Culture Change is Still the AnswerSave Money, Make Money andBetter Compliance

Carmen Bowman, Regulator turned Educator Blending Innovation & Regulation

EDU-CATERING: Catering Education
Compliance and Culture Change
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Some practices cost nothing Some save money Some offer a ROI



The Artifacts of Culture Change Measurement Tool





Edu-Catering: Catering Education for Compliance and Culture Change

Artifacts of Culture Change Homs Nems Dats	
City State Correct	t number of residents
Ownership: For Profit Non-Profit Go	verament
Care Practice Artifacts	
1. Percentage of residents who are offered any of the following styles of daing: - restaurant style where staff take resident orders; - buffet style where residents help themselves or tell staff what they want; family style where food its served in bowls on dining tables where resident help themselves or staff attait them: - open dining where med it available for at least 2 hour against the staff of t	100 - 81 % (7 points) 80 - 61 % (4 points) 60 - 61 % (5 points) 60 - 61 % (7 points) 40 - 21 % (7 points) 20 - 1 % (1 points) 0 (9 points)
 Snacks'drinks available at all times to all residents at no additional cost, i.e., in a stocked pantry, refrigerator or snack bar. 	All residents (5 points) Some (3 points) None (0 points)
3. Baked goods are baked on resident living areas.	All days of the week (5 points) 2-5 days/week (3 points) - 2 days/week (0 points)
 Home celebrates residents' individual birthdays rather than, or in addition to, celebrating resident birthdays in a group each month. 	Yes (5 points) No (0 points)
 Home offers aromatherapy to residents by staff or volunteers. 	Yes (5 points) No (0 points)
6. Home offers massage to residents by staff or volunteers.	Yes (5 points)





7. Home has dog(s) and/or car(s).	At least one dog or one cat lives on premises (5 points)
	The only animals in the
	building are when staff bring
	them during work hours
	(3 points)
	The only animals in the building are those brought in
	for special activities or by
	families (1 point)
	None (0 points)
8. Home permits residents to bring own dog and/or cat to live	Yes (5 points)
with them in the home.	No (0 points)
Walting times bedtimes chosen by residents.	All residents (5 points)
	Some (3 points)
	None (0 points)
10. Bathing without a Battle techniques are used with residents.	All (5 points)
	Some (3 points)
	None (0 points)
11. Residents can get a bath/shower as often as they would	Yes (5 points)
like.	No (0 points)
12. Home arranges for someone to be with a dving resident at	Yes (5 points)
all times (unless they prefer to be alone) - family, friends,	No (0 points)
volunteers or staff.	,
13. Memorials/remembrances are held for individual residents	Yes (5 points)
upon death.	No (0 points)
14. "I" format care plant, in the voice of the resident and in the first person, are used.	All care plans (5 points)
	Some (3 points)
	None (0 points)

Care Practice Artifacts Subtotal Out of a total 70 points, you scoted





Redesigned Work



- Assisting people to get ready for the day as they awaken naturally
- More efficient = money saved
- Open dining
- Personalized med pass
- Costs no money

Honoring Sleep

9. Waking and bedtimes chosen by residents



STOP

A practice to STOP
Costs no money
Better outcomes
ROI
CMS: Choices (includes sleeping and waking)



Open Dining

CMS Tag F 809 Frequency of Meals.

- Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.
- 2. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.
- 3. Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at nontraditional times or outside of scheduled meal service times, consistent with the resident plan of care.

Honoring choices = better compliance than ever before

Care Practice Artifacts

- Various dining styles
 - Buffet
 - Restaurant
 - Family Style
 - Open dining
 - 24 hour dining

Support: decrease in wt. loss, weight gain, decrease in wasted food



Life Care Center of Greeley, CO



- Decreased "behaviors" - Wyla
- Could honoring sleep help to reduce anti-psychotics?
- How much could you save in wasted food?
- \$20,000/year

Does your process look like this?

Courtesy Suzanne Quiring of SuzyQ Hot Food Cart

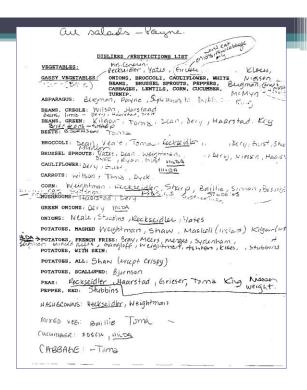




Photo courtesy of Suzanne Quiring of SuzyQ Hot Food Cart

42 tray left overs: 7 full sandwiches 10 bowls + 7 mugs of soup 6 ice cream cups 2 puddings 17 mugs of tea/coffee 8 supplements 12 glasses milk 7 thick fluids 16 glasses of juice ~\$30.00

150 residents x 3 meals/day x 365 days/year =

\$110,000 per year in wasted food Phot



Photo courtesy of Suzanne Quiring of SuzyQ Hot Food Cart



Direct Dining = choice & saved \$

*Video clips



http://www.hotfoodcart.com/usa/gallery/videos/

14

Beverage Cart



Cereal Cart



Courtesy Suzanne Quiring of SuzyQ Hot Food Cart

Soup Cart



Courtesy of Suzanne Quiring of SuzyQ Hot Food Cart

Dessert Cart





"just mashed potatoes with lots of gravy please...."



Courtesy Suzanne Quiring of SuzyQ Hot Food Cart

Also provides Direct Dining Room Service

ROI, CMP Grants

Courtesy Suzanne Quiring of SuzyQ Hot Food Cart



Real food

Savings from oral supplements:

- One home \$1,164/mo
- One home \$50,000/year
- One home hired a baker





From Nourish the Body and Soul, Action Pact publication "We're saving money on bread, toast to order, less waste"

Personalized Med Pass

Medication orders are qd, bid, tid, etc. Few must be given at certain times A system that honors sleep and choice Reduce meds in general, less med passes Win-win



Everyone wants outside



Costs nothing to a little investment

What is really healthcare? Sleep, sunshine, real food, control, choice, meaning/purpose

Perham Memorial Hospital Perham **Health** Perham Memorial Home Perham **Living**



Maslow's Hierarchy of Needs



CMS Tag 655: The care plan must describe the following:
The services that are to be furnished to attain or maintain the resident's **highest practicable** physical, mental and psychosocial well-being.

- The authors of OBRA specifically chose practicable instead of practical.
- Practicable refers to what someone is innately capable of, regardless of external circumstances, practical refers to the limits of those external circumstances.
 Barbara Frank, co-author of OBRA '87

Does needing to use the bathroom usurp everything else?

Ever have this experience?

- All else stops
- Hurry up and wait
- Is this good customer service?
- An insidious issue in long term care
- Excess disability
- Learned helplessness



Shouldn't basic needs met be "a given"

- How many of us are **not** trained to help someone to the bathroom?
- How many residents need help with the bathroom?
- How many residents could avoid incontinence if access to the bathroom was timely?
- How many falls are due to residents tired of waiting?
- The **main reason** one moves to a nursing home/out of assisted living is...

So why isn't...

- Why isn't the need for bathroom assistance not **THE top priority** in every nursing home?
- Flip the priority
- What if?



What if...

- What if everyone who works in a nursing home was expected to be or become a CNA?
- What if?
- Do it different, build your own pool

Include in:

- Job descriptions
- Performance evaluations
- Honor with a pay differential

Excellent customer service =

Anticipating needs



- Are we giving equal great service to people who pay how much money to live in an institution?
- Is it right?
- Consistent staff is the only way
- Individualized, personalized care costs less/is more efficient

Anticipating Needs Great Outcomes

- 50 out of 53 residents no incontinent briefs
- Saved \$6,553 per month
- What would you do with \$90,000 extra a year?



- Call light use decreased 49%
- Average call light response time decreased 70%
- 20 second average call light answer time

What do residents really want?

- Practical priorities first
- Not "pretty bathrooms"
- Basic needs "To get to the bathroom when I need to go."
 - Sue Misiorski, PHI, founding Pres. Pioneer Network



Anticipating needs costs no \$



Leadership Artifacts

51. Learning Circles
Giving residents and staff
opportunity
to share their opinions and
ideas

Costs no money

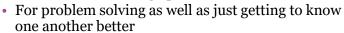
Use it to shake up RC Calling RC *What Really Needs Talked About* instead



Courtesy Pueblo Extended Care, Pueblo, CO

Learning Circles

- Talking stick concept
- The power of a circle
- Everyone has the right to speak (or pass)
- Includes residents, families and staff in making decisions and sharing opinions.







Calling Resident Council What Really Needs Talked About instead



Courtesy Colorow Care Center Olathe, CO

Leadership Artifacts

52. Community Meetings

Support: Giving residents and staff opportunity to share their opinions and ideas





Community Meetings



Community Meeting Courtesy The Rehabilitation Center At Sandalwood, Lakewood, CO

Barry and Debbie Barkan

- Builds community
- Creates connection
- · Explores meaning
- Gathering as a community to discuss things of mutual interest and concern, to celebrate, to remember and to mourn.
- Hypothesis that residents could learn and grow when they become involved in meaningful experiences.

Celebrate Residents

Communally acknowledge and celebrate residents at every opportunity

- illness and recovery from illness
- losses, gains/progress
- return from absences
- $\,\,{}^{_{\rm o}}$ the role they take on in the community
- birthdays
- landmark life events
- just showing up
- the way someone looks today
- remembering residents
- living life together



Clear Creek Care Center's Community Meeting

- Birthdays/Landmark Life events celebrated
- Announcements/Upcoming events
- Planning events/holidays/decorations
- Honored residents attending for first time
- Jokes
- New residents and staff introduced give the mic
- Visitors introduced
- · Residents moving, Residents dying
- Policy review
- Open forum for questions, comments, announcements
- Resident closed with a devotion





Decision Making/Problem solving in real time (QAA/QAPI)

The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.



Parkview Care Center Denver, CO Daily community meeting

Involving residents costs not money and saves money, "We run this place."

Leadership Artifacts

49. Residents or family members serve on QA committee

- Evergreen Retirement not only on QA but also Board of Directors
- "Residents and families care about the home as much as you do" Beth Irtz
- QAPI calls for involvement of everyone
- Costs no money

Huddles = real time communication

- Shift huddle
- Morning team huddle
- · Leadership comes to neighborhood huddle
- Post incident huddle/post fall huddle
- PIP huddle (increased infections on a certain neighborhood)
- Huddles for anything
- Cost = nothing, value = priceless

Leadership Artifacts

48. CNAs attend care conferences

- Lower rates of turnover
- Higher staff satisfaction when involved
- Now part of CMS requirement

Now required by CMS ... Tag 657!

Leadership Artifacts

- 50. "Buddy" or Guardian Angel program where staff check with residents regularly and follow up on any concerns
- Support: Decreased complaints, strengthened relationships and friendships
- My tips:
 - Trust your staff, don't require documentation
 - Trigger grievance procedure when appropriate



These Buddies have known each other for a long time and now spend every Sunday together. The resident was the staff member's 1st grade teacher. When resident's usual mode of transportation to church was no longer available her Buddy stepped right in and started taking her.

No one to be with resident at the hospital during the end of her life. Her Buddy stayed with her, became her advocate in her last hours. Provided warm blankets, combed her hair, played music, held her hand. Resident treated her Buddy like she was her daughter Resident would light up and do anything for her Buddy (even if other staff members tried a thousand times).



Courtesy Bent County HealthCare Center Las Animas, CO

Workplace Practices Artifacts

53/54/55. Staff consistently work with residents of the same neighborhood/household – RNs/LPNs/CNAs

Support:

- Relationships form
- Staff reflect caregiver staff get to know residents' needs and preferences
- Staff pick up on resident changes in condition
- Correlates to low turnover, research shows nurses prefer it
- Costs nothing but a commitment

Workplace Practices Artifacts

56. Self-scheduling

- Resolves scheduling issues
- Staff more responsible to each other and to their residents
- Being used for staff recruitment/retention
- Costs nothing, could eliminate a staff role solely dedicated to scheduling



Courtesy Doak Walker Care Center Steamboat Springs, CO

Workplace Practices Artifacts

- 65. Paid volunteer coordinator (in addition to activity director)
- Often part of an activity director's job description
- Guess how much time they have for it?



Ensign shared volunteer coordinator

- Community members are eager, untapped resources
- Looking to acquire valuable skills/experience in health care, business, nutrition, and more
- Even part time i.e. 1 for 4 homes, = 5 hr/week
- 20 hrs = 600 volunteer hours = ? money
- Non-traditional: landscaping, reception, dining - helping to make attentive, friendly experience



ROI has always been good

Environment Artifacts



Life Care Center of Colorado Springs, CO

residents to purchase gifts, toiletries, snacks, etc.

Armoire at Avamere Transitional Care & Rehab Brighton, CO

Workplace Practices Artifacts

66. Performance evaluations include support of resident directed care (Growth Plans-Eden)



A Vision costs no money



- "To go where no long term care facility has gone before."
- · "Getting to Yes"
- "Seamless living"
- "Excellence in Individualization"
- "Medical treatment should be the servant of genuine human caring, never the master." Dr. Bill Thomas, Eden Principle #7
- Is this the most dignified option?
- "Have it your way at PSJ (Providence St. Joseph)
- What's yours?

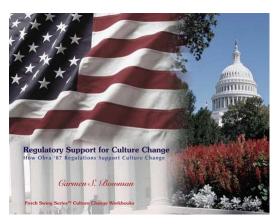
Culture Change is still the answer. What do you think?

- Save money –*Where do inefficiencies lie in your setting?
- Make money
- Better compliance

WHAT IS YOUR ARTIFACTS SCORE?

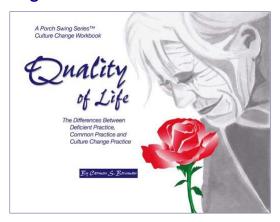
- Care Practices
- Environment
- Family and Community
- Workplace Practices
- Leadership Practices
- Outcomes: turnover, longevity, occupancy
- www.artifactsofculturechange.org
- Complete online, creating national data base
- ONGOING EDUCATION, motivation by scoring
- A form of ACCOUNTABILITY

Regulatory Support for Culture Change



www.actionpact.com

Quality of Life: The Differences between Deficient, Common and Culture Change Practice



Section at Dignity on Using Dignified Language www.culturechangenow.com.

Living Life to the Fullest: A Match Made in OBRA '87

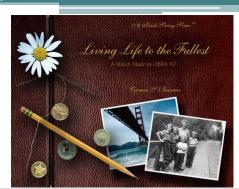
Getting to Know You assessment Psychosocial Needs Ethnic culture Highest practicable level of well-being Activity programming according to

interests, not "problems"

MEANINGFUL ACTIVITY ASSESSMENT incorporates:

- · Activity Interpretive Guidance,
- MDS 3.0 and
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Changing the Culture of Care Planning: a person-directed approach Covers:



- Regulatory Support
- Individual Care Planning
- I Care Plans
- Narrative Care Plans

Includes:

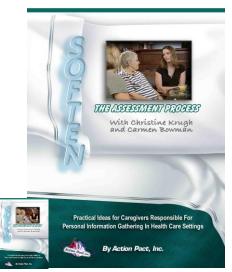
• Sample IN2L "Visual Care Plan"

Available from Action Pact www.actionpact.com



SOFTEN the Assessment Process

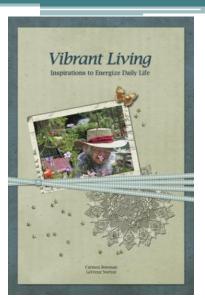
- Workbook and training DVD
- www.actionpact.com
- S Support Simple Pleasures
- O Offer Options
- F Foster Friendships
- T Tie-in to Tasks
- E Equalize Everyone
- N Normalize Now



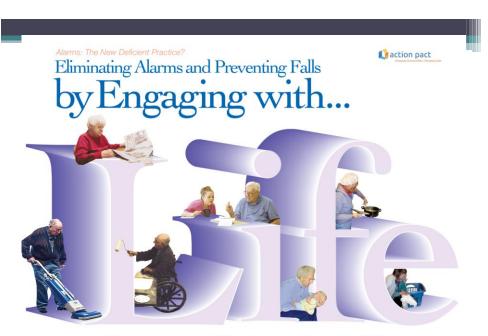
Vibrant Living

Special Features:

- Written <u>to</u>
 Residents/
 Householders
- Scrapbook style
- Learning Circle questions
- Audits for residents and families!



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Theresa Laufmann, RN and Carmen Bowman, MHS



- 1 jam-packed hour
- Every 3rd Friday
- Culture change training directly into your home and to your team
- It is the team that makes change
- · All shows are archived

actionpact.com

Aug. 10/Sept. 21/Oct. 12/Nov. 9, 2018

Know Better, Do Better Series
Restorative Sleep/Behavioral Expressions/Fall
Prevention
Cuesti Sereb Brown, ED, Empire University

Guest: Sarah Brown, ED, Empira University Signature Programs

• If you want notices, email carmen@edu-catering.com

Coming Soon ...







- · Let me know if you want to get on my mailing list
- · Let's change institutional culture!

Consulting/Team Coaching/ Be your own Surveyor

If I can be helpful please feel free to contact me:

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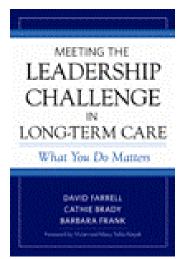




- All day workshops
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- Consulting
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 - IT IS THE TEAM THAT MAKES CHANGE
 - ALL TEAM PLAYERS (INCLUDING THE NAYSAYERS) HEAR THE SAME INFORMATION



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A changed culture positively affects life for residents, work life for team members, profit, savings and

regulatory compliance - many wins.



To be published by Health Professions Press...

Changing Culture with Little Money and Worry about Regulation C. Bowman



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