Artifacts of Culture Change
An Organizational Readiness and Assessment Tool
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Regulator Turned Educator

Handouts for this presentation are available on the CD, which is included
Please print out, share and enjoy!
“We do culture change.”
• How would you know?
• What would you measure?
• How would you “prove” it?

The Stages Tool
• Developed by Les Grant and LaVrene Norton
• A stage model of culture change
• Assesses the degree of culture change from an organizational development perspective using the four stages
  – Stage I - Institutional model,
  – Stage II - Transformational model,
  – Stage III - Neighborhood model and
  – Stage IV - Household model
• Describes the organizational status of Decision Making, Staff Roles, Physical Environment, Organizational Design and Leadership Practices in each.
• Available at www.culturechangenow.com

Culture Change Staging Tool
• Web-based questionnaire
• Assesses 12 key culture change domains
• Determines the highest model stage (of the four stages of the Grant and Norton Stages Tool) based on a facility’s responses
• Available at www.myinnerview.com
**Eden Warmth Surveys**

- Questionnaires used with
  - Elders
  - Families
  - Employees
- Rate from Strongly Agree to Strongly Disagree
- Items such as:
  - participation in decision-making,
  - choices, and
  - work has meaning and purpose
- Available at [www.edenalt.com](http://www.edenalt.com)

**Culture Change Indicators Survey**

- Developed by the Institute for Caregiver Education
- Indicates degree of commitment to culture change
- Four domains of Environment, Organizational Procedures, Resident Involvement and Staff Empowerment
- In each domain, indicators such as consistent staff assignments, involving residents in the day-to-day operations of the home, care planning in the first person, and kitchen accessibility 24/7 are rated by staff
- Five point scale: Not Even Considered to Fully Implemented
- Available at [www.caregivereducation.org](http://www.caregivereducation.org)

**“Measuring Culture Change” Current CMS Contracted Study**

- Contract with Colorado Foundation for Medical Care, the Colorado QIO
- Technical Expert Panel
- Goal: Quantitatively measure the outcomes associated with adoption of key culture change principles to illustrate the effectiveness of culture change in improving quality of care
- Developing tool and testing its validity
Markers Along a Journey

Envisioning the Future

“Let's change that sentiment uttered by so many at the slightest mention of the word’s ‘nursing home.’
As we know, culture change is a journey; there are benchmarks, steps backward, and steps forward. People contribute individual skills, talents, and ideas, while teams, communities, and organizations work together to get there.”

(Getting Started, Misioriski, 2005)

Purpose of Development of Artifacts Tool

• Filling a gap in culture change measurement
• Change of heart, mind and attitude are intrinsic, unable to be captured
• Change in culture, however, results in concrete changes that can be seen
• Environmental, policy, and practice changes
• Not interview-based
• Educational tool

Artifacts

• Physical evidences of a culture that can be readily seen by an observer:
  – structures for living and working,
  – objects for daily use,
  – rituals and activities,
  – dress, and
  – ways in which people interact

(Organizational Culture and Leadership, Shein, 1992)
History

- Development begun by CMS in 2000–Schoeneman, Pratt, and Bowman (672)
- Tested in 2001 CMS Quality of Life contract
- Initial conception was proxy of quality of life
- Seeing and hearing about facility changes
- Continued development awarded by contract to Edu-Catering

Development Process

- Draft version of tool completed by selected focus group of providers
- Gave feedback/input on:
  - Ease of collectibility
  - Clarity of language
  - Items to modify, delete, add

Providers

- Needed facilities that have implemented some culture change features:
  - Fairport Baptist, Fairport, NY
  - Teresian House, Albany, NY
  - Evergreen Retirement Community, Oshkosh, WI
  - Grancare Nursing Center, Green Bay, WI
- Three national leaders of culture change homes and an Eden registered home
Consultations with Researchers

• Involved in culture change movement
• Chosen for expertise in research methods and experience in applying them to culture change
• Input on clarity of language and items

Point Weights

• 5 points maximum standard score for almost all items
• Partial credit points, 3, for homes in the process of changing
• No change, zero points, 0
• “Heavy hitters” warranted more points, reflected a deeper commitment
• Risk: to only make environmental changes in order to get the most points, missing the most important change of mindset, attitude and heart required by leadership
• Optimal method of weighing scores would be a large scale study with ratings of the significance of various items
• However, it was not possible in this small study

Scoring System

• Subsection totals and grand total
• Baseline is zero
• Benchmark becomes a perfect score
• Gives a facility its own feedback regarding where they are on a culture change journey
• Saying you’re a culture changing home doesn’t say how much or what you’ve changed
Item Categories – HATCh

- Reviewed the HATCh model domains adopted by the QIO Culture Change Pilot
- HATCh = Holistic Approach to Transformational Change
- HATCh has six interlocking domains

HATCh Domains

1. Care Practice - ways to restore to elders as much control, choice, and normalcy as possible
2. Environment - meaningful relationship between the person and their living environment
3. Family and Community - embrace and draw family members into a shared partnership of supporting and caring for the resident
4. Workplace Practice - management practices that affect a culture of retention
5. Leadership – willingness to change systems, policies and practices, less in this domain due to intrinsic nature
6. Regulation and Government
Artifacts of Culture Change Categories and Items

- We adopted five of the six HATCh domains
- Regulation and Government was not applicable to tool
- We added an Outcomes domain, concerning turnover, longevity of staff, occupancy
- Final tool has 79 items

Follow Along with the Artifacts of Culture Change Tool Itself...

- Fill it out and answer what you can as we walk through each item in the document
- Skip the items that you do not know, or do not have time to complete
- After this presentation, fill out the rest
- Work together as a group to reach an organizational consensus on your “score”

Care Practice Artifacts

1. Various dining styles
   - Buffet
   - Restaurant
   - Family Style
   - Open dining
   - 24 hour dining

Support: decrease in wt. loss, weight gain, decrease in wasted food
Care Practice Artifacts

2. Snacks/drinks available at all times
   - Pantry
   - Refrigerator
   - Snack bar
   • “Refrigerator rights”
   • Access to foods of choice at times of choice
   Support: Positive weight outcomes

3. Baked goods in living areas
   - Support: increased appetite

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Care Practice Artifacts

4. Individual birthday celebrations
   Support: New trend instead of, or in addition to, the group birthday party, residents decide

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Care Practice Artifacts

5. Aromatherapy offered
   - Decreased agitation and anxiety
   - Decreased need for psychotropic medications

6. Massage to both residents and staff
Care Practice Artifacts

7. Home has dog or cat - animals live in the home
8. Residents can bring dog or cat to live with them
Support: Decrease in depression, increase in socialization
9. Waking and bedtimes chosen by residents

Teresian House, Albany, NY

Care Practice Artifacts

10. Bathing Without a Battle techniques used with residents
Support: Documented decrease in behavior symptoms, keeping residents warmer, covered and more comfortable

www.bathingwithoutabattle.unc.edu

Care Practice Artifacts

11. Residents can get bath/shower as often as they would like
12. Home arranges for someone to be with a dying resident at all times (unless resident prefers to be alone)
13. Memorials/remembrances held for individual residents upon death
Care Practice Artifacts

14. “I” format care plans, in the voice of the resident

Support:
- “Powerful”
- Tag F280 already requires that the resident be directing their own care
- Time to put the person “back in the driver’s seat of their life!”

Common Old Style Care Planning

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult behavior: Resident wanders into others’ rooms at night</td>
<td>Resident will sleep 5 hours during the night by next RCC</td>
<td>Sleep medication PRN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discourage napping during the day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Side rails up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If unable to sleep, place in geri-chair</td>
</tr>
</tbody>
</table>

I Care Planning

<table>
<thead>
<tr>
<th>(Problem?)</th>
<th>Goal</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like to walk during the night</td>
<td>I will ambulate freely throughout my home at times of my choice through next RCC</td>
<td>If I’m walking at night, please offer to walk with me</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place sashes on the doorways of the residents who are disturbed by my presence at night</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offer snacks and preferred activities when I’m unable to sleep. I like to read the sports section of the newspaper, play solitaire, watch old movies</td>
</tr>
</tbody>
</table>
Environment Artifacts

15. Percent of residents who live in household which is self-contained with full kitchen, living room and dining room
Support: residents and staff making decisions together, “family life,” supplies decentralized for more efficient care delivery

Environment Artifacts

16. Percent of residents in private rooms
Support: Benefits to private rooms:
- Lower infection rates
- Increased family visiting, esp. at end of life
- More control over personal territory
- Less time spent managing roommate conflict
- Easier to market

Cost Efficiency of Private Rooms

- Average cost of shared room = $167.00
- Average cost of private room = $190.00
- Private rooms tend to stay occupied
- If all beds are full, the difference in the construction cost for a private room can be recouped in 14 months at the difference of $23.00 per day
- But if a bed is empty b/c no one wants to live with a stranger there is a loss of $167.00/day (not 23.00/day)
- Therefore, a private room can be constructed for the money lost every two months a shared room is vacant

**Environment Artifacts**

17. Privacy enhanced shared rooms

Support: Fewer instances of roommate conflict, actually preferred

Crestview, Bethany, MO

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**Environment Artifacts**

18. No traditional nurses’ stations, or removed

Support: Shared space, removal of barrier between residents and caregivers

Teresian House, Albany, NY

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**Environment Artifacts**

19. Direct window view
20. Bathroom mirrors wheelchair accessible
21. Sinks are wheelchair accessible
22. Sinks with paddle handles
23. Doors with paddle handles
24. Closets accessible

Teresian House, Albany, NY
Environment Artifacts

25. No rule prohibiting residents from decorating their rooms any way they wish with nails, tape, screws, etc.

Environment Artifacts

26. Extra lighting source

27. Heat/air controls adjustable in rooms

28. Own refrigerators

Crestview, Bethany, MO
Environment Artifacts

29. Chairs and sofas of varying heights
30. Gliders which lock into place
31. Store/gift shop/cart available for residents to purchase gifts, toiletries, snacks, etc.

Life Care Center of Colorado Springs, Colorado Springs, CO

Environment Artifacts

32. Computer/Internet access, including adaptations such as large keyboard or touch screen
Support: Increase in communication, socialization, self-esteem, group activity participation, self-expression either verbally or using adaptive keyboard, decrease in agitation

Environment Artifacts

33. Workout room
34. Heat lamps, panels or equivalent in bathing areas
35. Towels warmed for bathing

Ft. Collins Good Samaritan Village, Ft. Collins, CO
36. Protected outdoor garden/patio accessible independently
37. Outdoor, raised gardens
38. Outdoor walking/wheeling path which is not a city path

Environmental Artifacts

39. Pager/radio/telephone call system
Support:
- Resident calls register with care giver directly
- Staff can communicate with fellow staff
  - Reduced overhead paging
  - Improved staff response time
  - Reduced complaints that calls are not answered timely

Environmental Artifacts

40. Overhead paging system turned off or used only in case of emergency
Support: decreased agitation
**Environment Artifacts**

41. Personal clothing laundered on resident household/neighborhood/unit instead of in all-facility laundry

Support: Residents and families can use, elimination of lost clothing, time spent in looking, and shrinkage

Teresian House, Albany, NY

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**Family and Community Artifacts**

42. Regularly scheduled intergenerational program at least once a week
43. Space for community groups to meet
44. Private guestroom available

Doak Walker Care Center, Steamboat Springs, CO

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**Family and Community Artifacts**

45. Café/restaurant/tavern/canteen available

Support: Gives residents the opportunity to “foot the bill” and treat guests

Teresian House, Albany, NY
Family and Community Artifacts

46. Special dining room available for family use/gatherings

Life Care Center of Greeley, Greeley, CO

Family and Community Artifacts

47. Kitchenette or kitchen areas available for baking and cooking
Support: Residents “experience joy” to be able to prepare food for others, aromas documented as increasing appetite and subsequently weight gain

Life Care Center of Greeley, Greeley, CO

Leadership Artifacts

48. CNAs attend care conferences
Support:
– Lower rates of turnover
– Higher staff satisfaction when involved

49. Residents or family members serve on QA
Support:
– Evergreen Retirement not only on QA but also Board of Directors!
– “Residents and families care about the home as much as you do!” Beth Irtz
**Leadership Artifacts**

50. “Buddy” or Guardian Angel program where staff check with residents regularly and follow up on any concerns

Support: Decreased complaints, strengthened relationships and friendships

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**Leadership Artifacts**

51. Learning Circles

52. Community Meetings

Support: Giving residents and staff opportunity to share their opinions and ideas

Pueblo ECF, Pueblo, CO

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**Workplace Practices Artifacts**

53/54/55. Staff consistently work with residents of the same neighborhood/household/unit – RNs, LPNs, CNAs

Support:
- Relationships form
- Staff reflect caregiver - staff get to know residents’ needs and preferences
- Staff pick up on resident changes in condition
- Correlates to low turnover
- Nurses prefer it
**Workplace Practices Artifacts**

56. Self-scheduling

Support:
- Resolves scheduling issues
- Staff more responsible to each other and to their residents

57. Facility pays for non-managerial staff to attend outside conferences and workshops

58. Staff is not required to wear uniforms or "scrubs"

Julia Temple Center, Englewood, CO

59. Other staff cross-trained and certified as CNAs

60. Activities, informal or formal, led by staff in other departments

61. Awards given to staff to recognize commitment to person-directed care, e.g. Culture Change award

Christopher House, Wheat Ridge, CO
Workplace Practices Artifacts

62. Career ladder positions for CNAs
63. Job development program
64. Day care onsite available to staff
65. Paid volunteer coordinator in addition to activity director
66. Performance evaluations include support of resident directed care

Outcomes

67/68/69/70/71. Longevity of CNAs, LPNs, RNs, DON and NHA
  - No averages documented in the literature
  - Eaton used 3 years as a marker of longevity
  - Collected from our four focus facilities
  - 3 years was lowest average
  - Built scores around 5, 3-5 and 0-2 years
  Included total number of years worked
  - Pioneers are proud of total years of longevity
  - Ask for total longevity of LPNs, RNs, DON and NHA
  - Did not include CNAs, usually first position and would be more cumbersome to collect

72/73/74/75/76. Turnover rate for CNAs, RNs, LPNs, DONs, NHAs
  The most current figures:
  - 100% for CNAs
  - 66% for RN/LPNs
  - 50% for DONs
  - 25% for NHAs (IOM 2001)
  * Used as markers for point structure, above and below these documented averages
  Interrupts continuity of care
  Associated with lower patient care outcomes
Outcomes

Providence Mt. St. Vincent:
50 to 22% from 1992 to 2003

Big Fork Valley, formerly Northern Pines Communities, 52 to 13% from 1999 to 2000

Meadowlark Hills from 80 to 30% since 1997

Apple Health Care (small privately-owned nursing home chain) experiences 30-40%

Outcomes

77/78. Use of CNA and nurse agency staff
- Percentage of shifts covered by agency staff
- 5% documented as an average
- Used in point structure, 5% and above, 3-5, 0

Outcomes

79. Occupancy rate
- Average 2004 occupancy rate: 84.2 % (CMS, Nursing Home Data Compendium, 2005)
- 11% increase (Eden study 1998-1999)
- 97.6% average of our four focus homes
Future of Tool

- Available for public use
- CMS has given it away
- As a CMS developed tool, to remain in its final form
- Even though CMS tool, not connected to survey
- Reflects current information from the literature and from innovative providers
- Not all inclusive
- Some points may need to be re-set, such as longevity, as more research is published

Hear this!

Pioneer Network
Now Has
On-line Version!

Fill it out on line or enter your results in web-based version

Use of Tool

- Educational: Homes may learn of ideas they haven’t considered
- Can be completed in retrospect, to see how far a home has come from the beginning of a culture change journey
- Sub-domain scores reveal progress/weakness in categories
- Could be used to determine which homes belong in a culture change group, based on a chosen threshold
- Researchers might then use it to compare culture changing homes to other homes on variables such as quality measures/indicators or survey results
Two years later...

- Resident at the door selling crafts
- Her "street" was going to have a cookout for their "care assistants"
- She and her "neighbors" were helping to raise money
- Heard laughing off in the distance
- A resident was delivering newspapers - knocking at each doorway and waiting to be given permission to enter.
- A group of three of four residents conversing in the lounge area
- Every resident and staff member observed was smiling
- Overhead paging had vanished
- A quiet, calm, but very warm feeling

"The change in the atmosphere was so tangible and so different from when I had first been there almost two years before.... It was all the mindset of the staff and the residents that made the difference."

QIO Project Leader
(Two years after the QIO Person Centered Care Pilot began)

Where To Obtain:

1. Artifacts of Culture Change Tool
   http://www.artifactsofculturechange.org/ACCTool/
   - Includes How to Use, Tips for High Involvement and Reports
   - Walks New Users through process

2. Comprehensive report regarding its development, which also includes source information for Line Items
   - Any documented research found
   - Prevalence of items/practices
   - or www.siq.air.org
   - SIQ = Sharing Innovations in Quality CMS contracted website full of resources, particularly any mentioned in new interpretive guidelines
Time is clicking away...

“It’s Time”
Eden Motto

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