

# IMPLEMENTING CULTURE CHANGE: OUTCOMES FOR QUALITY IMPROVEMENT

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Quality Improvement Program for Missouri & MC5, 2019



# DEFINITIONS OF CULTURE CHANGE

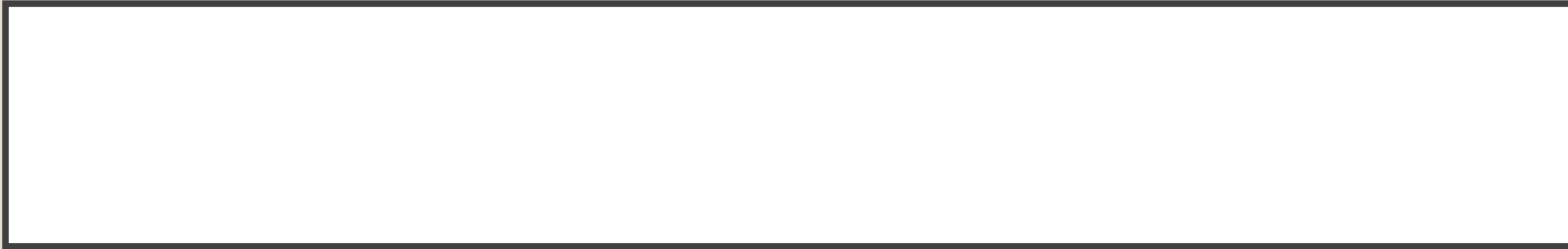
*CULTURE—HOW WE LIVE, WHAT OUR  
SOCIETY BELIEVES,  
HOW WE INTERACT*



## What is culture?

- Routine
- Food preferences
- Whose in charge
- How people are taken care of
- Where you spend your money
- The things that are important to you





*What does the First Amendment say?*

The First Amendment (Amendment I) to the United States Constitution prohibits the making of any law respecting an establishment of religion, impeding the free exercise of religion, abridging the freedom of speech, infringing on the freedom of the press, interfering with the right to peaceably assemble or prohibiting the petitioning for a governmental redress of grievances.

# GUESS WHAT? ELDERS STILL HAVE THOSE RIGHTS TOO!



# TOP 4 PSYCHOLOGICAL PROBLEMS FOR SENIORS IN A NURSING HOMES

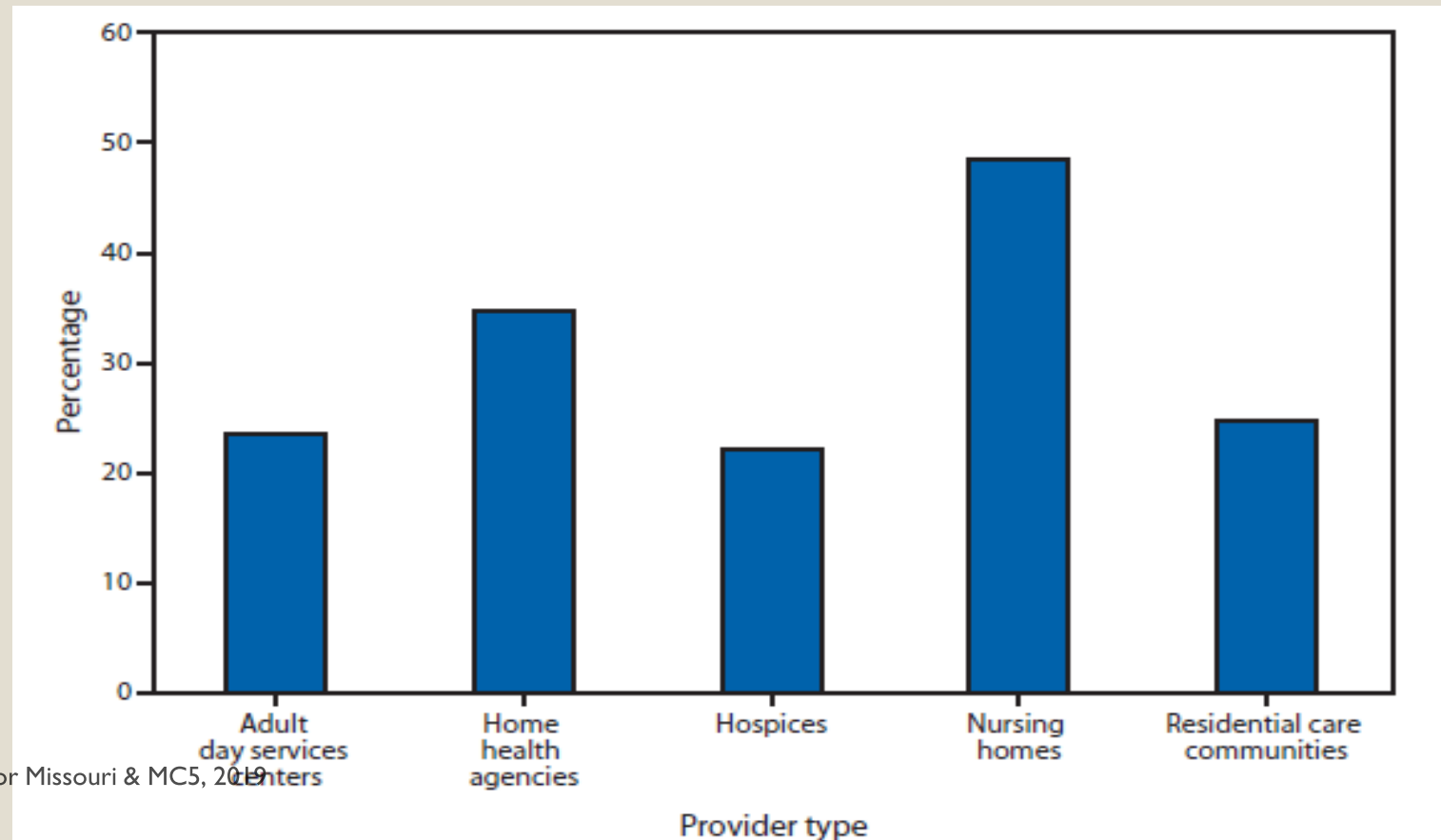
Boredom  
Decreased  
socialization  
Illness  
Hopelessness

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# THE SAD TRUTH

- 49% of people ages 65+ in long-term care have a diagnosis of depression (what about all of those who AREN'T diagnosed?)
- Elders account for 18% of all suicides





# FIRST IMPRESSIONS: IT STARTS WHEN YOU WALK IN THE DOOR





MY WAY OR THE HIGHWAY, RIGHT?!



NEW WAY....

1. Person Before Task
2. Safety Before Person

Work with the rules  
to support it.



# TALK THE TALK

The way you normally would,  
unless you're in a nursing home!

# COMMONLY MISSPOKEN WORDS IN THE NURSING HOME

- Feeder (am I fish?!)
- Ambulation (when is the last time you “ambulated” around town?)
- Diaper (I’m NOT a baby)
- Bib (still not a baby)
- Toileting (have you ever “toileted” yourself?!)
- Behavior (never good)

And the big “F” word.....



# “FACILITY”

These are “facilities”



2 WORDS...

NURSING + **HOME**





# NURSING HOME CULTURE

If you ask residents of nursing homes what makes them happy, it is in large measure a few simple things. They want more **control** over their lives. They want to be able to have positive **relationships** with those around them—residents and staff. They want to be treated with **dignity** and **respect**. They want to be able to **engage in meaningful activities** that make a difference. These are not unreasonable requests. In fact they are very much the same things people who do not live in nursing homes want.

So why, then is it so difficult to provide this? It is a combination of factors that have evolved over time, reflecting both cultural and regulatory biases. (1)



Before Culture Change



After Culture Change started



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# LIVE WITH A PURPOSE

Sometimes its more about QUALITY  
than QUANTITY!



# HOW DO YOU SPEND YOUR DAY?



# ACTIVITY

## **activity**

play

*noun* acˈtɪvˌɪtɪ \ak-ˈti-və-tē\

## **Simple Definition of *activity***

- 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



WHAT ACTIVITIES DO YOU ENJOY?

WHAT ACTIVITIES ARE OFFERED IN YOUR HOME?



## GOAL OF “ACTIVITIES”

Not to just *Pass the time*, but rather to add meaning to your day



## Entertained



## Engaged



# TERMINOLOGY

- Recreation therapist
- Restorative therapist
- Art therapist
- Social therapist
- Music therapist
- Activity director

When is the last YOU had “social therapy?!”



# ARE YOU FAKING IT FOR YOUR RESIDENTS?

## Fake Life

- Folding towels that don't get used
- Doing the same puzzle over and over
- Wiping off tables with nothing on them
- Sorting beads "to help you out"
- Looking at magazines 2 years old

## Real Life

- Folding towels that get put in the linen room
- Doing different kinds of puzzles
- Actually cleaning a table
- No more "mindless" games
- Discussing current events and reading real newspapers and magazines



TOO OFTEN, WE CREATE A STAGE..



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## MAKING IT COUNT!



# MAKING IT COUNT

- Connect to your community, your state, your world
  - Newspapers, baseball scores, homecoming, football games (Kenny Chesney song *Boys of Fall*)
- Celebrate ordinary days...taking 5 minutes to take someone outside for a breath of fresh air...chances are you could use it too..
- Take a walk in the rain
- Engage your residents in a volunteer project...cards for soldiers, kits for kids
  - USO/Red cross story/Joplin/Hurricane Katrina



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alamy stock photo



# WELCOME TO YOUR ROOMIE!



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# ROOMIES

Sharing a room means...

- adjusting to the day-to-day routines, behaviors and activities of another person.
- hearing someone moaning constantly
- seeing them use their bedside commode,
- listening to their TV shows
- not being able to set the temperature the way you want
- not be able to keep the door open (or closed) as is your preference,
- keeping people out of their room, if the roommate wants to let them in. (8)

And if they're incontinent too....the fun just begins!

# SELF-EXAMINATION ACTIVITY

Ask yourself these questions. Be honest. No one will know the answers but you.

1. If you were to suddenly become wheelchair-bound or an amputee, would you mind your life being severely restricted in unnecessary ways just because of the wheelchair?
2. If your spouse had a car accident causing some kind of brain trauma, are you all right with them being served with sippy cups and an aid that uses baby talk?
3. If are currently someone who loves fresh air, quiet, natural lighting, and Saturday Night Live, are you okay with not being allowed to open the windows, call lights or loud tv's, fluorescent overhead lights, and an "encouraged" bed time?

Because this isn't OUR home, or OUR life, we tend to overlook how much we restrict and regulate that 's completely unnecessary. Last question...

4. If you realized that it cost the same amount of money to go to home A, where they encourage resident independence or home B where it frequently smells like pee and you get ketchup packets if you're lucky on a luke-warm hotdog, where would you go? EXACTLY! And so will all your friends. In the end, culture change pays... in QMs and \$\$



# THE BUSINESS SIDE

## Nursing home business model 101

1. Build a safe, attractive building
2. Hire intelligent, think-on-your-feet professionals to provide safe care.
3. Balance needs versus wants (creativity counts!)
4. MARKETING!
5. Fill up your beds (because people in beds = \$\$)

Average semi-private room \$160/day

Average private room \$230/day

Dementia care specific room \$275/day

Monthly costs for SEMI-PRIVATE=\$4800 /Yearly cost=\$57,600

## THE BUSINESS SIDE

So what does that have to do with you?

Giving good care

- brings good reviews (auto-marketing)
  - keeps costs down (average pressure ulcer stage 3+ = \$80,000/year/resident)
  - boosts you professionally
- increases star rating (auto-marketing)

*Marketing campaign for a nursing home?? Seriously?!*

# HOW ARE NURSING HOMES “GRADED?”



*By the  
Stars!*



## 20/70/10 % RULE AND QUALITY MEASURES

- Federal government says 20% can be 5-stars, 70% can be 2-4 stars, 10% must be 1 star...how is this fair?!
- Stars are created based on Quality Measures—how well a home cares for its residents, how they are as far as safety and environmental aspects, how many staff they have, how they did on their last inspection.

What we care about nurses is the care aspect. **And CARE means PEOPLE!**

# SHORT-STAY QUALITY MEASURES

- Residents who self-report moderate/severe pain
- Residents with pressure ulcers that are new or worsened
- Residents who were offered/received the flu vaccine
- Residents who were offered/received the pneumonia vaccine
- Residents who newly received an antipsychotic medication
- Residents who made improvement in function

# LONG-STAY QUALITY MEASURES

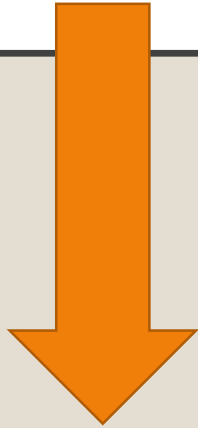
- Residents experiencing one or more falls with major injury
- Residents who self-report moderate to severe pain
- High-risk residents with pressure ulcers
- Residents who were offered/received flu & pneumonia vaccines
- Residents with UTIs
- Low-risk residents who lose control of their bowel and bladder
- Residents who have/had a catheter inserted and left in
- Residents who were physically restrained
- Residents who need more help with ADLs



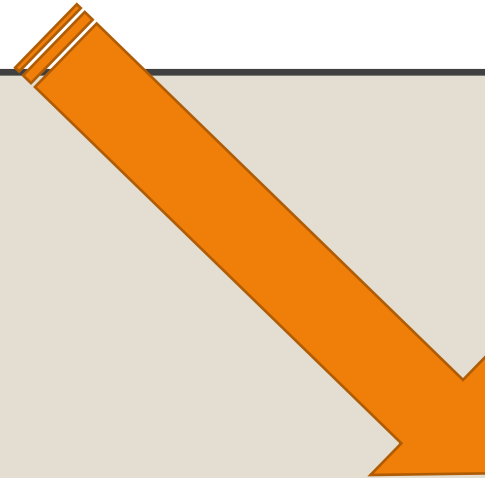
# LONG-STAY QUALITY MEASURES

- Residents who lose too much weight
- Residents who have depressive symptoms
- Residents who received an antipsychotic medication
- Prevalence of falls
- Residents who used antianxiety or hypnotic medication
- Prevalence of behaviors affecting others
- Residents whose ability to move independently worsened

# SO HOW DOES THIS GO TO THAT?



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## YOU'VE GOT TO KNOW THE PERSON!

1. Ask questions that actually count towards helping the person AND those QMs...

(Example for Pain)

What kind of pain meds have helped you in the past? Tylenol vs Advil...?

Don't forget the comorbidities. They are a big source of chronic pain and affect both short-stay and long-stay #s. Chronic arthritis? Bike accident as a kid? Baseball injury?

2. Get serious about the nonpharmaceutical options (behaviors, psychotropic medications, pain control, falls)

- Quiet space
- Kids
- Intellectual stimulation
- Music
- MOVEMENT—dancing, exercising, walking, waving...just not sitting for or lying for 24h/day!

## THINK OUTSIDE THE BOX

Be committed as an organization to REAL change. Life is not a one-size-fits-all!



3. Don't dump them in a wheelchair!!  
Keep them moving—don't treat them like they're in a nursing home. (PU's, improvement in function, continence, ADL help)

4. Be on your game with pressure ulcers...

- Know the history (not just how it was acquired but if there was one there before)
- Get the doc on board sooner rather than later
- Don't wait to change something that's not working

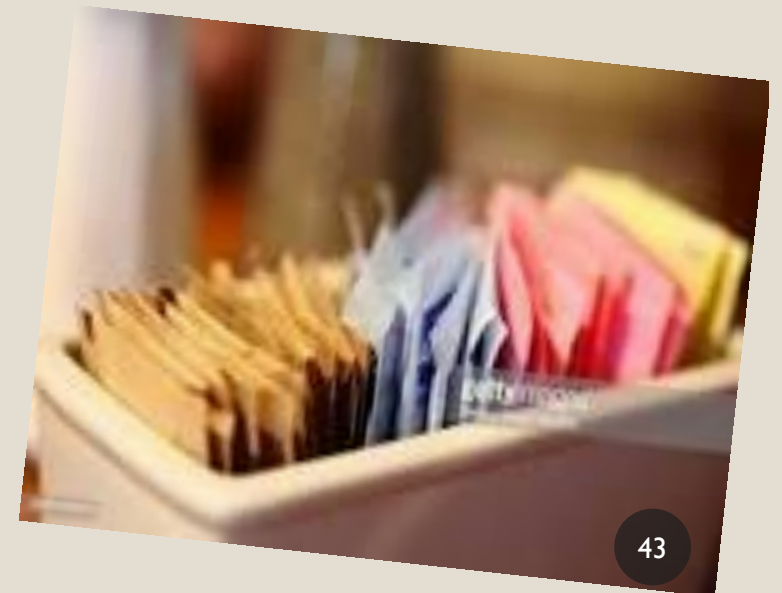
# MAKE A HOME

During meals, residents are brought into the dining room, often an hour or more before the meal, to sit and wait for the cart to come up from the kitchen so they can have a tray of moderately warm food, served on plastic plate warmers with plastic mugs, plastic-wrapped bread, and sugar from little paper packets. Staff set up one resident, then leave to get another tray and serve another. Residents are seated next to other residents with similar assistance needs, to make it easy for one staff to walk around a table and help 3 or 4 residents efficiently. (6)

- So are you going for low-scale fast-food joint or upscale restaurant?



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# HOME KILLERS

SECRET ...YOU don't have to have a nurse's station OR a med cart

- Fluorescent lights
- Plastic cups
- Glove boxes everywhere
- 2 beds separated by a curtain and set up the same way

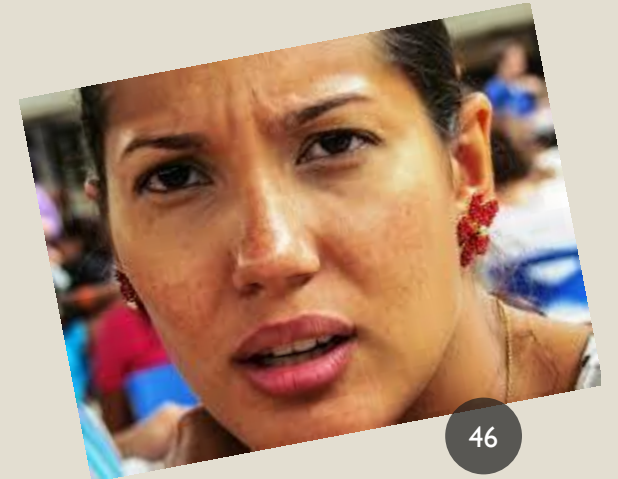




## PRIVACY IS A JOKE...FIX THAT!

- HIPPA ha!
- Back to those F tags...barely room for a single chair, much less two to have a conversation with a visitor
- Higher risk/spread of infections
- Harder to market

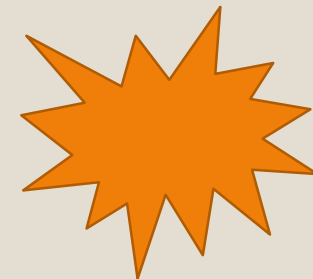
# GO WITH THE GENERATIONAL FLOW



# USING THE ARTIFACTS OF CULTURE CHANGE

The Artifacts of Culture Change tool fills the purpose of collecting the major concrete changes homes have made to care and workplace practices, policies and schedules, increased resident autonomy, and improved environment. It results from study of what providers and researchers have deemed significant things that are changed and are different in culture changing homes compared to other homes.

**Artifacts of culture change in YOUR home!**



# BE HUMAN





# RESOURCES

- (1) Creating Home in a Nursing Home: Fantasy or Reality? Margaret P. Calkins, PhD President, IDEAS Inc, Board Chair, IDEAS Institute
- (2) Making the Case for Adoption <https://www.pioneernetwork.net/wp-content/uploads/2016/10/Positive-Outcomes-of-Culture-Change-The-Case-for-Adoption.pdf>
- (3) Appendix PP [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)
- (4) Transformative Nursing Homes Experience Positive Regulatory, Quality and Financial Outcomes  
<https://www.pioneernetwork.net/wp-content/uploads/2016/10/Transformative-Nursing-Homes-Experience-Positive-Regulatory-Quality-and-Financial-Outcomes..pdf>
- (5) A Free Starter Toolkit for Engaging Staff in Individualizing Care <https://www.pioneernetwork.net/resource-library/resource-libraryengaging-staff-individualizing-care/>
- (6) Design on a Dollar <http://designonadollar.org/>
- (7) Low Cost Practical Strategies to Transform Nursing Home Environments: Towards Better Quality of Life Prepared for Quality Partners Nursing Home QIO Support Center by Lois J. Cutler Rosalie A. Kane September, 2006
- (8) Envisioning your future in a nursing home Margaret P. Calkins, Ph.D.
- (9) Development of the Artifacts of Culture Change Tool, April 2006, Carmen Bowman