

# Idaho Dept of Health & Welfare

## The *How* of Culture Change

Faculty:

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B & F Consulting

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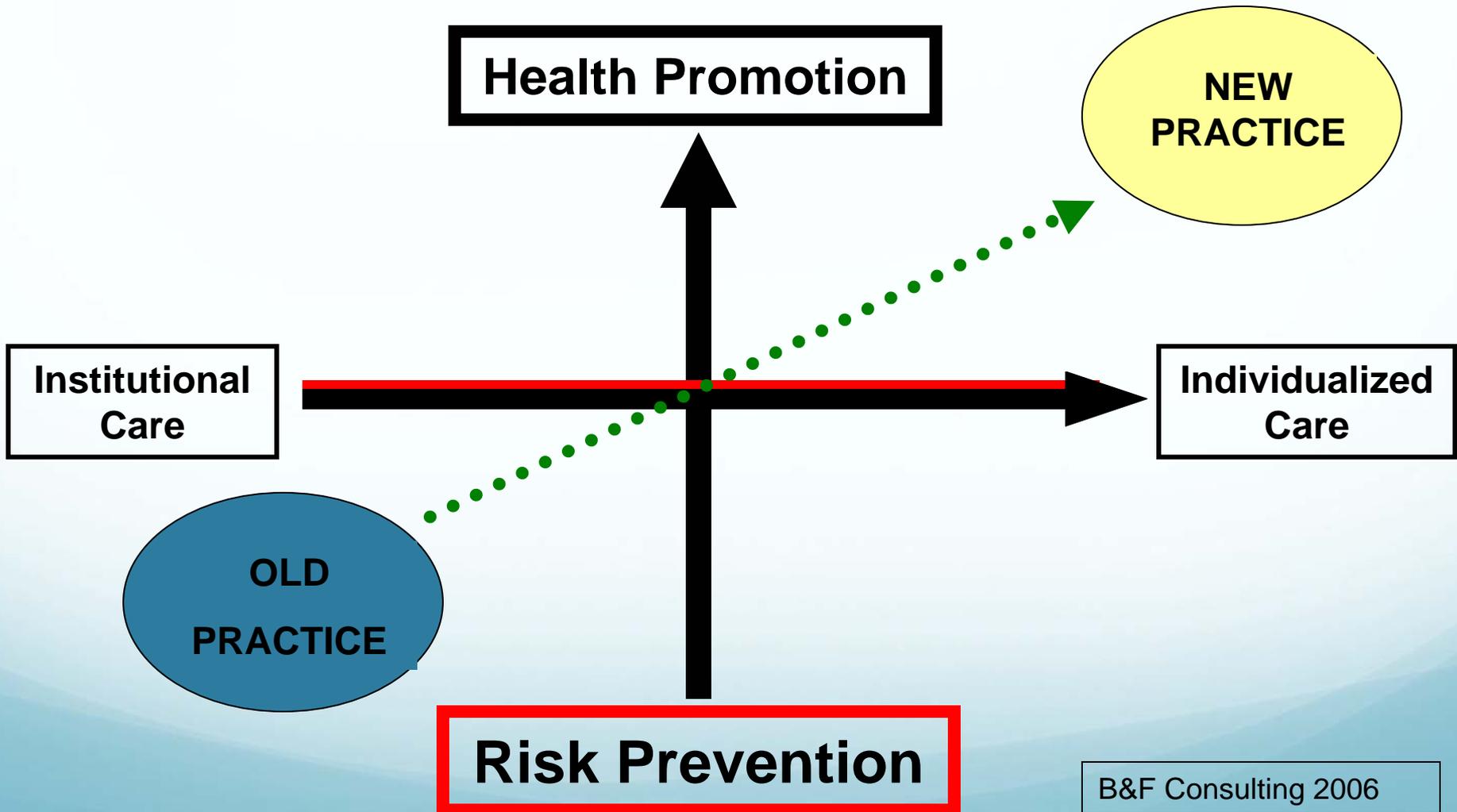
# Goals for today

- Understand the new quality of life guidelines, and the importance of home to residents' physical, mental, and psychosocial well-being
- Initiate a successful change process to individualize daily care and personalize each resident's living environment
- Use inclusive leadership to promote critical thinking that empowers staff to take on change successfully
- Make care plans that truly reflect the care needs and strategies for each individual

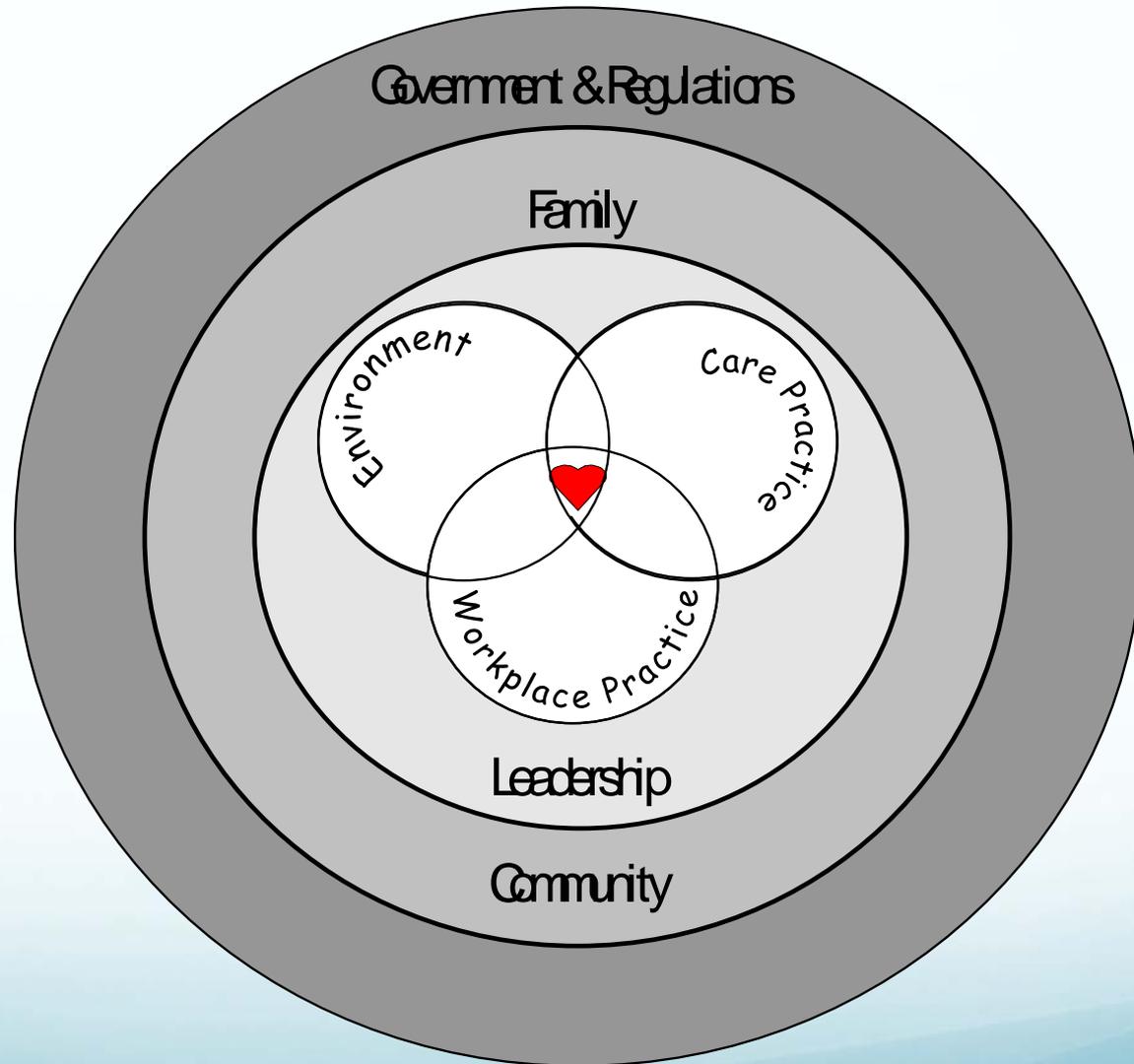
# OBRA requires that each facility:

“provide care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”

# Promoting Health Through Individualized Care



Holistic Approach to Transformational Change  
HATCH ☺





# The Importance of Home

**What does home mean to you?**



# Home

- Identity
- Connectedness
- Lived Space
- Privacy
- Power/Autonomy
- Safety/Predictability
- Journeying

Judith Carboni,  
1987



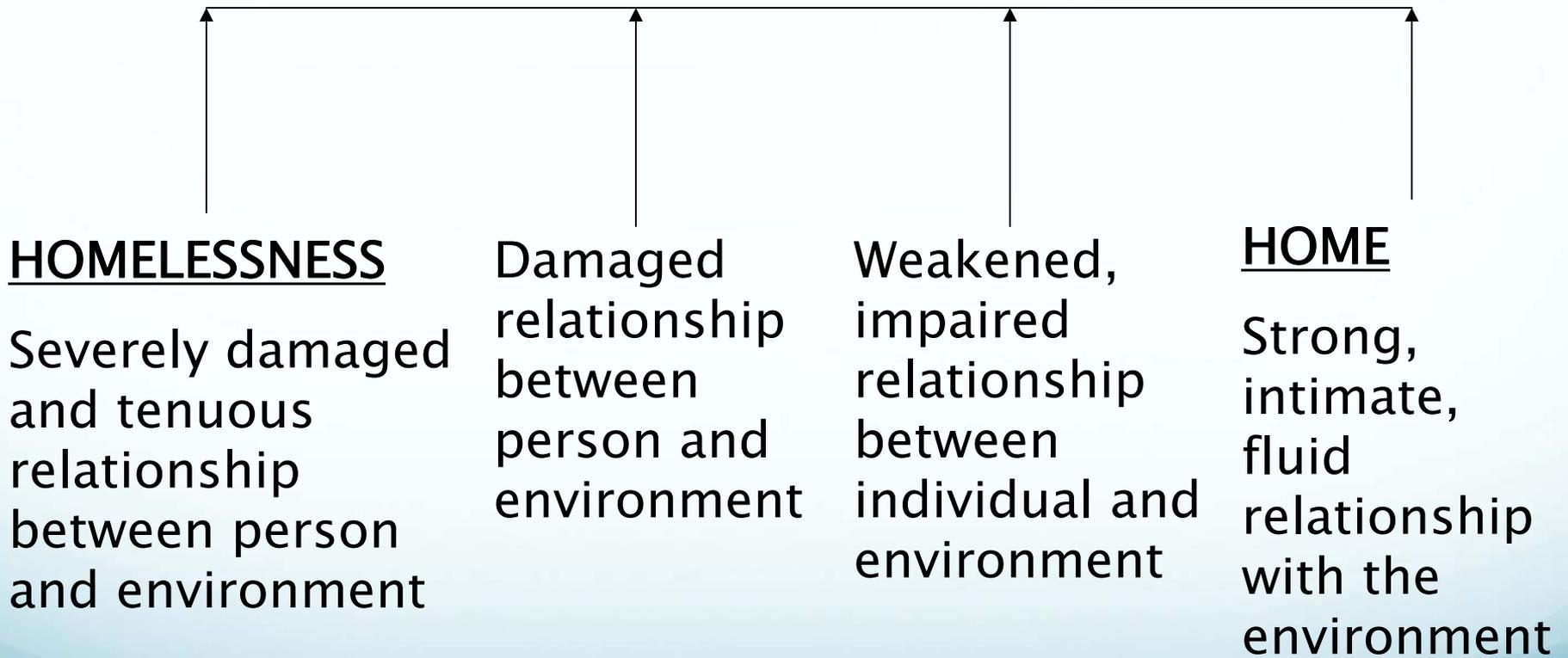
## Homelessness

- Non-Personhood
- Disconnectedness
- Meaningless Space
- Without boundaries
- Powerless / Dependence
- Insecurity / Uncertainty
- Placelessness

Judith Carboni,  
1987



# Home – Homelessness Continuum



Judith T. Carboni, 1987



We can alleviate or  
reverse this process!





# Moving Forward on the Continuum





# A strong, intimate, dynamic relationship between person and environment





This man loves his room, and people love visiting with him here.



# Lived space





# Home

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Judith Carboni,  
1987



# Mealtime



# Old Culture



# Transformed Culture





# “Feeders”



**Old Culture**



# A Nourishment Cart: Very traditional - Very unappetizing!



**Old Culture**

**Favorite foods available  
whenever you want them!**



**Transformed Culture**



# Enjoying making a meal





# Choices



# Connectedness with people



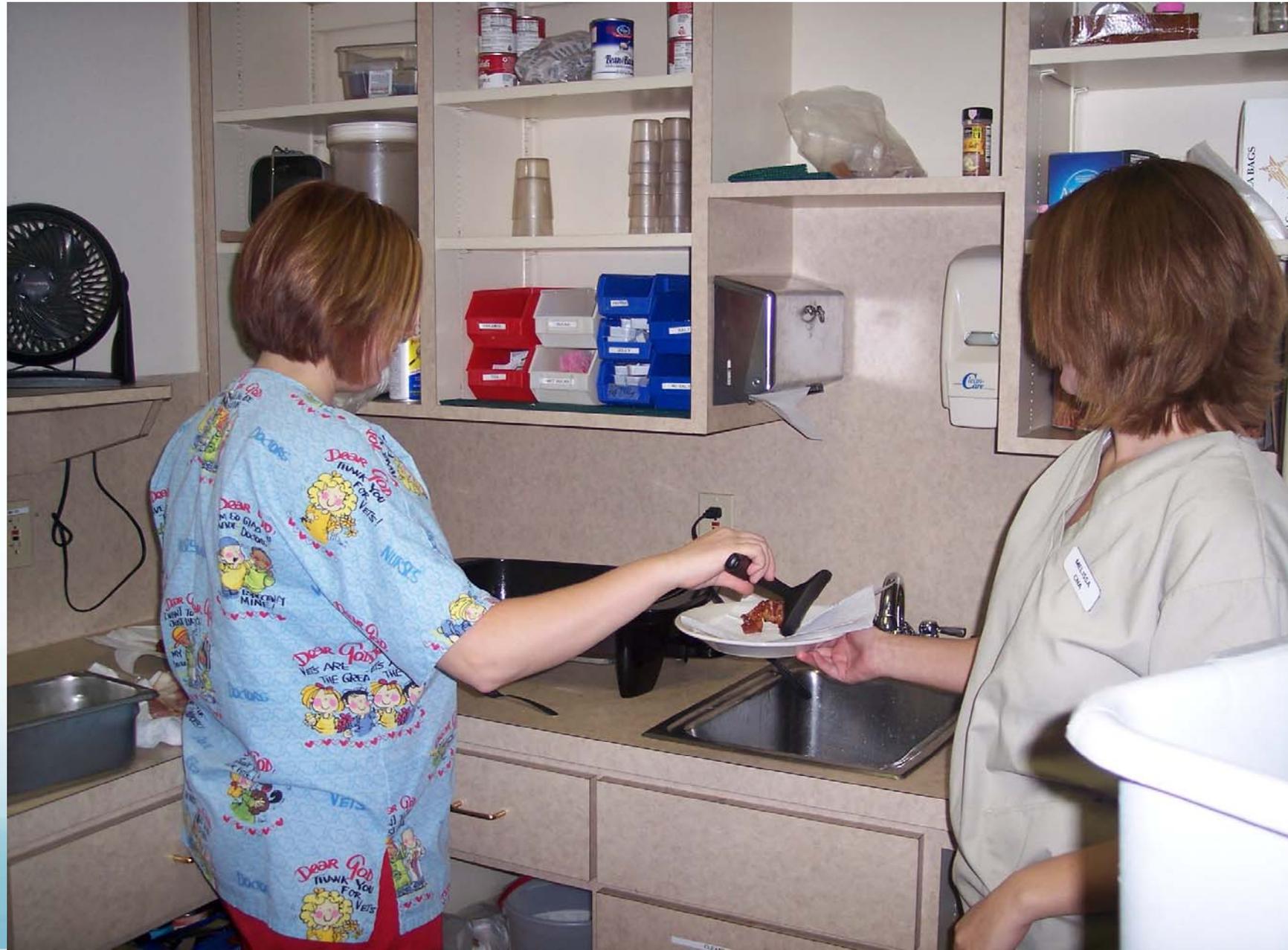


“My name is Ilda Ford. I am 95 years old. I have been eating my eggs soft side up most of my life and I am not dead yet”



Honoring Choices

# Everybody Helps



Equipment is inexpensive, easy to use and meets fire safety standards



It's Safe---  
with a little education and pasteurized eggs



# 100% consumption





# Home

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Judith Carboni,  
1987



# Bath Time



# Bathrooms – a good place to start!





# Nursing home tub -room



Old Culture



# Before



# After



**Before**



# After



**Before**



# After



# Before



# After



# Before



# After



# Staff and Resident Engagement Produces Creative Meaningful Spaces



From this

To this







# Home

- Identity
- Connectedness
- Lived Space
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Judith Carboni,  
1987



# **Creating space for living**

# Saturday morning.....



# Sunday Morning....





# Enjoying the evening...





# Home

- Identity
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Judith Carboni,  
1987

# To make a nursing home “home” for those who live there we must:

- It is not just that the room looks nice and “homelike” to us – it must reflect back to the person who lives there a sense of who they are. Hotels are pretty, but we would not consider them “home.”
- We must also provide ways that residents can become rooted—and feel a deep sense of belonging.
- Because this domain of environment is so powerful, there is a tendency to get a lot of movement here and then stop– but the two other domains – care practice and workplace practice must change in tandem to achieve home fully.

# Inclusive Leadership: Through Critical Thinking



# Why Critical Thinking?

- Everyone thinks; it is our nature to do so. But much of our thinking, left to itself, is biased, distorted, partial, uninformed or down-right prejudiced.
- Yet the quality of our life depends precisely on the quality of our thought.



# Critical Thinking:

- Involves questioning our own assumptions
- It is carefully weighing out mentally the pros and cons in a given situation
- It is taking the time for reflection
- It involves taking a disciplined approach to our

passive:

Alternate phases of  
analysis and action.

We perceive a discrepancy,  
question a given, or  
become aware of an  
assumption—and then we act  
upon these intuitions.

Stephen D. Brookfield



# Two central activities of critical thinking:

1. Identifying and challenging our assumptions

1. Exploring and imagining alternative ways of thinking and acting



# Constructs

*Mental models used to organize our thinking, but may get in the way of our thinking!*

Examples:

- Restraints
- Alarms
- Overhead paging



Good nursing practice  
starts with critical  
thinking.

The notion of Culture  
Change in long term  
care is based in  
critical thinking.



How will you help  
develop  
critical thinking?



# Climate of openness and trust

In a climate of trust, individuals are encouraged to

- develop ideas
- speak out
- challenge actions



# Valuing people

Ideas, creativity and "imaginative capabilities" are stimulated, made use of and developed.

Diversity is recognized as a strength.

Views can be challenged

Are you prepared for your staff  
to be critical thinkers?

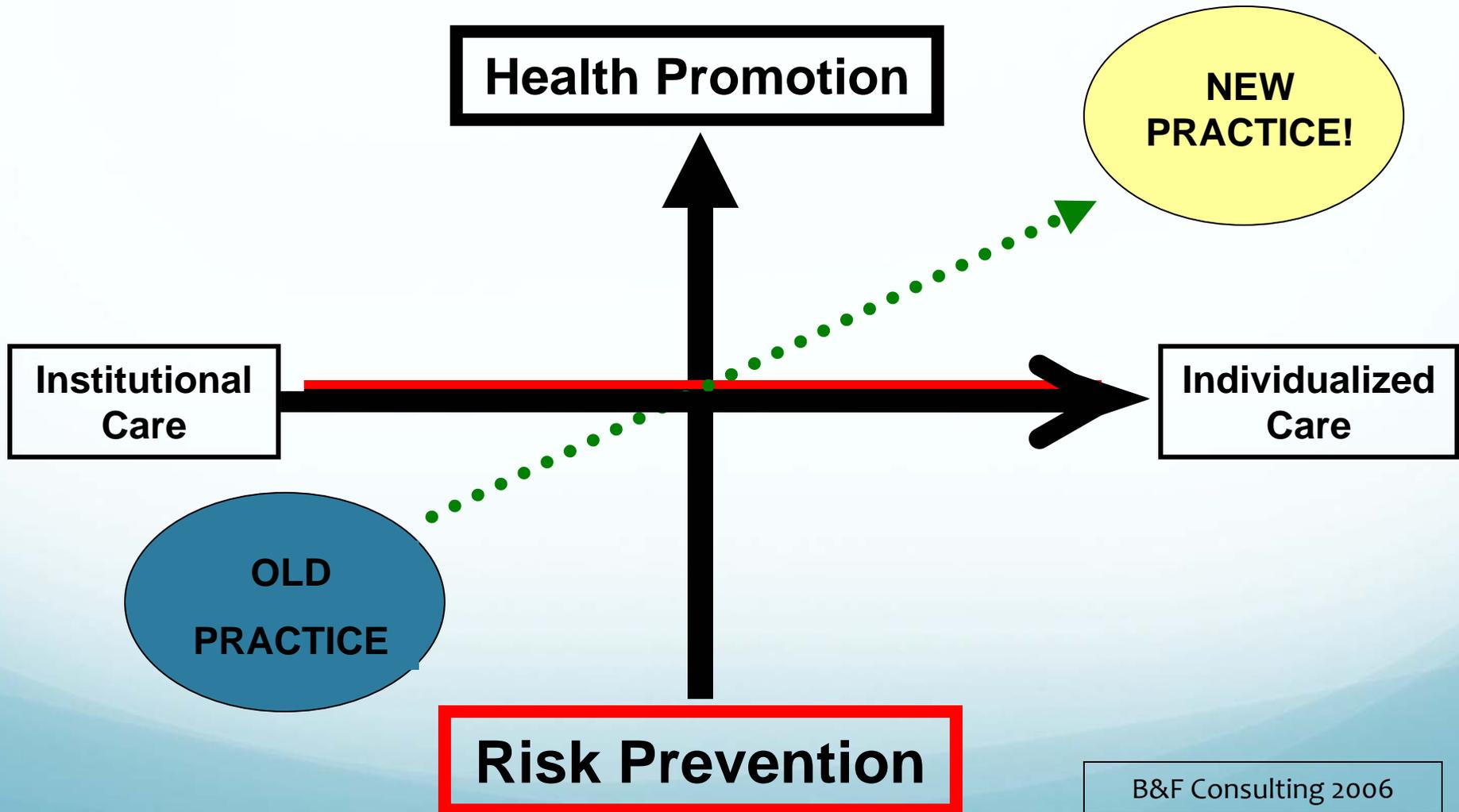
# Mr. McNally

- What was he like when he first came in?
- What caused his decline?

# Constructs

- What constructs contributed to his decline?

# Promoting Health Through Individualized Care



from Institutional  
to individualized CARE



# *From Institutional to Individualized Care*

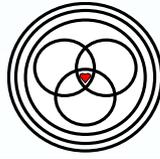
- **Nov. 3, 2006 – Individualizing Care**
- **May 4, 2007 – Transforming Systems**
- **May 18, 2007 – Case Studies**
- **Sept. 14, 2007 – How of Change**

Videotapes can be purchased from:

[www.Pioneernetwork.net](http://www.Pioneernetwork.net)

and viewed at

[www.BandFConsultingInc.com](http://www.BandFConsultingInc.com)



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# Your Systems are Creating Your Outcomes

What you're doing is getting  
you what you're getting.

To get something different,  
you have to do something  
different.

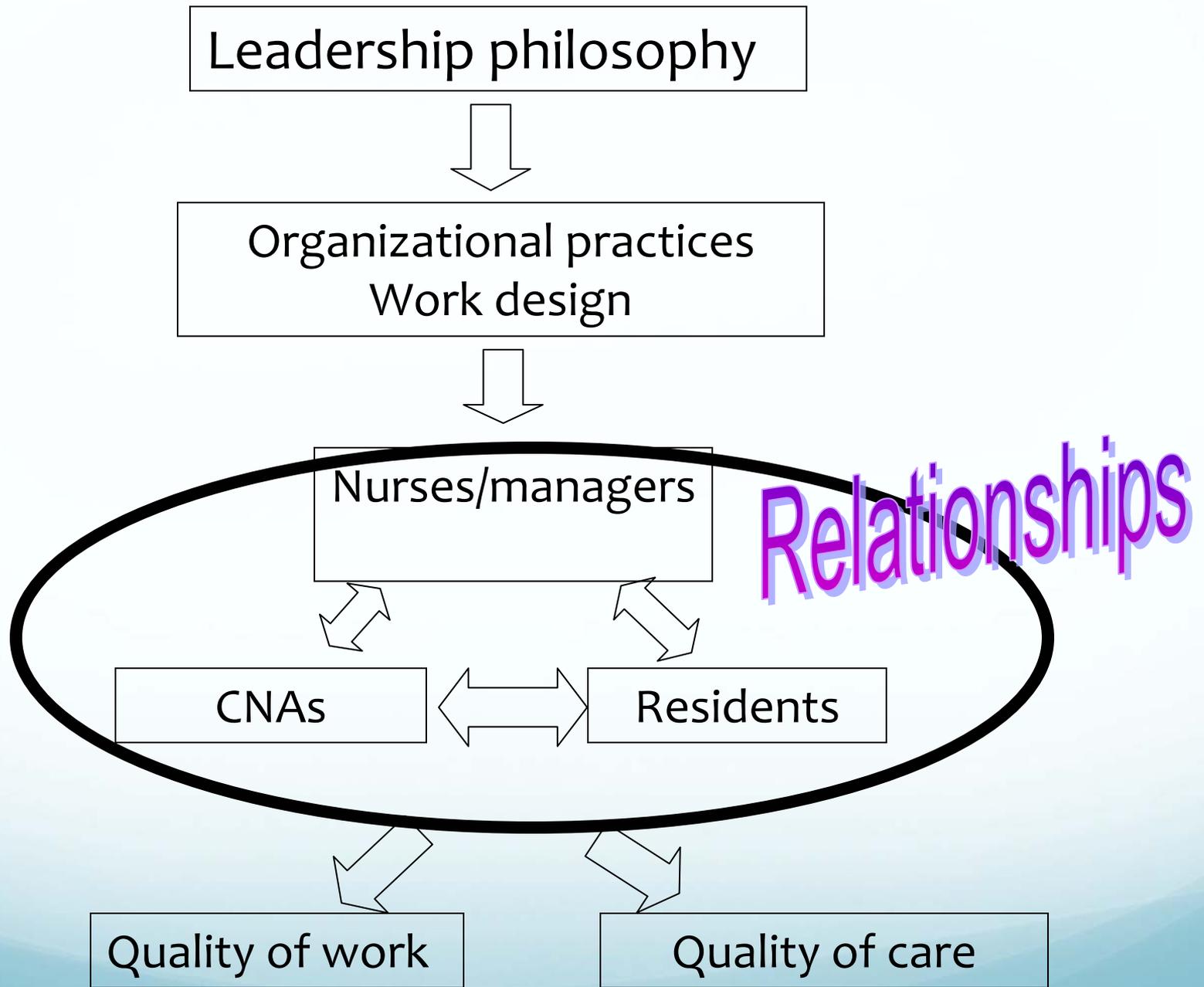
from Institutional  
to individualized CARE





# Covey, 1991

- Quality, the **result**, is a function of quality, the **process**
- Cannot continuously improve interdependent systems and **processes** until you progressively improve interdependent, interpersonal **relationships**



# Dimensions of Relational Coordination

## Communication

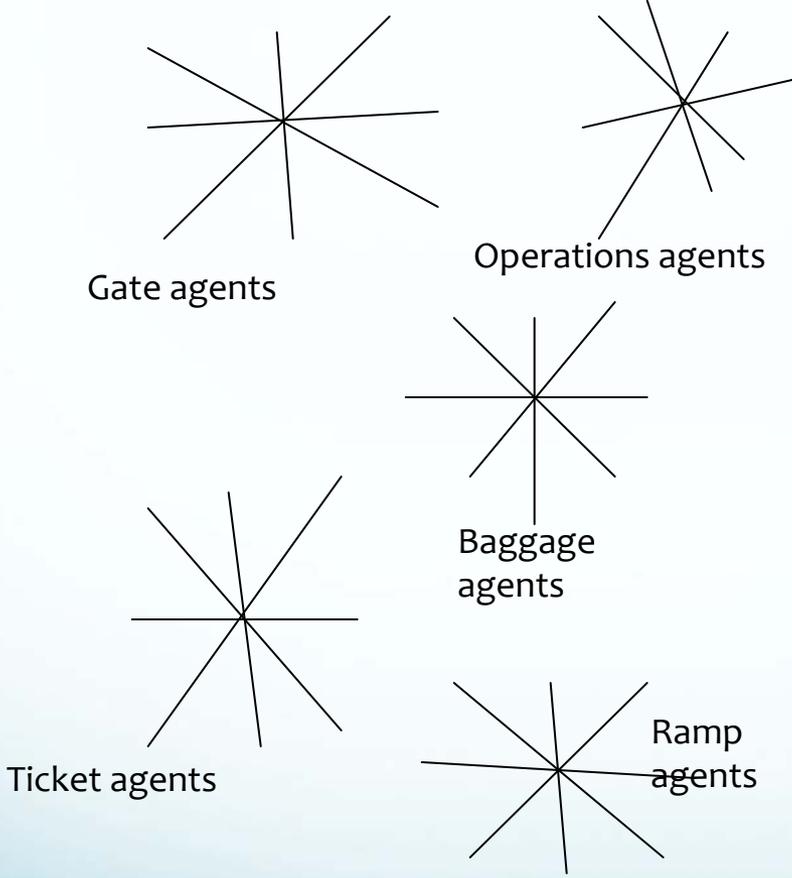
- Frequent
- Timely
- Accurate
- Problem-solving



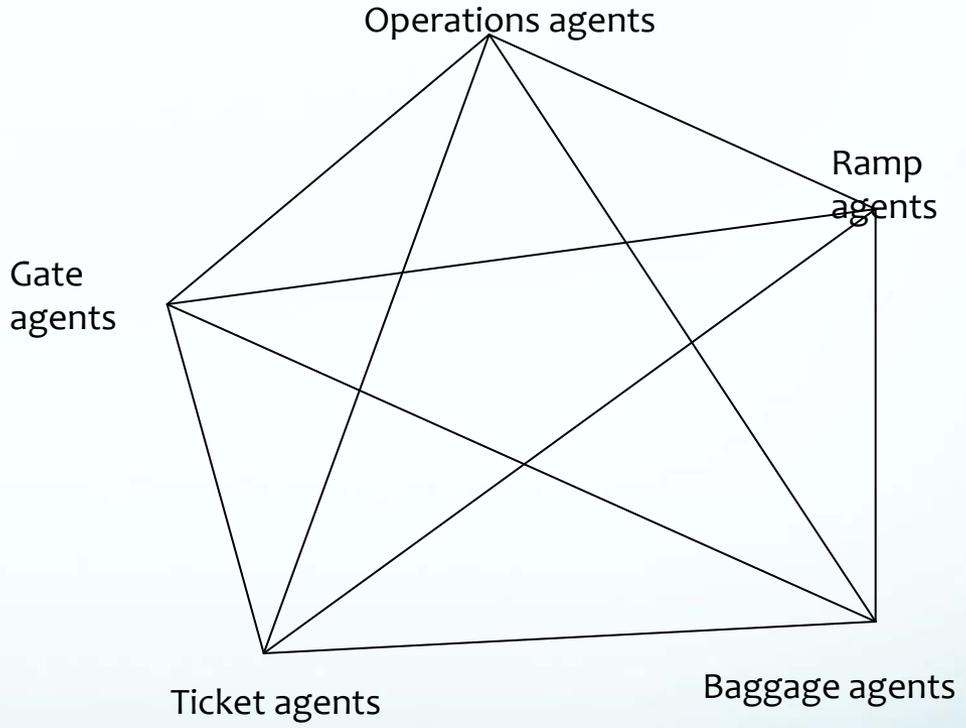
## Relationship

- Shared Goals
- Shared Knowledge
- Mutual Respect

# Ex: Flight Departure Process

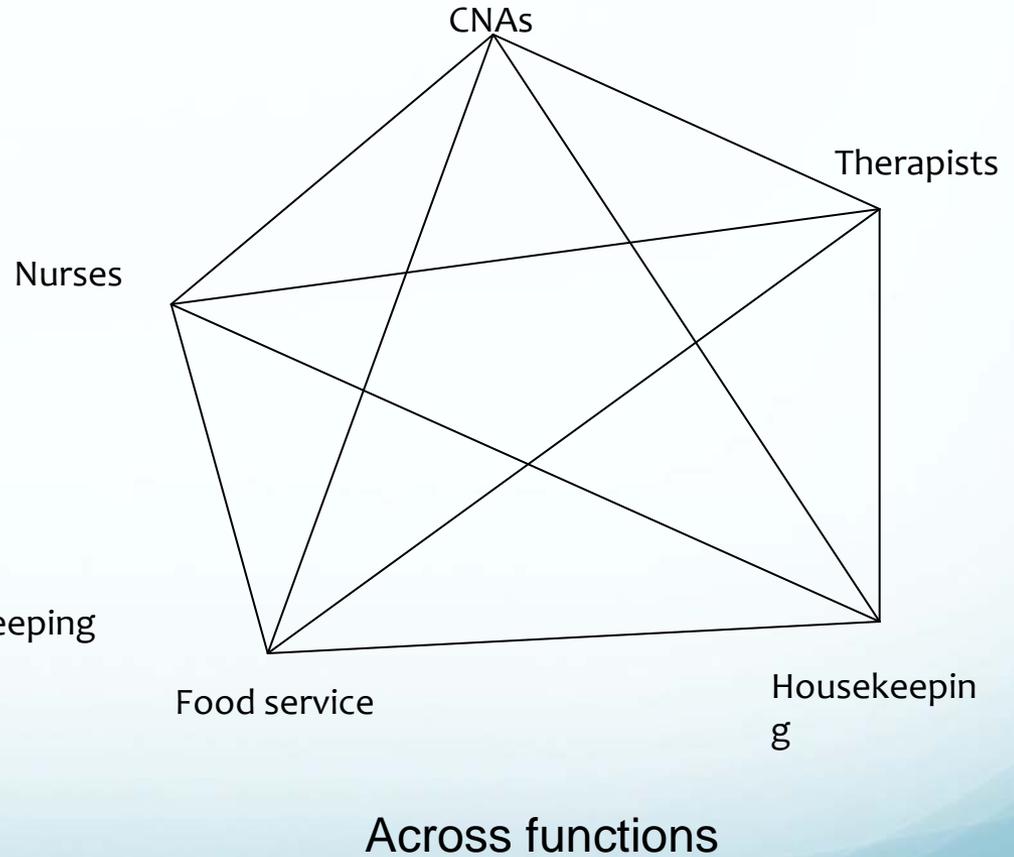
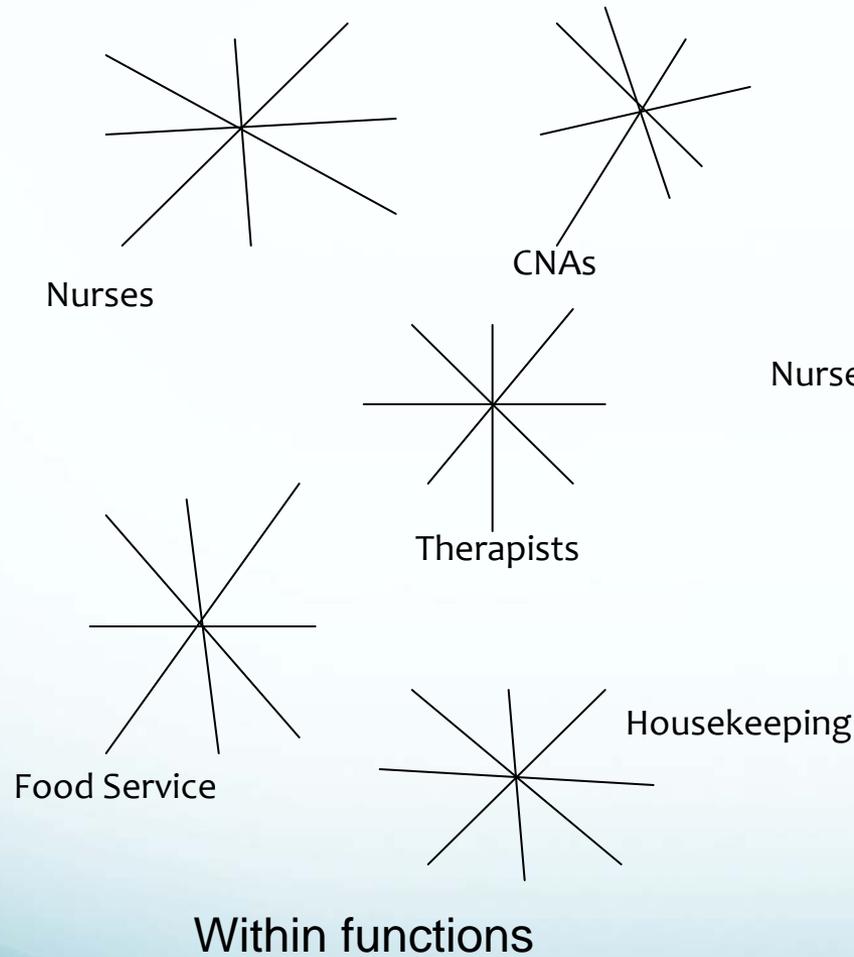


Within functions



Across functions

# In Nursing Homes



# Key Systems for Individualizing Care

Inclusion at unit and department level: ask “*how can we get this done?*”

Inter-shift Communication  
So Staff have 24/7 view of residents

Start of Shift Rounds  
So Staff Work Together, Share Information

Consistent Assignment  
So Staff Know Residents Individually

# Leadership on the Floor

## How 2 charge nurses start their day

*“I gather my staff in the morning and I tell them ‘we have to work together. We’re like sticks. If we work apart, each of us can be broken. If we stick together, we can’t be broken. We’ve got to stick together to get the work done. And let’s have fun doing it.’ Then I just pitch in and we get through the day.”*

*“I am overwhelmed by what I have to do when we’re working short. If I start doing the CNA's job, I’ll never get all my meds passed and my charting done. It’s just too much. I’m not going to do the personal care. I just keep my focus on my work and get as much done as I can.”*

To honor residents' choices, you need to know residents well individually.

To know residents well individually, you need to use consistent assignment of staff.

# Basics for Consistent Assignment

- Fair distribution of work
- Matches work for residents and staff
- Adjust as needed
- Include nurses, housekeeping, others
- Resource: Consistent Assignment Change Idea at [www.riqualitypartners.org](http://www.riqualitypartners.org) (HATCh)

If you were going to move into a nursing home, what would you most need them to know about you, for you to be able to feel like you might be okay?

# F242

## Self-Determination and Participation

# Rights to make choices over:

- Activities
  - Schedules
  - Health care
  - Interactions with community
  - Aspects life significant to resident
- 
- Choices over schedules is specified to include schedules of waking, eating, bathing, and going to bed at night, as well as health care schedules

# Gathering and Using Information

- Facility must:
  - Actively seek information
  - Be “pro-active” in assisting residents to fulfill their choices
  - Make residents’ choices known to caregivers

# Where is Info on Residents' Choices?

- Resident, and family/friends
- MDS
- Social Work Assessment
- Social History

You have the information in hand, but do you have it in the hands of those who need it?

# “Just-in-time” communication

- Flow of info – First 24 hours is key
  - Who needs what information by when?
  - Is there coordination between Social Worker and hands-on care-givers?
  - Start-of-shift stand-up
  - Shift-to-shift hand-offs
  - Hand-offs to Weekend Staff

# First 24 hours

- What are they like for a new resident now?
- *Who needs to know what* about Mr. McNally so that he gets off to a good start?

from Institutional  
to individualized CARE



What information about a new resident do staff need, when?

How can the staff who need the info get it in time to use it:

- \* for the first night?
- \* First morning?
- \* Weekend?

**Rhode Island**  
**Department of Health**  
Individualized Care Pilot

Funded in part by The Commonwealth Fund



# The *How* of Change

1. Personalize the Situation: How would you need it to be if you lived here?
2. Compare what you would need to what is currently happening: Keep what is already individualized. Examine what isn't - why do you do it this way? How can you do it in a more individualized way?

# The *How* of Change

3. Bring people together to figure out how to make changes: Learn from those with direct experience. Encourage open dialogue and debate.
4. Pilot changes: Start with easy changes that are building blocks. Evaluate. Make mid-course adjustments. Learn and spread.

Information posted at:

[www.facilitystandards.idaho.gov](http://www.facilitystandards.idaho.gov)

For more information:

[www.BandFConsultingInc.com](http://www.BandFConsultingInc.com)