

Title: **Group Exercise: *Leading and Coaching a Change Process***

Goal: To build skills related to leading and coaching your nursing home through a change process.

Discussion: Each table has a scenario describing circumstances at a nursing home. Given what is presented, discuss these questions:

- a. What appears to be this home's strengths and areas where help is needed?
- b. Where would you probe? How are the nursing home's current systems creating its current outcomes?
- c. What are they ready for and where do they need help? What would be natural starting points in the areas of care-giving practice, workforce retention, and clinical measures (high-risk pressure ulcers, restraints, depression, and chronic care pain)? What change ideas would you offer?
- d. What would be the "how" of change that you would help them engage in to build their skills and abilities to take on change?
- e. What skill-building training would you offer and for whom, keeping in mind the Centers for Medicare & Medicaid Services (CMS) focus to improve high-risk pressure ulcers, restraints, depression, and chronic care pain in the nursing home?

### Nursing Home A Scenario:

**Nursing Home A** wants to start its culture change journey with dining. The Nursing Home Administrator (NHA) plans to remodel a dining area used by a dementia unit and a long-term care unit. The barriers between the two units will be taken down and security will be provided by a locked door that will resemble a front door of a house with an entryway into a living room. The dining area will have a steam table to allow for more meal options and smaller tables to allow for family style dining.

Dementia unit staff members doubt they can ensure the residents' safety with a larger area for residents to wander and more hazards, including the steam table. They are concerned that the residents from the long-term care unit will not want to mix with the dementia residents or have them wander into their rooms. They also don't see how dementia residents will be able to make food choices.

Staff on the other units are eager to make changes in the nighttime and morning routines, but are frustrated by the rigidity of the dining schedule. They would like a new admissions process to learn more about the residents before they move in, especially from a nearby adult day care center.

The NHA focuses primarily on external affairs and leaves the day-to-day operations to the Director of Nursing (DON). The DON would like to use self-directed teams to bring culture change to the different units. She has confided that she is overwhelmed by culture change and said she'd like to go on vacation and have the change happen while she's gone.

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### Nursing Home B Scenario:

**Nursing Home B** has a Nursing Home Administrator (NHA) who manages by walking around (MBWA), pitches in as needed, and is open and engaged with her staff. The Director of Nursing (DON) is fairly new, extremely competent, and very open. The two leaders have a natural synergy. The home recently successfully engaged in a quality improvement process to develop a new system for its rehabilitation therapy services. Everyone on the team thought the process went well and the leadership and staff are enthusiastic about taking on a new challenge.

The facility staff members talk easily with each other and the leadership. The staff see the need for person-centered care and are eager to get started, so much so that after they first talked about it, direct care staff started acting on it right away. When residents said they didn't feel like getting up, the staff let them sleep. It created a real mess because nothing was in place to provide food at different times or allow for scheduling to meet these new needs. The Food Service Director (FSD) is very mindful of his obligations under state and federal regulations and is hesitant about making changes that will put the home at risk of a deficiency.

The facility leadership has decided that it wants to start on its culture change journey by instituting a "Best Friends" program where each staff person will develop a one-to-one relationship with a resident.

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### Nursing Home C Scenario:

**Nursing Home C** has been unionized for over 20 years. Staff and managers routinely use union processes to discuss disciplinary issues, resolve conflicts, adjust schedules, and make assignments. The home has had financial trouble and recently had to lay off a number of Certified Nursing Assistants (CNAs).

The Nursing Home Administrator (NHA) knows the staff and residents personally, and is a dynamic, engaged leader. The Director of Nursing (DON) is cautious, detail-oriented, and has to handle a lot of disciplinary actions entailing conflicts between Haitian and Jamaican staff members who are loud and excitable around residents during these incidents. There is a sense of distrust amongst the staff that is troubling to the DON. She would like culture change to help develop more of a sense of responsibility and consideration among CNAs.

Several front-line nurse supervisors are enthusiastic about the possibilities for changing care practices to become more person-directed. In a recent meeting, discussion focused on facility issues related to pressure ulcers, restraints, depression, incontinence care, pain management, bed alarms, falls management, etc..., and it was determined that all of these issues could be greatly reduced or eliminated if only they could be person-directed from the moment a new resident moves in.

The leadership had an unsuccessful experience with culture change a year ago. They had extensive training and started managing by walking around (MBWA) and writing thank-you cards. The team never got any actual changes to take hold and couldn't keep up with MBWA and thank-you cards, as it was too much extra work.

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### Nursing Home D Scenario:

**Nursing Home D** has been working on culture change for two years. The Assistant Administrator is in charge of the effort. The Nursing Home Administrator (NHA) has given them a green light to proceed, but has not taken a direct interest, because his focus is on external affairs. He says he manages by walking around (MBWA) twice a year with an agenda for discussion with his staff, however, he doesn't feel it works very well because as much as he invites input and suggestions, people rarely have anything to offer. The Director of Nursing (DON) feels okay about culture change as long as it doesn't take up too much time with her nursing staff. She's way too busy handling the constant struggle to keep fully staffed. She takes call every night and always feels behind.

They spent several months developing mission, vision, and value statements with input from staff, residents and families. Now they have set up committees to work on a process change for new admissions, death and dying, food, and neighborhoods. The committees have been meeting for over a year now, but feel like they are spinning their wheels. Committee members are starting to get frustrated and attendance has dropped off. They are overwhelmed by the number of issues they need to address and don't know where to start. Each time they think they have a starting point, they find that they cannot go forward because something is in the way. Recently they decided to name their neighborhoods. They put suggestion boxes in each unit and were very discouraged by the disparaging suggestions left in the boxes. They went ahead and named the neighborhoods, but don't know what to do next.

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### Nursing Home E Scenario:

**Nursing Home E** has an engaged, creative Nursing Home Administrator (NHA) who has systemically discussed with his leadership team whether to take on culture change. Members of the team researched culture change, visited nearby homes, and have decided they want to go for it. Unfortunately, they don't know how to move forward. They asked residents what changes they wanted to see and residents said everything was fine the way it was.

Their Director of Nursing (DON) and Food Service Director (FSD) do not work well together and their relationship has been a barrier. The DON is self-reflective and aware that she has trouble giving up control. The FSD is a gruff, cut and dry fellow who reacts defensively. They tried having food available for people who want to wake up late but no one took advantage of it and that just caused more tension between the DON and the FSD.

Their nursing home used to be more of an Intermediate Care Facility (ICF), but in the last five years they have had to switch to a short-term rehab emphasis. This has been hard for the staff members who feel they don't have enough time for people anymore, and that things have gotten so fast-paced they can't keep up. They don't have time to spend with the residents anymore.

They have beautiful grounds, a very old building, and they lack the money to renovate. In a recent assessment of the competition, they were taken by some of the physical environment changes made at other homes.

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### Nursing Home F Scenario:

**Nursing Home F** has had three Nursing Home Administrators (NHAs) in nine months. They were required to partner with the Quality Improvement Organization (QIO) as a directive from their corporate office. Their most recent annual survey was disastrous resulting in substandard care with denial of payment for new admissions and 6-month revisits by the Department of Health. Because of neglectful care practices in the area of pressure ulcers and restraints, the NHA, Director of Nursing (DON), and a key charge nurse were recently arrested and currently reside in Tent City. Interestingly enough, the impacted family did not press charges. Due to a significant decline in occupancy, this facility shut down a wing. Agency use was projected to exceed \$1 million this fiscal year. Their turnover rate for Certified Nursing Assistants (CNAs) last year was 108%, and for licensed staff was 70%.

The current NHA has 30 years of experience and believes his experience outweighs any suggestions for change. Two staff satisfaction surveys had response rates below 20%. The current DON was promoted from within, works no less than 12 hours a day, feels little support from above or below, and reports that she sleeps all day Saturday due to exhaustion every week.

The one change idea that they were open to implementing was peer mentoring and the creation of lead-CNA positions. They can't get the lead-CNA program off the ground because whenever the leadership team meets to discuss which CNA would most appropriately fill that role, disagreement stymies any first steps. They recently gave all the CNAs a 25-cent per hour increase, which resulted in more disgruntlement among the CNAs. The NHA is expressing extreme frustration in the feeling that he went out on a limb to get them the raise, and is angry that they are ungrateful.

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### Nursing Home G Scenario:

**Nursing Home G** is affiliated with a hospital system and frequently loses staff to other parts of the system. The nursing home has good benefits because of this affiliation and is considered one of the better employers in town. It takes a long time to go through a hiring process because of the system's bureaucracy, so they sometimes have vacancies for months. Often, someone they are interested in hiring has already gone to work somewhere else by the time they can offer them a job.

They have a high-volume sub-acute care unit that turns over residents every week and has a lot of pressure to generate revenue. They also have a long-term care unit and a dementia-care unit. The staff in the long-term care unit used to work at another nursing home that was taken over by the hospital system, closed, and staff and residents were absorbed into this facility. They have two distinct cultures between the staff from the old nursing home and the rest of the staff, as well as a distinct culture between the sub-acute care unit and the dementia-care unit.

They want to start a peer mentor program because they are having a lot of turnover in their new hires, which is especially frustrating because of the length of time it takes to get a new-hire on board. Here's the deal: The Director of Nursing (DON) runs the show and the Nursing Home Administrator (NHA), who is also responsible for another of the hospital's facilities, is only there part-time. The DON believes firmly that any staff member should be able to work anywhere at anytime. Staff find out their assignments when they come in to work. New hires are immediately floated throughout the building so that they are familiar with all three units and can work anywhere.

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### Nursing Home H Scenario:

**Nursing Home H** has a Nursing Home Administrator (NHA) who sees her job as people development. She believes the staff have hard lives and her job is to provide a place where they can succeed, hoping that it will spill over into the rest of their lives. She believes in a learning environment and has set up classes that allow staff to gain new skills, responsibilities, and earn higher wages.

She is frustrated because the staff respond to offers to be involved in committees and then complain afterwards about decisions that were made. She gets impatient when they act helpless and don't take ownership in the facility. She pays for an overlap of time between shifts for staff to meet together, but they don't use the time effectively and she doesn't know how to fix this issue.

The staff are constantly complaining about having two seatings for breakfast and that the dining room is too small to fit everyone at once. They have no money for physical renovations so they are limited to their current physical structure. The NHA knows this issue puts real pressure on residents and staff, so she has lined up a number of staff members to start work at 6:00 a.m. to help out. The majority of the residents have advanced dementia and a lot of agitation. Afternoons at this facility are particularly chaotic and the NHA doesn't like it that she's got a group of staff who start at 6:00 a.m. and leave at 2:00 p.m. The Director of Nursing (DON) doesn't have time to work on the breakfast issue because he spends all day addressing interpersonal conflicts among staff.

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