

OMBUDSMAN BEST PRACTICES:

Supporting Culture Change to Promote Individualized Care in Nursing Homes

Developed by Barbara Frank, Consultant



**National Long Term Care
Ombudsman Resource Center
May 2000**

PO 743

Supported by the U.S. Administration on Aging

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May 2000

ACKNOWLEDGEMENTS

The Ombudsman Resource Center thanks the staff of the Health Care Financing Administration for participating in this dialogue with ombudsmen from across the United States at the 1999 Annual Spring Training Conference.

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ABOUT THE REPORT

This report was supported, in part, by a grant, No. 90AM2139 from the Administration on Aging, Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Aging policy.

LONG TERM CARE OMBUDSMAN PROGRAM BEST PRACTICES: CULTURE CHANGE

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OMBUDSMAN BEST PRACTICES: Supporting Culture Change To Promote Individualized Care in Nursing Homes

Statement of Purpose

This paper presents Long term Care Ombudsman Best Practices in supporting culture change in nursing homes, drawing on lessons learned by State Ombudsman Programs that have engaged in such initiatives. The paper includes an overview of the issues, relevant practice precedents and examples of best practices. The section "Lessons Learned" examines important considerations for state and local ombudsmen who want to begin or continue culture change efforts.

Here are some key points to keep in mind as you read this paper:

- The term “culture change” is used here because it demonstrates the level of transformative change in how services are provided and in the philosophy that drives operational decisions. However, a culture change can be for the good or for the bad. The culture change this paper addresses refocuses the value system and the structure of care delivery toward individualized approaches to care that support residents to thrive at whatever levels are available to them.
- There is no formula for culture change, no one model. To change the culture of a nursing home or of the system in which nursing homes operate will require a process of examination, communication, and ever-evolving effort. What works in one environment may or may not work in another. Reducing culture change to a formula defeats the effort before it starts.
- Nursing homes don’t operate in a vacuum. Nor can they change in a vacuum. If the rest of the system is static, it will be difficult for a nursing home to change. In committing to culture change, ombudsmen must recognize the need to work on the systemic as well as the facility level. Ombudsman programs may have to re-examine their own activities and relationships to see how they can contribute positively to the overall culture of nursing home care.
- Ombudsmen who have embarked on culture change initiatives have found that the effort needs to be comprehensive and long-term and yet needs to be approached in a manageable step by step process.
- Although the paper refers to nursing homes, good care is good care regardless of the setting. These ideas are applicable to and transferable to other residential long term care settings.
- A key component of culture change is changing consumer expectations. Consumer demand for good care can influence the provider community and the regulatory system.

Issue Identification - Culture Change

Culture change engages all facility staff in a total transformation of thinking and practice, instead of changing an element or a program within the prevailing culture. Changing the culture is a means to the end of building resident-directed approaches to care responsive to residents' experience and needs. According to the report of the 1997 gathering of Pioneers, culture change addresses nursing home operation at its core and is "anchored in identified values, principles, and practice." Transformation must also extend to all the programs that surround the nursing home.

- The dictionary defines culture and change in the following ways:

"Culture" = "The totality of socially transmitted behavior patterns, beliefs, institutions, and all other products of human work and thought." A non-technical way to describe culture is the way we live and work together.

"Change" = "To cause to be different; to give a completely different form or appearance to; transform."

- Therefore, in the nursing home context:

"Culture change" means transforming the philosophy and practice both at the core and at every level of nursing home operations rather than adding new routines on top of old practices and approaches. However, it is not about change for its own sake. It is about change that brings all who are in the culture to a new way of working that creates a humane environment supporting residents' life and dignity, and respecting residents' personhood, autonomy and self-determination.

Context - Practice Precedents and Basis in Law

Practice Precedents: Culture Change is an Integral Part of Ombudsman Problem-Solving

Problem resolution is integral to ombudsman work. A critical element for successful problem resolution is the ability to bring clarity to a situation that has heretofore stymied involved parties. A problem is not truly resolved until it is no longer a problem for all involved. In science, resolution means to "separate or reduce something to its constituent parts" – to get to basics. Culture change is about getting to the basics of how a facility's (or a system's) operational philosophy needs to change to work for each individual resident. It is about making changes in basic assumptions and ways of doing business.

State Long Term Care Ombudsman Programs have responsibility for individual as well as systemic problem resolution. As the program has matured, ombudsmen have used a broader range of tools to go beyond ***complaint processing*** to ***problem resolution***. A hallmark of good ombudsman work is the ability to address the root cause of individual and systemic problems and fundamentally change the way people and systems work.

The ombudsman role is that of a *change agent*. The goal when an ombudsman resolves an individual problem or tackles a systemic issue is to change the way people approach and respond to residents' concerns. Then, the situation is not only resolved for one person, but problem-resolution lays the groundwork for improvements for others as well.

Ombudsman work is *culture change* work. It is *transformational*. It is about changing the way nursing homes and state systems understand and carry out their work. It is changing the way others see and respond to residents. It is about making residents' interests the driver. Culture change work is a form of systemic advocacy. Culture change has its roots in individual problems, and provides a framework for individual problem resolution, as does all systemic advocacy.

When ombudsmen resolve individual problems using a culture change approach, they help all involved come up with an individualized solution, often one that alters the way everyone behaves and interacts. The alterations come when staff and resident relate to each other differently. Promoting culture change on a regional or statewide level involves generating provider openness to new ways of operating. Often exposure to those providers who have learned how to work differently encourages other providers to try.

However, making such fundamental changes is difficult. It puts providers, consumers and regulators up against historically rigid habits and rules. The primary lesson that ombudsmen who have engaged in transformational efforts have learned from their experiences is that change does not occur through one-shot programs or when only one part of the system is expected to change. Promoting culture change requires a comprehensive effort to reinforce and encourage providers to put ideas into practice. Furthermore, it requires the concurrent changes in the system to clear the way when other parties in the system explicitly or implicitly reinforce the status quo.

Basis in Law

Changing the nursing home culture at its core, making it responsive to individual residents' needs, and making it an environment in which residents can thrive, is a responsibility dually established by the Nursing Home Reform Law and the Older Americans Act. The Nursing Home Reform Law dramatically changed the standard of practice in nursing homes. The Older Americans Act empowers and directs ombudsmen to represent residents' interests in making these changes a reality.

➤ Nursing Home Reform Law (OBRA '87):

- asserts both the importance of quality of life issues, and the direct connection between the quality of life and quality of care residents experience;
- requires nursing homes to promote the “physical, mental, and psychosocial well-being of each resident”;
- requires nursing homes to promote the quality of life, choice, self-determination, and rights of each resident;
- requires states and the federal government, through the survey process and enforcement system, to evaluate whether each resident is receiving care which promotes the highest practicable well-being;

- requires states and the federal government, through the survey process and the enforcement system, to ensure facility compliance with residents' rights and quality of life.

➤ **The Older Americans Act:**

- requires ombudsmen to act on residents' behalf in response to actions or inactions on the part of facilities or state agencies, that adversely affect residents' health, safety, welfare or rights
- requires ombudsmen to address residents' problems on an individual as well as a systemic level
- directs ombudsmen to resolve problems in a way that promotes residents' interests
- requires ombudsmen to support community efforts to improve nursing home care

➤ **1995 Institute of Medicine Report:**

This report, Real People, Real Problems: An Evaluation of the Long Term Care Ombudsman Programs of the Older Americans Act, details exemplary practices including:

- “program’s systemic advocacy agenda includes items to improve the lives of residents and not merely to resolve identified concerns or problems in the LTC system. For example...improving the health care system’s overall standard of care...”
- “program’s systemic advocacy...is coordinated with others...so that broad-based coalitions, rather than the ombudsman program alone, seek systemic change”
- “Office has ongoing interactions with the full range of regulatory agencies with specific agendas to discuss plans for future actions at ‘pre-decision points,’ to plan and conduct joint trainings... and to maximize the different strengths, roles, and talents of each agency and the Office.”

The Nursing Home Reform Law calls upon providers to develop individual approaches to care that help residents maintain and attain their highest possible level of functioning. The Older Americans Act gives ombudsmen the tools to intervene on residents' behalf to help find individual solutions that promote residents' well-being.

The Long Term Care Ombudsman Program is positioned to help providers see a situation from a resident's point of view and thus make reasonable accommodations to promote their well-being. Ombudsmen stand outside of the slow and arduous process of change and encourage it along. They can also get involved in ways that move it forward. With varying degrees of involvement and success, programs in several states have made encouragement of culture change an essential element of their work.

➤ **These programs share a common goal: changing the culture of nursing homes.**

➤ **They share a common strategy: supporting providers who are responsive to residents.**

Pioneers

Ombudsman programs have drawn on the work of a few practitioners who provided leadership nationally to the culture change movement. They have become known as the Pioneers. As advocates were working on development of the Nursing Home Reform Law and subsequent implementing regulations, Sarah Burger at NCCNHR and a social worker named Carter Williams coalesced efforts by practitioners around the country who were working to reduce the use of physical and chemical restraints. These practitioners found that in order to remove restraints they had to understand residents' underlying problems and develop individualized approaches to respond to those problems. The practitioners worked with Carter and Sarah to share their ideas with advocates and with state and federal officials developing new standards for nursing home care.

In 1996, four practitioners who had embarked on transformational work in their own individual nursing homes and had worked with NCCNHR on federal nursing home policy, came together to present a panel at NCCNHR's Annual Meeting. In 1997, through the efforts of Rose Marie Fagan, Director of the Monroe County Long Term Care Ombudsman Program, supported by Carter Williams, M.S.W., LIFESPAN of Greater Rochester, New York received funding to bring together the leaders of four pioneering approaches to culture change in nursing homes. The Pioneers met in Rochester, NY with 28 other invited participants from across the United States. A published report of that historic meeting documents the common elements of their varied approaches. These pioneering practitioners provide good examples of the type of work included as "Culture Change". The "Pioneers" from that gathering have banded together to spur a national movement in nursing home culture change.

The original Pioneers include:

▶ *Joanne Rader at the Benedictine Center in Mt Angel Oregon.* She has made tremendous in-roads in understanding the meaning behind residents' behavior, and in removing residents' fear of often uncomfortable and unfamiliar routines and ways of doing things, such as bathing. Her approach is "individualized care."

▶ *Charlene Boyd and Bob Ogden from Providence Mount St. Vincent's nursing home in Seattle.* They have developed a Resident-Directed Care approach that responds to residents' loss of control over significant aspects of their daily lives. Transforming traditional units into neighborhoods and country kitchens creates a home-like environment. A key element of their approach to culture change is the cross-training of all staff. This enables everyone on staff to respond to resident needs.

▶ *The Regenerative Community developed by Barry and Debby Barkan, of California.* They address residents' profound feelings of isolation, disconnection and lack of a meaningful life. A daily meeting builds community, strengthens relationships among staff and residents, builds new connections between people, and opens the way to explore meaning in life.

▶ *The Eden Alternative founded by Bill and Judy Thomas, of New York.* This work responds to residents' feelings of loneliness, helplessness and boredom in a sterile social and physical environment. The Eden Alternative restores diversity socially and biologically, bringing richness, spontaneity and greater normalcy to daily life.

This is by no means an exhaustive list of providers engaged in culture change. Indeed, ombudsmen across the country have found and worked with pioneers in their own backyard. In some of the experiences discussed in the sections that follow, these local practitioners play critical roles.

It is important to note that none of the approaches taken by the Pioneers is replicable by formula. In fact, trying to follow a formula contradicts the essence of transformational work and the Pioneer's own experiences. Through their experience, Pioneers have learned how important it is to listen to residents and adapt facility routines to the needs of each resident.

OMBUDSMAN MODELS - SUPPORTING CULTURE CHANGE

Range of Methods Used to Promote Culture Change

Some ombudsmen support culture change initiatives as partners. Others have made initiatives an integral part of their program's work. The range of approaches is described below. The next section provides examples and benefits of each model.

➤ **Free-standing Collaborative Initiatives:**

Ombudsman may initiate or join in collaboration with key players – the health department, provider networks, professional groups, consumer organizations -- to approach an issue through training, programming, regulations, and/or policy action.

➤ **Ombudsman Sponsored Collaborative Initiatives:**

Ombudsman may allocate program resources, temporarily or permanently, to an initiative to promote and support culture change.

➤ **Support to External Culture Change Efforts:**

Ombudsman may support and promote activities outside the program, offer assistance or “trouble-shoot” when initiatives hit regulatory or other road-blocks.

➤ **Spin-offs:**

Ombudsman programs may support a culture change initiative that then has a life of its own. They seek additional resources or a permanent home for the activity, and continue to support it and participate in it, but it is now a separate entity.

➤ **Integrating Culture Change into the Daily Work of the Ombudsman Program:**

Ombudsman programs can make culture change the foundation from which they do their advocacy work, including individual problem solving and public education.

Culture Change - Lessons Learned

➤ The Effort Should Be Collaborative and Inclusive:

Collaboration is important for several reasons.

▶ First, many hands make light work. Taking on such a comprehensive initiative is a major endeavor that requires a lot of resources. When a number of key organizations are committed to the effort, it can be as comprehensive in scope as it needs to be.

▶ Second, it is important for the key stakeholders to have ownership of what is being attempted. Real culture change requires tremendous buy-in. The more key players at the table, the more critical mass is available to generate support and buy-in.

▶ Third, undertaking culture change is complex for all involved. Engaging people representing many points of view in the effort provides more opportunity to identify and address the various aspects involved.

▶ Finally, it is not just care providers who need to change. The entire nursing home system has been built around a rigid, rule-oriented approach to care that rarely plays out in a resident-directed way. Everyone needs to be at the table for the planning and in the classroom for the learning, so that everyone can do the adapting and changing necessary to become resident-directed.

➤ The Effort Should Be Comprehensive and Long Term:

▶ Ombudsmen have learned that one-shot educational programs rarely have a lasting effect on more than a handful of attendees. The initiative must be comprehensive, continuous, and sustained over the long term. It takes a long time to open people to new ways of thinking, a long time to address people's doubts and fears. As people gradually open up to a new way of thinking, they run into obstacle after obstacle. Many are based in the resistance of others to change. Many are rooted in the problems that made staff fall into the old ways in the first place. Many are external to the workplace – pressures from families or from surveyors. And a good number are simply the trial and error of learning and doing something new. People have to be taken through this change process and supported in their stages along the way.

▶ A culture change approach requires that every party in the system make the change, take part in the learning and re-examine how they work. If nursing home staff work with residents to support their risk-taking, then surveyors and protective services staff need to learn about what this risk-taking means and how to evaluate when facility staff do everything they can to prevent harm, except take away a resident's right to risk. If those agencies take action against homes when residents experience some of the harms that come from risk-taking, then the nursing home staff will be bearing all the risk of a new way of working without any support from others learning how to support residents' choices and self-determination.

➤ **The Effort Should Have an On-going Evaluative and Feed-back Mechanism**

A group planning a series of programs and activities as part of a transformational initiative needs regular feedback. It needs to know how the culture change process is going, what obstacles people are encountering, what additional help they need, what questions they still have, and how well the initiative is providing the support and information that they need. This activity requires resources and an on-going commitment from a designated responsible party to ensure the relevance of the information gathered.

➤ **The Effort Should Generate Energy and Be Reinforced by Other Program Activities**

Supporting culture change should not be relegated to one aspect of the effort while everything else remains the same. It should be reinforced in community education and other public speaking, in individual problem-solving efforts, in regulatory and legislative advocacy. There should be an effort to generate consumer demand for better care, regulatory oversight that supports better care, and ombudsman problem-solving intervention that achieves a change in approach. Telling everyone about what is going on helps people to learn even if they don't attend the sessions. Sharing packets with every nursing home, teaching ombudsman volunteers, resident councils, family groups, state agencies, state legislators, the media – all this helps generate a level of awareness and raise the standard of practice, the public expectation. People want to be part of something with that kind of energy.

➤ **The Effort Should Get the Attention and Buy-in of Owners, Administrators, and the Survey Agency**

Eventually the Directors of Nursing and other staff who become involved in learning about and exploring means of culture change run into a substantial road-block from either the corporate structure or the regulatory structure. Culture change initiatives must find a way of reaching these levels or the working staff in the facility will hit a limit in what they can accomplish. Programs that address legal and financial issues can be helpful. Buy-in from one key player among the ranks of owners, administrators, or regulators can sway others. Sometimes a talented person from the clinical staff can bring a director/manager along to a level of understanding and support. Having data that shows how changes are happening, how facilities are able to make these changes without extra costs, and how the changes make a positive difference for residents can be persuasive to any one of these key players at the top. Getting any of their endorsements can bring others along.

➤ **The Effort Should Involve Practitioners Who Speak From Experience**

While nursing home staff appreciate motivational programs, they are often skeptical because of the difficulties they see in implementing new ideas. Having practitioners speak to the change process from direct experience is extremely powerful. The more practical the speaker is, the better. Providing a forum for local providers to talk with their peers can have a great deal of positive impact. However, sometimes, it is difficult to be “prophet in one’s own land.”

➤ **The Effort Will Pay Off Down the Road**

Making culture change a major program initiative requires a considerable investment of program time and money, even with a lot of partners, just as a major legislative or regulatory effort would. And just as these systems changes are worth it because they address residents' needs on a broad scale, so too, this work pays off when nursing homes across the state start to operate differently. The culture change process can resolve hundreds of complaints if homes are more resident-directed in their approach to care.

➤ **The Effort Will Spill-Over**

When parties learn and work together - engaging in a process of looking differently at old assumptions and changing practice - then they also create a new way of doing business together. That process will have a spill-over effect into other interactions. It can open up the problem-solving process between the ombudsman and nursing home staff in relation to individual problems, and among parties at the state level in relation to systemic problems. Parties build up a level of trust and a constructive, cooperative, creative approach to sorting through a problem and sharing ownership of the solution.

➤ **The Effort Will Require Program Leadership**

Ombudsmen staff may have a dilemma about not even having time to respond to complaints, let alone time to focus on the positive. Yet, efforts to support nursing home best practices can and should leverage other advocacy, such as the complaint work. It provides concrete models of good care and creates a new entry point for discussion with providers and state agencies. The pay-off can be a new relationship and dynamic that can contribute to problem solving. State Ombudsmen may have to invest time in bringing advocates to understand that if the entire focus is on responding to individual complaints, the ombudsman program can become too negative and lose sight of what it's trying to do. The same groundwork may be needed with the survey agency. Showing providers, regulators, and consumers that nursing homes can be different, and that culture change initiatives can transform the nursing home culture, is a critical advocacy tool. Promoting good practices that have been successful supports ombudsman advocacy for other changes to occur.

➤ **The Effort Will Require Ombudsmen to “Walk the Walk”**

If ombudsmen promote a real transformation in how nursing homes and the system approach nursing home care, ombudsmen may need to examine their own program management practices related to empowering staff and local programs as well as how the program interacts with others in the system. If ombudsmen are partnering with a State Unit on Aging or the Licensing and Certification agency on culture change, what is their culture like? Are survey teams empowered or are they limited by management? Are they rewarded for risk taking? Ombudsmen and partners in sponsoring cultural change need to model those very concepts of staff empowerment and resident direction to have credibility in promoting those practices among providers.

➤ **The Effort Will Require Patience and Persistence – It’s a Process**

Build momentum over time. Provide building blocks of learning to take people through a transition. If a few facilities want to embrace change, support them – they will be good models for others. Work regionally to reach a critical mass of facility staff. Bring in more than one model or nursing homes will look for a formulaic approach and miss the importance of opening up their thinking. See if nursing homes are doing anything tangibly. Look especially at the impact on staff turnover. Have facilities share their successes with each other. When nursing homes start telling their peers that something new is good to do and is working, it has a greater impact.

BEST PRACTICE DESCRIPTIONS

Free-Standing Collaborative Initiatives

A free-standing collaborative initiative is one that is outside the auspices of the ombudsman program. The ombudsman program can provide the impetus, support it actively, and/or join in as a participant. The Benefits of this approach include:

- All parties share equally in ownership of the effort
- Broad-based ownership attracts participation from more sectors of the target audience
- The approach is independent of program resources
- All the parties have buy-in so the initiative doesn’t have to sell its goals to key players; all parties can work together to remove obstacles to new approaches to care
- Joint ownership broadens the range of perspectives on what is needed and what will work

➤ **Connecticut – Breaking the Bonds:**

From 1994 – 1997, the Connecticut Ombudsman Program acted as partner and catalyst in a free-standing initiative, “Breaking the Bonds,” a collaboration among key stake-holders in the state to improve care for nursing home residents. The impetus for the collaboration was the large percentage of “cases of resident-to-resident abuse” coming inappropriately to the Connecticut state ombudsman program. Most of these “cases” involved situations where facility staff did not know how to respond to the needs of residents who expressed their distress through their behaviors. Facility staff generally restrained or transferred residents – to another room, another nursing home, or a psychiatric facility.

The State Ombudsman convened a meeting of provider associations, health professional organizations, consumer advocates, and state agencies. The group decided to work together on educational programming for nursing home staff, surveyors, and ombudsmen to address the areas where providers encountered difficulties in eliminating restraint use. All key players in the system agreed to engage together in learning new ways of looking at how to care for residents with behavioral symptoms. The committee continually gathered information from nursing facilities about their approaches to care, their ability to implement new approaches, and the barriers they encountered in their efforts to change.

As a committee, members matured in their understanding – moving from a focus on reducing restraint use to a focus on individualizing their approach to care and then to a focus on promoting residents’ health and well-being. Committee members talked with health professionals around the country who were pioneering new approaches to care. They then structured the educational programs to bring these new approaches in to the state at a level that would meet conference attendees where they were and stretch them.

Nursing homes were encouraged to send teams of staff to events, and were given practical ideas at the end of each conference about how to put new ideas to work back home. At each conference, nursing homes were surveyed about their progress toward individualizing care and the barriers they continued to face. The results showed that, slowly, nursing homes shifted in their understanding of barriers and possibilities, and in their practices.

The Ombudsman office provided financial and staff support, printing comprehensive resource packets for attendees and mailing them to every home after each conference. Ombudsman staff and volunteers promoted the conferences in their nursing home visits. The State Ombudsman wrote a regular column in the Directors of Nursing and provider associations’ newsletters promoting the conferences before hand and describing them afterwards. Each year, a section of the Ombudsman annual report was devoted to "Breaking the Bonds", with guest articles submitted by committee members who described their own progress in individualizing care in their nursing homes.

The Ombudsman office made culture change the foundation of its systems advocacy – advocating for surveyors to support resident choice and self-determination. Volunteer ombudsmen were included in all the conferences, and concepts from the conferences were integrated into the volunteer training, so that program representatives could bring these ideas into their interventions problem-solving for individual residents.

The "Bonds" committee changed the conversation, brought awareness of individualized approaches to care, and provided the basis for collaboration among key stake-holders. It generated learning and changed practice. Although the ombudsman program’s relationship to "Breaking the Bonds" has changed, the committee continues to provide programming to stimulate culture change in Connecticut.

✓ **For more information:** Leslie Curry, Braceland Center for Mental Health and Aging, 860-545-7012, curry@harthosp.org

Ombudsman Sponsored Collaborative Initiatives

Ombudsmen may sponsor an initiative as a part of the ombudsman program’s activities. Such initiatives are usually collaborative in nature but the ombudsman program plays a primary role in shaping and carrying it out. Such efforts may become incorporated into the on-going roster of ombudsman program activities. The Benefits of this approach are:

- Ombudsmen can focus the initiative on areas of concern to advocates
- Others can join in without having to expend considerable time and resources
- Ombudsmen can tie the initiative in to other program efforts underway

- The formal commitment of the Ombudsman program can draw industry participation

➤ **Massachusetts – Joint Training Initiative**

Massachusetts State Ombudsman Mary McKenna invited the Department of Public Health to hold a joint training program to promote better communication with the ombudsman program. After the first training, they recognized the need to talk not only with each other but also with facility staff, to make sure that their programs were united in their message to providers.

They soon saw the value of having all stakeholders – providers, regulators, and advocates – engaged together in learning. Then they opened their conferences to the Attorney General's office and the general community as well. For two years they held regional and statewide conferences on topics such as residents rights, abuse prevention, and quality of life, which were well attended and well received.

However, their concern in looking back is that, despite the good attendance, good training and good materials, they didn't see follow-through in actual changes in facility practice. As powerful and provocative as these programs were, and as well attended, there have not been signs of significant differences in care practices.

- ✓ **For more information:** Mary McKenna, MA State Ombudsman, 617-222-7457

➤ **Washington - Collaborative Training and Consultation**

The Washington State Ombudsman Program, in collaboration with the health care associations, the coalition of resident councils, a local citizens advocacy group, and Mount St. Vincent's nursing home (one of the Pioneer homes), received foundation funding to promote culture change in Washington State nursing homes. The grant allowed them to convene a two-day conference titled "Pioneering Culture Change" in June 1999. The goal of the conference was to inspire and encourage nursing facilities to implement culture change. The conference included the overall principles of culture change and was interactive. Participants went through community building exercises, heard from local facilities which have implemented culture change, and worked on a small group project to practice working as a team. By showcasing different models (i.e. Eden Alternative, Individualized Care, Regenerative Community), the group demonstrated that there are different ways to approach culture change but the basic values and principles are the same.

The conference was meant to jump-start a change in how nursing homes in the state provide care. The plans were that a few months after the initial training there would be one-day follow-up conferences in nursing homes across the state to showcase progress. These conferences would be more interactive and the programs would vary depending on needs and requests in the local area. Their purpose is to present nursing homes with different models, to stimulate thinking, and go beyond the model and inspiration to provide the nuts and bolts of models and culture change. In addition to the follow-up conferences there will also be consultation available at a reduced rate to facilities that want to problem solve specific issues.

Even the planning process itself has generated culture change as individuals with different perspectives have had to hash out what is meant by culture change and how to model it. Individuals work together on the committee and then days later find themselves in another context in which they are at odds with each other.

✓ **For more information:** Louise Ryan, WA State Ombudsman Program, 253-838-6810

SUPPORT TO EXTERNAL CULTURE CHANGE EFFORTS:

Ombudsman may support and promote activities of an entity outside the program, and offer assistance or “trouble-shoot” when the initiative hits regulatory or other roadblocks. The initiative is external to the ombudsman office’s programs, and the ombudsman does not play a role as a partner to the initiative. However, the ombudsman office sees the value of the effort and supports it, encourages others to participate in it, and offers help as needed.

➤ **Benefits of this approach:**

- When ideas come from the provider community, providers listen in a different way
- The ombudsman program can maintain its other program responsibilities but still generate positive action based on the efforts of others
- If the idea has flaws that the program needs to address, it can stand outside the endeavor and identify those concerns
- The ombudsman program can add its support in without promoting its own program
- Other community partners can step in

➤ **Michigan – Supporting Providers Who Teach Good Practices**

Early in 1996, the Michigan Long Term Care Ombudsman Program, with leadership from state Ombudsman Hollis Turnham, decided that a new course of services was in order. The program did not have in place affirmative agendas for change but was largely in a re-active status to the issues consumers and policymakers were bringing to them. They wanted to shift some the program's energy away from a reactive enforcement/regulatory focus toward a more affirmative agenda and leverage the good practices from NCCNHR and in Michigan facilities and to share and promote them throughout the community.

Through a strategic planning process the Ombudsman program decided to take on a new program focus: to promote best practices in nursing homes. The program created an Ombudsman Best Practices Committee open to all local Ombudsmen. Every local Ombudsman was to work in one or more of the new initiatives.

The Ombudsman Best Practices committee co-sponsored with the State Unit on Aging a statewide conference featuring Dr. Bill Thomas of the Eden Alternative and 10 Michigan facilities recognized for their Continuous Quality Improvement programs (CQIP). CQIP was a Medicaid reimbursement incentive program that increased Medicaid payments to homes that implemented resident designed programs to improve their "choices or relationships." It had drawn on a similar program implemented in Colorado.

After the conference, two local Ombudsman offices created two regional “best practices” or “edenizing” groups. The provider enthusiasm for implementing best practices was tremendous. Thirty to sixty providers attended monthly meetings, sponsored additional appearances by Dr. Thomas, spent time learning about the Eden Alternative and sharing their failures and triumphs. Four more regional "best practices" or "edenizing" groups have been started by local ombudsman offices with similar successes: intense provider interest, ongoing monthly educational programs, and good outcomes as changes are made in Michigan long term care communities.

After the initial October, 1996, conference and the Eden Associate training, plans were laid for creating a state level workgroup to promote the Eden Alternative in Michigan. In early 1998, the first meeting of the BEAM (Bringing the Eden Alternative to Michigan) was called by three partners: the Michigan Long Term Care Ombudsman program, the Michigan Office on Services to the Aging and the state licensing and survey agency. BEAM sub-committees have a quarterly newsletter. They reviewed fire safety standards and federal F-tags to identify obstacles (there are very few) and supports (there are lots) to implementing the Eden Alternative. They are working on a resource manual and a research project focusing on “pilot homes” who will work with BEAM members as they edenize their facilities. Nursing home surveyors have been trained on the Eden Alternative and involved in the process of identifying supports and obstacles to edenizing within the federal regulations. Ombudsmen are seeing the open embrace of "best practices" and the Eden Alternative by providers. Programs are being implemented and the culture is changing, slowly.

✓ **For more information:** Hollis Turnham, State Ombudsman, 517-336-6753

➤ **Missouri – Teaching the Eden Alternative in Missouri**

In 1993, Missouri State Ombudsman Carol Scott funded a program sponsored by the nursing home administrators’ association featuring Eden Alternative founders Bill and Judy Thomas. The Ombudsman program brought Dr. Thomas back six months later to present to a broader audience of providers and surveyors. This second visit generated energy among key parties in the nursing home system for a more coordinated effort to transform nursing home care in Missouri.

The University of Missouri’s Project Life, the survey agency, the Lt. Governor’s office, the nursing home administrator’s association and the ombudsman program established an initiative called TEAM - Teaching Eden Alternative in Missouri. They sent a packet to 70 facilities that were interested in meeting once or twice a year to hear from Eden-based speakers and work together to start to implement these ideas. The survey agency committed its support for innovation by the nursing homes. It reviewed the Eden proposals and found none were prohibited by the state regulations.

For several years, TEAM brought in educational programs and supported and encouraged nursing homes to “edenize.” Only a handful of homes actually made substantial changes. Administrators and Directors of Nursing didn’t have the necessary support from owners to adopt changes. However, these key staff now know what the Eden idea is and why it’s good and are implementing it in bits and pieces.

✓ **For more information:** Carol Scott, State Ombudsman, 573-526-0727

➤ Oregon – Collaborative Restraint Free Care Initiative

Joanne Rader and the Benedictine Institute in Mt. Angel, OR, received funding from the Robert Wood Johnson Foundation (RWJ) to coordinate a statewide effort to reduce the use of restraints. The project grew out of the recognition that the Nursing Home Reform Law's mandate for restraint reduction could not be accomplished without training and cooperation. It was not just providers who needed training on individualized care to reduce restraints, but also surveyors, ombudsmen, protective services workers, and any other parties whose actions could influence the use of restraints.

Joanne established a workgroup composed of representatives of the health department, the ombudsman program, the protective services program, provider associations and associations of health professionals, and other people in a position to initiate change. The workgroup had three goals: (1) to develop how-to training and guidelines so that all parties could learn what was involved in changing care practices; (2) to anticipate and address problems before or as they occurred; and (3) to establish an ongoing method for implementing change on a statewide level.

One of the issues that the group addressed stemmed from a change in what was happening for residents as their restraints were removed. Autonomy and choice sometimes led to falls and even some injuries. In the old framework, a restraint would be justified to prevent a fall. In the new framework, some falls were unavoidable even when staff worked closely with residents to support their maximum freedom. Previous ombudsman and protective services interventions in cases such as these had often led facilities to feel they had to use restraints. Through this work group, participants learned to talk about what led to a resident's behavior or to an incident resulting in an injury to a resident. By looking at what was behind the incident, participants were then able to train their program staff to name the underlying cause and seek its resolution, to call for a safety plan or an individualized response to the resident's needs, rather than to call for use of restraints. All parties started looking at how their processes contributed to the use of restraints and other undesirable outcomes and began to alter their own program practices accordingly.

When new problem areas emerged, the group worked together to develop information and guidelines for nursing home staff and for other programs, including surveyors and advocates. Then these new guidelines were presented in training programs for all constituencies – nursing home staff, regulatory staff, protective services workers and advocates, to hear at once. Each training would conclude with a panel of all the key parties describing how their programs would implement the new approach and answering questions from the audience. People could see that everyone was hearing the same message and buying-in to the same approach. This gave mutual reinforcement and placed responsibility for change in all the places where actions could affect the success of the changes. This mutual approach was critical in creating a safe environment for risk-taking and change-making. Facility staff felt surveyors were fair and did look at situations differently. Communication mechanisms were in place if ever there was a misunderstanding about how to implement changes.

The secondary result of this approach was a culture change among all the parties working on nursing home issues. Now when new issues come up, after the project has formally ended, all parties are inclined to look at collaborative ways of resolving them. For example, efforts are currently underway to examine a problem that has been mislabeled as “resident-to-resident

abuse. Key players in the nursing home system recognize that these incidents really arise from a failure to provide the support, care and redirection for cognitively impaired residents. They are committed to coming together to talk this issue and find collaborative approaches to address it.

✓ **For more information:** Joanne Rader, 503-873-6748

Spin-offs:

Ombudsman programs can initiate an effort to support culture change that then starts to have a life of its own. They seek additional resources or a permanent home for the activity, and continue to support it and participate in it, but it is now a separate entity.

➤ **Benefits of this approach:**

- Programs can take off and have a life of their own
- They can continue to evolve in ways that complement but are separate from ombudsman program functions
- They can make the process of culture change a permanent on-going effort, not dependent on the ability of the ombudsman program to continue to support them
- A new entity working for nursing home reforms now exists in the community
- By focusing exclusively on their culture change work, they can develop real expertise in their own work that can be a resource to others

➤ **LIFESPAN of Greater Rochester, NY Ombudsman Program -- Nursing Home Pioneers in Culture Change**

The Nursing Home Culture Change Project in Rochester, NY is a spin-off of the Monroe County Ombudsman Program and grew out of the LIFESPAN Long Term Care Community Forum. The LIFESPAN LTC Community Forum was started in 1991 by the Ombudsman Program to bring together providers, regulators, advocates, family members and residents to explore the intention of the Nursing Home Reform Law and to understand the meaning of restraint-free care. Participants were excited to be in the same room learning from each other. Carter Williams, MSW had just moved back to Rochester and agreed to work with Rose Marie Fagan, Ombudsman Program Director to keep the forum going. They dealt with obstacles that providers felt stood in the way of removing restraints by bringing in experts - lawyers, nurses - whoever could address providers' concerns.

In 1994, the Forum established a steering committee comprised of practitioners who had a vision and who were ready to step beyond restraint-free care toward individualized care. Rose Marie and the steering committee organized programs and conferences to "plant seeds" by featuring practitioner leaders in the new care approaches emerging around the country. By 1996, two nursing homes in Rochester committed to begin the process of transforming their culture by implementing these pioneering approaches. They volunteered to be studied during the process so others could learn from their experience. At this time LIFESPAN received funding for the first gathering of these Pioneer practitioners in 1997. They gathered to identify what their approaches have in common; to identify the indicators that real change is happening, and to agree on the type of research should be used to learn about the outcomes of culture change.

In 1998, when LIFESPAN received two major grants for a three year study of the culture change process in two Rochester Nursing Homes, the project spun-off from the Ombudsman Program to devote itself full-time to pioneering culture change work. The funding enables the project to bring pioneers and other consultants to the two homes and make them available to all the homes in the community through public programs. Through the Community Forum, nursing homes engage in local sharing and exchange so that everyone is growing and nurturing each other's efforts. Some positive local media coverage has helped to inform the community that nursing homes can be better places to live and work. Of thirty-six homes in the county, 10 are on the path of culture change to varying degrees--community meetings, culture change committees, edenizing, or some other steps toward change.

The project continues to grow by becoming involved in specific aspects of culture change. For instance, a CNA Task Force recently formed to address the issue of CNA shortage. The group includes administrators, directors of nursing, the Ombudsman Coordinator and the Culture Change Project Director. Under discussion is the question of how to transform the work environment in an effort to recruit, develop and retain quality front-line staff. Additional initiatives include education of survey teams and more dialogue among regulators, providers and advocates. To reach administrators and owners, the program is hosting the first national conference of Pioneers in Culture Change in August 1999.

Still in the early stages, the success of the culture change project requires good communication to support administrators as they move along the path of culture change. It also requires listening to providers to understand their concerns and helping them address barriers to change. Culture change is non-prescriptive. It's a journey and each facility needs to find its own path. In Rochester there is an emerging critical mass of energy, an excitement and real follow-up. People know something is happening and want to be on board.

✓ **For more information:** Rose Marie Fagan, LIFESPAN, 716-454-3224 x115

➤ **CARIE, Philadelphia, PA – Abuse Prevention Training**

Ten years ago, the Center for Advocacy for the Rights and Interests of the Elderly (CARIE), which operates a local ombudsman program in Philadelphia, started an institutional abuse committee. The committee quickly identified the need to engage in abuse prevention and determined to develop a training program for nursing home staff. CARIE wrote a grant which was funded and enabled them to hire a full-time project director, Beth Hudson Keller.

During the two year project, CARIE worked with Karl Pillemer to design an evaluation tool and a training curriculum. Eight modules covered how to recognize abuse, possible causes of abuse, feelings about care-giving, cultural and ethnic issues, abuse of staff by residents, dilemmas about reporting abuse, and conflict management and other intervention strategies. The modules were designed to be interactive and reality based. They built on the experiences of front-line workers and were applicable to day-to-day challenges direct care workers face. Evaluations showed that incidents of abuse decreased significantly after workers were trained in how to understand the dynamics of abuse and intervene more constructively in the face of situations waiting to happen.

With new funding the project refined its modules and materials and made itself available to homes outside of the Philadelphia area. It is now self-sustaining. It gives workers hands-on skills to help them see and respond differently to everyday situations. The project saw abuse as so much more than a “criminal” issue. So many factors contribute to an environment where abuse can then occur. By working on abuse prevention training rather than just on after-the-fact abuse reporting and investigation, the project has been able change the culture in a number of nursing homes and significantly reduce the incidence of abuse and the oppressiveness of the climate for workers and residents. Instead of focusing on the back end, the project pro-actively fosters communication and conflict resolution that has benefits well beyond abuse prevention.

The program functions well as a spin-off of the ombudsman program, contributing to quality of life for residents from a complementary but separate angle. It continually helps shift the way the issue of abuse is viewed, from a punitive frame to a preventive frame. This change in the culture of how abuse is viewed has contributed to passage in Pennsylvania of a new requirement that CNA's be trained in abuse awareness and prevention. Under contract with the Pennsylvania Department of Education, CARIE has developed guidelines for elder abuse training for integration into the state approved aide training curriculum.

✓ **For more information:** Beth Hudson Keller, CARIE, 215-545-5728

How Ombudsmen Can Support Culture Change through Their Other Work

Ombudsman can integrate culture change into every aspect of their work, making it the foundation of problem-solving, community education, and systems change.

➤ **Benefits of this approach:**

- Culture change is integrated into the work, rather than set apart as a separate idea.
- This models an integrated approach for nursing homes. Culture change is not about business as usual; it's about transformation.
- Ombudsmen can create synergy by having all aspects of their program feed into the effort to transform the nursing home system's thinking and behavior.
- Having a fully integrated approach helps to create a critical mass of change

➤ **Pioneers** suggest the following ways ombudsmen can help advance culture change:

Across the country, ombudsmen have supported and promoted ground-breaking approaches to care. Ombudsmen have given presentations and authored articles for local industry newsletters to let people know about these initiatives. They have helped convene conferences and participated in training programs offered by these pioneers.

- Be a "link" in informal education to the facilities and families.
- Give educational presentations to community and volunteer groups
- Attend training programs offered by pioneers
- Maintain contact with pioneering homes
- Stay current, read the literature, be trained in best practices to educate others
- Advocate for the regulatory and systemic changes needed to support culture change

➤ **How the Rochester Ombudsman Program Supports Culture Change**

In Rochester, NY, home of the Pioneer Project, the Ombudsman Program, and Pioneer coordinator, Rose Marie Fagan, have integrated culture change work into daily ombudsman practice. Ombudsmen make a major contribution to pioneering movements by developing a real understanding of the values, principles and practices inherent in a pioneer culture. To know about the Pioneer culture and how it differs from the traditional culture, the ombudsman program includes the Pioneer culture change in all their trainings for ombudsman volunteers, facility staff, family councils, resident councils, and to community presentations.

Ombudsmen counsel family members on how to interview facility management regarding their knowledge of pioneer culture and what they are doing to change the culture of their home. They suggest questions about philosophy expressed in mission, vision, and value statements and the expression of the philosophy in practice. For example, ombudsmen suggest that family members ask questions like the following: "What are your practices that express that you respect the person and treat them with dignity? What are your practices that nurture meaningful relationships and life that is meaningful to live?" Ombudsmen also suggest questions that emphasize individualized care such as: "Will a resident be able to get up when she wants? How much control will she have in shaping her own day?" In this way, ombudsmen help the family and residents to "be in the driver's seat" when choosing a facility. They encourage residents and families to expect more. The program has seen consumers choose a home specifically because of its work on culture change – a fact which has gotten notice among the homes.

Ombudsmen promote culture change by educating the public through letters to the editor and getting human interest stories about the Pioneer culture into the paper. During routine case work, ombudsmen push the system and address how the traditional culture gets in the way of residents' needs. They believe that when ombudsmen and families are educated about the pioneer culture, they can advocate more effectively, ask better questions, and come to expect a better life.

✓ **For more information:** Rose Marie Fagan, LIFESPAN, 716-454-3224 x115

ADDITIONAL RESOURCES ON CULTURE CHANGE:

Here is a compilation of the contacts identified throughout the document, and a few additional people to contact for help in promoting culture change in nursing homes.

- Barry Barkan, California, Building community in nursing homes: 510-848-2053
- Sarah Burger and Elma Holder, NCCNHR, 202-332-2275
State and federal government initiatives on culture change, contacts with practitioners
- Charlene Boyd, Providence Mount St. Vincent Nursing Home, Seattle, WA, 206-937-3700
Resident-directed care; transforming units into neighborhoods, cross training staff
- Leslie Walker Curry, Braceland Center for Mental Health and Aging, Hartford, CT, 860-545-7012
See pages 10 – 11

- Rose Marie Fagan, LIFESPAN, Rochester, NY, 716-454-3224 x115, See pages 16-20
- Barbara Frank, Massachusetts, Developing statewide collaborative initiatives; 617-524-5307
- Sara Hunt, Michigan, 517-631-3817
What state ombudsman programs are doing to promote culture change
- Beth Hudson Keller, CARIE, Philadelphia, PA, 215-545-5728; See pages 18
- Sue Misiorski, Apple Health Care, CT, 860-678-9755; See pages 10 – 11
- Joanne Rader, Oregon, 503-873-6748; See pages 15 – 16
Individualized care, especially regarding bathing, seating, work with people with dementia
- Karen Schoeneman, HCFA, 410-786-6855
Federal initiatives to promote quality of life and other best practices in nursing homes
- Bill and Judy Thomas, Eden Alternative, NY, 607-674-5232
Revitalizing social and physical environment to address loneliness, helplessness, boredom
- Catherine Unsino, NY, Supporting CNA's so they can support residents; 212-222-5862
- Susan Wehry, Vermont, 802-656-4934
Promoting mental well-being, curriculum for CNA's on dementia, delirium, and depression
- State Ombudsman Programs who's work on culture change is described in this paper:
 - Mary McKenna, Massachusetts, 617-222-7457, page 12
 - Louise Ryan, WA State Ombudsman Program, 253-838-6810, page12
 - Carol Scott, Missouri, 573-526-0727, page14
 - Hollis Turnham, Michigan, 517-336-6753, pages 13 - 14