

The Cultural Evolution

Part Three: Strategic Investments In Person-Centered Care

Leslie A. Grant, PhD, and Edward McMahon, PhD

This article about Golden Living's culture change (CC) program, called the Resident-Centered Care Initiative (RCCI), explores challenges to CC within large multifacility organizations and identifies strategies to overcome these barriers.

Earlier articles about RCCI appeared in the January and February 2008 issues of *Provider*. Research found RCCI to be an effective strategy for improving resident quality of life and employee satisfaction. RCCI improved resident choice and dignity, and it enhanced employee satisfaction with training, management, and the work environment. It also improved overall job satisfaction among staff.

Although RCCI had little effect on financial performance over the short term, it has provided benefits to residents and staff without increasing operating costs.

What Is The Motivation?

Why should nursing home providers pursue a CC strategy in an era of diminished resources? Among some stakeholders, there is a belief that structural shifts are no longer sufficient for nursing facilities to remain competitive in an increasingly challenging market characterized by demographic

shifts and an environment fraught with economic and regulatory constraints.

According to some CC proponents, transformational change is needed to improve organizational performance and reposition nursing facilities within an evolving continuum of services.

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One of the early lessons learned by senior managers at Golden Living, Fort Smith, Ark., is that CC is not a short-term strategy that can be implemented half-heartedly. Transformational change requires a focused long-term commitment of organizational resources.

"Everyone has to be realistic about what it takes to make person-centered care a reality," says Larry Deans, exec-

utive vice president and chief administrative officer at Golden Living.

"We're still making [person-centered care] better in our LivingCenters. I am proud we were willing to try different approaches until we learned how to make it workable and cost-effective."

RCCI was started in 2002, and it continues to evolve. As RCCI matured, CC practices were mainstreamed throughout the corporation. Golden Living had to develop more cost-effective strategies to make this effort sustainable. During this process, strategies evolved to spread person-centered care throughout the corporation.

Piloting RCCI (2002-2003)

To initiate RCCI, Golden Living sought additional technical assistance from Action Pact, an external consultant. In 2002, Golden Living and Action Pact tested CC in 10 facilities in Indiana, Pennsylvania, Wisconsin and Minnesota. Six pilot facilities implemented CC successfully. Four were not as successful. Company leaders learned key lessons from the pilot:

- *Facilities with below-average state survey results are not the best candidates for CC.* Facilities that successfully implemented CC had better compliance histories than unsuccessful ones.

- *Instability in facility leadership*

undermines CC progress. Successful CC facilities had less turnover among administrators and directors of nursing than unsuccessful ones. Without stability and continuity in leadership, CC did not take root.

■ *CC requires strong, effective leadership.* Successful CC facilities had more competent leadership than unsuccessful ones at pre-test (even before RCCI started).

Expanding RCCI (2004-2005)

During the expansion phase, 18 more facilities in seven states joined RCCI. The implementation strategy was redesigned to increase the likelihood of success. A streamlined process reduced the amount of assistance needed from Action Pact. It also created greater ownership of RCCI among Golden Living's caregivers. These changes are described below.

■ *New application process.* Facilities were selected on the basis of current and past performance. Only facilities with strong leadership, good regulatory compliance histories, and superior track records could participate in the expanded RCCI program. Because individual facilities had to formally apply to the corporate office to participate, facility leadership's interest in making RCCI work for them was already high.

■ *Cost of renovation.* Another consideration in facility selection was feasibility of CC renovations. Architectural and interior design studies found that amounts initially budgeted for renovations were insufficient. Renovations necessary to convert traditional nursing units from an institutional to a neighborhood or household model could be cost-prohibitive.

■ *Train-the-trainer model.* Rather than relying exclusively on external consultants for staff development, a "change-agent" training model was developed. This new strategy trained staff to become internal CC consultants responsible for implementing CC within each of their regions. A series of

workshops educated the "CC agents" using standardized training modules provided by Action Pact. The agents then used these modules to train leadership teams and frontline staff.

■ *Realignment of management systems.* Multifacility providers such as Golden Living represent complex organizations with hierarchical structures. Organizational changes were necessary to support CC throughout the corporation. Organizational policies and procedures had to be changed to align operational systems throughout the entire chain of command—from the

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corporate office to regional offices, to district offices to individual CC facilities.

Corporate policies were revised to allow greater autonomy in decision making by individual facilities, particularly regarding such issues as reassignment of facility staff, raw food purchases, and outsourced services (such as housekeeping).

■ *Leadership buy-in.* In a company-wide integrated approach, CC training was provided to leaders at all levels of the organization—corporate, regional, district, and facility. The new implementation plan began with a two-day regional retreat attended by regional vice presidents, district managers, and facility leaders. It reinforced the importance of RCCI throughout the chain of command. Retreats took place before training was provided to frontline facility staff.

■ *Corporate champion and steering committee for RCCI.* Because a corporate CC champion was needed to lead RCCI, the senior vice president of operations was assigned that responsi-

bility. Given that RCCI affected many different departments, a corporate steering committee also was established to provide oversight.

■ *Financial incentives.* As key CC milestones were reached, facilities—or units within them—were recognized for their achievements and rewarded financially. Major capital improvements were tied to a facility's demonstration of tangible CC progress.

Designing More Cost-Effective Strategies (2006-2008)

Renovations to the physical plant were by far the single most expensive component of RCCI during the expansion phase. A critical lesson learned is that substantial CC progress can be made without large capital outlays for physical renovations.

Capital improvements cannot be the only strategy pursued because transformational change is rooted in interdependent organizational systems. Deep systems transformation by definition involves multiple organizational systems not limited to the physical environment (as described in Part Two of this series).

The physical environment helps catalyze or speed up the CC process by enabling new operational practices such as dining in neighborhoods or households.

However, according to Action Pact's Executive Leader LaVrene Norton, "Changes to the physical environment—in and of themselves—don't reflect real CC progress. An institutional model with only the physical renovations is like a caterpillar with wings. Physical renovations alone don't reflect transformational change. A caterpillar with wings is not yet a butterfly."

Can transformational change occur without huge capital outlays? The answer is "yes." Experts identify six core elements that define CC. As shown in Table 1 on page 56, most CC practices are not related to physical renovations.

Speeding Up The Process

More cost-effective strategies for CC implementation emerging at Golden Living reflect the staff's renewed efforts to make CC practices universal in all LivingCenters. The prior strategy was to diffuse CC incrementally within small groups of facilities. Large-scale efforts are currently under way to spread CC practices more quickly throughout the entire organization.

For example, companywide policy now supports consistent staff assignment—first by assigning the same nurse assistant to the same unit, and, ultimately, by assigning the same nurse assistant to the same resident. A new meal program called Dining Your Way provides greater meal options and flexibility, including between-meal snacks.

New buildings being opened are configured as “neighborhoods.” Orientation materials for new residents and families explain how the principles

of resident-centered care are being implemented in all LivingCenters.

New programs, such as Life's Simple Pleasures, allow residents greater opportunities for daily enjoyment. Golden Living's quality and performance scorecard includes a new metric to determine if every resident has at least one daily pleasure in his or her care plan.

Life's Simple Pleasures are designed to identify a personal pleasure important to each resident that could be delivered on a regular basis at least five times per week.

On admission each resident is asked what daily pleasures they now enjoy (or have in the past) that staff can provide. It could be something as simple as a hot cup of coffee upon rising in the morning or a late afternoon walk outside. Sometimes it is a favorite television show or a daily bath at a certain time. Whatever it is, staff make

arrangements to offer the identified pleasure.

Starting At The Top

Responsibility for the program rests with the executive director (administrator at each facility). Implementing Life's Simple Pleasures had to be an interdisciplinary effort because it affected operations across multiple departments.

For long-stay residents who had psychologically adjusted to institutional regimens, there was the additional challenge of overcoming the effects of learned helplessness. When asked about daily pleasures, many residents living in the facility gave statements such as: “I get everything I need here already,” or “you choose for me, I don't know what to say.” So, it took some coaxing by staff and involvement from families to identify a pleasure for each resident.

Implementation Strategies For Culture Change

A panel of CC experts identified six core constructs that underlie most CC models, including RCCI. Practices associated with each are shown in the table below.

Table 1

Core Construct	Practices
Resident-directed care and activities	<ul style="list-style-type: none"> ■ Expanding choices at meals ■ Providing options for bathing ■ Assisting residents in determining their own schedules, activities, and care plans ■ Communicating the vision, principles, and values of person-centered care to all staff
Home environment	<ul style="list-style-type: none"> ■ Designing resident rooms for privacy, personalization, and individual needs or preferences ■ Introducing plants, pets, children, or familiar artifacts from the resident's past ■ Changing the environment as much as possible from institution to home ■ Implementing neighborhood or household designs
Relationships with staff, family, resident, and community	<ul style="list-style-type: none"> ■ Committing to consistent staff assignment ■ Promoting a sense of community ■ Involving family members in decision making ■ Providing intergenerational activities ■ Honoring death and dying with dignity
Staff empowerment	<ul style="list-style-type: none"> ■ Involving multidisciplinary staff in care planning and care conferences ■ Enabling staff to self-schedule ■ Implementing cross-training across departments and staff roles ■ Promoting staff development and autonomous decision making in multidisciplinary teams ■ Developing self-directed work teams
Collaborative management or shared leadership	<ul style="list-style-type: none"> ■ Encouraging multidisciplinary teamwork and problem solving ■ Decentralizing decision making about hiring and promotion ■ Implementing practices to improve staff satisfaction through enhanced work environments ■ Improving core leadership competencies and expanding participation on the leadership team ■ Promoting open communication through consensus-oriented group decision-making processes
Measurement-based quality improvement processes	<ul style="list-style-type: none"> ■ Adopting the principles of evidence-based management ■ Monitoring and benchmarking organizational performance on key metrics (e.g., clinical, workforce, customer satisfaction, quality-of-life, and other outcomes)

Source: Adapted from "Measuring Culture Change," Englewood, Colo.: Colorado Foundation for Medical Care. Publication No.: PM-411-114 CO 2006

According to Deans, "What gets measured on our scorecard gets done." Items on the scorecard are included in annual incentive plans for the leadership team at each LivingCenter. So, corporate leadership decided to use the scorecard to document if daily pleasures are being delivered.

True to existing culture, what got measured got done. Within six months, nearly all of Golden Living's residents had a simple pleasure identified in their care plan, and they were delivered on a regular basis.

An important lesson learned is how to leverage the existing culture of the organization to drive CC rather than trying to reinvent the culture anew. Employing tactics from the existing culture can be helpful in overcoming barriers to change. Life's Simple Pleasures is now a part of the CC effort, and it happened quickly and without major new expenditures.

In summary, a sustainable CC strategy must be grounded in contextual factors. CC practices must be cost-effective and aligned with strategic organizational goals. In complex multifacility organizations, CC must occur simultaneously at all levels of the company. The ultimate beneficiaries are the residents and employees, who are happier to live and work in a family-style, neighborhood environment rather than in an institutional one. ■

LESLIE A. GRANT, PHD, is associate professor and director of the Center for Aging Services Management at the University of Minnesota. He is a principal at Wausau, Wis.-based My InnerView, an applied research company that promotes quality improvement through evidence-based management. EDWARD McMAHON, PHD, is national director of Alzheimer's care and quality of life at Golden Living, Ft. Smith, Ark. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and should not be attributed to the fund or its directors, officers, or staff.