

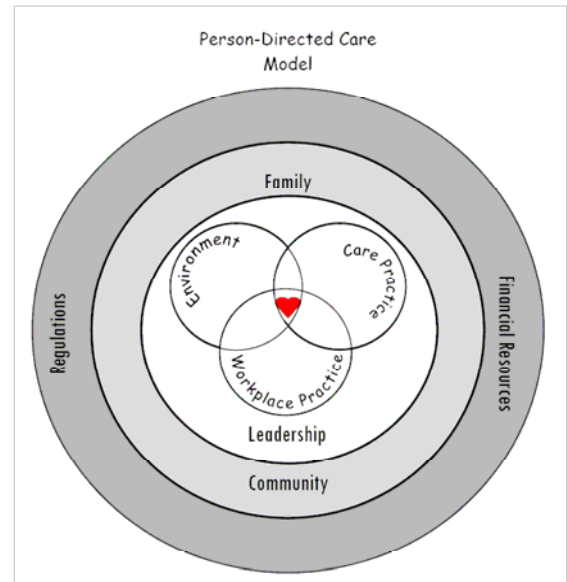
Are We Ready For Culture Change?

When deciding if your nursing home is ready for change, it's important to consider the three domains – care practices, workplace practices, and the environment – that are interdependent on the person-centered care model.

Care practices

Within this domain we explore ways that we can place as much control and choice as possible into the hands of each person. We seek out ways to restore personhood, individuality, and normalcy to everyone.

To do this, relationships between staff and residents must become the heart of care. This means exploring with residents, their families, and staff members on all shifts, those daily comforts – the long held routines and lifestyle preferences – that are important to individuals.



The changes in care practices focus on moving away from long held notions about tasks that cause the dehumanization of those involved in the care, for both staff and residents.

We shift, instead, to those practices that restore life, wholeness, trust, and wellness. Some of these practices include:

- (a) Allowing people to wake within the frame of their natural body rhythms
- (b) Allowing a full night sleep to ensure rest that leads to health and wellness
- (c) The power to choose, to the extent possible one's own daily routine
- (d) Changes in the loneliness, isolation, and sadness often associated with those who die in nursing homes by creating a community of compassion and an opportunity for community members to celebrate the lives of others
- (e) Changes in dining including the times, variety, and the honoring of individual preference based on lifestyle, culture, and ethnicity
- (f) Moving to a more natural pattern of meaningful, purposeful activities that draws in a sense of spontaneity

In examining the care practices of nursing homes, we explore five specific components: (1) systems that are at work in the nursing home, (2) perceptions of the role of the nursing home, (3) the home's approach to choice, (4) the model of care it chooses, and (5) its approach to quality. Each of these components impacts the way that care is provided.

Systems

Systems can either be institutionally or individually driven. For example, does Mrs. Jones get up at 6:00 a.m. because she chooses to, or because it is most convenient for the staff? When systems are institutionally driven, the person must adapt to the routine of the institution. In this type of nursing home, Mrs. Jones gets out of bed at

a specific time even if she is not ready to wake up at that time. When systems are individually driven, the institution adapts to the person. This is the type of a nursing home where Mrs. Jones can sleep until she chooses to wake up, regardless of the routine of the institution or what is convenient for the staff.

Where are you now? Are you ready to create systems within which individual preference is honored and defended?

If so, you may be ready to make changes in the following areas:

- Waking and sleeping
- Meals
- Food preference
- Daily routine
- Bathing frequency, time and method
- Activities of daily living (ADLs)
- Life enhancement activities

Perceptions

The general perceptions of staff, residents, and families of what a nursing home should be can truly influence the behaviors of those who live and work there. When the general perception is that nursing homes are only a place to die or as a “last stop” for residents, often staff members – without even being aware – objectify the residents. They become just another “old person” who lives there and dies there. On the other hand, when rituals and celebrations can be held that acknowledge *life*, we remember to see each person for the unique individual that they truly are, both in life and in death.

Where are you now? Are you ready to establish an environment where all are given the opportunity and provided the resources to thrive, flourish, and grow? If so, you may be ready to make changes in the following areas:

- Post thank you letters in prominent places
- Create community by sharing joyful events together
- Note accomplishments – large or small
- Celebrate the lives of those who live and work there
- Design activities that support life and growth
- Provide opportunity for meaning, purpose, diversity, and spontaneity in day-to-day life
- Give residents the opportunity to give, teach, offer, and share
- Develop respectful death and dying rituals

Choice

The person-centered care model returns choice to the resident. When we make decisions for the resident (a relative norm in an institutional model of care), we promote helplessness or a learned sense of dependency. In the person-centered care model, the individual is allowed to accept an appropriate degree of risk, challenge, and choice, given the possible outcomes. For example, when requested, is Mrs. Jones allowed to have a serving of ice cream, despite her diabetic diet? Or does staff tell her what she can and cannot do?

Where are you now? Are you ready to promote the abilities and optimal level of function for all people? If so, you may be ready to make changes in some of the following areas:

- Resident empowered to live life and make choices to the optimal level of their ability
- Resident council

Models of care

Nursing homes can either continue with institutional care practices, or they can shift their practice to an integrated, holistic model. Implementing person-centered care promotes this holistic model. For example, is Mrs. Jones allowed to make her own decisions about what's best for her, physically, spiritually, and mentally?

Where are you now? Are you ready to support and integrate quality of life with quality of care by focusing on the holistic model? If so, you may be ready to make changes in some of the following areas:

- Consideration of the whole person – spiritual, mental, and physical well being in all decisions.

Quality

Quality assurance (QA) is designed to make sure that the minimum care standards are being met. Approaching quality with a focus on QA, people tend to strive to meet the minimum care standards.

Quality improvement (QI), on the other hand, goes beyond assurance by providing a vehicle to make improvements in care delivery. The assumption in a QI frame of mind is that *everything* can be improved. Approaching quality with a focus on QI, people tend to strive to make care processes the best they can be, above and beyond the minimum standards.

Where are you now? Are you ready to provide an organizational understanding that quality is a continuous process that is driven by consumer needs and desires and therefore expands beyond regulatory practices and assurances through education, modeled behavior, and satisfaction? If so, you may be ready to make changes in the following areas:

- Make data driven decisions and seek out areas for improvement based on evidence
- Show a commitment to quality improvement
- Seek out innovative and creative opportunities and strategies for improving care

Workplace practices

The American Health Care Association estimates that there are over 100,000 vacant full-time nursing positions (RNs, LPNs, STNAs) and that there is an average turnover rate of more than 70% in our nation's nursing homes. Turnover causes a significant financial drain on nursing homes. Experts estimate the total national cost of nurse aide turnover exceeds \$2.5 billion dollars (\$2,500 per nurse aide departure).

The human and operational toll that turnover imposes can be even more substantial than the direct financial costs. High turnover can create staff instability and vacant positions, which sometimes results in rushed, de-personalized care of nursing home residents. Providers with severe staffing issues are unable to focus on quality improvement.

Thus, the key to radically improved care involves a holistic approach to quality improvement that embraces a commitment to improve quality of work life of nursing home staff. Consider the following:

- Turnover most often occurs in the first six months of employment. Facilities that employ best practices supporting new staff, such as individualized orientation and peer-mentoring programs during orientation, lead to higher rates of retention.
- Frontline caregivers' greatest frustration is working "short-staffed." Facility leaders need to implement strategies to address absenteeism, such as: employee assistance programs, flexible scheduling, affordable health insurance programs, on-site day care, and wellness programs.

- Front line staff and residents flourish when facility policies support a consistent caring relationship. The common practice of rotating staff assignment among groups of residents severs relationships and is detrimental to resident quality of care and quality of life.
- There are strong links between the quality of nursing home employee's work life, resident's quality of life, and clinical outcomes of care.

In examining the workplace practices of nursing homes, we explore four specific components: (1) the focus and philosophy of work, (2) the change process, (3) departmental factors, and (4) resistance to change. Each of these components impacts the way that care is provided.

Focus and philosophy of work

Whether you know it or not, your nursing home has a philosophy of work. This philosophy includes a set of priorities (communicated either verbally or non-verbally to staff members) to help focus work on areas the nursing home feels is most important. The focus is placed along a spectrum, from the completion of exclusive/impersonal tasks to work practices that are focused on relationships and are inclusive of all employees, residents, and families. For example, do nursing staff members continually float from one assignment to the next (so as to not get attached to the residents, or because policy is that everyone must know every assignment)? Or, does your home have permanently assigned care teams that get to know each of their residents on an individual basis, and develop relationships with them?

Where are you now? Are you ready to hold as paramount an environment where relationships are placed at the forefront of all practice? If so, you may be ready to make changes in the following areas:

- Make meaningful and lasting relationships between staff, residents, and family a priority
- Allow consistent staff assignments
- Ensure that administration is visible and knows people
- Invest in staff through time, education, and commitment to personal issues
- Focus on soft skills like communication and conflict mediation

Change process

The change process in the institutional model is authoritarian in nature, which means that changes are decided at the top and they slowly trickle down. In the person-centered care model, the change process occurs through decisions made by empowered and integrated staff. For example, when policy changes occur, does the administration and management direct the changes, or do all levels of staff direct the changes?

Where are you now? Are you ready to create opportunities for individuals to speak their minds, make empowered decisions, and take on greater responsibilities in an effort to better the nursing home and the residents' lives? If so, you may be ready to make changes in the following areas:

- Create committee- and team-driven change processes
- Promote an environment where individuals are empowered to make decisions
- Establish self-managed work teams
- Support and acknowledge work done to better the facility and individuals lives
- Create opportunities for individuals to lead and take greater responsibility

Departments

Departments in the institutional model of care are typically segregated departments. In the person-centered

model of care, integrated work teams influence the practices. For example, are all levels of staff – from all departments – involved, as equals, in decision-making?

Where are you now? Are you ready to formulate integrated teams that will guide the organization into the best possible care, work, and environmental practice? If so, you may be ready to make changes in the following areas:

- Learning circles
- Task force
- Change agent teams
- Integrated care team: Nursing assistants generate the basis of care plan and function as equals on the care plan team
- Inclusive decision-making process (staff, residents, family)

Resistance to change

Resistance to change is typical of nursing homes working in a more institutionally driven model. Being open to new ideas, sharing, and learning as a community is encouraged in nursing homes working in a more person-centered care model. For example, does your home suffer from the “But we’ve always done it this way!” type of mindset?

Where are you now? Are you ready to resolve to be a learning, sharing community? If so, you may be ready to make changes in some of the following areas:

- Use creative processes to develop new ideas for care
- Explore and share best practice
- Teach and lead others within the nursing home community
- Provide training, learning, and skill-building opportunities
- Use and implement effective feedback loops

Environment

To truly create a “home” for residents, a nursing home must honor the human needs for connection, privacy, decision-making, personal space, and individual bonds/connections. The institutional model in nursing homes fosters isolation and loneliness. In a person-centered care model, the home fosters a sense of community and belonging. For example, when you walk through your facility, does the environment and atmosphere resemble that of an institution? Or does it resemble someone’s home?

Where are you now? Are you ready to commit to de-institutionalize, wherever possible, the current setting providing personal living accommodations, a sense of peace, safety, and community? If so, you may be ready to make changes in some of the following areas:

- Resolve to establish a sanctuary and shelter that provides a sense of community, safety, and peace, free of unwanted intrusions
- Support individualized personal environments
- Organize a design that allows for accessibility
- Diminish or remove barriers
- Provide for nature and natural settings as much as possible
- De-institutionalize common rooms such as bathrooms
- Enhance lighting
- Decrease random alarms, alerts, and pages that startle

- Demonstrate affection, validation, and support
- Encourage artifacts, personal items that reflect individuality and autonomy (refrigerator); comfort and peace
- Provide a place for reflection and solitude that allows individuals to set clear boundaries and control them
- Shift towards neighborhoods, communities