

**Planning & Implementing
Organizational Change: What Does
It Look Like & How Does It Work?**

2015 Pioneer Network Conference

Workshop Guides (in order of appearance):

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- Mary Anderson, Director of Wellness & Vitality, St. George Village
- Meredith Swinford, Social Worker, St. George Village
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how we **THINK** and **FEEL**
about aging and disability
by creating the kind of care we want
for our loved ones and ourselves.

www.CultureChangeGA.org

Culture Change Is...

- * IT'S A JOURNEY
- * Giving elders the opportunity to *keep* their simple pleasures
- * Not just for nursing homes and "medical care" but *for all settings*
- * Focusing on *quality of life*, not just quality of care...

HOME Is...

- * Privacy
- * Autonomy
- * Lived Space
- * Safety
- * Journeying
- * Pleasures of Daily Life
- * Choice
- * Identity
- * Connectedness
- * Predictability
- * Sense of Well-being

- Judith D. Carboni, 1987

HOMELESSNESS Is...

- * Dependency
- * Loss of Control
- * Loss of Dignity
- * Powerless
- * No Privacy
- * No Choices
- * Uncertainty
- * Insecurity
- * Loss of Hope
- * Placelessness

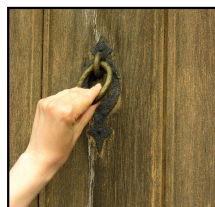
You Lose Yourself

- Judith D. Carboni, 1987

Culture Change Is About...

Providing services and supports, and creating environments which offer all the comforts of HOME:

- * Dignity
- * Privacy
- * Choice
- * Autonomy
- * Sense of Well-Being
- * Control
- * Pleasures of Daily Living
- * *Quality of Life !*



This is a Movement...

- * Animal Rights
- * Women's Rights
- * Religious Rights
- * Gay Rights
- * Civil Rights
- * Human Rights
- * **CULTURE CHANGE**

Culture Change Is...

- * The movement dedicated to *transforming* the old, **INSTITUTIONAL** environments and models of care into "**HOME**" and home-like environments
- * Where the voices of **elders** and **those working with** them are honored and respected
- * Based on person-centered and person-directed values and practices

Definition of an ELDER...

"An Elder is a person who is still growing, still a learner, still with potential, and whose life continues to have within it, promise for and connection to the future.

An Elder is still in pursuit of happiness, joy and pleasure, and her or his birthright to these remains intact.

Moreover, an Elder is a person who deserves respect and honor and whose work is to synthesize wisdom from long life experience and formulate this into a legacy for future generations."

Barry Barkan, Live Oak Institute

Culture Change Refers To...

- * Resident & family participation in decisions
- * Consistent staffing, dedicated assignments
- * Promoting meaningful and challenging activities and recreation
- * Flexibility in sleep and dining schedules
- * Eliminating nursing stations
- * Bathing choices
- * Creating home (environmentally)

Culture Change Is...

Ending the 3 Plagues of Old Age...

LONELINESS

BOREDOM

HELPLESSNESS



Source: Dr. Bill Thomas, The Eden Alternative

Culture Change Is...

- * Giving the elders a *reason* to get up in the AM!
- * Providing accommodations and ways to engage (something *meaningful* to DO!)
- * Putting the elders in *control* of their own life and their "home," wherever that may be...
- * Creating more *intimate caring environments* that have the atmosphere of a **TRUE HOME**

Care Partnership

The needs of caregivers and care receivers alike are part of an interdependent system called CARE PARTNERSHIP.

~ The Eden Alternative

The Care Partner Team

- * Person typically described as the Care Receiver
- * Family Members * Friends
- * Neighbors * Volunteers
- * Medical Team
- * Home Health Professionals

~ The Eden Alternative

The Culture Change Movement Is...

- * A focus on quality care that provides *quality of life ...*
- * Creating environments, organizations, and communities that focus on “person-centered” and “resident-directed” living ~
Where the PERSON COMES FIRST...
- * About **RELATIONSHIPS** and **COMMUNITY**

The Results of Culture Change...

- * Increased choice, independence and purpose in life
- * Reduction in depression, falls, negative behaviors, weight loss and drugs
- * Avoidance of loneliness, boredom and helplessness
- * Workplaces that foster and empower all levels of staff ~ career ladders
- * Increased occupancy/more consumers
- * Decreased turnover

The Results of Culture Change...

- * Care centers serve as the hub of a connected community
- * Greater respect for caregiving as an honored profession
- * Valued relationships & friendships between everyone involved
- * Knowledge is exchanged between generations
- * Meaningful family involvement; which leads to decreased guilt



**St. George Village
Continuing Care Retirement Community
Roswell, Georgia**

The Language of Culture Change

“Much of the language we use is in need of replacement because it intentionally demeans people, contributing to a hierarchical sense of ‘us and them’ or a dehumanizing institutional culture instead of a nurturing community with respect for its members.”

- Karen Schoeneman

Old Language → PCC Language

- Patient → Resident, Person, Elder
- Wing, unit → Neighborhood
- CNA, front line staff, housekeeper → Care Partner
- Admission/Discharge → Move-in/Move-out
- Doing for → Engaged with, Engaging in
- Toileting → Using the bathroom, helping in the bathroom
- Feeder, Feeder table → Resident needing help with dining
- Thirty-bed facility → 30 people live in this neighborhood

For a comprehensive list of PCC vocabulary, visit:
www.pioneernetwork.org/CultureChange/Language/

Art Studio in Friendship House



Three Areas of Transformation

- **Physical**- Living environments that support the values of home and support the domains of well-being
- **Operational**- How decisions are made that affect the elders, fostering empowerment, how communication occurs and conflict is resolved, creation of care partnerships
- **Personal**- Both intra-personal (how we see people living with dementia) and inter-personal (how we interact with and support them)

From Dr. Al Power's Presentation "Dementia Beyond Drugs"

New Name Badges



Person-Centered Care as a Core Job Requirement

Job Expectations at St. George Village :

- We honor and have deep respect for the fact our work place is in each resident's home, in the residents' neighborhood and within their community.
- When we work in the respective resident neighborhoods, we are part of the Person Centered Care team and each of us is a care partner for that neighborhood.
- Relationships matter! As part of the Person Centered Care team and a care partner for each neighborhood, each team member has a responsibility to develop a warm and friendly relationship with each resident and to have a basic understanding of who that resident is as a person (not as an illness). Over time, these care partner relationships lead to knowledge of each resident's "Life Story" which further helps the Person Centered Care team to develop deeper relationships and personalized/individualized approaches to care partnering for each resident.
- Through these Person Centered Care efforts, care partners (residents and the Person Centered Care team) create an environment of well-being and home where each resident experiences identity, growth, autonomy, security, connectedness, meaning and joy.

Amendment of St. George Village Cell Phone Policy

- St. George Village (SGV) is a Person Centered Care (PCC) Community. SGV advocates for each care partner to engage with residents through learning about residents' life stories. Knowledge of a resident's "Life Story" helps the Person Centered Care team to develop deeper relationships and personalized/individualized approaches to care partnering for each resident. It is SGV policy to support the care partner relationship through to end of life.
- Cell phone use is a detriment to "engagement care" with residents. In addition, cell phones at work are a distraction and can lead to life-threatening service errors, infection control issues and other safety concerns for residents and care partners. It is the policy of SGV to prohibit cell phone use during work time unless explicitly authorized via job description by the Human Resources Manager and/or the Executive Director.

Resources to Guide You

EDEN ALTERNATIVE®

Accepting the Challenge: Providing the BEST CARE for PEOPLE with DEMENTIA

The Best Friends Approach to Alzheimer's Care

Dementia Beyond Drugs: CHANGING THE CULTURE OF CARE

The Senior Gems™

Pioneer Network

CULTURE CHANGE Network of Georgia

Environmental Transformations



Friendship House residents enjoying our new exposed stone wall

Resident enjoying a cooking class in our home-style kitchen in Friendship House



Person-Centered Activities



Resident-Led Kentucky Derby Party in Treasures neighborhood

Raised Garden on the Patio of Treasures Neighborhood



“Life Story” → Resident Profile



“We’ve been married HOW long?”

- Demographic details give care partners conversation starters
- Occupation, Hometown, Family, Religious Affiliation, Military Service
- Hospice involvement? Private sitter?
- Glasses? Hearing Aids? Cold-natured?
- Memory deficit or Sensory impairments?
- What upsets or agitates me?
- What calms or relaxes me?
- Include “helpful hints” from family or care partners to maintain dignity, decrease safety risk, enhance quality of life

Personal Preferences included:
 Waking time Bath/Shower time
 Bed time Food & drink likes/dislikes

Resident Life Story- John

- John is 86 yrs old, retired business owner. Married 51 years to wife Patty, 1 local daughter, 1 out-of-town son, 3 grandchildren. Graduate of GA Tech, Combat pilot in WWII. Born in Tampa, FL and lived in GA 60+ years. He is Methodist. Has DNR.
- Diagnoses include Mild Cognitive Impairment, Hearing Impairment, Macular Degeneration
- Wears hearing aids, glasses; hates to be cold

John's Profile

Name	John Room 1306 DNR
Background	86 yrs old, retired business owner, Methodist, WWII pilot, married to Patty 51 yrs, Daughter Kathy (local), Son Tommy (out-of-town), 3 grandchildren. GA Tech graduate. Born in Tampa, FL, has lived in Georgia 60+ yrs. Mild cognitive impairment, macular degeneration, hearing loss.
Personal Preferences	Wears glasses and hearing aids, please provide right after waking- must have glasses to read paper and eat breakfast, must have hearing aids to hear instructions for care

Waking (what time does John prefer to get up)	7:00 a.m.; his morning routine is bathroom, coffee, newspaper while eating breakfast
Bedtime (what time does John prefer to go to bed)	10:00 p.m.; Decaf coffee/hot tea helps if he can't fall asleep/stay asleep
Bathing (what time does John prefer to bathe)	Prefers 3 days/week; likes showers before bed, uses a shower bench, gets very upset if bathroom or water are cold
What calms or relaxes me?	Calmed by piano music (CD's & player in his rm)- can use before shower or before bed. Decaf coffee or hot tea relaxes him

What stresses me?	He is upset by too much noise/stimulation around him. If so, move to a quieter environment and/or turn on music. Sometimes agitated after family visits- good idea NOT to plan care activities after a family visit.
Preferred activities	Enjoys watching Georgia Tech sport on TV; being outside when weather is nice; reminiscing about war and flying, loves talking to other veterans; loves to tell jokes, finds fulfillment in seeing others laugh; mealtimes are highlight of the day- often stays at table and socializes after the meal
Food and drink preferences	Breakfast- wants grits and coffee daily Likes sweet tea with lunch & dinner Loves ice cream Has bread/roll with lunch & dinner Does NOT like Brussel sprouts Likes decaf coffee or hot tea at bedtime if can't sleep

Challenges?



- Definitely not like turning on a light switch!
- Moving from task-oriented to Person-Centered
- Leadership must be totally vested in this work
- Breaking bad habits and old ideas
- Incremental steps over time- don't bite off more than you can chew!
- Getting family buy-in for the Person-centered care concept
- All departments have shared responsibility for engagement of residents and families
- Continually asking ourselves, "Is this person-centered?"

Lutheran Towers (HUD 202, Section 8)



Lutheran Towers, a 15 story high-rise located in the heart of Midtown Atlanta, offers an affordable Midtown address for seniors on a fixed income.



Affordable Housing & Supportive Services

- HUD/HHS Begin to Communicate
- Successfully Aging in Community
- Lack of Affordable Assisted Living
- Affordable Housing/Supportive Services



Leadership: What & How ...

- Creating the Environment
- Good to Great
- Engaging/Empowering Staff
- Creating a common “language”
- Culture Change in Georgia



Moving into Culture Change

- Taking Staff to the next level
- Engaging Elders in a new way
- Translating language from Nursing Home to Affordable Housing
 - Neighborhoods
 - Elders – more than a “resident”



Lessons Learned for Affordable Housing

- The first principle states the problem of transitioning Eden at Home from the nursing home environment to affordable housing
- The second principle gives us the general solution to the problem
- The next three principles delineate how we can solve the problem, keeping the Elders at the center and focusing on what they can do and what actions they can take
- The language we use and the actions we take, including the Elders, may be different than what we would do in the nursing home environment



How Lutheran Towers Differs from Other Communities Building a Team of Leaders

- (EDEN) Principle Ten - Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute
- Being a leader means creating other leaders. Lutheran Towers and care partners grow into a team of leaders
- Re-defining the role of Elders in our community
- Creating a Human Habitat where different species thrive and interact in supportive empowering ways, eager and able to thrive not just survive



How Lutheran Towers Differs from Other Communities Building a Team of Leaders (cont.)

- Creating a Human Habitat where different species thrive and interact in supportive empowering ways, eager and able to thrive not just survive.





Raising the Bar:
 Increasing the Quality of Life for
 Elders in Affordable Housing

Principle Ten (EDEN)

Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.

1. Actively listen. Be willing to change your mind.
2. Lean in to the discomfort of change.

David Sprowl, Executive Director

Care Partner

The care partner concept implies a balance of care, an acknowledgement that opportunities to give as well as receive are abundant and experienced by everyone involved in the care relationship. The term "care partner" evens the playing field, as it is often easy to get trapped in a one dimensional experience of the caring relationship.

1. Create opportunities to partner with Elders then allow them to run with it! Resist the idea that "it's just easier to do it myself".

Tanya Hoke-Hunter, Director of Supportive Services

Principles Four & Six (EDEN)

*An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.

*Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.

1. Expect Elders to serve. They're great at it.
2. Don't create "busy work". Every Elder has something to offer. Help them rediscover what that something is.

Liana Sisco, Activities Coordinator

Implementing Change

"You warm the soil, you plant the seeds for what you wish to grow; tend them; and watch them grow. It may take a while before you really reap a great harvest. You may encounter frost along the way. When frost strikes mourn your losses, warm the soil, and plant the seed again. Chances are it will grow stronger than before. Gardeners make mistakes. It is from these mistakes that we learn to become skillful gardeners. The harvest hides in the tiny moments that make up everyday life."

Excerpt from the Eden Alternative Handbook By: William H. Thomas MD

