

Culture Change in Nursing Homes: Improving Quality of Care and Life

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I dwell in possibility.

- Emily Dickinson



cul·ture

Culture is how different aspects of human conduct

- **roles**
- **norms**
- **values**
- **customs**
- **likes**
- **symbols**
- **language**
- **priorities**

come together and create a group of uniquely different individuals into a community with a distinct identity.



Culture Change – What it is NOT

Fleeting
Insignificant



Culture Change – What it IS



- **Deep**
- **Systemic**
- **Enduring**



Culture Change

Quality improvement approach for shifting from an *institutional model* characterized by *top-down power structures* and a *medical orientation* to a *person-centered* one distinguishable by *smaller self-contained living areas*, the *blurring of staff roles* and a *flattened organizational structure* in which those who work closest to residents are *empowered* with decision making authority. - Planetree



Traditional Nursing Home Culture

- Institution-centered
 - Hospital/industrial model of care
 - Facility leadership/staff have control
 - Residents perceived as sick/unable to care for themselves
 - Organized for the efficient operation of the facility
 - Overall design/operating procedures similar to those in hospitals



Traditional Nursing Home Culture

- Basic premise (Bill Thomas) –
 - Disease
 - Disability
 - Decline
- Quality measured by the lack of “bad” outcomes
- Convinced that we are powerless to alter the quality of life
- Not intended for places where people live



Common Elements of Culture Change

- Resident-direction in care and daily activities
- A home atmosphere
- Close relationships between residents, family members and staff
- Staff empowerment
- Collaborative decision-making
- Quality improvement processes

- Koren, MJ (2010)



Culture Change Staging Model

- Institutional
- Transformational
- Neighborhood
- Household
 - Resident-directed decision-making
 - Universal workers who function in multiple roles
 - Self-contained living areas with 24 or fewer residents
 - Decentralized core services
 - Decentralized, autonomous and multidisciplinary teams
 - Leadership practices supportive of change and process management

- Grant, LA and Norton, L (2003)



“Complete” Culture Change Adopters

- Including direct care workers & residents as a regular part of the senior management team
- Involving residents in decision-making, including creating calendars for social events, activities and outings
- Creating self-managed work teams, and
- Involving residents in decisions about who provides their hands-on care

- Sterns, S Miller, SC & Allen, S (2010)



The Case for Change



- Good business
 - **Strengthens viability**
 - **Builds reputation**
 - **Accrues savings**
- Quality of Care
 - **Improved resident well-being**
 - **Decrease in falls/injuries**
 - **Decrease in the use of psychotropic drugs**
 - **Decrease in weight loss**



The Case for Change

- Quality of Life
 - **Greater family and resident satisfaction**
- Workforce
 - **Improved staff satisfaction**
 - **Improved workforce stability/Decreased turnover**
- Pay for Performance (P4P)
 - **More states moving toward P4P**
 - **Often reward the adoption of culture change**



Myths & Misconceptions

- Providing resident-centered care is too costly.
- Resident centered care is nice, but not necessary.
- A resident-centered approach won't work for us . . . We are in a unique situation.
- We are embarking on this journey *FOR* our residents.
- Resident-directed care makes sense in theory, but not all residents have the ability to direct their care.



Myths & Misconceptions

- Our residents aren't complaining, so we must be doing a good job.
- Resident-centered care conflicts with regulations.
- Providing resident-centered care is just one more thing to do by staff who are already stretched thin as it is.
- A deficiency free survey means that we are already doing a great job.
- If we focus on quality of life, we will compromise quality of care.



Myths & Misconceptions

- Until we can invest in significant renovation to our building environment, true culture change is an elusive aim
- We can't please all of the residents all of the time. Providing expansive choice to our residents will wreak havoc and set up for not being able to meet their demands.
- As a staff member, I'd love to do this, but I don't have permission.
- Resident-centered care is just a re-packaging of another initiative we're already doing or one we tried before.



Myths & Misconceptions

- Empowering residents and families will heighten risk of litigation.
- There is nothing wrong with our culture. It doesn't need to be changed.
- My staff/residents can't/won't actively participate in culture change efforts.
- Culture change takes too long. It will be several years before we reap the benefits.
- Culture change only applies to nursing homes.
- Resident-centered care only benefits residents.



Leadership Matters

- Ready or not --- You are the leader
- Bring out the best in each employee
- Walk the talk
- Model honesty & authenticity
- Make sure everyone has the whole picture
- Celebrate the good news and brainstorm about the bad
- Never underestimate the power of positive feedback



Leadership Matters

- Teach staff to think for themselves
- De-escalate conflict
- Understand and adapt to different developmental stages
- Help staff from different cultures understand one another
- Recognize socioeconomic differences – and help out where you can
- Don't play favorites
- Include your staff in decision-making and problem-solving
- Don't blame employees for problems caused by the system

Meeting the Leadership Challenge in Long-Term Care: What You Do Matters

David Farrell, Cathie Brady, & Barbara Frank



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Resources

- LEADER – www.LaLEADER.org
- Pioneer Network – www.pioneernetwork.net
- Louisiana State Long-term Care Ombudsman – Linda Sadden – LASadden@goea.la.gov



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Thank you!

