

Leadership: Key to Culture Change in LTC

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Administrator and DON: the architects of excellence

An organization
 excels or fails
 with its managers

“80% of all quality problems
 are the fault of managers.”
 --Deming

Outline

- Managers and Leaders
- Traits of an LTC Leader
- Areas Critical to Leadership
 - Mission and Vision
 - Culture of Quality
 - Resident Care and Quality of Life
 - Caregivers and Staff
 - Creating a Home
 - Finance

Administrators and DON's are the KEY to Quality

The NHA-DON turnover is by far the best predictor of a quality collapse.

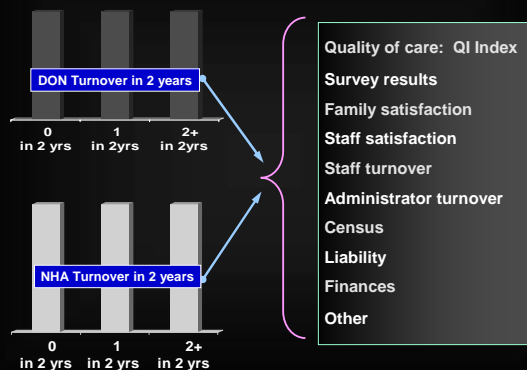
Every quality-related outcome turns direction and heads south

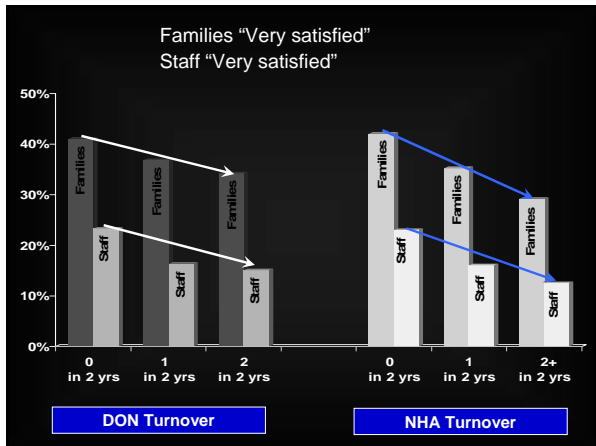
- Quality of care: QI Index
- Survey results
- Family satisfaction
- Staff satisfaction
- Staff turnover
- Administrator turnover
- Census
- Liability
- Finances
- Other

Manager versus Leader

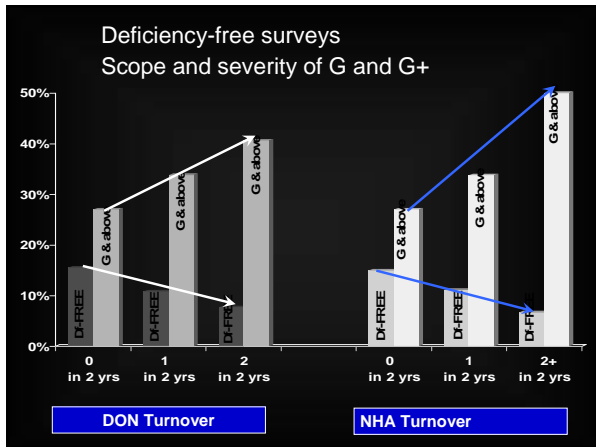
Manager	Leader
<ul style="list-style-type: none"> • Is like a conductor: keeps everyone on the same page • Avoids disharmony: follows rules and regulation • Ensures adequate resources • Goal: avoid deficiencies achieve compliance and family satisfaction 	<ul style="list-style-type: none"> • Is like a composer: marches to a different drummer • Is inspired by a vision and a dream • Innovates, inspires, empowers • Goal: reach for excellence and family recommendation

When NHAs-DONs exit: the outcomes

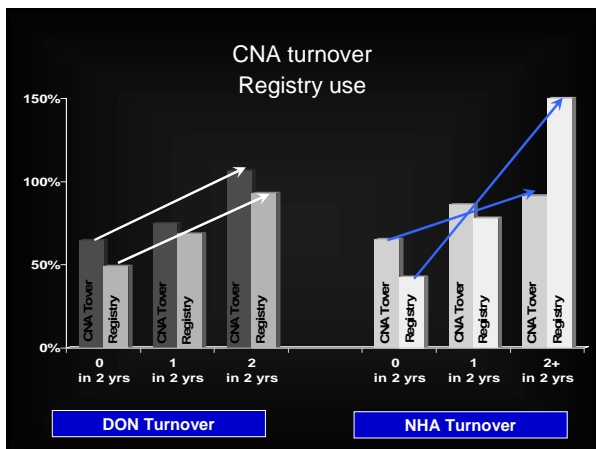


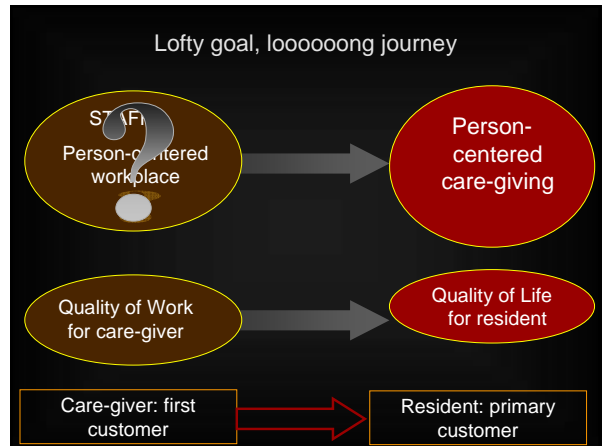


- ### Traits of an LTC Leader
- Has a clear vision of the nature and purpose of LTC
 - Understands that person-directed care is the ultimate goal
 - Is convinced that a quality workplace is necessary to create quality of life for residents



- ### Traits of an LTC Leader
- Is convinced that quality is ensured when there are:
 - Skilled and devoted caregivers
 - Supportive programs
 - A continued effort to improve the system
 - Appreciates that they set the tone through word and action to:
 - Mentor staff
 - Nurture individuals
 - Encourage teamwork
 - Create a positive work setting



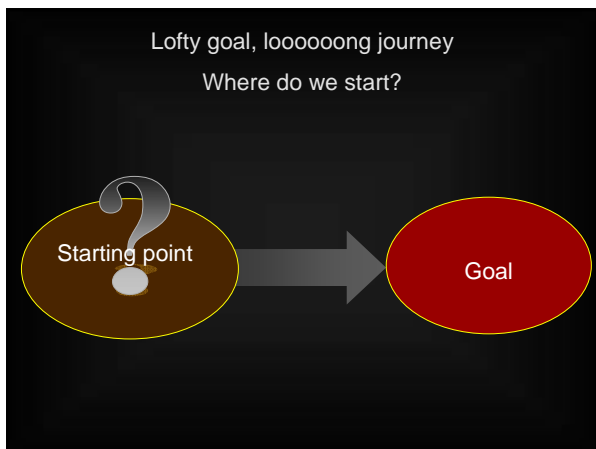


Mission and Vision

- The facility's mission is the leaders guide in setting priorities in important matters
- The performance goals are consistent with the facility's mission
- The facility's mission, goals and values are instilled during
 - recruitment,
 - orientation,
 - Inservice education
 - evaluation

A culture of Quality

- How do we begin to create a culture of quality?
- What are the things which need to change in order improve Quality of Life?



Think about the average nursing home in the USA –

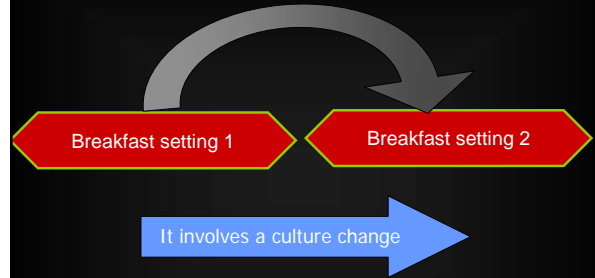
What comes to your mind?

- Dining
- Bathing
- End of Life

Think about the most IDEAL home you can imagine –
What comes to your mind?

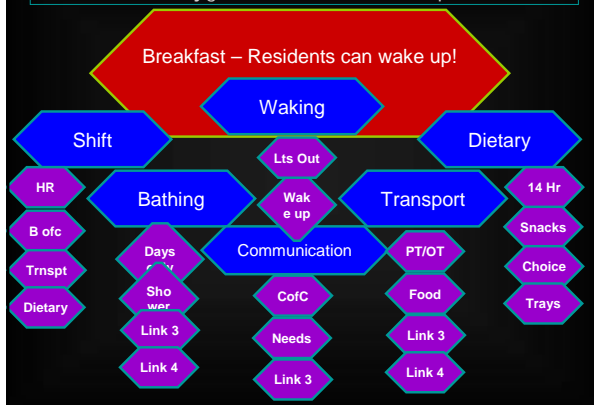
- Dining
- Bathing
- End of life

Why is breakfast settings difficult? How long will it take?



You don't merely rearrange breakfast furniture
You change the character of a facility

Breakfast: a jigsaw-network of different processes



The culture of a facility is like an individual's personality

Your personality makes you unique
Personality is a sum total of your

- character and status
- values and beliefs
- likes and dislikes
- style and disposition

Its culture makes a NH unique
Culture is a sum total of its

- history and traditions
- organization and systems
- commitment to quality
- rules and relationships



Aggressive



romantic



moody

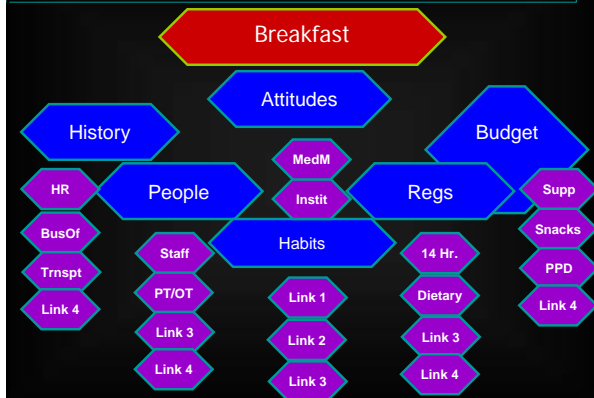


"Mediocre"
"Depressing"
"Cold"



"Excellent"
"Cheerful"
"Caring"
"Friendly"

Breakfast: a jigsaw-network of persons, habits, attitudes



Culture change is a process, its goal is a
person-centered quality home

- Culture change aims at a change in goals
- A change from the traditional emphasis on quality of care to a new focus on quality of life
- The goal of Quality of Care can be attained in the traditional institutional culture of a facility
- To attain and sustain Quality of Life we need a cultural shift

Traditional vs Person-Centered Care

- Treatment based on medical diagnosis
- Schedules established for convenience of the staff
- Work is task-oriented – easily transferred from person to person
- Decision making is centralized
- Care based on individual's needs
- Schedules established around resident need
- Work is relationship centered and staff have consistent assignments
- Decisions made by residents and those closest to them

Exercise

- How would you feel if....
- You are asleep in a chair at home when suddenly you are waken up by a person you have never seen before who tries to undress you?

Traditional vs Person-Centered Care

- Facility belongs to the staff
- Structured activities revolve around the activities coordinator
- Isolation and loneliness are common
- Facility is the resident's home and staff work in their home
- Spontaneous activities happen around the clock
- Residents and staff share a feeling of community and belonging

Exercise


- How would you feel if...
- You are feeling bored and restless at home, so you decide to go out for a walk. But you find that your front door has been locked and a stranger appears and tells you to go and sit down.

Exercise

- You experience a health event which results in requiring LTC
- Tomorrow, you are “placed” in a nursing home in KY
- What is the one thing that you do or have today that you MUST have/do in order to make your life have
 - value
 - meaning
 - Purpose
- Can you do that TODAY in the nursing home where you work?
- Could you do it tomorrow if you planned for it?


Exercise

- How would you feel if...
- You open your door to a stranger who tells you it is time you had a bath!



Requirements for CC


- Personal change
- Organizational Systems change
- External changes



An “aha” moment


An elder in a nursing home said with tears streaming down his cheeks:

“I am not a baby. I am 85 years old, I was married for 54 years, and I want to be treated like a man! Don’t tell me what to do, don’t tell me how to run my life. I am a grown man”.




Personal Change

- Cultural change begins with every caregiver facing their own beliefs about how care is given.
- Have you had your “aha” moment?
 - *“...an instance of clarity and awareness that awaken one to the fact that the traditional nursing home...and overall experience of aging...is largely unacceptable?”*




The personal journey

- This is NOT something you can be told to do...
- It requires adopting new values and beliefs about aging...and the ways in which individuals are cared for
- Everyone must internalize the values underlying culture change and examine how these values affect them personally and professionally



An “aha” moment!

- *“I visited a resident living in a nursing home and pulled the curtain around the bed so we could have some privacy. The resident looked at me and said, ‘I never thought I would end up living my life in a tent!’”*



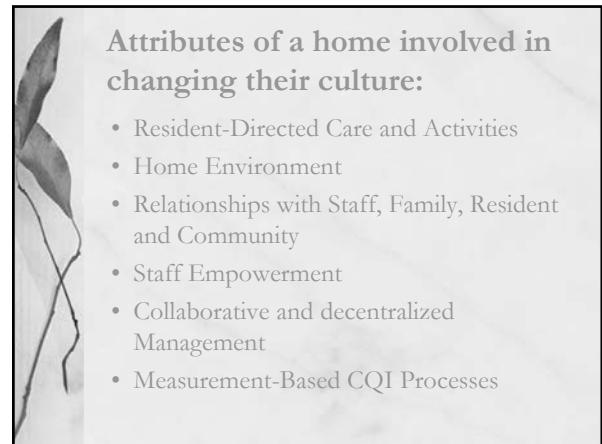
Organizational Systems Change

Fixing nursing homes involves more than just stopgap funding or looser laws. It consists of producing a profound shift in the way nursing homes look and operate, as well as in the way staff members think and feel.



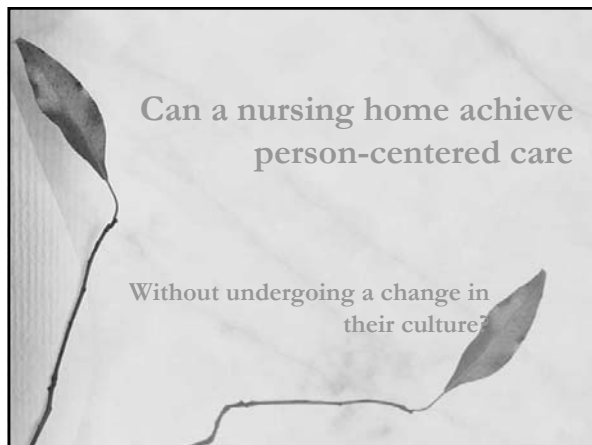
Shaping the culture through its values and traditions

If the organizational culture is to change, the **LEADER** needs to design a work environment that clearly communicates the new expectations to the employees and the residents.



Attributes of a home involved in changing their culture:

- Resident-Directed Care and Activities
- Home Environment
- Relationships with Staff, Family, Resident and Community
- Staff Empowerment
- Collaborative and decentralized Management
- Measurement-Based CQI Processes

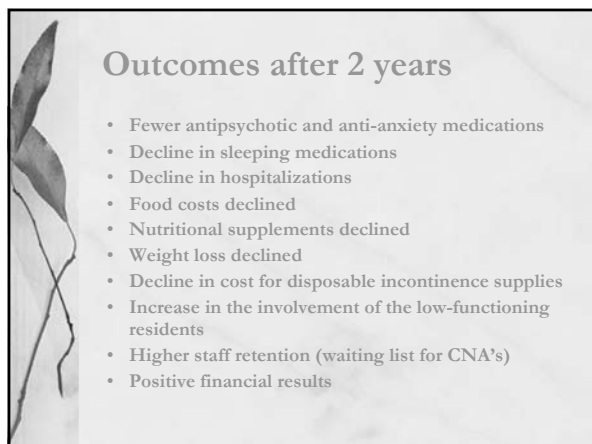


Can a nursing home achieve person-centered care

Without undergoing a change in their culture?

Reinvent NOT Reform

- Transform facilities into places where people **want to live**
- Into places where people **want to work**
- NOT places there they are **institutionalized**

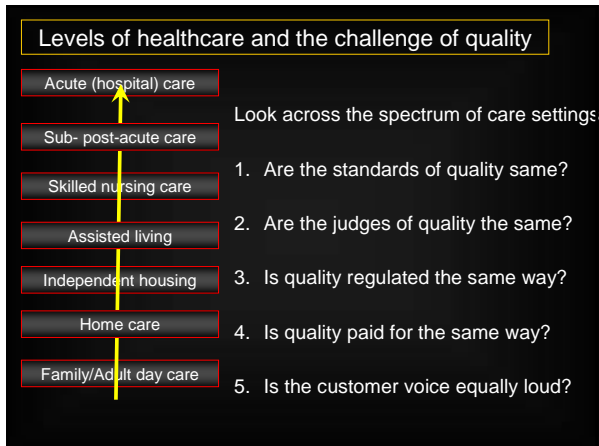


Outcomes after 2 years

- Fewer antipsychotic and anti-anxiety medications
- Decline in sleeping medications
- Decline in hospitalizations
- Food costs declined
- Nutritional supplements declined
- Weight loss declined
- Decline in cost for disposable incontinence supplies
- Increase in the involvement of the low-functioning residents
- Higher staff retention (waiting list for CNA's)
- Positive financial results

Culture of Quality

- The culture
 - Reflects the organization's priorities
 - Promotes quality of life for residents and high quality of care
 - Creates a quality work setting for the staff
- The leader
 - Adheres to professional standards
 - Sets proper priorities
 - Promotes a tone of caring
 - Serves as a mentor and coach, promoting excellence in care services and operations



How the frontline view Quality of Care and Quality of Life

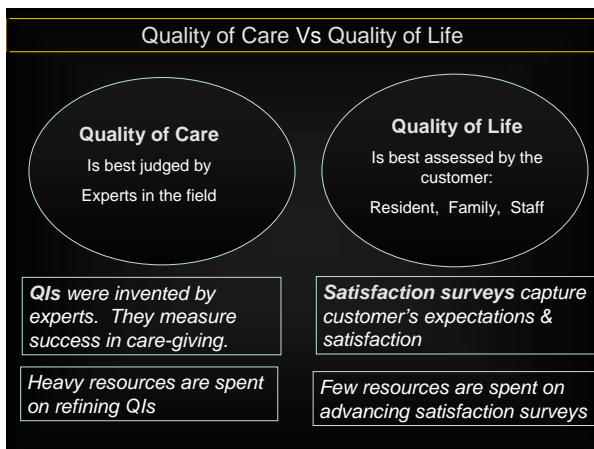
Two studies have tried to capture customer expectations & satisfaction

1. VT-N 1999: "Frontline View of Nursing Home Quality"
2. NCCNHR 1985: Quality Care: Residents' Point of View"



Nation-wide study

	Number	States
Residents.....	241	26
Families.....	272	26
Administrators.....	108	5
DONs.....	124	5
ADONs.....	32	5
CNAs.....	2,058	36
Medical Directors.....	66	20
Others.....	26	5
	2,927	36



The voice of experience

	Years worked in nursing homes	
	Average	Cumulative
Administrators.....	15.9	1,767
DONs.....	12.2	1,523
ADONs.....	9.9	317
CNAs.....	9.02	16,650
Medical Directors...	13.2	871
Total years of NH experience		21,078

How do you identify a GOOD nursing home?

"Choose the most important feature from the list"

- List of 11+ items positively stated

HCFA: checklist

- Choice in daily routine
- Resident well-groomed & dressed
- Facility looks-smells clean
- Staff-residents interact warmly
- Choice in food
- Religious & spiritual needs met

Critical QIs

- Pressure sores
- Dehydration
- Weight loss
- Fecal impaction
- Restraints

Add your own

How does one assess what resident & family really want

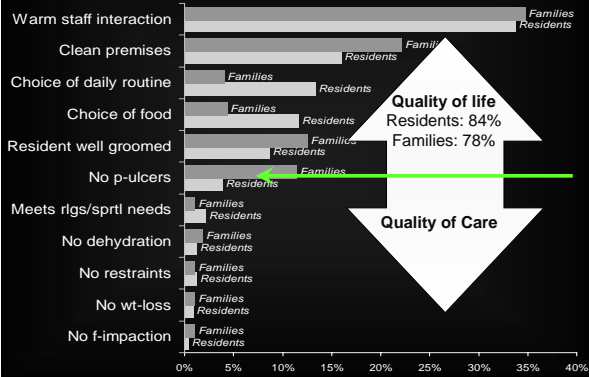
Resident-family satisfaction surveys measure

- Quality of life, quality of care, quality of service
- How strongly they recommend facility to others as a good place for care

3 potent summary measures

- Percent of families rate facility overall as EXCELLENT
- Percent of families recommend facility as EXCELLENT
- Percent of families respond to surveys

Residents-Families: Most important feature of a NH

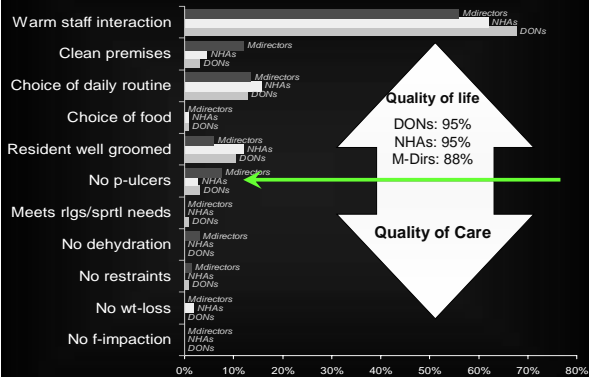


Myths surrounding family-staff satisfaction surveys

Myth no. 1: "satisfaction data is "soft" data"

- Is it soft compared to MDS, State survey, QI data?
- Which best predicts quality outcomes?
- How soft is Gallup poll data?

Caregivers: Most important feature of a NH



Myths surrounding family-staff satisfaction surveys

Myth no. 2: "Satisfaction data hides the manipulation of residents"

- 80% of families keep close watch—visit often
- Residents' acceptance of nursing home life—a sign of health
- Family rating mirrors staff rating—together they are the best judges of quality
- A meta-analysis of LTC satisfaction surveys (1995 -2004) reveals remarkable consistency of results across the nation.

What do residents & families really want?

(NHomes=307, Families=8,883)

Families most satisfied with...

(satisfaction scale: 1-100)

1	Staff care abt resident	73%
2	Staff is competent	73%
3	Resident's choices met	71%

Families least satisfied with...

(satisfaction scale: 1-100)

19	Laundry service	55%
20	Meals	54%
21	Rlgs-spiritual are needs met	52%

What will motivate families

to recommend facility to others?

Families care most about...

(correlation: 0-1)

1	Staff show respect	.76
2	Resident is safe	.76
3	Family kept informed	.75
4	Nursing care	.74

It's all about relationships!

No man can stay alive when nobody is waiting for him. Everyone who returns from a long and difficult trip is looking for someone waiting for him...Everyone wants to tell his story and share his moments of pain and exhilaration with....someone waiting for him to come back....A man can keep his sanity and stay alive as long as there is at least one person who is waiting for him".

Henri Nouwen
The Wounded Healer

Quality: The residents' point of view

1985 NCCNHR study

Question to residents:

"What does high quality care mean to you?"

Answers found in open group discussions

- 457 residents speak up
- 105 nursing homes
- 15 cities

I hope for the day when everyone who lives in any long-term care situation knows there is someone waiting for him or her each morning after the journey of sleep one takes each night.

And I yearn for the day when each staff person, most especially CNA's, know that there are people who are waiting for a morning greeting, interested in learning how the CNA fared in the hours they were apart.

Carter Williams

Quality: The residents' point of view (1985 NCCNHR study)

Question: "What does high quality care mean to you?"

Residents answer: "Good staff"!

"Good staff" =

#3 = Adequate staff

#9 = Competent staff

1. "they want to help"
2. "they are kind, nice, good to me"
3. "there are enough of them"
4. "they are polite, courteous, respectful, treat me with dignity"
5. "they are friendly, cheerful, pleasant, jolly"
6. "they are patient, they have time for me"
7. "they are patient, listen, take complaints seriously"
8. "they relate well, positively"
9. "they are well-trained, qualified, skilled, knowledgeable"

Survey Results

Karl Pillimer – Cornell University

- 600 people who work in the nursing department in LTC
- They rated 12 possible reasons that have been found to be important to people selecting jobs

The Top Three Reasons

- **96% said**
 - It gives me an opportunity to help others
- **93% said**
 - It makes me feel meaningful
- **84%**
 - It is useful to society

The next big three reasons:

- **81% say**
 - It offers a lot of contact with others
- **73% say**
 - It is an interesting job
- **72% say**
 - It gives me the chance to do responsible tasks

Other Centered Reasons – the Major Motivators

- **A chance to contribute**
- **A chance to do something for others**
- **The opportunity to gain a sense of meaning**

If you suddenly lost your job

And no other nursing home work were available, what kind of work would you do?

- Home health care
- Child care

Very few said they would work in hospitality, restaurant or related industries.

They are committed to helping people.

**To love what you do
and know that it matters –
how could anything
be more fun?**

Study on Improving Job Retention Ejaz, Noelker – Benjamin Rose Institute

- Cross-sectional survey design
- Direct care workers and supervisors
 - 648 direct care workers
 - 138 supervisors
- Five-county area in OH
- Proportionate random sampling was used to select
 - 27 nursing homes
 - 14 assisted living facilities
 - 8 home health agencies

Findings

- 61% said they would not like to be working as a CNA three years from now
- The majority of CNA's did not want to leave health care but wanted to **ADVANCE IN THEIR CAREERS**
 - 26% want to become RN's
 - 23% want to become LPN's
 - Most of the others want to move into other health-related careers
 - Medical Administration
 - Technicians
 - Dental
 - Dialysis

General Observations in high turnover facilities

- Desperate and chaotic air
- Staff were rushing around or hard to find
- Residents were calling out, crying and screaming
- Call lights were typically buzzing, flashing or ringing with no one appearing to pay attention
- Few smiles in evidence
- Entire parts of the home seemed to be abandoned by staff
- Break rooms were gloomy, dark and dingy

A study on turnover

- Paired facilities
- Same geographical location
- Several different states
- High and low turnover facilities

In general, if a visitor walked blindfolded into the selected pair of facilities in each community and sat in the lobby or dining room for less than one hour, he or she could have accurately predicted which was the high turnover workplace.

General Observations in low turnover facilities

- Less odor or urine
- Residents wearing fresh unstained clothing
- Clean and well groomed
- Few behavioral problems
- Few people wandering aimlessly or sitting lined up in wheelchairs by nurses stations
- Residents were attuned to particular staff members
- Residents were likely to speak to visitors showing they felt safe and not frightened

Five areas stand out as distinguishing facilities with low nursing staff turnover.

Five Positive Management Practices correlated with Low Turnover

- High quality leadership and management
- Respect for the nursing caregivers
- Positive Human Resource policies
- Effective work organization
- Adequate staffing ratios

2. Respect for the nursing caregivers

- Demonstrated in many ways:
 - Bulletin boards recognizing long service
 - Photos of new staff with information containing things he or she wanted others to know about him or her
 - New residents also had a bulletin board
- Attending to the needs of the job:
 - Supplies and education
 - Assistance both on and off the job
 - Flexible scheduling
 - Emergency loans
- Hardly anyone had left the staff in the last year because they were unhappy in the homes where they felt respected!

1. High quality leadership and management

- Tenure of administration
- The best leaders have a clear sense of mission and philosophy that connected residents and workers.
- *"I spend as much time as I can on the floors. I am a soldier, not a general... We should spend our money on staff, not agency or corporate offices or furnishings"*

Valuing relationships

- Between workers themselves
- Between residents
- Between workers and residents
- With families
- This quality was noticeably absent in the high-turnover facilities

Who is a good leader or manager?

- Someone with a strong vision or mission and sense of goal
- Someone who sets standards and keeps other accountable
- Someone who listens to others and spends time on the floors
- Someone who values the contributions and work of others while demanding commitment and high performance
- Someone who tries to create a chain of positive supervision all the way to the front line while being open to new and non-traditional ideas

3. Positive Human Resource policies

- Compensations was NOT the key factor distinguishing facilities from one another.
- Wages were often comparable between high and low turnover facilities.
- *"People who do this work want to care for people. It's their calling. They still have to be able to enjoy their coworkers"*

Policies which matter!

- Recruitment process – greater selection in hiring is imperative
- Orientation times ranged from one shift or less at high turnover facilities to 10 days or more at low turnover facilities.
- *"I didn't get orientation because the lady that does it was on sick leave".*
- Mentoring
- Evaluations, feedback, rewards
- Managerial training for supervisory personnel

5. Adequate staffing ratios

- In the workplaces where people stayed longer over time, aides had 5,6, or 7 residents to care for on a typical day shift.
- In the high turnover facilities, their assignments were more typically 8,9,10 or even 12.
- The issue of having enough staff was described as basic.
- Staff often leave because of "working short"

4. Effective work organization

- Consistent assignments between residents/CNAs
- Sufficient staffing
- Careful attention to emotional and religious passages in life
- Organizing eating and bathing in ways that rarely caused conflict and distress for residents or caregivers alike
- Involvement of aides in care planning meetings
- Seeking their input into the decisions about care for residents they know well
- Celebrations

Case Study

- Two units in the same facility were utilized
 - Unit A was a unit which was undergoing "culture change"
 - Unit B was a traditional unit
- Both were dementia units with like residents
- Questionnaires were distributed to staff to determine their major sources of stress

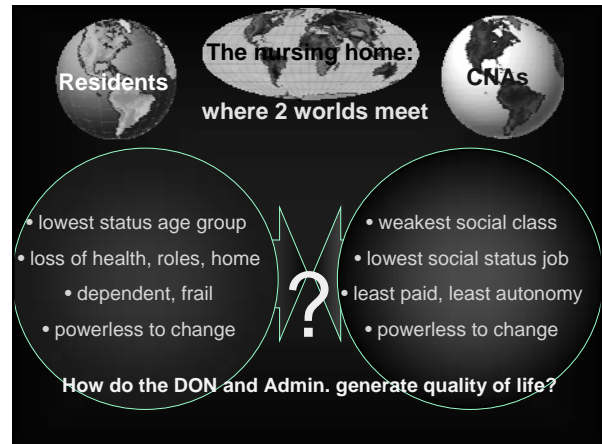
In general, positive care giving practices were more likely linked to decentralized decision making and an absence of arbitrary changes without involvement or explanation of nursing staff.

Case Study

- Empowered Unit employee stressors
 - Falls and accidents of residents
 - Stubborn and uncooperative residents
 - Terminally ill or dying residents
 - Depressed residents
 - Death and emotional stress

Case Study

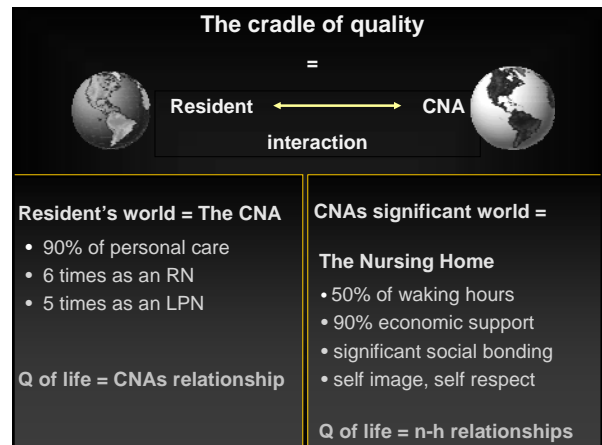
- Traditional Unit employee stressors
 - Low wages/salary compensation
 - Abusive residents
 - Heavy workload and difficult tasks
 - Disagreements with co-workers
 - Lack of staff manpower



Case Study

Job stressors differed between the two different units of CNA's – in fact, the two groups of CNA's did not share any of the same "Top Five" stressors.

1. CNA's working in a non-empowered environment experience job stressors related to negative CNA job characteristics
2. CNA's working in an empowered environment have redirected their focus and are concerned with stressor related to resident issues.



It's all about..... Relationships

How does one assess what the staff really want

Measures of staff devotion and commitment

- Stability and length of service
- Minimum absenteeism
- No agency staff use
- Minimum turnover
- Resident rating of staff attitude
- Staff satisfaction with quality of:
 - Work environment, training, supervision
 - Staff recommending facility as a good place to work

How does one turn workers into devoted caregivers?

Create for them a quality work setting

- Managers listen to them, care for them
- Supervisors respect them, appreciate their work
- Evaluations are fair, there is communication between shifts.

•And what about their pay?

Indicators of Quality of Workplace

1. Pay compared to other nursing homes.
2. Safety of workplace.
3. Adequate equipment and supplies to do your job well.
4. Work allows you to make a difference in people's lives.
5. Co-workers work as a team.
6. Fair performance evaluations.
7. Staff are respectful of residents.
8. Helps you get to deal with job stress.
9. Communication between shifts.

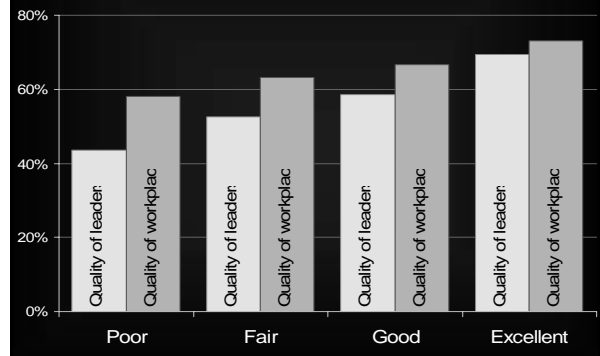
What do staff really want? (NHomes=312, Staff=11,849)

Staff most satisfied with... (satisfaction scale: 1-100)		Staff least satisfied with... (satisfaction scale: 1-100)	
1	I make a difference 75%	16	Communication btwn shifts 46%
2	In-services 68%	17	My wages 40%
3	Safe workplace 67%	18	Help with job stress 40%

What will motivate staff to recommend facility to others?

Staff care most about... (correlation: 0-1)		
1	Management cares	.69
2	Management listens	.67
3	Get help with job stress	.63
15	My wages	.52

Quality of Management and Quality of the Workplace
Rating by 6,305 CNAs in 156 Nursing Facilities:
4 percentile groups, 2004



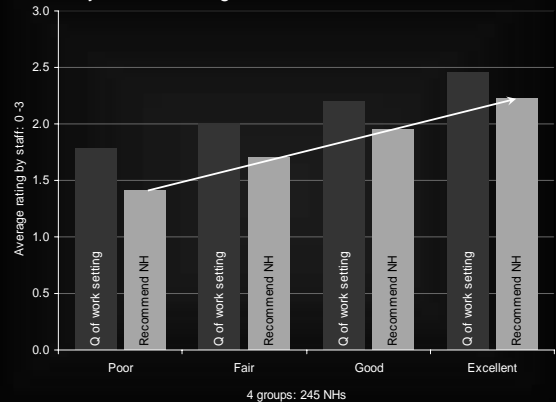
Quality of leadership and quality of the workplace

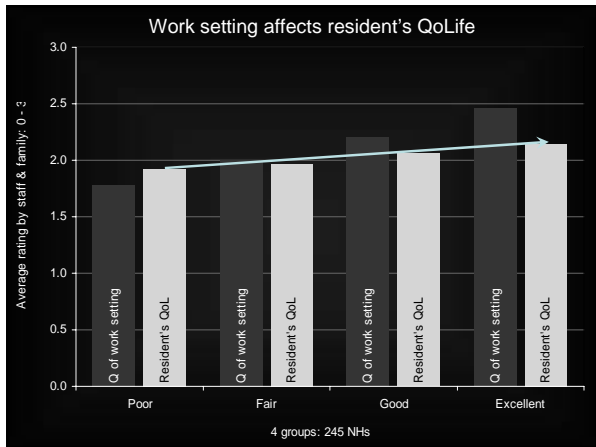
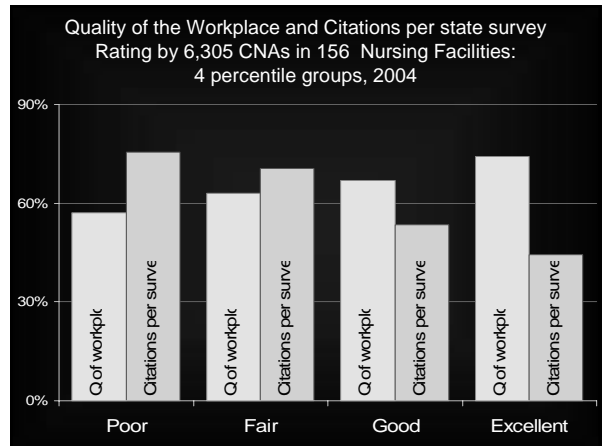
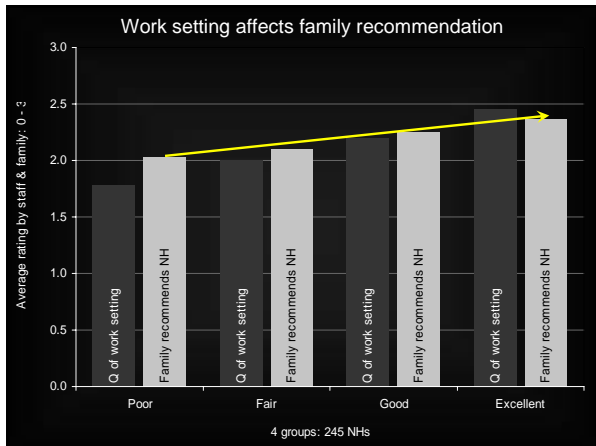
The interface

CNAs Speak Up !

- A 2004 study
- 156 nursing facilities in the Southeast
- 3,579 CNAs, 6,502 families surveyed
- November 2004

Quality of work setting determines staff recommendation

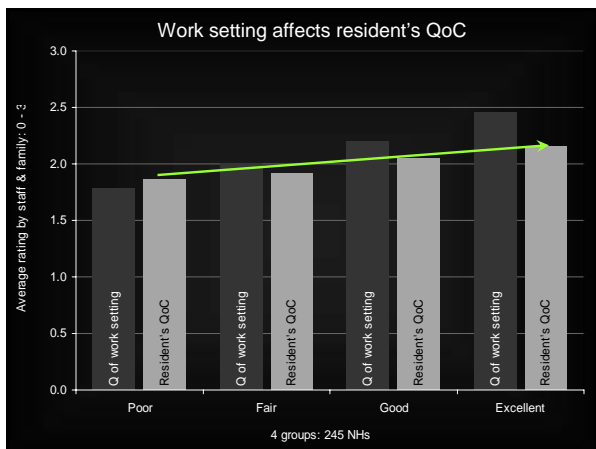




What do I need to do to create a Quality work place so....

My residents can have Quality in their Lives?

Leadership IS the key to Culture Change



We did the best we could, with what we knew, And when we knew better, we did better.

Maya Angelou

***“Insanity is doing
the same thing
over and over
and expecting
different results”***

Person Centered LTC Accreditation

- Standards are available in the “Aging Services Manual”
- Homes need to have been using these standards 6 months prior to being surveyed.
 - A CARF education program would be helpful in preparing
 - Information can be obtained via www.carf.org or contacting Sue Mattheisen
- Surveyors are peer reviewers all of whom work in an area of Person Centered Care accredited by CARF
- For information
 - Contact CARF Aging Services 202-587-5001
 - To obtain a manual: www.carf.org – Bookstore

CARF Accredits Person Centered Long-Term Care Communities Nursing Homes

Dementia Special Care Programs

- In conjunction with a panel of experts, CARF has recently developed standards for Dementia Programs in:
 - Nursing homes
 - Assisted Living
 - Adult Day Care
- These standards can be downloaded from www.carf.org
- Surveys will begin in January, 2007
- Over 700 people have reviewed these standards during their Field Review

CARF Accredits Nursing Homes in Person Centered LTC

- Standards were developed by an International Advisory Committee of experts in transformational change
- Over 300 people reviewed the standards in the field review
- The standards were published in January, 2006
- Nursing homes seeking this accreditation will differentiate themselves by demonstrating they meet a national standard for Person Centered LTC.

For additional information about the standards

- **Learning the standards**
 - We can conduct education at your own organization
 - You can attend a CARF 101 at the Washington DC office in May
 - Visit www.carf.org for additional training opportunities

"The patient neither speaks nor comprehends the spoken word. Sometimes she babbles incoherently for hours on end. She is disoriented about person, place and time. She does, however, respond to her own name. I have worked with her for the past six months, but she still shows complete disregard for her physical appearance and makes no effort to assist in her own care. She must be fed, bathed and clothed by others. Because she has no teeth, her food must be puréed. Her shirt is usually soiled from almost incessant drooling. She does not walk. Her sleep pattern is erratic. Often she wakes in the middle of the night, and her screaming awakens others. Most of the time she is friendly and happy, but several times a day she gets quite agitated without apparent cause. Then she wails until someone comes to comfort her".

SUCCESS

To laugh often and much;
to win the respect of intelligent people and
affection of children;
to earn the appreciation of honest critics and
endure the betrayal of false friends;
to appreciate beauty, to find the best in others;
to leave the world a bit better, whether by a
healthy child, a garden patch or a redeemed social
condition;

to know even one life has breathed easier
because you have lived.
This is to have succeeded.

Ralph Waldo Emerson