

8th Scope of Work (SoW)
Task 1a: Individualized Care Training Curriculum

**The Holistic Approach to Transformational Change
(HATCh)**

Quality Partners of Rhode Island
Nursing Home Quality Improvement Support Center (NH QIOSC)
Contract #: HHSM-500-2006-RI002C

Table of Contents

TABLE OF CONTENTS	2
OVERVIEW	5
RATIONALE	6
UNIT I: AN INTRODUCTION TO INDIVIDUALIZED CARE	8
OVERVIEW	8
<i>Domain 1: Workplace Practice</i>	<i>11</i>
<i>Domain 2: Environment</i>	<i>12</i>
<i>Domain 3: Care Practices</i>	<i>13</i>
<i>Domain 4: Leadership Practice</i>	<i>13</i>
<i>Domain 5: Family and Community</i>	<i>14</i>
<i>Domain 6: Regulatory/Government</i>	<i>14</i>
<i>All Domains</i>	<i>14</i>
CURRICULUM	15
MODULE 1: IMPROVING NURSING HOME CULTURE	17
MODULE 2: FREEING THE LEADER WITHIN...EVERYONE	20
MODULE 3: MANAGEMENT PRACTICES THAT MAKE A DIFFERENCE	22
UNIT II: HOLISTIC APPROACH TO TRANSFORMATIONAL CHANGE: CARE PRACTICES	25
OVERVIEW	25
CURRICULUM	26
MODULE 1: A HOLISTIC APPROACH TO PRESSURE ULCER CARE	28
MODULE 2: A HOLISTIC APPROACH TO DEPRESSION	30
MODULE 3: A HOLISTIC APPROACH TO PAIN	32
MODULE 4: A HOLISTIC APPROACH TO PHYSICAL RESTRAINTS	33
UNIT III: MANAGEMENT THAT MAKES A DIFFERENCE	34
OVERVIEW	34
THE CHANGE PROCESS	41
CHANGING FROM HIGH TURNOVER TO LOW TURNOVER	42
<i>Care Practices</i>	<i>43</i>
<i>Workplace Practices</i>	<i>44</i>
<i>Environmental Conditions</i>	<i>45</i>
RATIONALE	46
OBJECTIVE	46
CURRICULUM	47
MODULE 1: INTRODUCTION	49
MODULE 2: LEADERSHIP	51
MODULE 3: VALUING YOUR STAFF IN WORD AND DEED	53
MODULE 4: HIGH PERFORMANCE HUMAN RESOURCE POLICIES	55
MODULE 5: WORK REDESIGN: DO YOUR SYSTEMS SERVE YOUR GOALS?	57
MODULE 6: SUFFICIENT STAFF AND RESOURCES FOR HUMANE CARE	59

CULTURE CHANGE RESOURCES.....	61
WEBSITES: ORGANIZATIONS AND INITIATIVES.....	61
BOOKS	63
WORKBOOKS	65
VIDEOS	65
NEWSLETTERS	66
ARTICLES.....	67
<i>Oversight</i>	67
<i>Community and Family</i>	72
<i>Leadership</i>	75
<i>Environment</i>	78
<i>Care Practice</i>	80
<i>Workplace Practice</i>	97
<i>General Workplace</i>	101
SPEAKER’S BUREAU.....	103

8th Scope of Work

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The Holistic Approach to Transformational Change

2005-2006

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Overview

Individualized care, in the context of the nursing home setting, describes *a philosophy that puts the needs, interests, and lifestyle choices of individuals at the center of care*. It provides individuals with the ability to exercise control and autonomy over their own lives, to the fullest extent possible. It is a reaction due to decades of institutionalized care, originating in hospital settings and permeating to current day nursing homes and care settings. This institutional model defeated the possibility of creating a home-like environment for individuals in nursing homes. As a result of following the hospital (institutional) model, individuals entering nursing homes were forced to adapt to the institution's schedule. Examples of an institutional schedule could include:

- Assigning bathing schedules to residents instead of asking residents what they prefer, bath vs. shower, and how often they would like to bathe;
- Always serving a pre-determined breakfast at a specified time, instead of asking residents what they want to eat, at what time they want to eat, and where they would like to eat.

Institutional schedules force residents to leave behind individuality, choice, personhood, and in the truest sense of the word: *home*. This lack of individualized care often leads to psychic despair as well as physical decline.

We begin to move from institutionalized to individualized care by embracing a holistic model of care that recognizes the spirit, mind, and body of individuals. The culture of nursing homes can slowly transform by cultivating, adopting and acting on principles and practices of individualized

(holistic) care. The Holistic Approach to Transformational Change (HATCh) Model (Fig.1) provides a framework for change in six domains of practice: workplace; environment; clinical care; leadership; family/community; and government/regulation. Changes implemented in these domains offer the possibility for transformational change within nursing homes.

The HATCh Model provides a strategy and context through which nursing homes can begin to move from an institutional culture to an individualized culture of care, thus improving care and delivery practices and affecting all who spend time there—residents, staff, and families alike. Use of the HATCh Model fosters clinically competent care, and at the same time allows for resident (individualized) choice.

Contained within this document is a curriculum that outlines the training materials and educational resources to help guide nursing home participants in the adoption of innovative, transformational-change strategies.

Rationale

Attention to quality of life and individualized care became a matter of federal policy with the passage of the Nursing Home Reform Law, The Omnibus Budget Reconciliation Act (OBRA) of 1987. OBRA required nursing homes to care for each resident's "physical, mental, and psychosocial well-being," using a comprehensive interdisciplinary resident assessment and care planning process. Over the next several years, the federal government developed regulations, surveyor guidelines, and resident assessment protocols for quality of life and psychosocial well-being. At their outset, the implementation of these regulations and guidelines generated a rethinking of nursing home care to focus on the needs, desires, and lifestyle choices of each individual. However, guidance was not clear as to how to change nursing home systems to accommodate this new way of thinking about care delivery. Using a thoughtful, systematic and holistic approach, such as HATCh, can bring transformational change that is deep and tailored to the life of the individual. The next step in the journey from institutionalized to individualized care is in the direction of deinstitutionalizing nursing homes to usher in an elder-directed care model and to create the systems needed to support this model.

- 1) **Objective:** To help instructors create training sessions, based on the HATCh Model, for nursing home staff that are engaging and interactive, using adult learning principles. As a result of participating in the training sessions, nursing home staff will investigate processes and behaviors that help to achieve excellent and sustainable care giving in each of the six domains and apply new practices and ideas in their nursing home.

- 2) **Strategies:** In this guide an instructor will find: engaging exercises, case studies, examples, and homework assignments. These strategies will create a lively and interactive setting for learning in the training session, as well as in the nursing home.

- 3) **Classroom Activities:** Instructors can use this guide to provide an active learning climate using adult learning principles. This curriculum is designed to encourage participants to interact through: learning and discovering in small groups; struggling with challenging topics and issues; moving about the room talking to other attendees; and participating in activities.

- 4) **Course Design and Focus:** This program is unique because the work focuses on maximizing individual and group effectiveness. The course encompasses motivation and team building, labor-management relationships, work-family integration, and distinctions between management and leadership, as well as the importance of an environment that fosters continuous learning. This is an action-centered program with a focus on process, practice, and behavior.

- 5) **Contact Information:**
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HATCh

Unit I: An Introduction To Individualized Care

Overview

In the context of nursing homes, individualized care describes *a philosophy that puts the needs, interests, and lifestyle choices of individuals at the center of care giving*. It allows for individuals to exercise control and autonomy over their own lives to the fullest extent possible. It is a reaction from decades of institutionalized care from hospital settings to current day nursing homes, preventing the possibility of creating a home-like environment for individuals. As a result of following the hospital (institutional) model, individuals entering nursing homes were forced to adapt to the institution leaving behind individuality, choice, and personhood, and in the truest sense of the word, home, often leading to psychic despair and physical decline.

The means and actions to move from institutionalized to individualized care are realized by embracing a holistic model of care. We begin to slowly transform the culture of nursing homes by cultivating, adapting and acting on significant principles and practices of individualized care, such as through the HATCh Model (Fig.1). This Model includes transformation in six domains of practice.

Change within these domains, along with a change process known as the “Way of Inquiry,” offers the possibility for transformational change within nursing homes. The “Way of Inquiry” is a methodology, which explores four phases that lead to change. Many of these changes challenge the contemporary order within organizations, while others respond to the natural intuition of caregivers.

Commonly referred to as *Culture Change*, this movement from institutional care to individualized care is seen today as an antidote to the many ills of institutionalized nursing home care.

The HATCh Model for individualized care includes six domains that impact the lives of elders. First is the domain of *Workplace Practice*. This domain is first because we have come to learn it is a critical domain intricately linked to good care, good jobs, and nursing home staff stability. At the heart of the *Workplace Practice* domain are all of the activities, procedures, work designs,

systems, and individuals whose labor and efforts impact the residents. This domain is critical because of the correlation between good jobs and good care.

Secondly, the *Environment* domain describes the surroundings in which individuals find themselves. It is far more than just another pretty place or a nice lobby, or bathrooms that have been overhauled. The ultimate achievement for an organization within this domain is to truly be homelike for the residents. The organization must honor the human need for: connection; privacy; and decision-making. Residents need the space they live in to reflect their own individuality, and to create ways for people to bond with their own space. This is required for organizations serious about creating a 'home' in our nursing homes.

The third domain, *Care Practices*, includes all the ways people are cared for within a home. A few care practices considered in the HATCh Model are: all medical care given; attention to clinical care and systems; the arena of Quality Improvement; nursing home activities; rituals; celebrations; and the dying, waking, and dining processes. It is important to note that in the HATCh model, *Care Practices* are not limited to residents, but includes the staff and families as well.

Looking at the model, you will notice the heart in the center. This represents a resident; and, you will note that the three surrounding domains most directly embrace the resident. These three domains are the most critical in the transformation process. They are *Workplace Practices*, *Environment*, and *Care Practices*. Additionally, these three domains are nested in the fourth domain of *Leadership*. The goal is to transform the role and nature of leadership to a shared and empowering position to help others find their valuable leadership qualities. High quality leadership is needed at all levels of the organization. Leadership practices should model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart (based on the work of Kouzes and Posner). Leadership should value staff day-to-day in policy and practice, word and deed. A visible leader is one who enters into relationships with staff and families alike, and creates an environment where honest, open relationships and communication can serve all parties.

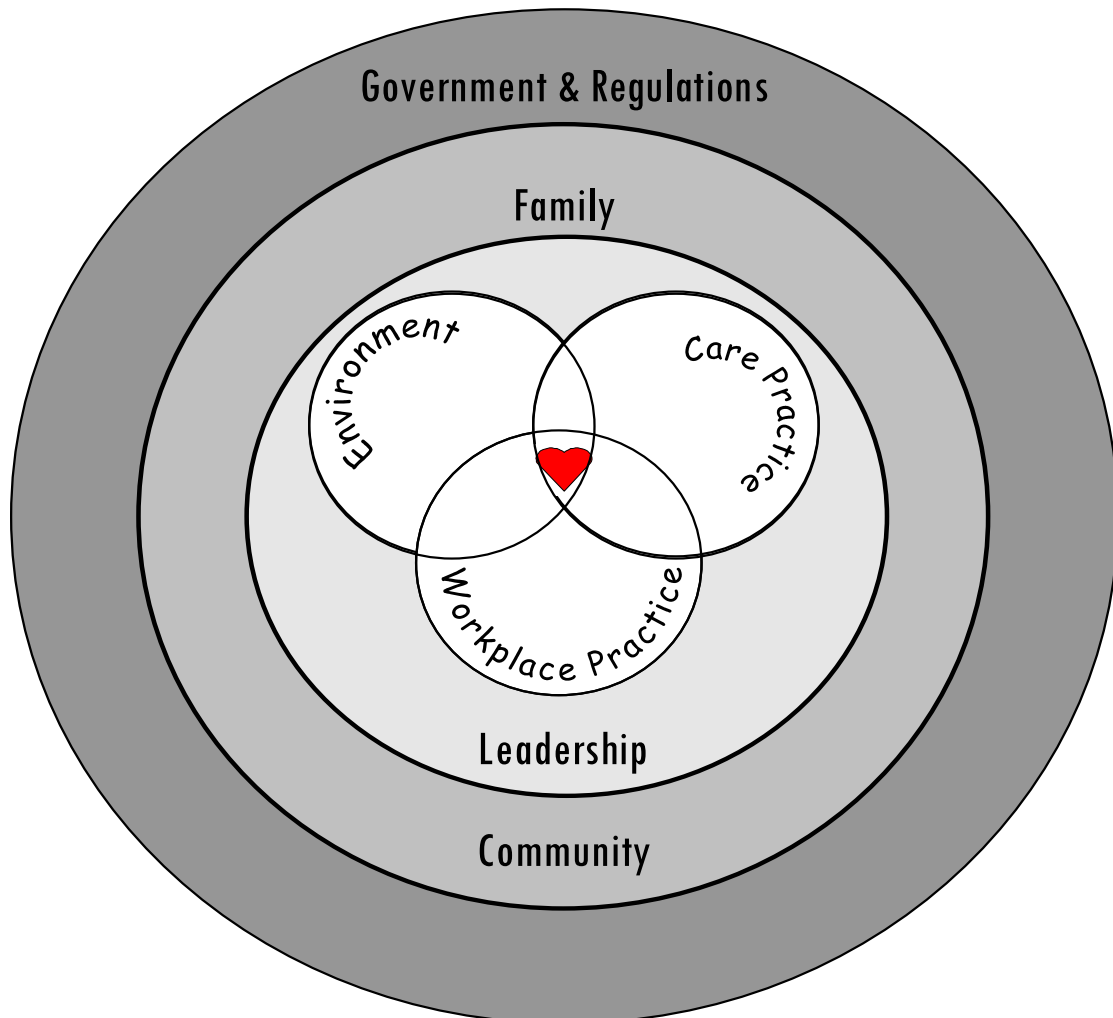
The fifth domain, *Family and Community*, is included in the HATCh Model because the ability to create inclusion and opportunities for all to enter into meaningful relationships is key to each

nursing home's success. The knowledge, support, and assistance offered by families can be of tremendous value, this is a domain that cannot be underestimated.

The sixth domain, *Government and Regulations* offers valuable opportunities for meaningful partnerships between regulatory/government agencies and the nursing homes to take place. These organizations offer insights into the implementation of the OBRA regulations and legislative process. These serve as vehicles for disseminating valuable information to nursing homes and stakeholders. Around the country, we have seen many organizations serve in pivotal roles helping to lead or support the efforts to transform nursing home culture. The inclusion and partnerships into the transformation process allows for critical and valuable information to be used in a way to empower homes to create safe, comfortable and desirable homes for people to live. Partnerships are key.

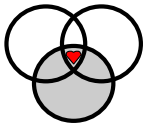
Figure 1

Holistic Approach to Transformational Change HATCh ☺



Within each of the domains are endless opportunities to create positive change. These changes place into the hands of each resident the opportunities necessary to live a life that is uniquely and individually their own. The changes within each domain will help move nursing homes from a perspective of institutionalized care to one of individualized care. The training sessions provided by the instructor will assist participants to make positive changes for residents, staff, and families. Examples of changes that session participants (nursing home staff) could consider in each domain are listed below.

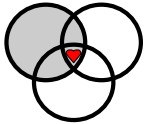
Domain 1: Workplace Practice



- Establish relationships as the number one organizational priority
- Support necessary changes and adjustments that will allow relationships to flourish personally, organizationally, and environmentally
- Include elders, caregivers, and families in developing avenues for relationship building, feedback, and inclusion in community
- Implement consistent assignment
- Implement peer mentoring
- Use learning circles
- Establish vibrant, nurturing orientation programs that instill a sense of community
- Establish communities/neighborhoods
- Provide social support for staff's needs
- Establish ways of welcoming new families, staff, and residents
- Do community mourning
- Implement self managed work teams
- Provide opportunities for leadership development among front-line staff (CNAs)
- Provide on-going and consistent recognition
- Establish a sense of mission shared by all staff
- Follow a philosophy of being a learning organization sharing the wealth and value of education by sending staff to internal and external conferences and workshops
- Establish self-governed work teams

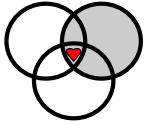
- Do cross training
- Eliminate unjustifiable work, care processes, and mandates
- Adopt an attitude of openness and support within the organization for the personal needs, personal accomplishments, and personal tragedies of all
- Assure the accessibility and provision of all necessary equipment
- Adopt scheduling that reflects resident and staff needs
- Redesign living spaces and schedules
- Provide in-service training that responds to the interests and needs of caregivers, residents, and families

Domain 2: Environment



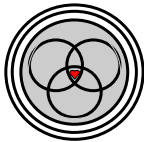
- Create a sanctuary, shelter, and space which provides a sense of community that is safe and free of unwanted intrusions
- Create beauty and comfort that is useful to staff and residents, not merely window dressing
- De-institutionalize the common rooms (e.g. bathrooms, living areas)
- Design for accessibility (e.g. wheelchairs) and diminish barriers
- Pay attention to adequate lighting
- Provide for nature (e.g. ways to access the outdoors)
- Provide opportunities to contribute, participate, and immerse oneself in rituals and celebrations
- Demonstrate affection, validation, and support
- Encourage personal items that reflect individuality (e.g. refrigerators in residents' rooms, calendars, pictures, comforters, personal space, shrines)
- Shift unit structure towards smaller, more intimate neighborhoods or communities

Domain 3: Care Practices



- Provide opportunities to maintain life-long daily routine:
 - the choice of when to awaken and when to sleep;
 - the opportunity to sleep without interruption;
 - choice with regard to food, meal service, delivery, variety, ethnicity, and diet;
 - choice related to bathing and other ADLs, frequency, time, and method
- Establish clinical practices that consider health promotion along with risk prevention
- Provide activities that reflect the individual interests of each person
- Provide high quality clinical care with resident, family, and staff input
- Eliminate iatrogenic helplessness
- Free residents from restraints, pressure ulcers, depression, incontinence, and pain
- Provide innovative, creative care solutions
- Implement “I” format care plans
- Provide opportunity for community mourning

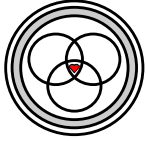
Domain 4: Leadership Practice



- Manage by walking around
- Offer and receive regular positive and constructive feedback
- Do inclusive, non-hierarchical decision making
- Allow the truth to be heard
- Instill an attitude that places elders and caregivers at the heart of all decisions, and at the heart of the home
- Provide consistent recognition
- Support the full empowerment of workers allowing them to grow, direct, and affect the care of elders
- Establish high performance and high commitment HR policies

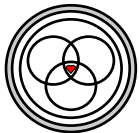
- Align work systems with organizational goals
- Maintain sufficient staff and resources to care humanely for residents

Domain 5: Family and Community



- Include family in care conferences, on committees, councils, and as volunteers
- Create porous nursing home communities, hubs in which community activity is welcomed and encouraged
- Create a service organization by partnering with the community to offer services, events, space, and resources
- Encourage staff to share their talents, expertise and skill to the community, hospitals, and health care organizations
- Become mentors, speakers, and leaders on elder health care issues
- Provide guidance to educational programs that train healthcare professionals

Domain 6: Regulatory/Government



- Bring regulators into the culture change journey
- Develop partnerships that include state survey agencies, Ombudsmen, trade associations, families, and other key state groups in the culture change process
- Create action plans that cross organizations

All Domains

Use the model for improvement to support change with:

- Evidenced-based practice using measurement strategies
- PDSA cycles (Plan-Do-Study-Act)
- Root cause analysis

In Unit I there are three modules for an instructor to use with starting and sustaining individual nursing homes' culture change journeys. While attending the sessions, participants have the opportunity to learn and experience, using practical methods, the philosophy, methods, and changes necessary to implement a culture of individualized care. The modules are set up to look like an actual module agenda. The title of the module segments is on the left-hand side of the page, along with goals for the instructor and the participants, and the training material needed for the segment is listed on the right of the page. To access the training material, simply click on the title. You will be automatically directed to the material, including individual instructions and helpful hints for presenting. Modules also include goals for both the instructor, who is leading/teaching the module, and the participants, who are attending the modules.

Curriculum

Module 1: Improving Nursing Home Culture

- Relationship Building
- HATCh Model Overview
- Building a Business Case for Culture Change
- Getting Started in Your Journey
- Applying Change Concepts
- Support for Individualized Care: Laws, Regulations, and Survey Guidelines
- Through the Eyes of an Administrator
- Building Blocks to Change
- Nursing Home Leadership Homework Assignments

Module 2: Freeing the Leader Within . . . Everyone

- Relationship Building
- Kouzes & Posner: The Five Leadership Principles
- The Practical Application of Leadership in Nursing Homes
- Barriers Along the Rainbow Trail
- Growing Leadership
- Good to Great: The Flywheel Effect
- People Of Color!

- Storyboard Synthesis
- Nursing Home Leadership Homework Assignments

Module 3: Change Concepts That Make A Difference

- Susan Eaton: High Turnover / Low Turnover Homes
- Leadership On The Floor
- Voices Of The Staff: Looking At Satisfaction Data
- Case Study
- Coaching and Supporting A Change Process
- Change Practices That Retain Staff
- Show Me The Money
- Nursing Home Leadership Homework Assignments

HATCh – Unit I

[Module 1: Improving Nursing Home Culture](#) (Click here to access training material in module 1 and a curriculum index.)

Goal: (1) To provide information, resource material, and education that will identify the basic concepts and issues relating to individualized care and the HATCh Model. (2) To offer a business case for culture change and reasons why it is necessary to begin the journey.

Time	Title	Training Material
25 Minutes	Relationship Building Goal: To provide opportunities for participants to begin developing relationships and interacting with others, a key component of individualized care.	<ol style="list-style-type: none">1. Exercise: Committed to Having A Talk (doc) – “CHAT!”2. Exercise: Paired Conversations (doc)
60 Minutes	HATCh Model Overview Goal: To provide an overview and supporting information for individualized care and the HATCh Model.	<ol style="list-style-type: none">3. Creating a Culture of Quality: Individualized Care (ppt)4. HATCh Model (doc)5. Strategies for Growth in Nursing Home Culture (doc)6. Way of Inquiry (doc)
60 Minutes	Building A Business Case For Culture Change Goal: To provide sound, critical background information in support of Culture Change related to financial, clinical, and regulatory issues.	<ol style="list-style-type: none">7. Building a Business Case for Culture Change (ppt)
90 Minutes	Getting Started In Your Journey Goal: To personalize the experience of a nursing home resident, allowing for participants to question and broaden their frame of reference. This session can also be replicated for staff in the nursing home.	<ol style="list-style-type: none">8. Exercise: Changing Culture-Envisioning the Possibility (doc)9. Changing Culture: Envisioning the Possibility (ppt)10. A Personal Understanding of Home vs. Homelessness (ppt)11. Exercise: Home vs. Homelessness (doc)12. Exercise: “Look at Me” (doc)13. “Look at Me” (wav)14. Exercise: Morning Routine (doc)

Time	Title	Training Material
90 Minutes	<p>Applying Change Concepts Goal: To provide a concrete application of the change concepts through a team experience that can be replicated in any nursing home.</p>	<p>15. Exercise: Exemplary Leaders (doc) 16. Exercise: Leadership – Waking to Change (doc) 17. Role Play: Callouts (ppt) 18. Exercise: Mystery Game – Finding the Clues to Individualized Care (doc)</p>
90 Minutes	<p>Support For Individualized Care: Laws, Regulations, And Survey Guidelines Goal: To provide sound, critical background information in support of Culture Change, relating to financial, clinical, and regulatory issues.</p>	<p>19. Confront the Brutal Facts of Reality (ppt) 20. Culture Change and Compliance – A CMS Perspective (ppt) 21. Confidence and Conviction Scale (ppt) 22. Adult Learning Tools (ppt) 23. Exercise: Culture Change for Surveyors (doc) 24. Guidance for Surveyors: F-Tag Guide (doc) 25. OBRA 1987 (doc)</p>
60 Minutes	<p>Through The Eyes Of An Administrator Goal: To provide a realistic sense of the individualized care journey, along with tips and challenges, as told through the eyes of an administrator.</p>	<p>27. Maine General Rehabilitation and Nursing Care at Glenridge (ppt)</p>
45 Minutes	<p>Building Blocks To Change Goal: To provide a hands-on experience on getting started.</p>	<p>28. Change Ideas: Bathing (doc) 29. Change Ideas: Consistent Assignment (doc) 30. Change Ideas: Death & Dying (doc) 31. Change Ideas: Sleeping & Waking (doc)</p>

Time	Title	Training Material
	<p>Nursing Home Leadership Homework Assignments Goal: To provide a slate of activities compelling participants to gather first hand experience and information that enhances and supports the lessons learned during the session.</p>	<p>32. Debrief from Learning Session (doc) 33. Paired Conversations (doc) 34. Conversations at Unit/Department Meetings (doc) 35. Debrief from the Home vs. Homelessness Segment (doc) 36. Debrief from Unit/Department Discussions of the Home vs. Homelessness Segment (doc) 37. Debrief from Picture Review (doc) 38. Debrief from Unit/Department Picture Review (doc) 39. Learning from Others: Videos, Reading, and Visits (doc)</p>

HATCh – Unit I

[Module 2: Freeing the Leader Within...Everyone](#) (Click here to access training materials in module 2 and curriculum index.)

Goal: To provide participants with concrete strategies and new approaches to improve leadership skills.

Time	Title	Training Material
20 Minutes	Relationship Building Goal: To provide opportunities for participants to begin developing relationships and interacting with others, a key component of individualized care.	1. Exercise: Scavenger Hunt (doc)
60 Minutes	Kouzes & Posner: The Five Leadership Principles Goal: To provide participants with the fundamental practices of exemplary leaders and to adopt strategies for implementing the five principles in the nursing home.	2. Exercise: The Five Principles: Kouzes & Posner (doc)
60 Minutes	The Practical Application Of Leadership In Nursing Homes Goal: To provide participants with the link between leadership theory and organizational practices, and to explore the affect these practices have on nursing home employees and their ability to deliver care.	3. The Practical Application of Leadership Principles in Daily Nursing Home Life: When the Rubber Hits the Road (doc)
90 Minutes	Barriers Along The Trail Goal: To examine the barriers that often impede the growth of leaders' ideas and creativity in long-term care.	4. Exercise: Exploring Power (doc) 5. Exercise: Power Island (doc) 6. Exercise: Privilege Exercise (doc) 7. "Stand Up And Tell Them" (VHS)
30 Minutes	Growing Leadership Goal: To encourage the growth and commitment of new leadership practices among participants.	8. Growing Leadership: An Act of Personal Commitment (doc)

Time	Title	Training Material
45 Minutes	<p>Good To Great: The Flywheel Effect Goal: To provide participants with examples of dramatic changes within organizations, and the steps necessary to anchor change.</p>	9. The Flywheel and the Doom Loop (ppt)
60 Minutes	<p>People Of Color! Goal: To provide participants with an opportunity to understand personality traits, and to discover ways to honor and respect the many character traits that affect the workplace environment in long term care.</p>	10. Exercise: In Living Color (doc)
60 Minutes	<p>Storyboard Synthesis Goal: To draw from the learning of the last two days through the creation of storyboards by each team to allow for synthesis of practical ideas with the principles of Kouzes and Posner.</p>	11. Exercise: Storyboard Synthesis (doc)
	<p>Nursing Home Leadership Homework Assignments Goal: To provide structure for the learning process ahead.</p>	12. Exercise: Exploring Our Worlds (doc)

HATCh – Unit I

[Module 3: Management Practices that Make a Difference](#) (Click here to access training materials in module 3 and a curriculum index.)

Goal: To draw from the work of experts, and to explore methods and strategies that identify specific management practices supporting workforce retention.

Time	Title	Material
45 Minutes	Susan Eaton: High Turnover / Low Turnover Homes Goal: To provide participants with a concise overview of the pivotal work of Susan C. Eaton.	<ol style="list-style-type: none">1. Eaton Framework: What A Difference Management Makes (ppt)2. Eaton: High-Turnover / Low-Turnover Factors (ppt)3. Exercise: Leadership On The Floor (doc)
45 Minutes	Leadership On The Floor Goal: To explore strategies to better lead and manage through real life nursing home examples.	<ol style="list-style-type: none">4. Exercise: Staff Memo – What’s The Message? (doc)5. Exercise: Leadership Practices That Support an Effective Change Process (doc)
90 Minutes	Voices Of The Staff: Looking At Satisfaction Data Goal: To explore barriers that prevent staff from offering their thoughts and ideas, as well as ways to create an open environment wherein staff are invited into the change process through an array of interactive exercises.	<ol style="list-style-type: none">6. Listening to the Voices of the Staff (ppt)7. Exercise: Mrs. Valdez (doc)8. Mrs. Valdez – Envelopes (doc)9. Exercise: The Reasons People Stay And Leave (doc)10. Exercise: Root-Cause Analysis Using A Fishbone Directions (doc)11. Root-Cause Analysis Using A Fishbone Diagram (doc)12. VOTEm Satisfaction Data Summary (doc)
90 Minutes	Case Study Goal: To provide participants with an introduction to a sampling of workforce retention tools as well as response strategies.	<ol style="list-style-type: none">13. Data Drill Down (ppt)14. Data Drill Down Sheet (doc)15. Exercise: Case Study (doc)16. HR Drill Down: Who is Working the Hours (doc)17. HR Drill Down: Attendance Measures

Time	Title	Material
		(doc) 18. HR Drill Down: Calculating Rate and Staff Increases (doc)
45 Minutes	Coaching And Supporting A Change Process Goal: To provide participants with the tools for step by step support with the change process.	19. Exercise: Coaching and Supporting a Change Process (doc) 20. Exercise: I'm Only Brushing Your Teeth (doc)
45 Minutes	Change Practices That Retain Staff Goal: To provide specific change ideas and step-by-step implementation that supports the retention of staff.	21. Creating A Welcoming Environment (ppt) 22. Customer Service (doc) 23. Putting Change Ideas Into Place (doc) 24. Change Ideas – Consistent Assignment (doc) 25. Change Ideas – Orientation (doc) 26. Change Ideas – On The Job Support (OTJS) For New Workers (doc)
60 Minutes	Show Me The Money Goal: To explore those practices that lose valuable money for nursing homes, and the ways in which these funds can be retrieved through the care and resourceful management of staff.	27. Show Me The Money (ppt) 28. Exercise: Show Me The Money (doc) 29. Show Me The Money – Bucks (pub)
	Nursing Home Leadership Homework Assignments Goal: To provide participants with specific homework assignments that are reflective of the session's learning.	30. Homework Guide (doc) 31. Homework #1: Learning About Your Cycle of Turnover Through Exit Interviews (doc) 32. Homework #2: Understaffing (doc) 33. Homework #3: Recruitment vs. Retention Incentives (doc) 34. Homework #4: What Are Your Financial Incentives (doc) 35. Homework #5: What Do Employees Want (doc) 36. Homework #6: Looking at Your Facility's Landscape (doc)

Time	Title	Material
		37. Homework #7: Managing for Retention (doc)
		38. Homework #8: Building on Intrinsic Motivation (doc)

HATCh

Unit II: Holistic Approach to Transformational Change: Care Practices

Overview

At the heart of the *care practices* domain is elevating the needs of the human spirit, the strengths of each individual despite infirmity, and focusing the ways to help individuals thrive. Within this domain, we explore ways to place as much control and choice as possible into the hands of each person. We seek to restore personhood, individuality, and normalcy to all. To do this, we begin to move away from our former institutional hold on **risk prevention** and consciously create a personalized lifestyle centered on **health promotion**. Consider the person with pressure ulcers: what does s/he need to have healthy skin? The answer is rest, good nutrition, and exercise all play into good skin care. Furthermore, what does it take to move a person from depression into sustained well being or how do we move from pain and discomfort to a sense of comfort and well being? Can we move away from falls and restraints within our present system by promoting strength and balance? Sure we can. This curriculum teaches participants the framework, strategies, and specific interventions to achieve individualized care practices.

To make this change, relationships between staff and residents become the heart (or building blocks) of care. The practice of consistent assignment is a necessary step towards building relationships. We seek ways to build and strengthen relationships so that individual preference, as much as possible, can be honored. Individualizing care means exploring with residents, families, and staff members on all shifts, long held routines and lifestyle preferences that are important to individuals. Consistent assignment (sometimes called primary or permanent assignment) refers to the practice of the same caregivers (RNs, LPNs, CNAs) consistently caring for the same residents almost (80% of their shifts) every time they are on duty. The opposite of consistent assignment is the practice of rotating staff from one group of residents to the next after a certain period of time (weekly, monthly or quarterly). Facilities who have adopted consistent assignment never rotate their staff.

The changes in Care Practices focus on moving away from long-held beliefs about tasks causing dehumanization of those involved in the care, both staff and residents alike, and iatrogenic problems associated with taking all decision making opportunity away from an individual. Using

the HATCh Model, we shift to practices that restore life, wholeness, trust, and wellness. We focus on *health promotion* rather than *risk prevention*. The following represent just a few examples:

- allowing people to wake within the frame of their natural body rhythms; allowing a full night sleep to ensure rest that leads to health and wellness;
- empowering to choose one's own daily routine to the extent possible;
- creating a community of compassion that recognizes and acknowledges death and provides opportunity for community members to celebrate the lives of others;
- changing in the means by which we serve food including the times, variety, and the honoring of individual preference based on lifestyle, culture, and ethnicity;
- moving to a more natural pattern of meaningful, purposeful activities that draws on spontaneity;
- considering other practices, which support a care practice such as the use of suppositories to groups of individuals without the careful consideration of other alternatives.

Curriculum

Module 1: A Holistic Approach to Pressure Ulcer Care

- The Science and Psychology of Pressure Ulcer Care
- The Science of Pressure Ulcers
- Your Systems Are Creating Your Pressure Ulcer Outcomes
- Best Practices in Pressure Ulcer Care and Prevention – Success Stories From The Frontiers!
- Case Study: Integrating Quality of Life and Quality of Care
- Action Plans

Module 2: A Holistic Approach to Depression

- The Science and Psychology of Depression
- The Science of Pressure Ulcer Care
- Case Study: An Individual Change – “A Family Epiphany”
- Case Study: A System Change – “An Alarming Situation!”
- Share From The Chair

Module 3: A Holistic Approach to Pain

- The Holistic Approach To Pain Management
- The Science of Pain
- Accommodating for the “X” factor
- Changing Systems in Pain
- Holistic Approaches To Pain Management

Module 4: A Holistic Approach to Physical Restraints

- A Holistic Approach to Physical Restraints
- The Route To Restraint-Free Care
- Person-Directed Care: Individualized wheelchair seating as a road to restraint-free care
- Individualized Wheelchair Seating for Older Adults

HATCh – Unit II

[Module 1: A Holistic Approach to Pressure Ulcer Care](#) (Click here to access training materials in module 1.)

Goal: To provide participants with opportunities to explore the barriers and solutions that can lead to improvement in individuals suffering from pressure ulcers.

Time	Title	Training Material
45 Minutes	<p>The Science and Psychology of Pressure Ulcer Care Goal: To provide participants with a strategy of clinical care related to pressure ulcers that moves from institutional, risk focused care to individualized, health promotion.</p>	<ol style="list-style-type: none"> 1. Audio Recording: QIO Training Call 04112006 (wav) 2. A Holistic Approach to PU Care (ppt) 3. Exercise: Consider All The Factors (doc) 4. Exercise: Institutional To Individual Care (doc)
90 Minutes	<p>The Science of Pressure Ulcers Goal: To provide concrete scientific information about the nature of pressure ulcers and for participants to share best practices and lessons learned in pressure ulcer care.</p>	<ol style="list-style-type: none"> 4. Science Of Pressure Ulcers - Evercare (ppt) 5. Pressure Ulcer Presentation (ppt)
60 Minutes	<p>Your Systems Are Creating Your Pressure Ulcer Outcomes Goal: To encourage participants to identify the barriers to holistic pressure ulcer management, and explore practices that imbues a more holistic approach.</p>	<ol style="list-style-type: none"> 6. Exercise: Exploring Care Practices (doc)
45 Minutes	<p>Best Practices in Pressure Ulcer Care and Prevention – Success Stories from the Frontiers! Goal: To allow participants to share stories describing successes, overcoming barriers, and innovative solutions.</p>	<p><i>Invite speakers from participating NHs that are experiencing success!</i></p> <ol style="list-style-type: none"> 7. Elmhurst Extended Care (ppt)

Time	Title	Training Material
	Case Study: Integrating Quality of Life and Quality of Care Goal: To provide participants with case studies to explore ways of integrating this session's learning.	8. Case Study #1 (doc) 9. Case Study #2 (doc) 10. Case Study #3 (doc) 11. Case Study #4 (doc) 12. Case Study #5 (doc) 13. Case Study #6 (doc) 14. Case Study #7 (doc) 15. Case Study #8 (doc)
	Action Plans	16. Homework (doc)

HATCh – Unit II

[Module 2: A Holistic Approach to Depression](#) (Click here to access training materials in module 2.)

Goal: To provide participants with opportunities to explore the barriers and solutions that can lead to improvement in individuals suffering from depression.

Time	Title	Training Material
60 Minutes	<p>The Science and Psychology of Depression Goal: To provide participants with a strategy of clinical care related to depression that moves from institutional and risk-focused care to individualized and health promoting care.</p>	<ol style="list-style-type: none"> 1. A Holistic Approach to Caring for People With Depression (ppt) 2. Risk Prevention to Health Promotion (ppt)
15 Minutes	<p>The Science of Pressure Ulcer Care Goal: To provide participants with solid science supporting the best possible care for people with depression.</p>	<ol style="list-style-type: none"> 3. Activities F-Tag 24 (doc)
30 Minutes <i>Allow more time for additional speakers</i>	<p>Case Study: An Individual Change “A Family Epiphany” Goal: To allow participants to explore how our systems can actually cause poor clinical outcomes.</p>	<ol style="list-style-type: none"> 4. Chair Alarms and Depression_Dottie Salmon_June 6, 2006 (wav) Dottie Salmon, RN Retired DoN 508-581-9766 Dottiesalmon@aol.com <i>Invite speakers from your participating NHs that can share specific experiences related to an individual’s success!</i>
30 Minutes <i>Allow more time for additional speakers</i>	<p>Case Study: A System Change “An Alarming Situation!” Goal: To share with participants the story of a nurse whose commitment to individualized care moved her to create a process to systematically removed chair alarms from the residents living on a special care unit</p>	<ol style="list-style-type: none"> 5. Workplace Redesign: An Alarming Situation_Brenda Davison_June 6, 2006 (wav) Brenda Davison, RN Jewish Rehab Center North Shore 330 Paradise Road Swampscott, MA 01907 Phone: 781-598-5310 Bdavison@jrcnorthshore.org <i>Invite speakers from your participating NHs that can share specific experiences related to an individual’s success!</i>

Time	Title	Training Material
30 Minutes	Share From The Chair Goal: To provide an opportunity for participants to learn from each other by sharing stories, strategies, successes, and barriers.	

HATCh – Unit II

[Module 3: A Holistic Approach to Pain](#) (Click here to access training materials in module 3.)

Goal: To provide participants with opportunities to explore the barriers and solutions related to individualized care that leads to improvement in individuals suffering from pain.

Time	Title	Training Material
60 Minutes	The Holistic Approach To Pain Management Goal: To provide participants with a strategy of clinical care related to pain that moves from institutional, risk focused care to individualized, health promotion.	1. Audio Recording: QIO Training Call 07252006 (wma) 2. HATCh and Pain 071006 (ppt)
90 Minutes	The Science of Pain Goal: To provide participants with the solid science that reflects the best possible care of people with pain.	3. Pain Presentation With Notes 03042003 (ppt)
30 Minutes	Accommodating for the “X” factor Goal: To share with participants the story of a nurse whose commitment to individualized care moved her to create a process to systematically decrease pain for residents.	• See Audio Recording (<i>wav file beginning at 30 minutes</i>) Janelle Hackett, RN, PTA Saint Elizabeth Home East Greenwich, RI jhackett@stelizabethcommunity.com Phone: 413-538-7551
30 Minutes	Changing Systems in Pain Goal: To share with participants the story of an administrator and team of nursing home nurses whose commitment to individualized care moved them to create a process to systematically reduce pain, bettering the lives of residents in their home.	• See Audio Recording (<i>wav file beginning at 51 minutes</i>) Lorie Todd, LNHA Loomis House, Holyoke, Mass LTodd@Loomiscommunities.org
30 Minutes	Holistic Approaches to Pain Management Goal: To introduce participants to specific examples of non-pharmacological pain management and the steps to implementing new strategies.	4. Genesis Non-Pharmacological Approaches to Pain Management 062003 (doc)

HATCh – Unit II

[Module 4: A Holistic Approach to Physical Restraints](#) (Click here to access training materials in module 4.)

Goal: To provide participants with opportunities to explore the barriers and solutions related to individualized care that leads to improvement in the use of physical restraints.

Time	Title	Training Material
	<p>A Holistic Approach to Physical Restraints Goal: To provide participants with a strategy of clinical care that reduces the use of physical restraints by redesigning systems within their facility to reflect individualized care and the promotion of health.</p>	1. HATCh and Physical Restraints (ppt)
	<p>The Route To Restraint-Free Care This session features Joanne Rader, RN, MN, PMNNP who will focus on physical restraints and explore why restraints are still used. She also discusses the balance of safety and autonomy from the resident’s perspective.</p> <ol style="list-style-type: none">1. Thinking About and Assessing Falls and Injuries in a Holistic Way2. Determining if a Wheelchair Assessment is Needed3. Reducing The Use of Restraints	2. Audio Recording: QIO Training Call 10102006 (wma) 3. Management of Falls and Restraints 2006 (ppt)
	<p>Person-Directed Care: Individualized wheelchair seating as a road to restraint-free care Joanne Rader, RN, MN, PMNNP Goal: To provide participants with the solid science that reflects the best possible care of people with pain.</p>	4. Restraints and Individualized Wheelchair Seating (PPT)
	<p>Individualized Wheelchair Seating for Older Adults Part I: A Guide for Caregivers Joanne Rader, RN, MN, FAAN Debbie Jones, PT, Lois Miller, RN, PhD</p>	5. A Guide for Caregivers Individualized Wheelchair Seating (doc)

HATCh

Unit III: Management That Makes A Difference

Overview

Why do some people leave long-term care jobs? Why do other people stay? High turnover of staff in all levels and departments in nursing homes has been a persistent problem for decades. Once a hidden problem within the industry, it is now a public concern. High turnover is costly both in terms of care to residents, and also efficiency and morale within organizations. To retain staff we need to look at what motivates people to work. What brings them into long-term care? What keeps them there? What gets in the way of them feeling satisfied with their work?

The reasons why people are cycling in and out of jobs in this field vary, but research suggests there are two forces at work that continue the cycle. The first is factors outside of the workplace affecting retention, such as wages and benefits that are determined by government payment rates. Frontline workers typically receive low wages and benefits, and licensed staff often can find higher wages and better benefits in other health care settings.

The second factor is entirely within the workplace – including the management philosophy, and practices that shape how work feels on a day-to-day basis for staff. These working conditions and human resource management practices cause high turnover. Many direct-care workers and their supervisors feel the work they love is not valued within the organization. They see little positive feedback about their contribution, no room for advancement or improvement, and staffing ratios that make a hard job even harder.

The work place culture in many long-term care settings can feel harsh and punitive, with little room for the caring heart that brought people to this work. Nurses report that their paperwork responsibilities take more of their time than maintaining caring relationships with their residents or staff. Some nursing homes have changed their workplace and care giving culture, and as a result, experienced higher retention among all levels of staff. Shifting from high turnover to high retention, requires long-term care leadership to change the workplace culture from a low-investment to a high-investment paradigm.

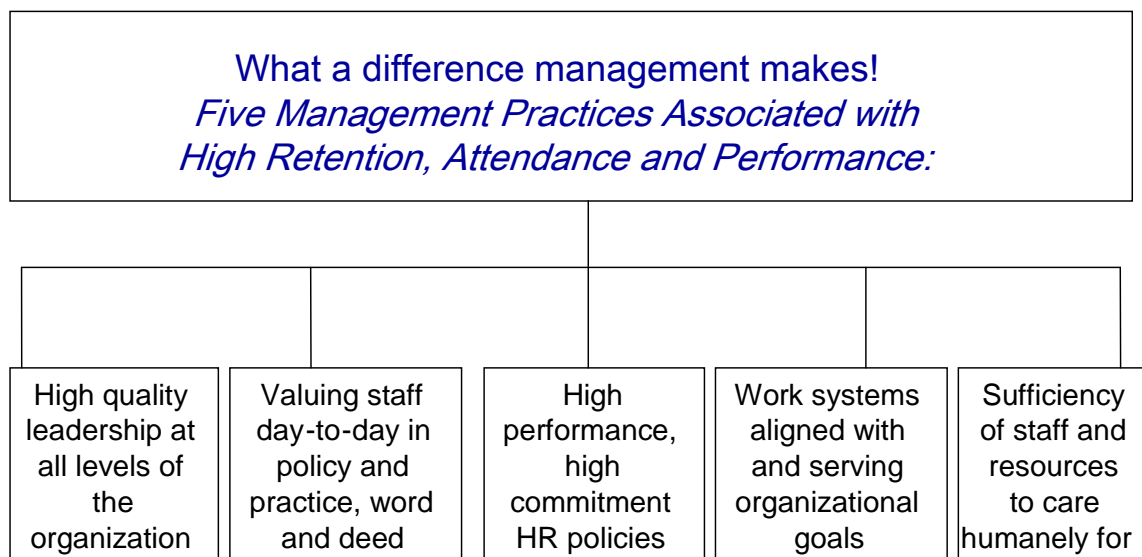
Efforts to improve retention have been a focus of many studies, hearings, and management activities. In March 2002, the Center for Medicare & Medicaid Services released a report to Congress that included seminal work done by researcher Susan C. Eaton. Eaton applied human resource management principles to long-term care. Her findings provide a framework for understanding the current practices that generate high turnover and the change targets – what practices achieve a high level of workforce retention.

Eaton's report, entitled, "*What a difference management makes!*," investigates why people leave some nursing homes and not others.¹ She looked at high and low turnover homes in the same labor market, in four states, and she interviewed management, staff, family, and residents. A powerful pattern emerged. Eaton found that the difference in high and low turnover homes in the same labor market had to do with "specific managerial practices." She found five patterns (Figure 2) to be associated with lower nursing turnover:

- High quality leadership and management, offering recognition, meaning, and feedback, as well as the opportunity to see one's work as valued and valuable; and managers who built on the intrinsic motivation of workers in this field;
- An organizational culture, communicated by managers, families, supervisors, and nurses themselves, that values and respects the nursing caregivers, as well as residents;
- Basic positive or 'high performance' Human Resource policies, including wages and benefits but also in the areas of 'soft' skills and flexibility, training and career ladders, scheduling, realistic job previews, etc.;
- Thoughtful and effective, motivational work organization and care practices;
- Adequate staffing ratios and support for giving high quality care.

¹ "*What a difference management makes!*" Chapter 5, Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes (Phase II Final Report, December 2001). U.S. Department of Health and Human Services Report to Congress.

Figure 2



Eaton, 2002

This is encouraging news: it essentially means there is much we can do to impact management practices. We can begin to address root causes of high turnover through management practices that improve the workplace culture, provide opportunities for advancement, and create work situations that build on the ability to form and sustain relationships.

These are proven human resource management practices based on decades of groundbreaking work. Deming's work on quality management found that truly valuing front-line workers was the key to good performance. Lawrence Lindahl, in his work on employee motivation,² found that employees need to feel appreciated, to be a part of things, to have help when needed, and to do work that has meaning. McGregor's Theory X and Theory Y approaches to management mirror the high- and low-turnover homes in Eaton's study.

² Lindahl, in 1949, surveyed thousands of employees about what employees want in their job. He repeated the survey on employee motivation in the 80's and again in the 90's and found, each time that what employees most want in their job are (1) full appreciation for work done; (2) feeling they were being informed on things; and (3) sympathetic understanding of personal problems.

While these advanced management principles are highly relevant to retention in long-term care, there is an additional factor in the long-term care workplace: long-term care staff are generally attracted to care giving work. When staff are able to give care that makes a difference to residents, they feel good about their jobs. When the job is structured in such a way that staff cannot give good care, if they can, they leave. Eaton found that workers link the quality of their workplace to the quality of care they are able to provide and the degree to which they are able to attend well to the needs of their residents:

Employees generally indicated they hated to work at a place where residents and employees are miserable ...In the low turnover facilities, a significant number of employees reported that they had worked elsewhere in the long term care system in that community or others, and believed that the place they presently worked was a better place to work and to live. They could make distinctions that were rarely made by nursing staff in the higher turnover facilities, at least in this study.

In long-term care, the work has inherent meaning for people attracted to caring for others. Yet, management systems and care giving systems interfere, rather than support the caring connection with residents, that draw people to care giving work. Shifting from a pace imposed by systems, to the pace of each person receiving care, makes for a better care-giving experience for residents and staff.

Eaton found homes that have shifted away from an institutionally driven pace towards an individual pace also have a higher level of retention, especially when they gave individualized attention to their staff. Changes in workplace practices, care-giving practices, and the home's environment happen in interconnected ways in low turnover nursing homes. The Workforce Retention Change Package captures practices in these three areas.

Changing Management Practices

Life is very rough for many who work in long-term care. I want their workplace to be a place of stability and success for them.

Connie McDonald, Administrator, Glenridge Nursing Home

When a long-term care organization establishes a relationship of mutual caring with its employees, people stay, and the organization helps them stay. Decades of research and practice innovation have generated methods proven to have a positive impact on retention. Proven practices follow many of the principles of modern management: investing in and supporting staff; listening to the people doing the work; providing authority and support to match responsibility; teamwork; people development; and a positive workplace culture. Lindahl,³ in his work on worker motivation, found that employees need to feel appreciated, to be a part of things, and to have help when needed. Similarly, Eaton found that in the low-turnover homes, management offered employees meaningful recognition, true valuing, human resource policies that support workers in their struggles rather than penalizing them, and real participation in decision-making about their own work. Eaton found that high-turnover homes had a gloomy managerial approach towards staff and administrators that lacked communication skills. They also had a high incident of supervisors who did not answer call bells and had rigid schedules with no flexibility for employees. High turnover was experienced in all levels of these homes—from frontline staff to management. Additionally, because of the high turnover, they experienced chronic understaffing.

Stress in the work environment puts stress on relationships and makes it hard to feel good about a job well done at the end of the day. In a workplace that requires workers to be available for extra shifts if necessary, it is extremely important that workers feel appreciated. Empty substitutes, such as employee recognition days, that do little to promote or reward hard work is seen for what it is: a sham. Caring daily during work is far more meaningful than occasional displays of caring, such as employee recognition activities. Workers often comment that saying thank you for good job and meaning it means far more to them than employee appreciation luncheons.

Essentially retention is all about relationships. Relationships are at the heart of good work environments – relationships with co-workers, across departments, with supervisors, with the organization, and, in the case of long-term care, with residents. People choose long-term care and

³ Lindahl, in 1949, surveyed thousands of employees about what employees want in their job. He repeated the survey on employee motivation in the 80's and again in the 90's and found, each time that what employees most want in their job are: (1) full appreciation for work done; (2) feeling they were being informed on things; and (3) sympathetic understanding of personal problems.

stay with their job because they care about their work, the people they care for, and the people they work with. They want to make a difference for those being cared for. Management systems that support these caring relationships retain their staff.

Structural aspects of job design affect the ability of workers to form relationships with each other and with residents. For example, consistent assignments allow staff to develop close familiarity with the residents for whom they care, and the co-workers with which they work. Conversely, rotations continually cut off relationships; and, they are particularly difficult for new staff, making it hard for them to find their footing with residents or co-workers. Having enough staff and having staff work well together are equally important.

Systems of care also affect relationships. If the nursing home has decided it must have two seatings for breakfast, then the night staff have to start waking people up and will be in conflict with the day shift over getting everything done within such a tight timeframe. If rehab services or activities can only be given on the first floor, then aides on the second and third floors will clash with rehab and activities staff about bringing residents down to the first floor. Often conflicts among staff stem from these kinds of system problems that add stress to residents and staff alike. To move toward retention we have to put in place systems that support relationship-based care. Individualized systems support good relationships.

Relationships are especially key in supervision. Supervision, in many long-term care settings, has been a euphemism for the disciplinary process. Most nurses who are supervisors have little or no training in supervision. Quite often, the supervisor's only interaction is when there is a problem that needs disciplinary action. Often, in the disciplinary process, supervisors put their relationships with workers aside and follow an inflexible formula for punitive action. Many problems can be addressed in other ways that support retention and demonstrate mutual commitment. Many more problems can be prevented before they rise to the level of discipline, especially when people have an on-going relationship and a way to talk problems through as they arise.

When staff are working well together, there is a day-to-day teamwork. Unfortunately, in most nursing homes, quite often teamwork occurs more in small pockets than in a pervasive way – in some shifts, some departments, sometimes. True teamwork where employees from all shifts and all departments, all the time, work together as a team is a rarity. But when teamwork happens, employees report that they feel good about their work, about their value in the organization and excited about the contributions they make. Teamwork across shifts and departments has been proven to improve quality and retention.⁴

This day-to-day teamwork extends to new staff. Teamwork encourages a warm welcome and help settling in for new staff. This can be accomplished through a combination of activities. Some workplaces have had great success with an informal buddy system. Others have an extended and comprehensive orientation, while still others have formalized a peer-mentoring program. Ultimately, a warm welcome should not be relegated to a few designated greeters, but should be how the workplace culture is oriented with everyone giving a warm welcome. All of these ways of helping a new employee acclimate improve the chance of the new employee staying. In turn, having new employees stay helps support retention of beleaguered longer-term employees who wear out in high turnover situations. To turn around the “wait and see if you make it” approach, Eaton found that homes need to institute a way of having new employees immediately recognized as in the fold, instead of everyone standing back and waiting for the new person to prove him or herself.

Eaton found a major difference in the areas of assignments and scheduling, a dilemma for many homes. The low-turnover homes recognized that not all of their employees had lives that easily accommodated the 7-3, 3-11, and 11-7 schedules that most homes have in place. As homes move to more of a person-centered approach to care, the need for more flexible schedules to meet resident needs becomes more apparent. Flexible schedules are a win-win proposition because they allow homes to better meet the needs of residents and workers.

⁴ Jody Hoffer Gittell, Brandeis University

Low wages mean that workers are not only faced with the normal challenges of life, but often are faced with the additional challenges that come with poverty. Many nursing homes are recognizing this and addressing these problems with flexibility and support for employees in times of trouble: Loans and adjustments to schedule are some of the options within the ordinary employer's ability to offer.

The Change Process

To begin addressing these complex problems, we start by looking to build the capacity of the staff and the organizations to work better together. It is not just *what* is done, but *how* it is done that is important how people work together, communicate, relate to and value each other. We must resist the temptation of a "quick fix" often there is an attempt to turn things around by putting in place a new program. While we can add on programs, if we do so in a way that does not involve everyone who will be affected by them then we run the risk of doing them in ways that do not work and we further alienate staff.

Deming's work on quality management found that truly valuing front-line workers was the key to good performance. True valuing means having high expectations and making a concomitant high-level investment in staff. Decision-making takes place where the work takes place, and management gives staff the authority and tools to do their work and use their judgment commensurate with their responsibilities.

Top-down, command-and-control management styles, pervasive in nursing homes, have long been proven to hinder performance and morale. The current workplace norm in most nursing homes is a low-level investment model with a "shame and blame" culture in which workers are held accountable for problems often caused by systems imposed on them with little of their input. Nurses and CNAs both express that not being allowed to make decisions about their work is a factor in turnover. Making sure that we give authority to match responsibility is another key to retaining staff. There are few things more frustrating than having no authority, but full responsibility.

Eaton's high turnover homes reflect a Theory X approach to management (Douglas McGregor, 1960). Theory X assumes that people have an inherent dislike of work and must be controlled, directed, and threatened with punishment, to achieve the organization's objectives. In the Theory X framework, employees prefer to be directed, do not want responsibility, and have little or no ambition. The high-turnover facilities exhibit management practices reflective of these assumptions.

By contrast, McGregor's Theory Y management practices are seen in Eaton's low-turnover facilities. Theory Y assumes that people enjoy work, will exercise self-direction and responsibility, that employees have creativity and capability to bring to problem solving, and that all people have potential. With the Theory Y assumptions, management's role is to develop the potential in employees and help them to release that potential toward common goals.

Changing from high turnover to low turnover requires a fundamental shift in management assumptions and practices, from a distrust of workers to a belief in them, and from a "command and control" approach to a "serve and support" way of managing. This is a culture change – a change in the workplace culture. Culture change is a journey, and its success depends on the integrity of the process. Culture change must be grounded in what is real for people who live and work in nursing homes. When people have solid relationships they can have true exchanges about what is working and not working. The process depends on these real conversations to allow people to work well together toward common goals. The change process needs strong relationships in place in order to go forward. Change activities should be designed so they strengthen and build upon these relationships.

Changing from high turnover to low turnover

Eaton's report describes differences in high and low turnover homes in the areas of resident care, workplace practices, and the environment.

Care Practices

High Turnover Homes	Low Turnover Homes
Residents disheveled with food stuck to their clothing	Residents clean and well groomed
Residents wandering aimlessly or sitting lined up in wheelchairs at nurses station	Residents attuned to particular staff members and interact, even with dementia, in a way that shows they feel safe
Desperate chaotic air with staff rushing around, residents calling out, crying and screaming, call lights buzzing, few smiles, or whole hallways abandoned	A calm sense of well-being and attentiveness
Rotating Assignment	Consistent assignments - pairing residents with particular aides
Short staffed, vacant shifts, high absenteeism	Sufficient staffing
Residents as well as staff live impersonal, unnoticed lives where rituals, traditions, anniversaries, end of life and achievements pass with little or no recognition	Careful attention to life events and religious passages in life
There is a general sense of chaos often reflected by noisy, confusing displays of anxiety by residents	Caring, calm and personal manner in which systems, such as eating and bathing, are organized to rarely cause distress for residents or caregivers
Unnoticed passages	Honoring and memorializing residents who die
Personal attachments often viewed as unprofessional and are frequently discouraged	Relationship-based care practices
Institutionalized care practices	Individualized care practices
Change of shift reported by nurses at specific times	Staff join together as a regular event to share news and info
Teams are discouraged from taking action on their own accord	Staff work together to provide the best possible care

Workplace Practices

High Turnover Homes	Low Turnover Homes
Staff creativity is frowned upon and a strict adherence to policy is demanded	Innovative leaders
High turnover and revolving leadership is the norm	Stability among leadership team
New staff is given limited training and are expected to provide care without help in becoming acclimated	General sense of warmth and hospitality with a genuine attempt to integrate and support new staff
Employees are perceived as problem people and often punished (or “written up”) for not adhering rigid to rules	Employees are embraced and cared for with attention to their personal needs and solutions to personal problems (flexible scheduling, emergency loans)
Jobs have limited, dead-end potential with little room for advancement, learning, or personal growth.	High performance human resource policies including skills development, flexibility in assignments, career development, and realistic job reviews tied to supporting individual development
Staff’s opinions, information and knowledge about resident’s needs, lives, cares or aspirations are seen as an unwanted intrusion into the care planning process	Meaningful involvement of staff in care planning
A few individuals hold control; little information is supplied to those performing the work	Decentralization of care giving and decision-making to the units
Arbitrary changes without involvement or explanation	Pervasive within the organization is positive sense of consistency and expectation.
Persistent short-staffing, vacant shifts, absenteeism	A sense of sufficiency pervades the organization to provide humane care
Inter-departmental turf battles at leadership and line staff levels	Positive working conditions across all departments from the leadership to the line staff
Persistent call-outs, inflexibility in schedule	Self-scheduling and trade-offs in scheduling, infrequent call-outs
No visible positive presence from administration and managers	A hands-on philosophy that models all leaders managing by walking around
A mission on paper that is not reflected in daily work	A living sense of mission among leadership and staff that is reflected in the workplace culture and in the ways that leaders handle difficult or emotional moments
Staff are blamed for problems they have no power to resolve	Staff have empowerment to match their accountability

High Turnover Homes	Low Turnover Homes
An insistence on staff acting professionally by not showing their emotions	Honoring staff's grief over deaths of people they've cared for
Blame and hostility across shifts, units and departments	Regular communication and collaborative problem solving across shifts, units and department
Supervisors who direct but don't help	Supervisors who pitch in, are willing "to get their hands dirty"
Employees feel there is favoritism	Employees have a sense of fairness from management
Racial and cultural conflict	Good understanding across race and culture
Managers require strict adherence to rigid policies and procedures	Managers support innovation and creativity
Managers are ineffective in dealing with problems	Managers create an environment that supports people working together
A sense of anonymity is pervasive related to staff; staff are seen as interchangeable	Workers are recognized for their good work, and individuality
Random, impersonal, inflexible scheduling; favoritism; punishment	Scheduling that accommodates employees' needs; self-scheduling
Contempt for caregivers	Respect for caregivers
Lack of follow-up and responsiveness by management	Attention to and consistent follow-up for staff concerns

Environmental Conditions

High Turnover Homes	Low Turnover Homes
Pervasive odor of urine and feces	Clean facility with no bad odors
Employee break rooms is uninviting; described as gloomy, dark, dingy with old furniture and stained ceiling tiles; storage area	Comfortable, well-equipped and well-maintained break rooms, offering solace and rest
Dirty dishes sitting in carts in the hallways, soiled linen uncovered, unpleasant odors	Cleanliness maintained
Threadbare furnishings and personal belongings	Well-maintained furnishings and belongings

Rationale

Susan Eaton was a passionate, tireless advocate for the rights of workers, both as a union organizer and in her teaching and research at the Kennedy School. Her research focused on challenges faced by low-wage workers, particularly women providing health care, and the role of work organizations, including unions, in addressing these challenges. Eaton received a Robert Wood Johnson Award to study the links between quality of work and quality of care in the nursing home industry. Among other topics, Eaton's writings focused on the role of management in the quality of nursing home care. She demonstrated that nursing homes and hospitals could both do better by their workers and improve the quality of care simply with better management practices. Much of her work spoke to the dignity that both caregivers and patients seek and deserve. Drawing from her early experiences while working with unions and her experiences as a manager, her studies, research, and teaching demonstrate how integral she was to what is current in the nursing home field today. Susan connected her management concepts to work-life in nursing homes, and further related what she found in her work on "*What a difference management makes!*"

In these difficult times of high worker turnover, low wages, and little respect for nursing home staff, our rationale for furthering Susan's work is partly to honor her pivotal work in this field and to respectfully acknowledge that she clearly was correct in her assumptions and research. We also feel it is imperative to move her research from knowledge into practice, by creating tools, exercises and processes that can be implemented in nursing homes in the country to better the lives of residents and staff alike. Susan's research legacy will thus be put into practice and implemented in as many nursing homes as possible.

Objective

The objective of Unit III is to create a personal change in participants' thinking and behavior to help them achieve excellent practice in the area of residents and workplace practices. Through an engaging, interactive, and personal learning process, participants will investigate practices and behaviors that limit excellent practice in care and workplace practices and apply new practices and ideas in their place.

Module 1: Introduction

- What A Difference Management Makes!
- Relationship Building
- Introduction to Susan C. Eaton and Her Work
- Introduction to Human Resource Management
- Anatomy of a Change Process
- Introduction to the INHC Pilot Study and Quality Improvement
- Adult Learning
- Homework Assignments

Module 2: Leadership

- Relationship Building
- Susan C. Eaton on Leadership
- Leadership Characteristics
- Kouzes & Posner: Myths and Facts
- Sticks and the Medication Cart
- What's The Message?
- Power Island
- Steven Covey: Lead by Example
- Change Ideas
- Reflection

Module 3: Valuing Your Staff in Word and Deed

- Relationship Building
- Susan C. Eaton on Valuing Staff
- Case Study
- Better Jobs Better Care: Stand Up and Tell Them
- Scheduling as Respecting and Valuing
- Encourage The Heart
- The "Arm" Exercise

- Change Ideas
- Homework Assignment and Reflection

Module 4: High Performance Human Resource Policies

- High Performance Human Resource Policies
- Case Study: Lescoe-Long
- Maslow's Hierarchy of Needs
- From EAP to DLT: The Alphabet Soup of Supportive Resources
- Drilling Down Into Human Resource Practices
- Helping New Staff Stay
- Revamping Your Educational Programs
- Change Ideas
- Reflection

Module 5: Work Redesign - Do Your Systems Serve Your Goals?

- Work Design That Supports Staff's Intrinsic Motivation
- From Institutional To Individualized Care
- Joanne Radar's: Bathing Without A Battle-Studying Workplace Redesign
- An Alarming Round of Pick-up Sticks!
- Consider Mr. McNally
- Work Redesign and Care Practices
- Consistent Assignment
- Reflection

Module 6: Sufficient Staff and Resources for Humane Care

- Sufficient Staff Resources
- Workforce Homework on Understaffing
- Med-Pass Redesign
- Beat The Clock
- How Individualized Care Creates More Time
- Teamwork and Reflection

HATCh – Unit III

[Module 1: Introduction](#) (Click here to access training materials in module 1.)

Goal: To acquaint participants with the findings from Susan C. Eaton’s pivotal research on worker retention and; through interactive exercises, provide a framework for the five key elements of Susan’s work.

Time	Title	Training Material
20 Minutes	What A Difference Management Makes! Goal: To supply participants with a concise overview of the pivotal work of Susan C. Eaton.	1. What A Difference Management Makes (ppt)
30 Minutes	Relationship Building Goal: To engage participants in active learning while discovering attitudes about management.	2. Paired Conversations (doc)
15 Minutes	Introduction to Susan C. Eaton and Her Work Goal: To offer participants an in depth view of the development of Susan C. Eaton’s theories based on her work with nursing homes while creating the CMS study.	3. In Her Own Words (ppt)
30 Minutes	Introduction to Human Resource Management Goal: To encourage participants to identify their own style and consider its effects on staff through a discussion on management theory.	4. Theory X and Theory Y (ppt) 5. Exercise: What Employees Want in a Job (doc)
90 Minutes	Anatomy of a Change Process Goal: To provide participants with a step-by-step example of the process and support given to a nursing home undergoing systems changes.	6. The Anatomy of a Change Process (ppt)

Time	Title	Training Material
40 Minutes	<p>Introduction to the INHC Pilot Study & Quality Improvement Goal: To provide participants with an overview of the national pilot study, the manner in which it was executed and the striking results.</p>	7. The National CMS Pilot Study (ppt)
60 Minutes	<p>Adult Learning Goal: To provide participants with an understanding of the different styles of learning and effective strategies to meet the needs. To create effective strategies for transferring knowledge gained into practice within a nursing home setting.</p>	8. Learner Centered Training: How to Teach to Different Learning Styles of Adults (ppt)
15 Minutes	<p>Homework Assignments Goal: To have participants administer a survey tool based on Susan Eaton's work that identifies practice frequently embraced by high and low turnover nursing homes.</p>	9. Facility Turnover Self-Assessment (doc) 10. Facility Turnover Self Assessment PAPERCOPY (xls)

HATCh – Unit III

[Module 2: Leadership](#) (Click here to access training materials in module 2.)

Goal: To provide participants with sound critical detail and interactive exercises that will allow for a deeper understanding of Susan C. Eaton’s theory on leadership, with opportunities to apply this principle to one’s nursing home work.

Time	Title	Training Material
30 Minutes	Relationship Building Goal: To open the session in a manner that immediately engages participants in active learning while discovering attitudes about leadership.	1. Exercise: Leadership Paired Conversations (doc)
15 Minutes	Susan C. Eaton on Leadership Goal: To demonstrate how the effectiveness of Susan Eaton’s Management theory, when utilized within a nursing home setting, can vastly improve the climate, care and ability of staff.	2. Susan Eaton on Leadership (ppt)
30 Minutes	Leadership Characteristics Goal: To explore with participants the characteristics of effective leaders.	3. Exercise: Characteristics of Leaders (doc)
30 Minutes	Kouzes & Posner: Myths and Facts Goal: To examine long-held attitudes about leadership and draw parallels to our own leadership style.	4. The Leadership Challenge – A Field Guide for Leadership (ppt)
30 Minutes	Sticks and the Medication Cart Goal: To identify and explain various leadership styles and the effect those styles have on workers.	5. Exercise: Sticks and the Med Cart (ppt)
30 Minutes	What’s The Message? Goal: To give participants the opportunity to dissect the language of an actual interoffice memorandum from a nursing home and explore the message contained within.	6. Exercise: Staff Memo - What’s the message? (doc)

Time	Title	Training Material
60 Minutes	Power Island Goal: To allow participants to explore the effects of power and directly relate their observations to work practices within the nursing home.	7. Exercise: Power Island (doc)
30 Minutes	Steven Covey: Lead by Example Goal: To provide participants with a graphic example of the importance of mentoring and modeling behavior.	8. Leading By Example (ppt)
30 Minutes	Change Ideas Goal: To provide participants with an implementation process for the creation of career ladders.	9. Collecting Change Idea Sheets (doc) 10. Career Mobility Ladders (doc)
15 Minutes	Reflection Goal: To provide participants with a process for culling the session's learning and plan next steps while the information is fresh in their mind.	11. Experimental Learning Design (doc)

HATCh – Unit III

[Module 3: Valuing Your Staff In Word And Deed](#) (Click here to access training materials in module 3.)

Goal: To provide participants with sound critical detail and interactive exercises that will allow for a deeper understanding of Susan C. Eaton’s theory on valuing staff, with opportunities to apply this principle to one’s nursing home work.

Time	Title	Training Material
15 Minutes	Relationship Building Goal: To gather ideas from participants that will support the implementation of practices that support and value staff.	1. Exercise: Learning from Each Other Through Learning Circles (doc)
15 Minutes	Susan C. Eaton on Valuing Staff Goal: To help participants understand the importance of valuing and respecting caregivers and their needs and to provide strategies to support an environment of valuing staff.	2. Valuing Staff (ppt)
45 Minutes	Case Study Goal: To analyze data, investigate possible reasons and create an action plan that provides interventions that respond to the situations.	3. Employee Survey - Sample (doc) 4. Sample Drill Down Sheet (doc) 5. Exercise: Connecting The Pieces (doc)
60 Minutes	Better Jobs Better Care: Stand Up and Tell Them Goal: To recognize the severity of the nursing home climate and develop ideas to respond.	6. Stand Up and Tell Them (doc)
60 Minutes	Scheduling as Respecting and Valuing Goal: To allow participants to consider ways of creating a climate that values and respects workers in the day-to-day processes of nursing home life.	7. What Would You Do? (ppt)
60 Minutes	Encourage The Heart Goal: To provide participants with opportunities effectively encourage others on an on going basis.	8. Encouragement is Feedback (ppt) 9. Encouragement Index (doc)

Time	Title	Training Material
30 Minutes	The “Arm” Exercise Goal: To offer a graphic example of the power of both negative and positive thinking.	10. Exercise: The Arm Exercise (doc) 11. How To Use Praise Effectively (doc)
15 Minutes	Change Ideas Goal: To provide participants with an implementation process for transforming the process of mentoring and supporting new staff.	12. On-The-Job-Support For New Workers (doc)
15 Minutes	Reflection Goal: To provide participants with a process for culling the session’s learning and plan next steps while the information is fresh in their mind.	13. Exercise: Thank You Cards (doc) 14. Experimental Learning Design (doc)

HATCh – Unit III

[Module 4: High Performance Human Resource Policies](#) (Click here to access training materials in module 4.)

Goal: To provide participants with sound critical detail and interactive exercises that will allow for a deeper understanding of Susan C. Eaton’s theory of high performance human resource policies, with opportunities to apply this principle to one’s nursing home work.

Time	Title	Training Material
15 Minutes	<p>High Performance Human Resource Policies Goal: To introduce basic, positive Human Resource Policies that are used by high performance organizations.</p>	1. High Performance Human Resource Policies (ppt)
45 Minutes	<p>Case Study: Lescoe-Long Goal: To share the findings of a study that identifies behavior-change interventions that improve nursing home staff retention.</p>	2. Identifying Behavior Change Intervention Points to Improve Staff Retention in Nursing Homes (ppt)
60 Minutes	<p>Maslow’s Hierarchy of Needs Goal: To describe the relationship between Maslow’s Hierarchy of Human Needs and the needs of employees in an organization by helping participants identify activities and practices that they can adopt to support the well-being of workers.</p>	3. Maslow's Hierarchy of Needs (ppt) 4. Exercise: Maslow Worksheet (doc)
60 Minutes	<p>From EAP to DLT: The Alphabet Soup of Supportive Resources Goal: To provide participants with examples of employee-supportive resources and benefits.</p>	5. From EAP to DLT (ppt)
60 Minutes	<p>Drilling Down Into Human Resource Practices Goal: To provide participants with the opportunity to conduct an in-depth analysis of their facilities current employment picture and develop strategies to improve.</p>	6. Drilling Down Human Resource Data SAMPLE DATA (xls) 7. Financial Incentives Worksheet SAMPLE DATA (xls) 8. Exercise: Drilling Down Human Resource Data BLANK FORM (xls) 9. Exercise: Financial Incentives Worksheet BLANK (xls)

Time	Title	Training Material
60 Minutes	<p>Helping New Staff Stay Goal: To encourage participants to evaluate the orientation program within their organization and adopt strategies that welcome, engage and create a strong sense of loyalty for a strong staff orientation.</p>	10. Creating A Welcoming Environment (ppt) 11. New Staff Orientation (doc)
45 Minutes	<p>Revamping Your Educational Programs Goal: To share with participants the value of staff satisfaction and the importance of the actions resulting from such information.</p>	12. Listening to the Voices of Staff (ppt) 13. Peer-Mentoring Programs (doc) 14. Reasons People Stay-Leave (doc)
15 Minutes	<p>Change Ideas Goal: To provide participants with an implementation process for transforming an existing orientation program into one that excites and retains newly hired staff.</p>	15. Change Ideas for Orientation (doc)
10 Minutes	<p>Reflection Goal: To provide participants with a process for culling the session's learning and plan next steps while the information is fresh in their mind.</p>	16. Experimental Learning Design (doc)

HATCh – Unit III

[Module 5: Work Redesign: Do Your Systems Serve Your Goals?](#) (Click here to access training materials in module 5.)

Goal: To provide participants with sound critical detail and interactive exercises that will allow for a deeper understanding of Susan C. Eaton’s theory on work redesign, with opportunities to apply this principles to one’s nursing home work.

Time	Title	Training Material
45 Minutes	Work Design That Supports Staff’s Intrinsic Motivation Goal: To provide participants with examples of workflow and design that enhances the smooth running of an organization.	1. Work Design That Supports Staff’s Intrinsic Motivation (ppt)
20 Minutes	From Institutional to Individualized Care Goal: To provide participants with an understanding of risk prevention vs. health promotion as it relates to institutional vs. individualized care using the <i>Path of Transformation</i> Model.	2. From Institutional to Individualized Care (ppt)
60 Minutes	Joanne Radar’s: Bathing Without A Battle - Studying workplace redesign Goal: To allow participants the opportunity to study work redesign and take away valuable lessons related to the how and whys of work redesign using examples from Joanne Rader’s teachings on bathing.	3. Bathing Without A Battle (ppt) 4. Change Ideas for Bathing (doc)
30 Minutes	An Alarming Round of Pick-up Sticks! Goal: To provide participants with an interactive experience related to the realities of being attached to an alarm.	5. Exercise: An Alarming Round of Pick-Up Sticks (doc)

Time	Title	Training Material
60 Minutes	<p>Consider Mr. McNally Goal: To provide participants with an interactive case study that demonstrates how institutionalized care inadvertently accelerates an individual's decline.</p>	<p>6. Exercise: Mr. McNally Worksheet (doc) 7. Mr. McNally Cards (doc)</p>
60 Minutes	<p>Work Redesign and Care Practices Goal: To provide participants with an interactive exercise that focuses on best pressure ulcer practice and explores strategies to individualize practice.</p>	<p>8. Exploring Care Practices: Pressure Ulcers (doc)</p>
75 Minutes	<p>Consistent Assignment Goal: To provide participants with evidence that consistent assignment can be connected to low turnover and to provide strategies for implementing consistent assignment in a facility.</p>	<p>9. Consistent Assignment (ppt) 10. Change Ideas for Consistent Assignment (doc)</p>
15 Minutes	<p>Reflection Goal: To provide participants with a process for culling the session's learning and plan next steps while the information is fresh in their mind.</p>	<p>11. Experimental Learning Design (doc)</p>

HATCh – Unit III

[Module 6: Sufficient Staff and Resources for Humane Care](#) (Click here to access training materials from module 6.)

Goal: To provide participants with sound critical detail and interactive exercises that will allow for a deeper understanding of Susan C. Eaton’s theory on the necessity for sufficient resources, with opportunities to apply this principle to one’s nursing home work.

Time	Title	Training Material
45 Minutes	Sufficient Staff Resources Goal: To encourage participants to focus on consistent, sufficient resources to ensure the highest level of humane care.	1. Sufficient Staff Resources (ppt)
30 Minutes	Workforce Homework on Understaffing Goal: To provide participants with evidence based results from homework assignments given to participants in the INHC Pilot Study, which will inform the necessity for on-going investigation into their own facility’s resources learn.	2. Homework Summary (ppt) 3. Summary of Homework Assignments (doc)
45 Minutes	Med-Pass Redesign Goal: To provide participants with a step-by-step process for change to improve workflow related to the activity of passing medication.	4. The Medication Pass (doc)
60 Minutes	Beat The Clock Goal: To allow participants to practice work redesign, team brainstorming, and problem analysis through actively recreating typical nursing home scenarios.	5. Exercise: Beat The Clock (doc)

60 Minutes	<p>How Individualized Care Creates More Time</p> <p>Goal: To present a case study, which promotes the individualized care model for residents and emphasizes employee satisfaction as the most important means to implementing it.</p>	6. Maine General Rehab and Nursing Care at Glenridge (ppt)
105 Minutes	<p>Teamwork</p> <p>Goal: To introduce participants to the process of building teams, developing relationships and networking to better serve the education process.</p>	7. Exercise: Scavenger Hunt (doc)
	<p>Reflection</p> <p>Goal: To provide participants with a process for culling the session's learning and plan next steps while the information is fresh in their mind.</p>	8. Experimental Learning Design (doc)

Culture Change Resources

Websites: Organizations and Initiatives

Action Pact, Inc. online <<http://www.culturechangenow.com/>>

Almost Home: Changing Aging in America online <<http://www.almosthomedoc.org/>>

American Association of Homes and Services for the Aging (AAHSA) online
<<http://www.aahsa.org/default.asp>>

American Health Care Association online <<http://www.ahca.org/>>

American Health Quality Association online <<http://www.ahqa.org/>>

And Thou Shalt Honor online <<http://www.andthoushalthonor.org/>>

Better Jobs Better Care (BJBC) online <<http://www.bjbc.org/>>

Center for Excellence in Assisted Living online <<http://www.theceal.org/about.shtm>>

Direct Care Alliance (DCA) online <<http://www.directcarealliance.org/>>

The Eden Alternative online <<http://www.edenalt.com/welcome.htm>>

The Elder Cohousing Network online <<http://www.eldercohousing.org/>>

The Gerontological Society of America online <<http://www.geron.org/>>

The Green House Project online <<http://www.thegreenhouseproject.com/>>

Health Professions Press online <<http://www.healthpropress.com/index.htm>>

IDEAS Institute online <<http://www.ideasinstitute.org/>>

Institute for Caregiver Education online <<http://www.caregivereducation.org/>>

Institute for the Future of Aging Services (IFAS) online <<http://www.futureofaging.org/>>

International Association for People-Environment Studies Environmental Design Research
Association: Environment & Gerontology Network online <<http://arch.knu.ac.kr/~gero/>>

Mather Lifeways online <<http://www.matherlifeways.com/>>

National Citizen's Coalition for Nursing Home Reform online <<http://www.nccnhr.org/>>

National Clearinghouse on the Direct Care Workforce online
<<http://www.directcareclearinghouse.org/>>

Nursing Center online <<http://www.nursingcenter.com/home/index.asp>>

Palliative Care in Nursing Homes: Steps for Success online .pdf
<http://www.scherviercares.org/pc_booklet.pdf>

Paraprofessional Healthcare Institute online <<http://www.paraprofessional.org/>>

Second Wind Dreams online <<http://www.secondwind.org/>>

Texas Long Term Care Institute online <<http://ltc-institute.health.txstate.edu/>>

Untie the Elderly online <<http://www.ute.kendal.org/default.aspx>>

Vital Aging Network online <<http://www.van.umn.edu/>>

Books

Barton, J., Grudzen, M. and Zielske, R. Vital Connections in Long-Term Care: Spiritual Resources for Staff and Residents Baltimore: Health Professions Press, 2003. Purchase online: <<http://www.healthpropress.com/store/barton-2793/index.htm>>

Bernstein, GS. Human Services?... That must be so rewarding Baltimore: Health Professions Press, 1999. Purchase online: <<http://www.healthpropress.com/store/bernstein-2491/index.htm>>

Bradley, MG. & Thompson, NR. Quality Management Integration in Long-Term Care: Guidelines for Excellence Baltimore: Health Professions Press, 2000. Purchase online: <<http://www.healthpropress.com/store/bradley-2610/index.htm>>

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Workbooks

Champions for Care: The Wellspring Program by LaVrene Norton. Action Pact Workbook, © 2004. Purchase online: <<http://www.culturechangenow.com/wb-champ.html>>

The Dawn of Transformation: A Matrix Guide to Change A Porch Swing Series Culture Change Workbook Action Pact, Inc. © 2006. Purchase online: <<http://www.culturechangenow.com/wb-dot.html>>

Life Happens in the Kitchen by Linda Bump. Action Pact Workbook, © 2004. Purchase online: <<http://www.culturechangenow.com/wb-lhitk.html>>

Lighting The Way: Building Coalitions for Culture Change by Action Pact. Purchase online: <<http://www.culturechangenow.com/wb-ltw.html>>

Living Life to the Fullest: A Match Made in OBRA '87 by Carmen S. Bowman. A Porch Swing Series Culture Change Workbook Action Pact, Inc. © 2004. Purchase online: <<http://www.culturechangenow.com/wb-lltf.html>>

Quality of Life Action Pact Workbook, © 2004. Purchase online: <<http://www.culturechangenow.com/wb-qol.html>>

Regulatory Compliance in Culture Change: Assure Your Ongoing Success A Porch Swing Series Culture Change Workbook Action Pact, Inc. © 2004. Purchase online: <<http://www.culturechangenow.com/wb-rcicc.html>>

Videos

“A Brave New Home” produced by KCTS, Seattle’s PBS affiliate. Available online, with resource guide, from Qaulis Health: <<http://www.qualishealth.org/>>

“A Tale of Transformation” produced by Action Pact. Purchase online: <<http://www.culturechangenow.com/videos.html>>

“A Way Back Home” produced by Action Pact. Purchase online: <<http://www.culturechangenow.com/videos.html>>

“Almost Home: Changing Aging in America” produced by 371 Productions. Information online: <<http://www.almosthomedoc.org/index.cfm>>

“Bathing Without a Battle” produced by Action Pact. Purchase online: <<http://www.culturechangenow.com/videos.html>>

“Becoming Who They Were: produced by Action Pact. Purchase online:
<<http://www.culturechangenow.com/videos.html>>

“Bon Appetit! The Joy of Dining in Long-Term Care” by Zgola, J. and Bordillon, G. produced by Health Professions Press. 2001. Purchase online: <<http://www.healthpropress.com/store/zgola-TN14/index.htm>>

“Champions of Change: The Longest Journey: produced by Action Pact. Purchase online:
<<http://www.culturechangenow.com/videos.html>>

“First Eden Conference” produced by Action Pact. Purchase online:
<<http://www.culturechangenow.com/videos.html>>

“Nursing Care of Older Adults: A New Look at the Old” Broadcast series based on the content of current articles found in American Journal of Nursing, with additional content. Funded by Atlantic Philanthropies.

Available online from Nursing Center:

<<http://www.nursingcenter.com/library/static.asp?pageid=527873>>

“Nursing Home Confessions- Flashpoints” produced by Whiteford-Hadary Productions/University of Maryland School of Medicine. Available online from Health Professions Press:

<<http://www.healthpropress.com/store/whiteford-hadary-TN16/index.htm>>

“Solving Bathing Problems in Persons with Alzheimer's Disease and Related Dementias” produced by Philip Sloane, M.D., Ann Louise Barrick, Ph.D., & Vanessa Honn. Available online from Health Professions Press: <<http://www.healthpropress.com/store/sloane-TN10/index.htm>>

“The Ten Principles of Eden” produced by Action Pact. Purchase online:
<<http://www.culturechangenow.com/videos.html>>

Newsletters

Almost Home E-Newsletter. Available online:

<<http://www.almosthomedoc.org/outreach/newsletters.cfm>>

Culture Change Now Magazine. Purchase online: <<http://www.culturechangenow.com/pubs.html>>

The Gerontological Society of America Newsletter. Available online:

<<http://www.geron.org/newsletter/news.htm>>

The Green House Project E-Report Newsletter. Join online:

<<http://www.thegreenhouseproject.org/concept.html>>

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Oversight

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Care Practice

Resident Psychosocial Functioning and Life Enjoyment

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Culture Change	Frank, Barbara (with Cathy Brady)	B & F Consulting, Inc.	174 Derby St. West Newton, MA 02465	617.964.4212	bfrank1020@aol.com	
Culture Change	Fuller, Ellen	Maine General Rehab & Nursing Care at Glenridge			ellen.fuller@mainegeneral.org	
Culture Change	Gulsvig, Janice	MyInner View			janice@myinnerview.com	
Culture Change	Hannon, Megan	Senior Change Leader with Action Pact, Inc.	Action Pact, Inc. 5122 W. Washington Blvd. Milwaukee, WI 53208	573.499.1494		http://www.culturechange.com/
Culture Change	Hoffer Gittell, Jody	Brandeis University			jjgittell@brandeis.edu	

Topic	Name	Organization	Address	Phone	Email	Website
Culture Change	Lipson, Deb	AAHSA			dlipson@aahsa.org	
Culture Change	McDonald, Connie	Maine General Rehab & Nursing Care at Glenridge			connie.mcdonald@mainegeneral.org	
Culture Change	Misiorski, Susan RN	Paraprofessional Healthcare Institute	349 East 149th Street 10th Floor Bronx, NY 10451	718.402.7766	info@paraprofessional.org	
Culture Change	Norton, Lavrene	Executive Leader of Action Pact, Inc.	Action Pact, Inc. 5122 W. Washington Blvd. Milwaukee, WI 53208	414.258.3649	lavrene@actionpact.com	http://www.actionpact.com/
Culture Change	Ortigara, Anna	Life Services Network			anna@lsni.org	
Culture Change	Schoeneman, Karen	Centers for Medicare & Medicaid Services			karen.schoeneman@cms.hhs.gov	
Culture Change	Scott-Cawiezell, Jill	University of Missouri			scottji@health.missouri.edu	
Culture Change	Shields, Steve	President / CEO Meadowlark Hills Retirement Community	Meadowlark Hills Retirement Community 2121 Meadowlark Road Manhattan, KS 66502	785.537.4610	steve.shields@meadowlark.org	
Culture Change	Steiner, Jack	Executive Director of BEAM (Bringing the Eden Alternative to the Midwest)	6512 Centurion Drive Lansing, MI 48917	517.703.9346, ext 111	jsteiner@mibeam.org	
Culture Change	Todd, Lori	Loomis House Nursing Center			ltodd@loomiscommunities.org	

Topic	Name	Organization	Address	Phone	Email	Website
Culture Change, Regulation / Survey Process	Bowman, Carmen	Former State and Federal Regulator		720.974.6235		
Culture Change, Restraints	Rader, Joanne RN, MN, FAAN	Rader Consulting / Oregon Health Sciences University School of Nursing	Oregon Health Sciences University School of Nursing 3455 SW US Veterans Hospital Rd Portland, OR 97239	503-873-6748	joanne.rader@worldnet.att.net / raderj@ohsu.edu	http://www.ohsu.edu/son/faculty.shtml
Delirium	Inouye, Sharon MD	Institute for Aging Research	Hebrew Senior Life Aging Brain Center Institute for Aging Research 1200 Centre Street Boston, MA 02131-1097	617-363-8020	sharoninouye@hrca.harvard.edu	http://hebrewrehab.org/professional/inouye.htm
Delirium	Marcantonio, Edward MD, SM	Beth Israel Deaconess Medical Center	Beth Israel Deaconess Medical Center General Medicine/Primary Care - E/Rose-118 330 Brookline Avenue Boston, MA 02215	617-667-1374	emarcant@bidmc.harvard.edu	http://hms.harvard.edu/WhitePagesPublic.asp?task=showperson&id=176271373171271379180273&a=hms&r=1&kw=
Delirium	McElhaney, Janet MD	UConn Center on Aging	University of Connecticut Health Center 263 Farmington Avenue Farmington, CT 06030-5215	860-679-8847	jmcelhaney@uchc.edu	http://pepper.uchc.edu/UC/A/Faculty/mcelhaney.htm
Delirium	McNicholl, Lynn MD	Brown Medical School	Brown Medical School Department of Medicine Box G-A Providence, RI 02912	401-444-5248	Lynn_McNicholl@Brown.edu	http://www.brown.edu/Divisions/Medical_School/andera/profile.php?id=1126911854

Topic	Name	Organization	Address	Phone	Email	Website
Depression	Katz, Ira MD, PhD	University of Pennsylvania	Department of Psychiatry 3535 Market Street Room 3001 Philadelphia, PA 19104	215-349-8226	katzi@mail.med.upenn.edu	http://www.uphs.upenn.edu/medpsych/Bios/KatzCV Jan 2006.doc
Infections	Garibaldi, Richard MD	University of Utah Medical Center	University of Utah Medical Center Salt Lake Veterans Administration Medical Center 500 Foothill Boulevard Salt Lake City, UT 84148	801-582-1565		http://www.va.gov/visn19/slc.htm
Infections	Nicolle, Lindsay MD	University of Manitoba	University of Manitoba Internal Med/Med Micro GG443 General Center Winnipeg, Canada	204-787-7029	nicolle@cc.umanitoba.ca	http://umanitoba.ca/directories/search2003.php?pid=people4417264266090&d=1&s=1&UMINFO_peopleSearch=0e8efc70c2e61bca312f88a578323db8
Organizational Culture	Scott, Jill RN	University of Colorado Health Sciences Center	University of Colorado Health Sciences Center School of Nursing 4200 E. 9th Ave Campus Box C-288 Denver, CO 80262	303-315-0423	jill.scott@uchsc.com	http://www.uchsc.edu/ahe/c/cando/about/contact.htm
Pain	Curtiss, Carol RN, MSN	Curtiss Consulting	Curtiss Consulting 37 James Street Greenfield, MA 01301	413-774-5238	carol.curtiss@verizon.net	

Topic	Name	Organization	Address	Phone	Email	Website
Pain	Fink, Regina PhD, RN, FAAN, AOCN	University of Colorado	University Hospital, Room 2142-1 UCH Patient Services - Professional Resources Campus Box A021-255 Denver, Colorado 80262	303-372-5580	Regina.Fink@uch.edu	
Pain	Griffie, Julie APRN-BC, MSN, CS, AOCN	Froedtert Hospital	Froedtert Hospital Breast Cancer Center 9200 West Wisconsin Avenue Milwaukee, WI 53226	414-805-5800		http://www.froedtert.com/SpecialtyAreas/BreastCancerProgram/ExceptionalStaff/BreastCancerProgramExceptionalStaff.htm
Pain	Teno, Joan MD, MS	Brown Medical School	Brown Medical School Department of Medicine Box G-A Providence, RI 02912	401-863-1606	Joan_Teno@brown.edu	http://www.brown.edu/Divisions/Medical_School/andera/profile.php?id=1100925316
Pressure Ulcers	Ayello, Elizabeth PhD, RN, APRN-BC, CWOCN, FAAN, FAPWCA	New York University	New York University The Steinhardt School of Education Division of Nursing 246 Greene St., 410 W New York, NY 10003 NYU Mail Code: 5400	212-998-5311	elizabeth.ayello@nyu.edu	http://www.geocities.com/elizabeth_ayello/
Pressure Ulcers	Bates-Jensen, Barbara PhD, RN, CWOCN	VA Greater Los Angeles Health Care Center also affiliated with The Borun Center	Geriatric Research Education and Clinical Center VA Greater Los Angeles Health Care Center	818-774-3347	batesjen@ucla.edu	http://www.gla.va.gov/grec.vsn22/default.cfm
Pressure Ulcers	Baumgarten, Mona PhD	Associate Professor, Division of Gerontology University of Maryland		410-706-1531	mbaumgar@epi.umaryland.edu	http://medschool.umaryland.edu/Epidemiology/faculty.asp

Topic	Name	Organization	Address	Phone	Email	Website
Pressure Ulcers	Bergstrom, Nancy PhD, RN, FAAN	University of Texas	Center on Aging The University of Texas Health Science Center at Houston 6901 Bertner, 6th Floor Houston, TX 77030	713-500-9920	nancy.bergstrom@utc.tmc.edu	http://son.uth.tmc.edu/coa/fac_bergstrom.htm
Pressure Ulcers	Berlowitz, Dan MD, MPH	Boston University	Boston University Health Services Department 715 Albany Street, T Boston, MA	781-687-2962	dberlow@bu.edu	
Pressure Ulcers	Coleman, Eric MD, MPH	Associate Professor Division of Health Care Policy and Research University of Colorado Health Sciences Center	University of Colorado Health Sciences Center 13611 East Colfax Ave, Suite 100 Campus Box: F-480 Aurora, Co 80011- 5704	303-724-2523	eric.coleman@uchsc.edu	
Pressure Ulcers	Lyder, Courtney ND, RN	University of Virginia	University of Virginia School of Nursing McLeod Hall P.O. Box 800782 Charlottesville, VA 22908	434-982-3298	chl4n@cms.mail.virginia.edu	http://www.nursing.virginia.edu/faculty/lyder.html
Pressure Ulcers	Sparks-DeFriese, Bonnie BS, RN, PT, CWOCN, CWS	Emory University	Department of Surgery Emory University School of Medicine Room AT732 1365 Clifton Road, NE Atlanta, GA 30322-1013	404-778-4814	bsparks@emory.edu	http://www.surgery.emory.edu/wocnec/facstaff.htm

Topic	Name	Organization	Address	Phone	Email	Website
Pain, Pressure Ulcers, Restraints, Delirium, Falls	Waugh, Diana RN	Waugh Consulting	21 Karis Street Waterville, OH 43566-1040	419-351-7654	dwaugh@accesstoledo.com	http://www.waughconsulting.info/index.html
Restraints	Capezuti, Liz PhD, RN, APRN-BC, FAAN	New York University	New York University 246 Greene St., Room 604W New York, NY 10003 NYU Mail Code: 5400	212-998-5376	ec65@nyu.edu	http://www.nyu.edu/nursing/faculty/capezuti.html
Restraints	Evans, Lois	University of Pennsylvania	University of Pennsylvania School of Nursing Room 360 NEB 420 Guardian Drive Philadelphia, PA 19104-6096	215-898-2140	evans@nursing.upenn.edu	http://www.nursing.upenn.edu/faculty/profile.asp?pid=150
Restraints	Goldman, Beryl MS, RN, NHA	The Kendal Corporation	Collage Project Director Worth Center 1107 East Baltimore Pike Kennett Square, PA 19340	610-388-5547	info@collageaging.org	http://collageaging.kendal.org/NoNav/Biography.aspx
Restraints	McConnell, Ellie RN, PhD	Duke University	Duke University School of Nursing 1041 Trent Drive, DUMC 3322 Durham, NC 27710	919-684-3786 x250	Mcon002@mc.duke.edu	http://www.nursing.duke.edu/page/search_employee_details?last=McConnell&first=Eleanor
Restraints	Miles, Steven MD	University of Minnesota	Center for Bioethics Suite N504, Boynton 410 Church Street, SE Minneapolis, MN 55455-0346	612-624-9440	miles001@umn.edu	http://www.bioethics.umn.edu/faculty/miles_s.html

Topic	Name	Organization	Address	Phone	Email	Website
Restraints	Strumph, Neville PhD, RN, FAAN	University of Pennsylvania	University of Pennsylvania School of Nursing Room 367 NEB 420 Guardian Drive Philadelphia, PA 19104-6096	215-898-8802	strumpf@nursing.upenn.edu	http://www.nursing.upenn.edu/faculty/profile.asp?pid=161