CMS REGION IX/California Culture Change Coalition

The Person Directed Dining Pilot Project Practice Package

A Pilot Project to Enhance Dining Choices for People Living in Nursing Homes

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1. Introduction

The opportunities to make choices and express preferences are fundamental to our basic quality of life. But for a person living in a nursing home, sometimes the choices can be pretty limited. Scheduling demands, the need to maximize efficiency due to limited resources, and concerns about regulatory compliance often take precedent over individualized options in a traditional nursing home. The "culture change movement" seeks to remedy this by finding ways to empower the person receiving services, and/or those who work closest to them, to participate in choices about all aspects of their care. Additionally, culture change facilities adopt a philosophy that puts equal importance on the resident's quality of care and their quality of life; and what is more basic to quality of life than good food available when you want it?

Many providers are interested in making changes that expand the choices their residents have for what and when they eat, but they are not sure where to start. Common barriers to implementing change include concerns about expense, staff resources and how to make those changes without breaking regulatory "rules". In an effort to address some of these concerns and promote the implementation of person-directed innovations in California nursing homes, the California Coalition for Culture Change, in conjunction with the Center for Medicare and Medi-caid Services (CMS) Region IX and California Department of Public Health, Licensing and Certification (L&C), embarked on the "Person-Directed Dining Pilot Project".

In this "Person Directed Dining Pilot Project Practice Package", we have documented the projects, resources, and lessons learned by the eleven participating facilities over the course of the last year as they identified and implemented a new food-related practice in their facilities. Our hope is that this information will inspire and support other providers who are interested in expanding the dining choices for the people in their care. Although some of the information in this package is specific to California, most of it will be applicable to nursing homes through-out the CMS Region IX, and around the country.

Food offers a perfect vehicle for nursing home residents to make choices and enjoy the pleasure of a congenial chat over a snack, an attractive table landscape, or a delicious meal. Food-related activities are inherently rewarding, and a great place to start or add to a facility's repertoire of person-centered care. As James Beard, the great gourmet and cookbook author said; "Food is our common ground, a universal experience." In that spirit, we offer our experiences in person-directed dining to others who are seeking common ground and looking for a way to enhance the enjoyment of the people they serve.

2. The California Culture Change Coalition

Who We Are...

We are an action-oriented collaboration representing providers, resident-advocates, state and federal regulators and direct care workers dedicated to starting a "new conversation" about care in nursing homes. We have joined forces to foster culture change on a broader scale than can be achieved through any one of the organizations' individual efforts.

Our Partners:

- Aging Services of California
- American Association of Retired Persons
- California Advocates for Nursing Home Reform
- California Association of Health Facilities
- California Hospital Association
- California State Ombudsman
- Centers for Medicare and Medicaid Services – Region IX
- Lumetra
- SEIU
- Asian Community Nursing Center
- Kennon Shea and Associates
- Mercy Care Center
- H&M Composite Inc.

Our Vision...

Person-centered care that promotes the dignity of the individuals living and working in nursing homes.

Our Mission…

We seek to transform the culture of nursing homes by building relationship-centered communities that affirm the dignity, autonomy and value of each individual who lives and works there.

Regional Collaborative Strategy

The primary approach to accomplishing the Coalition's vision of transforming the culture of all nursing homes in California is through our Regional Learning Collaboratives. The California Culture Change Coalition is currently working with fifty-three homes in four locations in California to spread the principles and practices o culture change to these homes geographically dispersed all over California. The Collaboratives enroll nursing home "teams" – four to six individuals (selected by the home) representing staff throughout the home. Systemic transformational change does not rest with one individual and working in and with a team minimizes the impact of the loss of any particular manager. The homes are highly encouraged to include managers, charge nurses and at least one certified nursing assistant.

The Collaboratives are based on the Institute for Healthcare Improvement's "Model for Achieving Breakthrough Improvement." Considerable research has shown that learning collaboratives are an effective way to diffuse innovative ideas in healthcare settings, and to support the organizational change processes necessary for their implementation. In the Collaboratives, nursing home teams learn from each other as well as from the facilitators and expert faculty.

In general, this model consists of periodic learning sessions that include an educational component and discussion, the development and monitoring of action plans and interim monthly support meetings that provide opportunities for mentoring and mutual problem-solving related to the implementation of the action plans.

Statewide Conferences

In September of 2007 the Coalition conducted it first set of statewide conferences featuring Carmen Bowman, co-creator of the Artifacts of Culture Change. The "Bridge to the Future" conferences were a resounding success.

In February of 2009, the Coalition will once again host California's only state-wide conferences devoted to culture change entitled "Culture Change; The Heart of Clinical Care". The conferences will feature two national known nurse leaders in person-directed care, Mary Tellis-Nayak and Anna Ortigara, and will be held in Anaheim on February 17 and repeated in Sacramento on February 19.

Learn more about the California Culture Change Coalition

Visit: www.calculturechange.org or Email: info@calculturechange.org

California Culture Change Coalition

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3. Overview of the Person Directed Dining Pilot Project

Background

The California Culture Change Coalition is committed to the promotion of person-directed care in California nursing homes. In pursuit of this goal, we provide education to the public on the elements of culture change and teach providers about fundamental change through our regional collaboratives. This is a thorough and effective approach, but it takes time. The Coalition also recognizes that the journey to transformational change can begin by simply implementing one person-directed practice in a thoughtful way. This success often starts a chain reaction where providers begin to evaluate all their resident-related practices and then identify new opportunities for creating individualized care. The dining pilot offered the Coalition and a small group of facilities of facilities a chance to "just do it" so we could learn from the experience and provide useful guidance to others interested in taking a "first step".

Pilot Partners

The initial concept for the pilot was developed in April 2007 by the Pilot "Core Group", a subcommittee of the California Culture Change Coalition. The Core Group developed and presented a proposal in July 2007 to the CMS Region IX with a request for their support in the form a recruitment letter, and a promise of consultative participation. The Coalition also invited the California Department of Public Health, L&C's participation. Both regulatory agencies provided the coalition with letters of support, staff contacts, and written responses to practice-related questions, which were documented in a letter format (See Appendix D).

In addition to the participation of the regulatory partners, the Coalition depended on the expertise and time of many volunteers. These volunteers included dietician consultants, a university researcher, clerical support donated by California Association of Health Facilities, and countless hours from the Coalition members. The pilot structure involved a person who acted as "project lead" to manage and direct the project, the pilot Core Group that developed the concept and pilot materials, dietary and research consultants who acted as expert advisors on the project, the pilot participant teams, and a group of coalition members who volunteered to participate as Pilot Project Liaisons.

Pilot Project Liaisons

The role of the Pilot Liaison was to be a regular point of contact to the participant facility for the purpose of monitoring progress and collecting data. Each participating facility was assigned a Liaison who volunteered to schedule and conduct a monthly phone interview with their assigned facility contact person. A script was provided to the Liaisons for these calls, and they submitted written reports on these calls to the Pilot Lead.

The goal of the Liaison structure was twofold; first, to set up a simple, easy system for facility reporting through a structured interview, and second, to provide a regular platform between the facility participant and the Liaison where they could build rapport and have an open discussion of their practice experience. The Liaisons did not act as consultants on the specific pilot project practices, but rather as

data collectors and cheerleaders to their assigned facility. Liaisons were not required to physically visit their assigned facilities, but several did in the course of the six month tracking period.

Recruitment and Retention of Pilot Facilities:

The pilot core group began recruiting nursing homes around the state in October, 2007. Recruitment strategies included:

- The California Association of Health Facilities (CAHF) and Aging Services of California (ASC) publicized the project through their newsletters, email, and word of mouth.
- An announcement of the pilot was made at the Culture Change Accords (the coalition's state-wide conference) in September, 2007.
- Applications for the pilot were distributed at the CAHF Convention in November.
- All members of the coalition and the Pilot Core Group did outreach with providers.

Twelve facilities initially applied and were selected for participation in the pilot. One facility dropped out of the program before initiating their practice due to staffing changes. The remaining eleven facilities completed the pilot.

Provider Participation

The criterion for facility selection was a willingness to commit to the conditions of participation described below: Participation conditions included:

- Participation in a California Culture Change Coalition Regional Collaborative (this was optional and 5 out of the 11 facilities joined Collaboratives).
- Development of an action plan with time frames for the implementation, identification of key stakeholders, communication and training strategies, equipment acquisition, steps to implementation, and quality assurance measures. (Samples in Section 4 "The Practices").
- Communication with L&C District office regarding changes in services related to the selected dining practice (this was accomplished by a one-time phone call).
- Tracking of agreed upon measures as identified in the facility's action plan.
- Monthly reporting of practice progress and findings to the Pilot Project Liaison.
- Participation in quarterly conference calls with all the Pilot participants.
- Final evaluation and exit interview at the Pilot conclusion.
- Agreement to be listed in the final "Practice Package" as a resource to providers looking for more information about their dining practice experience.

Participating providers selected a practice for implementation out of a list including restaurant style, buffet, extended meal times, family style, and snack center or between meal choices. Of that list, the eleven participating facilities selected restaurant, buffet and expanded snack service. Their action plans were developed by the specific facility teams, and these served as the basis for their project implementation and internal evaluation. Provider participants agreed to a six month time frame from January 08 to July 08 in which they planned, implemented, tracked, and reported on their selected practices.

Technical Support

Technical support was provided to participating facilities in three ways:

- The California Culture Change Coalition Regional Collaboratives - Selected facilities were strongly encouraged to participate in the Regional Collaboratives and neighborhood meetings to be organized by the California Coalition for Culture Change.

- Question and Answer Support – Participating facilities were invited to "ask the experts" questions related to their pilot project dining practice. These questions were received by the Culture Change Coalition liaison that was assigned to their facility and then directed to the appropriate Culture Change Coalition member or consultant for response (e.g. CDPH, CMS, dietician consultants, culture change experts). Answers were provided by email or phone.

- Monthly Phone Check-in – A Liaison provided monthly phone check-in with each participating pilot facility. During this call they reviewed the status of action plan targets and time frames, reviewed evaluative measures, reported data and discussed general issues, questions, and lessons learned.

On-site consultation was not provided as a facet of this pilot due to limited resources. Reference materials were provided, and a list of resources in addition to some of the actual pilot reference materials are included in this package in Appendix E.

Pilot Measures and Evaluation

The Pilot's goal was to identify practice and implementation guidance which promotes the adoption of dining practices that accommodate resident choice in nursing homes in California. Two sets of measures utilizing qualitative measures were implemented in evaluating the accomplishment of this goal.

The first set of measures evaluated the effectiveness of the Dining Pilot structure and the technical support provided. Data was collected for six months primarily through scripted survey questions asked at the monthly telephone check-in calls conducted by the Pilot Liaisons. Questions solicited the participants' comments on the most and least useful aspects of the Pilot structure, and how they can be improved; what kind of technical assistance they received each month; what were the most useful and least useful aspects of the assistance, and how the technical assistance can be improved. Participants were also be asked to summarize their contacts with their local L & C district office and report any changes related to the action plans developed by each facility team. In general, the initial application process, pilot orientation, and monthly phone calls were identified by participants as the most useful

aspects of the Pilot structure. *Important note: Of the three participating facilities that were surveyed during the 6 month tracking period, none received deficiencies related to their pilot practice.

A second set of measures focused on the impacts of the dining practices introduced in each specific facility. This data was collected through the data collected during the monthly phone calls regarding resources, costs, and customer response and also through a verbal survey administered at the end of the pilot. The surveys collected the reports of the primary facility contact on the impacts of the practice on customer satisfaction and facility operations such as food expenses, food waste, staff management issues, and marketing. The summary of the findings of the monthly calls and the final evaluation are provided in Appendix B.