



# Home improvement

Leaders at Signature HealthCARE have intently shifted the organization toward resident-centered care since 2012. The transformation is so strong, nursing aides lead daily care planning meetings at more than 50 facilities. Angie McAllister, director of cultural transformation for the Hometown Division, recently spoke with *McKnight's* Editor James M. Berklan about the evolution.

**Q: Person-centered care is a relatively mainstream concept now. How did you get in front of the movement?**

**A:** We're a process-oriented organization. At first this was a vague concept, but we studied it and we knew we needed carefully formed processes to make it work. We had to change the organization and that started with an educational shift. It's like a backbone, where it supports the culture of that community, which is a little bit different than "culture change" processes in the past.

For us, it meant implementing a neighborhood model. We discussed, if you live in a close-knit neighborhood, what does it feel like? That kind of language speaks to everyone. CNAs can understand it and help figure out how we build it out.

**Q: What did you do differently?**

**A:** We started the "daily huddle." It provides a five-minute micro-learning module that every stakeholder in our organization sees every day. It also provides a feedback loop of communication that our leaders can hear from direct care staff, and staff can hear from leaders what's critical for the day. Communication is key for culture change.

So we have a meeting at the beginning of every shift. Instead of getting that nurse report we love in institutions like nursing homes, we turned it into something different.

**Q: Team meeting? What's different?**

**A:** For us, it's critical that a nurse doesn't lead it. We train CNAs to lead it. It's criti-

cal for us that the CNA has the most decision-making power. That's key to culture change — making the shift for the people working closest to the elder.

**Q: Did the switch go smoothly?**

**A:** Absolutely not. What we've learned is probably the biggest challenge for moving toward culture change is getting out of the "program" mentality. What I know after 22 years is healthcare organizations are pros at creating and implementing programs, but culture change is not a program. It's a way of life.

When we're looking to make a decision or want to implement something new, we ask two things: Would I do this at home? And is this sustainable? If I can't do either of those two things, it's not a decision we want to make.

What's really hard is trying to change that mindset. It's kind of like coming into the game at halftime and changing the rules.

**Q: Can you elaborate?**

**A:** What we found is it's really hard for people to delegate power, and it's really hard to delegate knowledge. What you see in the institutional



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model of healthcare is 20 people in an organization or nursing home have all the information it takes to run that home. The information doesn't always get down to every individual, especially the individuals caring for the elders. The daily huddle is necessary, not an option.

**Q: What was the original spark for this?**

**A:** It was an executive leadership team decision that grew out of a brainstorming meeting. In 2012, we asked three of our communities if they were interested in making a deep-dive commitment to culture change. We told them we'd work with them, they wouldn't be on their own.

What we found was people wanted to do this. Others started calling after hearing about what was happening, so this really started moving swiftly.

**Q: What type of investment has it taken?**

**A:** The majority of dollars have been put into education. We're probably trained close to 3,000 employees through the Eden Alternative associate three-day training. We invested initially in creating a team at each building. That included six to seven individuals who would steer the journey.

Ours is a holistic care model. I don't like the term "universal worker," but it's similar to that model, where they cross-train.

**Q: Is there a way you chart progress?**

**A:** Each community has a tree in its lobby, custom built on a wall. We can measure programs' success as they earn leaves.

We call it our Transformation Tree scorecard. It has 56 leaves that homes can earn. The leaves are divided into three levels: beginner, intermediate and advanced, and are validated to



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ensure sustainability.

We might ask, for example, have they been able to get rid of a traditional snack cart? We don't push snack carts down the hallways any longer. We have a snack area. It's a wooden station pretty much open 24 hours a day. That's system change that helped people understand snacks should be available 24 hours a day.

There will be fresh fruit or something besides the icky protein cookies or graham crackers. I like Oreos, so those would be on my cart.

**Q: How do you rate the overall success?**

**A:** We're not perfect by any means, but we're better than we were in 2012. Culture change is about honoring the voice of the elder, but also hearing the voices of the employee. They go hand-in-hand.

**Q: So this is popular with employees too?**

**A:** We have some deliverable

[statistics] as far as improving employee retention rates and improving use of psychoactive drugs and psychotropic medications. We feel like we've learned a lot; we've come a long way.

What we've learned about employees is every person working in long-term care is there because they want what's best for the elder. They don't have the tools, resources or education to change on their own.

That's why the employees have been really supportive of this movement. It's given them freedom to become creative. They don't feel guilty for spending that extra time with the elder that needs to be spent. At the end of the day, that makes the elder happier.

**Q: How do managers react?**

**A:** A big thing is support from the management team. In many homes, our leaders may be certified [as aides], so they may be working on the floor with the elder. That's important: We've

had leaders take the elders for a day outing and not think twice about it. It becomes more of a team mentality.

**Q: Any other light-bulb type moments?**

**A:** One of the things we learned very quickly is that our idea of culture change and elders' idea of culture change are two different things. We learned that every decision, as far as environment and structural changes, has to honor the choices of the elder.

We think of culture changes as a perfect, remodeled building with all the bells and whistles. But in talking with the elders, they want a phone available in that corner, a new rocking chair over there, ice cream available 24 hours a day, and so on.

The elders were very vocal about [not] removing a nurse's station. That's where they build community. It's all about recognizing where individuals have meaningful spaces and honoring those spaces.

**Q: Why haven't more followed your lead?**

**A:** The idea of perfection is what's holding back a lot of organizations from culture change. It's not an all-or-nothing thing. Just get started, somewhere. Any movement forward is good. It's a little scary. It's change. But you have to start somewhere. It's OK if we mess up. Just get started instead of sitting and talking about it. The more we sit and talk, the less we do.

**Q: What's next?**

**A:** Our vision is for life to happen using the neighborhood model. We have a good foundation with it and are looking for that to flourish. We also want holistic training for everyone. Then it's how do we get rid of medicine carts? That's the next big push. ■