



# **Culture Change in Nursing Homes: Accelerating Quality Improvement for Long-Stay Residents in Michigan**

Anne Montgomery, Deputy Director of the Program to Improve Eldercare, Altarum

Sarah Slocum, Senior Analyst, Program to Improve Eldercare, Altarum

# What is culture change?



- ▲ Protocols and actions designed to improve standards of resident care and quality of life.
- ▲ Changes to the traditional institutional, top-down model of service delivery into a model of care that takes deliberate steps to improve quality by becoming more person-centered and responsive to individual resident needs and preferences.
- ▲ Protocols that have been developed over the years span a range of efforts to “change the physical environment, values, norms and supporting organizational structure.”<sup>1</sup>

# Gaps in Culture Change Work

## Challenge

Varying designs of culture change have been implemented, but there remains a need for rigorous evaluation of culture change process and resident outcomes.

The Michigan project will be tested and evaluated in a cohort of diverse facilities using established clinical metrics and quality of life methodologies, economic impact analysis and process measures.



## Solution

Expert consultation for six organizations over three years through the Eden Path to Mastery Guide service: targeted training interventions to develop the knowledge and skills essential to leading and implementing culture change. Multifaceted evaluation conducted by Altarum.



## On the Ground Solution

- ▲ We will meet the participating Michigan nursing homes “where they are” and work within the constraints of widely-varying traditional physical plant structures.
- ▲ This project will last 3 years to implement and evaluate individualized change.

## About the Project



- ▲ Six participating homes represent non-profit, for-profit, and county owned.
- ▲ None are struggling with severe regulatory nor financial stress
- ▲ Funded by Civil Money Penalty funds – collected from fines against nursing homes, administered by MI DHHS
- ▲ Participating homes do not get compensation, but do get free Eden Alternative training and support
- ▲ The intervention (training) continues throughout the 3-year project

# The Eden Alternative<sup>®</sup> -- The Training Intervention



- ▲ The Eden Alternative<sup>®</sup> is an organization dedicated to creating quality of life for Elders and their care partners, and it uses education, consultation, and outreach to promote culture change.
- ▲ In Year One of the Michigan project, certified Eden training will be provided for up to 20 aides in each home; Eden “warmth” surveys on environmental conditions will be conducted periodically to assess attitudes and receptivity to change among staff, elders and families; “well-being” assessments will also be completed with team leaders.
- ▲ Eden “Path to Mastery Guides” will then work with team leaders at each home during two in-person visits, and ongoing consultation via phone, email, online meetings.
- ▲ For more information, please visit: <http://www.edenalt.org/>

## Overall, Eden Training Aims to:



Assess the current environment and identify opportunities to improve.



Build detailed personal and team action plans.



Provide ongoing support suited to the organization's unique culture.



Identify resources for achieving targeted, sustainable outcomes.



Share best practices that reinforce person-directed care concepts.

# Altarum Evaluation of Culture Change Will Examine



- ▲ Clinical Quality Measures
  - Depression symptoms
  - Antipsychotic Use
  - Pain
  - Hospitalizations
- ▲ Economic Measures
  - Implementation costs: facilities, staff, supplies
  - Potential benefits: turnover, occupancy
- ▲ Quality of Life reports (interviews, focus groups)
- ▲ The Systems Change Tracking Tool



# Evaluation Methods: Clinical Quality Measures

- ▲ Gathered **quarterly**, this data will be reported by homes from the Minimum Data Set (MDS) and hospitalization claims data (publically reported & aggregated, de-identified data only).

Previous CQM data (past 3 years)



Baseline CQM data



Implementation period of CQM data (3 years)



Understanding the impact of culture change on long-stay nursing home clinical quality

# Clinical Quality Measures



## Clinical Quality Measures

(Source: Nursing Homes, Aggregated Minimum Data Set)

Percentage of long-stay residents who got an antipsychotic medication (excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome)

Percentage of long-stay residents who report moderate to severe pain

Percentage of long-stay residents who have symptoms of depression

## Hospitalization Data Measures

(Source: Nursing Homes, Aggregated Medicare Claims Data)

Number of hospitalizations per 1,000 long-stay resident days

Percentage of short-stay residents who were re-hospitalized after a nursing home admission

Percentage of short-stay residents who have had an outpatient emergency department visit

# Economic Data



- ▲ Staffing levels and occupancy in each home will be tracked **quarterly** using data from the Payroll-Based Journal reporting system
- ▲ Staff turnover, including number of staff leaving and length of time to fill positions, will be reported **quarterly** by the homes
- ▲ Additional resources required (facilities, supplies, or staff) to implement culture change improvements, both one-time expenditures and ongoing costs, will be reported **quarterly** by the homes
- ▲ **Annual** “Facility Assessments” will also be reviewed

# Quality of Life & Perceptions of Culture Change



- ▲ Interviews and focus groups will be conducted **yearly** to gain insight on perceptions of quality of life in the nursing homes and culture change. Questions and topics are grounded in the HATCh model framework.<sup>2</sup>
  - Focus groups will be conducted with residents and family members/friends who frequent the homes to assess their perceptions.
  - Phone interviews will be conducted with staff for their perceptions.



# Framework of the Interviews and Focus Groups



▲ The Interview and Focus Group Guides features questions and topics that are grouped into six domains, as established by the Holistic Approach to Transformational Change (HATCh) theoretical model.<sup>2</sup>

▲ The six HATCh domains are:

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

# The Systems Change Tracking Tool (SCTT)



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

## How was the SCTT developed?



- ▲ Created by Altarum long-term care experts.
- ▲ Reviewed by external stakeholders deeply familiar with implementing culture change, and nursing homes that will be using the tool.
- ▲ Theoretically grounded within the HATCh Model framework.

# The SCTT will provide both a baseline and a longitudinal record of key changes in QI practices and protocols.



- ▲ The SCTT assesses changes occurring in each home over time, as culture change training proceeds. Additional commentary for each change will also be collected. Not all of the changes will happen quickly, and some may not happen at all.
- ▲ There is room for input of additional items from homes.



## Sample SCTT items:



- Residents are engaged in determining menu selections for communal meals.
- The community offers clinical and non-clinical staff enough information to understand each resident's unique background, history and interests.
- Adequate space is available for family and friends to interact and spend time with residents, including private space.

Scale for Items			
<i>1 = Have not developed a plan for implementation</i>	<i>2 = Have a plan for implementation</i>	<i>3 = Partly implemented</i>	<i>4 = Fully implemented</i>

# Dissemination Strategies



- ▲ Next steps after 3 years – wide dissemination of findings at policy conferences and discussions
- ▲ ACA national demonstration authority - Sec. 6114:
- ▲ **“PROJECTS ON CULTURE CHANGE AND USE OF INFORMATION TECHNOLOGY IN NURSING HOMES.**
  - (a) IN GENERAL.—The Secretary shall conduct 2 demonstration projects, 1 for the development of best practices in skilled nursing facilities and nursing facilities that are involved in the culture change movement (including the development of resources for facilities to find and access funding in order to undertake culture change) and 1 for the development of best practices in skilled nursing facilities and nursing facilities for the use of information technology to improve resident care.”

## References



1. Shier, V., Khodyakov, D., Cohen, L. W., Zimmerman, S., & Saliba, D. (2014). What Does the Evidence Really Say About Culture Change in Nursing Homes? *The Gerontologist*, 54(Suppl\_1), S6–S16.  
<https://doi.org/10.1093/geront/gnt147>
2. 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>



THANK YOU.

ALTARUM.ORG

*Anne Montgomery*

*Anne.Montgomery@altarum.org | (202) 776-5183*

*Sarah Slocum*

*Sarah.Slocum@ altarum.org | (734) 302-4912*