

THE SYSTEMS CHANGE TRACKING TOOL

A TOOL TO PRIORITIZE AND TRACK CULTURE CHANGE

WHAT IS THE SYSTEMS CHANGE TRACKING TOOL?

The SCTT is a quality improvement tool that enables care team members who are closely involved in implementing changes in this nursing home to efficiently document their accomplishments and challenges. The purpose is to capture how nursing homes can make culture change a reality for the residents they are supporting. Key staff will complete this checklist once each quarter, aiming to tell the story of implementing improvements.

The SCTT assesses changes that are occurring in your home over time, as culture change training proceeds.

Importantly, not all of the changes will happen quickly, and some may not happen at all. The SCTT features questions that are grouped into six domains, as established by the Holistic Approach to Transformational Change (HATCh) theoretical model.¹ The six HATCh domains are:

- ▲ Care Practices
- ▲ Workplace Practices
- ▲ Environment
- ▲ Family/Community
- ▲ Leadership
- ▲ Stakeholders

1. White-Chu, et al. (2009). Beyond the medical model: the culture change revolution in long-term care. *Journal of the American Medical Directors Association*, 10(6), 370–378.
<https://doi.org/10.1016/j.jamda.2009.04.004>

2. Healthcentric Advisors. (2015). Holistic Approach to Transformational Change®. Retrieved from
<https://www.youtube.com/watch?v=DtRnzz4ztbk&feature=youtu.be>

HATCh Domains^{1,2}

Care Practices

Continuous improvement of clinical and non-clinical care (for example, consistent staffing among residents)

Workplace Practices

Endeavors that affect residents through their impact on staff (for example, access to information about resident preferences)

Environment

Creating a home environment that is comfortable and comforting to the residents that live there (promoting feelings of home and comfort)

Family/Community

Resident activities to benefit personal and social interactions; opportunities to engage residents (for example, being able to listen to music of their choice or dine at a local restaurant)

Leadership

Developing culture change among all staff levels, including offering skill building trainings for direct care staff and inclusive decision making for care plans

Stakeholders

Institutional and regulatory factors that influence culture change; working with stakeholders so these are in harmony with what residents need

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Systems Change Tracking Tool

1 = Have not developed a plan for implementation

2 = Have a plan for implementation

3 = Partly implemented

4 = Fully implemented

Care Practices:

Residents choose when to go to bed for the night and when to wake up in the morning.

- 1 2 3 4

Residents choose when to bathe.

- 1 2 3 4

Residents have options to dine at flexible times and in multiple locations.

- 1 2 3 4

Residents have easy access to snacks and beverages of their choice all day long.

- 1 2 3 4

Residents are able to keep snacks in their rooms as long as they are stored safely.

- 1 2 3 4

Residents are engaged in determining menu selections for communal meals.

- 1 2 3 4

Residents are offered alternative non-pharmacological therapies, treatments and modalities (e.g., music therapy, stress reduction techniques), and staff are trained in how to offer these to residents and to carry them out.

- 1 2 3 4

Personal expressions (typically referred to as behaviors) by people living with dementia are seen as unmet needs by clinical team members.

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Workplace Practices:

The community provides clinical and non-clinical staff with training about person- directed and relationship-centered values and practices.

- 1 2 3 4

Problem-solving, conflict resolution, and decision-making training is regularly provided to all employees.

- 1 2 3 4

The community offers clinical and non-clinical staff enough information to understand each resident's unique background, history and interests.

- 1 2 3 4

In order to build knowledge and relationships with residents, there is consistent assignment of CNAs to residents (i.e., 85% of their work time).

- 1 2 3 4

Staff roles are re-adjusted in order to allow care team members to better meet individual needs and preferences of residents.

- 1 2 3 4

CNAs are empowered to fulfill resident requests, participate in care decisions and engage in relationship-building activities with residents.

- 1 2 3 4

All clinical staff have ready access to information about what residents want concerning their care and treatment preferences.

- 1 2 3 4

All clinical staff have ready access to information about what residents want concerning their end-of-life wishes.

- 1 2 3 4

Employees are encouraged to engage with residents outside of their job descriptions (i.e. a housekeeper may offer to teach an art class or to read stories, a maintenance staffer may offer to host a men's group).

- 1 2 3 4

The community has a mechanism (such as neighborhood meetings or huddles) in place for team members from all departments to share updates and other information to better support residents, as often as needed.

- 1 2 3 4

The community has a process in place for staff to problem solve together and to share best practices.

- 1 2 3 4

Staff teams regularly celebrate progress and success in reaching culture change goals.

- 1 2 3 4

All staff understand they are working in a resident's home and act accordingly.

- 1 2 3 4

Environment:

The community does not use overhead or telephone paging (except in the case of an emergency).

- 1 2 3 4

Clinical 'scrubs' are not used and staff wear non-institutional attire.

- 1 2 3 4

Nurses' stations are minimized or eliminated.

- 1 2 3 4

Residents have easy, safe access to a garden/patio/outdoor space -- i.e. doors are unlocked and residents are easily able to maneuver through doors, or team members are readily available to accompany and assist them.

- 1 2 3 4

Plenty of space is available to provide daily activities that are meaningful to the residents, e.g., art, exercise, dance, chair yoga, music, readings and more.

- 1 2 3 4

Adequate space is available to host larger community events and meetings in which residents can choose to be involved.

- 1 2 3 4

Adequate space is available for family and friends to interact and spend time with residents, including private space.

- 1 2 3 4

The community's environment supports residents' privacy and need for personal space.

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A variety of adaptations in the community's physical environment are planned, with input from interested staff and residents, to produce a person-directed environment that feels like home.

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The community's overall physical environment fosters feelings of belonging and comfort.

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Family/Community/Activities:

Residents are engaged in determining the types of daily choices to engage in a range of activities that are meaningful for them.

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Residents have opportunities for spontaneous and meaningful enjoyment of simple daily pleasures.

- 1 2 3 4

Residents have opportunities to lead activities and events as they wish.

- 1 2 3 4

Residents have opportunities to engage in activities promoting relationship building that include different ages and abilities.

- 1 2 3 4

Families are invited to bring their passion and interests into the community.

- 1 2 3 4

Residents have choice about what type of activities and events come in from the community.

- 1 2 3 4

The community learns about residents' interests, memberships, and relationships and fosters continuation of those external activities.

- 1 2 3 4

The community learns about residents' tastes and desire to dine out and enables the wishes of those residents who occasionally want to dine in local restaurants to do so.

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The community has an engaged Resident Council and residents are involved in community decision making. The residents are running the Resident Council.

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The community has an active and engaged Family Council.

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Residents, employees and family members have meaningful opportunities to grieve and process the loss of a resident, staff or family member.

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Residents are supported in identifying and implementing opportunities for purpose and ways that they can give back to staff and other residents.

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Residents are supported in identifying and implementing opportunities for purpose and ways that they can give back to their families and others who live in the wider community.

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Leadership:

The community encourages team leaders, managers and supervisors to commit to creating a culture of person-directed care.

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The community has a diverse (clinical and non-clinical) team of internal culture change champions who collaborate to advance resident-directed care.

- 1 2 3 4

The community encourages all interested employees to be involved in the design, conduct, and assessment of quality improvement initiatives.

- 1 2 3 4

The community honors CNAs as key decision-makers in helping to prioritize and implement changes that aim to improve care and quality of life for residents.

- 1 2 3 4

Each resident chooses who is included in care decisions and that person(s) is invited to participate in care planning meetings.

- 1 2 3 4

Each resident and person(s) of their choice receive clear, understandable written information about their care plans, including when updates are made.

- 1 2 3 4

CNAs are always included in care decisions and regularly participate in care planning meetings.

- 1 2 3 4

Learning Circles, in which opinions and ideas about supporting residents are discussed, are regularly used in team meetings.

- 1 2 3 4

The community offers mentoring, access to job development/career advancement programs and additional skills building to all clinical team members, including CNAs.

- 1 2 3 4

The community provides mentoring, access to job development/career advancement programs and additional skills building to non-clinical staff.

- 1 2 3 4

The community provides Department Directors and supervisors leadership and management training at least four times a year.

- 1 2 3 4

Stakeholders:

The community maintains a collaborative relationship with Survey Team.

- 1 2 3 4

The community keeps the Survey Team engaged as we are making big system changes along our journey.

- 1 2 3 4

The community maintains a collaborative relationship with Long Term Care Ombudsman.

- 1 2 3 4

The community keeps the Long Term Care Ombudsman engaged as we are making big system changes along our journey.

- 1 2 3 4