

## Colorado Culture Change Coalition (CCCC) Technical Assistance Project

### Report of Year Two 2013

Within a grant to the CCCC from The Colorado Health Foundation, was the carrying out of a two-year technical assistance culture change project: year one (2012) with 5 homes, year two (2013) with 5 additional homes. The northern part of the state was selected for year one, north and northeast for year two.

The following homes took part in year two:

- |                                    |              |                               |
|------------------------------------|--------------|-------------------------------|
| 1. Spring Creek Healthcare Center  | Fort Collins | both 2012 and 2013            |
| 2. Berthoud Living Center          | Berthoud     | both 2012 and 2013            |
| 3. Fort Collins Health Care Center | Fort Collins | 2013                          |
| 4. Covenant Village                | Westminster  | 2013                          |
| 5. Devonshire Acres                | Sterling     | 2013                          |
| 6. Sterling Living Center          | Sterling     | 2013                          |
| 7. Avamere – Brighton              | Brighton     | 2013                          |
| 8. Kenton Manor                    | Greeley      | 2013                          |
| 9. Good Samaritan - Bonell         | Greeley      | 2013                          |
| 10. The Peaks Care Center          | Longmont     | partial 2012 and partial 2013 |

Each home signed a Memorandum of Understanding and committed to the following:

- Complete the online Artifacts of Culture Change measurement tool at the beginning and at the end of year two.
- Develop a Culture Change Team comprised of the Administrator, Director of Nursing (DON), a direct care nurse, a direct caregiver, a team member from dietary, housekeeping, therapy, social services and activities, and two residents to meet at least every other week to work on identified goals.
- Develop at least three culture change practices selected from the Artifacts tool.
- Choose three clinical/Quality Measures to improve using culture change ideas and practices.
- Obtain a baseline staff turnover percentage and commit to improving.
- Culture Change Team participates in discussions with Consultant and CCCC Executive Director (ED) during quarterly visits.
- At least three members of the Culture Change Team attend a quarterly regional learning collaborative where education is provided and each home's team shares their progress.
- Complete an evaluation after each quarterly visit and collaborative workshop.



- Submit a quarterly summary of steps taken and steps to be taken on the Artifacts Items/practices, clinical/Quality Measures and staff turnover percentage. Submit actual data on the culture change practices/Artifacts items, clinical/Quality Measures and staff turnover.
- Complete the Pay for Performance (P4P) application in 2013 and 2014.
- Administrator and DON read the book *Meeting the Leadership Challenge in Long-Term Care* and participate in quarterly discussions about it.
- Administrator completes the Ideal Administrator Web-based self-assessment tool developed by the American College of Health Care Administrators at the beginning and end of 2013.
- Agree to videotape progress on culture change journey with use of video recorder provided and allow video to be used by CCCC.
- Submit an annual report to CCCC and consultant.
- Be willing to present at CCCC Educational Forums.

Carmen Bowman as lead consultant under contract with the CCCC and Penny Cook as the Executive Director of the CCCC provided the quarterly visits and quarterly collaborative workshops.

### Quarterly Visits

The four hour quarterly visits consisted of discussions with the Culture Change team on progress and next steps, discussions on a leadership topic using the book *Meeting the Leadership Challenge in Long-Term Care*, all staff/resident education, occasional education with varying teams/departments and assistance with the P4P application if needed.

A Survey Monkey Internet-based survey was created and a link sent to each team after each visit. The survey and feedback follow.

A scale of 1 to 5 was used:

1 Strongly Disagree, 2 Disagree 3 Neutral, 4 Agree, 5 Strongly Agree

The following simple questions were asked:

This consultation was inspiring

This consultation was educational

This consultation was helpful



	1st visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	4 <sup>th</sup> visit	5 <sup>th</sup> visit (6 homes)
Inspiring	5.0	4.86	4.67	4.75	4.0
Educational	4.8	4.86	4.33	4.25	5.0
Helpful	4.8	4.86	4.33	4.5	5.0

#### Comments:

- Our staff enjoyed hearing Carmen speak.
- The educational in-services were fantastic and very inspiring to the entire building.
- Carmen and Penny will be good resources for us.
- Staff very excited! Great inservice too!
- Had a wonderful visit with lots of resident participation. I hope the next one goes just as well.
- Lots of employees felt inspired to start new language in the building.
- Started good discussions on behavior management and how we can approach the resident at their level.
- We greatly appreciate the 2 in-services provided to allow more staff to attend and get the education.
- This visit set the stage for our fourth meeting where we expanded on the discussion of behavior management and best practices for residents with dementia.
- We were able to have two good sessions on approaching residents with dementia for our CNAs. I hope they found it useful.
- Helps to have an outside point of view.
- The social workers found their time with Carmen to be most helpful.

#### What could be done differently?

- Enjoyed our first visit, I can't think of anything to be done differently at this time.
- Staff in particular would like more ideas on how to handle behavior issues and different approaches when trying to sell a new idea.
- Working with Carmen we are focusing more on staff training versus manager training, which was Carmen's idea for this go round.
- Nothing, the energy and the stories are contagious about how to improve the way we deliver care to those we are privileged to serve.
- The home could have been more prepared, however we really appreciate how Carmen was willing to just go with the flow and jump right in to assist us with our journey. She is wonderful!!! Thank you so much for this experience.
- I think the format is good. Sometimes the practical does not match what one would like to do. The population you work with does not always fit what you are trying to do.



What do you need from us?

- Next visit date to start planning.
- Just an opportunity to express our frustrations with some of the requirements. A voice for the people in the trenches.
- We are satisfied.
- Nothing further.
- Nothing, support was great. Anything you can do to encourage the senior staff in their commitment would be great!
- Support and assistance with changing how the system works.

### Quarterly Collaborative Workshops

Quarterly collaborative workshops were held Mar. 21<sup>st</sup>, May 29<sup>th</sup> and Oct. 16<sup>th</sup>. The scheduled Sept. 12<sup>th</sup> workshop had to be cancelled due to flooding so the planned education was brought into the Oct. collaborative.

The four hour quarterly collaborative workshops consisted of the sharing of progress by each team, discussions of a leadership topic using the *Meeting the Leadership Challenge in Long-Term Care* book, education on *Alarms: The New Deficient Practice? Eliminating Alarms and Preventing Falls by Engaging with Life* (co-authored by consultant, published in July 2013 by Action Pact) in a series format and usually concluded with a learning circle inviting each participant to share one thing they learned or would do differently as a result of the workshop.

A Survey Monkey Internet-based survey was created and a link sent to each team after each workshop.

The same scale of 1 to 5 was used:

1 Strongly Disagree, 2 Disagree 3 Neutral, 4 Agree, 5 Strongly Agree

The same simple questions were asked:

This consultation was inspiring

This consultation was educational

This consultation was helpful

	1 <sup>st</sup> workshop (unavailable)	2 <sup>nd</sup> workshop	3 <sup>rd</sup> /4 <sup>th</sup> workshop
Inspiring		4.14	4.25
Educational		4.14	4.5
Helpful		4.14	4.5



(Problems with the Survey Monkey system caused there to be only 2 of the 3 workshops to be captured.)

Comments:

- Good discussion generated.
- Good dialogue.
- Gave our team some new ideas.
- Good to hear all the comments from the other centers.
- We can incorporate best practice ideas from the other facilities.

What could be done differently?

- We need to get more hands-on caregivers to these meetings.

What do you need from us?

- Continued support and real life examples of successes for others who have been down this journey.
- A good listener.

Would you want more time for collaborating with one another?

- I think the time was well spent as presented.
- Ideally this would be great.
- I believe that the time allotted is sufficient. I believe if you extend it you will lose people.
- Unfortunately, I don't think we can make more time for it right now. Possibly in the future.
- Maybe an internet forum for questions and ideas would be nice. It can be difficult to make it to meetings, etc.

“Book Club” as Part of the Project and Staff Retention/Recruitment

The book *Meeting the Leadership Challenge in Long-Term Care* was given to each administrator and director of nursing. Some read it, some did not. Practices promoted in the book were discussed during visits and workshops. The ideas of the book became more and more popular as staff turnover and retention became a needed focus by many of the project homes. Many homes told us they were lacking staff during our visits making recruitment a priority so many discussions about that were held. Many teams told us that



in Colorado no one is denied unemployment so since some of the jobs are very low paying, people are opting for unemployment instead.

During an inservice in one project home, the planned topic was changed in order to hear from staff what was causing stress for staff which proved to be very helpful to staff. Ideas generated were implemented right away in that home. One home implemented CNA mentoring and a bonus to team members if they recruited a staff member who stayed with the home for 6 months. Two homes considered starting an Employee Council to hear employee issues and ideas. See below under The Peaks for a list of retention ideas that team incorporated.

### Recording the Journey

The project also provided each home with a flip camera to document changes and their journey. Some photos were shared at the end celebratory event where teams shared their story.

### Artifacts Items Chosen

The Artifacts of Culture Change measurement tool was funded by CMS, developed by Karen Schoeneman formerly of CMS Division of Nursing Homes and project consultant, and made available for public use in 2006. The tool was created to capture concrete changes or “artifacts” of a changed culture such as organizational, environmental, policies and practices. The tool incorporates a score for each item. The most common measure is 5 points for having an item. In some cases there are less than 5 points if the item exists to some degree and for big environmental changes such as renovation into the household model, there are larger scores. For this project, homes were asked to pick three Artifact items. Here they are listed by prevalence of items chosen:

1	#9 Residents choose waking/bed times	Kenton	Brighton	Sterling
2	#48 CNAs attend care conferences	The Peaks	Bonell	
3	#2 Snacks available	The Peaks	Kenton Manor	
4	#31 Gift shop	Berthoud	Brighton	
5	#3 Baked goods	Brighton	Bonell	
6	#5 Aromatherapy	Covenant	Sterling	
7	#52 Community Meetings	Covenant	Spring Creek	



8	#1 Enhanced Dining styles	Devonshire		
9	#61 Culture Change Award	The Peaks		
10	#45 Café/Bistro	Fort Collins		
11	#35 Warm towels	Fort Collins		
12	#32 Computer available	Fort Collins		
13	#40 Eliminate overhead paging	Berthoud		
14	#10 Bathing w/o a Battle	Berthoud		
15	#62 CNA career ladder	Devonshire		
16	#72, 73, 74 improved turnover	Devonshire		
17	#39 Wireless call system	Bonell		
18	#13 Individual memorials	Kenton Manor		
19	#20 Mirrors	Sterling		
20	#6 Massage	Covenant		
21	# 37 Gardens	Covenant		
22	#65 Volunteer coordinator	Spring Creek		
	# 60 Activities by non-activity staff	Spring Creek		

### Clinical Measures Chosen

1. Decrease Falls and Alarms	Fort Collins	Spring Creek	The Peaks	Kenton	Covenant
2. Decrease over the counter medications	Berthoud	Spring Creek	Fort Collins	Kenton	
3. Decrease Anti-psychotic usage	Berthoud	The Peaks	Covenant		
4. Restorative services increased	Devonshire	Fort Collins			
5. Depression	Berthoud				
6. Decrease Hypnotic usage	Spring Creek				
7. Supplements	Fort Collins				
8. Decrease Pressure ulcers	The Peaks				



9. Weight loss	Devonshire				
10. Incidents	Devonshire				
11. Pain	Kenton				
12. Incontinence	Covenant				

## **Summaries of each Project Home**

### **Berthoud Living Center**

Artifacts Items

#### **#10 Bathing without a Battle techniques used with residents**

All nurses and resident care specialists have been educated on Bathing without a Battle (BWAB), an educational program and video that explains and teaches bathing techniques and alternative bathing options. The video is now incorporated into new hire orientation and resident care plans include bathing preferences when identified.

#### **#31 Home has store/gift shop/cart available where residents and visitors can purchase gifts, toiletries, snacks, etc.**

There is now a Resident Store at Berthoud located in the activities office on corner bookshelves. A lanai screen is in place when not open for business. It is run by two residents, open Mondays Wednesdays and Fridays from 9:00 -11:00 am and on Tuesdays and Thursdays from 12:30 -1:30 pm.

The store sells greeting cards, snacks, soda, gifts, clothing and pictures. It is open to residents, families and staff. Over the project year, the hours open for business have changed some in order to meet resident requests. Residents requested and have had name tags made to identify residents running the store. New store signage is in the works and some marketing for Christmas shopping.

Activities staff have worked on and successfully received some donations from local shops. A grand opening was held in the fall with sales and free donuts and coffee for shoppers.

#### **#40 Overhead paging system has been turned off or is only used in case of emergency.**

The process started with educating staff to locate people at phone extensions through the phone system instead of paging overhead. On 6/10/13, the new policy of no overhead paging other than in the case of an emergency was implemented. During the project, the corporate Regional Vice President of Operations announced that overhead paging was no



longer acceptable in any of the homes in his region. The Berthoud team was thrilled that they did not have to make any changes since they had already eliminated overhead paging. The Berthoud team found that clear instructions have to be given to all managers and be posted at nurses' station on how to work the phone system as well as a list of correct/updated phone extensions. At first, every once in a while a staff member did overhead page and needed to be reminded of the new expectation and why it was now in place. A mark of success toward the end of the project was the need to educate some staff team members on how to even overhead page if needed as they didn't know.

## Clinical Measures

### Decrease in Depression

Two groups were created at the beginning of the project and remain intact to assist individuals who show sign of depression: a Bible study and music expressions group.

During the Bible study, the activity director reads inspirational stories and Scripture which leads to a discussion group. In the music expression group, sentences are written on a board with blanks left for residents to fill in. The words are used as lyrics for a song that the residents and the activity director who is also a music therapist write and sing together.

Out of 3 residents who have triggered for depression due to symptoms in the past year, one resident has attended both groups for depression on a regular basis. That resident explains that the groups have helped her. Fifteen residents who have been taking an antidepressant in the past year attend both groups on a regular basis. 8 of these residents explain that the groups have helped them with their depression. 3 were unable to comment due to their dementia. Moving forward the team has the following alternative ideas to help reduce depression for residents:

- Happy Hour, with a drink of choice
- Out to lunch monthly
- Offer professional counseling
- Offer 1:1 visits with activity staff
- Exploring idea of getting a facility pet, and live plants

### Reduction in Over the Counter (OTC) Medications

At one point in time during the project year, OTC medications were reduced for residents who ate well. Looking back on purchase orders, a savings of approximately \$400.00 per month was realized. Berthoud has plans to continue this and use the money saved to buy raw food to replace the OTC supplements.



### Decrease Antipsychotic Medications

As of 12/30/11, 6 residents with a dementia diagnosis were receiving antipsychotic medication. By 08/01/12, 4 residents with dementia diagnosis were on antipsychotic medication. By 10/31/13, this number was reduced to three and included the following:

- 1 resident is still on Risperdone but the medication is being reduced with the goal of discontinuing it.
- 1 resident is using it for hallucinations and the antipsychotic is prescribed by neurologist.
- 1 resident is on Zyprexa for a Traumatic Brain Injury and after a trial reduction, it revealed that it helps him.

As a work in progress, discussions will continue with physicians and nurse practitioners in an attempt to identify alternative medications.

### Other Outcomes

- **Reducing Alarms**  
Although the Berthoud team did not choose alarm reduction in their second year of this project, the new director of nursing heard what other homes were doing and the research and education being shared at the collaborative workshops and in a very short time, from Oct. 16 to Nov. 13, was able to reduce from 12 to only 2 alarms: one family insists, and the therapy team is working with the other resident on strength improvement to eliminate the need for the alarm.
- **Bistro Plans**  
Berthoud heard about a sister nursing home's Bistro success and the director of nursing proposed to the team to move a nurses' station to a remodeled storage area in order to have a bistro in the entry way of the home. Just as has happened at sister Sava home, Fort Collins Health Care Center, it will create what one person called "the shock factor" in that you don't realize you are in a nursing home when you walk into a bistro.

Turnover	2012 %	2013 %
Facility Turnover for past 12 months (rolling)	43.57	49.76
RN Turnover for past 12 months	44.4	77.8
LPN Turnover for past 12 months	28.6	0
C.N.A. Turnover for past 12 months	55.13	76.65



<b>OCCUPANCY Berthoud</b>	<b>Jan. 2013</b>	<b>Oct. 2013</b>
Overall occupancy	88%	86%
Medicaid	47	46
Medicare	7	9
Insurance	3	2
Private Pay	4	4
Hospice/VA	6	4

(Artifacts scores 2012

Start: 144

End: 182

Point increase: 38)

Artifacts of Culture Change Scores 2013

Start: 182

End: 203

**Point increase: 21**

## **Spring Creek**

Artifacts Items

#60 Activities, informal or formal, are led by staff in other departments such as nursing, housekeeping or any departments.

A variety of activities were offered by non-activity staff, predominately managers, during the project year:

- table decorations each month/craft social
- walks outside
- newsletter each month
- model building
- card game Juker
- spontaneous themes with food



Residents have also been invited and encouraged to be more involved with the leadership of activities; one leads a keepsake box activity; several help with the newsletter and write articles, and one has offered to push residents in wheelchairs.

#65 Home has on staff a paid volunteer coordinator in addition to activity director.

For about half of the year, the activity director was able to hire a part time activity staff member and devote half of her time then to coordinating volunteers. Unfortunately due to budget cuts this unique set up was unable to continue. Because of the dedicated volunteer recruitment time, however, the following was able to be coordinated:

- Colorado State University (CSU) students are conducting their required 6 week music therapy practicum at Spring Creek offering weekly music groups.
- Volunteers assist in getting residents to the Picnic at the Park at the senior center.
- Ten Bible school students in Windsor assist residents during the Saturday morning neighborhood walk, offer meaningful one-to ones, and sing for the residents.

#52 Community Meetings are held on a regular basis bringing staff, residents and families together as a community.

Spring Creek changed from the monthly resident council meeting to monthly neighborhood meetings early in the year. Department heads were attending each of the three neighborhood council meetings to give announcements and updates but this proved very time consuming. Next the team made the decision to instead hold a community-wide community meeting first followed immediately by breaking into neighborhood council meetings monthly. This has gone better. Additionally, two neighborhoods decided to join into one.

## Clinical Outcomes

### Alarms

On the long-term care section of the home 14 alarms are left, 3 are per family request. The family continues to be educated about the harmful effects of alarms. As Morrine, the wise speech therapist said, "You know with families, if you just give them knowledge, they will get it; that you don't have alarms at home, alarms cause immobility, etc." Alarms are reviewed monthly and nurse management has educated CNAs and nurses that alarms are not the first choice anymore. The team has discussed the idea to attempt to grandfather these last alarms and develop a policy that they are just not used any longer even for people moving over from rehab.

As Spring Creek was in this project for two years it is interesting to note that the baseline number of alarms at the beginning of 2012 was 72, by the end of 2012 it was 26 and by the end of 2013 it is 14.

### Hypnotic Medication

The director of nursing and team have worked hard to bring attention to hypnotic medication usage and to give encouragement to residents to discontinue them.



Unfortunately a cycle has appeared of the team eliminating them, residents asking for them again and their physician reordering it. The goal for reduced hypnotic usage is one the team feels will be a benefit for residents as well as for the home from a clinical and survey perspective. They call it “the hypnotic epidemic.” Hypnotics are reviewed and at least the dosage is reduced. In this process the team has found that people who have used a hypnotic for years are less likely or comfortable to reduce or eliminate it. Because of this focus, there are now a couple of residents who choose a glass of wine or beer in the evening instead of a hypnotic.

Over the Counter Medications (OTC’s)

The team has been successful in working with some doctors to discontinue OTCs if the resident is eating well. The director of nursing is dedicated to decreasing medications in general noting that older people shouldn’t have to take so many at the end of their lives, many are unnecessary, research shows the OTCs are not assimilated by the older metabolism and it was in the news the day of one visit that too many vitamins can cause kidney failure. The Medication Management Advisory Committee reviews medications with the pharmacist and medical director to consider any reductions possible. The team has as a goal to go to a BID (twice a day) only medication pass by getting more extended release medications.

Artifacts of Culture Change Scores

(2012  
 Start: 193  
 End: 256  
 Point increase: 63)

2013  
 Start: 256  
 End: 275  
 Point increase: **19**

<b>TURNOVER</b>	2012 %	2013 %
Facility Turnover for past 12 months (rolling)	43.68	46.66
RN Turnover for past 12 months	53.3	53.3
LPN Turnover for past 12 months	36.4	45.5
C.N.A. Turnover for past 12 months	44.74	64.11



<b>OCCUPANCY Spring Creek</b>	<b>Jan. 2013</b>	<b>Oct. 2013</b>
Overall occupancy	74%	78%
Medicaid	67	76
Medicare	11	15
Insurance	13	6
Private Pay	7	0
Hospice/VA	4	0

## **Covenant Village**

### Artifacts Items

#### #37 Home has outdoor, garden/patio accessible for independent use by residents.

A variety of plants were potted in large wheelchair accessible pots on all of the patios around the building including the patios directly off the dining rooms. These became known as the “kitchen gardens” and were a huge success. The herbs and vegetables did very well throughout the season and were used to provide food for a variety of events. One of the biggest hits was the pesto made from the herbs. The herbs were also used for aromatherapy (see below). Unfortunately the floods took out the gardens before the end of the season, but the majority of what was produced was able to be used.

#### #5 Home offers aromatherapy to residents by staff or volunteers.

#### #6 Home offers massage to residents by staff or volunteers.

Throughout the home, but particularly on the neighborhood that serves people with dementia both aromatherapy and hand massage have been very successful. A variety of scents have been used to evoke memories and other responses. In the beginning of the project, chafing dishes were used to serve meals bringing the sights, smells and warmth of food to residents. This was such a big hit that the team actually remodeled and had permanent wells built into the dining room of that neighborhood. The herbs from the “kitchen gardens” were also used for their aromatherapy groups. Even the dog saw the value of aromatherapy; she would dig her head into the garden where the dill grew and then come back in for a little love from the residents. Everyone would notice the strong



aroma of dill as she would roam from resident to resident for attention. Hand massage and aromatherapy were combined by using lavender scented lotions for hand massages. The team reports that that it worked well to help calm people when agitated or restless.

#52 Community Meetings are held on a regular basis bringing staff, residents and families together as a community.

Community Meetings have been the “biggest hit” of the project according to the Covenant team. Community Meetings are held every Friday at 2:30 pm. The meeting starts with everyone singing “God Bless America” which serves as a notice to everyone that it is time to gather. Birthdays and special events or happenings coming up are announced, staff and residents share their plans for the weekend, who is coming to visit, etc. The team reports “it is so much fun” and that everyone gets involved. If residents or staff happen to be over from residential/independent living at that time they invite them to be involved and to share. The team reports that it is a wonderful way to end the week together.

Clinical Measures

Alarm and Fall Reduction

An extensive falls committee was developed. It meets every Friday morning to discuss the last week’s falls. The committee works hard to identify the root cause of each fall, contributing factors and brainstorm interventions. Prior to the implementation of this committee, one nurse alone was “in charge” of fall prevention. This has made falls everybody’s business. In November of 2012 there were over 40 personal alarms in use. Some residents had 2 alarms. As of this date there are only 11 alarms. This is a significant reduction. Total numbers of falls has varied but recent trending shows an average of 20/month at the beginning of the year to 17/month in September, 9/month in October and 11/month in November. They have had only 1 fall with significant injury.

Antipsychotic Medication Reductions

The psychotropic drug committee has also been improved over the last year. The team is more aggressive with reductions and pushing physicians to justify the use of these medications. Totals are difficult to track due to turnover of residents, however overall raw total numbers of residents using psychotropic medications is down from 42 in January, to 40 in June and 35 in October.

Incontinence

Improving incontinence for residents was a commendable goal for the Covenant team. They reported each visit that it was a “constant struggle” but they focused studying and anticipating bathroom needs and were able to restore continence for 2 residents by the end of the project. They also plan to continue focusing on this area with residents into 2014.

<b>TURNOVER</b>	2012 %	2013 %
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Facility Turnover for past 12 months	39	108
RN Turnover for past 12 months	40	40
LPN Turnover for past 12 months	14.29	15
C.N.A. Turnover for past 12 months	66.67	68

	<b>Jan. 2013</b>	<b>Oct. 2013</b>
<b>OCCUPANCY Covenant Village</b>		
Overall occupancy	95%	95%
Medicaid	22	22
Medicare	18	27
Insurance		
Private Pay	60	49
Hospice/VA		

#### Artifacts of Culture Change Scores

Start: 225

End: 295

**Point Increase: 70**

#### **Fort Collins Health Care Center (FCHCC)**

##### Artifacts Items

#32 – Residents have regular access to computer/Internet and adaptations are available for independent computer use such as a large keyboard or touch screen.

The FCHCC team ordered a computer for resident use and set it up in the activity room. They pursued using CSU students to acquire adaptive equipment but that did not work out.



One resident is quite computer savvy and is offering technical assistance to other residents desiring computer education.

#35- Home warms towels for resident bathing.

Partway into the project residents voted this idea down but then voted it back onto the list. During a November visit the administrator asked a team member to order the box type warmer so this is now complete.

#45 – Home has café/restaurant/tavern/canteen available for residents, families, and visitors at which residents and family members can purchase food and drinks daily.

Driven aggressively by both staff and residents, the Bear Creek Bistro now exists in the front lobby of FCHCC to create a space to gather, chat, and of course, drink coffee. The Bistro has been a great influence and elicited a great response from residents, staff, families, vendors and visitors. It has become a place for residents and families to share meals or just spend time together. Managers now have a place to invite a job applicant to sit and wait, therapists have used the bistro for a more normal setting for therapy and families bring food and have a nice place to sit with residents to enjoy it.

The team's goal is to further incorporate the Bistro into the function of the home by offering residents the chance to dine in the Bistro if they so choose. Future plans also include coffee socials, smoothie events, and at some point a beer tasting.

## Clinical Measures

### Restorative Services & Reduction of Falls

The original goal as of 4/1/13 was to offer restorative services 7 days/week. The team was unable to achieve 7 but has successfully offered 6 days per week early on and throughout the project year and staff schedules actually include Saturdays and Sundays. Occasionally restorative staff members are pulled to give direct care although that is not the preference.

#### Falls:

Jan - 42

Feb - 41

Mar - 21

Apr - 30

May - 29

June - 29

July - 27

Aug - 16

Sept - 18

Oct - 17

In July, the team made reduction of alarms and efforts to use other approaches a major focus. Reduction of alarms shows to be effective in reducing falls:



**Number of Alarms:**

Jan – 18 (14 of the residents are still here)

June – 8

Sept – 2 (1 alarming floor mat and 1 tabs alarm)

Oct – 3 (2 floor mats, 1 tabs alarm)

**Number of Alarms and Falls:**

January: **18 alarms, 42 falls**

September: **2 alarms, 18 falls**

October: **2 alarms, 17 falls**

**Reduction of OTC medications & use of “Med Pass” Supplement**

The following core group of “standard OTC’s” was focused on for reductions/elimination:

- Multi-vitamins
- Vitamin D
- Proton pump inhibitors (Prilosec type medications)

The team looked at individual resident OTC use one neighborhood at a time and was able to achieve an average reduction of 1.3 medications per resident.

Some residents requested their medications back after they were discontinued. Many have done well without the additional medications and have not asked for them to be added again. They have found those taking pain and psychiatric medications have tended to decline reductions in general regardless of the type of medication.

All licensed nurses were provided education on writing stop dates on supplements and medications. The training has proved to be effective as nurses are writing new orders with stop dates.

Many people staying for rehabilitation services after a hospital stay do not want their medications changed as they have just left an acute care setting and want to remain on medications prescribed. Therefore, the most success has been with people living, not staying, at FCHCC.

Both the medical director and consultant pharmacist are on board, have been educated and are a part of the solution. One challenge has been educating physicians not routinely involved at FCHCC.

The team is moving to a BID (twice a day) only med pass in December in order to interrupt residents’ days less often and also free up staff time to assist residents.

**Reduction of Supplements and Fortified Foods**

The FCHCC team implemented a “whole foods first” approach instead of traditional supplements and medications. Double milk is used instead of fortified milk. The team



discovered that “fortified” according to the vendor used was Karo Syrup which was nixed quickly. Now “fortified” means extra protein instead of sugar. Fortified soups and fortified mashed potatoes have been added to the menu.

The team has experimented with lots of offerings: Italian sodas and smoothies, Pink Hat dinners and Men’s Waffles. Sweet breads were such a hit they are now a part of the regular breakfast rotation. Ice Cream Wednesdays are now in place when managers deliver ice cream to both staff and residents which has had an amazing effect on everyone, i.e. “Oh yeah, it’s ice cream day!”

Bear Creek Treats is a whole foods approach to reducing weight loss but offered to all residents throughout the home Monday-Saturday at 2:15pm. No major reduction in weight loss has occurred yet although weight loss was not high prior to implementation. Cost-wise there has been only a nominal increase in expenses.

Artifacts of Culture Change Scores

Start: 206

End: 227

**Point Increase: 21**

<b>TURNOVER</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Facility Turnover for past 12 months (rolling)	58.2%	37.3%	35.6%	0%
RN Turnover for past 12 months	44.3%	44.3%	0%	0%
LPN Turnover for past 12 months	0%	0%	266%	0%
C.N.A. Turnover for past 12 months	76.6%	60.1%	18.2%	0%

<b>OCCUPANCY (licensed for 116, only use 112)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Overall occupancy – using 75 as denominator	94.8%	88.7%	90.9%	89.6%
Medicaid (using as a percentage of total occupancy)	71.6%	64.5%	60.9%	58.9%
Medicare	8.7%	10.1%	16.5%	14%
Insurance	4.3%	3.0%	1.5%	3.2%



Private Pay	4.5%	4.8%	3.2%	2.8%
Hospice	0.13%	0.21%	1.3%	3.1%

## The Peaks Care Center

### Artifacts Items

#### #61- Awards given to staff to recognize commitment to person-directed care, e.g. Culture Change award, Champion of Change award

In year one of this project, The Peaks created an award that was given to one person at the end of the year. The team has since decided to give the Culture Change Award to any staff member, resident, or family member when they perform an act that supports culture change. A place on a bulletin board will be created to recognize any individual given the award and the rewarding of the award will also be done in a public event.

#### #2- Snacks/drinks available at all times to all residents at no additional cost, i.e., in a stocked pantry, refrigerator or snack bar.

One pantry, the first, has been put into place on the east neighborhood. Having a pantry on each neighborhood and an extra one in between two is in process. Older resident room dressers/armoires have been repurposed into pantries. A small refrigerator is placed into the open space of the armoire; snacks are in baskets in drawers and fruit in baskets next to the refrigerators. They have been well received by residents.

#### #48- CNAs attend resident care conferences.

CNAs are attending the first five minutes or so of care conferences. This has been a big success and residents and families really enjoy being able to speak with the direct care staff. The goal is to increase the time CNAs are at the care conferences.

### Clinical Measures

#### Reduction of Antipsychotic Medications

Efforts to reduce and eliminate antipsychotic medications for persons with dementia have been a team effort with the medical director and pharmacist and very successful:

Antipsychotic Medications	Routine and/or PRN	Routine	PRN only
Sept. 2012	23%	18%	5%
Jan. 2013	19%	18%	3%



Oct. 2013	12%	11%	1%
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Nine residents with dementia remain on antipsychotic medications, five of whom have a closed head injury or a major mental illness. Individualized approach boards have been made for the 9 residents on antipsychotic medications as a small step toward having one for all residents someday. The front of the board is a ribbon criss-cross style for photos or cards to be tucked into. On the back of the board are the following four categories:

1. "If I'm having a bad day" representing individualized approaches one caring for that resident should try when the resident is presenting with "behaviors". For example there is a resident who sometimes becomes combative with cares, and an approach used for him is to turn on soft music, or get him a cup of coffee.
2. "Things I like"
3. "Things I don't like"
4. "Things I like doing"

These boards are intended to assist any staff member that enters a resident room to be able to look at their board and know how best to care for that person in a private manner and in an effort to reduce antipsychotics.

#### Reduction in the number of facility acquired pressure ulcers

The staff development coordinator implemented and now conducts regular clinical competencies with each nurse for head-to-toe skin assessments to ensure accuracy. The Stop and Watch tool is also used by all staff team members; it was started with nursing staff and then rolled out to dietary and activities staff team members. Use of the tool has been incredibly successful and has aided in the reduction of facility acquired wounds:

2011 average	Jan. 2013	Feb. 2013	Mar. 2013	Apr. 2013	May 2013	June 2013	July 2013	Aug. 2013	Sept. 2013	Oct. 2013
2-3/m	3	4	1	1	2	1	2	2	1	1

#### Reduction of alarms and falls

The process started by discontinuing alarms for residents who had not fallen and monitoring those residents closely to see if the number of falls decreased, increased, or stayed the same. The results were successful. In the second year the rest of the alarms were discontinued, save 1, and those residents monitored. In 2013 Purposeful Rounding was implemented with nursing staff but then rolled out building wide. All staff are being trained to think "purposeful rounding" at all times with the goal of incorporating it as a part of each team member's everyday thought process. The brochure "The False Assurance of Alarms" has been printed and made available around the home to provide education to families, staff, and residents on eliminating alarms. Individualized engagement is also being used as an approach to prevent falls and eliminate alarms. And all efforts have been successful:

	2011	2012	As of Oct. 2013
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Number of alarms in Long-Term Care	18	14	1
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### Artifacts of Culture Change Scores

Start: 190

End: 209

**Point Increase: 19**

The Peaks dropped out of the project early 2013 and after discovering this, the new administrator asked to rejoin. It was a pleasure to have them back and because of this, data was not collected.

### Recruitment/Retention

The Peaks has implemented many new practices to attract and keep employees:

- Providing a meal for free to each staff member during their shift.
- Providing a meal during orientation.
- Increasing education to all staff e.g. Medline University, pressure ulcer treatment skills, culture change, etc.
- Various committees involving staff members, i.e. culture change, signage committee.
- Simple and meaningful environmental improvements: new paint, contemporary décor, lovely nooks for visiting, new tablecloths, new flooring.

## Devonshire Acres

### Artifacts Items

#### #1- Various dining styles offered to residents

The team experimented with the various styles of dining and found buffet style and open/flexible serving times best received by residents. An occasional buffet breakfast has been well received by the residents who eat in the assisted dining room and in the assisted living. Fresh vegetables and fresh fruit as they are available are being offered more frequently. Residents have been given more opportunities to design meals, use their own recipes, give feedback on the delivery of meals and this has resulted in satisfied residents. Issues are now analyzed using root cause analysis and asking the Five Whys. Actions taken include input from residents which has also resulted in residents being more receptive of change.

More residents are using cloth napkins instead of bibs. Horseshoe tables that were used for staff convenience to assist residents in eating have been removed as they are so



institutional. New rectangle tables were purchased and are working very well. Residents, who wish, are assisted out of wheelchairs into dining chairs.

#### #72, 73, 74- Improved turnover/staff retention

Several approaches have been taken to improve staff retention. Creating Lead CNA positions is one (see below). More meetings with CNAs have been held in order to listen to frustrations and to compliment staff. A recognition gift card to the Country Store is now given to team members when something special was done for a resident “above and beyond” the norm. Devonshire offers scholarships and two CNAs are studying to be LPNs in return for agreeing to work for Devonshire for one year.

Using the number of employees on the payroll at the beginning of the year and how many of the same employees remain shows an improvement from 25% retained staff members in the 1<sup>st</sup> quarter to 90% at the end of the 4<sup>th</sup> quarter.

#### #62- Career ladder positions for CNAs, e.g. CNA II, CNA III, team leader, etc.

An application process was created and a new position of Lead CNA was created with a slight increase in pay. Seven people applied and by the end of the project there are five Lead CNAs. The CNAs work as Lead CNAs randomly throughout a time period. They are responsible for restorative services such as range of motion, walking and serve as the liaison between the direct care workers and families which has proved very productive and positive. The team says the selected individuals are perfect in their new role and the goal is to have a Lead CNA seven days a week when staffing is at full capacity.

### Clinical Measures

#### Unavoidable weight loss, accurate weight documentation

The team focused on making sure residents’ weights were taken a weekly basis and/or more often if identified as needed and that they were accurate. The registered dietician indicated that the attentiveness did result in improved accuracy and that the process has made it possible to better discover problems and potential solutions. No issues came up during the annual survey either. With the changes in dining and more involvement of residents, there have been fewer complaints about the food. Weight loss as reflected by the MDS has remained around 9 and 10% although the team’s goal is 6%.

#### Restorative services

Restorative services have improved as part of the role of the new Lead CNAs (see above). Residents now look for the Lead CNAs; one resident stated “Is Maxine on? Because then I will get an extra-long walk and some good conversation.” The Lead CNAs ensure oversight of tasks being performed and performed correctly, documentation, residents assisted to



dining chairs for meals if desired and leading the elimination of alarms. Range of motion and walking are being completed. The Quality Measure of residents needing more assistance with daily activities since admission is at 12.0%, down from 16.9% in the first quarter.

Decrease in incidents of trauma

The team also focused on decreasing skin tears and/or bruises not associated with a fall or unobserved. The team emphasized being more cautious and observant and root cause analysis using the Five Whys was implemented. Skin tears with no identifiable cause remain about the same of 1-2 per month. The quality measure for falls with injury remains 9.0%.

Something else the Devonshire team worked on during the year was an effort to get to know residents better. Interviews were conducted to capture the years of knowledge and history they each represent. The information was shared in bullet form on one page posted in their closet to be available to staff for use in engaging in conversations with the resident or to redirect a confused individual. Staff members have stated the information is very valuable to them and has helped in many challenging situations. It was discovered that one resident actually knew John Wayne and has a signed autograph.

<b>TURNOVER</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Facility Turnover for past 12 months (rolling)	7.5%	7.5%	11%	14%
RN Turnover for past 12 months	8%	0	8%	8%
LPN Turnover for past 12 months	5%	5%	0	0
CNA Turnover for past 12 months	9%	11%	11%	17.7%

<b>OCCUPANCY (licensed for 116, only use 112)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Overall occupancy	94%	92%	95%	94%
Medicaid	55	53	52	53
Medicare	11	11	12	10



Insurance				
Private Pay	40	39	42	42
Hospice				

### Artifacts of Culture Change Scores

Feb. 2013: 306

Nov. 2013: 357

**Point increase: 51**

### Kenton Manor

#### Artifacts Items

#### #13- Memorials/remembrances are held for individual residents upon death

At the beginning of this project there were no memorials held for residents who passed away. The social worker worked with the chaplain of a local Hospice agency to set up a monthly, as needed, date for him to come and lead a service. The first step was one memorial for any and all residents who did pass away in that time but the next step was to hold a service for each individual.

#### # 9- Waking times/bedtimes chosen by residents

This item was of interest to residents at the beginning of the project but not chosen. By the second consult, a federal survey deficiency, Tag 242 Self-determination and Participation or rather “choices”, had been cited and so all agreed to add it to the project. All residents were asked their wake and bedtime preferences and it was added to each resident’s care plan. Additionally, it is now also asked of each resident during care conference if their chosen times are being honored or not and if not, changes made. Staff feel resident preferences are being met.

#### #2 Snacks/drinks available at all times to all residents at no additional cost

At the beginning of the project fruit was set out on the coffee table in the front living room. Residents enjoyed it however the fruit was individually wrapped including bananas which proved to be awkward, unnecessary and difficult for some. Thus, it paused for a while but



then residents asked that the fruit be placed in the dining room unwrapped along with unlocking the juice machines and a request for a coffee machine available to residents.

### Clinical Measures

#### Decrease in Pain

Kenton has had high reports of pain. Focus became education to nurses and accuracy in documenting pain. The social worker agreed to begin asking residents about their pain during their care conference and the interim DON offered to add non-pharmacological ideas to the Medication Administration Records.

#### Decrease in OTC Medications

For a while on the North neighborhood nurses were looking to decrease OTCs for residents for whom it made sense. The social worker agreed to add it to the list of questions asked of residents during their care conferences and the Staff Development Coordinator agreed to develop further education for the staff.

#### Decrease in Alarms

At the end of the project there were only 5 alarms left in the home compared to 15 at the beginning of the project. Alarms were discontinued if residents were found on floor with the alarm sounding. A bladder wheel is being used to identify the bathroom needs of residents in order to be more proactive in assisting residents

<b>TURNOVER</b>	2012 %	2013 %
Facility Turnover for past 12 months (rolling)	59.9	47.35
RN Turnover for past 12 months	30	30
LPN Turnover for past 12 months	20	30
C.N.A. Turnover for past 12 months	89.36	60.8

<b>OCCUPANCY Kenton</b>	<b>Jan. 2013</b>	<b>Oct. 2013</b>
Overall occupancy	69%	80%
Medicaid	61	64



Medicare	11	12
Insurance	2	6
Private Pay	1	3
Hospice/VA	4	6

### Artifacts of Culture Change Scores

Feb. 2013: 164

Nov. 2013: 210

**Point increase: 46**

### Avamere – Brighton

#### Artifacts Items

#### #31- Home has store/gift shop/cart available where residents and visitors can purchase gifts, toiletries, snacks, etc

The resident store was named The Cupboard and “lives” in an armoire piece of furniture in the front room. A resident committee runs it. The Cupboard is open 2 times a week for 2 hours at a time. It is managed by residents and volunteers. The store item list is growing. Handmade crafts such as wreaths made by residents are now being sold and baked items are being considered.

#### #3- Baked goods are baked on resident living areas

Baked goods, namely bread is baked Tuesdays, Wednesdays and Fridays in a bread machine by various departments: social services, business office and dining/dietary. The bread has brought a lot of cheer and joy. Someone is looking into the Otis Spunkmeyer convectional oven to expand possibly into baking cookies and other baked items.

#### # 9- Waking times/bedtimes chosen by residents

Waking and bed times chosen by residents started with three residents and more are being added.

It should be noted that due to extensive staff turnover at this home, the rest of the data is not available. This community was sold to another corporation midway through the project year and although they continued to participate and develop the Artifacts items, the clinical data, staff turnover and other identifying data was not able to be obtained.



## Sterling Living Center

### #9- Waking times/bedtimes chosen by residents

Residents chose waking times to work on and then a federal survey deficiency, Tag 242 Self-determination and Participation or rather “choices” was cited during a survey in June 2013. Both helped staff work on not waking residents and asking them what time they preferred to awaken. Education, including during project visits, was provided to staff on resident choices and an audit of choices was also conducted.

### #20- Resident bathroom mirrors are wheelchair accessible and/or adjustable in order to be visible to a seated or standing resident

Residents chose mirrors available to them in their rooms and long mirrors were attached on the back of some residents’ room doors. In other cases mirrors were more strategically placed at the sink for residents to see themselves better.

### #5- Home offers aromatherapy to residents by staff or volunteers

Aromatherapy scents and sprays were purchased. Some residents chose to use them and some did not.

Due to staff turnover and the flood, specific data was not able to be received. Although it was indicated that antipsychotic drugs, falls and alarms are all reduced.

<b>TURNOVER</b>	2012	2013
Facility Turnover for past 12 months (rolling)	53.52	63.32
RN Turnover for past 12 months	100	200
LPN Turnover for past 12 months	100	33.3
C.N.A. Turnover for past 12 months	56.9	47.06

<b>OCCUPANCY Sterling</b>	<b>Jan. 2013</b>	<b>Oct. 2013</b>
Overall occupancy	48%	42%
Medicaid	31	30



Medicare	13	7
Insurance	1	1
Private Pay	3	5
Hospice/VA	1	0

### Artifacts of Culture Change Scores

Start: 203

End: 315

**Point Increase: 112**

### Good Samaritan Community - Bonell

This community did not fulfill the requirements of the project, did not have the culture change meeting regularly and essentially dropped out early.

### Project Outcomes

	Avemere Brighton	Berthoud	Bonell	Covenant Village	Devonshire	Ft. Collins HCC	Kenton	Spring Creek	Sterling Living	The Peaks
Start	n/a	182	403	225	306	206	164	256	203	190
End	n/a	203	n/a	295	357	227	210	275	315	209
Point Difference	n/a	<b>21</b>	n/a	<b>70</b>	<b>51</b>	<b>21</b>	<b>46</b>	<b>19</b>	<b>112</b>	<b>19</b>

### Artifacts Points Increase

Average point increase for 2013 year two = **45**

The across-the-board point increases were substantial. With the selection of three Artifacts items/practices as part of this project, a point increase of 15 points was expected. The



point increases are exciting to see. As experienced in last year’s project with an average point increase of 39, typically with a focus on changing culture and exposure to other culture change practice ideas from the Artifacts tool, more practices than the “required for the project” three are implemented as was observed in this second year as well.

**Alarm Reduction**

One of the most profound outcomes of this project was decrease in alarms.

	Berthoud	Bonell	Covenant Village	Ft. Collins HCC	Kenton	Spring Creek	The Peaks
Start	12	?	40	18	15	26	14
End	2	3	11	2	5	14	1

Bed and chair alarms cause more harm than prevention of falls. It is obvious that alarms do not prevent a fall. Alarms teach a person to be to not move, to not reach for their water or reposition as it will cause a loud noise and then people yell at them, they feel they get in trouble, pointed out, ridiculed. These psychosocial harms cause one to self-isolate and feel depressed. The loud noise and strong reactions to “sit down” or “shut up” then also teach one to not move, to be immobile. Immobility caused a long list of physical harms: pressure ulcers, inadequate blood flow, lack of balance, lack of strength, decreased pulmonary function, cardiac overload, edema, malnutrition ... the very maladies health care professionals are trying to prevent. Research also shows that use of alarms does not prevent falls and the converse when alarms are not used, falls rates decrease.

**Artifacts of Culture Change Improved Scores**

The greatest progress experienced in Year Two was again observed in the increased Artifacts scores and by the decrease in bed and chair alarms used with residents. An increase of 15 points was anticipated (three items with an average of 5 points possible). However, a much higher average of 45 (39 in Year One) points was experienced. It appears that exposure to other practices and ideas leads teams to implement them.

Turnover on average ended up higher by the end of the project. Encountered during our many visits was a common theme of not having enough staff from our Front Range homes to the rural ones. Some reported it had to do with students going back to school in the fall.



Others reported that it is easier for one to receive unemployment in Colorado and that there is a state rule that no one is denied unemployment even if they were fired and even if they were found to be abusive to residents. This burdened many of our project homes and the topic chosen out of the Leadership Challenge book was oftentimes recruitment and retention. We are very happy to report a turnaround though for one of our project homes, The Peaks that did implement many retention ideas (see The Peaks).

## **Lessons Learned and Successes**

Penny Cook, Executive Director of the CCCC shared her insights into the second year of the project:

After ending the first year of this project having to ask one of the original homes to leave, I wasn't sure what Year Two would bring. Working with ten homes proved to be challenging but the excitement of staff members and residents, the transformations they made and their overall attitude proved to be quite inspiring. Who would have thought a Bistro could be in a nursing home? Or that the negative practice of using alarms to restrain people would almost be eliminated? And the simple things like waking up when someone wants or having a store in their community would not be available to people. It may seem that some of the things that these communities developed should be common sense or so simple to do, but we have created a culture in health care that does not always recognize what should be normal. Instead practices are developed for the convenience of the staff or organization.

Although there were many successes, there were also unfortunate outcomes and circumstances I did not expect. Because of staff turnover, ownership changes and administrative changes at some of the homes, they became stagnant in the project, unavailable at times or not able to provide adequate data. It was interesting to see that although there were these challenges, there always was at least one staff member who continued to be a champion for the project.

The flooding in September was also a test to this project. Many of the participating homes were affected either because of resident evacuations (Sterling Living Center), accommodating evacuated residents (Spring Creek and Covenant Village) staff members not being able to get to work (all the homes) and evacuation in place without sewer service (Devonshire). Maintaining person-centered care is difficult in times of chaos, but many of the homes were able to do it.



This project has shown me once again that changing the culture of the care and support in nursing homes is difficult. It takes a commitment from all levels of management and direct care staff and in this time when nursing homes are under regulatory and financial pressure, it can be difficult to make the programmatic and organizational changes. I continue to be humbled by the people who give so much of themselves every day in order to give the best care and provide the best life for people living in long-term care communities.

### **Words of Thanks from Project Homes**

Each home was given the opportunity to share what it meant to be a part of this project. Here are replies received:

*From Devonshire Acres:*

*Hello: As a facility we heightened awareness that this is the resident's home and that they indeed have Choices. We believe we did some very good things and I saw more staff being involved and focusing on how they could do things better. We have decreased the number of complaints about little things. It was a journey well worth it and we plan to continue to grow. About the book I often felt that I had helped write the book. I found many of my approaches and how I do things in it therefore it reinforced the leadership techniques that I use. Gloria Kaiser, NHA*

*From Avamere-Brighton:*

*I took over the program in my facility half way through the year and found the project to be one of the most fulfilling parts of my job. I was not only able to help bring about change that was positive, resident centered, and comfortable, but change that was meaningful to our home. I worked with residents and helped them as well as staff, look outside the "nursing home box". We started to see home, where we use to live, or where we wanted to live now. We looked at many avenues of what home meant to each resident. Our participation was small in numbers but big in effort and heart.*

*Our accomplishments were:*

*A resident store (which residents expected every Wednesday and Friday)  
Fresh baked bread three times per week*

*Allowing residents to sleep in, and choose their own "get up time"*

*Flashback (favorite memory) group led by a staff C.N.A.*

*Continental Breakfast for late risers*



*Sunshine Group – three times a week outside gathering in the fresh air and sun.*

*Community Newsletter- written by residents for residents*

*The support by Carmen and Penny was wonderful. They helped to educate and encourage our staff and residents about what culture change is. They brought a sense of livelihood when they visited and gave great ideas at the quarterly meetings. The book was a great resource not only for this project but for any project you tackle. This project was well worth every bit of effort put in. The joy that was seen on resident's faces by the simple things of home was enough to fill your heart and then some. This was truly proof that the simple things in life are what matter! Thank you for supporting this project and our home. Kathy Ramirez, RN, SDC*

*From Ft. Collins Health Care Center:*

*It was a pleasure for us at Fort Collins to work as a part of the grant. We were able to help this home on its journey toward person centered care and improve the lives of those whom we serve. The opportunity for education from leaders in the community of Culture Change was both an amazing opportunity for myself but for my team as well. It was a great way for us to dig into the details of the care we provide, as well as how it feels for those who live in our home. We did this by examining data, tracking trends, and simply asking our residents and caregivers. I encourage anyone else, regardless of where they feel the home is on its journey, to reach out to the Culture Change Coalition and use them as a resource. It was a true pleasure for us, thank you for the time you spent helping us make this a better home!*

### **End Celebratory Event November 13, 2013**

Each of the ten homes was asked to present their journey at a CCCC event on Nov. 13, 2013. Due to various reasons including a survey by the health department in one home, 5 homes were able to be presented: The Peaks, Berthoud Care Center, Covenant Village, Devonshire and Fort Collins Health Care Center. Approximately 18 people attended which included staff from the project homes and visitors from the public. Feedback from the outsiders was that "it was great to keep up with what homes are doing so I can tell other consumers that they can expect some of the innovative things these homes worked on" and that it was exciting that some of the things one person had to fight for are now normal like having more food choices. Other feedback was that the program showed how much of a difference small things make and how much work even the small things take to change.



## 2014

The Colorado Health Foundation has agreed to fund another year of this project turning attention to assisted living. Five assisted living residences have either approached or been invited by the CCCC to be a part. The Artifacts of Culture Change – Assisted Living tool created by the Florida Pioneer Network is being used with permission.

## Future

I would like to thank the Colorado Culture Change Coalition board for envisioning this project, the Colorado Health Foundation for making it possible, for Penny Cook's leadership and consistent support and the 10 homes/teams that agreed to be a part. My closing thoughts ditto Penny's and resonate with the comment above about small things meaning so much, yet being so hard to make. It shouldn't be so hard. The institutional culture is so strong, Dr. Bill Thomas founder of the Eden Alternative, Green House Project and ChangingAging, describes it as a dragon. It may be a decent analogy since the only study we have, Commonwealth 2007, shows only 5% of all 15,000 nursing homes have established deep culture change proving that slaying the dragon is very difficult. But we can do it, we know it can be done and it must be. We need everyone reading this to do something more, dig a little deeper, push a little harder, risk, and do something, anything. If I may be so bold.... We need the Colorado Culture Change Coalition to push the envelope wherever it can, we need the Colorado Health Foundation to please keep funding initiatives to truly create home for Coloradoans living in nursing homes, and we need the homes in this project and all Colorado nursing homes to keep pushing through the strong, institutional culture, to keep slaying the dragon.

Submitted by Carmen Bowman, Project Consultant 11/28/13

