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Improving Nursing Homes: Impact of the California Culture Change Coalition

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by
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About the Foundation

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Contents

2 I. Introduction

4 II. Background

5 III. Findings and Synthesis

Culture Change Role and Progress Themes

Ongoing Challenges

Ideas and Recommendations

10 IV. Conclusion

11 California Interviewees

12 Endnotes

I. Introduction

IMPLEMENTING CULTURE CHANGE PRACTICES in nursing homes can have a powerful impact on the daily life of frail residents and their caregivers and on the quality of care. Consider the following scenarios:

Nursing Home A is actively engaged on the culture change journey. As part of their organizational changes to promote culture change, all certified nursing assistants (CNA) are consistently assigned to the same group of elders, allowing an in-depth knowledge of individual needs and capabilities. One morning, Alice, the CNA regularly assigned to long-time resident Mrs. Smith, notices that she is harder to awaken than usual and shows no interest in her newspaper or coffee. Concerned about this change in behavior, Alice summons the nurse and finds that Mrs. Smith's blood sugar is too low. Knowing that her medical problems include diabetes, they quickly help Mrs. Smith to drink some orange juice, alert her doctor, and monitor her recovery. Alice feels good that her observation and communication with the nurse resulted in correcting a problem.

In Nursing Home B—which is not engaged in culture change—a similar situation unfolds. Mrs. Jones, a resident with diabetes, is slow to wake up and shows no interest in her coffee and paper. Susan, a CNA who has not worked with Mrs. Jones in several months, thinks she is probably just tired. After removing the breakfast tray, she leaves Mrs. Jones to rest while she cares for another resident. When she stops in after an hour, Mrs. Jones is not responding. Susan summons the nurse, who calls the ambulance. Mrs. Jones

is admitted to the hospital in a diabetic coma. The nurse reprimands Susan for not notifying her sooner. Susan feels bad and decides to look for another place to work.

These scenarios illustrate just one example of ways that culture change practices can lead to distinctly different outcomes in common nursing home situations. The principles of culture change include:

- Close relationships between residents, family members, staff, and community.
- Work that supports and empowers staff to respond to residents' needs and desires.
- Management that enables collaborative decisionmaking.
- Resident care and activities that are directed by the resident.
- A living environment that is designed to be a home rather than an institution.
- Systematic processes that are comprehensive and measurement-based, and that are used for continuous quality improvement.

Over the past five years, the California Culture Change Coalition (the Coalition) has actively promoted these principles throughout California in a variety of ways: educational sessions at conferences, stakeholder engagement, and working directly with nursing home staff in small groups.

To find out how successful these efforts to promote culture change have been, the National

Association of States United for Aging and Disabilities (NASUAD) sought out stakeholder perspectives. The aim of the research was to assess the value and impact of the Coalition's work, learn about potential gaps, and identify areas for future efforts and strategic direction. Using an interview tool, NASUAD staff conducted 17 interviews (60 to 90 minutes each) with various nursing home culture change stakeholders. In addition, a literature review and environmental scan were conducted to provide additional context for interviewee comments.

II. Background

INTEREST IN NUSING HOME CULTURE CHANGE has increased at the federal, state, and provider levels, spurred by advocates' efforts to promote person-centered care, initiatives to improve resident experiences, and new federal guidance and technical support. Additionally, recent literature shows that nursing homes embracing culture change have improved quality outcomes and offer preliminary evidence of positive business impacts.

However, California has lagged behind other states in culture change. Progress primarily has been driven by the Coalition, which has been working on such projects as: the Person-Directed Dining Pilot Project; the establishment of regional Culture Change Coalitions; and the enactment of a civil monetary penalty (CMP) provision aimed at funding nursing home quality improvements.

Nationwide, awareness of culture change has expanded. Between 2005 and 2008 health care opinion leader unawareness of culture change decreased from 73 percent to 34 percent.¹ While adoption has not kept pace with awareness, research indicates that enhanced quality and resident satisfaction and positive provider business implications (including staff retention, return on physical plant upgrades, and implications for revenue) have contributed to culture change growth.² In particular, two studies are notable.

- A 2008 Commonwealth Fund-sponsored study on a for-profit nursing home chain found that Beverly Health Care Resident-Centered Care (RCC) participating facilities demonstrated positive impacts on residents' quality of life and higher profits before overhead expenses. However, RCC participating facilities also had a lower percent of Medicaid bed days.³
- A 2010 study examined culture change business implications in a sample of 317 certified skilled nursing homes.⁴ In general the research points to increased occupancy rates and revenue for facilities implementing culture change. While the research was conducted on nonprofit facilities, the author notes that in regard to for-profit facilities, "these results indicate that culture change is not counterintuitive from a financial perspective and that homes can invest in quality of life for residents and still achieve organizational returns." Other literature notes that much more work is needed to bolster the business case for culture change, particularly in the for-profit marketplace.

III. Findings and Synthesis

THE RESEARCH REVEALED THE FOLLOWING high-level findings:

- The California Culture Change Coalition has played the key role in culture change education and adoption in the Golden State;
- The Coalition has been at least somewhat successful in meeting organizational goals;
- The Coalition's success-limiting factors are directly related to unique, California-specific challenges including a serious state budget deficit, new state leadership, and a higher percentage of for-profit nursing homes;
- The majority of interviewees indicated that Coalition members, particularly board members, are committed to its success but noted that they are limited by the absence of dedicated staff, a clear strategic plan, and funding;
- Several interviews noted that California-specific research on the culture change business case is needed as well as related business tools including incorporation of ACA opportunities; and
- Regional coalitions have been very successful. The regional coalition structure should be the foundation for future work because of the size and diversity of the state.

The section below synthesizes interviewee responses into themes. For context purposes, 13 respondents indicated they were very familiar with the Coalition, three stated they were somewhat familiar, and one indicated very little knowledge. Therefore, approximately 70 percent of interviewees

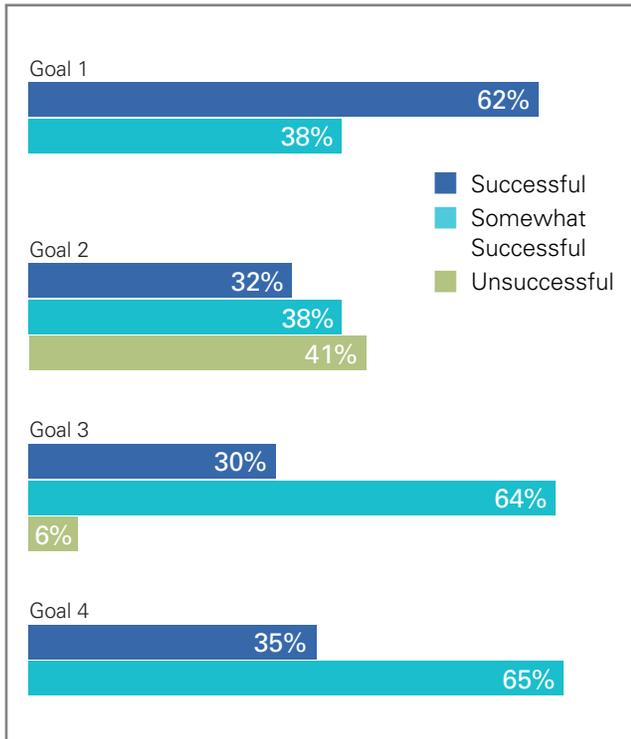
were very familiar with the Coalition, and well-grounded in its work. The themes are grouped into three categories: (1) core questions on the Coalition's role and goal progress; (2) the Coalition and ongoing culture change challenges; and (3) ideas and recommendations.

Culture Change Role and Progress Themes

All interviewees indicated that the Coalition is the only entity positioned to advance culture change in California. Interviewees resoundingly indicated that the Coalition is the only group capable of establishing a neutral forum for nursing home stakeholders to convene an open California culture change discussion. Several noted that Quality Improvement Organizations (QIO) played a role as well as some Area Agencies on Aging (AAA) at the regional level. However, these respondents questioned whether the QIO or AAA would be able to convene a neutral, state-level forum. When asked about the future of culture change, all interviewees indicated that without Coalition network support, culture change expansion would stop or might retract. A few respondents indicated that the QIO or an entity such as the Eden Alternative or the Pioneer Network could be positioned to take on the role. Such responses were offered with the caveat that any third-party entity essentially would convene the Coalition while offering needed infrastructure.

The majority of respondents indicated that the Coalition was successful or somewhat successful in all goal areas except one. The goals and the research findings about each follow, and are displayed graphically in Figure 1.

Figure 1. Comparison of Interviewee Responses on Goal Progress



Goal 1: Provide a forum that is inclusive of all partners who represent the nursing home community. Most interviewees agreed that the Coalition successfully provided a forum for all major California nursing home stakeholders including advocates, industry representatives, and regional CMS partners. Interviewees who scored the Coalition as somewhat successful noted that state representation was difficult to secure, particularly consistent state staff participation, and that more work was needed. Interviewees also said more work could have been done to open and maintain dialogue with culture change non-supporters in order to better understand their concerns and perhaps mitigate them.

Goal 2: Create a unified effort to build empowered relationship-centered communities in nursing homes throughout California. This Coalition

goal appeared to present the greatest challenge. Interviewees noted that progress has been hindered by the size of the state and unique marketplace features. One interviewee said, “we have about 100 participating facilities but California has over 1,200 facilities; we have a long way to go.” Other comments included: overemphasis on Northern California; need for a liaison strategy with large commercial chain chief officers; and funding for more regional coalition infrastructure development. Interviewees associated challenges with insufficient staffing as well as limited resources to develop and launch key expansion strategies.

Goal 3: Establish a statewide network of culture change resources for providers that support transformational change. Interviewees were very positive about the regional coalitions. Features that make them useful include: provision of a smaller forum for intensive technical assistance and dialogue; greater likelihood of garnering regionally based state survey and building code officials; and opportunity to address unique regional features (i.e., high managed care penetration). Other statewide efforts that were noted as positives included the dining pilot, Coalition-sponsored webinars, and Web site literature. Several interviewees noted that the Civil Monetary Penalty (CMP) legislation was a success with statewide implications if implemented. Scores on Goal 3 trended toward “somewhat successful” because of the lack of certain key resources that the Coalition could have provided

Goal 4: Promote the values, principles, and practices of the culture change movement throughout California through identification and dissemination of innovative models of person-centered care and facility management that support relationship-centered communities. Interviewees highlighted the commitment and expertise of the Coalition stakeholders to culture change principles and

practices. Examples of achievements included the dining pilot with CMS Region IX, webinars, regional coalition trainings, and information exchanges including the recent regional effort with the QIO on the business case. While highlighting the dining pilot as a success, they noted the need for more such targeted efforts. One interviewee stated, “It feels like big changes are being pushed when we don’t have the resources or higher level buy-in. In this budget environment, more incremental, targeted tools and strategies are needed.” In addition to limited staffing and resources, interviewees suggested a dialogue about a wider array of technical assistance and tools. Interviewees also suggested a targeted Coalition and QIO outreach to poorly performing nursing homes. The rationale was that new thinking might inspire such facilities to improve their services.

Ongoing Challenges

The following challenge themes were gleaned from a variety of questions and responses.

State-level environment. Advocates and providers are struggling with potentially deep budget cuts as well as new state officials and legislators in the process of learning about a wide array of constituencies’ priorities and efforts. Effective messaging and education are critical if the Coalition and the California culture change movement are to successfully compete for scarce state funds. Additionally, the size of the California nursing home market place as well as the high proportion of for-profit nursing homes present challenges unique among the states.

Limited Coalition resources. Virtually every interviewee noted the lack and importance of dedicated staff who have the time and resources to develop a strategic plan that will advance Coalition goals as well as craft and implement a fundraising

strategy which includes revenue sources beyond California HealthCare Foundation funding and Coalition fees. While interviewees all indicated that without CHCF the Coalition might never have started, they also noted the need to diversify the funding base. Interviewees indicated that participant fees and fees associated with technical assistance might also be helpful. However, many noted that few facilities likely would be willing to pay such fees in the current budgetary environment.

Untapped partnership potential. Some interviewees noted that while the Coalition has developed good relationships with some organizations, such as California-based chapters of nursing home trade associations, additional potential partner organizations exist and should be pursued. Possibilities noted include the California Coalition of Long-Term Care, the Task Force on Aging, universities with geriatric programs and/or research centers, and other movements that promote person-centered care such as assisted living. Interviewees suggested that such linkages might help broaden the Coalition’s reach and impact.

Ideas and Recommendations

Most interviewee ideas and recommendations related to infrastructure development and fundraising. One line of thinking shared by several interviewees focused on a marketing campaign primarily intended to leverage demand-side concepts.

1. Coalition infrastructure development is critical. All interviewees noted that a dynamic full-time executive director and support staff are needed. A small number suggested formal partnerships with other organizations such as the QIO or a university, which might already have federal funding streams, contracts with the state, or other grants. Participants said that a robust,

creative partnership campaign is needed in order to raise funds as well as to elevate the importance of culture change. Ideas included:

- An outreach campaign to Medicaid and Medicare managed care plans, since culture change quality outcomes could be very attractive to the plans;
- An education campaign targeted to for-profit chief officers and board chairs when more business case evidence is available; and
- A targeted outreach effort to disease-specific foundations, such as the Alzheimer's Foundation, whose constituency likely will require skilled care over the course of their disease.

2. Access funding through AB 1397. This legislation provides for money from the Federal Health Facilities Citation Penalties Account (not to exceed \$130,000 annually) to be used “upon appropriation by the Legislature, in accordance with state and federal law for the improvement of quality of care and quality of life for long-term health care facilities residents pursuant to Section 1417.3.” Thirteen states currently have the ability to use penalty funds for culture change efforts, including Colorado, Connecticut, Florida, Illinois, Louisiana, Maine, Massachusetts, Michigan, Minnesota, North Carolina, Oregon, and Tennessee. Although this legislation was passed in 2007, no money has been made available through this mechanism.

3. Study opportunities from federal health reform. Two interviewees noted that the ACA contains several opportunities that could be helpful to nursing homes. Two ACA provisions are culture change-specific:

- Section 6111 sets aside Federal Civil Monetary Penalty (CMP) funds for resident-centered care; and
- Section 6114 establishes a National Demonstration Project on Culture Change which would provide grants to individual providers.

Another ACA provision is authorization for three years of funding targeted to new training opportunities for direct care workers providing long-term services and supports. Still another provides funds for geriatric education centers on geriatrics, chronic care management, and long-term care for faculty in health professions schools and for family caregivers. Additionally, many long-term services and support providers are carefully examining business opportunities associated with the CMS and the Administration on Aging Community-Based Care Transitions Program.⁵ Requirements for person-centered care and reduced hospital readmission align well with culture change characteristics.

4. Market culture change to providers and potential/current nursing home residents and families. Some interviewees expressed concerns about the term “culture change,” saying it is considered “fluff,” passé, and/or is confusing. For example, one Coalition trainer indicated that her audience thought culture change focused on culturally specific care models such as nursing homes targeted to Korean Americans. Some suggested the term resident-centered care, while others recommended a more formal feasibility study. Several interviewees noted the importance of a two-prong marketing campaign. One line of work would focus on social marketing and educating older adults and their families about culture change and its value. The second line of

work would target facilities. For these efforts, interviewees indicated that a “serious investment” is needed if real interest and end-user demand is to be generated.

5. The regional coalition structure should be a central component of future work because of the size and diversity of the state. All interviewees noted the success and importance of the regional coalitions. Several suggested further strengthening the coalitions through a continued partnership with the QIO, developing mentorship programs, partnering with local universities, and pooled purchasing of technical assistance. Regarding the latter, several facilities in a given region might have similar technical assistance needs. While none may have the resources for a large technical assistance contract, several might each have small amounts of funding which could be pooled to purchase technical assistance.

6. Ongoing training and educational opportunities are critical. Interviewees noted high turnover among nursing home administrators, state staff, and changing roles among corporate executives. Based on such observations, many noted the need for an ongoing, regularly scheduled training series that might be offered by the regional coalitions or via the Internet. However, many interviewees said that face-to-face training, preferably at a facility that has embraced culture change, has a more powerful impact than virtual training.

7. California-specific research on the culture change business case is needed, as well as related business tools including incorporation of ACA opportunities. Many interviewees indicated that national research typically does not resonate with California stakeholders. They suggested partnering with universities that already have grants or federal funding that could fund or partially fund state-specific research and initiatives. Some interviewees suggested developing a series of toolkits geared toward California’s culture change environment. Such toolkits should offer beginner information on smaller, more incremental low-cost culture change approaches. While the literature shows that such incremental changes come with the risk of “institutional creep,” several participants indicated that staged culture change tools might be more attractive to administrators and corporate executives concerned about up-front costs when both Medicare and Medi-Cal reimbursement are in question. Other interviewees urged that toolkits offer a balance of business case and quality-of-life content so that culture change is not perceived as simply a marketing tool.

IV. Conclusion

THE COALITION AND CALIFORNIA NURSING home stakeholders are enthusiastic about the Coalition's work and potential but, justifiably, remain concerned about viability. Based on interviewee comments, efforts to secure additional funding could be allocated to:

- Development of a strategic business plan for the Coalition;
- A culture change marketing campaign;
- Facilitation of a university partnership; and
- Development of California-specific business tools that still emphasize quality of life.

Culture change can and should flourish even in the current environment with sufficient strategic planning and efforts to link culture change to existing initiatives that have broad-based support.

California Interviewees

Culture Change Coalition Stakeholders

Sister Patricia Creedon

Administrator
Mercy Retirement and Care Center

Jocelyn Montgomery, R.N., P.H.N.

Director of Clinical Affairs
California Association of Health Facilities

David Nolan

Chi Partners
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Change Coalition

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Health Services Advisory Group of California

Patricia L. McGinnis

Executive Director
California Advocates for Nursing Home Reform

Retired Captain Eloise Beechinor, R.D., M.P.H.

Health Quality Review Specialist and ICF/MR
Team Representative
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Joseph Rodrigues

State Long Term Care Ombudsman
California Department of Aging

Judy Citko, J.D.

Executive Director
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Lori Cooper

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National Perspective

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Senior Director of Special Programs
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Endnotes

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