

## Culture Change: A Better Life for Nursing Center Residents?

On February 8, 2013 I attended an all-day Seminar at Pilgrim Place Retirement Community in Claremont, California, on the topic of Culture Change, sometimes also referred to as Green House<sup>1</sup> or Household<sup>2</sup> or the Eden Alternative<sup>®3</sup>, a program to improve the living experience for residents in Skilled Nursing Facilities. Schematically, the program is presented as follows:<sup>4</sup>



Conceptually, the Nursing Station is no longer the central feature of the Nursing Home but instead a Country Kitchen is substituted and the nurses' work station is moved to the periphery. But the human dimensions of the change for staff, for the owners, and for the residents is the larger element involved. In this account I share what I learned during the Seminar and also provide my own responses and thoughts that were stimulated by the experiences of the day.

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<sup>1</sup> <http://thegreenhouseproject.org> accessed February 13, 2013.

<sup>2</sup> <http://www.pioneernetwork.net/Data/Documents/Nelson-PP.pdf> accessed February 13, 2013.

<sup>3</sup> <http://www.edenalt.com> accessed February 13, 2013.

<sup>4</sup> State Investment in Culture Change Toolkit, [http://www.leadingage.org/uploadedFiles/Content/About/Center\\_for\\_Applied\\_Research/Publications\\_and\\_Products/State\\_Investment\\_Culture\\_Change\\_Toolkit.pdf](http://www.leadingage.org/uploadedFiles/Content/About/Center_for_Applied_Research/Publications_and_Products/State_Investment_Culture_Change_Toolkit.pdf) accessed February 11, 2013, p. 4.

The presenter was an impressive woman, Vonda Hollingsworth, from High Point, NC where she is the Administrator in charge of the Culture Change project at Pennybyrn at Maryfield, a Roman Catholic multi-level retirement community sponsored by the Sisters of the Poor Servants of the Mother of God. Ms. Hollingsworth, herself, comes from a Quaker background and worked in Human Resources before assuming her current catalytic management position.

You should know at the outset that the Seminar was put on by a consulting firm, Action Pact LLC., which consequently has a financial interest in the specific parameters of the Culture Change program presented. Apparently, Action Pact helped Pennybryn with the implementation of the concept there. Action Pact maintains a website at <http://www.culturechangenow.com> to introduce the vision and to provide supportive materials. Of course, there is nothing proprietary about Culture Change and eliminating the “now” in the above will take you to a more generalized consulting website concerning change within an organization.

The gist of her talk was that the staff, who traditionally have just viewed a nursing facility as a workplace and have seen residents as work to be done, have to be retrained and empowered to have a new view of themselves as participants with the residents in the enhancement of their lives. This retraining process is very difficult to accomplish successfully.

For instance, traditional meals are served on a schedule but that doesn't accommodate a resident who gets hungry at an off hour. Obviously, if the resident were still living independently, the resident could eat when hunger presented itself. The Culture Change movement seeks to provide that same empowerment even in the care intensive nursing center environment.

As you may imagine not all staff members are apt to be happy with the change. Many may be used to working as they have worked for many years and fear that a change will bring them more burdens or make them feel inadequate. There is also the disconnect that is found in many organizations between the formal organization – those vested with authority on the organizational chart – and the informal organization – those employees or residents who influence how the organization responds to authority.

Often, it was noted, the informal organization – the cadre of self-appointed critics – is the best source for needed input. If the formally vested managers reach out to and embrace the informal critics, they can both learn from the critics and head off resistance to the change that is sought. In-house analysts, which are what most self-appointed critics are, can be the least costly source for management consulting advice and can prove to be a highly valuable resource toward improving performance.

It's not only staff that needs to change. Residents, too, have to understand both the empowerment and the limitations of the new structures. And residents' families can be expected to be a force. Many family members feel guilty or empty or ineffective because they feel that they should be able to provide all the care that is needed by an aging loved one, but that may not be possible because of their work demands, or their nuclear family responsibilities, or because of marital tensions, or... . They want to be sure that the person they love is being cared for in the nursing setting with the same diligence that they would bring to the task if only they were able to.

They're apt to present themselves by saying something like, "I'm Mother's advocate and I want to talk to you about what she likes and what she needs." The natural reaction of staff is to recoil and become defensive, but simply listening and understanding and showing that you know "Mother" as intimately as "daughter" does can go a long way toward transforming a potential confrontation into a cooperative relationship in which both staff and "daughter" feel empowered.

This example illustrates the both the complexity and difficulty of implementing the Culture Change transformation. It's a tall order and it requires a mediating leader of enormous intelligence, understanding, compassion, and sensitivity.

Much of the Seminar Day was spent interactively with the leader, Vonda Hollingsworth, seeking to inspire staff attendees that they could not only initiate resident empowerment like that advocated by Action Pact but that they, themselves, also would benefit from the change and could come to feel better about themselves. My impression from watching the attendees is that many people who work in nursing centers providing long term care are relatively diffident people from humble backgrounds. Their vision of their own capabilities tends to be somewhat limited, though they are proud of the qualifications they have achieved and that allow them to provide the services they do. Still, they are more likely to be followers than leaders.

My personal impression, from listening to Vonda Hollingsworth talking of the transformation she had led at Pennybryn, led me to think that she was the critical ingredient and that it would be difficult to find a person willing to work as a non-profit administrator, at a nonprofit salary, with the talent and leadership potential that she has brought to her career. People like her are few, hard to find, and

harder still to motivate to accept a challenge like the challenges presented by long term care.

Here's a picture of her conducting our training Seminar.



Ms. Hollingsworth clearly feels a calling to help the quiet, shy, giving people, who preponderate in caregiving, to grow in confidence and to discover the leadership potential that dwells in all people, so that they in turn can think beyond the ordinary and lead creative solutions to the everyday problems and personality challenges that present themselves in a long term care environment. Not only does she feel called to lift humble people up toward greatness but she does it very well. I don't think that there was anyone in the room, myself included, who didn't leave the Seminar walking a little taller and feeling a lift of self-esteem. Some people radiate goodness and Vonda Hollingsworth is one of those.

Here's a picture of her interacting with the part of the group as seen from my vantage point.



It was an inspiring day. Many of the materials are proprietary to the Action Pact LLC consulting firm and so can't be shared. Very moving, though, were video accounts of workers transformed by the change in their positions. Where they had previously worked under close supervision in a regimented hierarchical organizational structure governed largely by an effort to avoid regulatory deficiencies, the change empowered them to improve the lives of residents.

Many such workers were at first fearful of the change and afraid of the greater personal responsibility they would have. They preferred working under close direction. Indicative was one worker who affirmed (referring to the managers of the facility where she works), "The leadership here... they didn't give up on me even when I gave up on myself." To take on her new responsibility this woman had had to qualify by examination. Studying conflicted with her work and family

responsibilities and she found preparing for the examination difficult. But the managerial leaders stood by her, coached her, helped her, and supported her until she succeeded on the exam and acquired a whole new image of herself and what she is capable to doing and becoming. Repeatedly staff members who have been empowered by the Culture Change program were seen to say things like, “I love what I do; I love coming to work.”

There is cost associated with the Culture Change concepts touted by Action Pact LLC., and Ms. Hollingsworth suggested fundraising and grants as possible responses, but there are also potential savings. Culture Change is built on a Household Model around a Country Kitchen with 17 to 23 residents forming a Household. A larger facility will have multiple Households. Pilgrim Place, for instance, has three which we toured. Staff members are typically assigned to a single Household which fosters team spirit and engagement with residents. Still, some backup sharing is possible across Households where there are multiple units.

This team structure and cross-training is how savings are gained. The team is allowed to handle its own scheduling, subject to limitations and oversight, and this works to reduce overtime which Ms. Hollingsworth characterized as “the biggest bleed in long term care.” Since the team members interact with each other, one may say, “Can you cover for me on Tuesday at 3 since I have an appointment then with my daughter’s teacher.” Employees like the flexibility gained and tend to try to avoid overtime. However, there are still instances when overtime can’t be avoided as when a flu or similar outbreak temporarily decimates staff leading to staffing challenges. Ms. Hollingsworth reported that overall Pennybyrn found its overtime costs greatly reduced.

Over the lunch break we toured the Health Center at Pilgrim Place, which has already implemented Culture Change. The Health Center has three Households, each centered on the Dining Area. Where the three Households come together, there is the Nurses' Station, which is positioned to respond to any of the three Households if there is need. Since it was lunchtime, the Dining Areas were in full service and the residents were eating much like an Assisted Living or Skilled Nursing Dining Area anywhere.

Based on this observational visit I infer that the main change represented by Culture Change is the shift to a team based service model with cross-trained, and multi-qualified staff able to cover for each other and to provide services more readily. The one change that I, personally, would have liked to have seen did not seem to be part of the Culture Change concept. That change would be to move away from A-B semi-private rooms toward a private room concept that could give residents the same kind of privacy that they might have in their own homes if they could have a similar level of intense nursing and other care services in that home environment.

After lunch, I spoke during a break about this with those who were sitting near me in the Seminar. My thought had been that the semi-private room concept was driven by Medicare and Medicaid requirements since I had thought that those programs would only reimburse for semi-private rooms. An Executive Director of a Nursing Home, who was sitting next to me, however, pointed out that Medicare and Medicaid reimbursements are now based on a flat rate schedule that varies by the severity of the presenting condition and other circumstances but that are not related to the size of the room.



This then leaves open the question why A-B, semi-private rooms continue to prevail in Nursing Centers. The only answer that presents itself is that it allows the maximum care census in the minimum space. It is clearly contrary to all the positive aspirations that the Culture Change movement evinces to deprive people of the privacy they have cherished all their lives when they reach that stage of life near life's end when they need intensive care services. Many Nursing Center inhabitants are diagnosed with "failure to thrive" which is a term taken over from neonatal care where it was originally used to refer to babies who are unable to nourish themselves.<sup>5</sup> This is not a medical term as much as it's a description of a behavioral outcome that might be ameliorated with a more hope-filled living environment. Culture Change is a step in the right direction.

Action Pact LLC is not the only vendor supporting the new approach to nursing care. The program to improve living conditions in nursing homes is often attributed to William H. Thomas, a physician who is credited with envisioning the possibility for positive change. It is sometimes called the Greenhouse Project, which refers to a nonprofit organization that is devoted to advancing the concept.<sup>6</sup> It is also called the Eden Alternative™ with the trademark indicating the financial interests that some have in leading the change required.<sup>7</sup> The Federal government, too, which has a considerable say because of the financial involvement of the

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<sup>5</sup> [http://kidshealth.org/parent/growth/growth/failure\\_thrive.html](http://kidshealth.org/parent/growth/growth/failure_thrive.html) accessed on February 12, 2013.

<sup>6</sup> [http://en.wikipedia.org/wiki/Green\\_House\\_Project](http://en.wikipedia.org/wiki/Green_House_Project) accessed February 13, 2013.

<sup>7</sup> <http://www.indiana.edu/~nca/ncpad/eden.shtml> accessed February 13, 2013.

Medicare and Medicaid programs with nursing facility reimbursement has provided guidelines for Culture Change programs.<sup>8</sup>

Culture Change is a positive step forward toward enhancing the lives of people are approaching the end of life. It's a work in progress but something that CCRC residents everywhere can help to shape and foster.

-- J. B. Cumming  
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<sup>8</sup> <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter07-07.pdf> accessed February 13, 2013.