

# **Florida Health Care Association 2013 Annual Conference**

The Westin Diplomat Resort & Spa

## **Session #10 – Culture Change in 2013**

Monday, August 5 – 10:45 a.m. to 12:45 p.m.

Regency 1

### **Upon completion of this presentation, the learner will be able to:**

- identify the core elements of a transformed culture as demonstrated in the Sage Model, which includes environmental redesign, workforce transformation and person-directed care philosophy;
- review workforce systems that propel change;
- discuss case examples of successful practices; and
- explore current research results related to workflow, clinical outcomes, quality of life and workforce redesign.

### **Seminar Description:**

Cultural transformation to skilled nursing care and assisted living settings restores individuals to a home in the long term care community with power, autonomy and natural rhythms as the basis of daily life. The transformation model has three core elements: environmental redesign, person-directed philosophy of care and workforce transformation. Presenters will identify the challenges, from changing the physical plant to basic care planning, in adhering to the person-centered model of care. Case examples of success, as well as barriers to change, will be provided.

### **Presenter Bio(s):**

James “Skip” Gregory, NCARB, served as Plans and Construction Chief for the Office of Plans and Construction, Agency for Health Care Administration (AHCA) for 24 years, where he directed the work of staff in the design, construction and fire safety review of all Florida health care facilities. Skip also represented AHCA on state and national health care committees, including NFPA Health Care Codes and Standards Committee, NFPA 110/111 Technical Committee, Standard for Emergency and Standby Power Systems, Revision Committee for the Guidelines for Design and Construction of Health Care Facilities, Special Occupancies Technical Advisory Committee, Florida Building Code Commission, and several others.

Jim Mikula, PhD, is a licensed Nursing Home Administrator and Neuropsychologist who has presented on many topics pioneering changes in inpatient care. Jim's motivational style and humorous presentations have won him national acclaim as a speaker and innovator. He will challenge your thinking about long term care and culture change.

**Florida Health Care Association**  
**Culture Change 2013**  
2013 Annual Conference & Trade Show  
August 4-8, 2013  
Hollywood, Florida

Skip Gregory, NCARB  
Health Facility Consulting  
Tallahassee, Florida

Jim Mikula, Ph.D., NHA  
Administrator  
Quiet Oaks Assisted Living  
Ocala, Florida

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**Code Impact!**  
**How Culture Change Inspired**  
**Revisions Will Affect Your**  
**Home**

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Codes for Everyone and Everything

- Municipal Codes: Zoning, Drainage, Water, Sewage
- Local Codes: Building and Fire Regulations
- State Codes: Building, Fire and Design Codes for Licensure
- Federal Codes: Fire Codes for Certification

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### Some of the Major Codes that Influence Design

- **State Operations Manual**  
CMS - Center for Medicare and Medicaid Services
- **Life Safety Code (LSC)**  
NFPA - National Fire Protection Association
- **Building Codes**  
ICC - International Code Council
- **ADAAG - ADA Accessibility Guidelines**  
ADA - Americans with Disabilities Act
- **Food Code & Infection Control Guidelines**  
Food and Drug Administration & Center for Disease Control  
U.S. Department of Health and Human Services
- **State & Local Health Department Regulations**
- **Guidelines for Design & Construction of Health Care Facilities**



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### Many State Codes Based on Old Institutional Design Models

Minimums Often Designed for Care Giver, not Resident

- Centralized nurse station
- Semi-private rooms (even hospital model is all private)
- Maximum corridor length (150' to soiled utility)
- Minimum space between beds (3'0" typical)
- Utility equipment and services
- Kitchen design requirements
- Laundry requirements
- Furniture requirements
- Nurse call requirements

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### Fire Safety Codes Often Lead Designers to Predictable Designs

- Requirement: Bedrooms must exit through a corridor  
Result: Double-loaded corridors lined by bedrooms
- Requirement: Minimum 8 feet clear corridor width  
Result: Straight undifferentiated 8'-0" wide corridors
- Requirement: Cooking facilities considered as hazardous  
Result: Hide the residential center of "home" from daily experience
- Requirement: Eliminate combustible materials  
Result: Limits decoration and individual character

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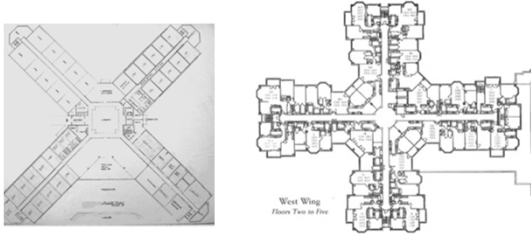
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This Leads to Institutional Environments  
That Do Not Resemble Home



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These Environments Are Often More  
Prison Like, Than Home Like



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Fire Codes Require Separated Commercial  
Kitchens  
Instead of Small Household Kitchens



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### Even Architecturally Pleasing Designs Are Often Not Inviting for Elders

Unending Corridors Do Not Encourage Walking



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### In Fact, these Codes Have Helped to Create Institutional Environments



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### And Often Create Nursing Home Floor Plans That Need Lots of...



...Before They Can Be Called HOME

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**Codes and Standards Are Enforced by Many Authorities Having Jurisdiction (AHJ)**

- Building Official
- Fire Inspector
- State Licensing Surveyor
- Federal Certification Surveyor
- Design and Building Professionals
- Insurance Carrier
- Certifying Agencies
- Manufacturers and Suppliers

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**How Can These Codes Be Changed?**

- Work State By State for Culture Change
- Identify how state codes can be changed
- Educate the Powers in Charge
- Learn the code revision cycles
- Work with state officials to change codes
- Work with State Associations
- Develop Talking Points
- Make the Economic Case
- Involve the public, newspapers, television

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**Significant Milestones in Revising the Florida Building Code to Support Culture Change**

- 1987 - Nursing Home Reform Act (OBRA)
- April 2008 - Pioneer Network with NFPA Symposium "Creating Home in the Nursing Home"
- June 2008 Attempted to Revise 2009 Edition of the Florida Building Code
- 2010-2012 Florida Nursing Home Rule Revised for 2010 Edition of FBC...Adopted March 2012

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**Florida Building Code 2010 Edition  
Has Defined Household Model as  
Code Language**

- Maximum of 20 Persons per Household
- Single or Split Room
- Each Person Has a Window
- Two Bed Positions Designed
- Medicine Dispensing in Rooms
- Small Kitchens and Social Areas
- No Nurse Stations
- Bathing Spa

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**Household Sleeping Rooms Provide Private  
Space for Every Person**

Each sleeping room has private and individual space instead of the institutional side by side bed arrangement

An exterior window is provided for each individual

At least two choices of bed locations are pre designed

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**Household Example: Creekview at Evergreen,  
David Green, Early Pioneer**

- Small scale environment
- Ease of access
- All activities of daily living in one setting



**Nelson-Tremain Partnership**  
ARCHITECTURE AND DESIGN FOR AGING

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### Household Model: Creekview at Evergreen

Small Social Spaces Enhance Living Experience

Nelson-Tremain Partnership  
ARCHITECTURE AND DESIGN FOR AGING



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### Household Model: Creekview at Evergreen

- No Nurse Station
- No Medicine Carts
- No "Tub" Room

Nelson-Tremain Partnership  
ARCHITECTURE AND DESIGN FOR AGING



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### Room Examples with Indirect Lighting, Sliding Doors, Personal Furnishings



Lorraine G. Hiatt, Ph.D. Design for Aging & Health

RLF Architecture Engineering Interior Design

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**Significant Milestones in Revising  
The Life Safety Code  
to Support Culture Change**

- 1987 - Nursing Home Reform Act (OBRA)
- 2009 Pioneer Network with Coalition of Associations supported by the Rothschild Foundation created a National Life Safety Task Force to Change the Code
- 2009 Life Safety Task Force Met and Identified 4 major revisions to the 2012 Edition of the LSC

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**Significant Milestones in Revising the  
Life Safety Code**

- Reviewed current (2009) NFPA LSC for impact on *Quality of Life* issues
- Recommended changes that would remove unintended barriers and support creation of home in the nursing home
- Identified research needed to support potential changes to the NFPA to support *Culture Change*
- Developed proposed code change language enabling creation of culture change environments
- 2009-2011 Life Safety Task Force submitted revisions to NFPA, Met with NFPA Life Safety Committee, revised the revisions and resubmitted

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**Significant Milestones in Revising the  
Life Safety Code**

- 2012 NFPA Life Safety Code Revised with all Revisions Accepted
- 2012 CMS Published Culture Change S&C Letter
- 2013 Task Force working on 2015 Edition of LSC and on IBC and IFC to accept same revisions
- 2013 Task Force Working With All States to Adopt the 2012 Edition or to Accept Equivalencies

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### New Code Changes

The New Revisions in the 2012 Edition focuses on 4 items:

- Increased amounts of decorations to enrich life's moments with memory
- Seating allowed in the exit access corridors for respite time to encourage ambulation
- Kitchens open to the corridor inside small households to encourage eating well
- Direct Vent Fireplaces permitted inside the sleeping compartment to enhance social spaces

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### Combustible Decorations



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### Seating within the 8' Corridor Width



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### Cooking Equipment Open to Corridors



Rationale - Experience normal activities of home

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### Small Kitchen and Dining Areas



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### Household Small Open Kitchen



ACTS Retirement-Life Communities<sup>®</sup>

SFCS

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Direct Vent Gas fireplaces within Sleeping Compartments



Rationale - Socialization around the hearth

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Where and When will Culture Change Really Happen?

Impediments to Change

- Cost too much to build
- ~~Regulations prevent it from happening~~
- We can't change our corporate operations
- We have buildings designed as institutional models so we can't change to household modes.

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Changing the Culture...  
What does it Really Mean?

- **Changing the Delivery of Care Model**  
From Staff Centered to Person Centered
- **Changing the Organizational Model**  
From Centralized to Decentralized
- **Changing the Management Model**  
From Silos to Teams
- **Changing the Environmental Model**  
From Institution to Home

(Architecture is ONLY a Supporting Element)

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Design Principles for Households  
From: *In Pursuit of the Sunbeam*

**Seek Normalcy in all Things**

- What does the resident want?
- How did the resident do it at home?
- How do we do it at home?
- How should we do it here?
- It must look, feel smell, function as a true home

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Design Principles for Households  
From: *In Pursuit of the Sunbeam*

**Home is our Sanctuary**

- Home reflects who we are
- Personalized for the individual and the family and friends who come to Home
- Household members decide what "Home" will look like and how it will be.

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Design Principles for Households  
From: *In Pursuit of the Sunbeam*

**Home is where we host our visitors**

- Receiving of guests should be factored into the design...separation of public from private spaces
- Several smaller spaces should be available for use instead of one giant multi-use space
- The over all scale must feel like home
- The spaces should encourage multiple and normal social interactions

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Design Principles for Households  
From: *In Pursuit of the Sunbeam*

**All Homes have a front door**

- Feature that welcomes
- Feature that delineates public/private

**All Homes have a Kitchen**

- Sensory stimulation
- Natural place for personal interaction
- Participation in preparation of meals
- Place for gathering & socializing

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Design Principles for Households  
From: *In Pursuit of the Sunbeam*

**All Homes have zones of privacy**

- Public/Semi-public/Semi-private Private

**Scale and Spatial Relationships**

- Common or shared rooms and spaces
- Private rooms and spaces
- Scale should be similar to home

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Household Models Pay Attention to  
Private Space

- Interiors of private spaces are made more residential
- Residents are encouraged to personalize their own rooms with their own furniture and decorations
- Lighting is designed to be homelike instead of the institutional over the bed light or harsh ceiling fixtures

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### Are Household Models Different From Institutional Models?

- The household nursing home is representative of the iconography of *home* with a hierarchy of spaces from public to private.
- It can be designed around social areas or designed with the traditional double loaded corridors that are part of the private space and limited in length to encourage resident mobility.
- It could be designed to be broken up with alcoves for resident sitting or resting and other administrative functions.

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### All Homes Have a Front Door



Three Crowns Park



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### Households, like Homes, are Grouped Around Social Areas

- Household can be grouped into relatively small social areas to encourage interaction of staff and elders
- The NURSING STATION disappears
- Charting is done in the open
- Medicine dispensing is not conducted as in a hospital but rather like a home.

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### Social Areas Grouped Around Open Space Creekview Nursing Home, Wisconsin



• Gaius G. Nelson: Nelson-Tremain Partnership

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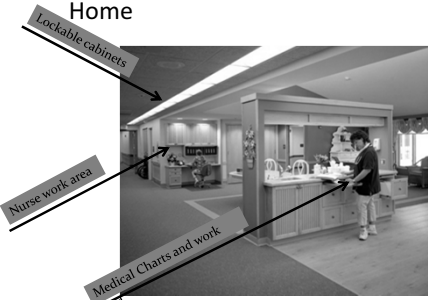
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### Staff Areas work areas Creekview Nursing Home



• Gaius G. Nelson: Nelson-Tremain Partnership

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### Social Areas at Creekview Nursing Home



• Gaius G. Nelson: Nelson-Tremain Partnership

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**Households Can be Designed Around Corridors Too**

- Social and Public Spaces are arranged much like entry into a home
- The kitchen and dining areas are designed to encourage social interaction
- The sleeping rooms are separated from the public areas

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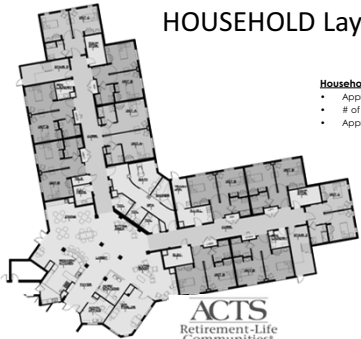
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**HOUSEHOLD Layout**



**Household statistics**

- Approximate Household SF ~ 12,440 sf
- # of Beds ~ 20; 18 semi-private, 2 private
- Approximate SF / bed ~ 622 sf

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**Social Areas Grouped Around Corridor**






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**THE NEXT STEPS HAPPEN BEFORE DESIGN (BD)**

- Analyze Your Environment (Both Built and Organizational)
- Pre-program with SAGE “PLACE” or Other Guided Process of Analysis
- Develop Conceptual Ideas Based on Data You Have Generated
- Only Then (and not before) Contact a Designer To Hand Off exactly What Your Household Will Be

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**Thank You For All You Do!**

**Questions?**

Skip Gregory, NCARB  
Health Facility Consulting  
gregoryskip@gmail.com

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 **Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

***Culture Change - 2013***

Presented by :  
**Jim Mikula, Ph.D., NHA**

Administrator and  
Clinical Neuropsychologist  
Ocala, FL  
[jmikula@prodigy.net](mailto:jmikula@prodigy.net)  
Quiet Oaks Assisted Living

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 **Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

***Long Term Care is Scary***

- After 30+ years in Healthcare I find very little has changed in Long Term Care
- Hospitals have made tons of changes
- Nursing homes are basically the same as 30 years ago
- Assisted Living is not much better



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 **Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

***Culture Change is now a Necessity***

- We have become so focused on keeping residents from “harm” we have stifled their ability to live
- We are being sued because they are unhappy. The medical reason is just an excuse for the lawsuit.



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Three Layers of Culture Change*

- **Structural**
  - Green House, Spas, accessible Nurse's area
- **Operational**
  - Paging, Alarms, low beds, Dining choices, Consistent Assignments
- **Attitudinal**
  - Residents and staff as partners, family, and friends



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Structure Changes*

- Can Make things more Homelike
  - Build new buildings with all private rooms and "neighborhood" kitchen areas – 30 or fewer
  - Get rid of Nursing Stations
  - Convert baths to Spas



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Spa Renovations*



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Structure → New Feeling*

- Changing Structure does NOT automatically change Attitude
- If Spa is just a bath, attitude has not changed
  - Granite on nurses station
- Structure should lead to a warmer, more caring feeling

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Structure → Privacy**

- Home means No One Walks in on you
- Hospitals no longer build Semi Private rooms (like half pregnant)
- NO COMPANY should be building new semi private spaces




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Private Room Benefits**

- Infection Control
- No TV channel or volume fighting
- Room temperature the way YOU like it
- Visitors don't bother anyone else
- More storage and wheelchair space
- And fewer HIPAA concerns !




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Operational Changes**

- Changes in Procedures that remove institutional feel
- Shift focus from Medical Model emphasis to Happiness and Activity
- Nothing is more important than understanding the resident and making them HAPPY !



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA



**The Problem with the Medical Model**

- We try so hard to do the medical part correctly that it is the only thing residents see
- Nurses spend all day at the cart
- We only page staff
- Meals are focused on Nutrition, NOT on enjoyment and socialization
- Chair Alarms and call bells are often non-stop




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA



**The Plumbing in the Wall**

- Medical care should be invisible like plumbing



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Culture Change Operational Goals*  
*Drop the Medical Institutional Items*

- Eliminate overhead paging 
- Get rid of bed and chair alarms 
- Stop believing low beds reduce falls 

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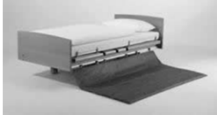

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Low Beds & Floor Mats cause falls*

- We always assume they are going to roll out of bed
- We never assume they will get up to pee
- Disorients new residents
- Trip hazard

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Other Operational Goals**

- Improve the Dining experience to make it Social, Empowering and Enjoyable
  - Eat when you want – Expand dining times
  - Add more choices at each meal
  - Stop the Prison Feeding routine
- Get Consistent Assignments so staff and residents learn to work together better

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Consistent Assignments*

- This is one of the hallmarks of Culture Change
- It reduces costly staff turnover
- Builds a “Family” bond between residents and staff – Person Directed Care more likely
- Small mistakes are overlooked by residents

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA



**FHCA Culture Change Progress Report**

- Limited baseline information on culture change implementation
- In July 2013 a very brief five question survey was sent to all FHCA facility members
- 115 responses were received
- Response rate was 20% of the 563 facilities

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Q1 - Bed and Chair Alarms*

- For residents noted to be at risk for falls, we currently use chair and/or bed alarms for:
  - a) we do not use any bed or chair alarms for any of the fall risk residents
  - b) some but less than 25% of the fall risk residents
  - c) roughly half of the fall risk residents
  - d) all or most of the fall risk residents

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Bed and Chair Alarms**

For residents noted to be at risk for falls, we currently use chair and/or bed alarms for:

Usage Category	Percentage
we do not use any bed or chair alarms for any of the fall risk residents	26%
some but less than 25% of the fall risk residents	28%
roughly half of the fall risk residents	15%
all or most of the fall risk residents	31%

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Results of Eliminating Alarms**

- Isabella Geriatric Center – NYC  
– 705 Residents - Skilled Nursing Facility
- Took off 209 alarms
- One year later the fall rate has decreased by 40% since the beginning of the elimination of the chair/bed alarms
- Resident needs were being better met

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Q2 - Low Beds**

- Has your community eliminated the use of low beds for those at risk for falls?
  - a) Yes ...completely (we only lower the bed to accommodate shorter residents so it is at a normal chair height)
  - b) Not completely... we still lower them for a select few
  - c) No ... we still use them routinely but without the trip hazard of floor mats
  - d) No ...we still use them routinely along with floor mats

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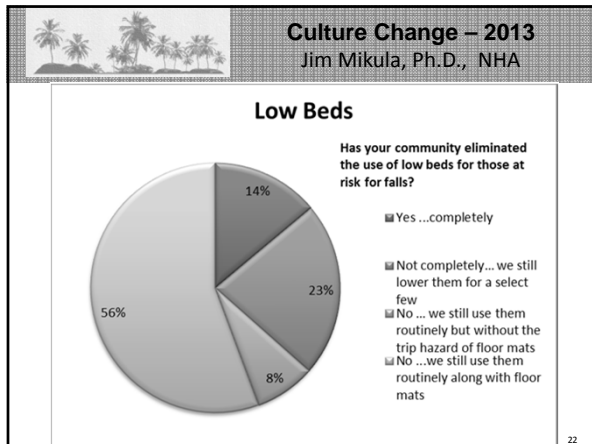
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**Impact on Falls**

- Limited facility data reported so far
- Several facilities have reported to me no increase in falls as a result of not lowering beds or using mats
- No longer have trip hazard with mats
- Residents find it easier to stand when getting out of bed

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**Q3 - Overhead Paging**

- Has your community eliminated overhead paging?
  - a) Yes ...completely
  - b) Yes except for emergencies like fire or elopement
  - c) No but we have reduced paging significantly
  - d) No ...We have not changed from the traditional use of overhead paging

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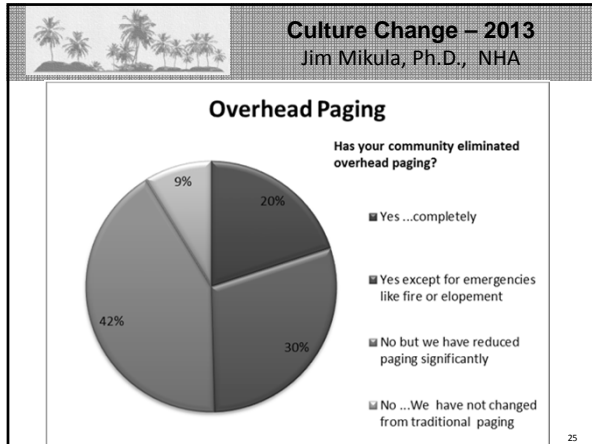
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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Benefits of No Paging**

- One less thing to obscure the sound of a call bell from someone who needs our help
- Calmer environment

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Inexpensive Alternative**

- Cheap walkie talkies from Amazon – set of two for \$40.
- Can get them for all key staff
- Just be cautious of HIPAA since they can be heard by others like most walkie talkies

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

***Q4 - Consistent Staffing***

It can be difficult to maintain consistent staffing but it can be a big benefit to residents. A CNA may only have 12 residents to see but if they are this 12 on one day and that 12 on another day and a third 12 on the third day, they are assigned to approximately 36 residents. If they see the same 12 almost every day, they only are assigned to 12. Based on this our community tries to keep the CNA :

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

***Q4 – (cont'd)***

- a) Assigned to about 15 or fewer residents in the course of a pay period
- b) Assigned to about 30 or fewer residents in the course of a pay period
- c) Assigned to as many as 60 or more different people in a pay period because we put them wherever needed
- d) I have no idea ... it is too hard to track

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Consistent Assignment**

Our community tries to keep the CNA :

Assignment Category	Percentage
Assigned to about 15 or fewer residents in the course of a pay period	82%
Assigned to about 30 or fewer residents in the course of a pay period	16%
Assigned to as many as 60 or more different people in a pay period because we put them wherever needed	2%
I have no idea ... it is too hard to track	1%

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Results for Consistent Assignment**

- Significantly fewer CMS citations for care when consistent assignment is done - Castle, N. *The Gerontologist* (2011) 51 (6): 750-760
- Fewer Call offs, better job satisfaction and lower turnover – Farrell, D. *Fast Facts – California Health Care Foundation 2006*
- Financial savings of as much as \$2,500 per new employee (*ads, training, interviewing, hiring, orientation, etc.*)



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Q5 - Dining Choices**

The residents are given a written choice for lunch that has

- A written menu selection with at least 8 choices
- A written menu selection with at least 4 choices
- A written menu selection with only 2 choices
- No written choices ... only verbal choices

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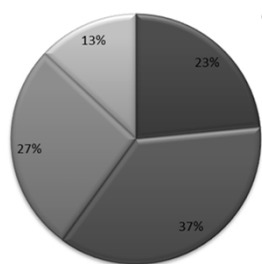
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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Written Choices for Dining**

The residents are given a written choice for lunch that has:



Choice Category	Percentage
A written menu selection with at least 8 choices	13%
A written menu selection with at least 4 choices	23%
A written menu selection with only 2 choices	27%
No written choices ... only verbal choices	37%

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

### Dining Change Results in Benefits

- *Person Directed Dining Pilot Program – California Coalition for Culture Change 2007*
  - Fewer complaints about food
  - Snack costs increase about \$50-200/month with little to no increase in other raw food costs
  - More resident control over choices that matter to them
- Increased food intake due to eating preferred foods

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

### Other Suggested Dining Changes

- Flexible Times - spread out dining room usage
- Several written Choices for each meal – ON THE MENU or Buffet signs
- Snacks whenever they want
- Stop eating in wheelchairs
- No assigned seating
- Open up the dining room before mealtimes




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

### New Dining Practice Standards

- All diets should be regular diets and consistencies due to risks of weight loss with altered ones and bland or unpalatable food
- Medicalized diets should be the exception

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Changes to Food Preparation*



- Change the consistency and the diet where possible – resident choice
- Diane Hall, RD willing to present in your district.
- **Wed 10:30 – 11:30**
- **Session #40 – Clearing the Path for Dining Choices** - great panel

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Thickened Liquids*



- Cambell-Taylor (2008 JAMDA) noted that the use of thickened liquids may be ill advised for long term care residents due to studies showing no significant difference in aspiration pneumonia with them or chin tuck vs thin liquids.
- Mortality increased with thickened liquids.

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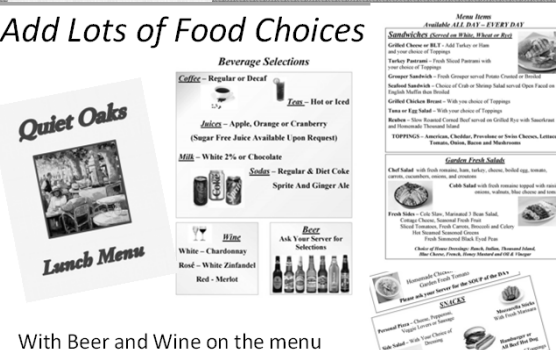
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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Add Lots of Food Choices*



With Beer and Wine on the menu

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Antipsychotic drug use*

- They do no better than placebo at controlling behavior
- Yet approx 25% of Nursing home residents are on Antipsychotics
- We tried to reduce AP use by 15% last year and failed. Now we are trying again.



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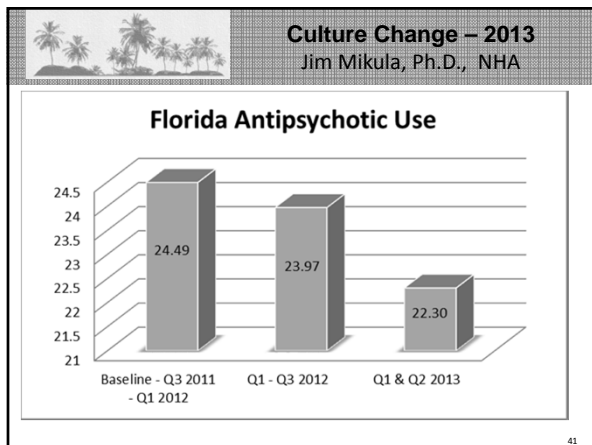
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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Issues related to Antipsychotics**

- We only achieved an 8.9 % drop since starting
- CMS is citing F329 for any Unnecessary Drugs with a special focus on Antipsychotics
- A CMS training video available at the HHS surveyor training website – series of 3 videos MANDATORY for surveyors
- Behavioral Approaches are needed – **SESSION # 57**

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

Long Term Care Prescribing of Antipsychotic Medications:  
[www.amda.com/governance/resolutions/E12.cfm](http://www.amda.com/governance/resolutions/E12.cfm)

Clinical Practice Guideline: Dementia: [www.amda.com/tools/guidelines.cfm#dementia](http://www.amda.com/tools/guidelines.cfm#dementia)

A Systematic Evidence Review of Non-pharmacological Interventions for Behavioral Symptoms of Dementia: <http://www.ncbi.nlm.nih.gov/books/NBK54971/>

Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Homes Residents (Handouts):  
<http://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?cid=1098>

What You Should Know to Fight the Misuse of Psychoactive Drugs in California Nursing Homes:  
[http://www.canhr.org/reports/2010/Toxic\\_Medicine.pdf](http://www.canhr.org/reports/2010/Toxic_Medicine.pdf)

Off-Label Use of Atypical Antipsychotics: An Update:  
<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=786>

Guide to the Management of Psychotic Disorders and Neuropsychiatric Symptoms of Dementia in Older Adults: <http://dementia.americangeriatrics.org/ASGGerPsychConsult.pdf>

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Attitude Changes**

- Think about WHY they hate LTC
  - How did they live before this?
  - Who controlled their life?
- Do you like being told what to do?
  - 3 good things and one bad
  - We hate being controlled and want to be free

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Progression of Authority in Life**

- Birth
  - Parents are in charge until you leave home
- Leave Home
  - You are in charge at Home
  - You are in charge over your kids until they leave home
  - Employer is in charge at work (what a pain!)
- Retirement
  - You are in charge Completely
  - Doctors mistakenly think they have control over your health

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Authority in Long Term Care*

- Doctor gives Orders
  - Diet to follow
  - Meds to take
- Nurse tells you what to do
  - When to take meds
  - Don't touch that dressing
  - Stay in your wheelchair or you'll fall or set off your chair or bed alarm




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Everyone is the Boss*

- CNA –
  - you can't get a shower until your day
  - It's time to get up – you're on my "get up list"
- Dining –
  - you can't come in until it's ready
  - This is the choice for lunch
  - You can't sit there that's not your seat




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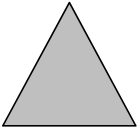
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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Life Before Long Term Care*

**RESIDENT**



**The Rest of The World**




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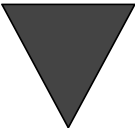
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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Life After Long Term Care*

**The Rest of The World**



**RESIDENT**



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Emotional Experience*

- Isolation is setting in:
  - Older friends have died
  - Others are too sick to visit
  - Family members have health, work, financial, and children problems of their own to deal with
  - Few people come to visit or care
  - Staff must become family



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA



*Problem with our Medical Model*

We make the decisions FOR them and take CONTROL of their lives

- OUR Focus is on what's WRONG with you
- We are constantly addressing their medical problems
- We don't focus on what they CAN do

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Their Reality*

- They are all dying and they know it. Some quickly and some slowly, but they all know it.
- No one wants to dwell on the negative
- **This is WHY we need a Change in ATTITUDE**



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*How Do We Do That ?*



- First stop doing what we have been doing for years
- Think outside the Box
- Focus on what they did or wanted to do before they came in
- Keep them ACTIVE not Busy



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Ask the Question*

- What would **you** want to be doing?
- What kind of music would you listen to?
- - just because you know music from the 40's doesn't mean you don't know or like music from the 80's



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Create A Total Community**

- Staff and Residents need to be a Team
- Working Together you get to know each other and become friends .... EQUALS ...Not hierarchical like most of healthcare is now
- Get involved both inside and outside your community




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Internal Community Involvement**

- Table Flowers, Fruit Salad, Apple Butter, Organic Pickles




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Internal Community Projects**

- Working on projects together




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Community Gardening**



Flower beds, Organic Vegetable Garden,  
Trees Planted, Plants watered

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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Outside Community Involvement**

- Get outside of your own Facility
  - Take activities to the community – walks, fundraisers, etc.
  - Let the community bring activities to you: bagging groceries for the needy, making ribbons for breast cancer, selling cookies for a charity, etc
  - Being present at community events like Honor flight, fireworks, homecoming parades, etc



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Outside Community Involvement**

- Fundraising for Cancer – Relay for Life



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

**Blend Your World with Theirs**

- Wii Bowling, Tennis etc
- Netflix, Hulu, and other movies
- Flash mob videos – Do Re Mi
- Google Earth
- Google maps to take a virtual trip home, or to a previous vacation spot


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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

- Computer lessons
- Email to families
- **skype** - train them
- Upload videos from your cell phone for them to send
- Not a Geek? - get a volunteer one




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

***Become Friends with your Residents***

- Management should participate in entertainment and Happy Hours
- Have a drink and food with residents and families
- Build Bonds on any common ground
- LAUGH and kid with them ... like your family
- Let them help you work




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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Before too long We will be Them*

- Changing our culture and attitude now will create the place you and I will be willing to accept and come to love
- Culture Change starts at the top
  - with YOU being a leader
- If we change our attitudes now,



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**Culture Change – 2013**  
Jim Mikula, Ph.D., NHA

*Our Future Caregivers*

- Will make our own final years worth living !



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