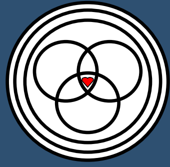

# HATCh Holistic Approach to Transformational Change

## Creating Home

**Background:** Nursing homes, over the years, have often adopted an institutional environment lacking warmth and personal charm. Having been modeled after hospitals many nursing homes find themselves mirroring the style of care, culture and environment found in hospital settings. Hospitals though, are designed as institutions in which sick or injured persons are given medical or surgical treatment. They are not designed as home. Nursing homes become home to 1.4 million people per year. Efforts currently underway are designed to create home—personal, cozy and individualized settings where people will be happy to live and enjoy their day-to-day lifestyle.

**Barriers:** Enormous opportunity presents itself when redesigning the environment within nursing homes. One barrier is the perception that to create individualized care one must build a new facility. The fact is that there are many steps and phases along the journey of individualized care that can precede the necessity for new building.

Another barrier is the perception that environment denotes the physical plant when in fact environment is much more comprehensive. Home is a "strong, intimate, fluid relationship with the environment" [i] that is characterized by a number of unique features as described by Judith Carboni. She describes home as an environment in which an individual experiences:

- Identity
- Connectedness
- Lived Space
- Privacy
- Power/Autonomy
- Safety Predictability
- Journeying

**Regulatory Support:** OBRA '87 fully supports this area of change by requiring nursing homes to create an environment that supports each resident's individuality. There are several regulatory requirements that provide support for homes to move away from the institutional model toward an individualized model.

The regulatory language for ***F252 Environment*** states, *"The facility must provide – A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible."* The interpretive guideline for this regulation defines *"homelike environment"* as:

*"one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A personalized, homelike environment recog-*

*nizes the individuality and autonomy of the resident, provides an opportunity for self-expression and encourages links with the past and family members."*

This definition makes it clear that the environment created by a nursing home is more comprehensive than just the physical plant alone. This concept of *"environment"* is further supported in the quality of life requirements. The interpretive guidelines for ***F240 Quality of Life*** states, *"The intention of the quality of life requirements specify the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident."* Additionally, regulatory language found under ***F241 Dignity, F242 Self-Determination and Participation, and F246 Accommodation of Needs*** all include the nursing home's responsibility to create and maintain an environment that supports each resident's individuality and autonomy.

Some providers have voiced that there are conflicting requirements in OBRA '87 that prevent them from creating an individualized environment also required by OBRA '87. For example, many homes moving away from the institutional model would like to replace the traditional nurses' station (either physically and/or functionally) with a kitchen area, living room, activity area and/or dining area, but are hesitant to make such a change in fear of not being compliant with ***F463 Resident Call System.*** This requirement states, *"The nurses' station must be equipped to receive resident calls through a communication system from – (1)Resident rooms; and (2)Toilet and bathing facilities."* In December 2006, the Centers for Medicare & Medicaid Services (CMS) provided the following language clarification regarding this requirement:

*"To meet the intent of the requirement at F463, it is acceptable to use a modern pager/telephone system which routes resident calls to caregivers in a specified order in an organized communication system that fulfills the intent and communication functions of a nurse's station."*

This clarification clearly supports nursing homes to move away from the institutional model/function of nurses' stations and toward creating an environment where caregivers and not *"nurses' stations"* receive resident calls for assistance. It also provides nursing home providers with some assurances that the regulations and regulatory agencies are supportive of individualized, resident-centered care. To view the entire CMS clarification go to CMS's website at: http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter07-07.pdf

For other examples of homes that have experienced great success in creating change in their homes consistent with federal regulations, see the CMS broadcasts, "From Institutional to Individualized Care, Parts I, II, III, and IV" at http://cms.internetstreaming.com

**Goal:** To create home for individuals who live in nursing homes focusing on key attributes: choice, freedom, connection, personal comfort, privacy and safety, identity and predictability.

**Infrastructure Helpful to Support the Change:**

Open and honest conversations with family, staff and residents can help to shape thinking around creating home.

Educating staff, family and residents to the attributes of environment and helping them to discover for them where the organization fares as a home in the most literal sense.

**Making the Change:** There are many ways to undergo the change process. A good start is to think about who can help and to plan in a systematic way the necessary steps. Ensuring that its not a top-down edict but a shared commitment on the part of the community based on need creates a climate ripe for change.

A helpful tool in this process can be the Model for Improvement that uses the PDSA Cycle (Plan-Do-Study-Act). The Plan – Do – Study – Act Cycle is a way to systematically go through quality improvement in a thoughtful way.

With your committees and groups ask:

1. What are we trying to accomplish? (Example: Greater choice for residents, a less institutionalized setting, home!) Naming and articulating what it is that you are trying to accomplish will help you months from now (when you are in the thick of things!) to remember the original intention of the change.

2. How will we know a change is an improvement? This is the question that begs a measurement response.
(Example: "We had low satisfaction in the area of environment and now look! As a result of this change, people are gathering in places that ordinarily, no one did; our bathroom looked like something from a fifties movie. Since we made the change, there are far less incidences of combative behavior; there are more people who come out of their room!")

3. What changes can we make that will result in an improvement?
(Example: We can update the way in which people come into our organization; we can explore changes that are needed to make the place more homey; we can talk to staff about the practices that are still institutional and keep residents and families at arms length) Go study your subject-find out what others have done, take a road trip, phone a friend, go to a Pioneer conference, talk with experts-ask others to do the same.

**Plan:** Each PDSA cycle has an objective and a measure. In this phase, create it.

**Do:** Activate the plan and collect data using the method the team decided upon to measure your success. As much as possible do this on a small scale. Don't try the change on the whole home; try it on a few people or a wing, unit or neighborhood. Small is better. You can keep tweaking and adding to your sample as you see success.

Many teams go as far as Plan-Do. Some teams become very involved in the doing but sometimes find themselves in the midst of many failures without knowing what went wrong or why. The process invites the team to study their activity to ensure they are heading in the right direction. Even finding that one is heading in the wrong direction can offer valuable feedback to a committed team. The next step then, is the study phase.

**Study:** Test the hypothesis out. Stay open to the possibilities. There are many things you might find happen that you didn't expect. Be sure to note these unexpected gains.

**Act:** Once you have completed the process identified above you have a more complete understanding of the challenge or problem. Now armed with very specific information and data you have three options:

- Adapt the change
- Adopt the change
- Abort the change

This entire process can be done in a very public way by using storyboards to journey the process. Remembering to celebrate the success of the process is an important feature of the story, helping staff, families and resident alike to witness the ongoing efforts made to improve the home.

**Questions to Consider:** What would we need to stop doing within this organization to more effectively create home for everyone?

- Overhead paging
- Tray-lines
- Walking into people's room unannounced
- Cattle calls (examples: meds, baths, dining)

What do we need to do to create home for people?

- Paint/soften/brighten areas within the building that are particularly institutional
- Honor/enhance naturally occurring gathering areas (by the front door where many residents like to watch visitors and staff enter, by the dining room or elevators)
- Ensure that residents have personal items that reflect their identity
- Know people's preferences and dislikes
- Personal leisure time supplies and materials with a space to do them
- Support for spontaneity
- Ensure that residents have food and treats that are of their choosing
- Residents can determine the personal daily schedule they would like to follow
- Freedom/security

**Innovative Change Ideas:**

1. Focus on admissions policies and procedures that set an institutional tone. Is the process cold, institutional? Does the new person and their family feel like they are moving to a new home? Remember, no one is "admitted" to a home.
2. Ask people "what they would like to accomplish while they are living here."
3. What was home like; a typical day in the life?
4. Can there be refrigerators, pets, and visits any time of day or night?

**Resources:**


1. Carboni JT. "Homelessness Among The Institutionalized Elderly." *Journal of Gerontological Nursing* 1990 July; 16(7): 32-7.
2. Almost Home-PBS video
3. Norton, Lavrene-A Way Back Home (video)

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