

PERSON-CENTERED RESOURCES AND CULTURE CHANGE

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PERSON-CENTERED RESOURCES AND CULTURE CHANGE

“We have the opportunity with this movement to rediscover values largely missing from our culture that are most often learned from and best demonstrated by our elders that bring longstanding success in life (personal and professional); wisdom, prudence, foresight, understanding, discernment, truthfulness, and studiousness, among others.” - Jay Wood

Getting Started

Culture change is just that, a change in the culture of your community. Going from an institutional-type setting with alarms and standardized meal times to walking paths and open dining. Nobody dreams of coming to a nursing home but sometimes it happens. It's our jobs to make the next step in their journey not a prison but a home where the same choices, independence, control, and liberties are honored and exercised. The key to implementing person-centered change is thinking about your own choices, values, and preferences and chances are, they aren't much different in the nursing home. People are people, no matter what the age or disability.

Key points

- Check out the [Artifacts of Culture Change](#) and assess where you are.
- Talk to your residents and staff and see what they feel are the most important, immediate changes they would like to see. Every home is unique.
- Evaluate your workforce and leadership. If your staff at all levels doesn't understand or buy-in, “culture change” is just another program, with another checklist, and it won't be sustainable.
- Reach out to culture change experts for more information, ideas, and networking. These resources can help you work through the basics and the technical (i.e., successful resident-staff parties to mitigating risk).
- This is a journey and like life, it's always changing. Learn to cement your homes values and go with the flow.

MC5 (Missouri Coalition Celebrating Care Continuum Change) www.momc5.com

Eden Alternative <http://www.edenalt.org/>

Pioneer Network <https://www.pioneernetwork.net/>

Action Pact <http://actionpact.com/>

National Nursing Home Quality Improvement Campaign <https://www.nhqualitycampaign.org/>

CMS Person-Centered Regulations

As part of the IMPACT Act, CMS is implementing a 3-Phase process for changes in nursing home care. A strong focus has been put on person-directed care and culture change. The following are noted from the CMS Final Rule. The first implementation began November 28, 2016.

Notes from CMS Final Rule Document Pertinent to Culture Change and Person-directed Care

G. Benefits of Final Rule: This final rule will implement comprehensive changes intended to update the current requirements for LTC facilities and create new efficiencies and flexibilities for facilities. In addition, these changes will support improved resident quality of life and quality of care. Quality of life in particular can be difficult to translate into dollars saved. However, there is a body of evidence suggesting the factors that improve quality of life may also increase the rate of improvement in quality and can have positive business benefits for facilities. Many of the quality of life improvements changes in this final rule are grounded in the concepts of person-centered care and culture change. These changes not only result in improved quality of life for the resident, they can result in improvements in the caregiver's quality of work life and in savings to the facility. Savings can be accrued through reduced turnover, decreased use of agency labor and decreased worker compensation costs.

Artifacts of Culture Change

Want to know where you're at on the culture change/person-centered journey? Check out this great resource tool. This assessment can be done with you and your staff in a matter of hours, is free, and is a *real* look at what's really going on in your home, not just want you have a policy for. This assessment includes staff from all shifts, residents, families, social

workers, maintenance, dietary, administration, and nursing staff-everybody who makes up your home. Give you QIPMO nurse a call to set up an assessment today!

<http://www.artifactsofculturechange.org/ACCTool/>

An Inside Look

Sometimes it's hard to see what our residents see because we don't live there. We don't experience life from the inside. There's lots of great ways to get that inside perspective so you get a first-hand feel for what your residents experience every day. One of them is being a resident for a day (or even longer!) Check out these resources for ideas on understanding what is working (and not working) in your home. This is also a great way to start a QAPI team for culture change!

Resident and Family Perspectives: The First Year in a Long-term Care Facility

<https://www.healio.com/nursing/journals/jgn/2003-1-29-1/%7Bb351dde2-ddc6-412f-9b14-51e2c5932d33%7D/resident-and-family-perspectives-the-first-year-in-a-long-term-care-facility>

Through the Looking Glass <https://wnyapcc.wordpress.com/2011/11/01/through-the-looking-glass/>

Person-centered Workforce and Leadership

Creating a work force that embraces the concept of person-centered, person-*directed* care and culture change is paramount to your success and to the happiness of your home. There are so many ways to approach this but two fundamental principles remain: do unto others as you would have done unto you; and, we all need purpose. If you expect to have compassionate, caring staff that don't call in and go the extra mile for you and for your residents, you have to know them as individuals and treat them well. For those that have been in your home for many years, they've either embraced your home as family or they've become comfortable with *their* routine. The former will be interested in making life better for your residents; the latter may struggle with change and choice.

For your staff, start with leadership.

- Start with person-centered staffing.
- Send CNAs, nurses, maintenance, dietary, activity, social workers, and charge nurses to MC5 meetings in your area or to other seminars or conferences. Let them hear firsthand about culture change and give them a chance to embrace the idea on their own.
- Support their ideas and create a culture change QAPI team to implement changes.
- Include your residents as leaders-invite them to head up committees on culture change. It's about improving everyone's lives, not just getting through the day-to-day.

For your residents, recognize the need to *do*. One of the most chronic problems in long-term care for our residents is boredom. Their lives have changed from their previous routines-work, family, responsibilities, self-care-to having us do pretty much everything for them. Let's face it-no one wants somebody else to have to wipe their butt! Empower your residents, embrace their individual strengths, and invite them to be a part of your working home. There are many, many small jobs your residents can do to make a difference every day and give purpose to their lives. Look around your home and start a list. Most people like to have things to do.

- Watering plants
- Feeding fish
- Setting tables
- Delivering newspapers
- Leading choir groups
- Reading to others
- Filing paperwork
- Greeting guests

The list is endless!

Language

When has it ever been appropriate to baby talk to someone over age 2? Never! So why do we hear this in long-term care settings. Somehow as caregivers we've blurred the lines between needing care as an adult and needing care as an infant. But speaking to anyone over 2-years-old, especially over 18, is never appropriate. Getting the language right is one of the first steps to enacting real change in your home. Check out these links to commonly misspoken words and their alternatives. The reason is dignity.

- Feeder/someone who needs assistance eating
- Diaper/adult underwear
- Toileting/using the restroom
- Facility/home
- Unit/neighborhood

<https://www.pioneernetwork.net/wp-content/uploads/2016/10/The-Language-of-Culture-Change.pdf>

<https://changingaging.org/elderhood/elderspeak-babytalk-directed-at-older-adults/>

<https://www.pioneernetwork.net/wp-content/uploads/2016/10/The-Power-of-Language-to-Create-Culture.pdf>

Dining

Everybody likes food! It's something that brings us together as a society, heals our bodies, nourishes our souls. Food hydrates us and gives us something to look forward to so getting it right is really important! Because one of the first things people will complain about is *the food!*

First and foremost-it has to be personal. We all have different likes and dislikes. You need to know what your residents want! Talk to them about personal preferences, not just about the dishes themselves (lasagna versus chicken soup) but do they like extra salt or pepper or hot sauce and have those available at their table. Care plan their preferences and perhaps include a Kardex of those extras in a folder in the dining room so others know not to take that hot sauce off the table.

Second, it has to be presentable. Not only in how it looks coming out on the plate, but what the plate itself looks like. Remember, these are people who have graduated from grade school-no 6 oz milk cartoons and divided poly-fiber trays, please. Presentation matters. If the food is all running together and can't be identified, that's not appetizing.

Finally, shake it up! The menu cycles get old. Try pulling out the barbecue grill, stop by the local farmer's market, get fresh tomatoes and herbs from the residents garden, take a Sunday drive to the local orchard. Include your residents in the process as much as possible. Just because someone is in a wheelchair doesn't mean they can't set the table or serve iced tea.

Special diets? There's options there too! Don't just add shakes to supplement what they're not eating from the real food.

- **Foods with natural puree consistency:** mashed potatoes, pudding, yogurt, applesauce
- **Foods with natural fibers** *a GREAT choice over laxative pills: bran, lettuce, celery, broccoli, cabbage, apples, pears, asparagus
- **Foods with natural water** *another way to hydrate: cucumbers, tomatoes, radishes, grapefruit, iceberg lettuce, watermelon, honeydew

Pioneer Network New Dining Standards <https://www.pioneernetwork.net/wp-content/uploads/2016/10/The-New-Dining-Practice-Standards.pdf>

Authority Dental-great ideas for soft foods <http://www.authoritydental.org/soft-foods>

<https://www.martinbros.com/>

<http://www.menumakerfoods.com/>

<http://www.jgoldoneconsulting.com/>

Snacks

http://seniors.lovetoknow.com/Snacks_for_Elderly

<http://health.usnews.com/wellness/articles/2016-11-16/nursing-homes-spice-up-food-offerings>

<http://www.yummly.co/recipes/healthy-soft-snacks>

Uninterrupted Sleep and Natural Wakening

Imagine always feeling tired. Never feeling 100% functional. Your brain is foggy, your muscles are sluggish and you trip or fall, and you just can't quite remember if you did that job or met that person. This is what sleep deprivation does to you!

Quality sleep is a chronic problem in long-term care. Sure we see people sleeping all the time but there's a big difference between a quick cat nap and a deep, healing sleep. Quality sleep means spending sufficient time in each of the 4 sleep stages, but particularly in Stages 3 and 4, which is the REM cycle and deep sleep. This is where healing happens! And also where the brain cleans house-processing thoughts from the day and throwing out the trash. But too often, residents don't get the chance to stay in those latter stages of sleep because we're in there turning them, or changing them, or restocking, or banging wheelchairs, or talking in the hallways with bright lights. Could you sleep like that? Probably not.

The second part of great sleep is waking up on your own. Try it yourself! Seriously! For 3 days set an alarm clock and see how your body responds when you're in a deep sleep and it is suddenly jerked away by a loud noise. Then the next 3 days, wake up completely on your own. The difference will amaze you. It's no different for your residents. In a world where we (and our staff) are used to routines, get-up lists, early morning showers, beds to clean, kitchens to clean, etc. we constantly improvise this natural process of allowing our bodies to wake up when it feels ready and rested. It's a natural cycle that flows for the person, perhaps not the nursing home schedule. But it definitely can work and homes that are doing it have happier residents, fewer falls, less "behaviors," and more satisfied families. Remember: their home, not ours. We're just here to help out.

Sleep is not only something we all want; it's something our bodies *need*.

Key points

- Assess sleep inhibitors such as noise, lighting, environment, positioning, comfort, diet, and daily activity. **The Restorative Sleep Vitality Checklist** is an excellent first step.
- Understand the physiological and chemical processes of sleep such as the effects of melatonin for serotonin and your body's response with these chemicals to light.
- Do a med review. Are certain meds inhibiting sleep by either action (diuretics) or by compound? Talk to your pharmacist for a med review. It might just be a matter of changing times when certain meds are given.
- Research diet. Foods have chemical components and some wake us up (hello, caffeine!) and some put us to sleep (bananas). We serve an awful lot of bananas with breakfast, though, don't we?!
- Look at physical activity for the day. You've got to physically do something to get a great night's sleep. Sitting in a wheelchair all doesn't count. Try chair tai chi <https://www.youtube.com/watch?v=WVKLJ8BuW8Q> or throwing a ball or just plain walking! Passive range of motion exercise is just as effective in working those muscle groups when your options are limited.

Activities

The word "activity" has a simple definition: the state of being active; behavior or actions of a particular kind; something that is done as work or for a particular purpose; something that is done for pleasure and that usually involves a group of people. Notice the key phrases there-being active, working for a purpose, doing something for pleasure. Nowhere in the definition does it say so you can put something on a calendar and fulfill a CMS regulation. Activities are simply, *things to do*! The new regulations (courtesy November 28, 2016) remind us that activities should be purposeful and individualized, and when appropriate, self-directed. We all have things we enjoy, independently and as a group. As you're looking for things to do remember to find out what your residents like as a group and on their own. Make those independent interests available to them. For example, if a resident likes to paint to relieve stress or just gets the urge at

10p.m., instead of locking her supplies in the activity room or waiting for daylight hours, have her supplies available preferably in her room, or if that isn't possible, at the nurse's station where she can have access. If it's safe, her room would be best because that fosters independence and the likelihood of her doing what she loves "without having to bother anybody," or ask permission. One last note. When you're thinking about activities, think about what you like to do-reading gossip magazines, going fishing, baking cookies, playing baseball...why do think they're interests are any different?

Key Points

- Keep them engaged, not just entertained.
- Tap their talents-there's many out there.
- Offer variety-try a mobile shopping cart, happy hour, or a gentleman's coffee club.
- Connect to your community-local university ball teams, music groups, literature clubs; Scouts, 4-H, church, youth ball leagues; veteran's groups, fraternal organizations, car clubs, music groups, Wounded Warriors-the list is endless. *Remember, all of you (your residents too!) are part of your community. Bring them together!

Resources to check out

- Activity Directors Association of Missouri-AMAZING resource, full of links, calendars, and ideas. <http://www.activitydirectorsofmo.org/>
- Music and Memory Program-for special help getting this started, contact your QIPMO nurse, Wendy Boren at borenw@missouri.edu. <https://musicandmemory.org/>
- Second Wind Dreams-like the Make a Wish Foundation but for seniors. Fantastic website to remember dreams aren't just for children. <http://www.secondwind.org/>
- Missouri Arts Council. <https://www.missouriartscouncil.org/>
- Alzheimer Poetry Project with Gary Glazner-fun way to engage *and* work on ADLs. <http://www.alzpoetry.com/>
- Art in the Moment. <http://artinthemoment.org/>
- Activity Planning magazine-goes beyond the normal. <http://creativeforecasting.com/>
- Elder One Stop-great outside activities. <http://www.elder-one-stop.com/outdoor-elderly-activities.html>

Articles of interest

- <https://www.iadvanceseniorcare.com/article/beyond-bingo>
- <https://www.healio.com/nursing/journals/jgn/2004-2-30-2/%7B23961127-3449-45ec-bb39-2bf4224de0fc%7D/multisensory-environments-for-leisure-promoting-well-being-in-nursing-home-residents-with-dementia>
- <http://www.mcknights.com/the-world-according-to-dr-el/clone-this-woman-steal-this-idea/article/485866/>

Care Planning

Each and every one of us is an individual. We have our own thoughts, our own preferences, our own values, our own beliefs. Some of us like pizza and parties, some of us like books and quiet-sometimes we like both! Person-centered care plans is a somewhat silly phrase because why else would we write a plan of care that *wasn't* about that person?! The key is talking to that person and/or their families. Find out their routines, their preferences, and their abilities and write it down.

Key points

Keep it short and easy to read.

Combine categories when they naturally go together. For example, for someone who has acid reflux and likes spicy food, combine the preferences with the medical needs or, someone who has frequent urinary tract infections and is at a high risk for dehydration. *It's about managing the medical while living a life of their choosing.*

[Find more about care planning on the QIPMO website](#)

Family-Centered Care and KIDS!

Kids are often the “magic pill” in long-term care. Most (though not all) residents in nursing homes enjoy interacting with children, from toddlers to teenagers. It’s basic instinct! Everyone has something to teach or contribute to another human being and mixing the generations not only brings purpose, activity, joy, and comfort to the residents but lends wisdom, understanding, compassion, and skills to children. Connect with schools, daycares, and children’s groups in your community to get everyone involved. Try special parties (such as a Halloween party) where the residents host the children of the staff members and hand out candy. Or a “family” barbecue, where staff AND resident’s families come and enjoy hotdogs and slushies. Kids are a normal, everyday part of life that is often one of the most missed elements of social interaction when someone comes to live at a nursing home. If you’re not up to a daycare in your home, then at least invite children to participate throughout the week. After all, it truly takes a village to raise a child!

<http://www.aarp.org/home-garden/housing/info-02-2011/retirement-communities-say-bring-in-the-kids.html>

<http://www.seniorlifestyle.com/fun-value-intergenerational-programming/>

<https://www.joe.org/joe/1997october/iw2.php>

Person-centered resources for those with dementia, TBI, mental illness, or other cognitive impairments

Sometimes we hit a stumbling block as caregivers when dealing with cognitive deficits, mental illness, dementia, or other neurologically-based diseases or traumas. Their bodies might still be strong but their brains aren’t at the same level as many of us. Rule of thumb: find a way to get into their world because they probably can’t get totally into our world. There are a ton of great resources out there to help with everything from ADLs to activities to coping with behaviors. Here’s a few tips.

- Connect in meaningful ways by:
 - Focusing on the person’s capabilities.
 - Building on their strengths.
 - Capturing their interest.
 - Showing respect.
 - Giving them choices.
- Don’t forget *they’re human first*.
- Find interesting sensory stimulation - Snoezelen rooms, waterfalls, fleece blankets, sand, freshly-baked pumpkin pie, art, music... the list is endless!
- Know when to back off. One of the key misconceptions is sometimes instead of trying to help in an up, close, and personal way, folks suffering from one of these diseases need space and quiet and time. They become easily agitated by hyperstimulation.
- Remember, it’s okay to “just be.” Sometimes the best thing in the world is simply to be with someone. If they’re comfortable with it, hold their hand, or just sit with them outside in the quiet.

Alzheimer’s Association - www.alz.org

Home Helpers - <http://www.homehelpersphilly.com/blog/bid/42270/50-Activities-for-Caregivers-to-do-With-People-Who-Have-Alzheimer-s-or-Dementia>

<https://www.nccdp.org/resources/AlzheimersDementiaActivityIdeas.pdf>

National Alliance on Mental Illness - <https://www.nami.org/akaresources/activities>

Therapeutic Recreation Directory - <http://www.recreationtherapy.com/tx/txwpq.htm>

Best Friends Approach to Dementia Care - http://bestfriends.healthpropress.com/wp-content/uploads/2014/01/BestFriendsoverview_final-1-9-15.pdf

Hand in Hand Toolkit - <https://surveyortraining.cms.hhs.gov/pubs/HandinHand.aspx>

Partners in Care: Hospice, Durable Medical Equipment Suppliers (DME), Volunteers, Hospitals

Culture change isn't a journey you can take by yourself. You don't conduct all of your business within the four walls of your house and neither should your residents. You're working hard to create an environment of dignity, respect, and choice and your care partners should be on board with that. Companies are providing services to you and your residents so you call the shots. Invest in stakeholders who respect individuality and go out of their way to find what works for your residents and for your care team. Check out the companies on the MC5 website for a short list of Missouri companies partnering in person-centered care. www.momc5.com.

Defining "Home" ... Decorating, Designing, and Digging In

Do you remember the old cliché-Home is where the heart is? That's so true and it's what we're trying to give our residents in our homes. We can say all the right things and do all the right things but the fact remains, our residents are no longer in their homes so we have to do the best to create a new home for them in ways that look like a home.

1. *First impressions.* As you assess your home for aesthetic and possibly constructional changes, start at the beginning. First impressions count! That starts as you pull into the driveway and go through the front door. If you can get away from the coded entrance, great! But if you can't try to minimize signage and instructions that just reiterate this isn't like a normal home. Do you have flowers blooming, bushes trimmed, a welcome mat, comfy chairs to rest in just outside the door?
2. *Walking in the door.* Is there someone there to greet you? Have you ever thought of asking your residents if they'd like to be greeters? Oftentimes we see our residents congregated near the doors or nurse's desk because that's where the people are, where the action is. If interested, give the greeter a small desk, a vase of flowers, perhaps business cards with the administrators name, or a sign-in book.
3. *What's next.* Past the entrance, what do you see? Long hallways and residents sitting around sleeping or active living spaces, bright walls, carpet, bookshelves, plants on coffee tables, or bustling nurse's stations, thick charts, and administrator offices. Whatever you see next will tell someone if they're coming into a home or an institution. Continue your walk with that in mind and think of your own home.
4. *Look outside.* For many of our residents, a great deal of time was spent outside and there's something healing and magical about sunshine, fresh air, water, and flowers. The ability to walk outside when we want to is a great arbitrator of control. No one likes to be locked in or caged up. There are multiple ways to create a safe, open outside environment that residents and staff can both enjoy. Add a raised garden, potting soil, some marigolds or a water fountain or fish pond and now you've got a patio and an outdoor space that can be both engaging and relaxing.
5. *Don't give up.* We can't change overnight and sometimes due to structural or budget restraints we can't aesthetically change much. The key is the people-the heart makes the home. Aesthetics help but remember, this is their home. Invite them to bring items that are special to them and share around the home, on their community, or during holidays. Glossy magazine décor is pretty but it isn't always home for many of our residents.

IDEAS institute: What is Your Building Saying http://www.ideasinstitute.org/article_021103_a.asp

Tips for Family Members on What To Bring to the Nursing Home--15 Decorating Tips for Assisted Living *(This works for SNFs too!) <http://www.aplaceformom.com/blog/2013-10-4-assisted-living-decorating-tips/>

<http://www.intentionalcaregiver.com/jazzing-it-up-easy-ways-to-personalize-a-care-home-room/>

Person-Centered Med Pass

Passing meds can be a long, laborious process in long-term care and there's nothing worse than seeing residents lined up, mouths open, waiting to receive their daily doses. Like liberalized dining choices, med passes should be person-directed too (as long as it is safe and in compliance with physician's orders). Meds are often prescribed as once, or twice daily, or every 12 hours, or with meals or at bed time. These kinds of orders do not specify 5 am in the morning or 6 pm at supper. Therefore, you have some flexibility, again as long as you use nursing judgment to clear safety and

effectiveness of the drug. Assess your med load and your resident's preferences. Some homes have even gone to having a locked cabinet for that individual resident's meds and treatment supplies, thereby eliminating the large, loud, noisy institutional med carts that clutter the hallways and remind folks that they're still in a facility.

<http://humanservices.arkansas.gov/dms/oltcDocuments/cc2009carmenbowmanculturechangeandregulatorycompliance.pdf>

http://www.leadingage.org/sites/default/files/Parker_Home_Case_Study_0.pdf

Clinical Person-Centered Training

Bathing Without a Battle - <http://www.alzstore.com/bathing-without-a-battle-dvd-p/2059.htm>

Mouth Care Without a Battle - <http://www.mouthcarewithoutabattle.org/>