

Recipes for Environmental Change

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 address the culture change concepts and the reasons why you are engaging in change in the first place. 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. Without adding these ingredients into the mix, you might find that the most beautiful environment is not pleasing when residents don't have the choice on when or how to use it. 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 on the Environment: Once you've explored the ingredients in your organization, it's time to get cooking. This is the opportunity to explore the supportive practices in the Environment that will help maintain choice, relationships and creating home for residents. For the Environment 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.



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TOOL (Source)	Gettin	Homot:	Adan*:	Outdoc Equipment	Bathii.	Overh.	Privació	Remonstration	Private Statio	Householi
Low Cost Practical Strategies (Lois Cutler and Rosalie Kane) pioneernetwork.net (listed as a Design on a Dollar resource)	•	•	•	•	•	•	•	•	•	•
A Stage Model of Culture Change in Nursing Facilities (Action Pact) actionpact.com	*									
A Tale of Transformation (Action Pact) actionpact.com	•									•
Access to Nature accesstonature.org				*						
Artifacts of Culture Change (Centers for Medicare & Medicaid Services) www.artifactsofculturechange.org/ACCTool/	•									
Bathing without a Battle (University of North Carolina) bathingwithoutabattle.unc.edu/bathing-techniques					•					
Center of Design for an Aging Society www.centerofdesign.org			•				•		•	
Creating Home in the Nursing Home I pioneernetwork.net	•	•	*	*	*	•	*	*	*	•
Culture Change Education Modules (Kansas PEAK Nursing Home Initiatives) www.kdads.ks.gov/commissions/scc/peak	•									
IDEAS Institute www.ideasinstitute.org		•	*				*		•	
Dementia Design Info www4.uwm.edu/dementiadesigninfo				•					•	
Design for Generations designforgenerations.com				•						
Design on a Dollar (Pioneer Network) pioneernetwork.net	•	•	•	•	•	•	•	•	•	
Getting Started (Pioneer Network) pioneernetwork.net	•									
Household Matters Toolkit pioneernetwork.net	•		•							
In Pursuit of the Sunbeam (Action Pact) actionpact.com										*
Long-Term Care Improvement Guide (Planetree and Picker) Path to Mastery (Eden Alternative) www.edenalt.org	*									

TOOL (Source)	Getting	Homein	Adans:	Outdoc.	Bathing 5	Overho	Privación Paging	Remon :	Private 6	House	JapoN plouse
Society for the Advancement of Gerontological Environments www.sagefederation.org/							•		•		
THE GREEN HOUSE® Project www.thegreenhouseproject.org										*	
The Household Model Business Case: An Editorial and Technical Brief (Action Pact) actionpact.com										•	

REGULATIONS

Would you believe that regulations support many of the changes highlighted in Toolkit resources? We thought that you would want to know, so we highlighted a few important regulations below. As you discuss your changes with regulators, bring them to the table by stating your intent to honor regulatory guidelines.

CHANGE AREA	Centers for Medicare & Medicaid Services Regulation
Decorating	F252 Environment: The facility must provide a safe, clean, comfortable and homelike environment, allowing a resident to use his/her personal belongings to the extent possible. "A 'homelike environment' is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use personal belongings that support a homelike environment."
Overhead Paging	F252 Homelike Environment: "Some good practices that serve to decrease the institutional character of the environment include the elimination of: overhead paging and piped-in music throughout the building"
Adaptive	F246 Accommodation of Needs: "Resident bathroom mirrors are wheelchair accessible and/or adjustable in order to be visible to a seated or standing resident."
Adaptive	F246 Accommodation of Needs: "Sinks used by residents have adaptive/easy-to-use lever or paddle handles"
Adaptive	F246 Accommodation of Needs: "Adaptive handles, enhanced for easy use, for doors used by residents (rooms, bathrooms and public areas)."
Resident Rooms	F461 Resident Room: "Closets have moveable rods that can be set to different heights."
Adaptive	F246 Accommodation of Needs: "Chairs and sofas in public areas have seat heights that vary to comfortably accommodate people of different heights."
Nurses' Station	F463 Resident Call System: "In the case of an existing centralized nursing station, this communication may be through audible or visual signals and may include wireless systems. In those cases in which a facility has moved to decentralized nurse/care team work areas, the intent may be met through other electronic systems that provide direct communication from the resident to the caregivers."

RESULTS

If a recipe is a hit, it could become a regular staple. At the same time, you wouldn't want to keep using a recipe that doesn't work. That's why it's important to measure results proactively and share what you find with the organization. This is your chance to keep tweaking until you get it right. Why not give it a go?

Examples of Early to Mid-Implementation Impact (0-2 Years)

Quality of Life	Increased levels of resident satisfaction formally (surveys) and informally (verbally to peers and staff); Increased levels of engagement (especially in residents with chronic health conditions or dementia); Emphasis by residents and staff on relationships and community; Descriptions of the organization as "home" or "family."
Quality of Care	Residents may rate clinical care higher (due to improvements in their overall experience). In addition, as the quality indicator most correlated with resident centered principles and care, use of restraints should decline. Improvements in weight loss, falls, agitation, pressure ulcers, and time in a bed or chair are also potential areas of impact. Of course, the level of clinical improvement depends predominantly on the organization's performance pre-implementation as well as the support of clinical leadership (Medical Directors and Directors of Nursing) for resident centered care.
Staffing	Increased levels of staff satisfaction formally (surveys) and informally (verbally to peers and leadership team); Active understanding of culture change and resident centered principles by the majority of staff; Formal recognition of employees for excellence in resident centered care; Self-motivation, critical analysis, and problem-solving by front-line staff to incorporate resident centered principles.
Organizational	Increased levels of occupancy; Reduction in the use of agency staff; Increases to operating margins; Waiting lists for residents; Reduction in turnover of leadership team; Reduction in turnover of direct care staff; Strengthening of outside community support and volunteers.



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