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Selecting and Prioritizing Changes

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A Newly Published Chapter for Getting Started:
Pioneering Approaches to Culture Change in Long Term Care

Co-Authored by
Susan Misiorski, BSN
National Director of Training and Organizational Development for PHI
and
Joanne Rader, RN, MN, PMHNP
Consultant for Rader Consulting

Preface

Pioneer Network is a national not-for-profit organization whose sole purpose has been to serve and grow the culture change movement since its inception in 1997. "Culture change" is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living. Now thirteen years strong, Pioneer Network has generated robust interest in transformation of older adult services and has multiple resources available to support the transformation including but not limited to *Getting Started: A Pioneering Approach to Culture Change in Long Term Care Organizations.*

In 2003, Pioneer Network received grant funding from the Retirement Research Foundation and The Commonwealth Fund to develop a handbook to support providers in the earlier stages of implementing culture change. Pioneer Network subcontracted with PHI (formerly Paraprofessional Healthcare Institute) to author the handbook based upon experiences of early culture change adopters. Susan Misiorski, National Director of Training and Organizational Development for PHI and Pioneer Network Board member served as primary author of the original manuscript.

While the original manuscript is still relevant to today's culture change movement, Pioneer board members Joanne Rader of Rader Consulting and Susan Misiorski of PHI

have teamed up to author a new chapter on selecting and prioritizing changes. Rader and Misiorski each have over 20 years of experience in supporting organizational change and together have designed some easy tools that will support providers to select and prioritize changes that align person directed values with daily practices.

Readers will note two changes in language between the 2003 edition of *Getting Started* and the new 2010 chapter. First, the term resident has been replaced by the term elder. Elder is not a term that reflects a specific age or age group, rather it is a term of respect:

An elder is a person who is still growing, still a learner, still with potential and whose life continues to have within it promise for, and connection to the future. An elder is still in pursuit of happiness, joy and pleasure and his or her birthright to this remains intact. Moreover, an elder is a person who deserves respect and honor and whose work it is to synthesize wisdom from long life experience and formulate this into a legacy for future generations.

—Deborah and Barry Barkan, Live Oak Project

Second, the term person-centered has been replaced by person-directed. Person-directed more strongly aligns with the value of self-determination and makes a clearer, stronger statement that the elder is directing their daily living experience, not the staff or institution. For a more detailed explanation of the differences between person-centered and person-directed practices visit www.pioneernetwork.net and click on the link "providers" then click on "continuum of person-directed culture."

In addition to the two changes in language described above, we would like to call your attention to an assessment tool that we recommend you add to the assessment process described in Chapter 3 of the Getting Started Handbook. The CMS Artifacts of Culture Change is a tool for providers to assess readiness, implementation and sustainability of person-directed care. The tool was developed by Carmen S. Bowman, of Edu-Catering: Catering Education for Compliance and Culture Change in LTC and Karen Schoeneman, Deputy Director of the CMS Division of Nursing Homes. To access the artifacts of culture change tool log onto www.pioneernetwork.net and click on "for providers," then click on "artifacts of culture change."

This new chapter is offered to Pioneers at no cost. To purchase the full handbook please go to www.PioneerNetwork.net and click on the link "store." The handbook, *Getting Started: A Pioneering Approach to Culture Change in Long Term Care Organizations* includes tools for creating mission, vision and values, for assessing organizational readiness and includes multiple training modules on culture change.

Chapter 5:
Selecting and Prioritizing Changes

Once you and your team have developed a shared vision and values and have engaged staff, elders, and families in understanding what culture change is all about, it is time to begin and/or deepen the work of changing longstanding nursing home practices. Much has been learned as providers have implemented a wide array of changes ranging from the simple to complex. This chapter adds tools to the *Getting Started* handbook, first published in 2003, for selecting and prioritizing changes in practices related to the living, working, and caregiving environment.

Fundamentals of a Successful Change Process

Culture change pioneers have identified important "guidelines" that provide the framework for a successful change process.

- Start simple and aim for quick wins
- Select changes important to elders, family members and staff
- Place maximum control with elders and those who work closest with them
- Focus on relationships
- Align daily practices with espoused values
- Ensure individualization and flexibility
- Integrate culture change into quality improvement systems
- Communicate with clarity
- Pace yourselves

Paying attention to these basics will help you identify practices that are inhibiting you from achieving your new vision, and the changes you would like to make. Below we look at each of these "guidelines" in more depth and provide real-life examples that illustrate how they facilitate success.

Start simple and aim for quick wins

Change is hard. Begin by selecting projects that produce short-term results or "quick wins" in order to build momentum for more difficult changes ahead. This is especially true for leaders working with newly forming teams or a team that is tentative about implementing change. High-functioning teams that have strong collaborative problem-solving, decision-making and conflict-resolution skills may be able to tackle more complex changes earlier on in the process.

EXAMPLE

The elders living in Home A wanted to get up at times of their choice but this conflicted with the home's practice of serving breakfast daily at 8am. The change team determined that relationships between dietary and nursing were too strained to tackle a highly complex dining change. As a result, the team chose to implement a continental breakfast in each living area.

By making the continental option available along with breakfast in the dining room or breakfast in bed, the change team found an easy way to add some choice and flexibility to the breakfast meal. This change provided a way to meet the needs of individuals who wished to get up hours before the main dining room opened, individuals who wished to sleep past the regular breakfast hours, and individuals who simply didn't want a large, hot breakfast. The team identified the need to move away from fixed meal times in the future, and began to offer staff training in interpersonal and team communication skills in order to ready everyone for the more complex systems changes needed in meal service.

Select changes important to elders, family members, and staff

If an organization places a great deal of energy into a change that is not experienced as a shared priority, then it will be an uphill climb. Change decisions made primarily by executives may be well intended, but unless they are requested by elders, staff, or families, those who live and work in the home may resent the amount of time and effort being spent on something that doesn't seem relevant or important. Resentment fosters resistance, making change that much more difficult to achieve.

EXAMPLE

The leadership team at Home B visited a nursing home that had transformed into a household model. They were excited by the household's ability to eliminate the medication cart and selected this as a project they wanted to tackle. When implementing the change in medication administration process, the nurses, elders and families were upset. It was taking longer for nurses to administer the medications without the cart and the elders were experiencing delays.

The leadership team met to debrief their change process and realized that they had failed to include elders and nurses in the decision to eliminate the medication cart. They learned that the cart itself was not most important to the elders. Instead, the elders clearly wanted timely medication administration, correct medications, and some flexibility with timing. The nurses had the same goals and also desired to reduce the number of medications administered overall.

Home B altered their change process based on this experience. They implemented the following changes in medication administration that nurses, elders, and family members supported:

• Stopped administering suppositories on night shift while the elders were sleeping
• Reduced the average number of medications per elder from 13 to 8
• Eliminated the home's policy to administer medications at 8am, noon, 4pm and 8pm and replaced it with flexible administration times such as upon waking, with meals and before sleep
• Discontinued the practice of passing medications in the dining room

These changes directly affected elder quality of life, quality of care, and overall satisfaction. The leadership team agreed that they still wanted to eliminate the medication carts, but that this change should wait until those who live and work there expressed a stronger interest.

Place maximum control with elders and those who work closest with them

In our own homes, each of us has control over our space and what we do there. We can control who comes in, we can go anywhere (except perhaps to bedrooms that belong to others), and we decide what we want to do and when. In many nursing homes, elders have little control over their space or their day-to-day activities. As organizations make decisions about what needs to change, it is important to pay close attention to the issue of control. Are elders in control or are they passive recipients of someone else's decisions? Does the change under consideration place control with the elders and those working closest with them?

EXAMPLES

"Collective Control"
Home C was renovating its physical space which was institutional and dated. The leadership team hired an interior designer who invited the elders and families to help choose décor that would be comfortable and reflect their sense of home. The designer asked open, curious questions and selected options to show to the elders and family members for input. The process used for this change ensured elders and family members had control over the design of their own space.

"Personal control—elder"
Home D was reviewing its satisfaction surveys and learned of a problem with personal control on their short stay unit: individuals with no cognitive impairment who were able to use the bathroom independently were receiving laxatives because the staff did not personally observe a bowel movement. The leadership team realized this practice placed control with the staff instead of the elders. They responded by changing their policy and providing additional training to staff to support the new policy.

"Personal control—staff"
At Home E staff decided that they would like to do their own scheduling. To facilitate the process, staff received additional training. The staff then met with elders and each other and developed a scheduling process that worked for both their own needs and the needs of the elders.

Focus on relationships

Meaningful relationships are at the very core of the culture change movement. As such, relationship building is an important role/competency for all staff in the new culture. To be successful at building relationships, staff require excellent interpersonal communication skills, including active listening, the ability to remain calm in emotionally charged situations, giving and receiving feedback effectively, and collaborative problem solving and decision making. Though we often think of these skills as "innate," like all other skills, these communication and interpersonal skills can be learned with practice. When embarking on a change process, it is essential to incorporate this training so that individuals have the ability to successfully support the building of relationships.[1]

EXAMPLE

Home F decided to blend roles among activities and nursing assistant staff in order to create a more spontaneous atmosphere of activity within the home. The activity staff and nursing assistants, however, had a history of tension between them, and the nursing assistants viewed activities as something "nice" to do if time was available. As management began to implement the change, the tension between nursing assistants and activity staff increased, resulting in less activity, not more. In addition, the attempt to blend roles increased overall tension in the household, which was uncomfortable for both staff and elders.

Realizing the staff lacked the interpersonal communication and problem-solving skills needed to work through this situation successfully, the home offered training in interpersonal and team communication skills. As staff applied their new skills to working through the conflict tension decreased and the quality of respectful interactions increased considerably.

Align daily practices with espoused values

Once your organization's values have been clearly articulated and documented, it is important to plan changes accordingly. Always check the changes you are considering against the values you have articulated. If the new practice or policy is still not consistent with your values, then the team needs to keep tweaking before implementation.

EXAMPLE

Home G articulated values of teamwork and staff empowerment. In order to operationalize these values, the change team decided to implement self-managed work teams and trained staff accordingly. Yet daily operational decisions continued to be made by the supervisors and department heads who were making these decisions before the implementation of self-managed teams. The decision-making practices were not yet aligned with the values.

Ensure individualization and flexibility

The traditional nursing home operates on a "mass care" model: routine, standardized systems have been implemented that are perceived to enable the home to serve large numbers of people in the shortest possible time. Culture change, by contrast, requires highly individualized, flexible living and caregiving practices. The goal is to honor each person's individual needs and desires. This means that when you are looking for new ways to do things, one solution will not fit all.

EXAMPLE

When nursing homes began to eliminate restraints—which was a "mass care" intervention intended to prevent falls—often restraints were replaced with personal alarms. These alarms were another form of "mass care," also intended to prevent falls.

At Home H, 12 physical restraints were replaced with 12 personal alarms. When the alarms sounded elders became agitated and tried to move away from the noise without waiting for staff help. The new "mass care" solution actually increased the rate of falls.

Home H, upon realizing the change they implemented did not address individual needs—and produced negative outcomes—changed their approach to the problem. They provided training for staff on individualized care, and then began new assessments of elders. Care plan changes reflected a high degree of individualization to prevent falls. The result was a 25 percent reduction in their fall rate, a 60 percent reduction in the injury rate, and a 25 percent reduction in the use of medications for anxiety and agitation.

Integrate culture change into quality improvement systems

Culture change is not a "project;" it is an ongoing process of deep change. Creating a cross-functional change team to guide the process is important to championing the change. A cross-functional team includes representatives from all parts of the home, including leadership, staff, and elders. This team meets to explore culture change and provide guidance to get the process going and keep it moving along.

While this cross-functional change team is highly useful, spawning multiple subcommittees or work groups out of the team tends not to be very effective. All of these new committees can create the impression that this is "one more project and one more meeting there is no time for." Plus, new subcommittees often lack the skills necessary to lead effective meetings.

Many organizations already have Quality Improvement (QI) teams in place. QI committees/teams are usually knowledgeable regarding facilitating meetings, designing new ways of doing things, and measuring effectiveness. Cross-functional change teams may find it most effective to collaborate with QI for deeper analysis and implementation support.[2]

EXAMPLE

Home I created three new committees, one for implementing person-directed care plans, one for integrating individualization into electronic medical records, and one for reducing medications. The administrator, director of nursing, care plan coordinator, and evening supervisor were members of each subcommittee along with other staff. The meetings were frequently canceled because of conflicts with team member availability. Two of the committees fizzled out and simply stopped meeting after three months and the third committee never completed an implementation plan.

Upon evaluating the ineffectiveness of their process Home I realized the subcommittees created overlapping functions and that committee members lacked both the time and the skills to design the change. Home I collaborated with the quality improvement team who helped design an effective change process with measurements to track success.

Communicate with clarity

Many communication challenges come along with the culture change process. It is important to be able to clearly articulate what the language an organization chooses to use actually means. For example, what does "culture change" mean in your home? When implementing a specific model, such as "neighborhoods" or "households," how is the model defined and explained? People don't know how to move toward the new vision if they don't have a common understanding of what the vision is. Language can clarify or obscure. Once terms are clearly defined, use an inclusive process to set measurable goals that move toward the vision.

EXAMPLE

Home J employed learning circles to invite elders, families, and staff to discuss each other's perspective on the meaning of terms such as culture change, neighborhood, home, elder, and person-directed care. By hearing each other's perspectives, they came to a shared understanding and were able to document clear definitions of these important terms.

Pace Yourselves

Change processes that go too fast can create unnecessary stress and chaos. Alternatively, go too slow and it may feel like a "slow bleed" or "all talk and no action." Throughout the planning and implementation process, leaders should engage all staff in open discussions about the pace of change, so adjustments can be made as needed. Setting a realistic pace can ultimately make or break the change process.

EXAMPLES

Going too fast….
Home K was a traditional nursing home that committed to implementing a household model. They put together a chart with timeline/milestones for each change in practice they needed to implement. The timeline was 18 months from start to finish. Within 10 months, staff turnover from burnout and frustration had risen 40 percent, and elders, families, and staff described the living and working environment as "frenetic."

Going too slow….
Home L was home to 475 elders. The home decided to implement family-style dining but due to their size, the leadership felt it would be best to begin with a pilot on one floor. The pilot was to last for six months, with the goal of being able to determine in that time if the new practice should be spread. After six months, the pilot was deemed a success and the team decided to spread the practice of family-style dining to another floor. The second floor was also given six months to implement the new practice, which was then spread to the third of eight floors. During this time, the kitchen staff were required to maintain their tray line at the same time they were supporting family-style dining. As a result, kitchen staff felt they were doing twice the work, while 18 months into the change effort, staff on the five remaining floors had little knowledge of culture change.

These basic guidelines represent some of the collective wisdom of homes across the country engaged in culture change. We recommend discussing these fundamentals and the examples provided among all who live and work in the home. Together they provide a broad framework for more successful change processes. Below we discuss some additional tools that will help you drill down and identify which practices are your top priorities for change.

Identifying Gaps between Values and Practice

Clearly, providers intend for daily activities to be consistent with the culture change vision and espoused values such as dignity, choice, and privacy. Yet there are often gaps between "intent" and "impact." A good example of this is the way in which traditional

long-term settings tend to use shower chairs. Wheeling elders draped by a bath blanket through a public space (such as a hallway) while sitting in a shower chair is not a practice that supports privacy or dignity. The intent is to support dignity through cleanliness and to support privacy through covering the elder with a bath blanket. The impact unfortunately does not match the intent. The bath blanket is inadequate to provide privacy and the procedure itself is *un*dignified. There is a gap between the espoused values and the actual practice.

A *gap analysis* is an objective means of examining both positive practices that support organizational values and opportunities for change. The cross functional team takes each espoused value and discusses how current practices support or do not support that value. Documenting the gaps between intent and impact highlights opportunities for change. This is also an opportunity to identify what is working well and to look at how to apply lessons from "what works" to future changes.

Figure 1 demonstrates a simple tool for conducting a gap analysis and applies this tool to the value of personal choice. The practice examined is waking elders in the morning.

Figure 1: Sample Gap Analysis on Personal Choice/Waking

Value / Intent	Consistent Practices / Impact	Inconsistent Practices / Impact	Change Possibilities
Personal Choice	20% of elders get up at the time of their personal choice	44% of elders do not get up at the time of their personal choice. 36% of elders' wake-up preferences are unknown.	Survey elders and families regarding preferences, life-long wake up patterns. Systems surrounding breakfast were identified as a significant determinant of wake up times. Elders and staff suggested: Continental breakfast available at all times Expand dining room hours to 7am to 9:30am. Could either be a breakfast buffet or cook to order.

In Figure 1, the gap analysis tool is being used to explore care practices, but it can be used to look at any aspect of the living and working environment. This type of analysis is simple to do and by incorporating both what works and what doesn't, it helps you focus on what practices are most in need of change.

Prioritizing Changes

Once gaps have been identified and documented by a cross functional team, share them more widely with elders, families, and staff. Ask these stakeholders to share their perspective on the gaps identified, inquire if they have any to add, and identify which change ideas are most important.

Your gap analysis will likely reveal many practices in need of change. Figure 2, the Critical-Thinking Frame, represents a tool for thinking through which change projects should be given priority. The grid is divided into quadrants of higher and lower staff effort and higher and lower elder impact. The same grid can be used to look at the impact on staff or families by replacing elder impact with other descriptors.

Figure 2: Critical-Thinking Frame

	Higher Staff Effort	Lower Staff Effort
Higher Elder Impact	Longer term yet high priority change	"Quick Win"
Lower Elder Impact	Challenging, lower priority change	Easy, lower priority change

It is important to note that how an organization perceives their responses to this critical-thinking frame will vary. For example, two homes were considering van access for elders to get out into the community. In Home A, 68% of the elders stated that having a van to access the community would have a high impact on their quality of life. Since acquiring the van would be a capital expense and require staff training and time to be qualified drivers, the van was deemed a "longer term high priority change." In Home B, which specialized in short-term rehabilitation, the van service was not described as a priority by the elders. Though it still required the same staff effort and cost, only 8% of the elders stated they would use the van during their short, two week stay in the nursing home. Therefore, the lack of widespread impact on quality life at Home B made the acquisition of a van a lower priority.

Once elders, staff, and families have identified potential changes, the change team can put the ideas through this critical-thinking frame. This will help to answer key questions such as: What can your organization take on right now? A home that is in the very early stages of embracing culture change may need a "quick win." Changes that produce quick wins fall into the lower staff effort/higher elder impact category. In other words, it is fairly easy to implement and it has direct impact on the daily living experience of the elders.

Consider this example of a quick win. Home A was in the very beginning of their culture change journey. They conducted a gap analysis and created a list of 10 gaps in daily practices that were not consistent with the Pioneer Network value "know each person." After running each of the ten gaps in practice through this grid, they determined that the first change they would make was to design and implement a process for staff and elders to get to know each other better.

Each nursing assistant asked elders and families questions about their life and interests, unrelated to their medical needs. Topics included such things as the elder's favorite vacation, how many states or countries he or she had visited, important relationships and life events. After obtaining the elder's approval, the story and a selected photo was placed near their room.

Staff shared the same information about themselves. Staff stories were hung on the wall in a prominent location so all who visited could begin to know them beyond the tasks associated with their jobs. This change was relatively easy, took six weeks to implement, was budget neutral, and fundamentally changed the nature of relationships and conversation between staff, families, and elders.

Home B was also in the early stages of their culture change journey but felt ready to tackle an issue that they agreed was foundational to the culture they were building but was more challenging than anything they had attempted up to that point. They too had conducted a gap analysis for the value "know each person." As a result, Home B had identified their practices of rotating staff assignments and using temporary agency staff as inconsistent with the value. They decided to implement consistent assignments.[3]

Implementing consistent assignments would require eliminating agency use and ending the practice of rotating assignments. Home B knew this would not be easy as they had been trying to eliminate agency staff for years and a small but vocal group of their staff liked rotating assignments. The change, thus, would involve a high amount of staff effort and attention.

In the end, it took 18 months for Home B to implement consistent assignments and eliminate agency use, but the change reduced the organization's expenses by $500,000 per year and produced statistically significant improvements in elder and staff satisfaction. For Home B, the change to consistent assignment was a "longer term yet high priority" change that was well worth the investment of staff time and effort.

Home C had made the commitment to implement culture change, but its leadership team was experiencing some challenges in their relationships with each other. They named their own development as a high priority as they understood that culture change is less likely to succeed if the leadership team isn't working well together. In support of the Pioneer Network value, "relationship is the fundamental building block of the transformed culture," the leadership team participated in training, personal development, and team building, which resulted in a significant improvement in their relationships and teamwork. While it is difficult to catalogue the direct impact of executive team building on the elders, this action helped to create cohesive, consistent leadership essential for culture change. This leadership training was a "higher staff effort/lower elder" impact intervention but the right decision for the unique circumstances of Home C. The higher staff effort designation was made because it required significant effort on behalf of each leader to invest in their own change in attitudes and behavior.

Home D was considering a variety of changes in the way activities were scheduled and facilitated. The goal was to create a more spontaneous community, free of boredom. After putting the various ideas through the grid, they determined that one idea (the implementation of a monthly theme dinner) was a "lower elder impact/lower staff effort" change. The low impact designation was made because they reserved the higher impact designation for changes that would be a consistent, daily occurrence. In other words, the theme dinner would have impact once a month rather than daily. The low staff effort designation was made for the same reason. It would impact staff only one day per month and, therefore, was relatively easy to implement.

Though not a high impact change, the team at Home D determined that the idea was worth implementing because it would be fun and would build community and spirit. In addition, they noted that because it was relatively simple they could implement the theme dinner alongside other changes that would have a greater overall impact on the problem of boredom.

In Figure 3, each of the options chosen by the four homes discussed above is entered into the critical-thinking frame.

Figure 3: Example of Using Critical-Thinking Frame

	Higher Staff Effort	Lower Staff Effort
Higher Elder Impact	Home "B" elimination of agency staff and implementation of consistent assignment	Home "A" sharing of staff and elder personal stories
Lower Elder Impact	Home "C" leadership development training	Home "D" monthly theme dinner

The critical-thinking frame is a useful tool for helping change teams determine the level of effort a change may require and the level of impact it is likely to have. Generally, the higher the impact, the greater the progress toward a person-directed culture of home. Yet, as the examples above demonstrate, there is no single "best" choice. Each organization and its elders are unique–and the priorities you set must be right for your particular situation.

Summary

Culture change is an ongoing journey of deep transformation. There is no one pathway that works for all care settings or situations. Each journey is unique. However, the information included here can provide tools and effective processes for making more meaningful changes resulting in positive outcomes.

All organizational culture change processes are made up of a wide variety of incremental changes—each home's "journey" includes their unique combination of existing circumstances and the changes they apply over time. It is important to note that just like exercise, the phrase "no pain, no gain" applies to culture change. Organizations that consistently take on changes that are hard will move much closer to the culture of true home they are trying to create. On the other hand, organizations that have a tendency to avoid harder changes are likely to have little impact on culture. This is the difference between changing a system, and changing a single practice. Many examples shared in this chapter—if implemented in isolation—would represent a "tweak." By themselves, they would not shift the culture. When a comprehensive

set of changes, ranging from the simple to complex, are implemented over time on behalf of mission, vision and values, the culture eventually tips.

It is also important to note that the tools in this chapter are not intended to imply a linear change process. The depth of change required to transform an institution with fixed schedules and routines into home is quite significant. Tackling one change at a time would result in too slow a pace—it could literally take decades! We suggest homes use the tools in this chapter to select a variety of changes that can be implemented concurrently. Using the critical thinking frame to balance some of the harder changes with easier, quick wins is helpful. Only you can set your pace, but in the end, keep in mind that multiple changes similar in impact to a monthly theme dinner will not change your culture.

Endnotes

[1] Visit www.PHInational.org/training to learn about the PHI Coaching Approach℠, a training program that builds core interpersonal skills amongst individuals and teams.

[2] For more information on integrating culture change into quality improvement systems access *Getting Better all the Time: Working Together for Continuous Improvement,* by Ann Wyatt, at www.Isabella.org or www.CobbleHill.org. Also visit Quality Partners of Rhode Island at www.riqualitypartners.org.

[3] Consistent assignment is one of the goals of Advancing Excellence in America's Nursing Homes: http://www.nhqualitycampaign.org/