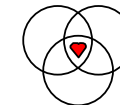
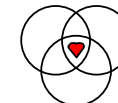


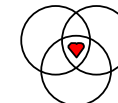
<b>Improving Organizational Culture through Person-directed Care Change Package</b>				
<b>Domain</b>	<b>Current Process</b>	<b>Improvement Strategies</b>	<b>Principle</b>	<b>Key Change Examples for Person-directed Care</b>
Care practices	1. Institutional-driven systems (Person adapts to institution)	Individual-driven systems (Institution adapts to person)	<ul style="list-style-type: none"> <li>■ Create systems within which individual preference is honored and defended</li> </ul>	Considerations include: <ul style="list-style-type: none"> <li>■ Waking and sleeping</li> <li>■ Meals</li> <li>■ Food preference</li> <li>■ Daily routine</li> <li>■ Bathing frequency, time and method</li> <li>■ Activities of daily living (ADLs)</li> <li>■ Activities</li> </ul>
	2. Perception of nursing homes as a place to die or “last stop”	Rituals and celebration that acknowledge life	<ul style="list-style-type: none"> <li>■ Establish an environment where all are given the opportunity and provided the resources to thrive, flourish and grow</li> </ul>	<ul style="list-style-type: none"> <li>■ Create community by shared, joyful events</li> <li>■ Letters of thanks in prominent places</li> <li>■ Note accomplishments—large or small</li> <li>■ Celebrate lives of those who live and work there</li> <li>■ Activities that support life and growth</li> <li>■ Day-to-day life provides opportunity for meaning and purpose, diversity and spontaneity</li> <li>■ Residents have the opportunity to give, teach, offer and share</li> <li>■ Death and dying rituals</li> </ul>
	3. Iatrogenic helplessness	Individual accepts appropriate degree of risk, challenge and choice	<ul style="list-style-type: none"> <li>■ Promote the abilities and optimal level of function for all people</li> </ul>	<ul style="list-style-type: none"> <li>■ Residents are empowered to live life and make choices to the optimal level of their ability</li> <li>■ Resident council</li> </ul>
	4. Medical model focus	Focus on an integrated, holistic model	<ul style="list-style-type: none"> <li>■ Support and integrate quality of life with quality of care by focusing on the Holistic Model</li> </ul>	<ul style="list-style-type: none"> <li>■ Consideration of the whole person—spiritual, mental and physical well-being in all decisions</li> </ul>



	5. Quality assurance	Quality Improvement	<ul style="list-style-type: none"> <li>■ Provide an organizational understanding that quality is a continuous process that is driven by consumer needs and desires and therefore expands beyond regulatory practices and assurances through education, modeled behavior and satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>■ Makes data-driven decisions and seeks areas for improvement based on evidence</li> <li>■ Commitment to quality improvement</li> <li>■ Seeks innovative and creative opportunities and strategies for improving care</li> </ul>
Work Place practice	6. Exclusive, impersonal work practice	Inclusive, relationship-based practice (Employee, resident, family inclusion and involvement)	<ul style="list-style-type: none"> <li>■ Hold as paramount an environment where relationships are placed at the forefront of all practice</li> </ul>	<ul style="list-style-type: none"> <li>■ Make priority the creation of meaningful and lasting relationships (staff, residents, family)</li> <li>■ Allow consistent staff assignments</li> <li>■ Administration is visible and knows people</li> <li>■ Invests in staff through time, education, commitment to personal issues</li> <li>■ Focus on soft skills—communication, mediation</li> </ul>
	7. Authoritarian change process	Empowered, informed, integrated change process	<ul style="list-style-type: none"> <li>■ Seek to create opportunities where individuals can better the home and their lives by offering their voice to make empowered decisions, take greater responsibility and provide their thoughts and ideas</li> </ul>	<ul style="list-style-type: none"> <li>■ Create committee and team-driven change processes</li> <li>■ Promote an environment where individuals are empowered to make decisions</li> <li>■ Establish self-managed work teams</li> <li>■ Support a setting where the opportunity to better the facility and individuals' lives are held in high regard</li> <li>■ Create opportunities for individuals to lead and take greater responsibility</li> </ul>
	8. Segregated departments	Integrated work teams that influence care	<ul style="list-style-type: none"> <li>■ Formulate integrated teams that will guide the organization into the best possible care, work and environmental practice</li> </ul>	<ul style="list-style-type: none"> <li>■ Learning circles</li> <li>■ Task force</li> <li>■ Change-agent teams</li> <li>■ Integrated Care Team: nursing assistants generate the basis of care plan and function as equals on the care plan team</li> <li>■ Inclusive decision-making process (staff, residents, family)</li> </ul>



	9. Insular change-resistant organization	Open, sharing/learning community	<ul style="list-style-type: none"> <li>■ Resolve to be a learning, sharing community</li> </ul>	<ul style="list-style-type: none"> <li>■ Uses creative processes to develop new ideas for care</li> <li>■ Explores and shares best practice</li> <li>■ Teaches and leads others within the nursing home community</li> <li>■ Provides training, learning, skill-building opportunities</li> <li>■ Utilizes and implements effective feedback loops</li> </ul>
Environment	10. Hospital environment (Fosters isolation and loneliness)	Home  (Fosters a sense of community and belonging)	<ul style="list-style-type: none"> <li>■ Commit to de-institutionalize, wherever possible, the current setting, providing personal living accommodations, a sense of peace, safety and community</li> </ul>	<ul style="list-style-type: none"> <li>■ Resolve to establish a sanctuary and shelter that provides a sense of community, safety and peace, free of unwanted intrusions</li> <li>■ Support individualized personal environments</li> <li>■ Organize a design which allows for accessibility</li> <li>■ Diminished barriers</li> <li>■ Provide for nature and natural settings as much as possible</li> <li>■ De-institutionalize common room such as bathrooms</li> <li>■ Enhance lighting</li> <li>■ Decrease random alarms, alerts and pages which startle</li> <li>■ Demonstrate affection, validation and support</li> <li>■ Encourage artifacts, personal items that reflect individuality and autonomy (refrigerator); comfort and peace</li> <li>■ Provide a place for reflection and solitude that allows individuals to set clear boundaries and control them</li> <li>■ Shift towards neighborhoods, communities</li> </ul>



## Person-directed Care (PDC) Model—Table Discussion Worksheet

Domain of Care Practices		
Institutional Model	Person-directed Model	Underlying Principle/Value Supporting Change
Person adapts to institution	Institution adapts to person	<ul style="list-style-type: none"> <li>■ Create systems within which individual preference is honored and defended</li> </ul>
Perception of nursing homes as a place to die or “last stop”	Rituals and celebration that acknowledge life	<ul style="list-style-type: none"> <li>■ Establish an environment where all are given the opportunity and provided the resources to thrive, flourish and grow</li> </ul>
Iatrogenic helplessness	Individual accepts appropriate degree of risk, challenge and choice	<ul style="list-style-type: none"> <li>■ Promote the abilities and optimal level of function for all people</li> </ul>
Medical model focus	Focus on an integrated, holistic model	<ul style="list-style-type: none"> <li>■ Support and integrate quality of life with quality of care by focusing on the Holistic Model</li> </ul>
Quality assurance	Quality improvement	<ul style="list-style-type: none"> <li>■ Provide an organizational understanding that quality is a continuous process that is driven by consumer needs and desires and therefore expands beyond regulatory practices and assurances through education, modeled behavior and satisfaction</li> </ul>

### Domain of Care Practices—Table Discussion Notes

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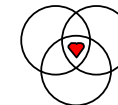


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<b>Domain of Workplace Practices</b>		
<b>Institution Model</b>	<b>Person-directed Model</b>	<b>Underlying Principle/Value Supporting Change</b>
Exclusive, impersonal work practice	Inclusive, relationship-based practice (employee, resident, family inclusion and involvement)	<ul style="list-style-type: none"> <li>Hold as paramount an environment where relationships are placed at the forefront of all practice</li> </ul>
Authoritarian change process	Empowered, informed, integrated change process	<ul style="list-style-type: none"> <li>Seek to create opportunities where individuals are given the opportunity to better the home and their lives by offering their voice to make empowered decisions, take greater responsibility and provide their thoughts and ideas</li> </ul>
Segregated departments	Integrated work teams that influence care	<ul style="list-style-type: none"> <li>Formulate integrated teams that will guide the organization into the best possible care, work and environmental practice</li> </ul>
Insular change-resistant organization	Open, sharing/learning community	<ul style="list-style-type: none"> <li>Resolve to be a learning, sharing community</li> </ul>

**Domain of Workplace Practices—Table Discussion Notes**

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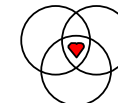


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## Person-directed Care (PDC) Model—Domain of Environment Table Discussion Worksheet

Institution Model	Person-directed Model	Underlying Principle/Value Supporting Change
Hospital environment (fosters isolation and loneliness)	Home (fosters a sense of community and belonging)	<ul style="list-style-type: none"> <li>▪ Commit to de-institutionalize, wherever possible, the current setting providing personal living accommodations, a sense of peace, safety and community</li> </ul>

### Domain of Environment—Table Discussion Notes

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*This material was prepared by the New Mexico Medical Review Association (NMMRA), the Medicare Quality Improvement Organization for New Mexico, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 8SOW-NM-NH-06-26*