

CALIFORNIA CULTURE CHANGE COALITION

... A new conversation promoting autonomy and respect in nursing homes

WHAT IS CULTURE CHANGE?

There is a growing movement across the United States to fundamentally change the way nursing homes operate. “Culture Change” is the new buzz word to describe the transformational change that many nursing homes are beginning to embrace. While some advocates for the elderly would just as soon eliminate nursing homes entirely in favor of home and community-based care, the “culture change” movement recognizes the need for nursing homes in the continuum of care, but seeks to dramatically alter the way in which that care is delivered.

NURSING HOMES: FOUNDED ON THE WRONG MODEL?

Nursing homes became a growth industry after the passage of Medicare and Medicaid in 1965. Frequently described as an “afterthought,” the landmark legislation included a 100-day skilled nursing benefit following a three-day stay in a hospital for Medicare beneficiaries and a nursing facility benefit for Medicaid recipients. “Convalescent Hospitals” were built across the country to respond to a population that was living longer with more debilitating chronic conditions and to take advantage of the new federal payment for such care.

Based on a stepped down model of the kind of care delivered in hospitals, nursing homes have always been a “step child” of the health care system and in the past all too often became warehouses where forgotten people

went to live out their last years. In California in the seventies and eighties, advocates for the elderly put the spotlight on poor quality of care delivered in many of the state’s institutions and called for regulatory reform and better enforcement of the standards of care. In 1987 federal legislation (known as OBRA) resulted in the most sweeping changes in nursing home standards and enforcement since the passage of Medicare in 1965.

As well intentioned as OBRA was, it did not result in the changes in quality of life that many of us would like to see. Quality of care may have improved, but quality of life improved very little. People began to recognize that something fundamental was awry and that the model of care was essentially unsound. No one intended it to be this way – but many well intentioned people were working in a deeply flawed system.



In 1996, the National Citizen’s Coalition for Nursing Home Reform (NCCNHR) convened a panel of four practitioners who had embarked on transformational work in their own individual nursing homes and had worked with NCCNHR on federal nursing home policy. One of the practitioners was

Barry Barkan of The Regenerative Community in El Sobrante, California. In addition to the four providers, NCCHNR invited an additional 28 participants from across the United States and published a report that documented the common elements of their varied approaches. The “Pioneers” from that gathering have formed a national movement that is now referred to as the “culture change” movement.

CULTURE CHANGE: BELIEFS AND VALUES

A definition of what is meant by the term “culture change” is offered by the Pioneer Network:

- Resident care and activities that are directed by the resident.
- A living environment that is designed to be a home rather than an institution.
- Close relationships between residents, family members, staff and community.
- Work that is organized to support and empower all staff to respond to residents’ needs and desires.
- Management that enables collaborative and decentralized decision-making.
- Systematic processes that are comprehensive and measurement-based, and that are utilized for continuous quality improvement.

CULTURE CHANGE: SYSTEMIC EMPOWERMENT

The goal of culture change is to move from institutional care to individualized care – and while a new or remodeled facility that is more home-like might be desired, it is possible to change the culture of caring within the same physical plant. Culture change starts with changing the roles and practices of staff and moving from a hierarchically organized staff to one that places decision making at the

lowest practical level in the organization. The Pioneer Network’s principles hold that community is the antidote to institutionalization” and “relationship is the fundamental building block of a transformed culture.”

While facilities have taken different approaches, consistent assignment is a hallmark of a culture that is changing. Consistent assignment means that as much as possible, staff does not rotate assignments but takes care of the same residents on a daily basis so that they know the likes and dislikes of their residents and are able to observe both their personal and medical needs over time.

Many direct care workers find consistent assignment and working in teams much more rewarding than rotating assignments because they are more involved in decision making about resident care. But empowering staff is far more than a “nice” thing to do. People who work in nursing homes want to make a difference in the lives of the people they care for. Increased satisfaction in the work place translates into increased efficiency. The results can be directly measured in improved patient care outcomes. Research demonstrates that staff turnover, use of antipsychotic drugs, weight loss, and incontinence reduce when staff members have the opportunity to form long-lasting relationships with the residents.

A simple way to validate the important role of the certified nursing assistant (CNA) is to involve them deeply in team care conferences. Some facilities have changed the title of Nursing Assistant to Resident Assistant to denote a change in orientation of the direct caregiver to the resident’s needs rather than a series of tasks to be performed in response to an institutional schedule.

Some facilities use community meetings or learning circles to change the way staff relate to each other and to the residents. Whatever

mechanism management uses to transform relationships, everyone agrees that culture change is not about rewriting policies and procedures or dictating a rigid new program. The process is an on-going conversation at all levels about work place practices that better meet the needs of residents and staff.

CULTURE CHANGE: ARTIFACTS

Artifacts of culture change are the physical evidence that can be readily seen by the observer. Tiled hallways, florescent lights, medicine carts, intercoms, call lights and the smell of disinfectant are common in the physical environment of both hospitals and many of today's nursing homes. Culture change advocates recognize that this industrial type atmosphere is unnatural at its very core. Even if the care is superb, no one wants to stay in such a sterile setting.

Many facilities start their culture change journey by modifying the institutional schedule to respond to the normal rhythm of each resident. Residents wake, have breakfast and sleep according to their own personal routines just as they would at home. Food service has traditionally been one of the most institutional practices of nursing home life. Instead of tray service at prescribed hours of the day, many facilities are moving to individually prepared meals – especially at breakfast, and to family or buffet style meals at other times. Some homes have open kitchens and or pantries and snack bars so that food is available to residents and family members 24 hours a day. After all, we all have “refrigerator rights” at home and being able to offer a visitor a drink or a snack is a pleasure most of us enjoy. Some homes offer other simple pleasures such as massage, spa days, aromatherapy, and the company of cats and dogs in the facility.

ENVIRONMENTAL CHANGES: NEIGHBORHOODS AND HOUSEHOLDS

To the extent possible nursing homes are modifying present facilities to accommodate smaller, more intimate units. In the traditional facility built along institutional lines, moving to a “neighborhood” model means organizing caregiving and daily activities around 20 to 25 residents with common dining areas, consistent staff and community meetings. In a smaller setting residents discover they have a voice in the activities and routines of the day. Installing washers and dryers for residents' personal use is an additional amenity that is appreciated by residents and family members.

In the household model, which requires extensive remodeling of an existent facility or construction of a new facility, care is organized around a kitchen and great room that serves 10 to 12 residents. In this model, staff is cross-trained so that housekeeping, dietary and the provision of personal care is delivered by the direct caregiver seamlessly depending on the resident's needs.

Whether the facility employs a household or neighborhood model, facilities invested in culture change are eliminating nurses' stations that form an imposing barricade between staff and residents. And some homes have replaced traditional call systems with wireless systems or radio transmitters so that staff can communicate easily (and quietly) no matter where they are in the building.

NURSING HOMES AS PLACES OF ENJOYMENT

Culture change means transforming the philosophy and practice at every level of nursing home operations. It is more than changing the way food is served, adopting a pet or allowing residents to follow their own

routines. All of those are components of culture change, but the goal is to develop a new way of working that brings staff, residents, and family members into a community that supports and respects the dignity of everyone connected to the nursing home. Despite the medical challenges and physical limitations of the residents, the goal of culture change is to promote enjoyment of daily pleasures and to celebrate caring relationships between staff and residents.

For most people, home will always be where the heart is, however some nursing homes are finding it is possible to change the sentiment that “I would rather die than live in a nursing home.” When the culture of the nursing homes is transformed, many residents and family members report “if I can’t be home, this is the next best place to be.”

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