



NEWSLETTER

Colorado Coalition for Elder Rights & Adult Protection

A Project of the Colorado Nonprofit Development Center

www.ccerap.org

MISSION: To promote statewide understanding of elder/adult abuse and the rights and protections available to elder and at-risk adults.

October, November, December 2009

Next Meeting/Seminar of CCERAP

Wednesday, October 21, 2009

9:00 am – 11:00 am

Aurora City Hall

Aurora Room – First Floor, South

15151 E. Alameda Parkway

Aurora, CO

Seminar

Culture Change: Rethinking Values and Practices in Long-Term Care

Guest Speakers

Nancy Fox, NHA, Chief Life Enhancement Officer, Pinon Management, Inc.

Penny Cook, MSW, Program Manager for the Long-Term Care Ombudsman Program with the Denver Regional Council of Governments.

Seminar/Meeting Schedule

8:30 am – 9:00 am Refreshments, Coffee

9:00 am – 11:00 am Training, including Q & A

Networking: Please bring brochures, flyers of programs to distribute (about 40 copies). There will be time for announcements.

Directions to Seminar/Meeting:

I-225 to Alameda Ave.

East on Alameda about 1/2 mile to Chambers Rd

Left on Chambers Road 1 block

Left into City Hall parking lot

Parking garage is available on west side or park in lot on east side.

Aurora Room—First Floor, south end of building.

Please register at ccerap@comcast.net

or call 1-800-773-1366

Provide name, title, organization, email and phone number.

Walk-ins are welcome.

Culture Change: Rethinking Values and Practices in Long-Term Care

Join Nancy Fox, Pinon Management, Inc. and Penny Cook, Denver Regional Council of Governments (DRCOG) on Wednesday, October 21, at the Aurora City Hall for an invigorating presentation on a movement that is changing the culture of aging throughout the country.



Nancy Fox



Penny Cook

Topics covered at the October 21 Training Seminar:

The Culture Change “Movement”

The case for Culture Change

Compassion and common sense

Person-directed models of care

Does Culture Change cost more money?

Successful business models

Quality of care and financial outcomes

Resources to help you get started

How to work towards Culture Change in Colorado

Who Should Attend?

- Long-Term Care Providers
 - ❖ Administrators
 - ❖ Care team assistants
 - ❖ Activity Directors
 - ❖ Directors of Nursing
- Social Workers, Geriatric Case Managers
- Advocacy Organizations
- Students
- Family members
- Caregivers
- APS Supervisors and Caseworkers

Inside...

- “Culture Change in Long-Term Care” by Nancy Fox
- “Transforming Long-Term Care” by Penny Cook
- Questions for management and staff
- Changing the ways we care for our elders
- The Colorado Culture Change Coalition
- HB 1196 – A Bill for Culture Change
- Resources: Web Sites and Books
- Colorado Division of Insurance: Avoid Being “Scammed”

Culture Change in Long-Term Care

*By Nancy Fox, NHA, Chief Life Enhancement Officer
Pinon Management, Inc., Lakewood, Colorado*

Mention the words, “nursing home,” and you can evoke a myriad of responses from people of any age, mostly voicing varying degrees of displeasure. Abhorrence and avoidance of nursing homes is a part of our societal culture. These responses are a reflection of a decades-long embrace of the institutional model of care. America has poured billions of dollars into thousands of institutions that house and service 1.6 million of our frailest citizens. Structured like military brigades with a strict hierarchy and a departmentalized approach to the delivery of care, these facilities create an environment where the sacred art of caregiving falls prey to the mad rush of the daily routine. Add a fear-based system of oversight and chronic underfunding into the mix and we end up with a total institution which no one likes or wants.

A Person-Directed Model

Recognizing this short-coming, stakeholders around the country are joining together in an unprecedented effort to transform long-term care. This effort is called the “Culture Change Movement.” The goal of culture change is to leave the institutional model behind and move to a person-directed model of care. In this model we will create places where residents want to be, families enjoy visiting, and providers enjoy the work they love.

Three Initiatives of Culture Change

As the culture change movement has progressed we see three types of transformation occurring. For deep cultural change to take root in an organization, we know that all three types of transformation must occur.

Physical Transformation

Under the institutional model of care, we have built and maintain physical environments that look like, sound like, smell like, and feel like hospitals. In the culture change movement we see organizations now transforming their physical environments to be more like home and less like hospitals. There are many, many ways this is taking place—everything from bringing children, plants, and animals in to warm the daily environment, to remodeling into households, or building small houses that house eight or ten residents. There is an ongoing attempt to bring meaning back into the daily environment. We see efforts to create more levels of privacy and access to the food the residents want 24 hours/day. The important thing is that we are waking up to the fact that physical environments can and do affect our well-being, and can and do contribute to the creation of organizational culture.

Organizational Redesign

Under the institutional model, nursing homes have organized the way they do their work very much the same as hospitals do. This type of organizational architecture is just as responsible for creating culture as any physical design. In the culture change movement, we see organizations that are redesigning the way they organize their work to be more like home and less like a hospital.

Again, there is a whole range of possibilities of how this is being carried out. We are currently seeing everything from a permanent assignment of staff into neighborhood teams, to cross-training and a blending of roles, to universal workers, to a flattening of the organization and putting the maximum number of resources closer to the residents, to a complete de-departmentalization and redesign of the organizational architecture.

The driving force behind this organizational redesign is the core belief that decisions belong with the residents or as close to the residents as possible. In order to meet that core belief, nursing homes must move away from the current top-down decision-making design to an organization that is much more fluid and flexible. They must begin with putting the residents at the center of their organizations and then designing an organizational architecture that will support the belief that the residents hold the decision-making authority over their daily lives.

Personal Growth and Transformation

We say that culture change happens one person at a time. Culture change only occurs as each individual within the organization changes. As each individual begins to transform his or her own attitudes, beliefs, assumptions, and values, and then gains new skills to support those values and beliefs, we begin to see a new culture emerge. It is through this personal transformation that deep enduring culture change takes place. Wouldn't it be easy if all that was required to change the culture of an organization was to build a new building and put up a new organizational chart? But organizational culture is mostly created by the people who work in the organization. Thus, the primary work of culture change is the hard work of personal growth and transformation.

The Case for Change

Early research seems to indicate that organizations that choose to undertake the difficult work of transforming their culture are enjoying the fruits of that labor. A recent unpublished study (Elliot, 2007) used participation in the Pioneer Network as the treatment variable to assess any differences in quality of care and financial outcomes between network participants and non-participant nursing homes.

Examples of findings include the following highlights:

- Early adopter homes participating in the network experienced fewer survey citations than the Centers for Medicare and Medicaid Service dataset of the national sample of homes in 2003.
- Early adopter homes participating in the network achieved better differences in quality of care outcomes (as measured by survey citations) than comparable non-participant homes from the 1996 to 2003 timeframe.
- Early adopter homes participating in the network achieved better differences in per bed net income and operating margins than comparable nonparticipant homes from the 1996 to 2003 timeframe.

So indications reflect that culture change for America's long-term care organizations is not only the right thing to do, it is the smart thing to do.

Transforming the Culture of Long-Term Care: Creating Home and Community for Our Elders

By Penny Cook, MSW, Program Manager for the Long-Term Care Ombudsman Program with the Denver Regional Council of Governments

What are the things that make your a house a home? Many people would say having family and friends around them, maybe a beloved pet, possibly plants or garden, maybe a favorite chair or even the kitchen where everyone gathers.

What gives you satisfaction in life? What are the things that give you joy and happiness? To this most people would answer by saying the relationships they have, whether they are with friends, family, neighbors, coworkers and pets. It may also be the ability to do whatever they want to do when they want to do it.

So what happens when you need or choose to move out of your home because you require assistance in caring for yourself? Traditionally, people have thought that once one needed to move into an assisted living home or a nursing care center that you would lose all of the things discussed above that make a house a home and a life worth living. Fortunately for all of us there is an international movement that has developed to transform long-term care...Culture Change.

Culture Change really does mean shifting the beliefs, behaviors and institutions associated with certain work or thoughts, and in this case changing the way we view the care of our elders and those in need. It's a new model of living as we get older or need assistance that is based on both compassion and common sense. It's a transformation to places where people want to live, caregivers want to work and families, friends and the community want to spend time.

Care centers, whether they be assisted living homes or nursing homes, that have embraced the philosophy of culture change are very different from what one may think of homes years ago. They are thriving households where all who live, work and visit come together as a community to make decisions about their home that are right for them. No longer are residents told what time to get up, when to bathe, what to eat or when to go to bed. Instead daily decisions are made by those whom they affect, the resident themselves. In a case where this may not be feasible because the resident's decision-making ability is limited, they are made as close to the resident as possible.

This could be a beloved caregiver or family member. When you walk into a community that has transformed from a more traditional institution to one practicing culture change, you are struck by the "life" of the residence. Expect to see animals, plants, gardens and all those things that do make a physical environment a home. You may see communal kitchen areas and possibly cafes where residents can get food for themselves whenever they are hungry or where caregivers can make a sandwich or snack for a resident whenever they want. You'll also see residents deciding at the spur of the moment that they'd like to get together for a game of cards even though it's not a "scheduled" activity. This spontaneity is what people do every day in their lives and it should not stop when someone needs extra care.

You may think that Culture Change is just common sense and I would agree. Unfortunately, in the past we created a system based on efficiency instead of relationships, sterility rather than fruitfulness and a place where people go to die as opposed to places where people thrive. And because there are still care providers that have decided not to transform the way they deliver care and most of all not to change the philosophy behind it, there needs to be further education to providers, consumers and the general public so we can continue to evolve as a community to provide the kind of life for residents in long term care that we would all desire for ourselves.



Family Fun with Grandma

1-800-773-1366
www.ccerap.org

Changing the Ways We Care for Our Elders:

Traditional Model

Task oriented; work is done quickly

Hands-on caregivers are not invited to participate in resident care conferences

Staff scheduling is done by management

Residents all eat at the same time, with one to two choices in foods.

There is a strong department/top down focus.

Staff make all the decisions about the residents' daily lives.

Culture Change Model

Relationship oriented; staff focus on building caring relationships while getting tasks done.

Hands-on caregivers attend all resident care conferences.

Staff create and manage their own schedule.

A variety of menu choices and meal times are offered.

There is a team approach and flattened hierarchy.

Residents make most decisions about their daily lives.

Finding a Long-Term Care Arrangement that Embraces Culture Change...

The following questions can help families determine whether or not a long-term care community is engaged in person-directed care:

Questions for management:

- May I see your mission statement?
- Do you measure caregiver satisfaction? Do you conduct staff satisfaction surveys?
- What is the role here for family members? Do you have a family council and are we welcome at your organization?
- Do your nursing assistants care for the same residents each time they work or do you rotate the assignments after a period of time?
- Do you measure staff turnover? If so, what is the turnover rate?
- Can my loved one be given a shower/bath when they choose?
- Can my loved one be awakened in the morning according to their lifelong pattern?
- Do you offer alternatives if my loved one does not like the main entrée being offered?
- What do you do to educate your staff, families and residents about person-directed care?

Questions for staff:

- Do you feel you know the people you care for really well?
- What's the best thing you like about working here?
- If my loved one moved in, what would you need from me to make his/her life here meaningful?
- Can you tell me what today will be like for a frail elder in his home?

HB 1196 – A bill for culture change

During the 2009 General Assembly, a bill was passed and signed by Governor Ritter that provides funds to improve the quality of life for residents of nursing homes. These funds come from a nursing home penalty cash fund. Federal and State Civil Monetary Penalties (CMP's) are imposed by the regulatory agencies that license nursing homes. When a nursing home does not comply with regulatory standards, fines are levied. HB 1196 does not require any additional funding and does not use general fund money; it is a smart, innovative use of funds. The bill also establishes the Nursing Facility Culture Change Accountability Board to provide recommendations on expenditures of the funds. Currently, the monies are used to help relocate residents in nursing homes when the nursing home shuts down. Under HB 1196, a portion of that money will be reallocated to a nursing home improvement and innovation fund.

The Colorado Culture Change Coalition

www.coculturechange.org

CCCC is a nonprofit organization dedicated to transforming care. It exists to enhance the quality of life for residents living in Colorado's nursing homes and assisted living communities, and does so by fostering the individualization of resident care and the appreciation of the uniqueness of each individual. CCCC is known nationally not only as an expert in culture change, but as a leader and innovator in the field.

Principles

- Individualized care
- Choice and risk
- Dignity and respect
- A home-like environment
- Recognition of the potential for growth
- Appreciation for the uniqueness of each individual

Goals

- To strengthen the collaborative partnerships among all stakeholders
- To establish a statewide network of culture change resources
- To identify and work to change issues that undermine the delivery of care
- To promote the values, principles and practices of the culture change movement and new performance standards throughout Colorado through the identification and dissemination of innovative models of care and facility management.

Find a Colorado Culture Change Coalition near you...

Denver Educational Forum (meets the fourth Friday of each month)

Cherry Creek Corporate Center
Long Term Care Options, Suite 500
4500 Cherry Creek Dr. S.
Denver
9:00 to 11:00 a.m.

Northern Colorado CCC Network Educational Forum

(meets the second Wednesday of each month)

Pathways Hospice
305 Carpenter Road
Ft. Collins
11:30 a.m. to 1:00 p.m.
Chair: Sharon Binder 970-495-1000

Southern Colorado Culture Change Coalition Network

(meets the first Thursday of each month, except for summer)

Hildebrand Care Center
1401 Phay Avenue
Canon City
3:00 to 4:30 p.m.

Northeastern Plains Coalition

(meets on the 2nd Friday of each month)

11:00 a.m. to 1:00 p.m.
Location varies

Contact Gloria Kaiser, 970-522-4888 or Dan Scalise, 970-842-2861.

Web Sites

There are numerous resources on Culture Change. Some of the sites listed below offer primary information about long-term care; others focus on topics relevant to Culture Change such as staff training, workforce issues, care practices, provider best practices, leadership and supervisory skills.

Advancing Excellence in America's Nursing Homes

Alliance for Health Reform

American Association of Homes and Services for the Aging

American Health Care Association

Centers for Medicare and Medicaid Services

Culture Change Now

Eden Alternative

Green House Project

National Center on Elder Abuse

National Citizens' Coalition for Nursing Home Reform

National Consumer Voice for Quality Long-Term Care

National Long-Term Care Ombudsman Resource Center

Paraprofessional Healthcare Institute

Pioneer Network

Robert Wood Johnson Foundation

Reading List...

"The Journey of A Lifetime: Leadership Pathways to Culture change in Long-Term Care", by Nancy Fox.

"Culture Change in Long-Term Care", edited by Audrey S. Weiner and Judah L. Ronch.

"Old Age in A New Age: The Promise of Transformative Nursing Homes", by Beth Baker.

"Getting to Know the Life Stories of Older Adults: Activities for Building Relationships", by Kathy Laenhue.

"I Remember When: Activity Ideas to Help People Reminiscence", by Howard Thorsheim and Bruce Roberts.

"The Healing Power of Pets: Harnessing the Amazing Ability of Pets to Make and Keep People Healthy", by Marty Becker and Danelle Morton.

"Bon Appetit! The Joy of Dining in Long-Term Care", by Jitka Zgola and Gilbert Bordillon.

"And Thou Shalt Honor: The Caregivers Companion", by Beth Witrogen McLeod. Forward by Rosalynn Carter.

"Mental Wellness in Aging: Strength-Based Approaches", by Judah L. Ronch, Joseph A. Goldfield and Scott D. Miller.

Visit CCERAP's Web site (www.ccerap.org) to find...

Updated Fraud and Scam Alerts

CCERAP's Newsletter Archive

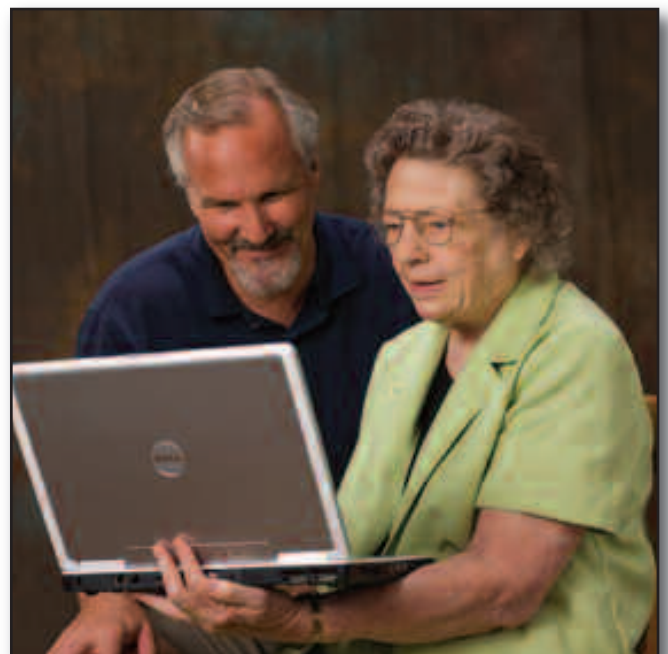
Information on Training Opportunities

Podcasts of Prior Trainings

Links to Organizations Serving and Advocating for the Elderly

Aging Resources

Media Library (Training and Informational Videos Are Available for Loan)



**Important information from Colorado's Senior
Medicare Program (SMP), Colorado
Division of Insurance**

Avoid Being Scammed

Like other states, many in Colorado who become enrolled in Medicare are often easily scammed by unscrupulous health care providers billing fraudulently for services not provided. Sometimes, there's no health care involved at all; it's pure billing fraud.

Scammers steal identities, including Medicare numbers, often with the help of unscrupulous clinic or billing workers from hospitals, nursing homes or other facilities that have the information. To make it worse, many Medicare beneficiaries are easier to deceive when English is not their primary language. Understanding Medicare's billing system is bad enough but worse when the language factor makes consumers easier to trick. They will give out their Medicare number quite readily.

Colorado's Medicare SMP Fraud program does have Spanish counseling available for those who need it. To reach the Spanish counselors directly people can call 1-866-665-9668. The billing process and the subsequent Medicare Summary Notice (MSN) can be explained in the detail needed by consumers with language limitations and those unfamiliar with the insurance system and the confusing techno-speak. The MSN and related Medicare outreach is immensely helpful in informing Colorado's Medicare consumers of fraudulent practices that can occur, what it looks like and where they can report suspected fraudulent activity.

If consumers, caretakers or family members suspect fraud or abuse related to health care, they are told how to gather the facts and report it by calling the Colorado SMP: 1-800-503-5190. To reach the Spanish counselors directly, people can call 1-866-665-9668.

Colorado SMP is always looking for Spanish speaking volunteers and others with multi-language capability, to help and protect their friends, neighbors and community. For more information they can call the numbers above.

Information provided by: Richard Jackson, Health Care Consultant, Colorado Division of Insurance

***"Thank you" to the Colorado Division of
Insurance for sponsoring the newsletter!***

More good advice...

- Treat your Medicare, Medicaid and Social Security number like a credit card number. Never give these numbers to a stranger.
- Remember, Medicare doesn't call or visit to sell you anything. Medicaid representatives NEVER go door-to-door.
- Don't carry your Medicare and Medicaid card unless you will need it. Only take it to doctor's appointments, visits to your hospital or clinic, or trips to the pharmacy.
- Save Medicare Summary Notices and part D Explanation of Benefits. Shred the documents when they are no longer useful.



***For more information
or to subscribe to the
CCERAP newsletter, contact:
Helen Davis, Coordinator
1-800-773-1366
ccerap@comcast.net***

The Coalition Steering Committee is made up of the following members:

Sara Canfield

Morgan County Adult Protective Services, 970-542-3530

Shelly Hitt

Colorado Long Term Care Ombudsman, 303-733-0300

Saori Kimura

Long Term Care Options 720-974-2440

Audrey Krebs

Colorado Division of Aging and Adult Services, 303-866-2846

Barbara Martin-Worley

Colorado State University Cooperative Extension,

Denver County 720-913-5266

Amy Nofziger *Director, AARP ElderWatch, 720-947-5306*

Vaughn Pepper *Westminster Police Department,*
303-430-2400 x4415

Pat Stanis *Colorado Adult Protective Services, 303-866-2834*

J.D. Wykstra *Aurora Police Department, 303-739-6349*

Colorado Coalition for Elder Rights and Adult Protection programs are available to all without discrimination.

For more information, contact:
Helen Davis, Coordinator
1-800-773-1366
ccerap@comcast.net

Would you prefer to have your quarterly newsletter emailed?

Because of CCERAP's limited funding (and rising postal rates) we are encouraging subscribers to receive the quarterly newsletter by email. If you would like the CCERAP newsletter sent to you electronically, please send us your name, title, organization and email address to:

ccerap@comcast.net

Subject: Email address for newsletter

or call: 1-800-773-1366

“Thank you” to the Colorado Division of Insurance for sponsoring the newsletter!

Newsletter sponsored by the Colorado Division of Insurance, Senior Assistance Program

UPCOMING MEETING SCHEDULE:
Wednesday, Oct. 21, 2009
(Aurora City Hall)
Culture Change: Rethinking Values and Practices
in Long-Term Care
Mark your calendars for 2010 CCERAP meetings:
January 20
April 21
July 21
October 20

CCERAP is a project of the Colorado Nonprofit Development Center

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Denver, CO 80211-1876

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Elder Rights & Adult Protection

