquire new competencies to meet the demands of 21st century long term care …and we must develop a Culture of Learning to meet them!
Creating a Culture of Learning

It begins with leadership!

- developing a vision and expectations that align practice with vision
- assuring every job description includes an expectation of continuing education,
- supporting participation in educational activities for all levels of staff
- recognizing continuing education efforts
- empowering staff at all levels
- budgeting for educational activities and products.
Creating a Culture of Learning

An important part of a leader's job is to teach, coach, mentor, and guide others to reach their potential.

*You make me want to be a better man....*
Creating a Culture of Learning

Leaders will need to:
- pose questions to challenge thinking
- foster high involvement of all levels of staff
- recognize and support learning as part of the job

_Leadership is not the same as management or supervision!_
Managerial/Leadership Shifts Are Needed

Control at top
Conformity
Leave person issues at door
Top down leadership
Reward by moving up organizational chart
Use of coercion, threats
Impersonal
Maintain security
Direct, badger
Resist change
Find the negative
Focus on following mandates, rules

Empowerment at all levels
Diversity honored
Have concern for whole person
Leadership within team
Rewards via expansion of current role
Use of influence
Sharing personal stories
Take risks
Mentor, coach
Lead change
Find positive
Focus on creating community, caring culture
Creating a Culture of Learning

Staff development directors need to enhance their competencies for their unique role.
Creating a Culture of Learning

A commitment to being a lifelong learner needs to be nurtured in all employees.
Creating a Culture of Learning

Creative strategies are needed to teach the new breed of employee.
Creating a Culture of Learning

Need to be willing to unlearn
Creating a Culture of Learning

Must develop mindset of a continuous learning organization
Challenges
In implementing culture change, nursing homes report anecdotally that nurses have difficulty in making the operational changes associated with resident-directed care.

Culture change is not a nursing model of care, and to date the movement has been minimally attentive or responsive to licensed nurses’ plight in having to accommodate to new ways of delivering care.

RN s are perceived as resistant to culture change*, a stance associated with perceived or real threats to nursing autonomy, regulatory-related issues and the professional nurse’s scope of practice and accountability.

Nursing homes that rely primarily on Medicaid reimbursement may not have the resources to support the changes

Nursing and Culture Change

Some of the apparent disparities between culture change and nursing stem from conceptualization of nursing care and the language used to describe desired outcomes.

Nurses tend to define goals and outcomes in terms of lowering risk and placing residents in a position to enhance their potential by avoiding harm and untoward outcomes such as weight loss, pressure ulcers, and other conditions, outcomes that nursing is responsible for avoiding by tradition, scope of practice, and regulation.

Within a culture change environment, care, defined as “helping people grow”. Materials on culture change make little reference to physical care, resident health status, disease, illness, functional status, cognitive impairment, or geriatric syndromes that guide nurses’ role in nursing homes.
Nursing and Culture Change

Issues that have given concern to nurses:

- **Resident autonomy**: creates an ethical quandary as the nurse weighs the benefit of resident decision-making against the risk of resident injury or illness exacerbation, especially since in many instances the nurse is held accountable for the risk. In addition, the nurse must balance what is good for one resident against the needs of all the other residents.

- **Care plans**: written in the first person format which may be more wordsmithing exercise than improvement in guiding caregiving.

- **Nursing station**: as relocation of the once highly visible nurses station can have a negative impact on nurses’ self perception of status.
Nursing and Culture Change

Issues that have given concern to nurses:

- **Consumer involvement:** greater involvement and presence of family and community can be seen as an added burden as nurses find themselves explaining care to families and adjusting care practices without any system attention to the consequences of these increased demands.

- **Leadership:** Transformational leadership style is the heart of professional nurse practice models. Yet many formal and continuing education nursing programs still teach a leadership /supervisory style that is primarily autocratic.
Issues that have given concern to nurses:

- **Self-scheduling of work shifts**: Accountability for practice includes managing the work schedules of staff, not necessarily for purposes of control, per se, but to assure, in a cost-effective manner, an adequate number and mix of staff 24 hours a day, seven days a week. Thus, turning the scheduling task (and control) over to CNAs may be difficult, especially if the RN has not participated in the process and is unsure as to whether the organization has thought through the implications of self-scheduling.
Nursing and Culture Change

Issues that have given concern to nurses:

- **Cross training**: the nurse may be concerned about supervising CNA activities for which the CNA has no training or experience, such as dietary activities (e.g. portion control) and housekeeping. Nurses may also perceive, accurately or not, that delegation of skilled nursing tasks to CNAs in culture change facilities is in conflict with state Nurse Practice Acts and state regulations, without having the resources to fully examine whether this is truly the case.
Nursing and Culture Change

Issues that have given concern to nurses:

- **Responsibility for the multiple roles** that RNs are asked to assume: in culture change RNs fill several roles (expert clinician, educator, coach, and counselor). Culture change requires that RNs become clinical care partners, serve as role models, teachers, and mentors for staff, be gerontological nurse experts, and have the leadership skills to build care teams.

  - While this is consistent with a professional nurse practice model, the current role for most RNs in nursing homes involves a substantial amount of indirect care including documentation, supervision, and management that is typically done away from the bedside on behalf of the resident. Thus, many of the areas in which nurses have been seen as resistant to culture change are precisely those areas in which they have not yet achieved the common components (or competencies) of professional nursing practice as a result of lack of opportunities for preparedness.
Research is needed to add to our understanding and fine tune culture change
Issues in need of research:

- How have RNs in various roles (DON, MDS coordinator, nurse manager) in culture change organizations modified/adapted their role?
- What are the skills, knowledge and abilities needed by various levels of staff for nursing home culture change?
- What impact does nursing home culture change have on nursing staff job satisfaction and retention?
- How can a nursing home assure that the nursing hours per resident (HPRD) required by residents is actually being provided when universal workers are providing nursing services among other responsibilities?
- What additional investment of resources is needed to prepare staff and sustain changes?
Issues in need of research:

- Do residents, families, and visitors have expectations related to roles (e.g., charge nurse, CNA) and unit layouts (e.g., nursing station/desk) in nursing homes that are at odds with roles and layouts in small house models?
- How do nurse-sensitive resident, nursing home, and costs of care outcomes in culture change nursing homes compare to non-culture change homes?
- Can a home that relies primarily on Medicaid funding truly implement culture change programming?
- What adjustments need to be made for residents with complex, high-acuity clinical problems?
- Can an environment that provides care for high-acuity residents truly be homelike?
Long term care providers need to be proactive in assuring that changes and new practices are evidence-based, cost-effective, sustainable, and able to be achieved by the average nursing home.
The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.

Alvin Toffler
Feedback?

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