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Concept Paper: Bringing Culture Change to Louisiana Nursing Homes

Culture Change and the Pioneer Network

“Society views aging as a process of diminishment, so our elders enter a new phase of living in a world that is often uninterested in them...This experience can reach its ultimate expression in the traditional nursing home.”¹

The Pioneer Network is a loosely associated group of providers, regulators, advocates and elders who hold that nursing homes can serve as the starting point for changing society’s vision of aging. Their work is premised on the belief that nursing homes can be good places to live and work. Pioneers seek to improve the quality of life for residents, and to foster an appreciation of the work of those who care for them, by altering the “culture”—the sense of community or lack thereof—of the nursing home setting.

In the traditional nursing home priority is given to providing good medical care in an efficient manner. While efficiency is generally a positive attribute, it can discourage independence by limiting choices and by creating “one-size fits-all” policies and practices. It also encourages dependency by offering more assistance than the individual needs.

Furthermore, the acute medical model is risk intolerant. It often seeks to manage risks by setting limits on behaviors in such fundamental areas as diet, mobility, and lifestyle choices. While these limits may be tolerable for the short term, few individuals are willing to adopt them for any real length of time. Pioneers look for ways in which to maximize autonomy, independence and choice, even if that means accepting greater risk.

The acute care medical model historically relies on a rigid, hierarchical style, with lower level staff tasked with carrying out management directives. Most, if not all, of the nursing homes engaged in culture change give greater autonomy and decision-making authority to the front line staff. This approach allows staff to find ways to accommodate individuals’ lifetime habits rather than force them to conform to the facility’s routine.

Facilities engaged in culture change report the following outcomes:

- lower rates of staff turnover and absenteeism (some even report having waiting lists)
- higher resident census
- less reliance on medication

¹ www.pioneernetwork.net

- fewer pressure sores
- better performance on inspection surveys
- improved quality of life for residents

Measures of Performance in Louisiana²

While Louisiana nursing homes are at or near the national average on several of the quality measures reported to the Centers for Medicare & Medicaid (CMS), their performance exceeded the national average by four or more percentage points on the following measures for which lower percentages are preferred:

Quality Measure	Information about measure	State Average	National Average
Percentage of residents whose need for help with daily activities has increased	This measure shows the percent of residents whose need for help with such basic tasks of feeding themselves, moving from one chair to another, changing positions while in bed and going to the bathroom has increased from the last time they were measured.	21%	16%
Residents who are physically restrained	This measure shows the percent of residents who were physically restrained during the 7 day assessment period.	15%	8%
Residents who spend most of their time in bed or in a chair	This measure shows the percent of residents who spent most of their time in bed or in a chair during the 7 day assessment period.	10%	4%
Percentage of high-risk residents who have pressure sores	Residents who are in a coma, have difficulty getting needed nutrients, or who are unable to move or change position without help are considered high risk.	18%	14%

All of these measures affect quality of life. As noted by CMS, “most residents value being able to take care of themselves.”³ Therefore, maintaining or improving in the basic activities of daily living is an important aspect of life for residents. In the same vein, being inactive poses both physical and psychological risks for the resident. The use of restraints is strongly associated with poor physical and psychological outcomes for residents. (Louisiana ranks second in the nation in the use of restraints.) Pressure sores are often painful and slow to heal.

All of these measures are to improve with the adoption of culture change models.

² CMS Quality Measures for the period October 1, 2003-December 31, 2003.

³ www.medicare.gov/NHCompare

Introducing Culture Change

DHH, in conjunction with GOEA, proposes to host conferences at multiple sites in the state. The conferences will feature speakers who are part of the Pioneer Network. Speakers will be selected based on their practical experience with culture change efforts and ability to provide concrete, immediately useful examples in the nursing home setting. Owners, administrators and other key facility staff, ombudsmen, regulators, educators and other selected individuals who have a stake in the provision of nursing home care will be invited to attend. AARP, Louisiana Healthcare Review, the Louisiana Nursing Home Association, and the Gulf States Association of Homes and Services for the Aging will be asked to endorse the conference.

Sustaining the Effort

For the three years following the conference, DHH will award modest grants to a small number of facilities to implement culture change projects. An advisory committee will be convened to establish criteria for the grants. Grants will be given for one year with options to continue for two additional years if sufficient progress is achieved. If sufficient interest exists, the possibility of regional and/or annual meetings for interested parties will also be explored.

Funding

The primary means of funding the conferences and the grants will be through the use of civil money penalty funds. These funds are paid by facilities to the department as penalties for failing to meet the standards provided for in state and federal regulation. In addition, contributions will be sought from the endorsing agencies, and a modest registration fee for the conferences will be charged. No additional state revenue sources will be sought.

Expected Results

In the Louisiana nursing homes that embrace culture change, the following outcomes are expected:

- improved performance on inspections
- higher staff retention
- improved incontinent care
- less reliance on restraints
- less reliance on medication
- higher resident census
- increased satisfaction as reported by residents and family members

Summary

The Department of Health and Hospitals, the Governor's Office of Elderly Affairs seek to introduce this concept throughout Louisiana and to encourage its translation into practical, replicable measures that positively impact the lives of residents and those who care for them, both professionally and through the ties of other relationships. The effort is intended to be collaborative in nature, encouraging the participation of other stakeholders and interested parties. It is also intended to be a long-term commitment to change.

Report from the frontlines of culture change

Molly Coleman, CDM
Southern Key Corporation
June 27, 2006

Comments:

“It takes commitment from all the departments and a good administrator who trusts his or her staff, but now that we’ve seen how the residents react, we have to continue it. It is simply the right thing to do.” Encouraging choice can make such a huge difference. At a recent launch of a new buffet, some residents cried, some laughed. One said, “I feel like I’m not an animal anymore.”

Changes in dietary services are just one of several areas where improvements are under way. Spa care is the next targeted area. One home already has a geriatric masseuse.

Changes implemented:

- *Buffet style dining at all 9 nursing homes:* Two hot meal choices are offered—one based on the standard menu constructed to meet the state requirements, one based on interviews with residents. Going to buffet style dining required that the doctors be contacted to get orders for a liberalized diet. A choice of two soups is also always available. Residents can also choose from a menu. Menus are distributed daily, and meals can be served in the rooms based on menu choices.
- *Resident choice in menu selections:* In order to decide what to offer, residents were asked what they would have seen on their tables as they were growing up. Their responses determine the second hot meal at lunch, the dinner alternatives and the snack menu. In South Louisiana, many of the residents were farmers and were used to eating a lighter dinner of cornbread and milk. Similarly, Arkansas residents show a preference for cornbread and beans at dinner. Soup and pimento cheese sandwiches are also popular in Arkansas. In Louisiana, cottage cheese is now offered on all snack passes. Besides being a great alternate protein, it turns out to have been a staple in many residents’ diets before they came to the home.
- *Reducing supplements:* Supplements are being drastically reduced because, “Once you get people disinterested in food, it’s so hard to get them to eat.” For residents who need additional protein, high protein, high fat, high caloric snacks are encouraged. For residents on weight gain plans, double portions are served. Supplements are reduced except for residents who need wound care, and 2-oz supplements are given with medications for a shorter period of time.
- *Targeted service:* Residents who eat less than 25% at breakfast or lunch are encouraged to eat more substantial meals at the snack passes. Residents who need continual encouragement and those who need direct assistance are seated close to one another and meal service is begun ½ hour earlier for these individuals. In this way staff can more

easily monitor resident needs and offer encouragement for the duration of the meal service.

- *Resident involvement:* At one home, a resident distributes the day's menu. At another, a resident busses the tables when a group has finished eating.

Impact:

Resident satisfaction is very high. Fewer residents choose to eat in their rooms and dining has become a more social event. More families eat with residents as well. The homes have seen weight gains even among residents suffering from late stage Alzheimer's. Residents are more likely to eat all of an item if they chose it, so plate waste and the associated costs have been reduced.

Unexpected obstacles:

Concerns about shifting departmental responsibilities, the possible risk of weight loss when eliminating supplements and just a basic resistance to change sometimes got in the way.

Overcoming obstacles:

Having staff look at the data and focus on the reasons that an individual resident was on a weight gain list or given a supplement often helped staff see other ways to help residents. "You really have to pay attention."