

THE SYSTEMS CHANGE TRACKING TOOL (SCTT)

A TOOL TO PRIORITIZE AND TRACK CULTURE CHANGE

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^{1,2} are:

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

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>

THE SYSTEMS CHANGE TRACKING TOOL

In the questionnaire, the odd numbered questions require a choice response as follows:

1 = Have not developed a plan for implementation

2 = Have a plan for implementation

3 = Partly implemented

4 = Fully implemented

THE SYSTEMS CHANGE TRACKING TOOL

Care Practices

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

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

- 1 2 3 4

Additional comments

Residents choose when to bathe.

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

Residents are engaged in determining menu selections for communal meals.

- 1 2 3 4

THE SYSTEMS CHANGE TRACKING TOOL

Additional comments

Residents with dementia are offered 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

Additional comments

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

- 1 2 3 4

Additional comments

THE SYSTEMS CHANGE TRACKING TOOL

Workplace Practices

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

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

Management allows staff roles to be re-adjusted in order to allow care team members to better meet individual needs and preferences of residents.

THE SYSTEMS CHANGE TRACKING TOOL

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Additional comments

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

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Additional comments

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

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Additional comments

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

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Additional comments

Staff 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).

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THE SYSTEMS CHANGE TRACKING TOOL

Additional comments

The home 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

Additional comments

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

THE SYSTEMS CHANGE TRACKING TOOL

Environment

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

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

Nurses' stations are minimized or eliminated.

- 1 2 3 4

Additional comments

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

Additional comments

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.

THE SYSTEMS CHANGE TRACKING TOOL

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Additional comments

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

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Additional comments

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

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Additional comments

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

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Additional comments

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

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Additional comments

THE SYSTEMS CHANGE TRACKING TOOL

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

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Additional comments

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Family/Community/Activities

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):

Residents are offered daily choices to engage in a range of activities that are meaningful for them.

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

Residents have opportunities to engage in activities that promote relationship building.

- 1 2 3 4

Additional comments

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Families are encouraged to bring their passions and interests into the home.

- 1 2 3 4

Additional comments

Residents are asked about activities and events in the larger community that can be brought into the home, e.g. musical performance, poetry readings.

- 1 2 3 4

Additional comments

The home asks about residents' previous interests, memberships, and relationships and fosters continuation of those external activities.

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

The home has an engaged Resident Council run by the residents.

- 1 2 3 4

Additional comments

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The home has an active and engaged Family Council.

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Additional comments

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

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Additional comments

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

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Additional comments

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

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Additional comments

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Leadership

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

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

The home 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

Additional comments

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

- 1 2 3 4

Additional comments

Each resident or resident's loved one receives clear, understandable written information about their care plans, including when updates are made.

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

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

G16. Learning circles - additional comments

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

- 1 2 3 4

Additional comments

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The home provides leadership and management training at least four times a year.

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Additional comments

The home provides leadership and management training at least four times a year.

1

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Additional comments

THE SYSTEMS CHANGE TRACKING TOOL

Stakeholder

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

The home informs the Survey Team of culture changes that are being made.

- 1 2 3 4

Additional comments

The home maintains a collaborative relationship with the Long Term Care Ombudsman.

- 1 2 3 4

Additional comments

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

- 1 2 3 4

Additional comments

THE SYSTEMS CHANGE TRACKING TOOL

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