



The Artifacts of Culture Change
Measurement Tool

Presented by its developers
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Pioneer Network 2015


CENTERS for MEDICARE & MEDICAID SERVICES


Edu-Catering: Catering Education
for Compliance and Culture Change

“We do culture change.”

- How would you know?
- What would you measure?
- How would you “prove” it?

The Stages Tool

- Developed by Les Grant and LaVrene Norton
- A stage model of culture change
- Assesses the degree of culture change from an organizational development perspective using the four stages of
 - Stage I - Institutional model,
 - Stage II - Transformational model,
 - Stage III - Neighborhood model and
 - Stage IV - Household model
 - Describes the organizational status of Decision Making, Staff Roles, Physical Environment, Organizational Design and Leadership Practices in each.
- Available at www.culturechangenow.com

Culture Change Staging Tool

- Web-based questionnaire
- Assesses 12 key culture change domains
- Determines the highest model stage (of the four stages of the Grant and Norton Stages Tool) based on a facility's responses.
- Available at www.myinnerview.com

Eden Warmth Surveys

- Questionnaires used with
 - Elders
 - Families
 - Employees
- Rate from Strongly Agree to Strongly Disagree
- Items such as:
 - participation in decision-making,
 - choices, and
 - work has meaning and purpose.
- Available at www.edenalt.com

Culture Change Indicators Survey

- Developed by the Institute for Caregiver Education
- Indicates degree of commitment to culture change
- Four domains of Environment, Organizational Procedures, Resident Involvement and Staff Empowerment.
- In each domain, indicators such as consistent staff assignments, involving residents in the day-to-day operations of the home, care planning in the first person and kitchen accessibility 24/7 are rated by staff.
- Five point scale: Not Even Considered to Fully Implemented
- Available at www.caregivereducation.org.

Purpose of Development of Artifacts Tool

- Filling a gap in culture change measurement
- Change of heart, mind and attitude are intrinsic, unable to be captured
- Change in culture, however, results in concrete changes that can be seen
- Environmental, policy, and practice changes
- Not interview-based
- Educational tool

Artifacts

- Physical evidences of a culture that can be readily seen by an observer:
 - structures for living and working,
 - objects for daily use,
 - rituals and activities,
 - dress, and
 - ways in which people interact (*Organizational Culture and Leadership* Shein, 1992).



History

- Development begun by CMS in 2000–
Schoeneman, Pratt, and Bowman (672)
- Tested in 2001 CMS Quality of Life contract
- Initial conception was proxy of quality of life
- Seeing and hearing about facility changes
- Continued development awarded by contract
to Edu-Catering



Development Process

- Draft version of tool completed by selected
focus group of providers
- Gave feedback/input on:
 - Ease of collectibility
 - Clarity of language
 - Items to modify, delete, add

Providers

- Needed facilities that have implemented some culture change features:
 - Fairport Baptist, Fairport, NY
 - Teresian House, Albany, NY
 - Evergreen Retirement Community, Oshgosh, WI
 - Grancare Nursing Center, Green Bay, WI
- Three national leaders of culture change homes and an Eden registered home

Consultations with Researchers

- Involved in culture change movement
- Chosen for expertise in research methods and experience in applying them to culture change
- Input on clarity of language and items
 - Dr. Leslie Grant, U of Minnesota
 - Dr. Vivian Tellis-Nyak, My Innerview
 - Dr. Joe Angelelli, PHI
 - Dr. Yael Harris, CMS

Point Weights

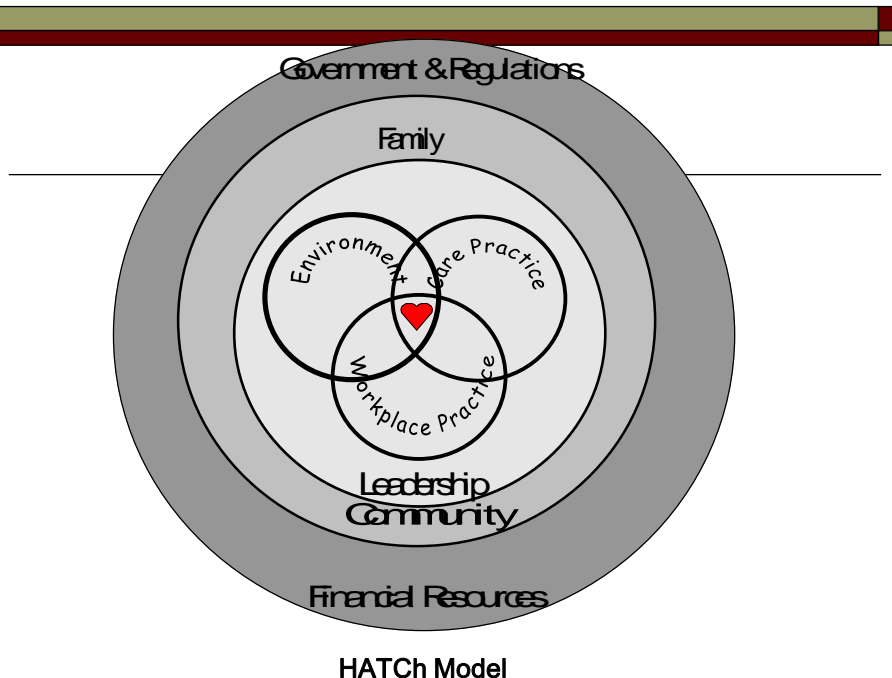
- 5 points maximum standard score for almost all items
- Partial credit points for homes in the process of changing, 3
- No change, zero points, 0
- “Heavy hitters” warranted more points, reflected a deeper commitment
- Risk: to only make environmental changes in order to get the most points, missing the most important change of mindset, attitude and heart required by leadership
- Optimal method of weighing scores would be a large scale study with ratings of the significance of various items
- However, was not possible in this small study

Scoring System

- Subsection totals and grand total
- Baseline is zero
- Benchmark becomes a perfect score
- Gives a facility its own feedback regarding where they are on a culture change journey
- Saying you’re a culture changing home doesn’t say how much or what you’ve changed.

Item Categories – HATCh

- Reviewed the HATCh model domains adopted by the QIO Culture Change Pilot
- HATCh = Holistic Approach to Transformational Change
- HATCh has six interlocking domains



HATCh Domains

1. Care Practice - ways to restore to elders as much control, choice, and normalcy as possible
2. Environment - meaningful relationship between the person and her/his living environment
3. Family and Community - embrace and draw family members into a shared partnership of supporting and caring for the resident
4. Workplace Practice - management practices that affect a culture of retention
5. Leadership – willingness to change systems, policies and practices, less in this domain due to intrinsic nature
6. Regulation and Government

Artifacts of Culture Change Categories and Items

- We adopted five of the six HATCh domains
- Regulation and Government was not applicable to tool
- We added an Outcomes domain, concerning turnover, longevity of staff, occupancy
- Final tool has 79 items

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Artifacts of Culture Change

Home Name _____ Date _____
 City _____ State _____ Current number of residents: _____
 Ownership: For Profit _____ Non-Profit _____ Government _____

Care Practice Artifacts	
1. Percentage of residents who are offered any of the following styles of dining: • restaurant style where staff take resident orders; • buffet style where residents help themselves or tell staff what they want; • family style where food is served in bowls on dining tables where residents help themselves or staff assist them; • open dining where meal is available for at least 2 hour time period and residents can come when they choose; and • 24 hour dining where resident can order food from the kitchen 24 hours a day.	100 – 81 % (5 points) 80 – 61% (4 points) 60 – 41% (3 points) 40 – 21% (2 points) 20 – 1% (1 point) 0 (0 points)
2. Snacks/drinks available at all times to all residents at no additional cost, i.e., in a stocked pantry, refrigerator or snack bar.	All residents (5 points) Some (3 points) None (0 points)
3. Baked goods are baked on resident living areas.	All days of the week (5 points) 3-5 days/week (3 points) 2 days/week (0 points)
4. Home celebrates resident individual birthdays rather than, or in addition to, celebrating resident birthdays in a group each month.	Yes (5 points) No (0 points)
5. Home offers aromatherapy to residents by staff or volunteers.	Yes (5 points) No (0 points)
6. Home offers massage to residents by staff or volunteers.	Yes (5 points) No (0 points)



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7. Home has dog(s) and/or cat(s).	At least one dog or one cat lives on premises (5 points) The only animals in the building are when staff bring them during work hours (3 points) The only animals in the building are those brought in for special activities or by families (1 point) None (0 points)
8. Home permits residents to bring own dog and/or cat to live with them in the home.	Yes (5 points) No (0 points)
9. Waking times/bedtimes chosen by resident.	All residents (5 points) Some (3 points) None (0 points)
10. Baking without a Baste techniques are used with residents.	All (5 points) Some (3 points) None (0 points)
11. Resident can get a bath/shower as often as they would like.	Yes (5 points) No (0 points)
12. Home arranges for someone to be with a dying resident at all times (unless they prefer to be alone) - family, friends, volunteers or staff.	Yes (5 points) No (0 points)
13. Memorial/reunions are held for individual residents upon death.	Yes (5 points) No (0 points)
14. "I" format care plans, in the voice of the resident and in the first person, are used.	All care plans (5 points) Some (3 points) None (0 points)

Care Practice Artifacts Subtotal: Out of a total 70 points, you scored _____.



Care Practice Artifacts

1. Various dining styles

- Buffet
- Restaurant
- Family Style
- Open dining
- 24 hour dining

Support: decrease in wt. loss, weight gain, decrease in wasted food



Life Care Center of Greeley, CO

Care Practice Artifacts

2. Snacks/drinks available at all times

- Pantry
- Refrigerator
- Snack bar

- “Refrigerator rights”
- Access to foods of choice at times of choice

Support: Positive weight outcomes

3. Baked goods in living areas

- Support: increased appetite



Pueblo ECF, Pueblo, CO

Care Practice Artifacts

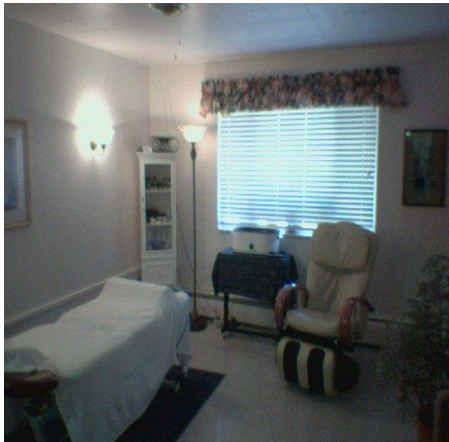
4. Individual birthday celebrations

Support: New trend instead of or in addition to the group birthday party, residents decide



Chateau des Mons, Englewood, CO

Care Practice Artifacts



Pueblo ECF, Pueblo, CO

5. Aromatherapy offered
 - Decreased agitation and anxiety
 - Decreased need for psychotropic medications
6. Massage to both residents and staff

Care Practice Artifacts

7. Home has dog or cat - animals live in the home
 8. Residents can bring dog or cat to live with them
- Support: Decrease in depression, increase in socialization



Teresian House, Albany, NY

Care Practice Artifacts

9. Waking and bedtimes
chosen by residents

Actually a regulation...



Tag F242 Self-determination and participation

The resident has the right to:

- 1) **Choose** activities, schedules, and health care consistent with his/her interests, assessments and plans of care;
- 2) Interact with members of the community both inside and outside the facility; and
- 3) **Make choices** about aspects of his or her life that are significant to the resident.

F242 “New” 2009 Guidance

From Interpretive Guidance:

- *actively seeking* preferences, choice over schedules important to the resident i.e. waking, eating, bathing, retiring

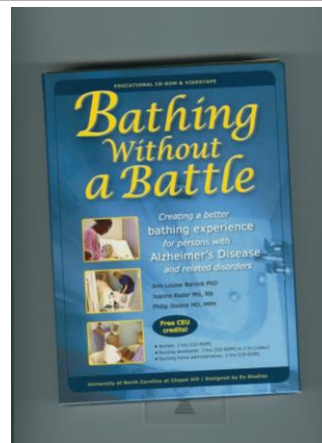
From Investigative Protocol:

- if resident is unaware of the right to make such choices determine if home has *actively sought resident preference information* and if shared with caregivers

Care Practice Artifacts

10. Bathing without a
Battle techniques used
with residents

Support: Documented
decrease in behavior
symptoms, keeping
residents warmer,
covered and more
comfortable



www.bathingwithoutabattle.unc.edu



Care Practice Artifacts

11. Residents can get bath/shower as often as they would like.
12. Home arranges for someone to be with a dying resident at all times (unless prefers to be alone).
13. Memorials/remembrances held for individual residents upon death.



Care Practice Artifacts

14. "I" format care plans, in the voice of the resident

Support:

- "Powerful"
- Tag F280 already requires that the resident be directing their care
- Time to put the person "back in the driver's seat of their life!"

Environment Artifacts



Fairport Baptist Home, Fairport, NY

15. Percent of residents who live in household which is self-contained with full kitchen, living room and dining room

Support: residents and staff making decisions together, “family life,” supplies decentralized for more efficient care delivery

Environment Artifacts

16. Percent of residents in private rooms

Support: Benefits to private rooms:

- Lower infection rates
- Increased family visiting, esp. at end of life
- More control over personal territory
- Less time spent managing roommate conflict
- Easier to market

Cost efficiency of private rooms

- Average cost of shared room = \$167.00
- Average cost of private room = \$190.00
- Private rooms tend to stay occupied
- If all beds are full, the difference in the construction cost for a private room can be recouped in 14 months at the difference of \$23.00 per day.
- But if a bed is empty b/c no one wants to live with a stranger there is a loss of \$167.00/day (not \$23.00/day).
- Therefore, a private room can be constructed for the money lost every two months a shared room is vacant.

Calkins and Cassella, 2005 www.IDEASInstitute.org

Environment Artifacts

17. Privacy enhanced
shared rooms

Support: Fewer instances of roommate conflict,
actually preferred

Privacy Enhanced Shared Rooms



Wheat Ridge Manor Wheat Ridge, CO



Colorow Olathe, CO

Environment Artifacts



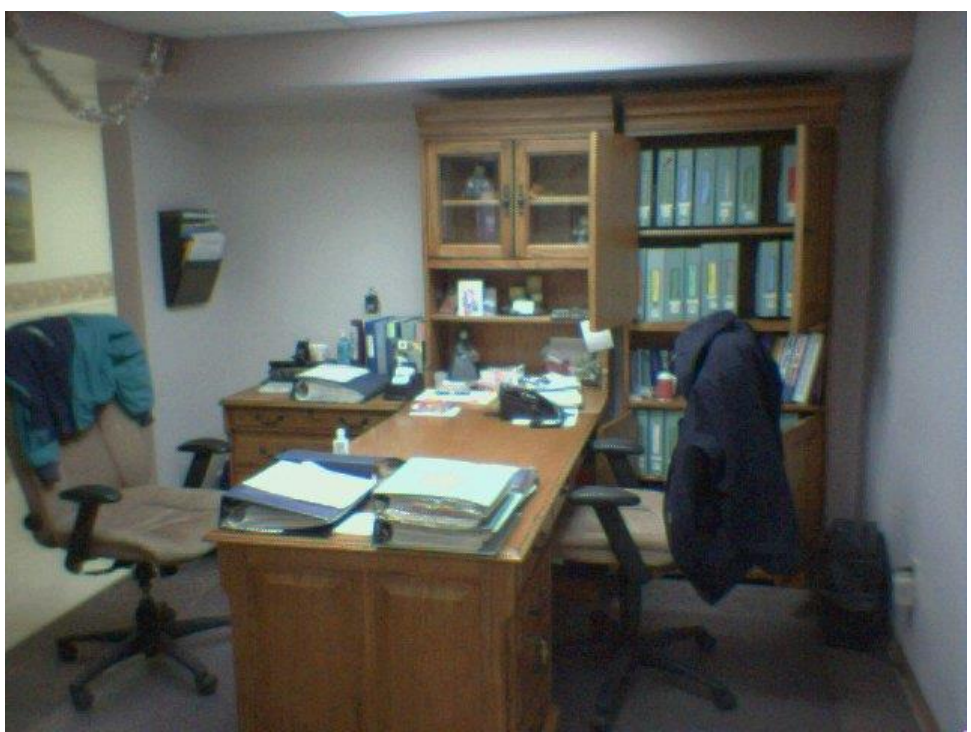
Fairacres Greeley, CO

18. No traditional nurses' stations or removed
Support: Shared space,
removal of barrier
between residents and
caregivers



Teresian House Albany, NY







Environment Artifacts



Wheat Ridge Manor Wheat Ridge, CO

- 19. Direct window view
- 20. Bathroom mirrors
wheelchair accessible

Environment Artifacts



Teresian House, Albany, NY

- 21. Sinks are wheelchair accessible
 - 22. Sinks with paddle handles
 - 23. Doors with paddle handles
 - 24. Closets accessible
- *Also required: Tag 461**

Environment Artifacts



Teresian House Albany, NY

- 25. No rule prohibiting residents from decorating their rooms any way they wish with nails, tape, screws, etc.
- 26. Extra lighting source
- 27. Heat/air controls adjustable in rooms
- 28. Own refrigerators

Environment Artifacts



Life Care Center of Colorado Springs, CO

- 29. Chairs and sofas of varying heights
- 30. Gliders which lock into place
- 31. Store/gift shop/cart available for residents to purchase gifts, toiletries, snacks, etc.

Environment Artifacts



IN2L Computer Lab

- 32. Computer/Internet access, including adaptations such as large keyboard or touch screen
- Support: Increase in communication, socialization, self-esteem, group activity participation, self-expression either verbally or using adaptive keyboard, decrease in agitation

Environment Artifacts



Ft. Collins Good Samaritan Village, Ft. Collins, CO

- 33. Workout room
- 34. Heat lamps, panels or equivalent in bathing areas
- 35. Towels warmed for bathing

Environment Artifacts



Ft. Collins Good Samaritan Village, Ft. Collins, CO

- 36. Protected outdoor garden/patio accessible independently
- 37. Outdoor, raised gardens
- 38. Outdoor walking/wheeling path which is not a city path

Environment Artifacts

39. Pager/radio/telephone call system. Support:

- Resident calls register with care giver directly
- Staff can communicate with fellow staff
 - Reduced overhead paging
 - Improved staff response time
 - Reduced complaints that calls are not answered timely

40. Overhead paging system turned off or used only in case of emergency

- Support: decreased agitation

Environment Artifacts



Teresian House, Albany, NY

41. Personal clothing laundered on resident household/neighborhood/unit instead of in all-facility laundry

Support: Residents and families can use, elimination of lost clothing, time spent in looking, and shrinkage

Family and Community Artifacts

- 42. Regularly scheduled intergenerational program at least once a week
- 43. Space for community groups to meet
- 44. Private guestroom available



Doak Walker Care Center, Steamboat Springs, CO

Family and Community Artifacts



Teresian House, Albany, NY

- 45. Café/restaurant/tavern/
canteen available

Support: Gives residents the opportunity to “foot the bill” and treat guests

Family and Community Artifacts



Life Care Center of Greeley, Greeley, CO

46. Special dining room available for family use/gatherings

Family and Community Artifacts



Life Care Center of Greeley, Greeley, CO

47. Kitchenette or kitchen areas available for baking and cooking
- Support: Residents “experience joy” to be able to prepare food for others, aromas documented as increasing appetite and subsequently weight gain

Leadership Artifacts

48. CNAs attend care conferences

Support:

- Lower rates of turnover
- Higher staff satisfaction when involved

49. Residents or family members serve on QA

Support:

- Evergreen Retirement not only on QA but also Board of Directors!
- “Residents and families care about the home as much as you do!” Beth Irtz

Leadership Artifacts

50. “Buddy” or Guardian Angel program where staff check with residents regularly and follow up on any concerns

Support: Decreased complaints, strengthened relationships and friendships

Leadership Artifacts

51. Learning Circles

52. Community Meetings

Support: Giving residents
and staff opportunity
to share their opinions
and ideas



Pueblo ECF, Pueblo, CO

Workplace Practices Artifacts

53/54/55. Staff consistently work with residents of the
same neighborhood/household/unit –
RNs, LPNs, CNAs

Support:

- Relationships form
- Staff reflect caregiver - staff get to know residents' needs and preferences
- Staff pick up on resident changes in condition
- Correlates to low turnover
- Nurses prefer it

Workplace Practices Artifacts

56. Self-scheduling

Support:

- Resolves scheduling issues
- Staff more responsible to each other and to their residents



Doak Walker Steamboat Springs, CO

Workplace Practices Artifacts



57. Facility pays for non-managerial staff to attend outside conferences and workshops

58. Staff is not required to wear uniforms or “scrubs”

Julia Temple Center, Englewood, CO

Workplace Practices Artifacts



Christopher House, Wheat Ridge, CO

- 59. Other staff cross-trained and certified as CNAs
- 60. Activities, informal or formal, led by staff in other departments
- 61. Awards given to staff to recognize commitment to person-directed care, e.g. Culture Change award

Workplace Practices Artifacts

- 62. Career ladder positions for CNAs
- 63. Job development program
- 64. Day care onsite available to staff
- 65. Paid volunteer coordinator in addition to activity director
- 66. Performance evaluations include support of resident directed care



Fairport Baptist Home, Fairport, NY

Outcomes

67/68/69/70/71. Longevity of CNAs, LPNs, RNs, DON and NHA

- No averages documented in the literature
- Eaton used 3 years as a marker of longevity
- Collected from our four focus facilities
- 5 years was lowest average
- Built scores around 5, 3-5 and 0-2 years

Included total number of years worked

- Pioneers are proud of total years of longevity
- Ask for total longevity of LPNs, RNs, DON and NHA
- Did not include CNAs, usually first position and would be more cumbersome to collect

Outcomes

72/73/74/75/76. Turnover rate for CNAs, RNs, LPNs, DONs, NHAs

The most current figures:

- 100% for CNAs
- 66% for RNs/LPNs
- 50% for DONs
- 25% for NHAs (IOM 2001)
 - Used as markers for point structure, above and below these documented averages

Interrupts continuity of care

Associated with lower patient care outcomes

Outcomes – Turnover Rate

Providence Mt. St. Vincent:

50 to 22% from 1992 to 2003

Big Fork Valley, formerly Northern Pines

Communities, 52 to 13 % from 1999 to 2000

Meadowlark Hills from 80 to 30 % since 1997

Apple Health Care (small privately owned
nursing home chain) experiences 30-40%

Outcomes

77/78. Use of CNA and nurse agency staff

- Percentage of shifts covered by agency staff
- 5% documented as an average
- Used in point structure, 5% and above, 3-5, 0

Outcomes

79. Occupancy rate

- Average 2004 occupancy rate: 84.2 % (CMS, Nursing Home Data Compendium, 2005)
- 11% increase (Eden study 1998-1999)
- 97.6% average of our four focus homes

Use of Tool

- Educational: Homes may learn of ideas they haven't considered.
- Can be completed in retrospect, to see how far a home has come from the beginning of a culture change journey.
- Sub-domain scores reveal progress/weakness in categories.
- Could be used to determine which homes belong in a culture change group, based on a chosen threshold.
- Researchers might then use it to compare culture changing homes to other homes on variables such as quality measures/indicators or survey results.

“How to Use”

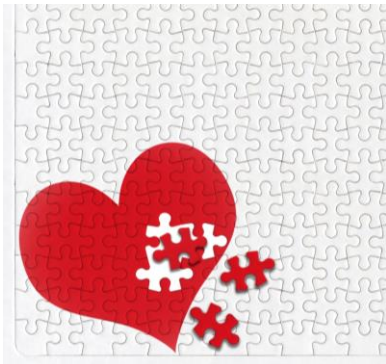
- Have a stakeholder group complete together of staff members, residents and families
- Do not let administration complete alone, may discover “myths”/varying information
- Pick 1-3 to work on over a time frame
- Revisit regularly
- Committees of interested/willing parties

Two years later... after QIO Pilot began

- Resident at the door selling crafts
- Her “street” was going to have a cookout for their “care assistants”
- She and her “neighbors” were helping to raise money
- Heard laughing off in the distance
- A resident was delivering newspapers - knocking at each doorway and waiting to be given permission to enter.
- A group of residents conversing in the lounge area
- Every resident and staff member observed was smiling
- Overhead paging had vanished
- A quiet, calm, but very warm feeling

“The change in the atmosphere was so **tangible** and so different from when I had first been there almost two years before.... It was all the **mindset** of the staff and the residents that made the difference. ” QIO Project Leader
(Two years after the QIO
Person Centered Care Pilot began)

The Bottom Line



- Change of heart, mind and attitude are intrinsic, unable to be captured
- Steve Shields actually talks to owners and boards about love. Love is involved when we care for people. We are foolish to think otherwise.

Artifacts has it's own website

- www.artifactsofculturechange.org
- ***UP-TO-DATE DATA...**
- **Please complete online so data can be collected**
- Artifacts of Culture Change **Benchmark Reports** by Pioneer Network, Amy Elliot
- **Development of the Artifacts of Culture Change** comprehensive *report* for CMS by C. Bowman regarding its development and Source Information for each line item which includes:
 - Any documented research found
 - Prevalence of items/practices

Artifacts Projects

- Florida Advancing Culture Change Grant Project resulted in the
 - Florida Artifacts of Culture Change – Assisted Living (ACC-FL-AL)
- Artifacts Modified Progress Assessment Tool
- Idaho iCARE Artifacts Project
- The Arkansas Culture Change Project
- Veteran's Administration use of Artifacts

CO Culture Change Collaborative

- CCC team with resident and family member
- Team meets every other week
- Artifacts of Culture Change measurement tool completed online pre and post project
- Quarterly conf. calls/brief reports, one in-person workshop midway, team conf. call last quarter
- End celebratory events at CCCC meetings
- <http://www.artifactsofculturechange.org/Data/Documents/ColoradoCultureChangeCollab.pdf>

Encouragement from those in the project

- “I was going to wait to get on a cc journey ‘til after the new year and realized I can’t.”
- “It has been challenging keeping up momentum in the midst of survey and poc - I whole heartedly agree that this journey does not stop when our regulators enter our home - I need to be better at leading the pace and pushing forward despite deficiencies/poc - as the leader if I can make this happen my team will follow.”

Incredible Measurement Results

- Original Artifacts points total = X
- Probable average point increase = 15
- Final average point increase = 47 points!

- Why? “We did more than the three areas required b/c it is the right thing to do. I think it has to do with changing the mindset of everyone. By doing so, we begin to look for other ways to improve the culture.”

Potential Use

- Use it for benchmarking: watch your scores improve, set goals, offer rewards
- All homes complete the Artifacts tool:
 - in a corporation
 - within state culture change coalition
 - in a statewide initiative
 - within regions
 - have a competitions
- KEY is accountability - so create it



MDS 2.0...



Contact Information

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- All day workshops
- Conference sessions
- Webinars
- Consulting
- Team teleconferences**

