Leveraging Stakeholders for Culture Change

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Objectives

1. Identify the nursing home stakeholders.
2. Recognize the broader cultural implications of the MC5 movement and the need for ALL stakeholders to get involved.
3. Explain concepts and methods for nursing home partners that embrace, promote, and model the Artifacts of Culture Change.
4. Recognize the barriers to embracing culture change for nursing home ancillary services.
5. Describe the behaviors of leaders of change.
“But in practice master plans fail - because they create totalitarian order, not organic order. They are too rigid; they cannot easily adapt to the natural and unpredictable changes that inevitably arise in the life of a community.” -- Christopher Alexander
Why Start *this* Dialogue?

**stake·hold·er**
ˈstākˌhōldər\nnoun
noun: stakeholder; plural noun: stakeholders
a person with an interest or concern in something, especially a business.
denoting a type of organization or system in which all the members or participants are seen as having an interest in its success.

**lev·er·age**
ˈlev(ə)rij, ˈlēv(ə)rij/
verb
use (something) to maximum advantage.
"the organization needs to leverage its key resources"
Cultural Implications

“All men are caught in an inescapable network of mutuality.”

“In the end, we will remember not the words of our enemies, but the silence of our friends.”

“Our lives begin to end the day we become silent about things that matter.”

--Martin Luther King Jr.
“How cultures view and treat their elderly is closely linked to their most prized values and traits” (Martinez-Carter).

Western cultural values like individualism, independence, and the Protestant work ethic, while noble, have a shadow side. They tend to overvalue things that come with youth especially the ability to produce goods and services that lead to personal profit.

To combat this resultant cultural utilitarianism, we must take steps to remember the things we have forgotten.

We have the opportunity with this movement to rediscover values largely missing from our culture that are most often learned from and best demonstrated by our elders that bring longstanding success in life (personal and professional): wisdom, prudence, foresight, understanding, discernment, truthfulness, and studiousness, among others (W. Jay Wood).
Cultural Implications

“Men must be taught as if you taught them not, and things unknown proposed as things forgot.” – Alexander Pope (quoted in Benjamin Franklin’s Autobiography)
Cultural Implications

“You matter because you are you, and you matter until the last moment of your life. We will do all we can, not only to help you die peacefully, but also to live until you die.” –Dame Cicely Saunders

Our goal is to honor the uniqueness and dignity of each human being. This is a summary of the Artifacts of Culture Change.
Artifacts: Care Practice

2. Snacks and Drinks: “The Jar”
4. Individual Birthday Celebrations: Cake, Music, Friends and Family
5. Aromatherapy: starting points
6. Massage Therapy: start with a casual Therapist
7. Pets: “Chaos”
9. Waking Times: CNA scheduling

10. Bathing Without a Battle: required orientation for all CNAs

11. Bath or Shower as desired by resident: Intentional scheduling; taking the LTC Comm Tool seriously - Discover desired dining schedule for targeted staffing

12. No one Dies Alone: Track percentage in QAPI

13. Individual Memorials and Remembrances: Offered to all including as a community service—requires intentionality
Artifacts: Environment

18. No Traditional Nursing Stations: Model by charting bedside for increased observation and/or dialogue with patient/family.

25. Freedom to Decorate Room: Advocate for personal effects.
   - Observe furniture, paintings, pictures.

35. Warms Towels or any simple, accessible pleasures

36. – 38. Garden Patio Access: staff to facilitate

39. – 40. Cell phones and Pagers: silence is golden; be present

42. Intergenerational Interaction: Children involved in volunteer program
Artifacts: Leadership

48. Care Conferences: Required attendees

51. Learning Circles: Open environment through PIP process

“Change Leaders who become Change Warriors successfully create conversational space for change, and reduce fears and threats. They help people find their place in the change process and look for how they can positively impact the future, enabling everyone to unite to shape the future.” –Judith E. Glaser

Confident leaders are needed to create safe, open environments where the best ideas are integrated and given resources to move forward.
Artifacts: Leadership: A model to consider: The Five Dysfunctions of a Team (Lencioni)
Artifacts: Workplace

53. – 56. RNs & CNAs that know their patients: Identified Case Manager, consistent assignments

57. Continuing education: Investing in Human Capital

58. Scrubs: a balance of practicality and avoiding institutionalization: an anecdote
   - Branding is important but are scrubs necessary?

60. Activities: Patient focused and meaningful
   - Orientation/training requirement to view “Alive Inside”
   - Music and Memory (M&M) devices provided to all staff with personal playlists developed as an integrated part of the admission process
     -- Logistics
   - Psychosocial spiritual Team ensuring a meaningful environment and activities as care plan items
     -- add preloaded POC interventions that include M&M
Interdisciplinary Team Plan of Care
Alteration in Coping (Patient)

_____ Anxious  _____ Withdrawn/Isolated  _____ Overwhelmed  _____ Tearful  _____ Angry  _____ Agitated

Targeted Outcome (P=Patient goal, F=Family goal, I=IDT goal): Patient will not experience distress in coping with end stage of life as evidenced by:

_____ Ability to express feelings and concerns  _____ Patient/caregiver understands and properly administers medications/treatments for distressful symptoms

_____ Interaction with clinician as able (e.g., smiling, making eye contact, body movements)   _____ Calm/balanced Affect    _____ Other:

Date and initial all currently planned interventions.

<table>
<thead>
<tr>
<th>Date Initiated</th>
<th>Interventions</th>
<th>Responsible Party/Discipline</th>
<th>Date Resolved</th>
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<tr>
<td>Initials</td>
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<tr>
<td>1.</td>
<td>Refer to social worker or spiritual care for complete assessment of coping ability.</td>
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<td>2.</td>
<td>Provide emotional support through presence, verbal support/validation, and/or comfort.</td>
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<td>3.</td>
<td>Provide verbal, visual, auditory, and/or tactile stimulation.</td>
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<td>4.</td>
<td>Identify causes of distressful feelings.</td>
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<td>5.</td>
<td>Assess understanding of diagnosis/prognosis.</td>
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<td>7.</td>
<td>Provide counseling to explore issues.</td>
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<td>8.</td>
<td>Identify social support system.</td>
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<td>9.</td>
<td>Identify physical sources for _____ anxiety or _____ agitation such as dyspnea, pain, etc.</td>
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<td>10.</td>
<td>Teach medication regime related to _____ anxiety or _____ agitation (see Medication &amp; Treatment Profile.)</td>
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<td>11.</td>
<td>Teach non-pharmacological techniques to help alleviate distressful symptoms such as relaxation techniques, breathing exercises and diversionary activities.</td>
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<td>12.</td>
<td>Set limits on inappropriate harmful behavior. Provide opportunity for patient to express anger verbally.</td>
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<td>13.</td>
<td>Provide interpersonal redirection.</td>
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<td>14.</td>
<td>Discuss significant others and/or familiar subjects to reorient and increase feelings of safety and connection to others.</td>
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<td>15.</td>
<td>Provide individualized personal music playlists.</td>
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Patient Name ____________________________  MR# ____________

Related to hospice diagnosis?  ☐ Yes  ☐ No
Artifacts: Workplace

66. Employee Evaluation: goal focused environment
- does every employee have a coach, a goal, and a reward?

67. – 76. Longevity and Attrition: Track and Correct via QAPI
- Open and honest exit interview process
- Are staffing models sufficient and flexible

77. – 78. Staffing: creative models that allow for market demands
Artifacts: Workplace: A coaching model to consider: Three Key Factors (O’Neill)

Business Results
Ensure the results are linked to key behaviors you need from yourself and others.

Team Interactions
As the leader, identify and transform ineffective patterns co-created between you and your team.

Leader Interpersonal Behaviors
Increase your stamina to meet the relationship challenges you face in order to work more effectively with others.

“It’s simple, but it’s not easy.”
Artifacts: Workplace: FOCUS Model of Coaching by Victor Harms, Ph.D.

F = **Formulate** – relationship, expectations, issues, questions, process, and personality
Skills/Process: Active listening, open and closed-ended questions

O = **Organize** – priorities, values, goals (situational and life-long)
Skills/Process: synthesis, prioritization, sorting and defining

C = **Clarify** – define direction, process, intended outcomes
Skills/Process: questions, reframing, feedback, selecting and paraphrasing

U = **Utilize** – identify and apply active and/or latent client resources, other resources such as new skills and new knowledge
Skills/Process: strengths identification, reframing and directing

S = **Sequence** – detailed steps including time table, order of occurrence, and specific celebration upon completion
Skills/Process: logic, problem solving and drawing connections
“There is a logical progression from the first item to the fifth item. There is also a compounding aspect to the model. When you gain additional information on any level, there is the need to cycle back to the previous steps and reassess the previous information and incorporate it within the process.”

–Victor Harms
Barriers to Embracing Change

EMBRACE CHANGE.
(BUT PLEASE, DON'T GO GROPING IT.)

SOFTWARE INFRASTRUCTURE FOR RAPID CHANGE.
TIBCO®
The Power of Now®
Barriers to Embracing Change

1. Competition for scarce resources.

2. Change is difficult even for the initiators. Where are you and your organization at? Precursors to change: (a) a sense of necessity, (b) a willingness or readiness to experience anxiety or difficulty, (c) awareness, (d) confronting the problem, (e) effort or will toward change, (f) hope for change, and (g) social support for change. (Hanna)

3. The temptation to settle for short term results that are usually fleeting.

4. Private Agendas.

5. Lack of organizational self-examination, that is, the willingness to ask tough questions about practices that help and hurt culture change.
Barriers to Embracing Change

“The promise of services before an in-person assessment is conducted is a questionable practice that is not appropriate for hospice providers. Additionally, rewarding admission staff bonuses based on predetermined admission goals is not appropriate and must be discouraged. This practice can lead to rushed admission visits that result in a poor understanding on the part of patient and family members and/or questionable eligibility assessments. Informed consent can also come into question. If admission staff priorities become that of a sales force, critical clinical information and service will suffer.” --NHPCO Ethical Marketing Statement (quoted in Brandt)
Stakeholders Leading Change

1. Create open, safe environments for ideas and people to flourish.
2. Embrace culture change in the nursing home as a starting point for customer service and advocacy.
3. Think ethics rather than merely rules and regulations realizing doing the right thing is the ‘long play’ for sustainable growth.
4. Embrace, promote, model, and “Guerilla Coach” accounts that show resistance to change. (O’Neill)
   - Be Courageous: Invite others to MC5 meetings who have the power to make a difference in reluctant or challenged contracted homes.
   - Get the message out regarding the Alzheimer’s Association’s matching grant program for M&M devices.
Q and A:

- THOUGHTS
- COMMENTS
- QUESTIONS
References

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