

Action Pact, Inc.

Ask Pact

www.Culturechangenow.com
www.culturechangenow.com/askpact.html

Getting Started



Dear Ask Pact:

We're a great facility. We have good surveys, a solid administration (our Administrator has been here for 4 years, the DON for 15 years), and a lot of staff that have been with us for a long time. Our residents' families love us. We don't get many complaints from anyone!

But still, some of our residents aren't very happy. Most of them are, but we're beginning to feel like that's not enough.

To get to the point, many of us have been talking about this Culture Change thing. We've printed off pages from your website and talked about it at Department Head meetings and at in-services. Some of us have gone to some training sessions here in Illinois. A bunch of us heard Steve Shields talk.

We know this is what we want to do, but how do we get started?

- Friends from a Loving Facility

Dear Friends:

There are many ways to start. With a leadership retreat, or a facility-wide education process, or some wonderful event inviting families to come in and talk about possibilities. Gather up some volunteers from each of these efforts and go to work.

Below you will find the checklist we have developed that may be of some help to you. Good luck and let us know how we might be of further help.

Yours Truly,

A. Pact

"Ask Pact" is our own question-and-answer column where people can ask their Culture Change questions and have them answered by our seasoned team of trainers and educators. You may find some topics here that are relevant to you - if not, feel free to Ask Pact!

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Getting Started Checklist

***We know this is
what we want to
do, but how do
we get started?***

___ Read the article from Culture Change Now Volume 1, page 5, entitled: [The Phases of Culture Change](#), or read the summary of this article at the end of this checklist.

___ Form a Steering Team to decide what issues need to be tackled first. The best Steering Team will include both formal and informal leaders. Formal leaders are your department heads and others in leadership positions. Informal leaders are those who influence others, even though they may not be in positions of authority.

___ Create a Vision

___ Work to accomplish High Involvement (participation from residents, their families, and staff in all departments, shifts and positions).

___ Develop permanent Care Teams that can grow into Neighborhoods.

___ Engage staff, families and residents in helping to realize residents' Daily Pleasures.

___ Broaden the Leadership Team from Department Heads to include informal leadership (see above).

___ Use a Team Meeting Model to conduct all meetings.

___ Create Study Teams (that will have Steering Team representation) to study innovations in various areas (perhaps dining, creating home, bathing, person-centered rather than behaviorally managed dementia care, etc).

___ Encourage each team to look at what they can do in the short term and what they will need to move toward more slowly. For example, implement a Bathing Team that would review "Bathing Without a Battle" by Joanne Rader and determine how all staff would receive the relevant training. Then, establish a bath team in each neighborhood to begin to fix up each individual bathroom.



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Getting Started Checklist, *continued*

Read
Culture Change
Now Volume 1,
page 5,
entitled: The
Phases of
Culture
Change, and
Learning Circle
article: Power
of the Circle by
LaVrene
Norton

___ Read Learning Circle article: Power of the Circle by LaVrene Norton and begin to use Learning Circles before and after in-services, as team-builders, as ways to change the climate in the early stages of culture change.

___ Carefully examine the Values of the Pioneer Network and the Principles of the Eden Alternative. Ask yourself how they are similar and how they are different. Where do they overlap? How do we articulate our own values and principles?

___ Pull out your policy and procedure manuals and look through them. Hold each policy up to the light of the principles and values, and write in the margin beside them which ideas they reflect. Perhaps they reflect a person centered culture of care, perhaps they don't. Do they reflect management caring for staff as management would have staff care for elders? If so, great! If not, what can be changed? Create Common Ground and High Involvement as you work through this exercise.

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Getting Started, *continued*

The Phases of Culture Change

By LaVrene Norton

The process includes six phases: the study circle, the design team, skills assessment and development, team development, implementation and evaluation.

(Condensed from an article published in Volume 1 of Culture Change Now!)

There is no cookie-cutter model for culture change; every nursing home must choose for itself what works best in its own unique environment. But there is a replicable process of establishing a shared vision and moving forward as an organization to create a home for elders. The process includes six phases: the study circle, the design team, skills assessment and development, team development, implementation and evaluation.

Phase 1 - The Study Circle: Plan to spend up to a year assessing your organization's readiness for change and investigating the types of social models that exist in long-term care and other professions.

A successful culture change journey requires high involvement by many kinds of stakeholders, including all staff and as many residents, family and community members as you can engage. Begin by creating a study circle with a small group of leadership then gradually increase participation of board, staff and informal leaders among residents, families and the broader community.

Break the circle into smaller groups and assign each to study a particular issue or area of concern. What each group learns is reported at regular meetings with the entire, ever-expanding circle.

Tour other nursing homes that have gone through culture change to gather ideas and a vision for your own journey. As you look outside your organization for alternative models, also look inward at Quality Indicators to evaluate current practices, establish baseline data and consider new possibilities. Also, it is a good time to survey and interview staff, residents and family members about what "home" means to them.

Phase 2 - The Design Team: During this phase, you determine what changes are possible given your financial resources and unique organizational characteristics. Some organizations will want to consider new construction or renovation. Others will not have these options, but can make low-cost changes in the organization to empower staff and bring decision making closer to residents.



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Getting Started, *continued*

Two general principles should guide your team in determining what changes to make: small is better and community is vital. You may have a large nursing home, but you can divide the environment to feel smaller and bring people together.

Your design must retain regulatory compliance, so keep regulators apprised of your plans and seek their input.

Phase 2 tasks include:

- 1 Assembling the design team, making sure all stakeholders are represented and that staff, residents and family members are informed. Shape a purpose for the team reflecting its members' hopes for the project and their vision of the type of care environment they want for their parents and themselves as elders.
- 2 Reviewing or developing your mission and vision statements, ensuring they are compatible with your organization's new goals. This is another opportunity to get everyone involved.
- 3 Developing plans for any construction or renovation that may be part of your culture change journey. Work to sensitize architects and contractors to the special needs of elders.
- 4 Determining how best to structure your organization so it is as supportive of staff as of the residents. Proven methods include moving leadership as close as possible to the elders by creating self-directed work teams, cross-training workers, eliminating departmental barriers, flattening the organizational chart and permanently assigning staff to a particular resident "neighborhood" or "household". Additional options to consider are to place non-nursing personnel into coordinator positions within these neighborhoods or households, and to give workers more choices by creating flexible staffing schedules.

Phase 3 - Skills Assessment and Development: Ensure that everyone in your organization has the skills and attitudes to bring the culture change vision to fruition. The key is to create a learning climate where leaders are inspired to help others learn and grow.

Assess existing skills and interests and define those needed in the new world you are creating. Training for culture change happens in all formats in classrooms, small groups and one-on-one. Training materials may be acquired either from outside consultants or by developing them from resources you already have.

Phase 4 - Team Development: If your design incorporates a household, neighborhood or cluster model, begin as soon as possible to identify future team members so they may begin working together and with residents.

Phase 5 - Implementation: This phase begins when design decisions begin to be actualized in staff training and in new job descriptions, work assignments, reporting structures, policies and procedures.

It is when all of the innumerable questions not dealt with in the design phase come back to confront you: What terminology will you use to describe the new environment and the people who live and work there?

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Getting Started, *continued*

The implementation phase is the final dividing line between the old way and the new.

What about job descriptions - will you use a universal worker model or blend roles? Will you expect or encourage all staff to become C.N.A. certified? How will nurses, non-nursing care services, ancillary staff and department directors be integrated into the new model? How, when, where and to whom will meals be served? Will diets be liberalized? Will there be household coordinators, and if so, who will fill those positions?

The implementation phase is the final dividing line between the old way and the new. When you cross that line, you want everyone in your organization stepping over together, hand-in-hand.

Phase 6 - Evaluation: This phase returns you to the beginning of your journey, the Study Circle, when you established baseline data for all Continuous Quality Improvement indicators. That data is now compared with new data tracked from clinical outcomes, infection control, customer satisfaction, human resources, regulatory compliance, safety/risk management and financial management indicators.

Make a priority commitment to correct and improve any deficiencies; there is no compromise on quality inherent in this journey.

In the neighborhood model, everybody shares responsibility for all outcomes of living and working together. This charges all staff with additional accountability for outcomes, but also obliges the organization to ensure staff is adequately educated and supported in their new responsibilities.

Whether the evaluation is conducted with help from an external evaluator or internally within the parameters of your organization's Continuous Quality Management process, the results will bring focus to achieving positive outcomes in both quality of care and quality of life for residents and staff.