

# HEALTHCARE RESEARCH, INC.

## Grant Final Report

### 1. Project Name.

Culture Change Network of Georgia

### 2. Organization.

Housed at the Georgia Institute on Aging (the education arm of Aging Services of Georgia)

### 3. Review Project operations and program specifics.

We have very successfully completed the project. Based on the grant objectives of the proposal, we focused on expanding our reach and providing tremendous value.

With a premier focus on connecting with all nursing homes in Georgia, the CCNG was also successful in making connections with providers throughout the continuum of aging services. We continued defining culture change, increasing awareness and sharing ideas and information. The CCNG has supported providers as they both start and continue to identify ways they are transforming their organizations and practices by building common knowledge, support and commitment to person-centered long-term care. We have developed and presented credible, relevant material, information and resources to enable providers in Georgia to adopt and integrate person-centered care, and have continued to position the state as a leader in providing quality care for our older Georgians. See #5 for accomplishments relating to presenting/speaking at events, and development and dissemination of the website, webinars and the Culture Change Connection™ newsletter.

We have continued to develop and grow the group of advisory partners. We added the Georgia LANE (local area network of Advancing Excellence in Nursing Homes) to the CCNG. We collaborated with gmcf and GHCA on the Advancing Excellence disparity pilot project with CMS (working with three identified nursing homes in Macon – ongoing), provided training for state surveyors via DCH, worked with office of the LTC State Ombudsman and GA Council on Aging regarding the use of CMP funds, provided leadership via the academic community to develop two symposia via UGA and Valdosta State University, as well as a presentation at GA Tech. Our three task groups continued their work regarding 1) Practice; 2) Communication/Outreach/Education; and 3) policy issues. We also convened a development task group to begin formalizing our needs via the network structure and a working budget. After meeting with the Director of Medicaid, we began making preparations for a proposal to DCH to request CMP funds in 2011 to support the work of CCNG.

We have been successful in the continued development of the CCNG website, developed the Culture Change Connection™ (e-newsletter) which now has a national reach. It contains news from Georgia providers celebrating their work in culture change as well as highlighting culture change news, events and best practices from around the county. The website has had over 19,800 visits this year. We completed the development of a new logo and are currently updating the website to post webinars and materials developed this year. Three new webinars were developed and recorded to be posted on the Culture Change Network of Georgia updated website in January:

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1. *CMS Quality of Life Survey Guideline Revisions* (Alfreda Walker, MSN, RN, Manager Survey Branch CMS-Region IV)
2. *Preparing for the "Informed" Consumer: Are you Ready?* (Kim McRae, CCNG Coordinator)
3. *Promoting Culture Change in Your Organization* (Kim McRae, CCNG Coordinator)

Once the website is updated, we will provide a notice/flyer to all nursing homes in Georgia so they will be reminded to access this new information at their convenience 24/7.

We continue to encourage nursing homes to complete the *Artifacts of Culture Change* assessment tool to help them gauge and measure themselves. We have set up a workgroup of leading affordable housing provider organizations from six other states and completed the draft assessment tool for this arena (*Instrumenting Culture Change in Affordable Housing*). We are working on the corresponding "instrument" with adult day providers in Georgia. When complete, we will have adult day providers from several other states help edit the document before it is posted for providers to use. These instruments will help providers gauge and measure implementation of culture changes efforts in their organizations

We held the 3<sup>rd</sup> Annual Culture Change Network of GA Summit at the Loudermilk Center, October 14, 2010. Funds were used to sponsor the main speaker LaVrene Norton, "How to Implement Culture Change". The event was extremely successful with 178 attendees. The Governor designated October 14<sup>th</sup> as *Culture Change Day in Georgia* and Representative Tom Dickson (chair, Human Relations & Aging Committee) presented greetings from the Governor and presented the proclamation. He was very interested that so many people would come together to focus on advancing this work in Georgia with such an atmosphere of enthusiasm, energy and cooperation. Funds were used as requested to provide 50 registration scholarships (with a focus on direct care staff) to the 3rd Summit - a total of 54 scholarships were provided. Registration and scholarship notices were sent to every nursing home in Georgia and 250 other providers of housing and community-based services.

Over 500 "*Be with Me Today*" DVDs by Richard Taylor were sent to every nursing home in the state, along with over 150 housing/community-based providers including adult day programs and each regional ombudsman. Have a Good Life Media donated an additional 89 DVDs to share with national leaders, state staff and staff working in various provider and membership organizations throughout Georgia.

**4. Explain any changes from original proposal.**

We were able to complete all the work, accomplishing more than originally proposed. We will send a specific notice to all nursing homes in Georgia when the website is updated with the new logo and new materials are posted.

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**5. Summarize participation by individuals/providers/organizations.**

It was very exciting to see the diverse group of 178 participants at the summit. Staff attended from Nursing Homes, Assisted Living, Affordable and Market Rate Senior Housing, Continuing Care Retirement Communities, Home & Community-Based Services organizations, Senior Centers, Hospice, Adult Day Services, Area Agencies on Aging, Ombudsman, CMS, State Government, Georgia Council on Aging, gmcf, Alzheimer's Association, Consumers, and others (Elder Law Attorney, Private Social Worker, Architect, etc.). We were thrilled to see more nursing home and direct care staff attending this year.

We have been very successful expanding the reach of culture change in Georgia. Culture change training was included in the following training events in Georgia via support from this grant:

|               |   |
|---------------|---|
| 178 Attendees | 3 <sup>rd</sup> Annual Culture Change Summit                                    |
| 95 Attendees  | Elderly Housing Symposium   |
| 65 Attendees  | GHCA Annual Conference 2-Part workshop  |
| 23 Attendees  | Adult Day Symposium   |
| 20 Attendees  | Leadership Development Program  |
| 34 Attendees  | Aging Services of Georgia Annual Conference workshop                            |
| 62 Attendees  | Assisted Living Symposium   |
| 36 Attendees  | Activity Professional Symposium   |
| 22 Attendees  | Georgia Tech's Design and Technology for Healthy Aging Initiative               |
| 270 Attendees | Changing the Culture of LTC in Georgia Symposia (200 in Athens; 70 in Valdosta) |
| 74 Attendees  | Southeastern Affordable Housing Management GA Conference workshop               |
| 155 Attendees | UGA Thinking Outside the Box Conference   |
| 95 Attendees  | DCH Staff Training  |
| 20 Attendees  | Georgia Association of Area Agencies on Aging                                   |

We had the opportunity to present nationally (featuring our work in GA) to the following groups: The national Pioneer Network Conference, AAHSA Executive Forum, The National Consumer Voice Conference (formerly NCCNHR), the National Association of States United for Aging and Disabilities (NASUAD) Joint Conference with National Home and Community Based Services (HCBS) Conference, and CEAL (Center for Excellence in Assisted Living) Webinar.

*"Many Paths to Person-Centered Care"* DVD series was mailed to every nursing home in Georgia and every regional ombudsman, as well as other leaders in the field of aging services.

Reminder: *"Many Paths to Person-Centered Care"* (from the 2009 grant) is a set of three DVDs featuring Carmen Bowman's presentations from the 1<sup>st</sup> Annual Summit (3 hr 30 min total) with downloadable handout materials. Topics include: What is Culture Change (1 hr 23 mins); Artifacts of Culture Change: An Organizational Readiness and Assessment Tool (48 mins); and Individualized Care Planning: Getting to Know the Person (1 hr 19 mins).

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Georgia was one of four states chosen to participate in the National Consumer Pilot with Pioneer Network. CCNG Advisory group members were hosts and facilitators of 12 groups of approximately 120 consumers, to pilot materials and an approach to teach consumers about culture change and person-centered care. Georgia has been chosen to participate in the second pilot to begin in 2011. The CCNG will be partnering with The Center for Positive Aging to set up group events to pilot the approach and use the materials to reach consumers in 2011.

**6. Explain how the Project promoted quality of medical care.**

Culture change and deep system change refers to the transformation of nursing homes from an “acute care” or “institutional” medical model to a “consumer-directed” model. Transformative nursing homes moving towards “non-institutional” care promote autonomy, choice and control for residents and those that work most closely with them. Culture change initiatives recognize the necessity for improvement in both care quality and work life quality in long-term care, and explicitly recognize the important link between these. Acknowledging the vital role of direct-care staff in providing high-quality care is key, as is the importance of “empowering” these staff to improve the quality of their work experience, including the effectiveness of their work.

Culture change initiatives explicitly identify organizational culture as a significant part of the current quality problem and, as such, a necessary focus of change. This explicit recognition that staff training and education are not adequate for improving practice and/or work life quality sets culture change initiatives apart from many other practice and quality improvement efforts in the industry.

The Advancing Excellence in America’s Nursing Homes (AE) Campaign and the LANE (Local Area Networks of Excellence) became “housed” with the CCNG. The Campaign, which has 100% participation in Georgia, supports statewide coalitions of stakeholders (called the LANEs), which are the central organization within a state to support participating nursing homes in achieving their clinical and organizational goals and help the Campaign succeed. AE goals focus on efforts to improve quality of care and quality of life in nursing homes. The GA LANE was asked to participate in a national Disparity Pilot and is working with three nursing homes in Macon.

Consistent assignment, one of the goals, is an alternative staffing model and a big “part” of culture change. Specifically, it refers to a staffing model in which patients are cared for each day by the same staff members, rather than having the clinical staff rotate its assignments from one group of patients to another. It has been shown to significantly impact such factors as staff retention, resident and family satisfaction, and even clinical outcomes. Studies have documented a solid evidence base that consistent assignment lowers turnover (AE Goal 7), improves resident and family satisfaction scores (AE Goal 6), and improves the ability of staff to recognize and address clinical issues at their earliest, most preventable stages (AE Goals 1 – 4). The implementation of consistent assignment is the eighth and final goal in the Advancing Excellence in America’s Nursing Homes campaign, and it may well be the linchpin for the entire initiative.

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In long-term care, the work has an inherent meaning for people attracted to caring for others. Yet, management systems such as rotating assignment can interfere with, rather than support, the caring connection with patients that draws people to caregiving work. Fundamentally, the implementation of consistent staff assignment creates work situations that build on the intrinsic motivation of many staff members—the opportunity to form and sustain close relationships with the patients.

When staff care for the same people daily, they become familiar with their needs and desires, and their work is easier because they are not spending extra time getting to know what each patient prefers. Knowing the patients' routines and preferences, as well as their family members, can only come about through consistent personal exposure over time. As staff members remember the patients' routines, they are likely to be praised by more satisfied patients and families, thus enhancing their own self esteem and, perhaps, lowering their thoughts of leaving a facility. Therefore, consistent assignment fuels success in AE Goal 6 (satisfaction) and Goal 7 (staff turnover).

Culture change has been proven to improve both quality of care and quality of life. Supportive findings compiled from national research include:

- Fewer survey citations;
- Better differences in quality of care outcomes (as measured by survey citations);
- Culture change adopters are more likely than traditional facilities to implement resident-centered care approaches;
- Culture change adopters have initiated a range of staff empowerment initiatives;
- Direct care workers are more likely to have leadership opportunities and be authorized to make decisions about delivering resident care in nursing facilities that self-identify as culture change adopters;
- The more culture change principles are embraced, the greater the increase in staff retention and occupancy rates and the greater the decrease in operational costs;
- Committed leadership is a driver of change;
- Annualized turnover rate for certified nurse assistants (CNAs) declined from 94 percent to 38 percent;
- The turnover rate for licensed nursing staff declined from 43 percent to 11 percent;
- The nursing staff only worked with less than the optimal number of staff ("short staffed") on 10 occasions in 280 days—less than a 3 percent chance a neighborhood would work understaffed on any given day;
- Nursing department staff call-offs declined by 40 percent;
- Patients at high risk with pressure ulcers dropped from 25 percent to 11 percent;
- Residents at low risk with pressure ulcers declined from 4.5 percent to 0 percent;
- The overall occupancy rate of the facility increased from 82 percent to 94 percent.
- Better differences in per bed net income and operating margins (which will financially support these organizations staying in business!)

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In her article, “Beyond ‘Unloving Care’: Linking Human Resource Management and Patient Care Quality in Nursing Homes” (*International Journal of Human Resource Management*, June 11, 2000), researcher Susan Eaton notes that staff retention is all about relationships. Good relationships are at the heart of good work environments, she says, including relationships with co-workers; across departments; with supervisors; with the organization; and, in the case of long term care facilities, with patients and their families.

“A lot of research shows that by far the most important thing for long-term residents, for quality of life and quality of care, is their relationships with their caregivers,” said Barbara Bowers, a nursing professor and researcher at the University of Wisconsin, Madison. “Most people would actually take inferior technical care done by somebody they care about, who cares about them,” over skilled care by a string of strangers, she said.

As you know, the mission of the Culture Change Network of Georgia is to promote and foster culture change to improve the quality of life for older Georgians and those closest to them in all settings where aging services are delivered. In 2010 we have broadened our focus and expanded our reach to define culture change; increase awareness; educate; share ideas; and highlight programs and promising practices that can be replicated throughout the state.

We have focused on person-centered, person-directed and individualized care as well as the importance of focusing on building relationships. We have emphasized the values of “knowing each person;” “relationship is the fundamental building block of a transformed culture;” “each person can and does make a difference;” and “put the person before the task.” The Richard Taylor DVD, “*Be with me TODAY!*” is about humanizing dementia care by looking at it from the perspective of someone who is living with dementia, as well as some “basic” education on dementia. The three-part DVD series “*Many Paths to Person-Centered Care*” includes tools to help organizations implement culture change. In fact the theme of our 3<sup>rd</sup> Summit was “Getting to Know All About YOU!” We have been intentional about focusing on the personal and organizational transformation ~ to help each individual have a ‘personal AH-HA’ moment where they realize that things CAN be different within themselves and the cultures of their organizations...

All of our work to date promotes quality of medical care, as well as quality of life, for the elders and those closest to them.

**7. Summarize results of program evaluation feedback from participants.**

The Culture Change Network of Georgia Advisory Partners carefully crafted the 3<sup>rd</sup> Summit to ensure its success. The group debriefed after the summit. Participants of the summit completed evaluations, which were excellent. Many attendees noted that they wanted to have more of these sessions more often. We asked each attendee to rank their knowledge of culture change using a scale of 1 to 10 at the beginning of the event (pre-test) and at the end of the event (post-test). The average “pre-test” score was 4.18 and the average “post-test” score was 7.87. This represents an 88% increase in the understanding of the topic by the attendees.

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In addition, we asked attendees to provide their “AH-HA” moment for the day. Here are a few “AH-HAs” from the summit:

- \* “My biggest takeaway was the value of relationships with our clients, even those who have dementia.”
- \* “I understand even “more” now about... Creating a welcoming environment causes my clients and residents to open up and respond to my care more easily.”
- \* “For me it was a lot, but what struck out the most is the organization alone (Culture Change). How they are so concerned about not just the residents but they are concerned about the employees as well.”
- \* “By changing simple things like the name you address your resident, or sitting with a resident, or knocking on the door - you could change the whole mood of your resident and make them feel at home instead of institutionalized.”
- \* “To treat resident always as people – not like a kid – just because they are not able to do things they used to.”
- \* “Doing what’s best for each individual and their needs. Changing things to fit their individual needs.”

Additionally, the CCNG provided significant support to the two symposia in Athens and Valdosta. Kim McRae made the connections to develop the program. The evaluations of both were excellent. Specific evaluation regarding the Athens symposia include over 95% of attendees gave an “A” score to the event. The “pre-test” knowledge of culture change (on a scale of 1 to 10) was 4.38, and “post-test” knowledge was 8.37. This represents a 91% increase in culture change knowledge. Several comments and specific “AH-HA” moments from the Athens symposium include:

- \* “I learned a lot about Culture Changes in Long-Term Care. I would like to know much, much more. The seminar was excellent, educational and a must to know.”
- \* “One of the BEST meetings I have attended! Reignited my HEART for my passions as a professional in LTC. Thank You! Thank You!”
- \* “We needed this... Nurses go into healthcare because they care and now maybe the focus will be put to the PERSON or resident.”
- \* “The one reason culture change is here to stay is as good as a facility is, most individuals wouldn’t want to live there.”
- \* “That it is possible to provide high quality care (medical, physical, environmental) in ways which do not tear down, but build up, the individual person’s whole being.”
- \* “Seniors come to life when life has meaning.”
- \* “Relationships are the heart of life.”
- \* “This whole day has technically been an “Ah-ha” moment. A lot of the issues discussed were truly eye-opening.”

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Another example of evaluations and “AH-HA” moments gathered are from participants who heard Richard Taylor (who is living with dementia, probably of the Alzheimer’s type) speak on Humanizing Dementia Care at the Assisted Living symposium:

- \* “Awesome! I am touched and I pray I will become “humanized.” I believe his message should be shared with all caregivers whether or not they work with residents with dementia. It is a universal message.”
- \* ““I know now people with Alzheimer’s are whole people, and are to be treated the way I would like to be treated. Mr. Richard’s speech was very interesting. I have learned so much more today than I have learned in all the years that I have been a C.N.A.”
- \* “Richard Taylor’s speaking made me feel even more compassion for residents with Alzheimer’s and dementia. Meeting someone that has been diagnosed with the disease made me feel how people with Alzheimer’s feel everyday. It makes me value my job even more.”
- \* “I am overwhelmed with the information. I’ve never looked at Alzheimer’s in the way Richard explained. It’s definitely a standing ovation and I’m very grateful to have listened to him, so much more I can do for my residents in giving them a quality of life!”
- \* “Always live life in the other’s shoes.”
- \* “Wow! This is an awakening. Very informative. Wonderful presentation. Eye-opening. Mind-opening. This presentation changed my entire perspective!”

**8. Provide status of plans for distributing/publishing materials and findings from the project to the public and/or private health care community.**

Registration for the summit was distributed via many email groups of supporting organizations (Alzheimer’s Association, ARC, Ombudsman, gmc, etc.) Also, we mailed hard copies of registration forms to all nursing homes in Georgia as well as approximately 250 other providers of housing and services for seniors in Georgia. Webinars are posted on the Website for 24/7 access. Findings from the two culture change symposia will be included in the “Georgia for a Lifetime” project report for the Governor’s office developed by the Georgia Council on Aging. We have been sharing the story of the development of culture change work at a national level (see list in #5). Findings from the national consumer education pilot projects will be shared nationally as well.

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**9. Provide a final accounting as to grant and other funds used on the Project (including any in-kind contributions).**

Funds were used as specified. Have a Good Life (Kim McRae, our CCNG coordinator) provided in-kind time equivalent of a part-time job. Have a Good Life Media provided 89 additional "Be With Me Today" DVDs, 10 Richard Taylor books and 18 sets of the "Many Paths" DVD series. Also, the Georgia Institute on Aging provided significant staff time, space and office materials to support the project.

**10. What is your organization's assessment of the success of the project? What type of follow-up, if any, would you recommend?**

The project continues to be a tremendous success. We provide a significant amount of training and materials that can be used throughout the state (and beyond) to promote quality of care for older Georgians. We are making meaningful connections with staff all over the state and they are asking for more information and training. We have been able to bring a comprehensive group of stakeholders to the table that are all working together for the greater good of promoting culture change in Georgia.

We need to continue the momentum while at the same time, searching for on-going funding. We have spoken to the Department of Community Health regarding submitting a proposal to use CMP to fund the work of the CCNG. We convened a development task group to begin formalizing our needs via the network structure and a working budget. We are researching ways to show more detailed outcomes possibly connecting with My Innerview data and the QIO.

I certify that the information contained herein is, to the best of my knowledge, true, correct and complete as of the date hereof.

Name: Walter D Caffey Date: 12-27-10  
Title: President/CEO

Please provide typed responses and return to HealthCare Research, Inc., 1455 Lincoln Parkway, Suite 800, Atlanta, Georgia 30346.

HEALTHCARE RESEARCH, INC.