

the rocky road to culture change

(It can be rough!)



Presented by:
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Joliet, IL

Past President and Founding Member,
Illinois Pioneer Coalition

A little bit about us.



We WERE the County Poor Farm.



The very first thing we did!

Buffet Dining

- ⦿ Each meal is 2 hours
- ⦿ Facility "schedule" becomes flexible.
- ⦿ Residents have CHOICES!



With NO input
from the
residents!

This was bad!

What we learned.

- ⦿ They loved seeing the food they were choosing (at first).
- ⦿ Small changes will allow residents choices.
- ⦿ They loved not having trays on the table, table cloths or placemats and fresh flowers.
- ⦿ It is the dining experience that matters most.
- ⦿ Dining Room Music?
- ⦿ ASK your residents what they want.

At the table.



What you should do first!

- ◎ Identify your leaders.
- ◎ Who are they?
- ◎ Leadership HAS to accept the philosophy of person centered care!
- ◎ Mission and Vision Statements!

Evelyn's Dream Come True!



Dreams can still come true.

- ◎ Second Wind Dreams
- ◎ Twilight Wish Foundation



It's Never Too Late



Our Latest Wish



Goal: 100 cards for 100th Birthday!
Actual: 3248 received, 42 states, New Zealand and Canada

Resident Choice Groups

- Allows residents the opportunity to voice their opinions and be a part of the decision.
- Have informal discussions and end with an agreed upon consensus.
- Make sure that there is follow-through!
- Administration **MUST** give the decision making power to resident.
- The group will need to grow in their ability to influence facility decisions.

Learning Circles



The Learning Circle



Pets....should they
move in or visit?



"I" Centered Care Plans.

So simple, yet so powerful!
This is the beginning of staff
transformation!

But be ready for pushback!

Permanent assignments....

It's all about relationships!



Get Up When You Wake Up

- ⊙ Allows residents to sleep as long as they like and stay up as long as they want.
- ⊙ Life in the home becomes more flexible.



Bereavement Team

- ⊙ Includes Residents and Staff
 - A Team Leader and Team Captains from each unit that in turn recruits volunteers from all shifts to represent the Team.
- ⊙ Evolved from Resident Choice Committee request.
- ⊙ It's ALL about respect!
- ⊙ Our Purpose is: to support the resident and the family through the process of dying as well as honor the memory of the person. If there is no family, we will do our best to make sure that the resident does not die alone. We will promote death with dignity, and educate others about the purpose of the team.

- When resident passes, Chimes should precede the announcement made in facility. Nurse to call funeral director and remind them to:
 - Bring the Proper drape to cover the body
 - Park at the front door
- When the funeral director arrives to remove the body, the receptionist should ring the **chimes** on the overhead paging system. (No announcement should be made at this time)
- Staff and Residents should then go to the Residents room and walk with the body out the front door

Set up the memorial table.



Our Announcement

Dear Members of
our Sunny Hill
family:
Please join us in a
moment of reflection
to honor the passing
of our dear friend
and Resident



Our challenge (believe it or not)!

Funeral Directors

Scheduled Room Cleaning Times

- ⊙ Allows residents input into a decision that effects their daily routine.
- ⊙ Most of the residents will not have a preference, but will be pleased that they were asked.
- ⊙ It's all about giving choices!

How about inviting Residents to facility in-services?

- ⊙ All of the educational opportunities available in our buildings and we don't include the residents!
- ⊙ Some possibilities:
 - Diabetic Diets
 - Disease Specific
 - Fall Prevention
 - Code/Safety In-services

Resident Interview Committee

Residents make the final choice for all new staff.



The Top 5 Reasons Residents Should Hire Staff

1. They are the Boss and remain in control of their lives.
2. Shows management has respect for their opinions.
3. The "pecking" order is established before hired.
4. Potential employees establish a relationship with residents before they even meet their co-workers.
5. Staff respects residents as decision making adults.

The Details....

- ⊙ Since October 2007
- ⊙ Average 4-6 residents in group
- ⊙ Monday & Friday @ 1:30 commitment
- ⊙ Residents make the FINAL decision-no exceptions


What staff has to say....

- ⊙ I had never worked in this profession but had visions of what a nursing home was like. The interview changed my opinion totally.
- ⊙ I still think of that interview after 3 ½ years. They have insights we don't just because of their life experiences. I sometimes talk to the residents that interviewed me about that time when they approved me. I was more nervous with them than I was the DON.
- ⊙ It was nice to know residents on my first day. 3 of them sought me out to welcome me.

- ⊙ A few of the residents remembered me and told me that they were glad they hired me. It boosted my confidence and helped me feel welcome.
- ⊙ I hope that when I need someone to care for me that I might have some input into who is caring for me. This interview process is empowering for all.
- ⊙ Giving residents the freedom to choose the people they want makes them feel safer and more secure. It helps them feel that they are still in charge of their life.

- ### Those that didn't get hired....
- ⊙ I would hesitate – doesn't seem to know about the elderly. Didn't understand the questions. I wasn't impressed. She was difficult to pin down.
 - ⊙ Told us more about her son than herself. She just kept talking and talking and talking!
 - ⊙ I couldn't figure her out, she kept looking at our papers to see if we had the answers to the questions.


- ⊙ Not dressed appropriately.
- ⊙ Didn't understand many of the questions. Sat away from the table and kept wiping her nose. Looked like she had been drinking.
- ⊙ Too casual for an interview. Had a bandanna on her head.



Motivation is the art of getting people to do what you want them to do because they want to do it.


Dwight D. Eisenhower


Bibs



The "clothing protector" dilemma

Alarms





NONE!

But it took forever!

Life Stories

In cooperation with
Joliet Public Library
Our elder's lives are
being shared with
the community.



A YMCA membership is very affordable!



Intergenerational Summer Camp



Partnered with the local Park District day
camp program and local daycare.

Have anywhere from 100 – 170 children
participate throughout the 3 day period.

Crafts, music and games.

Each day an award is given to a camper
that "Made a Difference" in a resident's
life at day camp.

Staying Involved and Connected

Skype, email, wifi, texting, instant
messaging, for all!



Keeping in
touch.

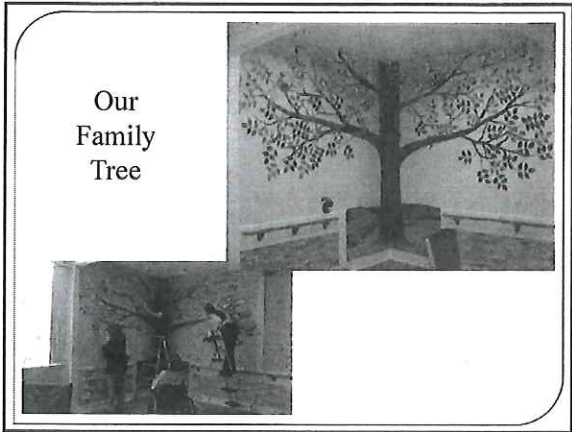
Care plans.

Giving back to the community.

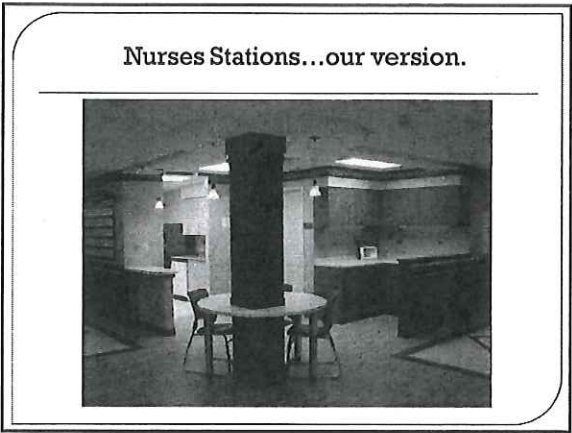


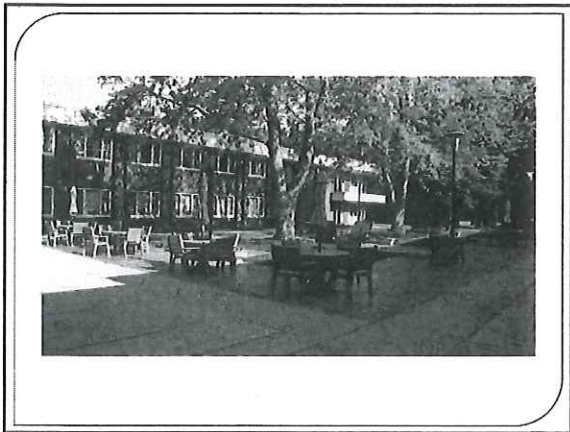
Celebrating Our Team Member's Talents





What makes us different.





And now the
BIG
 one!



Why have private rooms?

- Residents, Families and Staff prefer private rooms.
- Shared bedrooms are linked with infections and sleep problems. (Sleep problems are linked to falls.)
- Less staff time spent on resident conflict.
- Private rooms are easier to market.
- Shared rooms means no privacy. Not even the opportunity to have a private conversation.
- More room for transfer equipment.



2227

Exploring the Cost and Value of Private Versus Shared Bedrooms in Nursing Homes

Margaret Fisher, PhD, and Barbara Emswiler

Journal of Health Politics, Policy and Law

Abstract: This article examines the impact of private versus shared bedrooms on the financial performance of nursing homes. The authors analyze data from a national survey of nursing homes, focusing on the relationship between room type and various financial metrics such as occupancy rates, revenue, and costs. The study finds that private rooms generally result in higher occupancy rates and revenue, but also incur higher costs. The authors discuss the implications of these findings for nursing home management and policy.



More.....

Challenges:

Language – Expired, Feeder

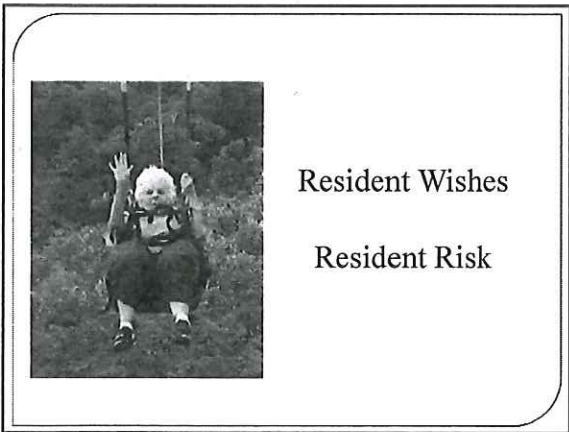
Maintaining Change :

Staff – but it has always been this way!

Laundry Delivery

Successes:

Empowering Residents



Resident Wishes

Resident Risk

Artifacts Mini Tool

Residents are offered alternative style of dining?

Snacks/drinks are available to all residents at no additional costs in a stocked pantry, refrigerator or snack bar?

Baked goods are baked on resident living areas?

Home celebrates each resident's birthday individually?

Home has a dog or cat?

Home permits resident to bring their own dog to live with them?

Waking/bed times are chosen by residents?

Residents can get a bath/shower as often as they like?

Memorials/remembrances are held for individual upon their death?

"I" format is used for Care Plans?

Traditional nurse's stations have been eliminated?

Resident bathroom mirrors are wheelchair accessible?

Closets have moveable rods that can be set to different heights?

Residents have regular access to internet?

Helpful Resources

Illinois Pioneer Coalition – Leading The Way to Person Centered Living in Long Term Care www.illinoispioneercoalition.org

Artifacts of Culture Change tool available online at www.pioneernetwork.net.

Second Wind Dreams – Changing the Perception of Aging <http://www.secondwind.org/>

Twilight Wish Foundation – Celebrating Seniors and Making Dreams Come true <http://www.twilightwish.org/>

Action Pact – Rules for a Learning Circle <http://www.actionpact.com/assets/cache/learning-circle.pdf>

The Gerontologist – Cost of Private vs Shared Rooms http://www.ideasinstitute.org/media/Gerontologist_Bedroom_paper.pdf

Once a person is armed with the understanding that human rights are being violated,

that person has a choice.

To continue the status quo is to be an accomplice;

to work toward change is to be a liberator.

Steve Shields, CEO, Meadowlark Hills, Manhattan Kansas

2 final bits of advice.....

Person-Centered Care is an

Attitude

not a Procedure.

NEVER, EVER GIVE UP!

**the rocky road to
culture change**

(It can be rough!)

Questions?

Presented by:

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President, Illinois Pioneer Coalition BOD

The Learning Circle

Action Pact, Inc. www.culturechangenow.com



Participants: Participants may include workers, residents, family, and community members or any combination thereof. The ideal number of circle participants is 10-15. If more than 20 are involved, consider suggesting that everyone limit their responses to a sentence or two.

Goal: To develop common ground and mutual respect among the diversity of the nursing home residents, direct care givers, families, management, different departments, and professions.

RULES FOR THE LEARNING CIRCLE:

Everyone sits in a circle without tables or other obstructions blocking their view of one another.

One person is the facilitator to pose the question or issue. (The question and facilitator may have been determined ahead of time by the team/individual planning the circle. If a universally negative response to a question is predicted, consider shaping the question into two parts. For example: "Share one thing that worries you and one thing that excites you about...")

Be aware that emotional topics can be overwhelmingly in large circles. If the facilitator believes a question will elicit strong feelings of sadness, depression, grief, or anger limit the number of participants to 8-10 and keep them apprised of the time allotted for the circle so they may adjust themselves emotionally. Keep the time per person fairly short (30 seconds is good.) Remember you will be opening it up for discussion immediately after, and it does not take too long to share the feeling. The interpretation or the reasons why would, in this circumstance, be better in general discussion so that people may support, motivate, placate, and cheer as needed.

The facilitator poses the question or issue and asks for a volunteer. A volunteer in the circle responds with his/her thoughts on the chosen topic. The person sitting to the right or left or the first respondent goes next, followed one by one around the circle until everyone has spoken on the subject without interruption.

No cross talk. The facilitator should have made this rule clear at the beginning so that they do not need to interrupt often to enforce the rule of no talking across the circle. (Involuntary laughter and simple words of empathy should not be quelled. But others may not add their thoughts or opinions on an issue until it is their turn to speak.)

One may choose to pass rather than to speak when their time comes. But after everyone else in the circle has had their turn, **the facilitator goes back to those who passed and allows each one the opportunity** to respond. Of course no one is forced to speak, but there is the expectation that they will. (Usually, they do respond with gentle encouragement from the facilitator who may need to prompt the talkative to hold their tongue.)

Open general discussion on the topic after everyone has had a chance to speak. While on the surface, the Learning Circle is simply a common sense technique for organizing meetings; there are subtle, underlying forces (of sharing, respect, and broadening one's perspective) at work that yield astounding results.



In the Literature

EXPLORING THE COST AND VALUE OF PRIVATE VERSUS SHARED BEDROOMS IN NURSING HOMES

Margaret Calkins, Ph.D.
Christine Cassella

The Gerontologist
April 2007
47(2):169-183

An abstract is available at:
<http://gerontologist.gerontologyjournals.org/cgi/content/abstract/47/2/169>

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this study, contact:

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In the Literature presents brief
summaries of Commonwealth Fund-
supported research recently pub-
lished in professional journals.

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In the process of transforming from impersonal institutions to homelike settings, nursing facilities for the elderly are under great pressure to make changes that respect residents' autonomy, dignity, and preferences. One central question in nursing home reform is the relative merits of private bedrooms versus shared bedrooms.

Some experts argue that the benefits of private rooms are self-evident or that they are well supported by research studies. Others say that private rooms are too expensive to build and operate. The issue is a pressing one, as many nursing homes are slated to be significantly renovated or replaced over the next decade.

In the Commonwealth Fund-supported study, "Exploring the Cost and Value of Private Versus Shared Bedrooms in Nursing Homes" (*The Gerontologist*, Apr. 2007), researchers conclude that private rooms are indeed associated with better psychosocial and clinical outcomes. While private rooms may entail substantially higher construction costs than shared rooms, the extra funds are likely to be recouped due to their greater market appeal.

Residents, Families, and Staff Prefer Private Rooms

The research literature provides strong evidence that elderly adults overwhelmingly prefer single rooms over shared rooms, says Margaret Calkins, Ph.D., the study's lead author and chair of the IDEAS Institute, a non-profit research institute that helps in creating supportive care settings for the

elderly. Not only do the older adults value the privacy single rooms afford, they like the greater sense of control over their environment.

Interviews and focus groups conducted with staff and residents confirmed these findings. Nursing home staff noted that shared rooms sometimes prevented family members from visiting as long as they would have preferred. Family members, meanwhile, reported that when they were visiting dying relatives, being in the presence of roommates made them feel uncomfortable.

Shared Bedrooms Linked with Infections, Sleep Problems

Living in a shared versus private room has implications for the health of residents. Most research suggests that there is a reduced risk of developing a nosocomial infection in a private room, compared with a shared bedroom. One study found that roommates of nursing home residents infected with the influenza A virus were more than three times more likely to contract the infection than residents living in private rooms.

In addition, there is strong empirical evidence that shared rooms negatively affect sleep patterns, although much of this evidence is derived from studies in hospital settings, the authors say. During interviews and focus groups, nursing home residents and staff linked shared rooms with poor sleep patterns, particularly in cases where nurses needed to check on one of the roommates frequently.

Private Rooms Bring Operational Efficiencies

Bedroom configurations may affect the operational efficiency of nursing homes. While there is scant empirical evidence on this topic, nursing home staff and administrators reported that shared rooms required greater effort for marketing and admissions. They also said that shared rooms meant more time had to be spent dealing with families and handling conflicts, and more time managing room transfers.

Bedroom configurations may also affect the quality of resident-staff communications, making it hard to maintain confidentiality when discussing medical matters.

Building Costs Higher, But Extra Costs Recouped

The researchers found few studies related to the construction or ongoing building-related costs of nursing homes. To estimate costs of construction, they simulated the building costs for three bedroom configurations: private rooms, traditional shared rooms, and “enhanced” shared rooms, in which residents have a defined private area within a shared room, or a private bedroom and shared bathroom. They concluded that construction costs are higher for both private and enhanced shared rooms, but noted that nursing homes can often charge more for such rooms. One large national study found that private rooms cost, on average, \$23 more per day—making it possible to recoup the estimated additional construction and debt costs in less than four years. The business case for private rooms is even more compelling if nursing

homes have trouble filling beds in shared rooms. It can take less than seven months to recoup the cost of construction and debt service for two private rooms versus one shared room if the second bed in the shared room is vacant.

Further evidence is needed to inform nursing home designs in years to come, the authors say. Yet “the evidence on preferences, satisfaction, and quality of life for residents in private rooms is substantial,” they write. “Even the cost analysis suggests that, with a relatively minor increase in reimbursement, the differential construction and capital costs can be recovered.”

Facts and Figures

- In 2005, the typical nursing home was 29 years old. Many nursing homes will have to be replaced or renovated in the next decade.
- An AARP study found that older adults (over age 50) prefer private to shared rooms by 20 to 1.
- One study found that 84% of the nursing home residents who developed acute nonbacterial gastroenteritis during an outbreak had a roommate; only 16% of those who became ill had a private room.