

# MOVING MOUNTAINS – CULTURE CHANGE 101

PRESENTER  
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SARASOTA-PIEDMONT ONHEAD UNIT, OF O

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- ## Agenda:
- ▶ Definition
  - ▶ Relationships/Trust
  - ▶ Readiness
  - ▶ Discovery
  - ▶ Reflection
  - ▶ Changing to meet the Unique Community Needs
  - ▶ Building Capacity
  - ▶ Sustainability

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## Objectives:



- ▶ Attendees will be able to identify the stages of culture change.
- ▶ Attendees will learn through a case study approach about the journey for culture change and strategies to start and sustain their own journey.
- ▶ Attendees will be able to give at least two examples of how to sustain culture change.

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## What is "Culture Change"

"Culture change" is the common name given to the national movement for the transformation of older adult services based on person-directed values and practices where the voices of elders and those working most closely with them are solicited, respected and honored. Core person-directed values are relationship, choice, dignity, respect, self-determination and purposeful living.



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## What is Culture Change and What it is not.

- ▶ Put living first.
  - ▶ Honoring the person.
  - ▶ Understanding life is about risk taking.
  - ▶ Person-centered.
  - ▶ Championed by strong leaders.
  - ▶ Supported by collaboration.
  - ▶ Built on strengths.
  - ▶ Open to new possibilities.
  - ▶ An evolving process.
  - ▶ Critically reflecting what is, and working towards what can be.
- ▶ It is not....
  - ▶ An end product or outcome.
  - ▶ Solely a quality improvement initiative.
  - ▶ A specific program or model of care.
  - ▶ A one size fits all approach.
  - ▶ A top down mandate imposed by others.

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RELATIONSHIPS AND TRUST!



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### Examples of Traditional versus Person-Directed Care in a community.

Traditional Care	Person-directed Care
Elders are told when to wake up, go to bed, eat, and bathe, based on institutional schedules and set routines.	Elders wake up, go to bed, eat, and bathe when they choose to. Staff alter their work routines to honor elders preferences.
Management rarely asks if a unit is successful. The staff are not involved in the decision making. The staff are not involved in the decision making. The staff are not involved in the decision making.	The same staff assist the same elders they assist in the traditional care. Staff are asked to alter their work routines to honor elders preferences.
Management makes most of the decisions without consulting the elders, families, or direct-care staff.	Management seeks input of elders, families, and staff before making decisions that affect their daily lives. Management also trains and supports staff to enable seniors to make decisions.

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### Task Oriented VS Person Centered



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### Is Person Directed Care Profitable? Is it for my Community? SO Many Questions, Where do we begin?

- ▶ [Person Directed Care in a Community](#)
- ▶ [Person-Centered](#)
  - ▶ [Self and community reevaluation](#)
  - ▶ [Values](#)
  - ▶ [Needs](#)
  - ▶ [Attitudes](#)
  - ▶ [Innovative solutions](#)
  - ▶ [LANGUAGE - VITAL PIECE OF THE JOURNEY!](#) (Handout)

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### Sample Aspirations

- ▶ Open Dining to all areas for all levels (inclusive community)
- ▶ Opening Café for a resident run happy hour/extended use:
- ▶ Volunteering/ Peer to Peer support and advocacy
- ▶ Introduce of a town and community newsletters.
- ▶ Volunteer for a day can grab an opportunity that is posted and go.
- ▶ Resident co-chairs
- ▶ Provide training
- ▶ Determine residents needing/wanting and open to a buddy.

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### Sustaining and Leading

- ▶ SAT, town hall, team and family meetings.
- ▶ Assessments.
- ▶ National and state conference presentations.
- ▶ Use in home and community based services through skilled nursing.
- ▶ Offer expertise through internships and through collegial work with RIA.

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### Physical Plant Changes

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### Memory Care Renovations



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### Culture Change Journey Timeline and Activities

These presentations are the first presentations in the journey to culture change. They are designed to be used in a series of presentations to help you understand the importance of culture change and the role of each of us in creating a culture of aging in which we all want to age, despite whatever vicissitudes come along in the journey of our own aging.

Presentations include:

- 1. The Importance of Culture Change
- 2. The Role of Each of Us in Creating a Culture of Aging
- 3. The Role of Leadership in Creating a Culture of Aging
- 4. The Role of Staff in Creating a Culture of Aging
- 5. The Role of Residents in Creating a Culture of Aging
- 6. The Role of Families in Creating a Culture of Aging
- 7. The Role of the Community in Creating a Culture of Aging



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### Final Thought:

- ▶ "Our task is simple. It is to build communities in which each and every person matters. In which we are all connected to one another. And it is even deeper than that. In which we are all connected to the living planet and the legacy that we are going to leave for future generations. Our mission is to create the culture of aging in which we all want to age, despite whatever vicissitudes come along in the journey of our own aging."
- ▶ - Barry Barkan

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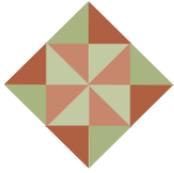
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# Pioneer Network™

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## **We commit to these Values and Principles:**

- ◆ Know each person
- ◆ Each person can and does make a difference
- ◆ Relationship is the fundamental building block of a transformed culture
- ◆ Respond to spirit, as well as mind and body
- ◆ Risk taking is a normal part of life
- ◆ Put person before task
- ◆ All elders are entitled to self-determination wherever they live
- ◆ Community is the antidote to institutionalization
- ◆ Do unto others as you would have them do unto you
- ◆ Promote the growth and development of all
- ◆ Shape and use the potential of the environment in all its aspects: physical, organizational, psycho/social/spiritual
- ◆ Practice self-examination, searching for new creativity and opportunities for doing better
- ◆ Recognize that culture change and transformation are not destinations but a journey, always a work in progress



## **OUR VISION**

### **A Culture of Aging that is Life-Affirming, Satisfying, Humane and Meaningful**

We recognize our need to create ways of living and working together different from the traditional models. Pioneer Network supports models where elders live in open, diverse, caring communities. Pioneers are working for deep system change by both evolutionary and revolutionary means, using Pioneer Network values and principles as the foundations for change. In-depth change in systems requires change in governmental policy and regulation; change in the individual's and society's attitudes toward aging and elders; change in elders' attitudes towards themselves and their aging; and change in the attitudes and behavior of caregivers toward those for whom they care. We refer to this work as culture change. Our aim is nothing less than transforming the culture of aging in America.

## **OUR MISSION**

Pioneer Network advocates and facilitates deep system change and transformation in our culture of aging. To achieve this, we:

- ◆ Create communication, networking and learning opportunities
- ◆ Build and support relationships and community
- ◆ Identify and promote transformations in practice, services, public policy and research
- ◆ Develop and provide access to resources and leadership



# Commitment to Person-Centered Language



## Communication and Training Ideas

Have the staff read articles on person-centered language, then discuss them at staff, management, resident and family meetings.

The Language of Culture Change “Mayday” by Karen Schoeneman

<https://www.pioneernetwork.net/wp-content/uploads/2016/10/The-Language-of-Culture-Change.pdf>

The Power of Language to Create Culture by Carmen Bowman, MHS, Judah Ronch, PhD and Galina Madjaroff, MA.

<https://www.pioneernetwork.net/wp-content/uploads/2016/10/The-Power-of-Language-to-Create-Culture.pdf>

Culture Change in Action: The Language of Culture Change

<http://actionpact.com/assets/cache/ccp-language-of-cc.pdf>

Creating a New Language for the Eden Alternative Journey

<http://www.edenalt.org/wordpress/wp-content/uploads/2014/03/04Eden-Alternative-Dictionary-Full-Continuum-Version-ABFinal.pdf>

Why Worry About Words by Joan Devine

<https://www.pioneernetwork.net/why-worry-about-words/>

## Conduct learning circles

Resources:

The Learning Circle by Action Pact, Inc

<https://www.pioneernetwork.net/wp-content/uploads/2016/10/Learning-Circle-Rules.pdf>

The Learning Circle Guide

## Possible learning circle questions

- ✓ What are words that we use in our community that are different from what we would say or call things in our own homes?
- ✓ What are some words you hear used in our community that make you cringe?
- ✓ What is the difference between a home and a facility?
- ✓ How does it feel to be a patient in a hospital?
- ✓ What are some things that we are currently saying “no” to, that you would like to be able to say “yes” to?

**Purchase the Pioneer Network Hot Topics Webinar, *Using Language to Guide Your Culture Change Journey*, with Guide, Joan Devine, Pioneer Network Director of Education, and show it to your staff. Purchase for only \$25.00 through 07/18/2018. Use the coupon code LANG25.**

<https://www.pioneernetwork.net/product/using-language/>

## Make it fun

- ✓ Have a contest where you “catch” people using Person-Centered Language or conversely, catch them using institutional language.
- ✓ If it’s a “catch” that is positive, perhaps you put their name in a jar and have a monthly drawing with a small give-a-way.
- ✓ If it’s a “catch” in the negative, perhaps they have to put a nickel in a jar. (at the end, you can use that money to purchase something for your residents)

# The Language of Culture Change

"Mayday"

by **Karen Schoeneman**

I've always been a fan of words. When I was young, I'd spend hours browsing through a 20-pound unabridged dictionary that gave the histories of words as well as their meanings. I've just recently found out why people shout "Mayday" when their ship or plane is in trouble. It's a misspelling of the French, "m'aidez" which means "help me," and is pronounced "mayday." Well, today, I'd like to shout "Mayday" for help with my words.

I've worked 30 years in long-term care. Over that time, I've come to realize that much of the language we use is in need of replacement because it unintentionally demeans people, contributing to a hierarchical sense of "us and them" or a dehumanizing institutional culture instead of a nurturing community with respect for its members.

When I started working in long-term care in 1972, I worked in a "State School and Hospital" with "inmates" who were called "retarded" and categorized as "moron," "idiot," "imbecile," "mongoloid." Those words were not intended as insults, just diagnoses. We've already come a long way from there, but we still have far to go. And those of us who came from a past that accepted words like these need help—your help—to upgrade our institutionalized brains.

Part of transforming long-term care practice is finding new words to describe staff, programs, parts of the building, and the "industry" itself. As I've attended Pioneer and Eden conferences, I've been immersed in a new type of language called "person-centered." The idea behind person-centered language is to acknowledge and respect long-term care residents as individuals. Using person-centered language, I've learned, is often as simple as reversing common phrases to put the person first and the characteristic second. "A wheelchair-bound resident," for instance, becomes "a person who uses a wheelchair for mobility," and "a feeder" becomes "someone who needs assistance with dining."

A few years ago I wrote an article about this subject for Provider magazine and invited readers to e-mail me words and phrases they thought were outdated, along with their suggestions for what to use instead. Look at the word "therapy," for instance. Why does everything have to be therapy once you live in a nursing home? If I liked to paint before I moved into the nursing home and I paint now that I'm there, why is my hobby now "art therapy?" I mean no insult to the wonderful folks who call themselves therapists and their work, their special training, or their skills. In fact, I'm a massage therapist myself. But in this context, "therapy" is another of those separating words.

This list below is a collection of suggestions culled from the many responses I received from readers of Provider, along with some additions from friends and colleagues and a few thoughts of my own. The list

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is not definitive, and I am not its keeper. It's not up to me to say whether these words are our best or only choices, but I do know they're a start, so I'm sharing them in hopes that they'll spur more thinking and discussion.

The language of long-term care belongs to all of us—not only the "us" who work in this field but, at least as importantly, the elders and others with disabilities who require long-term care services, their families, and the public at large. The most urgent task we face may be agreeing which "bad" old words to throw away.

Finding new ones should be easier. After all, that's just a matter of choosing words that are both accurate and respectful, and that unabridged dictionary is full of good words.

Old Word	Suggestion
"victim of . . ." or "suffering from . . ."	"has . . ." or "with . . ."
wing, unit	household, street, neighborhood, avenue
allow	encourage, welcome
diaper	pad, brief, disposable brief, brand names, incontinence garment
the elderly	elders; older adults, people, or individuals
patient	resident (some think this is passé), individual, elder
a feeder/the feeders, feeder table	person who needs/ people who need assistance with dining, dining table
a diabetic, a quad, a CVA	a person who has (whatever condition)
nurse aide, CNA, nursing assistant, front line staff (sounds like war)	resident assistant, certified resident assistant
admit, place	move in
discharge	move out
lobby, common area	living room, parlor, foyer
nurses' station	work area, desk
facility, institution, nursing home	home, life center, living center
100-bed facility	100 people live in this home/center
housekeeping, housekeepers	environmental services, homemakers
long-term care industry	long-term care profession or field
eloped, escaped, elopement	left the building, unescorted exiting
dietary services, food service	dining services
problem residents, behavior problems	person with behavioral symptoms
agitated	active, communicating distress
ambulation, wandering	walking

**Karen Schoeneman** is a senior policy analyst in the Division of Nursing Homes in the Centers for Medicare and Medicaid Services. The opinions expressed in this article are those of the author and not necessarily shared by CMS.

**More words...**

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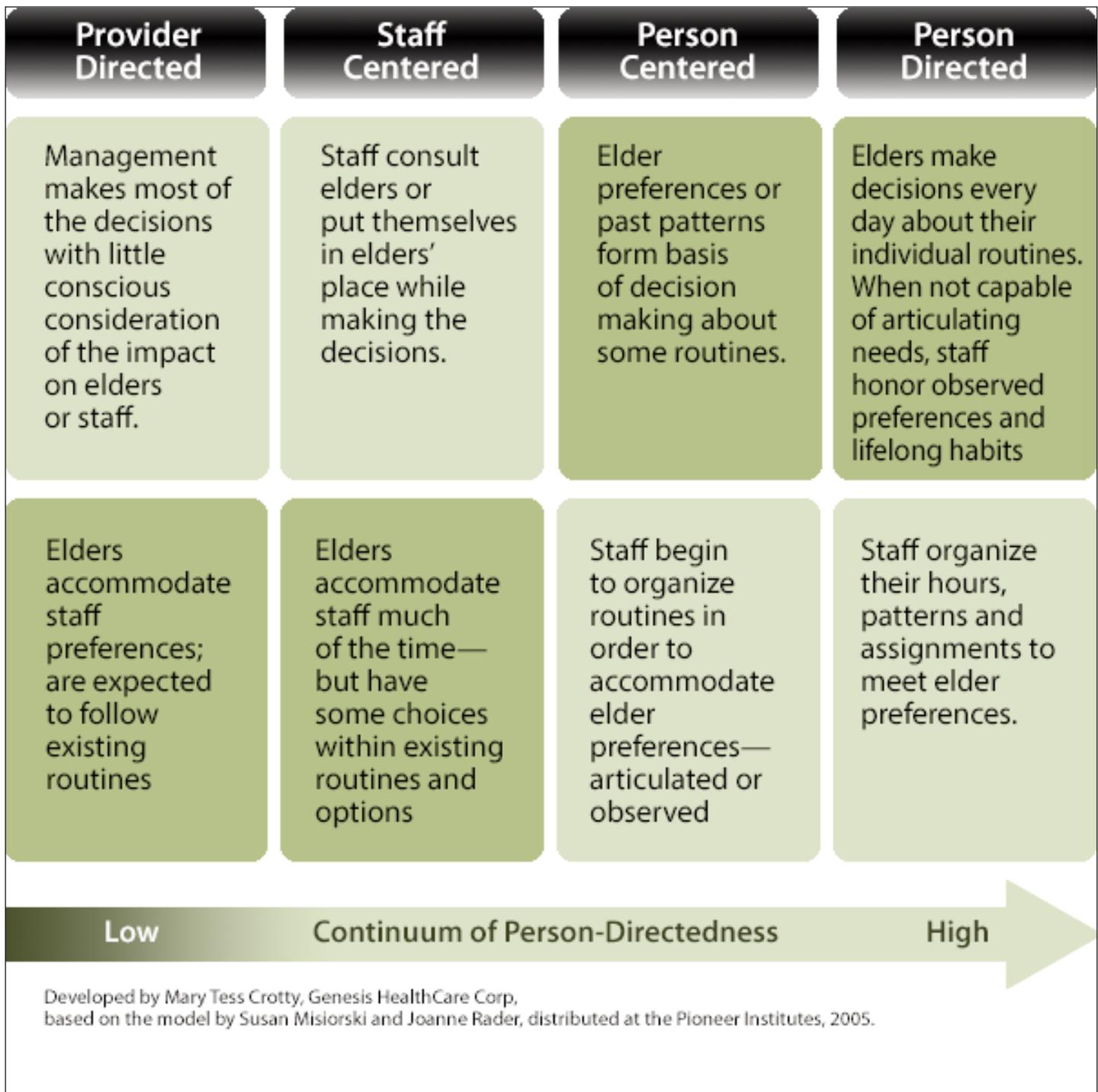
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<b>People</b>	<b>Old Words</b>	<b>New Words</b>
	Grandma, Mommy, Kid, Sweetie, Honey, Girls, Old Timer	Resident's name/ Mr./Mrs./Ms.
	Wheelchairs/Walkers	People who use a wheelchair/walker
	The Elderly	Elders
	Bed (i.e. - A 100-bed facility)	Resident
	Residents Identified by Diagnosis	Their name -- Learn it!
	Wanderers	People who like to walk
	Disabled	Person needing support/ What their abilities are
	Toilet Resident	needs help in the bathroom
	Activity Director	Community Life Coordinator
	Non-nursing/Ancillary staff	(name) from (department)
	New Admit	Someone offered a home here, New Neighbor
	Feeder/Feedy	Person who needs help eating
	Patient	Resident, Participant, Client, Neighbor
	Resident	My Friend
	Dementia/Demented	Person with cognitive losses
	Girl, Guy (CNA)	Their name, My Friend
	I	We/ The Team
	Food Service Worker, Hey You	Their Name
<b>Places</b>	<b>Old Words</b>	<b>New Words</b>
	Facility, Nursing Home	Community, Home, Care Community, Life Center
	Agency	Supplemental Staffing
	Bath	Spa
	Ward	Village
	Nurses' Station	Work Station, Den, Support Room
	Storeroom	Pantry
	Solarium	Living room
	Unit	Neighborhood
	Tray Line	Fine Dining
<b>Things</b>	<b>Old Words</b>	<b>New Words</b>
	Activities	Meaningful things to do
	Mechanical Soft Food	Chopped Food
	Nourishment	Snack
	Bibs	Napkin, Clothing Protector
	Diaper, Pampers, Pull-ups	Briefs, Panties, Attends
	Hospital Gown	Pajamas, Nightgown
<b>Actions</b>	<b>Old Words</b>	<b>New Words</b>

	Transport	Assist to...
	Admit/Place	Move in
	Ambulate	Walk
	MIA, Elopement	Taking a walk
	Toileting	Using the bathroom
	Baby-sit	Resident interaction
	Allow	Help/Facilitate
	Claims	States, Says
<b>Attitudes</b>	<b>Old Words</b>	<b>New Words</b>
	You are fat	You are thick or curvy
	Care Plan Problem	Resident Strength
	"I didn't know my resident could do that."	"I love it when my resident does that!"
	Problem	Challenge/Opportunity
	"You need to..."	"Would you like to...?"
	"Sit down, you'll fall."	"Let's walk!"
	"Trays are here."	"Dinner is served."/ "It's dinnertime!"
	"He's on the pot."	"He's not available right now."
	Long-Term Care Industry	Long-Term Care Community
	A two-assist	Requires two helpers
	"We're already doing that."	"We need to REALLY do that."
	"We tried that."	"Let's try again."
	"That's not my job."	"I'll take care of that."
	Industry	Mission
	14-hour rule	Freedom of Choice
	Old ways	Change in order
	Can't escape	Would like to go outside
<b>Conditions</b>	<b>Old Words</b>	<b>New Words</b>
	Short-staffed	Adequate staffing
	Confined to wheelchair	Uses a wheelchair

# Continuum of Person-Directed Culture

Developed by Sue Misiorski and Joanne Rader, this Continuum of Direction illustrates the differences between staff directed and person directed culture.



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## Applying the Continuum of Person-Directed Culture to Specific Practices in Long-term Care Settings

### Moving In

**Provider Directed:** Mrs. Jones is being discharged from the hospital today following a recent stroke. The hospital calls the nursing home at 2 p.m. to give them a report and states she is on her way. Upon arrival at the nursing home, Mrs. Jones is taken by the ambulance attendants to her new room and placed into her bed. The nurse on her unit takes her vital signs and begins the required admission assessment which includes a complete body check. Mrs. Jones is required to stay in bed per the home's policy until a physical therapist is available to evaluate her transfer ability.

**Staff Centered:** Mrs. Smith was admitted to the nursing home. Upon her arrival, she was greeted by her nursing assistant who explained she would be caring for Mrs. Smith four days a week on the day shift. The nursing assistant sat down with Mrs. Smith and asked her a lot of questions about her daily routine when she was living in her own home. The nursing assistant documented Mrs. Smith's responses on a form that would be placed in the chart. The nursing assistant also took Mrs. Smith's vital signs and wheeled her into the tub room to get her weight on a wheelchair scale. Five minutes after the nursing assistant left Mrs. Smith's room, the dietician came to meet with her. The dietician asked Mrs. Smith questions about her food preferences and eating habits and Mrs. Smith told her that she had already given that information to her nursing assistant. Five minutes later, the social worker entered the room and asked Mrs. Smith more questions. The social worker asked her family, her life in the community, her spiritual life, obtained her advanced directives, and asked her what funeral home she'd like to use in case of death. Mrs. Smith expressed frustration that she had answered some of these questions between the dietician, the nursing assistant and the director of admissions. She became visibly upset when approaching the subject of advanced directives and funeral homes. After the social worker left the room, the activity director came to visit with Mrs. Smith. At this point, Mrs. Smith was quite tired and expressed very little interest in any activity. The nurse then came in and explained that she had to complete her admission assessment as she was about to leave for the day. This assessment required Mrs. Smith to undress and get in bed for a head to toe skin assessment. She complained to the nurse that she was tired and that she was answering the same questions over and over again.

**Person Centered:** Mrs. Brown was removed from her home by protective services as she was living alone in the community with progressing dementia. Two staff members from the nursing home went to visit with Mrs. Brown in her home before she was admitted. During this visit, they learned that Mrs. Brown had a great deal of belongings that were packed into boxes and baskets all over her home. They also learned that there was no food in her home outside of meals on wheels and she was not eating well. Mrs. Brown was friendly to the nursing home staff but expressed strongly that she did not want to leave her house. Upon Mrs. Brown's arrival to the nursing home, the two staff members who visited her home greeted her and walked around with her chatting until she seemed calm. Mrs. Brown stayed with staff at all times during her first hours at the nursing home, and staff waited to conduct the required admission assessment until she went to bed for the night.

**Person Directed:** Heritage House nursing home has eliminated the word "admission" from their daily language as it is associated with illness and institutions. Instead, they met with their resident council and designed a process to help long term residents "move in" to their new home. If there is no family there to help with each planned move, the environmental services staff go to the resident's home in the community and help pack personal items, furniture, photos, etc. that the resident would like to use to decorate her new bedroom. Upon arrival to the nursing home, staff and residents greet the new resident and begin establishing relationship. The first hours are spent unpacking and getting settled into

personalizing the elder's room. After this is complete, the nurse assesses the resident and completed the required paperwork. If the resident is moving in from the short stay "unit", the other residents and staff begin visiting the resident on short stay neighborhood and put together a list of items from home. The resident council has a welcome process that begins as soon as the family/resident has decided that discharge home is not an option.

### **Care Assignments**

**Provider Directed:** The nursing assistants punch in at the time clock and check the bulletin board next to the time clock for their scheduled unit. The scheduling coordinator posts this daily schedule each morning. Upon reporting to their posted units, the charge nurse gives each nursing assistant their assignment after giving report.

**Staff Centered:** The nursing assistants always work on the same unit. Upon reporting to their usual unit, the nurse gives them their assignment of residents for the day, which is often different from the day before.

**Person Centered:** The nursing assistants always work with the same group of residents. The nursing assistants themselves are responsible for evaluating how their assignments are going and they communicate regularly with each other to ensure the residents' needs are met in a fair and equitable way. Each resident has a primary aide and an alternate who cares for them when their primary aide has a day off.

Person Directed: The nursing assistants held a team meeting to begin self-scheduling and consistent assignments concurrently. They learned from the residents on their neighborhood (no longer called "units") what time they wanted to wake up, eat, etc. They created their own schedules based upon their own availability and the times at which the residents needed their support. They created their assignments based on their existing relationships with the residents – the residents are a part of deciding who will care for them.

### **Dining**

**Provider Directed:** The nursing home serves meals at 8 a.m., 12 p.m. and 6 p.m. Residents that are independent eat in the dining room. Residents requiring assistance eat in lounge areas on their units. Meals are delivered to the main dining room and the nursing units on carts carrying trays. Residents who do not prefer the may meal may choose the alternate.

**Staff Centered:** The nursing home serves breakfast from 7 a.m. until 9 a.m. Lunch is from 11:30 a.m. until 1:30 p.m. and dinner is from 4:30 p.m. to 6:30 p.m. Residents have their choice of one of two seatings at each meal. Each meal offers a main dish or an alternative, except for breakfast, which is buffet style in the dining room. Residents who don't eat in the dining room receive meals either in their bedrooms or in a lounge area on trays sent to the neighborhoods.

**Person Centered:** Residents are served food from a rolling steam table. Freshly cooked food is placed in chafing dishes and placed inside the steam table. Dietary aides serve the food to the residents on fine china with no thermal dishes or trays. The tables all have tablecloths and center pieces and residents report the food is nice and hot. The steam table is taken to each neighborhood in order to serve residents who are unable to come to the dining room.

**Person Directed:** The resident council at the nursing home requested that breakfast be served to them in their rooms, while the other two meals be served in the dining room. The dietary department purchased a small cart that contains storage space for hot and cold foods. They take this cart room to room and ask each resident what she or he would like and fill a plate for her/him directly from the cart. The meals in the dining room are served family style. Food is placed in serving bowls and platters and placed on the tables. Staff helps residents who are unable to serve themselves.

### **Bathing**

**Provider Directed:** Mrs. Jones moved into Room 3, Bed 1 today. Upon her arrival, she was placed into a grouping of residents on nursing assignment #2. According to the way this grouping of residents is assigned to bathing, Mrs. Jones will receive a shower on Monday and Thursday mornings at 10:30 a.m. (the policy is that residents get a shower two times per week). The bathtub on her unit is not functioning at this time and is currently used as a storage place.

**Staff Centered:** Mrs. Smith moved into Room 3, Bed 2 yesterday. At 10 a.m. today, her nursing assistant let her know that she was assigned to give her a shower at 10:30. Mrs. Jones expressed concern because she had intended to go to an activity at that time and she was hoping to begin meeting people. The nursing assistant explained that there was really no other time available to give her a shower and asked her to choose between the activity and the shower, stating that either option was fine. Mrs. Jones decided to take the shower since cleanliness is also important to her.

**Person Centered:** Mrs. Jones moved into Room 3, Bed 1 this morning. Upon her arrival, her nursing assistant introduced herself to her and asked her some questions in order to get to know her better. Among the questions she asked were her bathing preferences. Did she prefer a bath or a shower? Mrs. Jones stated that she preferred baths and further stated that she had brought her own moisturizing soap as her skins tends to be dry. The nursing assistant let Mrs. Jones know that she would receive her bath on Monday and Thursday mornings at 10:30 a.m. and that she would include her special soap as an intervention on her care plan.

**Person Directed:** Mrs. Smith moved into Room 3, Bed 2 this morning. Upon her arrival to the nursing home, the nursing assistant learned that Mrs. Smith was in the habit of bathing one time per week in the bathtub, and has been going to the hairdresser every two weeks to have her hair washed and set. Mrs. Smith further stated that she always bathes before going to the hairdresser and that she would like to continue that practice while living at the nursing home. The nursing assistant put all this information into Mrs. Smith's care plan in order to ensure that her routine when she lived in her own home could continue now that she is living in the nursing home.

### **Medication Administration**

**Provider Directed:** Mr. Wilson is living with diabetes and is insulin dependent. He often eats candy bars and cookies in the evening. He likes to sleep in the morning but is awakened at 7 a.m. to test his blood sugar and receive insulin. He is then persuaded to come to the dining room to eat breakfast. The nurses are frustrated at his noncompliance with diet and activity.

**Staff Centered:** The resident council has asked the Director of Nursing to consider changing how and when medications are given to residents. Many residents do not like to be awakened for early medications and wonder if there is another way. There is talk of getting rid of the medication cart. Nurses have expressed anger and fear that changes are happening without concern for their needs.

**Person Centered:** Carol is a 48 year old woman with multiple sclerosis. She has been living in her own apartment until she moved into the nursing home yesterday. She has managed her medications herself and wants to continue, but the nurse manager has decided they need to pour and administer all medication because of Carol's difficulty managing the pills and containers. Also, the lock box needed for medications kept in rooms is heavy and cumbersome. The nurses are willing to bring the medications according to a schedule set with Carol's input.

**Person Directed:** Mrs. Green is on 14 medications that are given over 6 different times throughout the day. She has lost her appetite because of all the pills she takes. She has been complaining about the medications for a long time. Recently, she began to attend her care plan meeting and the issue came up again. After a discussion, the consultant pharmacist and nurse practitioner reviewed her medications and were able to change two of them to long acting equivalents medications. Also two of her medications were discontinued to evaluate whether they are still necessary. Mrs. Green also decided that she wants to have her once a day medications after lunch so she can have a better appetite for breakfast.

### **Providing Assistance at Night**

**Provider Directed:** Every two hours the staff begin at one end of the hall and work around and down the other side. If a call light goes off during rounds, staff wait until they come to the resident in order as they move down the hallway. When staff enters the room at night, they turn on all of the lights and talk among themselves, often forgetting to tell the residents what they are going to do. Several residents are awakened from a deep sleep at 4:30-5:00 a.m. so that the night shift can "help" the day shift by getting residents up and dressed. These residents routinely sleep through much of their breakfast.

**Staff Centered:** If residents wish to get up, staff get them up, asking and assessing to see if there are any problems such as pain, being cold or frightened. For those that sleeping, every two hours they do rounds down the hall, quietly checking each resident that they feel needs a position change and providing a "full flip" to the other side to assure pressure change.

**Person Centered:** Staff knows which residents reposition themselves at night and are at low risk of skin breakdown. These residents are not disturbed and are given care only when they awaken. However, very hour the staff checks on them, being quiet and using flashlights to assure that they are warm, covered and sleeping comfortably. For those residents who cannot reposition themselves and are at risk for skin breakdown, staff checks on them hourly also. If they are asleep, using flashlights and being quiet, they gently tug on the draw sheet to slightly readjust their position. If they are awake, staff provides additional care in low light and quiet as needed.

**Person Directed:** Each resident is asked and assessed on an individual basis to determine what their needs and wishes are related to being awakened at night. Mrs. Jones, who has some incontinence at night, prefers not to be awakened so the nurse discusses with her a super absorbent brief to maintain her skin integrity. After a two week evaluation to assess her skin condition with this new approach, it is decided by Mrs. Jones and the care team that staff will tend to her needs only if she awakens and requests help. When they hear her moving, or every hour, staff enters quietly with flashlights to see if Mrs. Jones wishes care since she does not remember how to use the call button.

### **Death and Dying**

**Provider Directed:** Carwell Nursing Home follows this procedure when a resident dies:

Provide post-mortem care. When ready to remove the body from the room, staff closes the doors to other nearby residents' rooms. Ask residents in hallways and other public areas to go their bedrooms for a short while. Place the resident's body on a gurney and take it to the "holding room." Upon arrival from the funeral home, resident body is removed from the building via the loading dock area.

**Staff Centered:** Sunnyview Nursing Home offers a memorial service each quarter. There is a memory board prominently posted in the home that identifies residents who have passed away in the home during the quarter. At the time of the memorial service, family members of the residents who passed away are invited along with staff and friends. A single rose is placed at the front of the room in honor of each resident who passed away.

**Person Centered:** Heritage House offers an individualized memory book to the family members of each person who passes away while living there. The memory book is placed outside the person's door on a small table with a rose on it and a framed poem. Staff, residents, volunteers, family and community members are invited to write something in the memory book about their relationship with the person who has died. After the book is completed, it is personally given to the resident's family.

**Person Directed:** The residents and staff at Pineview Nursing Home got together and discussed the death and dying experience in their home. Both staff and residents agreed that they would like to make some changes. Together they decided each resident would be asked how they wish to be remembered when they die. They are told of the following option created by other residents: If they wish, a chime will be rung three times over the intercom. Their name would be announced immediately after the chime. Regardless of time or night, a bedside memorial service is offered for staff, residents and family/visitors. The service would include a short celebration of the person's life and a prayer. The resident council made a quilt that is draped over the deceased resident's body. The individuals who participated in the memorial service form a procession and walk the individual's body out the front door to the waiting funeral service. The quilt is then draped over the person's bed.

## Conversation Café Questions

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### QUESTION 1

Please think about a really great day that you have enjoyed here, a day when you felt the happiest you have ever felt about your time here. Describe it. What factors made it meaningful? What came together to make it happen?

### QUESTION 2

What strengths and contributions do you bring to the home?

### QUESTION 3

Take a moment to dream and visualize the home you really want. What does this ideal home look like? What is happening? What 3 things would help to create this future?