

Measuring Culture Change

Executive Summary of Literature Review

August 7, 2006

Background

Responding to the 1986 Institute of Medicine report Improving the Quality of Care in Nursing Homes, President Ronald Reagan signed into law a Nursing Home Reform Act under the Omnibus Reconciliation Act of 1987 (OBRA '87). This federal act created a set of national minimum standards of care and rights for people living in certified nursing facilities. A renewed movement, referred to as "Culture Change", has been growing across the United States, returning to the true spirit and intent of OBRA '87. While the diversity of culture change models has facilitated new knowledge about successes and barriers to changing culture in nursing homes, these various models and approaches have led to the lack of agreement for precisely what constitutes culture change, how culture change should be implemented and measured, and whether or not culture change significantly impacts quality of care.

In June 2006, the Centers for Medicare & Medicaid Services (CMS) contracted with the Colorado Foundation for Medical Care (CFMC) to execute a project about measuring culture change. The project has two primary purposes: (1) develop a mechanism to distinguish nursing homes that have successfully implemented culture change from those who are just beginning, are only partially along the culture change journey, or that have not been successful in implementing culture change principles throughout the organization; and (2) perform a quantitative analysis of these homes to see how their performance differs on clinical and workforce outcome measures.

One of the initial tasks for this project called for a review of the literature to identify methods and instruments to measure culture change, core constructs that are common across culture change measurement tools, and publications that examine the relationship of culture change practices to selected outcomes. This report is the culmination of that literature review, providing findings and recommendations for future efforts.

Methods

The study team conducted a literature search of the PubMed and Ovid databases. To capture the effects of the OBRA '87, the search included articles written in the English language that were published between January 1987 and May 2006. Key words used for the literature review included *culture change*, *person-centered care*, *resident-centered care*, and *resident-directed care*. The PubMed and Ovid searches provided nearly 1000 citations, which were reviewed to eliminate duplicative and irrelevant articles. Bibliographies from selected articles were evaluated for additional pertinent references. Articles were selected based on practices related to the specific clinical and workforce outcomes of *pressure ulcers*, *physical restraints*, *depression*, *pain*, *incontinence*, *transfer rates to acute care*, *medication safety*, and *staff turnover*.

Results

On January 6, 2006, the Commonwealth Fund convened a panel of nursing home culture change experts for the purpose of constructing a definition of culture change that could be widely used by the long-term care industry. The experts reached consensus regarding essential attributes that are consistently demonstrated in fully culture changed nursing homes. Six major culture change constructs that were identified in the expert panel's definition of culture change were also identified in the literature. With the approval of CMS, this working definition of culture change was adopted for this special project.

Adopted Definition of Culture Change (January 6, 2006 Expert Panel Meeting)	Associated Culture Change Construct (Developed by Project Team)
Care and all resident-related activities that are directed by the resident	<i>Construct 1: Resident-Directed Care and Activities</i>
A living environment that is designed to be a home rather than an institution	<i>Construct 2: Home Environment</i>
Close relationships existing between residents, family members, staff, and community	<i>Construct 3: Relationships with Staff, Family, Resident, and Community</i>
Work organized to support and empower all staff to respond to residents' needs and desires.	<i>Construct 4: Staff Empowerment</i>
Management enabling collaborative and decentralized decision-making	<i>Construct 5: Collaborative and Decentralized Management</i>
Systematic processes that are comprehensive and measurement-based , and that are utilized for continuous quality improvement	<i>Construct 6: Measurement-Based CQI Processes</i>

Numerous culture change models, principles, and instruments were identified during the literature review, and eight tools were selected for further examination based on the objectives of the project and the need for measurement strategies:

- Artifacts of Culture Change Tool (CMS and Edu-Catering)
- CARF International Person-Centered Long-Term Care Community Standards (Commission on Accreditation of Rehabilitation Facilities)
- Culture Change Indicators Survey (Institute for Caregiver Education)
- Culture Change Staging Tool (Grant, Zupan, Norton)
- Eden Warmth Surveys for Elders, Families and Employees (Eden Alternative)
- Kansas Culture Change Organizational Self-Assessment (Kansas Foundation for Medical Care)
- Long-Term Care Leadership Self-Assessment (American College of Health Care Administrators)
- Wellspring Alliance Staff Survey (Grant)

An expanded assessment of these eight measurement tools and the literature produced 25 practices relating to culture change, each of which was further classified under the most appropriate of the six constructs. In the following listing of key practices by construct, the number in parentheses represents how many of the eight tools actually evaluated that practice in one form or another:

Construct 1. Resident-Directed Care and Activities

- Restoring dining choices (8)
- Providing options for bathing (6)
- Assisting residents in determining their own daily schedules and care plans (8)
- Promoting all remaining capacities for self-care and mobility (4)

Construct 2. Home Environment

- Redesigning resident rooms for privacy, personalization and individual needs (6)
- Introducing plants, pets, children, and surroundings that are reminiscent of past lives (6)
- Redesigning public and outdoor living spaces for stimulation and activity (5)
- Developing neighborhoods or households with dedicated areas for dining and living (4)

Construct 3. Relationships with Staff, Family, Resident and Community

- Committing to consistent staffing (8)
- Promoting a sense of community (6)
- Including family members in decision making (7)
- Providing intergenerational and volunteer programs and activities (6)
- Honoring death and dying with dignity (4)

Construct 4. Staff Empowerment

- Involving staff in care planning and care conferences (8)
- Enabling staff to handle scheduling (7)
- Implementing cross-training for all staff levels (3)
- Promoting staff development and empowerment (8)

Construct 5. Collaborative and Decentralized Management

- Developing self-managed work teams and encouraging teamwork (6)
- Modifying hiring and retention practices to promote staff satisfaction (7)
- Promoting strong leadership qualities among management (5)
- Promoting open communication at all levels (7)
- Conveying the mission, vision and direction of culture change (6)

Construct 6. Measurement-Based CQI Processes

- Monitoring and evaluating quality of care and services (6)
- Monitoring staff turnover and longevity (1)
- Monitoring financial information (2)

Of the 25 key practices, five (restoring dining choices, assisting residents in determining their own daily schedules and care plans, committing to consistent staffing, involving staff in care planning and care conferences, and promoting staff development and empowerment) were found in all eight measurement tools. An additional four practices (including family members in decision making, enabling staff to handle scheduling, modifying hiring and retention practices to promote staff satisfaction, and promoting open communication at all levels) were found in seven of the eight tools.

Subsequent to the identification of 25 culture change practices relating to the six constructs, the literature review pursued articles that provided evidence of a relationship between the culture change practices and any one of the eight select outcomes of interest to the project (pressure ulcers, physical restraints, depression, pain, incontinence, rate of transfer to acute care, medication safety and adverse events, and workforce outcomes). The literature review produced 16 references that addressed the effect of culture change practices on pressure ulcers, 16 references on physical restraints, 19 references on depression, six references on pain, six references on incontinence, 16 references on transfer rates to acute care, 12 references on medication safety, and 11 references on staff turnover. All but five (listed below) of the 25 culture change practices were found to have documented evidence of a noted impact on one or more of the outcomes being evaluated for this study:

- Enabling staff to handle scheduling (*Construct 4. Staff Empowerment*)
- Implementing cross-training for all staff levels (*Construct 4. Staff Empowerment*)
- Conveying the mission, vision and direction of culture change (*Construct 5. Collaborative and Decentralized Management*)
- Monitoring staff turnover and longevity (*Construct 6. Measurement-Based CQI Processes*)
- Monitoring financial information (*Construct 6. Measurement-Based CQI Processes*)

Conclusions

A primary objective of this special project is to develop a methodology for measuring the spectrum of the integration of culture change in nursing homes. This literature review was to provide information regarding the quantifiable measurement tools currently available that measure culture change, the identification of similarities and differences across the measurement tools, and the identification of some of the commonly measured practices and the impact of those practices on clinical and workforce outcomes.

Several conclusions can be drawn from the findings of this literature review regarding the measurement and application of culture change in nursing homes:

1. Six core constructs and 25 culture change practices were found across the eight measurement instruments evaluated for the project, indicating more similarity among the tools than differences.
2. All but five of the 25 identified culture change practices have documented evidence in the literature of having an impact on one or more of the specified outcomes. However, the lack of evidence for these five practices does not necessarily imply that the practice does not impact outcomes.
3. Because beliefs, experiences, and expectations may vary between residents, family members, staff members and/or management, a variety of audiences may be necessary to study culture change implementation.
4. The literature suggests that the measurement of culture change requires differing approaches to gathering objective data (e.g., surveys, interviews, and/or observations), with tools varying in their mode of implementation, such as web-based, mailed, or self-administered.
5. The majority of culture change measurement tools have not been formally validated, and cross-validation has not been completed.
6. Further research is needed to determine the impact of culture change practices on clinical and workforce outcomes.