

Culture Change— the Future of Long-term Care

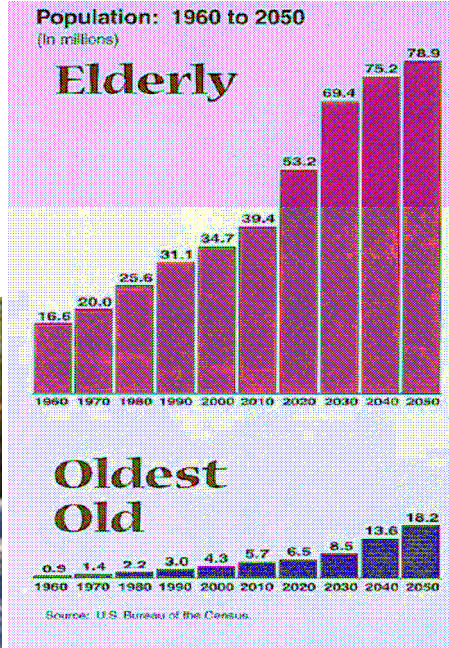
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Topics

- Trends in Long-term Care
- Culture change
 - Pioneer Network
 - <http://www.pioneernetwork.net/>
- Advancing Excellence in America's Nursing Homes
 - <http://www.nhqualitycampaign.org/>
- Nursing Home Compare
 - <http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteriaNEW.asp?version=default&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True>

Gray Tsunami



Almost 40 million 65+ adults today

By 2050, this number will just about double

Today there are approximately 5.7 almost 6 million 85+ and by 2050 this number will triple to over 18 million—the fastest growing segment of the growing older population

I don't need to tell you that these dramatic increases in the number of elderly will greatly affect the health care needs of the future and specifically the LTC needs and services.

1.4 million residents in nursing homes today

1 in 4 persons 65+ will spend some time in a nursing home

What do we know about long-term care? (1)

- 40 million 65+ adults
- 1/4 or 12 million Americans need long-term care (LTC)
- 70% of those 65+ will have some LTC needs in the future
 - 20% will need 5 years
 - 5% will need > 5 years in a nursing facility

What do we know about LTC? (2)

- 41% of older adults have 1 disability;
11% have cognitive disability
- More than half of older adults have one chronic condition; 11 million live with 5 or more chronic conditions
- For individuals born in 2010—women will live to 81 years, for me 76 years
 - Born btw 1959-1961--
women = 73 years, men = 63

Have I convinced you
that LTC
is important?

What's Wrong with the Status Quo?

- Questions:
 - What do we know about most nursing homes?
 - How could we make them better?

Quality problems: The U.S. Government Accountability Office (previously known as the General Accounting Office) has found that one-fourth of the country's 16,000 nursing facilities have serious deficiencies that cause actual harm to residents or place their health and safety at risk.¹

High turnover: In 2001, annual turnover among nursing home nurses aides was 40 to 75 percent nationally and exceeded 100 percent in certain facilities. Research has found that **staff shortages, insufficient training, and disenfranchised workers are at the root of the quality problem.**¹

1 Improving the quality of nursing home care: the Wellspring Model. The Commonwealth Fund, October 2005. Available at: http://www.commonwealthfund.org/innovations/innovations_show.htm?doc_id=234694.

2 Stone RI, Reinhard SC, Bowers B, et al. Evaluation of the Wellspring Model for improving nursing home quality. The Commonwealth Fund, August 2002. Available at: http://www.commonwealthfund.org/usr_doc/reinhard_wellspring_432.pdf?section=4039.

Culture Change (1)

- Principles
 - person-directed values and practices
 - voices of elders and those working with them are considered & respected
 - core person-directed values
 - choice
 - dignity
 - respect
 - self-determination
 - purposeful living

Term for the national movement for the transformation of older adult services, based on:

person-directed values and practices

voices of elders and those working with them are considered and respected.

Core person-directed values are choice, dignity, respect, self-determination and purposeful living.

Both older adults and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life.

Requires changes in organization practices, physical environments, relationships at all levels and workforce models – leading to better outcomes for consumers and direct care workers without inflicting detrimental costs on providers.

Organizational changes in leadership and empowering direct care workers

Culture Change (2)

- Both older adults and their caregivers are able to express choice and practice self-determination
- Requires changes in organization practices, physical environments, relationships at all levels and workforce models
 - changes in leadership and empowering direct care workers

Institution-Directed Culture (1)

- Staff provide standardized "treatments" based upon medical diagnosis.
- Schedules and routines are designed by the institution and staff, and elders must comply.
- Work is task-oriented and staff rotates assignments.
- As long as staff know how to perform a task, they can perform it "on any patient" in the home.

<http://www.pioneernetwork.net/Resources/Organizations/>

Institution-Directed Culture (2)

- Decision making is centralized.
- There is a hospital environment.
- Structured activities are available when the activity director is on duty.
- There is a sense of isolation and loneliness.

Person-Directed Culture (1)

- Staff enters into a caregiving relationship based upon individualized care needs and personal desires.
- Elders and staff design schedules that reflect their personal needs and desires.
- Work is relationship-centered, and staff have consistent assignments.
- Staff bring their personal knowledge of elders into the caregiving process.

<http://www.pioneernetwork.net/Resources/Organizations/>

Person-Directed Culture (2)

- Decision making is as close to the elder as possible.
- The environment reflects the comforts of home.
- Spontaneous activities are available around the clock.
- There is a sense of community and belonging.

Culture Change Continuum

Provider Directed	Staff Centered	Person Centered	Person Directed
Management makes most of the decisions	Staff consults Elders/puts themselves in Elders place	Elders preferences or patterns form the basis of decision-making about some routines	Elders make decisions about their individual routines
Elders accommodate staff	Elders accommodate staff most of the time, but have some choices	Staff begins to organize routine in order to accommodate elder preferences	Staff organize their hours, care delivery, assignments to meet Elders' preferences

Low
Continuum of Person-Directedness
High

<http://www.pioneernetwork.net/Resources/Organizations/>

Overarching Goals

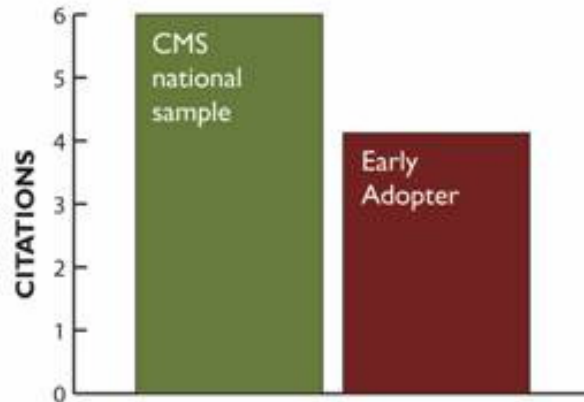
- Quality improvement theory/practices
- Organizational change
- Empowerment of frontline workers

Pioneer Network

- 1997 by a small group of prominent professionals in long-term care to advocate for person-directed care
- the movement, away from institutional provider-driven models to more humane consumer-driven models that embrace flexibility and self-determination
- a center for all stakeholders in the field of aging and long term care

Does it work: Deficiencies

FIGURE 1
Average Number of Citations in 2003 – Early
Adopter Homes versus the National CMS sample



A recent study (Elliot, 2007) used participation in the network as the treatment variable to assess any differences in quality of care and financial outcomes between network participants and non-participant nursing homes. For example, an investigation into quality of care outcomes for early adopter homes utilized a cross-sectional study analyzing outcomes in 2003 and found that length of time participating in the network was associated with positive outcomes over all other homes monitored by the Centers for Medicare and Medicaid Services in the country. The study also matched early adopter homes of the Pioneer Network to analogous non-participant homes and found that, from the 1996 to 2003 timeframe, early adopter homes achieved better quality outcomes when compared to the matched group of non-participant homes. In addition, homes participating in the Pioneer Network outperformed the control homes in the financial outcomes of per bed net income and improved operating margin. Examples of findings include the following highlights:

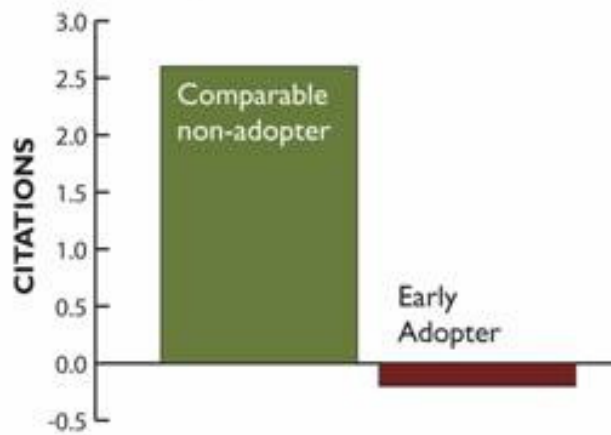
Early adopter homes participating in the network experienced fewer survey citations than the Centers for Medicare and Medicaid Service dataset of the national sample of homes in 2003 (Figure 1)

Early adopter homes participating in the network achieved better differences in quality of care outcomes (as measured by survey citations) than comparable non-participant homes from the 1996 to 2003 timeframe (Figure 2)

Early adopter homes participating in the network achieved better differences in per bed net income and operating margins than comparable non-participant homes from the 1996 to 2003 timeframe (Figure 3 and Figure 4)

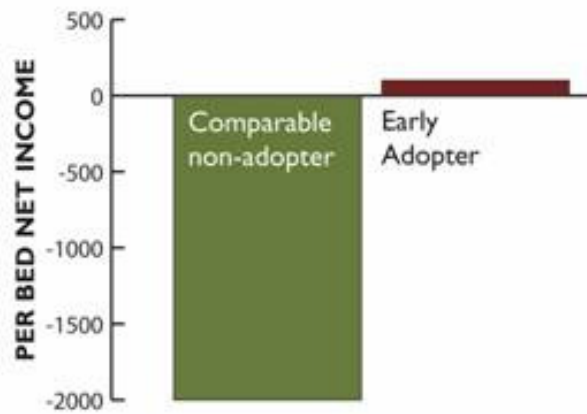
Does it work: Change in Deficiencies

FIGURE 2
Average Change in Citations from 1996 to 2003



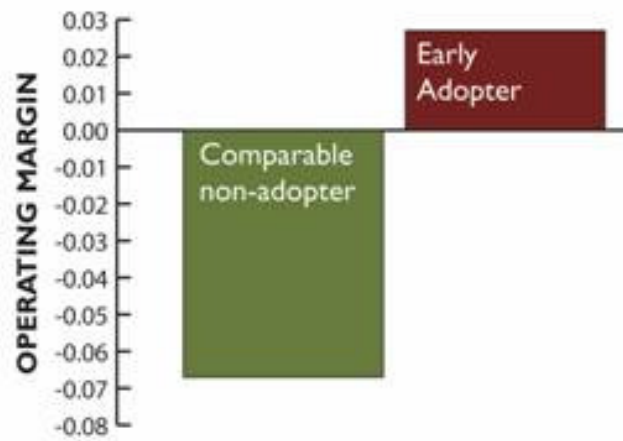
Does it work: Income

FIGURE 3
Average Change in Per Bed Net Income from
1996 to 2003



Does it work: Income

FIGURE 4
Average Change in Operating Margin from 1996
to 2003



Examples

- Wellspring
- Eden Alternative
- Green House®
- Advancing Excellence in America's Nursing Homes

Eden: Video clips



- http://video.google.com/videosearch?sourceid=navclient&rlz=1T4GWYG_en___US282&q=Eden+Alternative&um=1&ie=UTF-8&ei=XWBTSpXTOZLGMM7Cgesl&sa=X&oi=video_result_group&ct=title&resnum=4#

<http://www.indiana.edu/~nca/ncpad/eden.shtml>

Advancing Excellence

in America's Nursing Homes



www.nhqualitycampaign.org

Campaign Mission

To help nursing homes achieve excellence in the quality of care and quality of life for the more than 1.5 million residents of America's nursing homes by:

- *Establishing and supporting an infrastructure of local QI networks*
- *Strengthening the workforce*
- *Improving clinical and organizational outcomes*

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What the Campaign Does

- helping nursing homes make a difference in the lives of residents and staff.
- provides free, practical and evidence-based resources to support quality improvement efforts in America's nursing homes.
- is committed to providing support to those on the frontlines of nursing home care.
- promotes open communication and transparency among families, residents, and nursing home staff.

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Who Does What

- ***Steering Committee (meets bi-weekly) Work Groups***
 - Governance, Policy, National meetings – the “Interchange”, Communications, Technical Assistance
- ***CMS Support through its Nursing Home QIO Special Study***
 - Website. data analysis, STAR target setting web site, limited administrative support
- ***Commonwealth Grant***
 - Supports Local Area Networks of Excellence (LANEs), Webinars, Technical Assistance, Outreach

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The Eight Goal Areas

- 1) Staff turnover**
- 2) Consistent Assignment**
- 3) Restraints**
- 4) Pressure ulcers**
- 5) Pain**
- 6) Advance Care Planning**
- 7) Resident /family satisfaction**
- 8) Staff satisfaction**

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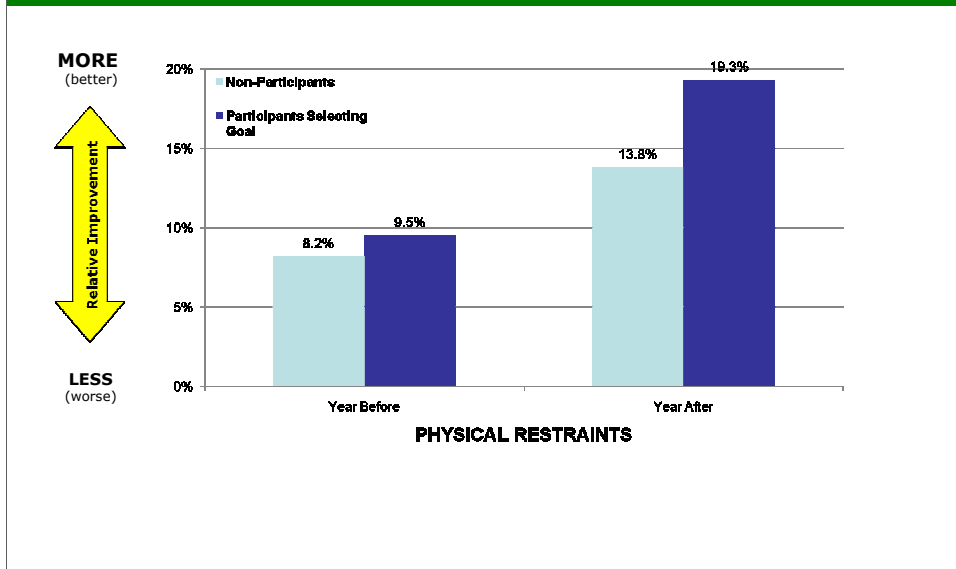
Major Accomplishments

- More than 7,200 (45%) nursing homes and 2100 consumers
- National coalition of government, providers, workers, professionals and consumers
- LANEs in 49 states
- Robust web site
- Evidenced – based technical assistance/
Webinars
- Consumer Fact Sheets for each goal
- Guide to engage nursing home front-line staff

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Accelerated Improvement since Campaign Start

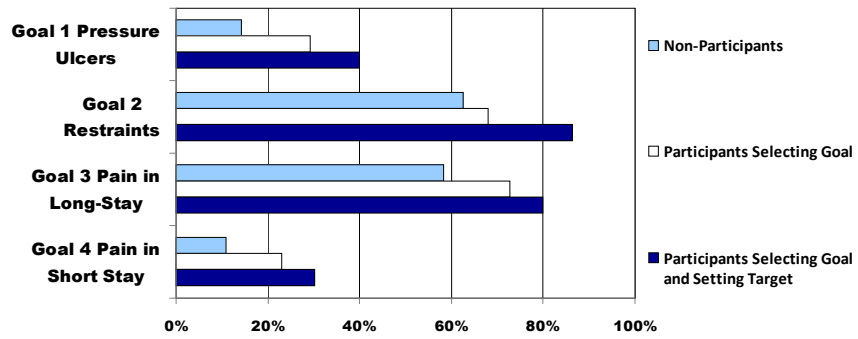
2005 Q3-2006 Q3 (Year Before) vs. 2006 Q4-2007 Q4 (Year After)



Percent Improvement by Comparing Non-Participants and Participants Selecting Goal for the Years ending in Q3 2005 and Q3 2006 (Before) and for the Years ending in Q4 2006 and Q4 2007 (After). Those selecting clinical goal realized greater relative improvement in QI performance for Physical Restraints after joining the Campaign .

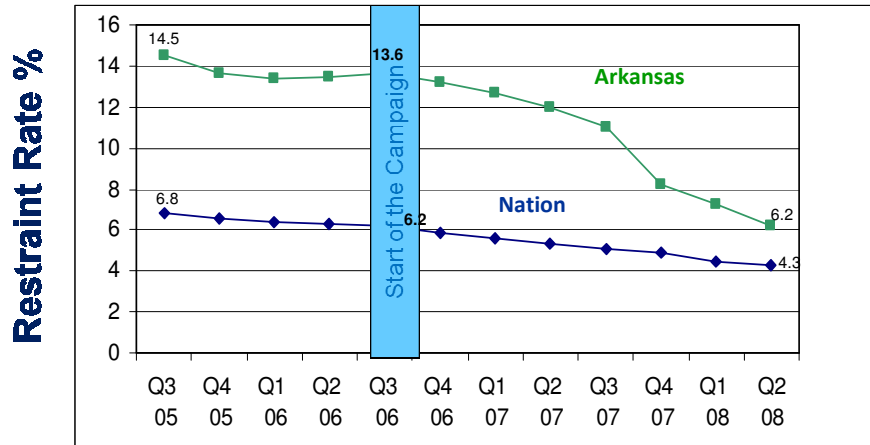
The goal was

Restraint reduction and target setting



Arkansas: 100% Participation in Advancing Excellence Impact of Campaign on Restraint Rate

Q3 2005 through Q2 2008



Nursing Home Compare

- Characteristics
- Inspections
- Staffing
- Quality measures
 - Minimum Data Set (MDS)
- Fire safety

Resources

- <http://www.edenalt.org/>
- <http://www.ncbcapitalimpact.org/default.aspx?id=146>
- <http://www.pioneernetwork.net/Resources/Organizations/>
- <http://www.nhqualitycampaign.org/>
- http://www.lifespan-network.org/beacon_wellspring.asp
- <http://www.commonwealthfund.org/Content/Publications/Other/2006/Apr/Transforming-Long-Term-Care--Giving-Residents-a-Place-to-Call--Home.aspx>
- <http://www.pioneernetwork.net/>

In Summary....

Nursing homes
& long-term care.....

♪...they are a changin...♪