



## RESOURCES, REGULATIONS, RESULTS

Culture change transformation supports the creation of both nursing home environments as well as home- and community-based settings, wherever older adults and their caregivers express choice and practice self-determination in meaningful ways at every level of daily life.

Culture change—a simple concept valuing choice, dignity, respect, self-determination, and purposeful living—is transforming the way we care for elders across the nation who are in need of long-term care. Creating and sustaining change isn't easy. While some adopters are like master chefs sprinkling various methods into the mix, others prefer “recipes for change” to support implementation. In reality, the most successful changes will vary by setting, organization, leadership, staff and the elders affected. There is no one recipe, but we have identified wonderful ingredients that can help cater an experience just right for you. That's the essence of the Just in Time Toolkits – RESOURCES, REGULATIONS, RESULTS. We highlight wonderful implementation resources, identify relevant regulations and point you to results to help you find just the right path. Are you ready? It's time to build your recipe for change.

### RESOURCES

**Getting Started:** Before you choose your ingredients and start cooking, it's important to examine the core elements of culture change as the foundation for your transformation. Core practices of choice, relationships and creating home are the “ingredients” that are necessary for your implementation recipe and at the heart of any culture change implementation. We found some great resources to get you started on examining these core ingredients in your organization. Choose one or more, but don't miss out on this most important preparation step. It's the KEY to your success!

**Get Cooking with Your Staff:** Once you've explored the core ingredients in your organization, it's time to get cooking. This is the opportunity to explore the supportive practices for your staff that will help maintain choice, relationships and creating home for residents. For the Staffing Transformations Toolkit, we have a few ideas to get you started. Some are easier and some are harder. Or, maybe, you'll want to go a completely different direction. Just like browsing through a cookbook, these thoughts just may provide the inspiration that moves you forward in your planning process.

**TOOL (Source)**

	<i>Getting Started on Culture Change</i>	<i>Staffing Resource</i>	<i>Free Resource</i>
A Case for Consistent Assignment (Provider) <a href="http://www.providermagazine.com/archives/2008/Pages/A-Case-For-Consistent-Assignment.aspx">www.providermagazine.com/archives/2008/Pages/A-Case-For-Consistent-Assignment.aspx</a>		◆	◆
Advancing Excellence Resources for Consistent Assignment (Advancing Excellence) <a href="http://www.nhqualitycampaign.org/">www.nhqualitycampaign.org/</a>		◆	◆
Artifacts of Culture Change (Centers for Medicare & Medicaid Services) <a href="http://www.artifactsofchange.org/ACCTool/">www.artifactsofchange.org/ACCTool/</a>	◆		◆
Better Jobs Better Care (LeadingAge) <a href="http://www.leadingage.org/Better_Jobs_Better_Care.aspx">www.leadingage.org/Better_Jobs_Better_Care.aspx</a>		◆	◆
Engaging Staff in Individualizing Care: An Implementation Handbook <a href="http://pioneernetwork.net">pioneernetwork.net</a>	◆	◆	
Champions for Care (Action Pact) <a href="http://actionpact.com">actionpact.com</a>	◆	◆	
Consistent Assignment – Excerpts from Institutional to Individualized Care Part One (Centers for Medicare & Medicaid Services) <a href="http://www.bandfconsultinginc.com/Site/From_Institutional_to_Individualized_Care.html">www.bandfconsultinginc.com/Site/From_Institutional_to_Individualized_Care.html</a>	◆	◆	◆
A Communication Map for Engaging Staff in Individualizing Care <a href="http://pioneernetwork.net">pioneernetwork.net</a>	◆	◆	◆
Starter Toolkit for Engaging Staff in Individualized Care <a href="http://pioneernetwork.net">pioneernetwork.net</a>	◆	◆	◆
Core Competencies in Medical Direction (AMDA) <a href="http://www.paltc.org/amda-white-papers-and-resolution-position-statements/role-medical-director-person-directed-care">www.paltc.org/amda-white-papers-and-resolution-position-statements/role-medical-director-person-directed-care</a>		◆	◆
Culture Change and Staff Education Modules (Kansas PEAK Nursing Home Initiatives) <a href="http://www.kdads.ks.gov/commissions/scc/peak">www.kdads.ks.gov/commissions/scc/peak</a>	◆	◆	◆
Getting Better All the Time: A Guide for Nursing Home Staff (Cobble Hill) <a href="http://www.isabella.org/Isabella/Resources/PerformanceImprovementManual.aspx">www.isabella.org/Isabella/Resources/PerformanceImprovementManual.aspx</a>	◆	◆	◆
Getting Started (Pioneer Network) <a href="http://pioneernetwork.net">pioneernetwork.net</a>	◆		
Implementing Change in Long-Term Care: A Practical Guide to Transformation (University of Wisconsin-Madison and The Commonwealth Fund) <a href="http://www.commonwealthfund.org/publications/tools/2009/apr/implementing-change-in-long-term-care-bowers">www.commonwealthfund.org/publications/tools/2009/apr/implementing-change-in-long-term-care-bowers</a>	◆	◆	◆
Meeting the Leadership Challenge in Long-Term Care (Farrell, Brady & Frank) <a href="http://www.bandfconsultinginc.com/Site/Meeting_the_Leadership_Challenge.html">www.bandfconsultinginc.com/Site/Meeting_the_Leadership_Challenge.html</a>	◆	◆	

**TOOL (Source)**

	<i>Getting Started on Culture Change</i>	<i>Staffing Resource</i>	<i>Free Resource</i>
MDS 3.0 National Learning Collaborative Webinars (Pioneer Network) pioneernetwork.net		◆	
Nurse Competencies for Nursing Home Culture Change (Hartford Institute for Geriatric Nursing and Pioneer Network) pioneernetwork.net		◆	◆
Path to Mastery (Eden Alternative) www.edenalt.org	◆		
Pioneer Network Case Studies in Person-Directed Care (Pioneer Network) pioneernetwork.net	◆	◆	◆
Planetree and Picker Long-Term Care Improvement Guide (Planetree) planetree.org/wp-content/uploads/2015/05/LTC%20Improvement%20Guide%20For%20Download.pdf	◆	◆	◆
Staff Stability Toolkit (Healthcentric Advisors, formerly Quality Partners of Rhode Island) www.bandfconsultinginc.com/Site/Staff_Stability_Tool-kit.html	◆	◆	◆
Training Guide for Self-led Teams by LaVrene Norton, Action Pact Workbook actionpact.com		◆	

## REGULATIONS AND RESULTS

We investigated the staffing transformation process and we found that no regulations prohibit these changes. In fact, many of these initiatives support the Federal Centers for Medicare & Medicaid Interpretive Guidelines for F-241 Dignity and F-242 Self Determination and Participation.

Without regulatory barriers, the focus of change should be on the results for residents and staff. We've highlighted a few initiatives and documented examples of impact below.

STAFFING INITIATIVE	EXAMPLES OF IMPACT
Consistent Assignment	<p>Reductions in turnover, increases to longevity, and improved staff satisfaction (Pioneer Network Case Studies in Person-Directed Care, 2011)</p> <p>Staff find work more satisfying, 75% reduction in pressure sores after one year of consistent assignments, 18% decrease in death rate, 36% increase over two years in the number of residents who could walk</p> <p><i>"Particularly for residents with dementia, continuity of relationship with direct caregivers is important"</i> (Wunderluch and Kohler, editors. IOM Committee on Improving Quality in LTC. Improving the quality of LTC. Washington D.C., 2001).</p> <p><i>Findings: Rotating staff made CNAs feel less valued for their skill, experience and knowledge of patients (residents). CNAs defined good care giving as based on the establishment and maintenance of good relationships with residents. CNAs felt any disruption to these relationships was detrimental to the quality of the care provided and the quality of residents' lives.</i> (Barbara Bowers "Turnover Reinterpreted: CNAs Talk About Why They Leave" Journal of Gerontological Nursing Vol. 29, Issue 3, 36)</p>
CNA's attend care conferences	<p>Recent research has confirmed that facilities where CNAs participate in care planning have lower rates of turnover compared to facilities where they do not. (Eaton, Susan C. Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Phase II Final Report, 2001).</p>

## STAFFING INITIATIVE

## EXAMPLES OF IMPACT

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Self-scheduling of work shifts. CNAs develop their own schedule and fill in for absent CNAs. CNAs independently handle the task of scheduling, trading shifts/days, and covering for each other instead of a staffing coordinator

*"There was concern that employees would not work as hard as to find others to cover their shifts once the incentive program ended. However, after a year of self-scheduling, there were no uncovered shifts by the CNAs. We also implemented self-scheduling for our nurses, and after nearly a year, there have been no uncovered shifts by our LPN/RN nursing staff.... Our experience indicates that nursing personnel who take pride in their work are less stressed, knowing that they will not be short-staffed."*  
(Self-Scheduling for Nursing Assistants: A Pilot by Donna Howard and Donna Blackburn, LeadingAge).

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Reduction or elimination of agency staff

Significant reductions in costs for agency – \$1.5 million decrease documented in Teresian House Case Study (Pioneer Network Case Studies in Person-Directed Care, 2011)

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### Measuring Results

We recommend that you access these resources for examples of tools and spreadsheets to measure outcomes of staffing programs.

**Staff Stability Toolkit** (Healthcentric Advisors, formerly Quality Partners of Rhode Island)

**Meeting the Leadership Challenge in Long-Term Care** (Farrell, Brady & Frank)



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