

Patient Safety PULSE



Culture Change: Making it Happen One Home at a Time



**By Carolyn Roper,
GMCF Quality
Advisor**

Culture Change is going full steam in many nursing homes in Georgia! We at GMCF had the opportunity to visit a home that had taken the next step in the culture change jour-

ney. Michael Ostro, Administrator of Rosemont Nursing Home, spoke with us recently and related that all clinical measures at Rosemont have improved since they opened their ice cream shop, "Sweet Delights." This is huge! Can you imagine NO weight loss? And improved high risk pressure ulcer rates? Can you imagine happy residents

moving around the home with a purpose and a smile because they know a snack is waiting at the drive thru any time of the day or night? Why, it's just like being at home!

If you're wondering how to start changing your dining program, here are some questions you can ask your resident council:

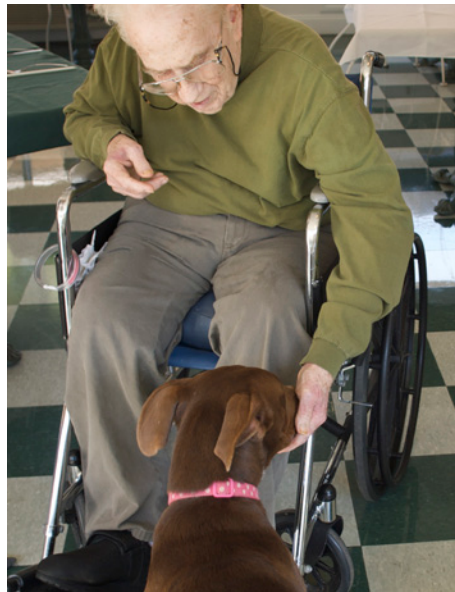
[continued](#)



Left to right: Vincent Jefferson, Director of Environmental Services; Carol Lindsey, RN, Staff Development; Carol Stephens, RN, Director of Nursing; Annette Wright, Resident Care Coordinator; Angela Jones, Business Office Manager; Linda Vinson, Resident Care Coordinator; Pambe Nemb, Resident Care Coordinator; Jeanette Porter, Dietary Services Manager; Michael Ostro, Administrator; Shabazz Hamid, Activities Coordinator; Joanie Heidorn, Admissions Coordinator, Social Services; Trish Gilbert, Social Services Coordinator; Linden Wilson, Maintenance Assistant, and Builder

1. What would you like meal time to look like?
2. How did you do it at home?
3. How can we do it here?

Remember to start small; invite four residents who have made the most suggestions (or complaints!) about meals. Have lunch with them and bring the dietary manager. Ask them: "We're thinking of making meals more enjoyable. What would you like to see in that change?" Make sure the dietary manager is on board and ask the care team (and it does take a team) to talk to the medical director about liberalizing clinical and mechanically altered diets. When the staff is ready and the dietary team is excited about changing the way meals are served, then YOU are ready to support the changes. (Imagine: meals served when each resident wants to eat, serving only what each one wants to eat, and offering favorite snacks between meals.)



Animals are often a part of culture change. A Rosemont resident takes a moment to connect with the home's resident pooch.

You can have culture change in your home. Want suggestions or inspiration? Call the Patient Safety team at 800-982-0411.

[Click here](#) for the in-depth story on the great work that Rosemont Nursing Home is doing in the area of culture change.

Here are some other ways you can "jump start" culture change in your home!

1

One home that is starting the culture change journey told us that first, they changed the language. "Move in" sounds better than "admit." "Neighbor" is friendlier than "resident" or "patient."

2

Another home turned off the overhead paging system and added music during meal times. Color was added to the walls, and table cloths were draped on the tables. Cloth napkins gave more color on the tables.

3

Daily routine is honored. For example, a cup of coffee before breakfast is served, a cup of tea in the afternoon, sleeping until 8 a.m., or staying up to watch the evening news. Having a bath instead of a shower everyday is another great idea that can help make the home feel like "home."



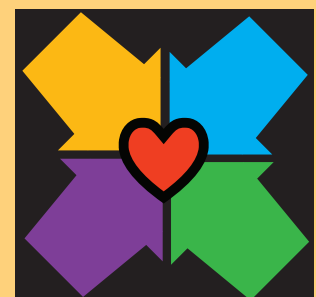
All the residents enjoy Rosemont's new ice cream stand and often "line up" in the afternoon for their frozen treats.

[GMCF Patient Safety](#)

[January Calendar of Events](#)

[February Calendar of Events](#)

[Critical Components of Infection Control Programs in Long Term Care Settings Conference](#)



Patient Safety

Rosemont Nursing Home – a Real Home in Every Sense

At Rosemont Nursing Home in Stone Mountain, the impact of culture change can be seen in the little things: a smile that an ice cream cone brings on a warm day, a cuddle with a friendly puppy, the feeling of home and belonging that comes from watching the evening news in a living room full of personal artifacts, artwork, drapes and carpeting.

“All of us here at Rosemont look at this facility as a home,” said Administrator Mike Ostro. “We hold a lot of in-services to keep the culture change momentum going with the staff. And they’ve responded to it.” He smiled. “In fact, both the staff and the residents have.”

That response can be seen in the home-like warmth of the physical surroundings, and the palpable warmth the staff extends to its residents. While it was a resident’s family member who built the bookcases in the living room, it was a staff nurse who made every single drapery hanging in the home. While Ostro noted that the process of cultural change is a continuous, ongoing one, he pointed to the fact that staff came together with their own personal items from home to help make Rosemont look and feel like a home. Much of the culture change was done with staff finds, community donations and staff initiatives.

“We have very special people who work here,” he affirmed. “They all care about every one of our residents.”

The most dramatic example of Rosemont’s cultural change can be seen in the brightly painted ice cream stand that has quickly turned into a popular meeting place for Rosemont’s residents. More than just a place to enjoy a chocolate ice cream cone, “Sweet Delights,” and much of the surrounding décor, reflects the period in which most of these residents lived.

“We knew we could create something like an old-fashioned storefront that they could relate to, and then give them choices in a snack, and give them some place to go.” The stand, which is staffed, also features a “drive-thru,” complete with wheelchair rails, so that residents in wheelchairs can just approach the stand from the opposite side of the walk-up front and order their own frozen treats.

“The first time we opened the store,” Ostro said, “we brought a resident in who had never spoken a word. We handed her an ice cream cone and she said ‘ice cream.’ I guess that’s what you’d call a ‘grace moment.’” There have been many more moments like that. “The staff is seeing some amazing reactions in the residents,” added Ostro.

The culture change at Rosemont goes further than ice cream. Residents can get up when they want and, even if breakfast has already been served, they have an opportunity to enjoy a continental breakfast, working more on *their* schedule. Meals in the dining room are menu-driven. The residents choose what they want. The Dietary Aides take the residents’ orders and then serve them at the table. “We even have a dessert cart!” laughed Ostro. “It comes around after the meal so that the residents can choose what they want.” This is true even for diabetics or residents on sugar or salt-restricted diets. “As long as they’re aware of the risks,” he said, “it’s their decision.”

And they’re not finished.

“We’re going to have family-style dining soon so that the residents may serve themselves,” he added. “We’re going to build a general store, where the resident can buy pencils, stationary, hair pins, and so forth. It will give them choices, a shopping experience, and provide the availability of items we already know the resident wants.”

When it comes to pulling off culture change in a long-term care environment, it would seem that it definitely takes a village. And at Rosemont, that village would have colorful drapes on the windows, and an ice cream cone to enjoy on any day.



JANUARY 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
			GHA Patient Safety Summit (Jan. 5-6)			
9	10	11	12	13	14	15
				Albany Area Cross Setting 1 p.m.		
16	17	18	19	20	21	22
				Newton Hospital Cross Setting Jan. 20 12:30 - 2 p.m.		
			GHCA Winter Convention (Jan. 19-21)			
23	24	25	26	27	28	29
				Savannah Area Cross Setting 2 p.m.		
30	31					



FEBRUARY 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	31	1	2	3	4	5
			Augusta Area Cross Setting 12 noon			
6	7	8	9	10	11	12
		LaGrange Area Cross Setting 12:30 p.m. Rome Area Cross Setting 9 a.m.	Critical Component of Infection Control Program in Long Term Care Settings Conference – Stockbridge (Feb. 9 – 10)			
13	14	15	16	17	18	19
20	21	22	23	24	25	26
			Columbus Area Cross Setting 10:30 a.m.			
27	28					
30	31		American Heart Month Low Vision Awareness Month National Hypertension Awareness Month			

Conference Agenda

Day 1

Registration 7:30-8:15 a.m.

Education Session..... 8:15 a.m.-5 p.m.
with working lunch

Topics Covered:

- Importance of Infection Control in Long Term Care
- Elements of an Infection Control Program
- Preventing and Managing Outbreaks
- Infection Surveillance

Day 2

Education Session..... 8:15 a.m.-4:30 p.m.
with working lunch

Topics Covered:

- Multidrug Resistant Organisms in Long Term Care
- Key IC Policies and Implementation
- IC-Related Employee Health Issues
- Applying F441 Regulations: The Surveyor Perspective

Faculty

Nimalie Stone, MD – CDC

Teresa Fox, MS.Ed., MT (ASCP), CIC – GDPH

Cindy Prosnak, RN, BSN, CIC – GMCF

Michael Brown, RN, BSN, CIC – GIPN/Wellstar Paulding

Michelle Nelson, RN, BSN, MS - HFRD

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Critical Components of Infection Control Programs in Long Term Care Settings

Presented in partnership with:

Georgia Medical Care Foundation (GMCF)

Georgia Health Care Association (GHCA)

Georgia Department of Community Health / Division of Public Health

Georgia Healthcare Facilities Regulation Division (HFRD)

Centers for Disease Control and Prevention (CDC)

Georgia Infection Prevention Network (GIPN)

2011 Conference Dates and Locations:

February 9-10.....Stockbridge

March 9-10 Gainesville

April 13-14 Tifton

Recommended audience for this training:

Long Term Care Facility Infection Prevention and Control Coordinators
or staff responsible for infection prevention and control activities



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH



Training Objectives

Upon completion of this 2-day training participants will be able to:

- Identify practices to prevent and control infections in the long-term care setting
- Develop approaches to outbreak identification and investigation
- Describe strategies for managing specific MDROs in the LTC setting
- Understand basic surveillance methods in LTC, analyze data and define strategies for tracking and trending
- Identify key infection prevention policies as they relate to the LTC setting

2011 Conference Dates and Locations

February 9-10, 2011

GHCA Facility
160 Country Club Drive, Stockbridge 30281

March 9-10, 2011

Hilton Garden Inn
1735 Browns Bridge Road, Gainesville 30501

April 13-14, 2011

UGA Tifton Campus Conference Center
15 RDC Road, Tifton 31793

Local hotel information available upon registration.

Conference dress is comfortable and casual.
Meeting room temperatures vary – bring a sweater or jacket.

Registration Form

Registration: 7:30 a.m.

Program: 8:15 a.m.-5:00 p.m.

Please indicate conference date and location:

Date _____ Location _____

Attendee _____ E-mail _____

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Refreshment charge per person: \$70.00

Covers the morning/afternoon refreshments and lunch both days.

Method of Payment Visa MC Discover Amex

Card # _____

Expiration _____ Security Code _____ Amount \$ _____

Card Billing Address _____

Phone _____

Name: _____ Signature: _____

FAX this registration form back to: 678-289-6400

You may also register online at www.ghca.info or mail your registration with credit card information or check to: Georgia Health Care Association, 160 Country Club Drive, Stockbridge, GA 30281

Please complete a Long Term Care Infection Control Needs Assessment at:
www.surveymonkey.com/s/LTCneeds

IMPORTANT:

Complete survey and register early.

Attendance is limited to 60 per session – one participant per facility.

Recommended audience for this training:

Long Term Care Facility Infection Prevention and Control Coordinators
or staff responsible for infection prevention and control activities

Registration closes one (1) week prior to event date.