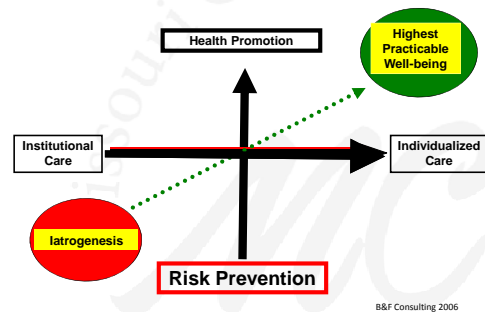


Artifacts of Culture Change. How is it Changing the Culture?

Today's Goals

- Identify tools that can help you determine your progress on the journey
- Share best practices on using tools
- Learn about what recent studies are showing us about culture change outcomes
- Be prepared to go back to your home and explore how you are doing!

A Culture Change Journey What are we trying to achieve?



What ABOUT THE Research?

Pioneer Network's National Learning Collaborative

*Using the MDS as an Engine for High
Quality Individualized Care*

Barbara Franks & Cathy Brady

www.bandfconsultinginc.com

<http://www.pioneernetwork.org/Providers/StarterToolkit/>

made possible with the support of The Retirement Research Foundation.

Relational Coordination Organizational Practices

- Dedicated Assignments
- Huddles
- CNAs in care planning
- QI among staff closest to the residents

Collaborative Outcomes

Conveners Report

- Peer networking and sharing were key
- Time from implementation to results was relatively quick
- Consistent participation by leadership and frontline staff positively effects the change process
- Leadership reinforcing the importance of the project and creating metrics to review were typically high performing homes

Self-Reported Organizational Assessment

Consistent Assignment Adoption Rating	Low	Mid	High
Beginning of Collaborative (% of homes)	10%	45%	45%
End of Collaborative (% of homes)	0%	11%	89%

CNA Involvement in Care Planning Rating	Low	Mid	High
Beginning of Collaborative (% of homes)	50%	39%	11%
End of Collaborative (% of homes)	22%	38%	40%

Huddles Adoption Rating	Low	Mid	High
Beginning of Collaborative (% of homes)	55%	34%	11%
End of Collaborative (% of homes)	13%	18%	69%

QI Closest to Resident Adoption Rating	Low	Mid	High
Beginning of Collaborative (% of homes)	55%	34%	11%
End of Collaborative (% of homes)	14%	33%	53%

Individualized Care Adoption Rating	Low	Mid	High
Beginning of Collaborative (% of homes)	20%	57%	23%
End of Collaborative (% of homes)	0%	29%	71%

Individualized Care Practices

- Resident choice in:
 - Bedtime
 - Bath type
 - Activities
 - Food
 - Waking time
 - Daily care

Clinical Outcomes

- Reductions to
 - preventing and healing pressure ulcers
 - Falls with injury
 - Use of anti-psychotics

Reducing use of anti-psychotic medication	Low	Mid	High
Beginning of Collaborative (% of homes)	36%	53%	11%
End of Collaborative (% of homes)	4%	16%	80%

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Organizational Outcomes

- Improvement in:
 - resident quality of life
 - Work experience
 - Team communication
 - Communication with residents
 - Communication with families
 - Problem-solving

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<http://www.pioneernetwork.net/Providers/StarterToolkit/>

Does the Introduction of Nursing Home Culture Change Practices Improve Quality?

<http://www.ncbi.nlm.nih.gov/pubmed/25155915>

Susan C. Miller, PhD, Michael Lepore, PhD, Julie C. Lima, PhD, Renee Shield, PhD,
and Denise A. Tyler, PhD
JAG 2014

High Practice Implementation

- Significant decrease in prevalence of:
 - Restraints
 - Tube feeding
 - Pressure ulcers
- Increase in proportion of residents on:
 - Bladder training programs
- Small decrease in hospitalizations

Core Components of Comprehensive Culture Change

- Multidimensional reform of:
 - Care practices
 - Staff procedures
 - Protocols
 - Environmental design
- Resident-centered, empowered frontline (*direct care*) staff
- Making environments homelike (*home*)

Other Identified Outcomes of Culture Change

- Lower incidence of decline in ADL
- Greater resident and family satisfaction
- Less feelings of boredom and helplessness on the part of residents
- Greater job satisfaction of nurses and improved perception of work conditions and the ability to meet the individual needs of residents with dignity and respect.

Study Conclusion

- Positive association between introduction of culture change and quality improvement
- A reduction in survey deficiencies occurred only for NHs with greater culture change practice implementation

Survey with NH leadership suggest that the adoption of select culture change practices is substantially increasing, but comprehensive culture change remains rare.

What tools do we already have in our nursing homes that help us to measure our progress?

Satisfaction Surveys

Resident
Staff
Family

Survey Outcomes

- What does our survey tell us about how we are doing on our culture change journey??

A Stage Model of culture change in nursing facilities

Dr. Leslie A. Grant
&
LaVrene Norton

Available on Action Pact Website:
<http://actionpact.com/assets/cache/stage-model.pdf>

The Stages Tool

Four Stages

- Institutional
- Transformational
- Neighborhood
- Household

Organizational Status

- Decision Making
- Staff Roles
- Physical Environment
- Organizational Design
- Leadership Practices



AE_PersonCenteredCareTrackingTool.xlsm

www.NHQualityCampaign.org

Continuum of Person-Directed Culture

Developed by Sue Misurri and Joanne Waber. This Continuum of Direction illustrates the difference between staff directed and person directed culture. Download PDF

Click on the the following examples to apply the continuum to specific practices in long-term care settings:
Continuum of Person-Directed Care > Care Assignments > Calling > Staffing > Moving In > Death and Dying > Providing Assistance at Night > Medication Administration

Provider Directed	Staff Centered	Person Centered	Person Directed
Management makes most of the decisions with little conscious consideration of the impact on elders or staff.	Staff consult elders or put themselves in elders' place while making the decisions.	Elder preferences or past patterns form basis of decision making about some routines.	Elders make decisions every day about their individual routines. When not capable of articulating needs, staff honor observed preferences and habits.
Elders accommodate staff preferences; are expected to follow existing routines.	Elders accommodate staff much of the time—but still have some choices within existing routines and options.	Staff begin to organize routines in order to accommodate elder preferences—articulated or observed.	Staff organize their hours, patterns and assignments to meet elder preferences.
<div style="display: flex; justify-content: space-between; align-items: center;"> Low Continuum of Person-Directedness High </div>			

Developed by Mary Ann Conroy, Senior Health Care Case Manager, based on the model by Susan Misurri and Joanne Waber. Distributed at the Patient Satisfaction 2005.

When the going gets tough...

Artifacts of Culture Change

Developed in 2006 by

- Karen Schoeneman, CMS Project Officer
- Carmen Bowman, Contractor, Edu-Catering, LLP

<http://www.artifactsofculturechange.org/ACTool/>

Artifacts of Culture Change

- Artifacts – Physical evidence 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.
- Developed from study of what providers and researchers have deemed significant things that are changed / are different in homes actively engaged in changing their culture compared to other homes.
- Assesses readiness, implementation, and sustainability of person-directed care.

Artifacts of Culture Change

- Six Domains
 - Care Practices
 - Food, services, pets, sleeping, bathing, death, care planning
 - Environment
 - living space, nursing stations, accessibility, lighting, furniture, outdoor access
 - Family and Community
 - intergenerational opportunities, community and family involvement
 - Leadership
 - CNAs in care conferences, resident/family involvement in QAPI, learning circles
 - Workplace Practices
 - consistent staffing, self-scheduling, cross training, staff recognition and development
 - Staff Outcomes and Occupancy
 - longevity, turn-over, agency staffing, occupancy

Artifacts of Culture Change - Process

- Collect Baseline Data
- Gather Your Team
 - Residents
 - Family members
 - Staff from various disciplines/roles/shifts
 - Leadership
- Neutral Facilitator
 - Provide background, process, and ground rules
 - Everyone has an equal voice.
 - We want your opinion.
 - Respectfully explain why you see things differently.
 - Don't be defensive. Say it as it is, not how it supposed to be.
- Divide into equal groups and score by consensus.
- Reconvene full team
 - compare scores, discuss any disagreements, and again score by consensus.

Artifacts of Culture Change - Example

24. Closets have moveable rods that can be set to different heights.

Some actually have rods that can be adjusted by the caregivers. Others require maintenance staff to make the change. The bottom line is, are the accommodations made when they are needed/requested?

Artifacts of Culture Change - Example

29. Chairs and sofas in public areas have seat heights that vary to comfortably accommodate people of different heights.

There are typically varying seat heights throughout the home, but there is usually several public areas that have no variation.

- Dining Rooms
- Activity Rooms
- Chapels

Lessons Learned

Residents with cognitive barriers often are not afforded the same choices as residents who are able to clearly articulate their preferences.

- Food
- Waking/sleeping
- Access to outdoors
- Bathing

Not everyone is aware.

- Uniforms/Scrubs
- Pets
- Personal Refrigerators
- Rollaway Bed

We all see things differently.

- Traditional Nurses Stations
- Shining Star
- Policy Interpretation (tape)

Lessons Learned

- Barriers**
 - Defensiveness
 - Strong Personalities
 - Hierarchical
- Outside Facilitation**
 - Reinforces concepts already introduced internally
 - Neutral, objective arbitrator
- Time**
 - Need three hours
- Weaknesses in tool**
 - 1 or 5 scores with no middle ground (call systems)
 - Not all aspects of culture change are included (liberalized med pass, liberalized diets, etc.)

Prior to Artifacts at Parc Provence

- Informal process, done as needs were identified
- Tool completed by management only
- Changes mostly directed by owners & management vs. staff & residents/families
- Outcomes not always measured

Parc Provence Results:

2nd Annual Artifacts of Culture Change Meeting

Section	2015 Parc Provence Scores	Difference from Parc Provence's 2014 Results	2015 Missouri Average Scores	2014 National Average Scores
Care Practices	97% (68 pts)	↑ 6% (4 pts)	59% (41 pts)	71% (50 pts)
Environment	89% (284 pts)	↑ 14% (43 pts)	28% (89 pts)	46% (148 pts)
Family/Community	77% (23 pts)	↓ 0% (0 pts)	53% (16 pts)	67% (20 pts)
Leadership	60% (15 pts)	↑ 40% (10 pts)	36% (9 pts)	56% (14 pts)
Workplace Practice*	47% (33 pts)	↑ 11% (8 pts)	40% (28 pts)	61% (43 pts)
Staffing Outcomes & Occupancy*	66% (43 pts)	↓ 9% (6 pts)	65% (42 pts)	86% (56 pts)

* Indicates below National Ave. Scores

PARC IMPROVEMENTS:

1st Annual Culture Change Meeting

- Met weekly, then monthly with management team re: improvements
- Low-Hanging Fruit
 - Hand massage kits & staff training in all 5 Households
 - Re-evaluation & Staff Re-education of Natural Awakenings Program
 - Huddles began during shift changes
 - Policy clarifications – policies need to be person-centered, i.e. pet & alcohol
 - Culture Change specific slides on Employee Break Room slideshow
 - Changed calling "Nurses' Stations" to "Wellness Desks"
- Big \$\$\$ Improvements - many budgeted for early 2015
 - Rose Garden Household Pantry remodeled to a Full Kitchen (Mar. 2015)
 - OnShift Staffing Program purchased & launched (Feb. 2015)
 - Organizational Structure changes

Artifact Category	Action Team & Person Responsible	Specific Issue	Plan	Timeline / Milestones	Q1	Q2	Q3	Q4
Environment	Household 1 - Mike Brown	Hand hygiene stations in hallway restrooms, not in resident rooms, not in public areas (e.g., laundry room)	Install hand hygiene stations in hallway restrooms, resident rooms, and public areas.	Completed Q3 2014 and ongoing	5	5	5	5
Environment	Household 2 - Mike Brown	Hand hygiene stations in hallway restrooms, not in resident rooms, not in public areas (e.g., laundry room)	Install hand hygiene stations in hallway restrooms, resident rooms, and public areas.	Completed Q3 2014 and ongoing	5	5	5	5
Environment	Household 3 - Mike Brown	Hand hygiene stations in hallway restrooms, not in resident rooms, not in public areas (e.g., laundry room)	Install hand hygiene stations in hallway restrooms, resident rooms, and public areas.	Completed Q3 2014 and ongoing	5	5	5	5
Environment	Household 4 - Mike Brown	Hand hygiene stations in hallway restrooms, not in resident rooms, not in public areas (e.g., laundry room)	Install hand hygiene stations in hallway restrooms, resident rooms, and public areas.	Completed Q3 2014 and ongoing	5	5	5	5
Environment	Household 5 - Mike Brown	Hand hygiene stations in hallway restrooms, not in resident rooms, not in public areas (e.g., laundry room)	Install hand hygiene stations in hallway restrooms, resident rooms, and public areas.	Completed Q3 2014 and ongoing	5	5	5	5
Leadership	High Level Leadership	Leadership in Public Areas and Restrooms (Q3, Q4, Q1, Q2, Q3, Q4)	Leadership in Public Areas and Restrooms (Q3, Q4, Q1, Q2, Q3, Q4)	Completed Q3 2014 and ongoing	5	5	5	5
Workplace Practice	Parc Provence	Workplace Practice (Q3, Q4, Q1, Q2, Q3, Q4)	Workplace Practice (Q3, Q4, Q1, Q2, Q3, Q4)	Completed Q3 2014 and ongoing	5	5	5	5

Artifact Category	Current Score	Target Score	Q1 % Change	Q2 % Change	Q3 % Change	Q4 % Change	YTD % Change
QCC Overall Score as of 7/24/2015	363	363	0.0%	0.0%	0.0%	0.0%	0.0%
L&L Wide	122	122	0%	0.0%	0.0%	0.0%	0.0%
Brown Park	361	413	14%	8.6%	6.1%	16.2%	16.2%
Concordia Village	313	358	14%	8.8%	0.3%	10.2%	10.2%
Hickman Bluffs	309	310	13%	9.3%	1.1%	10.4%	10.4%
Madison Lakes	361	360	7%	9.0%	0.8%	10.6%	10.6%
Lansdale Gardens	387	431	11%	3.6%	1.6%	5.2%	5.2%
Lutheran Bluffs Village	341	276	19%	0.0%	0.0%	0.0%	0.0%
Lansdale Woods	349	316	27%	12.0%	0.0%	11.0%	11.0%
Meredith Bluffs	394	340	16%	6.8%	0.0%	0.0%	0.0%
Meredith Village	301	334	11%	-1.7%	1.7%	0.0%	0.0%
St. Joseph's Bluffs	361	415	15%	10.2%	-0.8%	9.4%	9.4%
Average	296	336	13.1%	5.4%	1.0%	6.4%	6.4%

Legend: Green = Good (100% of goal met), Yellow = Fair (75-99% of goal met), Red = Poor (<75% of goal met)

* 2nd qtr certain not complete / 1st qtr data carried over

PARC IMPROVEMENTS:

2nd Annual Culture Change Meeting

- Low-Hanging Fruit identified
 - Formally incorporate culture change values into employee evaluations
 - Look at inviting Resident Care Specialists to care plan meetings again
 - Formalize end-of life arrangements for residents
- Future possibilities
 - Formation of a Quality Improvement /Culture Change Committee
 - Formal Culture Change Strategic Plan in development
 - Continuation of current projects – CNA Training program, OnShift= consistent assignments, HH Team Leader positions, etc.
 - Promotion of Tuition Reimbursement, Mentor, & FMNS Programs

MEASURING PROGRESS & FUTURE PLANS

- Artifacts of Culture Change Tool annually
- Quality Improvement/Culture Change Committee driven
- Use of up-to-date MC5 & Pioneer Network resources (education, tools, etc)
- Parc Provence Culture Change Strategic Plan with measurable goals & outcomes and routine reporting schedule

THE POWER OF OBSERVATION!



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