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

OLD PRACTICE

NEW PRACTICE

Institutional Care

Individualized Care

Risk Prevention

B&F Consulting 2006
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

HOMELESSNESS
Severely damaged and tenuous relationship between person and environment

Damaged relationship between person and environment

Weakened, impaired relationship between individual and environment

HOME
Strong, intimate, fluid relationship with the environment

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

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

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”
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

- Identity
- Connectedness
- Lived Space
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- Journeying

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

28/09/2005
Staff and Resident Engagement
Produces Creative Meaningful Spaces

From this
To this
Home

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

Judith Carboni, 1987
Creating space for living
Saturday morning.....
Sunday Morning....
Enjoying the evening...
Home

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

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
Critical thinking is not 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

Risk Prevention

Institutional Care

OLD PRACTICE

Individualized Care

NEW PRACTICE!

Health Promotion
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 and viewed at www.BandFConsultingInc.com
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
Leadership philosophy

Organizational practices
  Work design

Nurses/managers

CNAs

Residents

Quality of work

Quality of care

Eaton, Bishop, Gittell
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

Jody Hoffer Gittell
Brandeis University
In Nursing Homes

Within functions

Across functions

Jody Hoffer Gittell
Brandeis University
Key Systems for Individualizing Care

Consistent Assignment
So Staff Know Residents Individually

Start of Shift Rounds
So Staff Work Together, Share Information

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

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

For more information:
www.BandFConsultingInc.com