

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE.

The meeting was called to order by Chairman Carlos Mayans at 1:30 p.m. on March 26, 2001 in Room 526-S of the State Capitol.

All members were present except: Representative David Huff - excused
Representative Carl Krehbiel - excused
Representative Al Lane - excused
Representative Mike O'Neal - excused

Committee staff present: April Holman, Legislative Research Department
Lynne Holt, Legislative Research Department
Amy Kramer, Legislative Research Department
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:

Steven Shields, Ph.D., Executive Director, Meadowlark Hills Retirement Community, Manhattan, Kansas
William Thomas, M.D., Originator of the Eden Alternative, Seattle, Washington
LaVrene Norton, M.S.W., President, Action Pact, Inc., Milwaukee, Wisconsin
Linda Bump, Chief Operating Officer, Meadowlark Hills Retirement Community

Others attending: See attached list

The minutes of the meeting of March 20, 2001 were distributed and approved.

Meadowlark Hills

Steven Shields introduced himself by relating his professional life as a manager for an international offshore drilling company in Egypt; upon learning of his father's, mother's and brother's life-ending diseases, later took leave of that business and came home. Out of empathy, frustration and a little bit of anger about his family's care, he decided to re-enter college and gain his education in social work, for which he was approved by Meadowlark Hills.

He described that as he became familiar with Meadowlark residents and their families and the environment of the facility, the environment became assaultive to him. That began a search for the facility to find what was unnatural about it, and after extensive research and study determined it meant a change in culture at Meadowlark. Culture change meant that it would become a resident-directed service by self-directed work teams in community, supported by values-driven leadership, within an outcome-focused regulatory environment (the Eden Alternative). Dr. Shields stated that it meant the whole organization - including the customers - would become value-driven leaders.

Dr. Shields introduced the other presenters:

- Dr. Thomas, a physician with special interest in aging and the elderly. In 1991, he conceived the idea of the Eden Alternative, a new approach to the care of frail elders. Dr. Thomas is a native of upstate New York, attended Oregon State University and then to Harvard Medical School where he achieved his degree as a physician in 1986. He has published a number of books dealing with elders and their treatment in our society. He will talk about what is possible as a society, as a state, and as individual facilities.
- LaVrene Norton, a masters level Social Worker, is a very experienced culture change specialist, who has spent 1600 hours of training and consultation to executives, employers, managers, and elders on how to change the model of care for elders in our country to a social one.
- Linda Bump has a Master's degree in Public Health and is Chief Operating Officer of Meadowlark. She is also a culture change specialist, a licensed dietician, and has guided three organizations through transformation to a social model of care. She will tell what is possible - what has been done.

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The Eden Alternative

Dr. Thomas spoke about his "passion in life of putting an end to the nursing home as we know it today, saying that it is an institution designed and operated to insure the efficient execution of a sequence of tasks and procedures as delineated in an interdisciplinary care plan document. That is not too much like home!" He stated long term care does not have to be like it is now. The tools, skills and abilities to make a radically different future for the elders of Kansas are available today.

He noted that when he started work in New York State in the early 1990's he was a well-trained, board certified physician, then took a job working with the elderly in a nursing home. He thought he was doing pretty good work because he was diagnosing all the illnesses, prescribing the pills, ordering the tests, but the patients got sicker and sicker, and they withered away and they died. And so he starting coming into the nursing home when he wasn't supposed to - on evenings and week ends, just sitting in a corner and watching and listening; he saw that these good people were dying - not of congestive heart failure, but of broken hearts, loneliness, helplessness, and boredom. These were very unpleasant deaths.

So he started researching how to change the environment. Research showed that if you change an institution's environment and make it more like a community - more like a garden full of life, laughter and vitality - these frail elderly people live longer, have fewer hospitalizations, use fewer drugs, fewer tranquilizers are employed, have fewer bed sores, fewer urinary tract infections. All of the things that should happen, happen when long term care is changed from an institution into a holistic, human habitat.

Dr. Thomas stated "It turns out that the committee members have in their hands the power to foster just such a transformation". There are 250 nursing homes in the nation who have chosen this path. As a group, these nursing homes have fewer lawsuits against them, fewer judgments, improved financial performance, improved census (these are research findings), and the staff stays on the job longer and is more attentive to their duties - there is less absenteeism and fewer workers compensation claims.

He asked, "Why isn't it happening? People are scared, and they're scared of a system that is very, very tightly defined -- where success is not how well you take care of the mind, body and spirit of the people that you are responsible for; success is passing surveys". He continued, "The survey process is important. It is a vital tool, but it is not success. What should the future of Kansas long term care be? It should be this body and these members standing up and taking onto your shoulders the goal of fostering the very kind of innovation and work that is going on outside of the boundaries of this state."

Culture Change

LaVrene Norton talked about achieving culture change. She noted that the problem is the exhaustion evident in nursing homes: where the staff, leadership, and the residents are exhausted. She had canvassed about 60 administrators a few months ago and asked how many seriously thought about leaving the field, and over 50% raised their hands. She noted that "We think staff turnover is bad now. What is it going to be if we keep on this downward spiral"? Culture change actually began in factories many years ago when this country was exhausted with competition and companies in manufacturing thinking they would not make it. After exploring a variety of culture change models, a change was made that resulted in flatter organizations, self-directed work teams, and values-driven leadership. Now it is happening in long term care. (See written testimony, Attachment 1.)

Long term care is at a crisis point so it is looking at culture change. One way is to focus from being directed by the regulations to being directed by the residents: by creating smaller communities with self-directed work teams, and 10-15 residents. Picture the small team of people: CNAs, LPNs, an activities person, all working together to bring about - without any additional costs of staffing - a happier workforce and happier residents. It is an environment more like home where you know the people working there and the residents, all working to bring about those daily pleasures. She stated the first step is to encourage

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this exhausted leadership to become values driven to the goal of resident-centered care and community life for our elders.

Linda Bump noted there has been a real hypocrisy in the system. She was directed to culture change by the Minnesota legislature when in 1994 they enacted an alternative payment system to feature innovation, cost effectiveness and customer satisfaction. The state actually directed people through the reimbursement system to pursue the Eden Alternative. Later she moved to Kansas to become part of the Meadowlark team. (Her written testimony, Attachment 2), challenges the legislators to provide a turning point for a significant culture change in long term care.

Meadowlark started about four years ago talking about first-person care; now it is down to resident-directed care. Four years ago the staff turnover rate was 107%; it is now 40%. Many of those who work in the industry believe fiercely that staff retention is a symptom of long term care, but not the problem. That is why the focus is on changing the environment and changing the culture.

The Eden Alternative is a process that can be replicated so other facilities can focus on the actual people part of the process rather than on how to do it. The process is a staged one, applicable to large and small facilities. Ms. Bump stated it is their hope that by sharing their journey it will inspire the legislators as stakeholders in Kansas to believe it is the right thing to do.

When asked if a resident cannot direct their own service needs, what transpires, Ms. Bump answered that the facility gathers information about the resident prior to their admission to the facility. They are not turned down because of their condition; and there is no segregation of that person. The process is one of compromise, negotiation, and learning to act from feelings.

When asked about the effects on costs and cash flow; Mr. Shields answered, "It is popular in the industry to say we are under-reimbursed; but the truth of the matter is the changeover has been a cost-neutral change for Meadowlark. That is difficult to measure because there was added square footage and residence capacity. But cost per resident (revenue per resident) was essentially a neutral thing. Where money gets involved is at the front end and the on-going training because many dynamics taught through the years need to be unlearned and new skills attained."

The Chairman thanked the conferees for an interesting discussion.

The next meeting is scheduled for March 27, 2001.

High Involvement Techniques to Achieve Culture Change

We all want to create a better world for our frail elders! How can we change our nursing homes to become not more homelike, but home! How can we create a warm and friendly world where daily life can actually be pleasant and meaningful?

We must look to the lessons of the larger society for our answers. Look at the towns, cities and neighborhoods in which we have lived. Look at the churches, synagogues, schools and work communities to which we have belonged.

We were most happy in those communities that created a healthy climate.. . where

- we were respected;
- we had the opportunity to grow and learn;
- we had choices in our pursuit of happiness;
- we could achieve goals that we had set;
- we were able to achieve pleasure and satisfaction in daily life;
- we were genuinely involved -- highly involved in the creation and/or maintenance of our community.

Sometimes we think that we will achieve this climate if we only follow regulations -- but we all know better. It is still not a world that we want to live in. Nor do our parents! It continues to be a world where our residents sit and wait, where family is frustrated and guilty, where staff find it hard to stay for long.

What if we stepped out of these institutional problems and created a smaller environment - not an institution but a small community - - a handful of residents, a handful of staff, a few family members and volunteers. Within this smaller group, we could all be highly involved and genuinely responsive to the needs of the community. Together we could plan for daily life that includes **daily pleasures for our elders, genuine participation and satisfaction of staff, and more enjoyable involvement from family.** These satisfying routines would weave together with memorable moments and meaningful social occasions -- all indicators of a healthy community.

Nursing homes around the country are undertaking such culture change by creating many such communities within their walls. They are accomplishing this by shaping smaller groups of residents and staff; by re-designing organizational and reporting structures; by enhancing the people skills of staff, family and residents; and by focusing on learning and growth for all within a genuine community.

Picture a New World: Picture a work world where leaders are devoted to creating a learning climate in which dramatic growth can occur. Picture residents and families with new energy. Picture elders choosing a new life in the home you and your community create. And finally, picture the community a small number of residents, their families, and a small number of permanently assigned staff - sitting down as equals, planning, deciding, doing, working, enjoying life together.

for more information, call
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CULTURE CHANGE

Resident Directed Service by Self Directed Teams in Households
Supported by Value Driven Leadership

Linda Bump

Northern Itasca Health Care Center in Bigfork, MN pioneered deep culture change in their nursing home, transforming a traditional nursing home into Northern Pines Communities – a new world in long term care where person-centered, individualized, quality medical care is provided in a homelike environment, committed to enhancing independence, choice and quality of life for residents while meeting the exacting demands of the consumers of long term care services; where an interdisciplinary model of service delivery with cross trained staff, permanently assigned staff, self directed work teams, a flattened organizational structure, decreased departmentalization and non-nursing care coordinators work to maximize cost effectiveness, clinical outcome and customer satisfaction in service delivery and maximize the quality of work environment for facility staff; where elders, their families and staff live and work together in community, planning, deciding, doing, working, learning, growing, enjoying life together.

Northern Pines Communities were created to meet the facility mission “to promote, deliver and improve continuously the community based continuum of quality health care services”; occupancy and workforce indicators strongly suggested that the traditional medical-model facility was no longer meeting the need of customers or staff. The facility was fortunate to support the change process through both physical plant improvement and a one-year commitment of additional staff resources to facilitate the change process. The transformation from the traditional nursing home to Northern Pines Communities was implemented by self-directed work teams, which have proven effective in increasing job satisfaction and productivity in manufacturing and service industries across the United States. The communities are now operating with staffing identical in FTE to the traditional model; operations have increased only by inflationary allowances.

Actual outcomes far exceeded expected outcomes. Clinical indicators improved significantly, resident and staff satisfaction increased by 10%, the facility is full with residents in transitional hospital beds awaiting admission in addition to a waiting list of community residents, staff retention has improved with no voluntary turnover in the first six months of 2000.

Nursing homes around the country are undertaking culture change by creating many such communities within their walls, by shaping smaller groups of residents and staff, redesigning organizational and reporting structures, by enhancing the people skills of staff, family and residents, and by focusing on learning and growth for all within a genuine community. The benefits to the Bigfork facility, staff, residents and community have surpassed their dreams. Perhaps they are best expressed by the staff who now say “we all love to come to work”, “we would never go back to the old way because we see how much better this is for our resident”; by the families who say “watching the change in my mom from the move to communities was like watching a phoenix arise from the ashes”, “Having mom here is like having her granddaughters caring for her at home”; and by the resident who stated “are you kidding me? Is this still the nursing home? You mean I get to live here? Then I can play my harmonica again, write music by this window, and have my friends to visit. I don’t want to die anymore.”

Meadowlark Hills Retirement Community in Manhattan, KS is pioneering deep culture change in a setting profoundly different, yet fundamentally identical to the Bigfork journey. Committed to the common culture change values of resident directed service by self directed teams in households supported by value driven leadership, Meadowlark Hills is also designing, documenting and researching their journey to facilitate sharing and replicability.

It takes courage and risk takers to change something that is fundamentally unnatural, yet accepted as the norm in our society. The State of Kansas, through legislation, can provide the turning point for significant culture change in long term care to begin. The decision makers, ideally the key stakeholders in our state, must plant seeds in pots that will grow before we plant a crop. We must select, through a criteria yet to be established, and grow pilot facilities as learning and teaching sites. From these pots we can encourage sprouts to grow to create new pots. These new pots, as they multiply, will become our crop.