

**THE ROLE OF LONG-TERM CARE OMBUDSMEN
IN CULTURE CHANGE:
Promoting Resident Directed Care in Nursing Homes
and Assisted Living Facilities**

A Resource Brief
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TABLE OF CONTENTS

I. Introduction.....	4
II. A Sample of Current Ombudsman Activities.....	6
III. Tips For Long-Term Care Ombudsmen.....	13
IV. Culture Change and Ombudsman Advocacy	15
V. Resources.....	20

I. Introduction

Purpose

The intent of this paper is to generate ideas about how long-term care ombudsmen (LTCO) can promote systemic, resident directed care practices in facilities. This paper provides examples of state and local long-term care ombudsman program (LTCOP) involvement in promoting culture change practices, offers tips for ombudsman advocacy, discusses the role of the ombudsman, including typical questions about participating in culture change activities, and lists salient resources.

For some LTCOPs, stretching to become more than peripherally involved in culture change efforts seems a questionable use of resources. Twenty years after the enactment of the Nursing Home Reform Law emphasizing individualized care and after a decade of various targeted efforts to achieve quality of care and quality of life for each resident, LTCO know that problems persist. Ombudsman programs nationwide continue to struggle to keep up with the need for individual advocacy and to address systems issues and provide public education. This paper is intended to help LTCOPs consider the potential to use culture change as a systems approach to achieve individualized care for residents. For LTCOPs already involved in culture change activities, this paper is intended to provide some new ideas and encouragement.

Joani Latimer, Virginia State LTCO, eloquently articulated why she believes devoting resources to culture change is consistent with the LTCO role. An excerpt from her remarks follows.

“In my work over the years, I have participated in so many meetings where the best minds and best advocate hearts have engaged in diligent and even impassioned struggle to find the ANSWER to this or that piece of the problem of care that falls far too short—stronger regulations, tougher enforcement, aggressive litigation, improved reimbursement, informed consumers... And I have this image of our frantically trying to apply a plug to the hole in one end of the ship only to see water pouring through another...And meanwhile, there’s hardly time to look up and notice that the ship is actually not moving toward the desired destination...

So, that’s why I believe nothing less than the sea change that’s involved in true culture change will make a difference.”¹

Culture Change

Culture change is a complete change in facility perspective and in practice. It is more than changing one practice, such as eliminating physical restraints or providing buffet style dining. It is much more than improving a quality measure such as pain or pressure sores. It is more than adding plants and animals. Changing one practice may lead to

¹ Presentation at the NCCNHR Annual Meeting, October 2006.

changing another area, then another, until transformation of the facility's culture has occurred. One step may lead a facility into the ongoing journey of culture change.

A primary resource, "Ombudsman Best Practices: Supporting Culture Change to Promote Individualized Care in Nursing Homes,"² provides a solid rationale for LTCOPs to engage in culture change activities and gives concrete examples from several programs. That paper defines culture change as follows.

"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." p. 2

Recently there has been a renewed national dialogue about culture change and improving care practices. Clearly, LTCO cannot single-handedly instigate and implement culture change, only providers can do that. LTCO can be vocal advocates for culture change, sources of information, identifiers of good practices, and proponents of making culture change a reality. This paper offers updated examples and a rationale for LTCOPs to actively engage in promoting culture change.

Background on Related Initiatives

Since 2001 there have been several national and state initiatives focusing on different aspects of promoting good care practices which include individualizing care. The Nursing Home Quality Initiative by the Centers for Medicare & Medicaid Services (CMS) was one of the first to promote measurable change in selected provider care practices and education for consumers and advocates. A curriculum for LTCOPs was produced as part of this effort.³ Beginning in 2004, the 8th Scope of Work contract between CMS and Quality Improvement Organizations (QIOs) initially had achieving resident directed care through culture change as one of its objectives. There have been other initiatives undertaken by CMS through contracts with QIOs that focus on improving specific areas of care.

In addition to these efforts, other organizations have promoted improving care practices through workforce initiatives. National organizations such as the Pioneer Network, the Paraprofessional Health Care Institute, the Direct Care Alliance, the American Health Care Association and the Association of Homes and Services for the Aging, have actively promoted good care practices and better workforce practices—elements that are inextricably intertwined. The most recent national initiative is the Advancing Excellence Campaign which is a voluntary provider commitment to making measurable changes and to having the results accessible to consumers.⁴

² NORC, developed by Barbara Frank, 2001, <http://www.ltombudsman.org/uploads/CultureChangeMay01.pdf>

³ National Association of State Units on Aging, developed by Sara Hunt, December 2002. Contact NORC to obtain a copy, (202)332-2275.

⁴ For more information, go to the NORC website, www.ltombudsman.org

While these initiatives have achieved some positive results in resident care, one initiative does not accomplish culture change in a facility. An initiative may prompt a facility to begin an ongoing process that results in culture change where resident direct care is a pervasive norm.

II. A Sample of Current Ombudsman Activities

Several LTCOPs have been involved in promoting culture change for years such as Colorado, Illinois, Michigan, Missouri, and Washington State. The examples in this section are included to provide ideas and encouragement for other programs. There are innumerable ways that LTCOPs can promote culture change. Many programs have been engaging in culture change activities for years. This section features just a few examples of recent activities, other LTCOPs may be taking similar steps. Two types of activities are discussed in this section.

- Culture change activities where a total transformation is the goal are the first set of examples.
- The second set are activities focused on changing one or more practices, typically in conjunction with a specific initiative. The LTCOP involvement in these activities is using the opportunity to promote initial steps, hoping that the result will lead to a culture change journey for facilities. In reality it is taking systems advocacy actions, keeping in mind that this might provide leverage for long-term transformation beyond the stated objectives. These actions might lead to culture change.

The next section of this paper offers specific tips for LTCO action. As you read Sections II and III, consider what your role is and can be—encourager, collaborator, trainer, advocate, leader—in making culture change more widespread in your state.

Culture Change

Go to the top with partners.

In 2004 the South Dakota State LTCO, Jeff Askew, began building momentum for culture change by acquiring resources on culture change for use in teaching ombudsmen, conducting in-service training in facilities, and to loan to facilities. The LTCOP has a history of working with other agencies and programs to address long-term care issues. The focus on improving quality of care through the CMS contract with quality improvement organizations (QIO), provided the impetus for forming the South Dakota Culture Change Coalition including the LTCOP as a stakeholder group.

To gain visibility and a public commitment to transforming the culture of long-term care in the state, the coalition obtained a gubernatorial proclamation declaring 2006 as “The Year of Culture Change in South Dakota Nursing Homes”. The proclamation urges the leadership of all nursing homes “to join in a statewide effort to promote person-centered care for every elder residing in a nursing home.” This proclamation provided opportunities for educating consumers about culture change, for increasing publicity about culture change, for supporting nursing homes that are moving ahead with individualizing care, and for asking other facilities to begin moving from an institutional culture to one of person directed care.

The QIO contracted with the LTCOP to provide training for facilities participating in culture change initiatives. Each facility committed to sending a team to the series of meetings, thirty-two facilities and about two hundred individuals attended. There were five, two day, learning sessions over a fifteen month period. The LTCOP contributed funds to reimburse the travel expenses for participants. Although the statewide sessions have ended, ongoing dialogue and learning is occurring through regular, regional meetings of the providers, the QIO, and when possible, the Health Department (licensing and certification agency) and the SLTCO. Participating in the educational sessions with providers has improved the relationships between LTCO and providers. They share a positive focus and energy about changing practices. Contact Jeff Askew, (605)773-3656, for more information.

Do your homework, be flexible, and use different approaches.

State Level

The Louisiana State LTCO, Linda Sadden, is one of the two contacts listed on the state website for culture change and is a co-author of the concept paper, “Bringing Culture Change to Louisiana Nursing Homes.” Thus, the program has established itself in a leadership position working to change providers’ practices to benefit residents and staff. One of the first major activities was to take nursing home administrators and staff, surveyors and ombudsmen on a bus trip to visit a Missouri facility where culture change was the norm benefiting residents and staff. Each participant, or their agency or program, paid for the trip. A representative from the Louisiana Health Care Review (QIO) and from the Social Work Department of the flagship university were also able to join the visit. Following this visit, the licensing and survey agency sponsored a culture change conference held in three areas around the state using civil monetary penalty funds. The SLTCO helped to plan the conference. Building on the momentum generated by the conference, a culture change coalition was launched. The coalition adopted the Colorado model—having providers in leadership positions, but making sure that the licensing and survey agency and the ombudsman program remained part of the project.

The local LTCO used a survey instrument adapted from the Kansas PEAK-ED⁵ materials to gather information from nursing homes about culture change. The survey covered the following topics: resident control, staffing, meals, community activities, and home environment. The specific questions under each topic reflected practices indicative of culture change. Information was gained about the level of provider knowledge, changes that were being discussed or that were underway, and perceived barriers to implementation. This process provided the impetus for LTCO to talk with providers about culture change in an organized and systematic way. In some facilities it became an educational tool and opened a different type of dialogue with the ombudsman. The results of these surveys are currently being analyzed by a university.

⁵ Promoting Excellent Alternatives in Kansas Nursing Homes Education Initiative. Center on Aging. Kansas State University. <http://www.k-state.edu/peak/>

Local Level Supported by the State

New Orleans: Workforce Issues Workgroup

Although hurricanes Katrina and Rita dealt a detour to the plans for advancing culture change, the setback also offered a new opportunity in the New Orleans area. Workforce issues were overwhelming. The idea for the project came out of the discussions of a Workforce Issues Workgroup which has no legislative mandate or formal structure. Convened through an outreach effort on the part of the Louisiana Health Care Review (QIO), the workgroup is comprised of organizations concerned with helping New Orleans nursing homes address the immediate staffing crisis caused by the devastation of the storm. Barbara Frank served as a support and guide to their deliberations. The group soon realized that some of the measures being considered in the desperation of the moment would have actually perpetuated the crisis, and they determined instead to look at workplace and management practices that could stabilize staffing for the longer term.⁶

Once the Workgroup identified their shared desire to find a path to recovery that would lead to lasting improvements, they received a grant to bring a team of consultants, including Frank, Cathie Brady, Marguerite McLaughlin, and Dr. Susan Wehry⁷ to New Orleans every two months. Based on their work with CMS and the QIOs, the team began assisting individual facilities on-site and in a group setting using a collaborative learning style in November of 2006. The series of visits focuses on changing the workplace culture, adapting the work of Susan Eaton on *What a difference management makes!* to the circumstances in play as homes are still struggling with the aftermath of the storm.

During the on-site facility visits, the consultants talk with management and staff about what they are experiencing and what they need to be able to function under their circumstances. The State LTCO and individuals from the QIO, the Louisiana Nursing Home Association, and from Gulf States Association of Homes & Services to the Aging, make appointments for the facility visits and go with the presenters as note takers. The one on one time in the facilities may be the most productive in changing ways of thinking and practice. While it is clearly the hope that residents will ultimately benefit from this project, the key to provider interest and participation in these sessions is the focus on workforce issues, knowing that a stable workforce is necessary for good resident care and essential for individualized care and other culture change hallmarks. The lessons learned from the New Orleans Workforce Project will be shared through conferences held around the state. The project is supported primarily with civil monetary penalty funds. Contact Linda Sadden, (866)632-0922 for more information.

⁶ Workgroup members: the LA Health Care Review, the LTCOP, LA Nursing Home Association, Gulf States Association of Homes & Services to the Aging, Department of Health & Hospitals: Health Standards Section & Office of Aging & Adult Services Administrator, the Haven Nursing Home, a leader in culture change initiatives, Barbara Frank, a Rhode Island consultant with expertise in workforce issues, LA Community & Technical College systems, LA Geriatrics Society, & the LA Board of Practical Nurse Examiners.

⁷ Barbara Frank (bfrank1020@aol.com) and Cathie Brady (cbrady01@snet.net) are co-founders of B & F Consulting, Inc.(401)245-0965. Marguerite McLaughlin is the Manager of Education Services with the Quality Partners of Rhode Island, (401)528-3259. Susan Wehry works with the Vermont Department of Disabilities, Aging, and Independent Living, Waterbury, VT, susan.wehry@state.vt.us.

Other Local Areas

Southwest Louisiana

The previously mentioned bus trip to the Missouri facility was the impetus for interest in culture change in southwestern Louisiana. Seeing the spark of interest spurred the regional LTCO Coordinator, Charman Cruseturner to act. The Calcasieu Regional LTCOP hosted an open house and long-term care health fair in May 2006. The fair included a panel presentation focusing on culture change. The presenters were the State LTCO, a representative from the QIO, a representative from the local office of emergency preparedness, and three nursing home residents, one of whom moved out of the facility and into the community through coordinated service efforts.

The health fair attendance indicated the widespread interest in continued dialogue about culture change in the region. The LTCO initiated monthly meetings with interested individuals. Participants choose a topic or a speaker, have lunch together, then conclude with a learning circle giving everyone an opportunity to speak. The group consistently averages eighteen to twenty-five different facilities, LTCO, and someone from the QIO participating in each meeting.

The LTCOP obtained a grant from a foundation to support a regional long-term care caregiving conference emphasizing best practices in long-term care and culture change in May 2007. The conference was entitled, “Synergy Energy: because we work better when we work together.” More than one hundred people attended including surveyors, LTCO, staff from sixteen facilities in the region and two facilities outside of the region, and community providers from the parish [county] and the state. It was a full day event with three national speakers and two breakout sessions each with four concurrent sessions. Contact Charman Cruseturner, (337)474-2583, for more information.

Northwest Louisiana

In April 2003, the Shreveport LTCO staff attended a culture change workshop sponsored by the Arkansas State Long-Term Care Ombudsman Program. Eric Haider and Joanne Rader⁸ were the presenters. The LTCO left with an unrelenting desire to see Eric’s facility in Missouri. A visit to the facility in May 2004 provided the opportunity to “see culture change in action”. This resulted in the LTCO telling everyone about culture change and what a difference it makes in the lives of residents and staff. Mira Walton, the Shreveport (Caddo) LTCO Coordinator had a deep desire to find a way to share culture change with the facilities in her area through education and training. At the encouragement of the Area Agency on Aging director, Mira wrote a grant proposal for funding to support these activities.

While seeking a funding source, the impetus for further action was participating in the survey on culture change as part of the statewide LTCOP effort. Mira realized that some facilities had changed a few practices. The survey also reinforced the need for education

⁸ Eric Haider, a pioneer in culture change, former Missouri nursing home administrator, founder of Person Centered Care Model, <http://www.idealnursinghome.com/>; Joanne Rader, RN, MN, founding member and Board member of the Pioneer Network, Joanne.rader@worldnet.att.net

and training to enable culture change practices to be more widespread. The LTCOP received a grant from the Shreveport-Bossier Community Foundation to support four training sessions in 2007 for nursing home providers. The purpose of the sessions is to create a dialogue about culture change among providers and LTCO that will result in more widespread practices within and among facilities.

Every nursing home received a letter inviting them to participate and to send at least two people. The half day sessions are convened at the council on aging and has providers and ombudsmen attending. Each session has different speakers such as the QIO and a certified nurse assistant presenting information and sharing resources. Each session also has a local provider describing a best practice and how it was implemented.

As a result of the meetings held to date, some facilities have visited others to observe a featured best practice. Other facilities volunteered to increase their community interaction by delivering in-home meals for the council on aging, one of these facilities invites residents to ride in the van as the meals are being delivered. The LTCO hopes to continue these meetings next year. She views this work as planting seeds of ideas and encouragement. It is making a difference for some residents. Contact Mira Walton, (318)632-2090, for more information.

Persist until others join the effort and make something happen.

For many years, Joani Latimer, Virginia State Long-Term Care Ombudsman talked about culture change and the need for a focused effort in Virginia. After much perseverance the Virginia Culture Change Coalition (VCCC) was formed and hosted a training conference in November 2005. The State LTCO is the current chair of the VCCC. The VCCC has been working to “plant seeds” to spread understanding of, and momentum toward, culture change throughout the state. The VCCC is currently focusing efforts on growing regional culture change coalitions through regional seminars and events. For example, the VCCC is working with the Northern Virginia Long-Term Care Ombudsman Program and other advocates to conduct a regional culture change seminar in July 2007. In the fall of 2007, the VCCC will provide a session on culture change at the Virginia Coalition for the Aging’s fall conference. Similarly, the Virginia Elder Rights Coalition will devote its fall meeting to a presentation on culture change. The information about change and the impetus to change is spreading throughout the state.

In addition, Virginia’s LTCO Program spearheaded an effort in the General Assembly to pass a legislative bill and budget amendment calling for the Department of Medical Assistance Services (Medicaid) to form a task force to look at quality improvement in nursing homes. The Department’s Quality Improvement Program Task Force is charged with developing plans to use civil monetary penalty (CMP) funds to improve nursing home care. The State LTCO and other advocates are taking full advantage of their “seats at the table” to strongly advocate for the use of CMP fund to foster the kinds of comprehensive and deeply resident-centered change that significantly improves quality and that are at the heart of the culture change philosophy and model.

Systems Advocacy As An Initial Step

Target specific care areas, work with others, equip local ombudsmen.

California's incidence of restraint use is twice the national average and the second highest in the country. Pressure ulcers also continue to be problematic for residents of California's nursing homes. A coordinated effort to prevent pressure ulcers and minimize the use of restraints was needed to address these problems. Complicating these problems, culture change activities and person-directed care have been slow to take hold. A group of Local Area Network for Excellence (LANE) members, including Joe Rodrigues, California State LTCO, decided to target these issues by conducting a training session in seven locations throughout the state.

In 2007, "CMS/DHS Summit: Reducing Restraints and Preventing Pressure Ulcers" provided training for more than 1,500 individuals. This collaborative effort had leadership participation and presentations from the Office of State Long-Term Care Ombudsman; CMS Region IX, the California Department of Health Services; Lumetra, the California QIO; Clinical Specialist Joanne Rader; Aging Services of California and the California Association of Health Facilities. The target audience was skilled nursing facility staff and California Department of Health Services surveyors. The content on reducing and eliminating restraints and preventing pressure ulcers was presented in the context of culture change. It is hoped that the incidence of pressure ulcers and the use of restraints will decline and that more person-directed care will be realized in the state over the next year.⁹

To equip local LTCO to talk about restraint reduction with families and family councils, the State LTCO adapted an educational module from the Texas LTCOP and disseminated it to every local LTCOP. The intent is for ombudsmen to educate consumers about good care practices and to empower them to advocate for good care. This two pronged effort is designed to educate providers and consumers about restraint reduction during the same time period. Contact Joe Rodrigues, (916)419-7510, for more information.

Seize opportunities to promote person directed practices and to involve consumers.

Inform consumers and change expectations

The Ohio State LTCOP used the opportunity to participate in the Advancing Excellence Campaign to develop consumer information. The program's message to consumers is "Expect Excellence." This message is incorporated into information sheets for consumers who are choosing a facility, for resident councils and for family councils. This message is also being incorporated into training activities. The Ohio long-term care website for consumers has been updated to include the campaign message. The site says, "Residents and Families: Expect Excellence! Providers: Be Excellent!" The LTCOP sees its role as taking the message to consumers and is sending information to all volunteer LTCO about their role. The 2007 statewide LTCO conference will focus on resident and family empowerment and expecting excellence. The long-term care website is:

<http://www.ltcoho.org/consumer/index.asp> Contact Beverley Laubert, (614)644-7922, for more information.

⁹ Adapted from: "Success in State LTCOP" information submitted for the State LTCO Training Conference, April, 2007, by Joe Rodrigues.

Provide a viable role for consumers

In Wisconsin, Heather Bruemmer, Ombudsman Services Supervisor, diligently worked to convince the LANE that they needed a consumer voice on the committee. The State LTCOP is a co-convenor of the LANE. Every meeting begins with resident or family member input. The regional LTCO have been distributing a one page handout to families, residents, family and resident councils, and to providers about the Advancing Excellence Campaign. The regional LTCO are encouraging facilities to sit down with residents and families when choosing their goals for the Advancing Excellence Campaign. The consumer voice is critical in this campaign. The one page document for consumers can be found on the LTCOP's website at: <http://longtermcare.state.wi.us>. The regional LTCO staff are also presenting resident and family educational sessions at long-term care facilities about person directed care and culture change. These educational sessions have brought increased awareness to families and residents in long-term care facilities on how to be proactive in their care and have a better understanding about what to expect regarding quality of life and care. The regional LTCO has empowered residents and families to be involved in their facilities resident and family councils. Contact Heather Bruemmer, (800)815-0015, for more information.

Apply principles to assisted living

The Washington State LTCOP developed a "Consumer Expectations Checklist" to help prospective **assisted living** residents and their families assess and evaluate facilities. Many of the items in the checklist reflect elements of culture change and various aspects of the state requirements for assisted living facilities. Because many of the items pertain to courtesy, basic dignity and human rights, other states might adapt the checklist even though the requirements may differ. The checklist is a good beginning point for making observations and for engaging providers in a dialogue. It can be accessed on the NORC website under the Assisted Living section of the Current Issues menu. Contact Louise Ryan, State LTCO, (800)422-1384, for more information.

Equip all LTCO to promote person directed practices.

Some of the ways that state and local LTCOPs have provided training and resources to all LTCO have been mentioned in preceding sections. LTCO must be knowledgeable about person directed care practices and culture change in order to incorporate this in their conversations with residents, families, and providers and in their advocacy.

Many state LTCOPs have had presenters on culture change as featured speakers at their statewide conferences or other training programs. Some states include this type of presentation on an annual basis, inviting other organizations such as the QIO and/or providers. A few examples follow although all of these states have exposed LTCO to culture change training for several years..

- Colorado: An administrator and a few other staff from the facility, including a CNA and four residents, discussed their culture change journey.
- Oregon: In addition to nationally known presenters, the conference had two Oregon administrators talk about the transformations in their facilities. One of the facilities was a small residential care facility.

- Texas: In one of the regular training meetings with the staff ombudsmen from the local programs, Cheryl Cordell with the SLTCOP, used the “Mr. McNally: finding the clues to person-centered care exercise.”¹⁰ After experiencing this exercise, each ombudsman received a set of cards to use in working with volunteer ombudsmen, consumers and facilities. Texas also introduces LTCO to culture change during certification training through Module 6, “Advocacy from Individual Complaints to Culture Change.”¹¹
- Florida: The State LTCOP recently gave every local program a copy of the educational CD-Rom and videotape of “Bathing Without a Battle” for use in training.¹²

III. Tips For Long-Term Care Ombudsmen

Stay informed about culture change and person centered care.

- Check out available information and resources to learn and gain ideas. Begin with the NORC website, www.ltombudsman.org and the NCCNHR website, www.nursinghomeaction.org. There are some excellent information sheets on the NCCNHR site that provide a succinct overview and others that apply culture change practices to specific areas of care. Read the “Ombudsman Best Practices: Supporting Culture Change to Promote Individualized Care in Nursing Homes” paper available through NORC. Go to the resource section of this paper for other major resources.
- Participate in free teleconferences and online training opportunities. NCCNHR and NORC offer conferences that are directly applicable to LTCO work. CMS is offering a series of web cast seminars featuring national experts and providers who are implementing person centered changes. The web casts are available for viewing for many months after the broadcast. Go to the resource section of this paper for more information.
- Read the Culture Change section of the NORC Gazette for LTCOP ideas and resources.
- Check out other online resources such as the websites of culture change coalitions in various states and the Pioneer Network’s website which contains several video clips related to culture change.
- Remember that changing one practice is not culture change. However facilities have to start with one step at a time. One change might provide the impetus and vision to engage in a culture change process. Pick up tips from related initiatives and stay focused on ways to encourage systemic, pervasive change that results in changing a facility’s culture.

¹⁰ Created by B & F Consulting, Inc. for Quality Partners of Rhode Island. Included in the presentation, “Advancing Excellence Series,” Winter Marketplace, American College of Healthcare Administrators, December 2006. <http://riqualitypartners.org>

¹¹ The Texas training manual is available on the NORC website, www.ltombudsman.org

¹² “Bathing without a Battle,” educational CD-Rom and videotape. Barrick, A.L., Rader, J., & Sloane, P. University of North Carolina at Chapel Hill. Distributed by CMS to every certified nursing facility in 2003. www.bathingwithoutabattle.unc.edu

Identify and support provider best practices in the facilities in your area or state.

- Look for examples of practices that support person directed care or that are indicative of culture change. Give sincere positive feedback and encouragement acknowledging that changing processes and practices is difficult. Look for practices in assisted living facilities and board and care homes as well as nursing facilities.
- If there are few facilities where culture change has begun, initiate a dialogue with individual facilities about culture change and person directed care.
 - Use a survey instrument or a focused activity such as the Louisiana LTCOP used.
 - Remind certified nursing facilities that they received a copy of the video/training guide, “Bathing without a Battle.”¹³ Ask facilities if they have used it. If not, urge them to find it and use it or to order another copy. www.bathingwithoutabattle.unc.edu
- If no dialogue or educational forum exists among providers, initiate one to promote culture change and to encourage the facilities that are changing even one are of practice.
- Apply these strategies to assisted living facilities. Create a dialogue with individual providers or offer educational opportunities focused on applying the person directed care practices to the assisted living setting. Refer to the resources section for ideas about content.

Make culture change one of the continuing topics in LTCO training.

- Use providers in your state who are implementing changes as presenters.
- Use state and national experts on occasion as appropriate and feasible.
- Provide resources for LTCO to use in talking with providers and consumers or in conducting training programs.
- Include this topic in training for volunteers and paid staff.
- Encourage all LTCO to participate in conference calls, web casts, and training conferences on this topic.

Join or create a dialogue or a focus on culture change.

- Join your state’s culture change coalition if one exists.
- Serve on work groups or committees or other options that may be part of a larger organization, such as an effort related to a QIO’s project.
- Use opportunities to create visibility for culture change ideas and information, similar to the way that the Southwest Louisiana LTCOP used the health fair.
- Even if you are the lone voice, begin talking about person directed care, make something happen, such as the Northwest Louisiana LTCOP did. Be the initiator.
- Include person directed care and examples of culture change practices in your presentations and in conversations with others. Work to make the expectation of person directed care the norm.

¹³ This idea is from Barbara Frank’s (B & F Consulting) plenary presentation at the NCCNHR Annual Meeting on October 17, 2005.

- Identify other individuals who might be allies from community groups, organizations or agencies, including provider organizations.
- If a citizen advocacy group exists, talk with them about culture change and the potential for collaboration.

Share information on culture change with consumers.

- Use some of the NCCNHR Fact Sheets or other resources for consumers to provide information about culture change. Consumers need to know what some individualized care practices look like or how staff and resident interactions might change.
- Help consumers articulate their concerns in a constructive way while a facility is learning and transitioning from an institutional culture to a culture of individualized care.
- In discussing what to look for in a facility, either a nursing home or an assisted living facility, integrate some indicators of culture change and person centered care.
- Use every opportunity to help consumers ask for and expect individualized care.
- Help resident and family councils have a voice during cultural transformation within facilities and on broader levels such as a statewide or regional task force, initiative, or committee. If needed, provide background information and resources so that residents and families are prepared to contribute to the discussion.

IV. Culture Change and Ombudsman Advocacy

Support in the Older Americans Act

The Older Americans Act lists the responsibilities of the Long-Term Care Ombudsman Program. Among the listed duties are several that support ombudsman involvement in activities such as culture change.

State Long-Term Care Ombudsman Program¹⁴

- (a) (3) Functions The Ombudsman [State Long-Term Care Ombudsman], ...shall, personally or through representatives of the Office -
- (A) identify, investigate, and resolve complaints made by or on behalf of residents...;
 - (B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
 - (H) (i) provide for training representatives of the Office;
 - (ii) promote the development of citizen organizations, to participate in the program; and
 - (iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents.

¹⁴ PL 106-501. Title 42, Chapter 35, Subchapter 11, Part A, §3058g.

Although the Older Americans Act does not specify “culture change,” LTCO can promote person directed care and changes in facility processes as part of complaint resolution. The other listed responsibilities are opportunities to provide information about culture change approaches and individualized care. Ombudsmen must work with other programs, organizations, and providers to achieve widespread results. Promoting culture change can become integral to systems advocacy activities.

Support in the Institute of Medicine Report

Support for LTCO leadership in culture change activities can also be found in the Institute of Medicine’s Report, “Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act.”¹⁵

Excerpts from “Systemic Advocacy Work, Exemplary Practices,” Table 5.8:

- “The program’s [LTCOP] systemic advocacy agenda includes items to improve the lives of residents and not merely to resolve identified concerns or problems in the LTC [long-term care] 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.” pp. 180-181

The Role of the Ombudsman

In deciding whether, and how, to become involved with culture change activities, LTCO have asked some significant questions about their role and the role of the program. Several of the primary questions are listed below along with responses from LTCOPs and other advocates who are very involved in working to promote best practices among providers. The following is a synthesis of dialogue from national meetings, conferences, and teleconferences. As you read the questions think about what role you have or want to have in advocating for culture change. What can you do?

Leadership in culture change activities is the role of the State LTCO, isn’t it?

To create and sustain change, efforts are needed at the state and local levels. State LTCO often contribute a policy perspective and work to create macro level changes, while local LTCO contribute specific examples of the needs of individual residents and families. Local LTCO typically have the strongest and most direct connections to consumers and to facilities.

I have more individual complaints to resolve than I can handle, there is no time to work on culture change activities. Isn’t dealing with individual complaints more important than working on systems issues?

¹⁵ Institute of Medicine, 1995. <http://www.nap.edu/books/NI000028/html/>.

The Older Americans Act responsibilities related to systems advocacy pertain to both State and local LTCO. If LTCO wait until their individual complaint cases leave some extra time, systems advocacy will never occur. By changing systems, LTCO can have a positive impact on many residents. Culture change activities can impact many, or all, residents in each facility that begins with even one intervention or improved practice.

If LTCO focus on culture change activities, who will address the problems in facilities? Is focusing on culture change the best use of our time given the chronic issues we deal with every day?

All residents are entitled to quality services, not just the residents in facilities where culture change practices are being implemented. LTCOPs can continue to resolve individual residents' problems and promote better provider practices that are consistent with individualized, person directed care.

Is participating in culture change activities real advocacy? LTCO cannot force providers to change their practices.

“The LTCOP 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. LTCO 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.”¹⁶ Participation in culture change activities is systems advocacy. Unless LTCO participate, the resident’s voice may not be heard during the planning process. Consumer education and working with family and resident councils are all too often overlooked. LTCO can be encouragers, motivators, and a link between consumers and everyone else.

Initiatives and campaigns come and go, yet problems with care remain. Why invest my time in something that probably will not last long enough to change daily life and care for residents in the worst facilities?

Each public campaign offers a renewed opportunity for LTCO to promote lasting change while attention is focused on improving care practices. An initiative opens the door for LTCO to educate residents and families about good care, how to talk with providers about individualizing care, and to push to change public expectations about what can happen. As more facilities adopt person directed practices, the differences in facilities will become more visible. The long-term care system is complex, changing all of the facilities with chronic problems has not occurred despite numerous efforts. Withholding support until the worst facilities change is to deny the promise of the Nursing Home Reform Law to individuals in facilities where culture change can take root with encouragement and persistence. There is nothing wrong with seizing an opportunity to achieve or to create an expectation of receiving individualized care. LTCO work on multiple fronts.

¹⁶ “Ombudsman Best Practices: Supporting Culture Change to Promote Individualized Care in Nursing Homes.” B. Frank., op.cit., p. 4.

If the LTCOP becomes a leader or endorser of a culture change initiative that has providers as partners, won't the LTCOP be viewed as "selling out" and losing its focus? The program's credibility and public trust could be damaged.

LTCO are the voice of the resident, many times LTCO are the only participant whose sole focus is the consumer perspective. To make substantive changes in systems, the LTCOP needs to be a full participant in the dialogue. In some cases, the advocate or LTCO perspective has had a significant impact on the process. NCCNHR's participation in the Advancing Excellence Campaign resulted in the adoption of a measure regarding consistent assignment of staff and another one on workforce retention. In Wisconsin, the State LTCOP's insistence on consumer representation resulted in the addition of some consumers to the Local Area Networks for Excellence.¹⁷

The LTCOP always needs to be careful regarding its role and how that is publicly portrayed to gauge the potential impact on the program's credibility. There are many ways to work with others, especially providers, without compromising the program's ability to be a staunch advocate for residents. LTCO cannot significantly impact culture change and more widespread individualized care on a systems level without working with providers and others.

No one wants to talk about culture change. Everyone is focused on having enough staff. What difference does culture change make if there aren't enough trained staff to provide care?

Culture change and workforce issues (staffing) are integrally connected. A stable workforce is a precursor to enabling individualized care. Several studies have shown that addressing workforce issues supports moving toward individualized care. See the resources section of this paper for more information. In New Orleans, Louisiana, workforce retention issues is the focal point for a discussion that the SLTCO believes will ultimately benefit residents by allowing for a stable workforce and therefore better care practices.¹⁸ LTCOPs can continue to work on staffing standards and other related issues as they work on culture change.

It seems that I am the only one in my area who cares about individualized, person directed care. If providers are not being cited for deficiencies, there is no motivation to change. Where do I begin?

It takes just one voice to begin raising issues and pushing for change. Without that voice, change may never occur. Speaking out may lead to connections with other people who have similar interests but have remained silent. There are many available resources; several primary ones are listed in this paper. You begin by learning about person directed care practices, how they are supported in law, in regulations, and even by the survey process for nursing facilities. You can also talk with other LTCO who are involved to

¹⁷ Notes from the Advancing Excellence all for State LTCO, February 2, 2007. NORC.

¹⁸ Linda Sadden, Louisiana SLTCO. Conversation on February 17, 2007.

gain ideas in addition to looking at the tips contained in this document. Share the available resources with providers, licensing, the QIO, and residents and families.

The assisted living and board and care regulations in my state do not require practices that are consistent with culture change. Isn't talking about culture change in those settings futile?

No. Currently some assisted living facilities and board and care facilities are implementing the principles of culture change such as knowing each resident, building relationships between residents and staff, responding to the spirit as well as to the mind and body, and putting the person before the task. Because the principles of culture change are consistent with basic human dignity and rights, it is appropriate for LTCO to advocate for such actions in the absence of specific regulations. There are many ways to accomplish a goal. Refer to the Section V, Resources, of this paper for more information.

Our program has no additional resources to support culture change activities. How can I be expected to add another "unfunded mandate" to my responsibilities? I would participate if someone else started the work and if there is sufficient time.

Start with small steps. Refer to the Sections II and III of this paper for specific ideas. If possible, seek additional funding to support a specialized effort. If LTCO wait until there is enough time and resources to support a major endeavor, many residents and families will not learn about better approaches to care and experiences of daily life.

Is there one proven method of culture change that is best to use? What is the best process?

There are numerous models for implementing culture change. A few that are well known include Eden, Greenhouse, and Well Spring. The purpose of culture change is not to adopt "a model" but for a facility to engage in its own process of learning, analysis, and change. Culture change is frequently described as a journey.

Barbara Frank, a co-founder of NCCNHR, a long-time advocate for quality care, and a consultant with B & F Consulting, offered some comments to NCCNHR members about how to move forward with culture change. Her remarks, related to dining services and long-term care models in general, address the question about what approach works. Barbara offers tips for making sure that culture change results in substantive change.

"1. Let's not push ideas on nursing homes. One size does not fit all. It's more important for a nursing home to find out from those who live and work there what is working and not working about food service as it currently is, and what they would like to have happen. CAG's [citizen advocacy groups or LTCO] would do better to promote a process of inquiry and collaborative decision-making where the people who live and work in the home figure out together what they can and should do differently.

2. Within each nursing home, it is more important to expand the possibilities than to substitute one rigid system for another. A 5-meal plan might work for some people and not others, may answer some people's concerns and not others. What we are really looking for is individualized options for eating. So we would encourage the nursing home staff to find out for each resident who can tell us or who has someone who can tell us, what do you like to eat and when do you like to eat it? Eating is connected to other parts of the daily cycle, like when people like to wake up in the morning and go to bed at night. For some early birds, having coffee available early is going to be important, and maybe the ability for the staff on the unit to provide toast or muffins, something light to get the day started. For people who like to sleep late, can the unit make breakfast foods after the kitchen is finished with breakfast? Does the unit have a coffee maker, a refrigerator stocked with foods the residents like, a microwave and a George Forman grill? To have any of these things on the units requires electrical adjustments and that the standards for food handling and preparation are able to be met on the units. Same issues during the day and at night — are snacks that residents like available on the unit?

3. This requires decentralizing some aspects of food service and is a very challenging process for most nursing homes to undertake. It's best to start slowly, pilot test the mechanics, trouble-shoot the safety considerations, and build up over time a capacity to undertake the transformation. This includes learning what people want and learning how to provide it and maintain oversight of all the issues relevant to safety and well-being.

4. Finally, change is most successful when there is a good process, that involves everyone, goes slowly but solidly forward, and meets the real needs of the people there with real ideas from them about what would work.”

V. Resources

There are numerous resources on culture change. The following list contains several primary sources of information. This is not a comprehensive list.

- National Long-Term Care Ombudsman Resource Center. (202)332-2275. A section of the web site is devoted to Culture Change and another section highlights Culture Change News. This site has numerous examples of LTCOP activities, best practices, other tools and resources for LTCOP, and links to other sources of information. A section of the Gazette features culture change activities. Issues are archived online.

http://www.ltcombudsman.org/ombpublic/49_369_3722.cfm

- NCCNHR: The National Consumer Voice for Quality Long-Term Care. (202)332-2275. Information, fact sheets, and tools for consumers and advocates on multiple quality initiatives, resources from consumer calls discussing quality care, and links to many other resources. www.nursinghomeaction.org

- The Pioneer Network. Learn about culture change in nursing homes and other aspects of long-term care, find resources, culture change information from states, and links to other resources. (585)271-7570. www.PioneerNetwork.net; blog: www.PioneerExchange.org
- Quality Partners of Rhode Island. Training tools and resources which are being used nationwide with QIOs and providers. An “Individualized Care Training Curriculum” is one of the resources on this site. www.riqualitypartners.org. Click on the nursing home section.
- Paraprofessional Healthcare Institute. Training materials to grow leadership and supervisory skills among staff. www.paraprofessional.org
- The Commonwealth Fund in New York City has a video on its website that explains culture change and offers visual examples of the change in progress. www.cmwf.org/topics Click on Care of the Elderly.
- Centers for Medicare & Medicaid Services, Sharing Innovations in Quality. The “Artifacts of Culture Change Tool,” is helpful in assessing an organization’s status on the culture change journey in addition to provoking ideas about next steps. <http://siq.air.org>
- Centers for Medicare & Medicaid Services. Nursing Home Culture Change Regulatory Compliance Questions and Answers. Ref: S&C-07-07. <http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter07-07.pdf>
- Centers for Medicare & Medicaid Services. A four part series of broadcasts targeted to providers and surveyors is entitled, “From Institutional to Individualized Care.” This series began in October 2006. Each broadcast features national experts and has handout materials available to download. Previous broadcasts can be viewed for several months following the actual presentation. To view a broadcast, go to the CMS Survey and Certification Online Course Delivery System and register at: <http://cms.internetstreaming.com>
- North Carolina New Organizational Vision Award. The provider manual is a template for culture change focusing on workforce issues. Addresses care practices in nursing homes and in other long-term care settings. <http://www.ncnova.org>
- Eden Alternative. Tools can be found at <http://edenalt.com/edentols.htm>
- “Board & Care Quality Forum. A newsletter for small board and care homes.” Has published a series of articles on provider best practices in areas that parallel the culture change practices in nursing facilities, includes practical tips from providers. Reisacher Petro and Associates. (412)563-7330. www.bcqf.net; email: bcqf@msn.com

- Promoting Excellent Alternatives in Kansas Nursing Homes Education Initiative. (PEAK-ED) This site has newsletters and a variety of educational materials on culture change. Center on Aging, Kansas State University. <http://www.k-state.edu/peak/>