Advancing Culture Change in Florida Nursing Homes:
An Issue Brief
Florida Pioneer Network

ABSTRACT

Advancing Culture Change in Florida Nursing Homes *was developed out of the exploration of culture change practices in 40 Florida nursing homes over 18 months in 2008-2009, using the Centers for Medicare and Medicaid (CMS) Artifacts of Culture Change, adapted with permission for Florida (ACC-FL) as a group interview tool. The project elicited both barriers and facilitators of culture change practices. Six key issues were identified: 1) Nursing home mission and values are often not aligned with culture change mission and values; 2) Unfocused leadership; 3) Limited knowledge of the broad scope of culture change; 4) Day-to-day communication about culture change lacks power; 5) Mixed messages about culture change affect commitment and energy; 6) The concept of "choice" is poorly understood. Recommendations include: 1) Create a Florida Campaign for Culture Change, including ongoing dialogue among all stakeholders and the establishment of a formal statewide culture change education partnership to ensure culture change education at all levels ; 2) Create incentives to move nursing home owners and administrators forward, including systems change training and opportunities for the development of evidence-based models; 3) Establish a culture change coaching pilot project, developed, implemented and evaluated through FPN; and 4) Investigate and replicate viable state examples of culture change coalition support and activity. The time is now; transformational nursing home culture change is possible.*

BACKGROUND

Culture Change is defined as a "fundamental shift in thinking…" where nursing homes are, first and foremost, "homes"… where real people live and work. Culture Change is "a transformation anchored in values and beliefs that returns control to elders and those that work closest with them… its vision is… a culture of aging that is life-affirming, satisfying, humane, and meaningful" (Pioneer Network). Culture Change basic principles supporting resident rights and choice are rooted in the spirit of the Nursing Home Reform Law of 1987; these principles have been given wings through the impassioned and effective efforts of pioneering advocates across the country, culminating in the formal statement of vision and principles put forth nationwide by the Pioneer Network (Figure 1) and eagerly embraced by the many stakeholder groups involved in long term care. The long-term care vision of Culture Change is not limited to setting, although it started and is currently most closely associated with nursing homes.

The blossoming of Culture Change has been documented over the past twenty years in the expanding work of the National Citizens' Coalition for Nursing Home Reform (NCCNHR), California's Regenerative Community, Fairport Baptist Home in upstate New York, Meadowlark Hills in Kansas, the Eden Alternative, the formalization of the Pioneer Network in 1997, more recently the Medicare Quality Improvement Organizations in their 8th Scope of Work (2005) and through the publication and promulgation of person-centered approaches to care such as

Bathing Without a Battle (Barrick et al., 2008). There are numerous other examples and settings and many effective leaders throughout the country.

In addition, state advocates have developed localized efforts to educate and advocate on behalf of nursing home culture change, in part because of the unique regulatory and population characteristics of many states and also in order to focus more deliberately on the pivotal role of specific state stakeholders. More than 30 states now have established 'culture change coalitions', formal organizations of long-term care stakeholder organizations and individuals, with goals that include raising awareness among consumers, direct education of provider organizations, and dialogue and problem solving with regulators.

There are more than 650 nursing homes in Florida, with close to 72,000 residents. Many homes in Florida are on their 'culture change journey' and have embraced certain workplace innovations and care practices. A small number of Florida homes lead the state in their creative and purposeful pursuit of a transformed culture. Florida Pioneer Network (FPN), the culture change coalition for Florida since 2000, includes all stakeholder groups and has been engaged in an increasingly

Figure 1: Culture Change Values & Principles

- ♦ Know each person

- ♦ Each person can and does make a difference

- ♦ Relationship is the fundamental building block of a transformed culture

- ♦ Respond to spirit, as well as mind and body

- ♦ Risk taking is a normal part of life

- ♦ Put person before task

- ♦ All elders are entitled to self-determination wherever they live

- ♦ Community is the antidote to institutionalization

- ♦ Do unto others as you would have them do unto you

- ♦ Promote the growth and development of all

- ♦ Shape and use the potential of the environment in all its aspects: physical, organizational, psycho/social/spiritual

- ♦ Practice self-examination, searching for new creativity and opportunities for doing better

- ♦ Recognize that culture change and transformation are not destinations but a journey, always a work in progress

active role having convened educational forms, developed and implemented culture change coaching projects, encouraged and participated in statewide dialogue regarding care practice issues, and expanded the audience for the stories of culture change through funded projects.

This Issue Brief is the culmination of an 18-month project, *Advancing Culture Change in Florida Nursing Homes* (2008-09), funded by the Retirement Research Foundation (RRF). The project included 40 Florida nursing homes, self-described as "on our culture change journey". The Centers for Medicare and Medicaid (CMS) Artifacts of Culture Change tool, adapted with permission of the authors for Florida (ACC-FL), was utilized as a group interview measure of culture change at the beginning of the project (Time 1). A Forum on Culture Change, focused on the themes identified as barriers to culture change at Time 1, was held for all project participants, after which the ACC-FL was re-administered in all 40 homes. A discussion of barriers at Time 1 and again at Time 2 elicited information about the state and progress of culture change in these 40 homes and is reported elsewhere (Capp, 2010). Although *Advancing Culture Change in Florida Nursing Homes* was the stimulus for this document, the Issue Brief was also influenced by years of nursing home culture change experiences and dialogue in the state of Florida and across the country.

UNDERLYING THEMES

We are at a critical juncture in the advancement of culture change in Florida's nursing homes. Having been introduced to culture change vision and concepts, as well as models of change implemented in other states, nursing homes in Florida are at a place where the next step forward must be a true jumping off point, or a series of small, very intentional steps that lead to a clearly stated, long-range objective. Either course for a given home or corporation will require committed and knowledgeable leadership both within nursing homes and within the state agency. Continuing to focus on exploration and debate seems disingenuous and shortsighted given the fact that there is rising consumer and professional interest in a very different kind of nursing home care (US News & World Report, January 12, 2010).

An understanding of organizational change concepts is essential for an organization to achieve sustained culture change. Determinants of Florida nursing home culture over the past two decades are many and varied: the obvious quality focus influence of OBRA '87 along with its proliferation of reporting and regulatory requirements; the impact of the liability issues that arose in the 1990s as well as the related bad press that continues to this day; an increase in corporate ownership and then the flight from Florida of many corporate owners; growing staff retention issues at all levels; and finally the increased acuity of residents and related Medicare and Medicaid reimbursement challenges. It is not surprising that a culture

that is highly regulated, constantly in flux, publicly under siege and chronically under funded would become resistant to change.

Briefly summarizing the literature, sustainable organizational change requires:

1) An openness to risk taking,
2) Shared values that direct service delivery,
3) An ongoing process for self-evaluation,
4) Linkages to external resources,
5) A holistic focus on individual needs,
6) Staff participation in the development of organizational goals and decision-making, and
7) An organizational emphasis on continuous improvement.

While not overtly antithetical to nursing home culture, these seven elements of successful change are generally not part of the nursing home organizational skill set nor are they the incentivized goals of the nursing home organization.

Credentialed nursing home administrators, directors of nursing, and social service directors have never been so well educated or well informed as they are today. However, their milieu is affected by the entrenched mentality of the past so that stepping out into culture change and sustaining deep organizational change is a colossal leap, one that must be encouraged, supported, informed, and celebrated.

Leadership for Change

The tipping point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.

The Tipping Point, Malcolm Gladwell

THE ISSUES

Six key issues emerged from analysis of the barriers to culture change found in the project homes and juxtaposing them in the dynamic context of culture change. These key issues provide a framework for a set of recommendations, some complex and some simple, short range and long range, but all within our reach as a state committed to quality of care and quality of life for persons who live and work in the long-term care setting.

Issue #1:

Nursing Home Mission and Values not aligned with Culture Change Mission and Values.

Believing that a new culture is important, or signing up for a program that looks like a new way of providing care, isn't enough. The Mission and Values of the organization must clearly express and actively support the culture changing process. Examination and exploration of current Mission and Values is more than just an exercise; it is an essential component in the development of deep organizational change.

Change doesn't happen overnight and leadership must stay the course.
*According to a Resident Care Coordinator, **"No matter the challenges, we never turned back."** To avoid slipping back into old habits, Teresian House staff emphasizes openness and communication. Care teams meet weekly; monthly neighborhood meetings bring together residents and staff; other operational areas such as environmental services meet regularly; and culture change specific groups involve staff from all areas of the organization. The mutual respect between Sister Pauline and the staff of Teresian House was evident throughout the case study (Teresian House Case Study, 2009).*

fundamentally person-centered philosophy (empowered by Mission and Values, through Focused Leadership) will firmly establish the intention to culture change, but broad exposure to what culture change practices look like is often missing. How one does it, how it feels, what residents think and what deep adjustments are needed to make it happen consistently are much-needed educational topics throughout long-term care. Mentoring for culture change requires inter-agency relationships and commitment.

Issue #2:

Unfocused Leadership.

Closely related to Mission and Values, consistent and confident Leadership is key to sustainable and meaningful change. Fear of staff pushback, not making time to plan for change, and not celebrating the steps forward in culture change are frequent signs of unfocused leadership. Leaders must be willing to choose the difficult path, and sometimes may even lose key staff that are not aligned with the vision. Leaders must be convinced of the rightness of this endeavor.

Issue #3:

Limited experience of the broad scope of Culture Change.

Repeatedly, researchers and coaches hear the comment "We didn't know we could do that" or the question, "How would we do that?" (Capp, 2010). Embracing a

Issue #4:

Day-to-day communication about culture change lacks power.

Although there is a robust national-level dialogue regarding culture change practices and results from those practices with compelling evidence that could inform our day-to-day dialogue, most nursing home administrators are mired in the status quo. There are amazing examples of sustained change heralded every summer at the annual Pioneer Network Conference. Groundbreaking regulation statements have been issued from the CMS-Pioneer Network 2009 Symposium on the Environment. Additionally there is inspired content in numerous papers and issue briefs supported by such organizations as The Commonwealth Fund (Koren, 2009; Stone, Bryant, & Barbarotta, 2009). It is anticipated that more advances will come from Creating Home in the Nursing Home II: the CMS-Pioneer Network Symposium on Dining in 2010. There is much needed exploration of the

role of professional nursing in culture change (*Nurses Involvement in Nursing Home Culture Change*, Burger et al., 2009) and a need for additional clear examples of reorganizing nursing services to support resident-directed care, as at Providence-Mount Saint Vincent (Anderson, 2008). These powerful messages fail us if we are not attuned to their applicability to Florida nursing home culture and if we do not create ways for Florida leaders to become fully engaged.

contribute to establishing positive dialogue (Severance, 2008).

From the Pioneer Network website- www.pioneernetwork.net

One of the most often cited "barriers" to culture change is prohibitive policy and regulation. While it is an ever present reality that progress in these arenas is essential to moving culture change efforts forward, it is a myth that few policy and regulatory advocates exist for person-directed transformations in long-term care.

Issue #5:

Mixed messages about culture change affect commitment and energy.

Mixed messages abound; neither nursing home leaders nor nursing home staff is confident that they have permission and support to step out into deep change. Culture change practices are highlighted, sometimes rewarded, but often do not receive a consistently supportive response from owners, regulators, department heads, even families. The issue of continued mixed messages between providers and regulators and between administrators and staff requires careful analysis to get at the heart of the matter. Is it a feared change in balance of power? Concern about clinical outcomes? Lack of planning? Ineffective partnerships across the state among policy makers, consumers, academia, funders and provider stakeholders? Lack of good information? Fear of legal action? Understanding that there can be differing perceptions about nursing home care will

Issue #6:

The basic concept of "choice" is poorly understood.

A frequently-reported comment by staff when discussing a particular culture change practice is that "the residents like it the way it is", or "they seem satisfied" , or "they can no longer make their own choices" (Capp, 2010). Unpacking the difference between *liking* and *preferring* requires attention to the person of the resident. I may like strawberry ice cream, but I definitely prefer chocolate. Having that chocolate ice cream, or my own room, or hot tea in the afternoon, or watching the 11 pm news can and does make all the difference when those preferences are honored. The new culture embodies home and choice and person. The old culture is unacceptable.

ADDRESSING THE ISSUES - RECOMMENDATIONS

⇒ **Develop a Florida "Campaign for Culture Change"** with achievable goals in a set time frame. Articulate a clear picture of where we want to be in the future. Model the campaign after an effort like the successful work of the Institute for Healthcare Improvement's *A Framework for Spread*, which provided the conceptual model for the *100,000 Lives Campaign*, which enrolled over 3,000 hospitals in a coordinated effort to prevent unnecessary deaths in hospitals by implementing six specific interventions (IHI, 2006). Operationalize the campaign by **continuing an active formal dialogue with CMS at the federal level, and with FPN and all stakeholders** at the state level, to clarify and articulate the interpretation of regulations, implement new interpretations of regulations, engage and educate surveyors and ombudsmen.

⇒ **Formalize a statewide culture change education partnership to focus on the basic values and operational strategies** related to person-centered care at all levels, including Certified Nursing Assistants (CNAs), Licensed Practical Nurses (LPNs), Associate Degree Nurses (ADNs), as well as Nursing Home Administrators (NHAs) and bachelors– prepared nurses and social workers (BSN, BSWs). Involve advanced practice nurses (Nurse Practitioners and Nurse Educators) and master's-prepared Social Workers as leaders and change agents.

In addition to teaching other organizations how to make the changes, they have "penetrated" their area's education system to ensure that their own area colleges and universities teach culture change. "If we don't, they are already tainted," says Shields. For instance, at Kansas State University, Meadowlark Hills has concurrently coordinated 20 different internships in various departments, including nursing, human resources, architecture, and landscape architecture, so that students in each area understand how their piece connects with the whole. - **Steve Shields, CEO, Meadowlark Hills, Manhattan, KS**

⇒ **Create incentives to move nursing home owners and administrators forward in changing the culture.** Create development opportunities related to organizational change and planning for change, using models such as the Diffusion of Innovations Theory (Rogers, 1995); invite and enable leaders to examine both the dissemination process and the adoption process, devoting the necessary analysis and attention to the stages of organizational change.

• **Develop opportunities for the implementation of new models**, including the new Small House/Green House Model, transformed Household Models and recommitted Neighborhood models. State-funded pilot projects that include certificate of need waivers, tax credits for new construction, replication of successful incentives in other states,

and ongoing measurement and application of the business case for culture change will create an environment where change is gain, positively influencing all nursing homes in Florida.

♦ **Create an Award process** at various organizational levels from the direct care worker level to administrator level. Tell the public about person-centered, resident-directed care. Raise public expectations and opinions.

⇒ **Consider a culture change coaching pilot project**, including a nursing home readiness assessment, a menu of experienced culture change coaching services targeted to findings from an organizational assessment, and development of a short and long range internal evaluation plan. This replicable pilot could be developed and implemented by FPN, independently evaluated, funded by CMP funds and would meet the CMS requirement to improve quality in nursing homes through culture change.

• **Embrace the use of the new online Artifacts of Culture Change** within a planned educational research framework in individual nursing homes, utilizing evaluation methods that tie real data to resident and staff outcomes. Highlight high involvement teams and successful culture change

practices in homes across the state. Be involved in positive nursing home inquiry.

⇒ **Investigate outcomes and replicate or adapt the successes of culture change coalitions in other states. Examples follow:**

• **Arkansas -** Amended state law to permit access to civil monetary penalty (CMP) funds for construction of Green Houses (small free standing buildings housing 7-10 elders) to offset such costs as specialized staff training, architects with expertise in designing Green Houses, construction costs, etc.

• **California –** Partnered with CMS in a Person-centered Dining Pilot and developed Regional Learning Collaboratives to provide quarterly education around the state.

• **Colorado** - Provides education to regulators and providers about culture change and regulations. Many surveyors have also attended Eden Associate training over the last five years.

• **Illinois** - Grant activities include building the statewide coalition, statewide education, grants to regional ombudsman programs for regional culture change coalition building.

• **Iowa** - The state survey agency was instrumental in leading a workgroup

that looked at the nursing home rules and regulations in the Iowa Code and changed any rules that were a barrier to person-directed care.

- **Massachusetts -** The state agency has been holding regular "in-house" educational sessions for surveyors about culture change efforts across the state.

- **Minnesota –** Conducted a joint surveyor/provider summit to engage in a dialogue on culture change. The dialogue was facilitated by an outside consultant who helped the group build relationships and break down real and perceived barriers. Registration had to be closed after the venue's 300 person limit was reached.

- **North Carolina -** A staff person from the state agency serves as the "Coalition Secretary" and the agency absorbs all of the costs of publishing the Coalition's quarterly newsletter which is sent to all skilled nursing facilities in the state and is posted on the agency's website. In North Carolina the Coalition uses CMP monies to assist skilled nursing homes in transforming their cultures of care. To date, this program has distributed almost $1 million to help move more than fifty homes along their unique enhancement journeys.

- **Ohio -** The chairperson of the coalition was asked by the survey agency to conduct an educational

session on person centered care for all Ohio state surveyors.

- **Oklahoma -** The survey agency has committed to supporting culture change practices and was instrumental in getting a law passed allowing for the Green House architectural nursing home model.

- **Oregon -** The manager of the state survey agency and another staff person serve on the steering committee of M.O.V.E. (Making Oregon Vital for Elders), the state culture change coalition. Since 2005, the   agency has been using CMP funds to support culture change using a partnership model of pairing surveyors with providers using an application process to select six providers and six surveyors. These surveyors do not lead the teams, but function as team members and as a resource to the teams about the regulations, helping to problem solve when change ideas or questions arise related to regulations. The surveyors are not assigned to survey the buildings where they serve on the culture change teams. CMP funds have been used to contract with a consultant to coach/coordinate the activities of the teams. The surveyors have participated in the conference calls and face-to-face meetings that the agency has had with the teams.

- **Rhode Island -** The Individualized Care Pilot (2007-2008) was developed in collaboration with CMS and the Commonwealth Fund to promote individualized, resident-centered quality of care and quality of life for nursing home residents.

- **South Dakota -** has established goals and timelines for South Dakota nursing homes to be "culture change" facilities.

- **Tennessee -** The Coalition has a $50,000 grant from the State CMP money that funds 10 grants of $5k each for the implementation of culture change and the Eden Alternative at Tennessee nursing homes.

What must underlie successful epidemics, in the end, is a bedrock belief that change is possible, that people can radically transform their behavior or beliefs in the face of the right kind of impetus.
The Tipping Point, Malcolm Gladwell

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CONCLUSION

This Issue Brief presents not only the hopes and dreams of nursing home residents, their families and communities, of culture change advocates and committed stakeholders, it heralds for all of us the preferred future of life and work in Florida's nursing homes.

REFERENCES

Anderson, K.L. (2008). *Nurses involvement in Culture Change: Opportunity for Improving Residents' Quality of Care and Quality of Life*. Presentation for the Commonwealth Fund.

Barrick, A.L., Rader, J., Hoeffer, B., Sloane, P.D., & Biddle, S. (2008). *Bathing Without a Battle* (2nd ed). New York, NY: Springer Publishing.

Baldauf, S. (January 12, 2010). At New Culture Change Facilities, the Emphasis is on Residents and a Homelike Setting. *US News & World Report*.

Burger, S.G., Kantor, B., Mezey, M., Mitty, E., Kluger, M., Algase, D., et al. (2009). *Nurses Involvement in Nursing Home Culture Change: Overcoming Barriers, Advancing Opportunities.* Hartford Institute for Geriatric Nursing New York University College of Nursing Coalition for Geriatric Nursing Organizations (CGNO) & The Pioneer Network retrieved on Dec 1, 2009 from http://hartfordign.org/policy/position_papers_briefs/

Capp, L. (2010). *Advancing Culture Change in Florida Nursing Homes: Final Report to the Retirement Research Foundation*. Orlando, FL: Florida Pioneer Network.

Centers for Disease Control & Prevention (CDC) *Fast Stats* retrieved 12-15-2009 from http://www.cdc.gov/nchs/fastats/nursingh.htm

Koren, M.J. (2010). *Person Centered Care for Nursing Home Residents: The Culture Change Movement.* Health Affairs retrieved on 1-08-10 from http://content.healthaffairs.org/cgi/content/abstract/hlthaff.2009.0966?ijkey=9PIRPhCLEIZxc&keytype=ref&siteid=healthaff

Massoud, M.R., Nielsen, G.A., Nolan, K., Schall, M.W., & Sevin, C. (2006). *A Framework for Spread: From Local Improvements to System-Wide Change.* IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement, retrieved Dec 1, 2009 from www.IHI.org

Pioneer Network (n.d.) *Values and Principles* retrieved 12-15-09 from http://www.pioneernetwork.net/AboutUs/Values/

Pioneer Network (n.d.) *Developing Partnerships, Collaborations, and networks to Advance Culture Change in Long-term Care* retrieved 12-18-09 from www.pioneernetwork.net/Data/Documents/PioneerNetworkUpdate.pdf

Rogers, E.M. (1995). *The Diffusion of Innovations*, New York, NY: The Free Press.

Severance, J.M. (2005). *Divergent Perceptions of Nursing Home Care as a Barrier to Organizational Change*. A paper presented at the annual meeting of the American Sociological Association.

Statemaster (2009). *Health Statistics* retrieved 12-15-09 from http://www.statemaster.com/graph/hea_num_of_nur_hom-health-number-of-nursing-homes

Stone, R.I., Bryant, N., & Barbarotta, L. (2009). *Supporting Culture Change: Working Toward Smarter State Nursing Home Regulation.* Commonwealth Fund, retrieved on 12-1-09 from http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2009/Oct/Supporting-Culture-Change.aspx

Teresian House Case Study (2009). Retrieved on 1-23-10 from http://www.pioneernetwork.net/Providers/CaseStudies/Teresian/StaffingImpact/