HONORING NURSES THROUGH CULTURE CHANGE

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Edu-Catering
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Nursing is...

- The largest health care profession
- Needing more people to join it
- The reason nursing homes exist
- If it weren’t for you, there wouldn’t be nursing homes!
Why did you become a nurse?

- To help people?
- To take care of people?
- To care for people in times of crisis?
- To make life better for people?
Do nurses resist culture change?

Maybe nurses resist culture change ideas if interventions…

- Threaten quality of care
- Reduce their control over resident care?
- Diminish nurses’ authority over aides?

- Maybe you do, maybe you don’t…
Maybe nurses are perceived as resisting culture change

- Have a nursing license to protect
- Status quo to adhere to
- Gatekeepers of medical care
- Responsible for quality of care
Status Quo

- Change is difficult, sure
- It is easier to just continue doing what we know, even if what we now know is better
- EASY button
  - “This is how we do it”
  - “This is how we’ve always done it”
- Change can be exciting too!
Your Nursing License

- What does a license mean?
- Licensed to practice as a nurse:
  - Give medications
  - Give treatments
  - Conduct assessments
  - Carry out physician orders
- Medical care broker
- If an order doesn’t make sense for a person, you let the doctor know and advocate for a better option, right?
Gatekeepers of Care

- You have power.
- Do you use your power for good?
- Do you use your power to better the lives of the people you serve?
  - Both:
    - Residents, and
    - CNAs?
NURSES’ CONTRIBUTIONS TO RESIDENTS’ QUALITY OF LIFE

Nursing Culture Change Practices
Honoring Nursing and Nurses all along the way
Put the Person before the Task

PN Value

“No longer are the needs of the institution to come before the needs of the individual.”

Wendy Lustbader, MSW

“We did it all for the sake of ... who knows what?”

Marilyn Oelfke, RN, NHA, Perham Memorial
Beautiful Sleep

- Why do we wake people living in nursing homes?
  - No job to go to
  - Worked hard all their life
  - Not waking someone actually honors a person
  - How many of you would like to be sleeping?

- What are benefits of being well rested?
Meal times drive the “get up rush hour”

- Arbitrary “breakfast” time
- Breakfast drives our pattern of waking people up
- “Wake up list”
- How many of you do not even eat breakfast?
- What would happen to us?
- Open dining times become the answer
Open Dining

MEAL TIME
EAT ANY TIME YOU PREFER TO!

BREAKFAST: 6:00-9:00
LUNCH: 11:00-1:00
DINNER: 4:30-6:30

YOU CAN HAVE YOUR CHOICE:
OFF BUFFET OR ORDER FROM MENU

Crestview, Bethany, MO 2001
Open Dining Regulations

- Tag F368
- Three meals daily
- No more than 14 hours elapse between supper and breakfast unless...
- A nourishing snack is provided at bedtime, 16 hours can elapse if a resident group agrees and the nourishing snack is provided
- Tag 242 Choices
The Typical Med Pass

What’s it look like?
The Typical Med Pass

- Standard, one-size-fits-all med times
- Rigid routine, especially for the nurse
- Meds administered in the dining room
- Disruption to resident’s mealtime
- Noisy
- Institutional
- Everything tied to the med cart — including the nurse!
Person Centered Med Pass

How homes are doing it differently:

- Physicians order medications qd, bid, tid, qid
- The facility tells the pharmacy what time to assign to each medication
- A person-centered schedule flows with the routine of the person
  - “Meds upon rising”
  - “Meds at hs”
WHAT IF THERE WERE NO
MORE MED CARTS?
In-room Medication Administration (and no med carts)

- What if? What would it be like?
Without med carts...

- Nurses don’t hover
  “It’s like Ground Hog day…every day….”
- Nurses have some one-to-one time with residents
- Nurses’ shoulders are spared
- All of one person’s medications are in one place creating less chance for error
- Med pass becomes person-centered
- Eliminates this hallmark of the institution
So many benefits

- Quiet
- Confidential
- Normal
- Like home
- Supportive of person’s routine, personal
- Meals not interrupted
- Helps to create home and minimize “institution”
No regulations require med carts

There are no federal regulations requiring med carts. It is doubtful there are state regs that require the use of med carts, please check yours.
Progression

1. Consider starting with passing medications only outside of the dining room
2. Move to resident rooms only
3. Create in-room built-in locked med cabinets or drawers
An inexpensive way to start

- Unfinished cabinets
- Finish, locks and hardware done by facility
- Cabinet $20.00
- Finish, etc. $10.00
- Plastic cont. $ 5.00
  - Total $35.00
  - Per res. $17.50
  - Freedom from med cart = priceless!
Perham Memorial Home
Perham, MN
Logistics

- MAR and TAR kept in resident room
- Timeline used by nurses to indicate what time each resident receives meds
- Caregivers communicate when residents awake and ready, cares completed
- Report sheet used by nurses to document meds and times given
- Narcotics kept under double lock in medication room
Perham Memorial Home
Perham, MN
Built-in medication cabinets
For more information:
www.pmhh.com
Fairport Baptist Home remodel

Fairport, NY
The Future of Med Carts

- Refurbished into a garden cart

Ft. Collins Good Samaritan, Ft. Collins, CO
“I would never go back”

“I opposed this change with every energy. I just did not think we could get the right meds to the right people at the right time without med carts. Now that we do this everyday, I cannot imagine it any other way and I would never go back. They have a good life everyday in the households. I used to leave work every day grieving for the things I could not do for my resident, now I leave every day, dead tired, but thinking of the many good things I was able to do for them today and plan to do for them tomorrow.”

LPN, In Pursuit of the Sunbeam
CMS Support

5/19/07 CMS satellite broadcast
Institutionalized to Individualized Care:
Clinical Case Studies
For purchase at pioneernetwork.net
- Included making med pass individualized
Medications and specific times

- Team looked at meds
- Very few that must be given at set times
- However, there are some and this must still be carried out
  - Schedule II narcotics
  - Pain medications
  - Insulin
  - Others?
Person-Centered Med Pass

- Look at each resident’s medications
  - Can med times be combined?
  - Which must be given at specific intervals?

- Work with pharmacist
  - Drug interactions
  - Some drugs do need specific intervals/times assigned
  - Standards of practice

- Documentation changes
  - Now we need nurses to record times when meds were given so the next nurse knows.
F Tag 329 - Unnecessary Drugs

- **How?**
  - Strong relationship with Medical Director and Pharmacy consultant
  - Educate nurses — interventions vs. meds
  - Talk to resident and family
  - Eliminate noon and hs med pass (hs only for sleeping aids)
- Combine Vitamins – Vit. C, Multi-vit, Ferrous Sulfate = 3 pills, Multivitamin with iron = 1
- Pain meds – instead of Vicodin QID use long-acting
- 3 HTN meds – low or WNL BP’s – eliminate 1 med and monitor BP’s for any changes
Behaviors vs. Loss of Autonomy

- Loss of independence, family, dignity, privacy, spontaneity, spirit, etc.
- Let’s not medicate our elders for behaviors brought on by those losses!

HOW DO WE ADDRESS BEHAVIORS IN AN INSTITUTIONAL SETTING?

- Dx: Yelling/screaming – Xanax, Ativan, Depakote
- Dx: Forgetting that your husband died – Zyprexa
- Dx: Acute dementia – strait cath for UTI
Reduction of Psychoactive Meds

- Medication = Quick fix for behaviors
- Most behaviors are related to needs that are not met!
- Medication: call to family and physician, written telephone order, medication administration, documentation (extra for S/E of a fall). S/E drowsiness, drooling, jerking, etc.
- Time = 1 hour
Other Intervention:

- Conversation, gum, and a ride outside.
- Possible S/E: enjoyable conversation, relationship, initiating taste sensation, fresh air, etc.
- Time = 15 min.

Priceless!
Reasons to avoid meal times

- Residents can eat uninterrupted
- Families can visit uninterrupted
- Avoid evening meal med pass especially
  - Less staff
  - Nurses can help residents with eating
  - Nurses can talk to families
  - Nurses can be available for “sun-downing” or increased confusion that occurs in the evening
Individualized Nighttime Care

- At home, we don’t wake up in the middle of the night to take meds
- Nighttime care per person, not per a standard making everyone the same
- Pay attention if a person repositioned him/herself
- Flashlights, dimmer switches vs. overhead lights
- Blood draws early by labs are really a violation of choice – what can you do to make a change?
“Person Appropriate”

- Alz. Assoc. change from “age appropriate” to “person appropriate”
- CMS adopted AA change, referred to in the new interpretive guidelines for Tag F248 Activities
- Baby dolls and adaptive equipment
- We – staff, families and surveyors – do not get to decide what is appropriate, the resident does!
Staff Dining with Residents

- No regulations prohibit, CMS agrees as long as residents get assistance needed
- Good infection control always applies
- OSHA - staff still entitled to their break
- Homes committed to relationship gladly pay staff to dine with residents, plus take their breaks
So normal...
Liberalized Diets

5/18/07 CMS satellite broadcast
Institutionalized to Individualized Care Part III
Clinical Case Studies www.cms.internetstreaming.com

“Liberalized diets should be the norm, restricted diets should be the exception.” CMS

American Dietetic Association agrees
No research shows restricted diets have any benefit
Some homes have made liberalized diet the standard with monitoring of edema, high blood pressure, blood sugars and then make changes as necessary
From CMS

“Research shows that quality of life may be enhanced by a liberalized diet.”

“Facilities should review existing diets to minimize unnecessary restrictions.”

“There is broad consensus that dietary restrictions, the so-called therapeutic diets such as low fat, sodium restricted and modified textured diets are only sometimes helpful and may actually inhibit adequate nutrition especially in undernourished or at risk individuals. Generally weight stabilization and adequate nutrition are promoted by serving residents regular or minimally restricted diets.”

CMS sat. broadcast 5/18/07
Clinical Case Studies
“Culture change facilities may use some non-traditional approaches for providing individualized nutritional care. Surveyors need to be open minded to the alternative approaches as long as the regulatory requirements are met and negative outcomes are thoroughly investigated.”

Alisa Overgaard, CMS
Central Office Dietician

CMS sat. broadcast 5/18/07
The resident has the right to:

1) **Choose** activities, schedules, and health care consistent with his/her interests, assessments and plans of care;

2) Interact with members of the community both inside and outside the facility; and

3) **Make choices** about aspects of his or her life that are significant to the resident.
Tag F242
Lovingly called “Choices”
Tag F242 Choices

- Could Tag F242 be cited almost every week in almost every home in America?
- Person-centered med pass
- Liberalized diets
- Sleeping until I wake up
- Being able to eat when I want
- Aren’t we more in compliance with Tag F242 than ever before??!!
“Non-compliant”

- Compliant and non-compliant
- What is that?
- What is that really?
- **NEW red flag:** “non-compliant” = choice not being honored!
Is it Risk or is it Supporting Choice?

- Have dealt with the person with diabetes who eats sugar-laden food
- Balancing risk with choice
- Involvement of physician
- Care planning
- Risk/benefit education, reminders, encouragement
- Advanced medical directives?
- Ultimately it is his life, her life, your life, my life
- Has nurse called physician to change order?
Risk is part of life

- Steve Shields, CEO
  Meadowlark Hills, Manhattan, KS
- “Risk is inherent to being alive.”

Baker, Old Age in a New Age 2006
actively seeking preferences, choice over schedules important to the resident i.e. waking, eating, bathing, retiring,

if resident is unaware of the right to make such choices determine if home has actively sought resident preference info and if shared with caregivers
Protecting the Purity of Nursing

- Lead CNA Role
  - Quality of Life/Non-nursing responsibilities
  - Leadership among CNA team
  - Trainer/Mentor Role
- Freed up to focus on nursing
LEAP – Learn, Empower, Achieve, Produce

Train the Trainer system – “LEAP Specialists”
Module 1 - The Essential Roles of Nurses in LTC
- Leader
- Care Role Model
- Gerontological Clinical Expert
- Care Team Builder

Module 2 - Career Development for CNAs
- Clinical ladder program
- Mentorship program

www.matherlifeways.com/leap
No Nurses Station?

- No federal requirement
- MAY be state requirement – check it out
- Staff work areas
- Living rooms/dining rooms
- Records kept in a way to protect home
- PURPOSE is to bring staff and residents closer together
Teresian House, Albany, NY
Wireless call systems

- Tag F463: Resident call system
  The nurses’ station must be equipped to receive resident calls through a communication system from –
  1) resident rooms, and
  2) toilet and bathing facilities.

  This communication may be through audible or visual signals and may include “wireless systems.”

- Reduced noise
- Better service

New Guidance:
- recognizes decentralized staff work areas and direct communication electronic systems
- need to be functioning
- staff are answering resident calls
Innovative Practice

- Bright Ideas Translate Into Innovative Practice
- Anne Federwisch
- Monday June 4, 2007
Most good ideas are born on the fringes and die on the fringes.

- "There is so much richness and depth now in ideas that really could drive innovation in health care. Never have we had this many ideas coming out of research and sciences and even front-line practitioners. Our problem is that our health systems have never been built to support the innovator or the migration of those ideas from research into practice."

Lee Kaiser, Kaiser Institute, Brighton, Colorado
"What we find is that nurses who get involved with innovation enjoy their work more. It's a lot of fun to start thinking, 'I can do something about this and it will be better for our patients.'”

Marilyn Chow, RN, DNSc, FAAN, Kaiser's national vice president for patient care services Garfield Health Care Innovation Center in San Leandro, Calif.,
“One patient, one nurse, one innovation, one day"

- Kaiser Permanente Roseville Medical Center in Roseville, California
- “One patient, one nurse, one innovation, one day" philosophy
- Nurses never know quite what to expect -- but that's a good thing.
- Change has become the rule, not the exception
- Bedside nurses continuously initiate better ways of caring for patients and try them out in small-scale tests of change
“Nobody waits for permission here”

- University of Colorado Hospital in Denver
- In 2004, the hospital won an American Nurses Credentialing Center Magnet Prize for exemplary nursing innovation and their culture of evidence-based practice.
- They've maintained that climate of inquiry to continuously initiate change.
- "Nobody waits for permission here. They question. They say, 'Why do we do this this way?'"

Mary Krugman, RN, PhD, FAAN, director of professional resources
Nurses realized that patient throughput was becoming bogged down due to shorter lengths of stay and sicker patients.

Knowing that many RNs did not want to work a traditional 12-hour shift, the nurses proposed a creative solution -- hiring admit nurses who would work four, six, or eight hour shifts, whose sole responsibility would be to admit and discharge patients.
Admit Nurses “Quite a Success”

- They get the patients settled in bed.
- They do the admission assessment.
- They start IVs and medication.
- They do the physical exams.
- They do all the upfront paperwork.
- They see that the meds are ordered.
- Then they turn that patient over to a staff person on the unit.
A Master’s Degree in Innovation?

- Master of Healthcare Innovation
- Arizona State University College of Nursing & Healthcare Innovation
- The program itself is innovative
- Hartford Center of Geriatric Nursing Excellence
- http://nursing.asu.edu
Some nurses may protest that their heavy workloads don't leave time for innovation. To that, innovation experts say, "Just do it."

Start on a small scale, one issue at a time.

"All the research in the field points to the fact that the most important and most powerful time to innovate is also the time when it is most difficult"

"We have to stop thinking of innovation as a luxury."

Carlson, futurist, Kaiser Institute, Colo.
As a nurse, what can you do?

- Role model. Role model. Role model.
- Ask your CNAs which residents aren’t ready to get up when traditionally woken up and order a meal to be served later for them.
- Ask the nurse from the shift ahead of you, what resident might need a little extra attention?
- Answer resident’s calls/call lights for help
- Assist CNAs in caring for residents
- Include CNAs in decision-making
- You have so much power...
What are you passionate about?

- Supporting residents to sleep until they wake up naturally?
- Open dining?
- Person-centered medication pass?
- Change in workplace culture?
- Bathing choices and personalization?
- Renovating into home?
- Creating “high involvement” of all staff, residents, and families?

- Offer to lead a committee… just do it!
Honoring You

- So what will keep nurses?
- What will attract new nurses?
- You have so much power you can use for good
  - over CNAs lives,
  - over residents’ lives,
  - to soften that rigid culture.
- Help change long term care!
YOU as nurses have the power to honor people’s lives more than any one discipline represented in long term care
Thank you for not giving up

“You did then what you knew how to do, and when you knew better, you did better.”

Maya Angelou
Well Thought Out Change

- Making decisions in team with those most involved — they have the answers.
- Always review applicable regulations, company policies, standards of practice, local, state and federal laws before making a change.
- Call surveyors, have them help you think through requirements.
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- If I can be of any help on your culture change journey, please contact me at carmen@edu-catering.com or 303-981-7228.
Future LTC Nurse?
The Softer Side of the MDS
New resource

**SOFTEN the Assessment Process**

- Workbook and Training DVD in the form of a learning circle with professionals sharing the technique they each used with a new person who just moved in
- Fits the new “resident voice and choice” focus of the MDS 3.0!
- culturechangenow.com
Changing the Culture of Care Planning: a person-directed approach

Covers:
- Regulatory Support
- Individual Care Planning
- I Care Plans
- Narrative Care Plans

Includes:
- Sample IN2L “Visual Care Plan”

Available from Action Pact at www.culturechangenow.com
Quality of Life: The Differences between Deficient Practice, Common Practice and Culture Change Practice

Section at F241 Dignity on Using Dignified Language
Regulatory Support for Culture Change

Living Life to the Fullest:
A Match Made in OBRA ’87

Getting to Know You assessment
Assessing Psychosocial Needs
Assessing a person’s ethnic culture
Assessing highest practicable level of well-being
Activity programming according to interests, not “problems”

MEANINGFUL ACTIVITY ASSESSMENT incorporates:
- Tag 248 Interpretive Guidance,
- MDS 3.0 and
- culture change practices.

Sold as a kit by Action Pact at culturechangenow.com
You Hold the Key to a Vibrant Daily Home Life

Special Features:

- Written to Residents/Householders
- Scrapbook style
- Learning Circle questions
- Audits for residents and families!

[culturechangenow.com](http://culturechangenow.com)
Person-Directed Dining Resources

Life Happens
IN THE KITCHEN...
How to make the kitchen the heart of your home.
by Linda Bump, MPA RD

Nourish the Body and Soul
How to Make the Kitchen the Heart of the Home
Jan. 21 – Addie Abushousheh - The Household Model
Think Tank

Feb. 18 – Dr. Karyn Leible – The Truth about Altered
Consistency Diets
More Nursing Resources

- Nurse Leadership course - Action Pact
  www.culturechangenow.com

- Hartford Institute for Geriatric Nursing, Pioneer Network and Geriatric Nursing Organizations
  Issue Paper:
  Nurses Involvement in Nursing Home Culture Change: Overcoming Barriers, Advancing Opportunities