

Culture Change Survey Results- September 8, 2010 Athens, GA
 September 10, 2010 Valdosta, GA

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| <p>1. What do Providers need to be READY for “educated & informed” consumer? How to create Providers who are READY for educated consumers?</p> <p>Major Themes</p> <p><i>Concrete plan to implement, step by step procedures</i></p> <p><i>Training, education</i></p> <p><i>Fully staffed, low turn over</i></p> <p><i>Funding</i></p> <p><i>Organization collaboration</i></p> <p><i>Support from community-residents, staff, administration, doctors, regulatory agencies</i></p> <p><i>Motivation</i></p> <p><i>Accreditation as a Culture Change facility</i></p> | <p>Athens</p> <ul style="list-style-type: none"> • They need a concrete plan on how to implement Culture Change in LTC facilities. Create ideas on the role of each staff person. Additional trainings for providers. Survey non-profits to solicit their input. More education from AAAs to smaller providers who cannot attend larger scale trainings. • Culture Change is good for your business. Word of mouth-no matter a provider of what service will have a full answer without working at it. Fully staffed. Less staff turnover. Providers must be educated and informed first. • Educate, provide a plan to actually implement. Form committees with staff and stakeholders. Create time line and set goals. In-service specific to culture change. • Education on Culture Change. Each needs an action plan to start or continue Culture Change. Work through with various organizations to make progress. Can organization combine to save membership costs and duplication? • Funding of long term care. • Education for direct care workers. Training for all staff, including direct care workers, on how to provide facility tours; be able to confidently answer consumer questions. More activities to promote Culture Change within the facility. • This is an assumption that consumers are ready for change and that NH providers are educated and informed themselves about that change. Stop perpetuating negative stereotypes of nursing homes and playing the “blame game” just to appease caregiver guilty feelings about not caring for older adults themselves. • Providers need to be educated and educate their staff. Leaders of providers need to commit to the Culture Change philosophy. Find out what consumers want. • Motivation. Recognition of need to prepare; ability to communicate openly with the broader community. |
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| | <ul style="list-style-type: none">• Support from Administrators and CEOs; get the residents input. Educate doctors and leaders concerning Culture Change. Educate consumers.• Ask residents opinion-surveys. Follow thru and implement results.• Additional education-all levels of staff. Accurate information on web sites (up to date). Southern part of the state needs more education.• Educate ourselves. Knowing the questions to ask. Support. Education through web. What to provide to consumer approved by corporate.• Providers need to be ready and willing to change (attitude, motivation, and education). To be ready to consider alternative financial picture. Support/incentives from regulators. To consider pilot programs in short term. Have employees (future employees) be consumers in the NH.• Training; opportunities for discussions with peers. Education about consumer expectations and how to deliver it in a financially viable way. Know what providers want and what provider is not able to do. Help providers know how to educate consumers about their business.• Provide an education and competency based status/award/certificate process for providers. Educate with modules of working session on how to and provide educated/working examples. Provide business case model, working assistance to providers to “sell” and give financial sellable item to board of directors. Get CEO and CFO out of the office to spend a day as a resident. Better understanding of top management.• Educate providers with more conferences like today. CMS, Governor, ORS need to support with financial resources. Begin changes in manageable stages, example- change menu for residents and introduce more resident choice. Visit providers who have started Culture Change and choose ideas practical for you home to begin with a modest financial investment. |
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| | <ul style="list-style-type: none">• Staff education with organizational charts. <p>Valdosta</p> <ul style="list-style-type: none">• Education of LTC facilities by GA HC association governing body. Should know where we are going before regulatory bodies tell us vision should be shared.• Standardized education to be provided by agencies such as Council on Aging, Culture Change GA. Start with leadership.• What is turnover rate of staff? What are employee satisfaction survey results? What information can be provided for state survey? Consumer orientations.• Required to attend classes for training. Accreditation as a Culture Change facility.• Additional training, information and education. Incentives (\$) for culture change implementation. Work force assistance for training and retaining staff.• We need to have more educational opportunities and the medical community needs to be educated about culture change. CMS and regulatory agencies need to more involved in Culture Change and need to work with facilities rather than just go in and write F-tags.• Providers need to be educated about Culture Change, including raising awareness of existing resources on websites and DVDs. Community awareness. Provide examples for providers so they can see how to do is in steps. Culture Change network needs to target administrators.• Educate ourselves for Culture Change-each CCRC environment.• This training. Increased pay for staff, increased benefits and support for staff. Autonomy at the local level; people at the facility know the patients and setting, give them more facility level autonomy rather than regional, state or federal control. MDs don't know about levels of care (SNF, ALS). Community education rather than from the corporation. Education is knee jerk when a problem happens, rather than preventative or having nurses |
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| <p>2. What concerns or questions need to be addressed?</p> <p>Major Themes</p> <p><i>How do we implement?</i></p> <p><i>How do we fund?</i></p> <p><i>Will regulatory agencies be on board?</i></p> <p><i>How do we address risks/liability?</i></p> <p><i>How do we get support from all partners?</i></p> <p><i>How can we pass and fund LOC for PCHs?</i></p> <p><i>Where does HIPAA fit in?</i></p> <p><i>What are staffing specifics?</i></p> <p><i>What research is available to support change?</i></p> <p><i>What's in it for me?</i></p> | <p>throughout the community getting together to problem solve.</p> <p>Athens</p> <ul style="list-style-type: none"> • How do we implement Culture Change in local facilities? How do we be creative and work around financial limitations? How do we include more corporate responses and understanding to the need for Culture Change? • Choices for residents/consumer-food, room decoration, wake-up/sleep time, personal items, bath preferences, change language. Resident safety. • Are we going to all be on the same page with Culture Change? Regulatory agencies and facilities? How many facilities are going to be up and operating under Culture Change? • Encourage small changes to nursing homes. Pass and fund levels of care for personal care homes. • If it is a nursing home...the corporation needs to “buy in” and just not look at it as a “profit line”. • Physical plant of the building to accommodate Culture Change environment. Federal and state funding to increase number of direct care workers in the facility; staffing adequacy. Staff accepting the change. • Information dissemination, consistency and accuracy of that information and the “nuts and bold” of making Culture Change. • How will it be funded? How far are providers willing to go to change the culture? • Definition of Culture Change. Use a more specific word. • Where do HIPPA rules fit in to culture changes? What changes to staffing need to occur? • Staff development; education. Address each person’s concern. • The types of population in a facility and what type of care their loved ones need. Staffing. Residents’ rights and choices. • Am I going to lose money? What data is available to support |
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| | <p>change, best practices- staff, and satisfaction ratings? What's in it for us?</p> <ul style="list-style-type: none">• Ask consumer specifically what they're looking for and what their needs are; provider has to probe for information to educate consumer and provider. What info are consumers getting and where is it coming from and is it accurate? What funding source will pay for which aspects of quality LTC? How do we address risk and liability issues while becoming less institutional?• Clear understanding of how to put process changes in place. As a family member/consumer-what can I contribute or bring to the provider to be motivated or help in process. Biggest concern is that legislators/ CMS (left hand) is in synch with rules/regulatory requirements of life safety, state code and complement each other to allow process to work. Shut down bad NHs.• How the surveyors will adjust/react to changes. Residents and families may not be happy with changes. Something needs to be done about highly regulated field. Agencies are worried about paying high fines when they try some of the changes. Education for nursing students regarding geriatric care/nursing home care is lacking.• Show me the money. <p>Valdosta</p> <ul style="list-style-type: none">• How are LTC facilities going to learn about Culture Change? They are afraid to make changes due to fear of citations.• Finance• Safety and security, privacy, personal care, nutrition, choice.• Funding to make these changes. Who will go in and show the staff how to implement the changes?• High turnover and low wages. Turf guarding, politics, powerful NH ownership and lobbyists that resist culture change.• How do we get everyone involved, including physicians, therapists? |
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| <p>3. What do regulatory agencies and legislators need to do?</p> <p><i>Major Themes</i></p> <p><i>Education</i></p> <p><i>A state Department of Aging</i></p> <p><i>Funding</i></p> <p><i>Support change</i></p> <p><i>Regulation changes</i></p> <p><i>Change staffing requirements</i></p> <p><i>Observe/understand SNF living</i></p> <p><i>Listen to the community</i></p> <p><i>Take politics out</i></p> <p><i>Public information on SNFs</i></p> <p><i>Need to stay overnight in a SNF</i></p> | <p>Where does the money come from?</p> <ul style="list-style-type: none"> • Awareness for everyone. • The cost of implementing staff. <p>Athens</p> <ul style="list-style-type: none"> • More education and outreach by AAAs on what services are out there to legislators. Educate elected officials on preparing for Culture Change. • Department of Aging-be free standing agency. Focused people/agency-saves money by being prepared. More aging than children. Legislations must be mandated for person centered services. Education on what are regulations now. “Put teeth in it”. • Accommodate the need for Culture Change. Support facilities that change (also financially). Offer more free trainings. • Needs to be regulatory and financial incentives to make changes. Offer grants or low interest loans to nursing homes that want to make changes. • Learn how to work together. Change the staffing requirements from 2.5 hours of care per resident to X number of residents per staff/CNA. • For legislators-need to observe/visit a facility and know what it is like to live in a nursing home; to be an advocate of Culture Change and lobby for increase funding so providers can afford the adequate staff. For regulatory agencies-to re-evaluate and modify regulations to consider the efforts of providers to implement Culture Change. • Allow more flexibility in the implementation of Culture Change per facility and less rigidity in state and federal regulations. • Regulatory agencies need to change and embrace Culture Change philosophy. Regulatory agencies would need to work with providers to encourage Culture Change. Legislators need to help with funding. • Enable a freer marketplace for innovation (make it more market- |
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| | <p>driven) and let consumers have information to make decisions on providers.</p> <ul style="list-style-type: none">• Modify regulation in LTC facilities with regulatory agencies. Legislators need to push to implement changes to allow for Culture Change.• More supportive of trying new changes (open minded). Allow for more innovation. Provide more financial support for pilot program and current programs.• Be clear on how they will survey under this new movement. Update cost report.• Monetary fines used for facilities moving toward Culture Change. Increase staffing requirements for nursing.• Get on board. Foster social change ideas. Provide incentives, champion. Be flexible.• Be creative in their way of thinking and identify way to tweak regulation to meet consumers needs/wants. Become informed about Culture Change. Listen to consumers, providers and advocates about needs to change. Back off and let competition for better, friendlier LTC drive the process. Allocate sufficient funding to provide for care that fosters independence, self direction and community integration and encourage private savings for long term care.• Walk the talk. Provide tax incentives or funds, etc. for older facilities to pay for physical change needed. CMS can identify problem, but can't offer help. Keep attitudes of education and consultation with new QIs/survey process and stop finger pointing.• Both need to be educated on Culture Change and be given information on how to consider changes without fining facility. Offer training opportunities to facility staff at state's expense. Need to be involved in work group sessions and know what the consumer needs and wants.• Lobby, lobby, lobby. |
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| <p>4. What plans does Georgia need to put in place to change the culture of long-term care and make culture change “THE NORM”?</p> | <p>Valdosta</p> <ul style="list-style-type: none">• Regulatory agencies should be giving facilities info on how far this can go with regulations; communicate more, not just follow survey items;-be less objective and more helpful.• Allocate funds. Education.• Apply culture change to state rules and laws.• Setting time limits.• Eliminate regulations not conducive to culture change. New facilities are built around culture change aspects. Take politics out-conflict of interest. Provide public information about NH ratings to culture change issues.• Regulatory agencies need to clarify our regulations and you get one F-tag, they do not need to write five more for the same thing/occurrence. Funds need to be re-allocated to facilities that are embracing Culture Change. Money that is generated by the NH should be reimbursed to the NH, not the corporation.• Listen. Need to see the situation first hand. Walk the walk. Live there two days over the weekend to see the care.• Provide more funding.• Regulation bodies need to be more consistent. At the Georgia level, regulations often contradict each other. Regulations oppose each other. Answer the phone Aging Regulatory agencies-it is almost impossible to get through. Be more available to their consumers. Be more user friendly. Information hotlines on aging services-user friendly for older or less skilled consumers. Law makers need to be educated. Law makers need to stay in a nursing home. <p>Athens</p> <ul style="list-style-type: none">• Georgia can mandate and make it a requirement to implement• Culture Change in annual increments. More technical attention (internet postings) of facilities that have Culture Change or no |
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| <p>Major Themes</p> <p><i>Mandate change</i></p> <p><i>Step by step instructions for changes</i></p> <p><i>Highlight Culture Change facilities</i></p> <p><i>Education</i></p> <p><i>Public services announcements</i></p> <p><i>Funding</i></p> <p><i>Collaboration among SNFs</i></p> <p><i>Provide support</i></p> <p><i>Less tolerance of non-compliant facilities</i></p> <p><i>Certification process of Culture Change facilities</i></p> | <p>Culture Change.</p> <ul style="list-style-type: none"> • Involve key organizations for the Norm to be developed-uniformity. All settings-change the cultural norms. • Give guidelines as to what is considered the norm. Educate all caregivers. • Major awareness campaign. Public service announcements. • It needs to be a grass roots initiative. Put the message at every grass roots level. Put the message in the everyday lives of citizens...churches, banks, schools, colleges, rotary clubs, etc. Put it in the utility bills. • Make it a regulation, but state funding also needs to support this regulation. • Mandate changes at the legislative level or be able to provide financial neutrality of making Culture Change the norm. • Would have to influence the corporate people of providers. Legislator should stipulate NH reimbursements/funding should be used to support Culture Change. • Needs to be a priority in LTC. LTC facilities to work together. • Incentives for changing (sustaining) Culture Change. More resources available for all settings to provide a support network. • Push a monetary gain of payment rate increase for those participating in not only quality initiatives, put also Culture Change add-ons on cost report, etc. • Training above funding. Increase advertisement. • Get on board. Make change acceptable. Pilot training. Get data/ do and have research to support. • Less tolerant of non-compliant facilities. Survey process need to measure education and knowledge of admin/CEO/chain organization of Culture Change and demonstrate evidence of strategic planning and process change to reflect implementation. • Education, training programs, workshops. More education and geriatric cases in nursing/medical schools. Look at reimbursement |
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| <p>5. How should an educated consumer “introduce” culture change to a Provider who does not know that “IT” is?</p> <p>Major Themes <i>Have resources available</i></p> <p><i>Educate on rights of the resident, process involved in</i></p> | <p>for care provided by facilities and physicians. Consumer education can help push change by providers and regulatory agencies and legislators.</p> <ul style="list-style-type: none"> • Multiple generational care giving education. <p>Valdosta</p> <ul style="list-style-type: none"> • Ombudsman could do special advocacy and educate public and providers. Educate consumers about what facility life should be like- “Platinum Channel” on TV to educate seniors. • Begin making gradual changes under state rules and laws. Financial assistance to help make conformity a reality. • Possible CMS enforcement. • Educate and motivate baby boomers and mental health providers to understand culture changes. Co-AGE issue priority-culture change. • They need to make physicians receive education on Culture Change (make it mandatory). • Culture Change certified designation for facilities. • Already in progress with new survey process and MDs. • Education of MDs, lawmakers. Provide education to less educated consumers on the movement. <p>Athens</p> <ul style="list-style-type: none"> • Distribute Pioneer Network materials i.e. - checklist and flyers/brochures. • Have resources available, mentor program. • Educate them that what we as providers want is not the norm. Take them back to what is normal for them. • I plan to send copies of today’s material to my Dad’s nursing home. As and demand these questions. • Start the discussion. • As a consumer, I will simply state to the provider what my expectations are. |
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| <p><i>change</i></p> <p><i>Put them in the position of the consumer</i></p> <p><i>Provide examples</i></p> <p><i>Start family council</i></p> <p><i>Slowly</i></p> | <ul style="list-style-type: none"> • Educate consumers about their rights as a resident of a NH and support the enforcement of those rights. • Present Culture Change in a positive way. Specifically ask for what they want (specific suggestions such as “I want to bath when”. • Introduce the provider to other facilities that are in the Culture Change process. Discuss culture desires of the family member with provider staff. • Visit other facilities that are doing Culture Change (family members, videos). Ask questions. • Be upfront with your expectations on the initial tour. • Checklist. Pioneer Network information. • Present the 16 questions. Put themselves in the place of the consumer. We will all become consumers. • Take materials and resources to facility, have discussion about it. Might leave feeling very discouraged, depending on response. Start family council and educate other families to start the discussion. • Flyer. Tell about website and webinars. Encourage information be placed in newsletters, blogs, face book. • “You’re outdated; you need to get in real time.” <p>Valdosta</p> <ul style="list-style-type: none"> • Share information and literature with the providers-face to face. Share at Georgia Associations; work through family council associations. • Attend culture change symposium on behalf of the providers. Continual education of culture change. • Take the list of key questions that consumers will be asking. Advise them to contact Pioneer Network in Culture Change. • Giving information, web-site, history and current movement. Satisfaction surveys. Public postings and ratings. • Direct them to web sites, Pioneer Network and encourage them to go to training workshops on Culture Change. |
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| <p>6. What do Consumers need to become educated and informed?</p> <p>Major Themes</p> <p><i>Training and research</i></p> <p><i>Public awareness campaign</i></p> <p><i>Visit facilities</i></p> <p><i>Reality show about SNF living</i></p> <p><i>Community wide education</i></p> <p><i>Online resources</i></p> <p><i>Attend all care planning, family council meetings</i></p> | <ul style="list-style-type: none"> • Ask the questions provided to us today, bring brochures about it, share web sites and other resources. • Share their resources-websites, pamphlets, in-services, symposium. • Slowly, a little at a time, gently, respectfully. Be prepared with examples, experiences, success stories and references. Provide information about how it can be done in their area. <p>Athens</p> <ul style="list-style-type: none"> • More literature and educational sessions. • Know the choices, vested interest, and communities offer educational resource programs; acknowledge community wide those providers who provide culture change environments. Take the scary out of it. • Refer consumers to online resources or facilities. Offer them to ask specific question on how facilities are implementing Culture Change. • Public awareness, traveling road trip and educate consumers. • Ask the right questions. Research. Information sheet with checklist. • Take advantage of seminars like this. Educate families about Culture Change. • Info resources • Websites that introduce Culture Change. Visit facilities that have this implemented. • TV show. Public Service Announcement. • Community education with accurate and current information. • Advertisement, brochures, Culture Change network of Georgia, professional organizations. • Get involved. Become motivated. Care. Information. Opportunity to have a voice. • More media and documentary programming i.e. - reality shows, documentaries, computer games. |
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| 7. Other | <ul style="list-style-type: none">• Flyers. Promote the website and webinars. Invite speaker from network to speak to their clubs, organizations and churches. Encourage sharing information in their newsletters.• Starting with admission-education, education, education. <p>Valdosta</p> <ul style="list-style-type: none">• All types of media. Face to face church groups, Senior Centers, Ladies groups, Red Hats, Gray Hats, Hard Hats• Online resources. Local marketing done by organizations to understand how they embrace consumers. Visit nursing homes in person. Get involved in community to better understand needs.• Include literature about culture change in the Medicare literature. Public Service Announcements. Media input.• Make this a part of AAA/ADRC I&A outreach. Ombudsman talk with NH consumers.• Our state Ombudsmen and Health Department need to have community education on Culture Change and the need for more.• TV show-reality show in LTC facility. Get Oprah involved. “Make yourself at home”. LTC facility “Extreme make-over”.• They need to attend pre-admission conferences, care plan conferences, family council and research for themselves.• Read, read, read. People and nurses don’t want to talk about working with older adults. They don’t want to read or train about working with older adults. <p>Athens</p> <ul style="list-style-type: none">• A positive message and choice-does the consumer want to live in a nursing home or at home with home and community based services. Our group believes that changing the language is so very important and free.• Thank you for this training today. |
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| | <ul style="list-style-type: none">• We're democracy-not socialism, so if we highly value individualism we will continue to show each other as consumers to protect ourselves from the psychological issues we are not prepared to confront regarding aging and our own mortality.• You need to fund more conferences like this. <p>Valdosta</p> <ul style="list-style-type: none">• Speakers bureau• State regulatory agencies need to work with facilities to bring about• Culture Change, answering questions when asked, and be less critical and more partnered.• Private rooms should be an option for Medicaid waiver and subsidized plans. Not just reimbursement for semi-private. We need out best and brightest RNs. In skilled nursing-increase pay, stipends and support. |
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