Pioneer Network™

ARTIFACTS of Culture Change 2.0 NURSING HOMES Guidance

CULTURE CHANGE AND RESIDENT DIRECTED LIVING –

"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 most closely with them are solicited, respected, and honored. It is a global concept, including person-directed care, treating people as individuals, and incorporating culture change principles into everything from the physical environment, training, language, policies, and the inclusion of residents' voices in the home's operations. These features of culture change comprise the items of ACC 2.0.

Resident-directed living is a key component of culture change focused on getting to know each resident's needs, preferences, life story, how they want to live today, and helping to make it happen. Core resident-directed values are relationship, choice, dignity, respect, self-determination, and purposeful living.

GUIDANCE FOR ITEMS WITH ASTERISKS

1. New residents and their families are welcomed* by team members/managers, introduced to the home, and educated about the home's philosophy of enhancing residents' control over their lives, rights, amenities available, and choice of schedules.

> *Welcoming is intentional by the community utilizing such methods as a welcoming committee/ welcome wagon, resident buddies/mentors, first meals with specific individuals who either work and/or live there, an event held for others to meet the new person, assigned team members meeting with the new person, etc.

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8. The home has a policy to consider the regular diet for all residents prior to considering restricted diets (diabetic, cardiac, pureed). (Refer to Dining Practice Standards.*)

> *A national task force of clinical standard setting organizations, culture change leaders, and CMS developed evidence-based standards to enhance both nutrition and satisfaction with food and the dining experience. Research has shown that restrictive diets for older individuals in long term care are of little benefit, and in fact can be detrimental. These diets often cause residents to reject their meals, leading to weight loss. Restricting sugar, salt, or fat make little difference in blood sugar, blood

pressure, or cholesterol in the older person. Research evidence shows that a liberalized, regular diet for most residents can enhance quality of life as well as contribute to maintenance of physical health. Pioneer Network developed the Dining Practice Standards Toolkit to assist providers in implementing the Standards. (Both available on Pioneer Network website under the Dining category in the Resource Library.)

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10. Before commercial supplements are used, real foods* are offered such as smoothies, shakes, malts. (See Dining Practice Standards: Real Food First.)

*The Dining Practice Standards include a section on using real foods instead of and before the addition of artificial dietary supplements. Research has shown frequent resident rejection of supplements, with consequent weight loss. Real foods are individualized according to a resident's abilities to chew and swallow. Examples of real foods are smoothies, shakes, malts and/or protein and fiber powders when extra protein is needed.

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23. Individualized, non-pharmacological approaches are incorporated into the care plan* before psychoactive medications are prescribed. Residents who are already receiving psychoactive medications upon moving in are care planned for non-pharmacological approaches in order to decrease or eliminate these medications.

*Care plan refers to the MDS generated care plan document as well as other documents and/or processes used by the community to support sharing of the resident driven comprehensive plan of care. This can include the medication administration record, treatment administration record, a kardex system, getting to know you documents, and should be supported in community policies and procedures.

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24. Individualized bathing/showering techniques are used such as Bathing without a Battle* or similar techniques.

*The *Bathing without a Battle* book and DVD provide research-based information on proven methods to enhance the bathing experience for those who resist traditional techniques. It contains valuable information on bathing, showering, bed baths, and hair washing methods to accommodate residents' fears and pain to produce a pleasurable outcome for both residents and team members. (Available on Pioneer Network website.)

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40. The home collects information about residents' life stories* and current interests and preferences.

*A life story goes beyond the typical social history, to provide detailed information about what makes this person unique. It goes beyond demographics such as marital status to cover what makes the person special.

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54. All team members who care for a resident make use of care planned goals and approaches* daily as identified in the care plan.

*The term “approach” is used as a culture change term instead of “intervention.” An intervention in society at large refers to a dire situation for which there must be an intervention. Individualized approaches are what has always been meant since the approaches used for one person are different/individualized from the next.

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57. Residents live in either private rooms or privacy-enhanced, shared rooms* where residents’ living space is separated by a partial wall (not a privacy curtain). Fully Implemented means all residents live in either private or privacy-enhanced, shared rooms.

*Privacy-enhanced, shared rooms have a partial wall between two sides of a shared room, typically floor to ceiling. Sometimes the wall is removable for choice purposes. This gives better privacy than a curtain and two people still typically share one bathroom.

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86. There are no locked living areas.*
(Note: This is only a Fully Implemented practice, with no partial option. If any living areas are locked, check Not a current practice).

*Locked living areas (secured memory care units or neighborhoods) are now viewed as “the hidden restraint” and homes that have unlocked them find that people who are no longer locked in do not have the negative reactions that come when any person is locked up.

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88. Prior to or during the move-in process,* and when changes occur, the resident/family is notified of all amenities/opportunities available (committees, resident council, volunteer options, computer center, massage, etc.).

*Instead of referring to admission, being admitted or a “new admit,” culture change/non-institution speak refers to the more natural process, of moving in. Combined with welcoming, the process is intentional about ensuring each person is made to feel comfortable and at home. The move in process takes place over a period of time and is not limited to the day of move-in.

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89. In a home with corridors, seating areas affixed to the floor as permitted by Life Safety Code* are available. Check the Fully Implemented box if you have corridors with seating groups or if you have no co rridors. (Refer to Life Safety Code 2012 edition Section 18.2.3.4/19.2.3.4)

*2012 LSC Edition Seating:

18.2.3.4 Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2440 mm) in clear and unobstructed width, unless otherwise permitted by one of the following:

(5) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:

(a) The fixed furniture is securely attached to the floor or to the wall.

(b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 18.2.3.4(2).

(c) The fixed furniture is located only on one side of the corridor.

(d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft2 (4.6 m2).

(e) The fixed furniture groupings addressed in 18.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm).

(f)The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.

(g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space.

Annex Material:

A.18.2.3.4(5) The means for affixing the furniture can be achieved with removable brackets to allow cleaning and maintenance. Affixing the furniture to the floor or wall prevents the furniture from moving, so as to maintain a minimum 6 ft (1830 mm) corridor clear width. Affixing the furniture to the floor or wall also provides a sturdiness that allows occupants to safely transfer in and out.

LSC Handbook Commentary:

The provisions of 18/19.2.3.4(5) are new to the 2012 edition of the Code. The material was added to help make the health care occupancy setting, particularly that of nursing homes, more homelike. The provisions reflect the trend of the nursing home industry to move away from institutional models to a new household model. A lengthy corridor that provides no place to sit can make a resident's travel to the other end of a corridor, as might be done to visit another resident, an arduous task. The provisions of 18/19.2.3.4(5) permit fixed furniture in corridors that are at least 8 ft (2440 mm) wide. Many existing health care occupancies have 8 ft (2440 mm) wide corridors, as they were built to the requirements of this Code applicable to new construction.

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102. The home actively solicits the views of family members and treats them as care partners* instead of visitors in working together to accommodate the resident's preferences.

*According to The Eden Alternative®, "Care partnership implies a balance of care — that opportunities to give as well as receive are abundant and experienced by everyone in the care relationship. Whether two people are friends, neighbors, family members, or client and provider, the relationship is mutual and therefore both people are giving and receiving. Instead of giving care, someone partners in care." (Refer to The Eden Alternative website "Worlds Make Words" document)

105. All residents have a team member assigned to them to serve as a "troubleshooter." Assigned team members are responsible for 1 or 2 residents ensuring ongoing coordination of care and services across teams/departments, and response to residents' needs, preferences, and requests.*

*A troubleshooter is a team member from any department/team whose role is to ensure things get done for their assigned resident(s). There are often many things going on with one resident across various departments/teams. For example, a team member from Maintenance, who is the troubleshooter for Mr. P, notes that his request for change in breakfast items has not been fulfilled, his wheelchair wheels squeak, he is missing his winter coat, and has asked for a dentist appointment. The troubleshooter converses with people in the relevant departments/teams to determine status and keep Mr. P informed.

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106. Learning Circles* are used routinely in team and resident meetings in order to give each person the opportunity to share their opinion/ideas.

*Learning Circles are group meetings in which a topic is posed, and each person speaks in turn with no crosstalk or discussion until the whole group has spoken. This process honors those who are reluctant to speak up and reins in those who can dominate a conversation. Learning Circles were brought to the culture change movement by LaVrene Norton of Action Pact, and more information is available at the Action Pact website and in the Resource Library on the Pioneer Network website.

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107. Community Meetings* are held on a routine basis, at least weekly, bringing residents, team members and families together as a community. The community decides together on content, such as inviting new residents and new team members to introduce themselves, celebrating life events, solving problems, planning future events, reviewing policies.

*Community Meetings were developed by the residents and Debbie and Barry Barkan of Live Oak Living Center. These meetings were, and are ideally, intentionally held every day for residents, team members, and any families able, to gather as a community to build connection by: discussing issues of mutual interest and concern; celebrating life events and birthdays, having new residents and employees introduce themselves; remember/mourn; share goodbyes before someone leaves, acknowledge gains/progress, life passages, losses, illness/recovery from illness, return from absences, the role they take on in the community (someone gives a news/sports/weather report or tells a joke each time), review of policies and procedures in layman's terms, planning future events, and anything the community decides to do.

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108. Leadership team members periodically keep themselves knowledgeable about culture change and resident-directed life* and share this information with team members and residents.

*This can occur through participating in events such as state and national culture change conferences and webinars, as well as review of resources. The expectation is that they apply the knowledge received and share information with team members, residents and families.

130. The home promotes and supports team members who desire to further their education*

*This could mean that the home is flexible with accommodating the need for a team member to be able to attend classes during their normal work hours, scholarships, etc.

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133. The home uses non-institutional language in all documents (clinical charting, job descriptions, policies and procedures) and verbal interactions, and provides periodic training to all team members to remove institutional language.*

*Non-institutional language considers the person first, enhances dignity, and is not pejorative or paternalistic. For example, facility becomes home, unit becomes neighborhood, wheelchair-bound becomes person who uses a wheelchair. Pejorative language "we allow our residents to sleep as long as they want" becomes "we support residents to sleep until they wake up." Pejorative is also teams such as "the girls on 2nd floor," "the feeders," "our" residents, and referring to people as room numbers — "112B has her call light on again." Paternalistic language like, "Are we ready for our shower?" becomes, "What time would you like your shower?" This also includes such terms as "he's a complainer" and sing-song language used for babies. (Refer to language resources in the Resource Library on Pioneer Network website under the Culture Change Fundamentals category.)