

Arkansas Culture Change Project Summary July 2010 – June 2011

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Through the work of Arkansas Foundation for Medical Care's, AR Innovative Performance Program (AIPP) a quality improvement program was implemented to teach nursing facility and assisted living facility staff processes to implement culture change and individualized person-centered care.

Project Summary:

- ✓ AIPP will work extensively with a pilot group of facilities to develop a train the-trainer module for use by any nursing or assisted living facilities
- ✓ The project will emphasize the elements of culture change that traditional facilities can implement with existing physical plants and without extensive modifications.
- ✓ The pilot group will consist of fifteen (15) nursing facilities and three (3) assisted living facilities.
- ✓ AIPP will provide intensive coaching and training through:
 - on-site assessments and visits
 - conference calls
 - establishing culture change mentors
 - fostering and developing the sharing and mentoring of successes among the pilot group
- ✓ AIPP will offer three (3) statewide training events covering a different aspect of culture change for all facilities wishing to participate.

A request for participation questionnaire was emailed and blast faxed to all nursing home and assisted living facilities via list serve members across the State on July 15, 2010 with a deadline of August 15, 2010. The questionnaire consisted of the following questions:

Does your facility celebrate individual (not group) resident birthdays? Yes No

Does your facility have community volunteer participation? Yes No

Would your facility be open to developing a consistent assignment environment? Yes No

Have you tried to include resident choices in your facility's meal service? Yes No

Have you engaged your staff, residents or families in brainstorming exercises regarding culture change? If so, describe the results.

In your opinion, what is the foundation of culture change?

Please write a brief paragraph on why culture change should receive thought and consideration by nursing facility/assisted living administration and staff.

41 homes responded to the participation questionnaire. A selection committee was formed and the 18 homes were selected based on the following:

1. Questionnaire Responses:
 - A. Evaluate applicant's base understanding of culture change philosophy
 - B. Evaluate applicant's willingness and commitment to grow through onsite culture change mentoring
2. Facility Representation:
 - A. Representation should be as equal as possible across all regions of the state.
 - B. Representation should be as equal as possible between multi and independent facility organizations
3. Post- Selection Appointments Of Facilities Within Project:
 - A. Letter of commitment shall be signed detailing duties and goals related to pilot group representation.

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- B. Full participation in all AIPP mentoring opportunities (ex.: onsite visits, conference calls, reading assignments, etc.) and program goals commitments.
- C. Following completion of pilot project, facilities will share Culture Change Best Practices via regional training presentations, tool development, conference calls, etc.

We selected a group of 5 mentors from around the State with a proven record of implementing person centered practices to assist the selected culture change homes with implementation questions, potential regulatory concerns, or other barriers that the homes encountered.

The project was kicked off on October 20, 2010 with a face to face meeting that included facility representatives from each facility. 45 facility representatives were present for this initial meeting. We invited special guest, Carmen Bowman, Edu-Catering, Colorado Culture Change Coalition to ignite the Culture Change passion within our group.

During this meeting, the group was given handouts consisting of:

- ❖ Press release document to share with local news regarding their participation in program;
- ❖ Timeline of the events scheduled for the upcoming year;
- ❖ Instructions of how to utilize a Communication Connection;
- ❖ Letter of Participation to be signed by Administrator and DON;
- ❖ Tool for selecting a team;
- ❖ Sample surveys to be used to collect the resident, family & staff's preferences.

On October 21, 2010, a Statewide Culture Change Workshop featuring Carmen was held. The purpose of this workshop was to announce the project to the State. The workshop was structured around the "Artifacts of Culture Change Tool". The objectives of the workshop were:

- ✓ Participants will be able to explain the Artifacts tool's design, purpose and how to use it.
- ✓ Participants will be able to list concrete changes made by culture changing pioneers and peers.
- ✓ Participants will be able to define practices that they may have not considered in shifting their focus from institutional to individual.

We had 134 participants representing 44 organizations in attendance,

Following these 2 meetings, the representatives went back to their homes and began to map a blueprint of how to implement culture change. Once the facility had selected a Culture Change Leadership Team, each home was asked to complete the "Artifacts of Culture Change." The homes were able to use the Artifacts as a resource to guide them in implementing areas that they never really thought about.

Initially, we ask each home to have a primary focus area at the beginning and only if they were comfortable in the progress of the first focus area, then chose another one during the second half of the pilot. As the Culture Change teams completed the Artifacts and the Growth Surveys were completed by residents, staff and families, the homes recognized that there was a lot of low hanging fruit that could be reached with very little effort. Making these simple changes helped increase their Artifacts scores and gave credibility to the fact that they were serious about making changes. This helped get the "nay-sayers" on the bus and gain momentum with their work. Most of the homes had multiple areas that became their focus. We encouraged the homes to keep this program focused on the simple things. In most cases, it is the simple pleasures that have the most profound impact on our daily lives.

Over the following months, we held 2 conference calls each month; one with Carmen Bowman and one in the format of the Communication Connection. The conference call with Carmen was a listening, informational type of call over a topic that was selected by the group. The Communication Connection conference call was a time of peer to peer sharing. Each month, we would send the homes a couple of questions and give them 5-7 minutes to answer the questions and provide an update of their progress.

In January 2011, the State Survey Agency Director, Carol Shockley, began joining in the monthly Communication Connection conference calls to answer regulatory concerns raised by homes. Many of the homes were apprehensive to make changes for fear of the regulatory repercussions. Carol encouraged the homes to come up with a plan of what they would like to accomplish. Submit the plan to AIPP. AIPP would bring the idea to the State Surveyor Agency for guidance on how to accomplish the change maintaining compliance. We found that if we brainstormed these types of issues, we could come up with an appropriate way to make the change and remain in compliance. During the pilot period, the homes that were surveyed did not experience any compliance issues regarding the changes that were made. In fact, we had a very positive experience with the surveyors and many were overwhelmingly excited to see the changes that were being made.

Following the October kick off, the AIPP Culture Change Quality Specialist (CCQS) began conducting onsite home consultation visits. The CCQS visited an average of 8 homes per month. The onsite encouragement was extremely beneficial to the homes and allowed the CCQS to share idea practices from one home to another. These onsite consultations continued through then end of the project, June 30, 2011.

We needed a way to roll out information, not only to our pilot group, but to the entire State. We created a blog called www.arkansasculturechange.com. We are linking our blog to other blogs that will provide resources and guidance.

On February 24 - 25, 2011, AIPP hosted another Statewide 2 day Culture Change Workshop featuring G. Allen Power, MD. The topic of this seminar was *Dementia Beyond Drugs*. The objectives of each day were as follows:

DAY 1 Objectives:

- ✓ Enumerate the drawbacks of our current approach to care for people living with dementia;
- ✓ Understand an “experiential model” for dementia and contrast it with the traditional biomedical model;
- ✓ Apply the experiential model to basic interpersonal interactions and to various clinical care scenarios to
- ✓ find approaches to care that maximize well-being and meaningful engagement

DAY 2 Objectives:

- ✓ Solidify their understanding of the experiential model and further their ability to shift their paradigm for
- ✓ viewing dementia;
- ✓ Create tools for helping other professional staff to reframe their own view of dementia;
- ✓ Understand and embrace the essential component of culture change in adopting a person-directed care
- ✓ Philosophy;

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- ✓ Apply the experiential model to various clinical scenarios and generate a personal reservoir of stories and case reports to illustrate various concepts;
- ✓ Utilize new collaborative tools for decoding challenging situations;
- ✓ Devise a pathway for a teaching curriculum for care partners

This Culture Change workshop reached across all healthcare settings. There were 252 participants representing 91 organizations present. There were 53 State agency long term care surveyors among the present.

In the months following this seminar, onsite consultation visits and both monthly conference calls continued as the group's desire for more information grew. The peer to peer sharing became more valuable as each home experienced individual successes and barriers.

On June 9, 2011 we hosted a celebratory Statewide Culture Change workshop featuring Dr. Bryan K. Williams, Customer Service Training Consultant. The intent of this type of speaker was to present a lighter, yet extremely important topic. His presentation gave participants a different perception of how to view residents and families, as valued customers. They are paying to stay in our homes, just as you pay to stay in a well-known hotel. We are here to serve them and exceed their expectations. The objectives of this seminar were:

- ✓ Customer service vs. customer engagement
- ✓ Enhancing your service touch points
- ✓ Steps of service
- ✓ Universal service rules
- ✓ Function vs. purpose
- ✓ Six habits of service superstars

There were 139 participants representing 49 organizations present at this Culture Change workshop. Following the half day training seminar, we held a barbeque luncheon for our pilot group of homes to celebrate their commitment to the project.

The facilities were asked to complete the Artifacts of Culture Change again at the end of the pilot. The group of homes showed an average overall increase of approximately 50 points.

At the end of the pilot project, we delivered a training tool in the form of a CD that would provide instructions, suggested best practices and other relevant information to all nursing facilities based on the experiences of our group. We worked with our group via email and conference call to determine what tools they felt were the most beneficial during this pilot implementation program. As a result, we developed a CD tool called "Basic Blueprint for Implementing Culture Change." The contents of this CD tool can be viewed on our website at www.afmc.org/aipp.

This group of homes will become mentors to the next selected group of homes. They will continue to be invited to participate in small group culture change training opportunities. We will continue to provide onsite consultation visits on a less frequent basis. We will encourage the upcoming group of culture change homes to get acquainted with the pilot group and to utilize their successes and lessons learned.

Additional summary information:

Most of the facilities had multiple focus areas that were addressed. A list of those areas is included.

It became evident that our “pilot” would need to be called something that did not imply an end date. Our group agreed that for the future culture change groups, it should be referred to as a “program”; something that is worked on every day and will never end.

As a group, we concluded these thoughts:

“Culture change is not a physical transformation of the building. It is an internal transformation of the heart.”

“Culture change is not about what ‘we’ want. It is about what the RESIDENT wants.”

As a group, there were many Focus Areas that were implemented. Here is a list of those that we were made aware of:

- Smoking choice -Allowing appropriately assessed residents to keep their smoking materials in their own box and making the box available at the residents request
- Night time program implemented where the facility does not wake the resident during the night
- Medication program that evaluated each resident and the medication that was being administered. The medication administration times are based on the resident’s schedule
- Continuous mindset changes -worked on with staff relating to focusing on what the resident CAN do instead of what they CANNOT and language changes perception
- Meals are served on dinnerware selected by residents, cloth napkins replaced paper and glasses have replaced plastic cups. No “school like” trays are used to serve in the dining room; soft music added
- Personal Enrichment Log implemented – Book kept in a central location that allowed all staff to record information about each resident that would be helpful for others providing care
- Everyone involved in the care of the resident is invited to attend the Care Plan meeting; CNA’s assisting in the scheduling of meetings
- Care Plans are being transitioned to the “I” Care Plan
- Dining menus have been enhanced to include waffles and omelets; toasters added to dining room to serve warm toast
- Aromatherapy created throughout the facility by using baking ovens and bread machines to generate the aroma of fresh baked goodies
- Individual Birthday celebrations
- Recognition of individual residents in the Newsletter; residents assist with the development of the Newsletter
- Breakfast schedule expanded to allow for residents who chose to sleep later
- Mailboxes for residents to receive their mail
- Residents voted on renaming the neighborhood (previously known as a Hall) in which they reside; Dining rooms given restaurant type names
- Staff is encouraged to sit down and dine with residents
- Wireless internet; computer room with programs for special needs; “Never too Late to Learn” computer system installed

- Flat screen televisions added to dining room to enhance activities or tuned to food channel to observe food preparation
- Self-directed staff and self-scheduling
- Residents involved in the interview process for hiring of new staff
- Residents invited to keep pets
- Facility Culture Change Leadership team includes residents and direct care staff; Residents are invited to listen to monthly Culture Change conference calls
- Facility layout enhanced to allow more room for gathering of residents & families
- Quality Assurance meeting now known as “Resident Enrichment” meeting; residents are invited to attend
- Children of staff are encouraged to attend facility events
- Overhead Paging systems replaced with wireless devices
- Changes in bathing schedules and preferences
- Condiments added to the dining room tables
- Snack rooms added for “around the clock” availability of food
- Residents acting as teachers to instruct classes on art or other knowledge based interests
- Research conducted on various colors and the affect they have on the appetite; Dining room painted to reflect research results
- Bathing rooms enhanced with fragrant aromas, towel warmers, and bath robes
- Memorial remembrances to celebrate resident’s life with other residents, staff and families