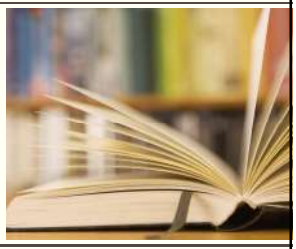
WHO SAYS THERE IS NO RESEARCH IN CULTURE CHANGE?

Sonya Barsness, Sonya Barsness Consulting
Tammy Marshall, Jewish Home Life Care



WHAT DO WE MEAN BY "RESEARCH"?

What Does Evidence Base Mean?

- **Beginning October 1, 2016 (or earlier, if your state has set an earlier date), OAA Title IIID funds will only be able to be used on health promotion programs that meet the highest-level criteria.**
  - **Title IIID is disease prevention and health promotion programs**
- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*
- Research results published in a peer-review journal; *and*
- Fully translated in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public.

FOR WHAT THINGS DO WE NEED AN EVIDENCE BASE?

Search Process and Criteria

- Primo Central (about 100 databases)
- Pubmed
- CINAHL
- 2014 to present
- Peer reviewed academic journals and dissertations
- 65 articles

Search Terms

- "person-centered" and "nursing home"
- "person-centered" and "assisted living"
- "person-centered" and "long-term care"
- "culture change" and "long-term care"
- "culture change" and "nursing home"
- "culture change" and "assisted living"
- "culture change" and elderly
- "person-centered" and elderly
- "resident-centered"

"MAKE ME FEEL AT EASE AND AT HOME": DIFFERENTIAL CARE PREFERENCES OF NURSING HOME RESIDENTS

Lauren R. Bangerter,, Kimberly Van Haitsma, Allison R. Heid, and and Katherine Abbott

- Explored how NH residents define their every day care preferences
- 337 nursing home residents on open-ended questions in the PELI
  - Great diversity in how residents define their preferences
  - Researchers found specific "preference categories" in each question
- "When I greet you, what name would you like me to use?"
  - **first name**, last name, middle name, full name, nickname, and a salutation. (6 preference categories)
- "How would you like staff to show they care about you?"
  - **Attitude**, professionalism, communication, care inquiry, physical contact, etiquette
- Overall, the most **important** preferences were choosing who is involved in care discussions, staff showing they care, and staff showing respect.

How would you like staff to show they care about you?			
Attitude	Attitude of the staff and special treatment of the resident; staff should show interest, kindness and compassion and maintain a friendly and caring demeanor	110 (32.6)	1.11 (0.44)
Professionalism	Staff fulfilling their professional duties such as responding when a resident rings a call button, maintaining confidentiality, not bringing their personal life into work, following up with complaints/requests/issues and giving the resident what they need	99 (29.3)	1.16 (0.56)
Communication	Talking with the resident; staff should ask and answer questions for the resident, listen to the resident or including the resident in conversations or jokes	61 (18.1)	1.10 (0.42)
Care inquiry	Asking questions about resident care needs, listening to these needs and addressing complaints and needs of the resident	45 (13.3)	1.15 (0.36)
Physical contact	Physical treatment and handling of resident (hugs, pats on the back, gentile hold)	15 (4.4)	1.16 (0.41)
Etiquette	Show manners and be polite; respecting the privacy and independence of the resident	9 (2.7)	1.07 (0.47)

Implications

- PELI great quantitative tool but important to dig deeper to understand details of preferences
- The findings presented here further demonstrate the need to have in-depth discussions and assessments with NH residents about their preferences to fully study and implement person-centered care practices.

"By their kindness and their way of interacting with us, that does a lot of it. Their whole attitude means a lot. When you come in you've given up your whole life so to speak. You want that. You need that."

A LOOK AT PERSON-CENTERED AND FAMILY-CENTERED CARE AMONG OLDER ADULTS: RESULTS FROM A NATIONAL SURVEY.

Wolff JL, Boyd CM.

- **Purpose: To understand older adults preferences for participating in health care decision-making and their experiences with care**
- 2012 National Health and Aging Trends Study, 2040 participants (random sample)
- Measured approach to managing health (self-manage, co-manage, delegate); preferences for making health care decisions with: (1) doctors, (2) family/close friends; and experiences with treatment burden
- 69.4 % of older adults self-manage, 19.6 % co-manage, 11.0 % delegate health care activities.
- 84.7 % preferred independent or shared role when making health decisions with doctors
- 95.9 % preferred independent or shared role when making health decisions with family/friends
- 37.9 % experience treatment burden (managing health care activities are sometimes or often hard for either them or their family/close friends, that health care activities get delayed or don't get done, or that they are cumulatively too much to do)
- Compared to older adults who self-manage health care activities, those who delegate are more likely to share or leave health decisions to doctors and family/close friends and are more likely to experience treatment burden.

Implications

- Diverges from research that has generally portrayed older adults as passive and disengaged in health care decision-making.
- Interesting that nearly half of older adults who co-manage or delegate management of health activities prefer to make health care decisions independently (still want to direct)
- For some, person-centered and family-centered care encompasses the active involvement of family and close friends. For others, person-centered and family-centered care focuses on minimizing treatment burden (risks, benefits, prognosis, feasibility).

CAREGIVER PERSON-CENTEREDNESS AND BEHAVIORAL SYMPTOMS DURING MEALTIME INTERACTIONS: DEVELOPMENT AND FEASIBILITY OF A CODING SCHEME

Andrea L. Gilmore-Bykovskyi

- To determine the feasibility, ease of use, and inter-observer reliability of a coding scheme to measure caregiver person-centeredness and behavioral symptoms for nursing home residents with dementia during mealtime
  - Video-recorded naturally occurring interactions between caregivers and people with dementia at mealtimes
- Ninety-five percent of caregiver behaviors were coded as being person-centered.
  - the most common were orientation (24%), showing interest (11%), giving choices (10%) and back-channeling (9%), adjusting to resident's pace (8%) and assessing comfort (8%).
- Among all task-centered behaviors, the most common were outpacing (31%), followed by physically controlling behaviors (19%) and inappropriate touch (17%).
- Only six occurrences of no interaction were documented

- The average number of "behaviors" noted during an observation was 2.6, ranging from 0 to 26.
- Ten of the 22 observations had no "behaviors".
- The most common "behavior" was verbal gesture or refusal of care (45%), followed by minimally-disruptive aberrant vocalizations (28%) and pushing away/physical refusal of care (17%).
- Identified some triggers to "behaviors" , specifically:
  - caregiver outpacing (i.e. offering food too frequently),
  - physically or verbally controlling caregiver behaviors which then resulted in resistance to care,
  - caregivers ignoring the person with dementia which lead to agitation as well as reduced attention to eating

Implications

- Potential way of assessing interactions during mealtimes
- Can be applies to other types of interactions and care situations
- Can help identify caregiver behaviors that are possibly triggering "behaviors" of person with dementia in concrete way
- Effective techniques to help with eating allowed for more person-centered interactions

CAREGIVER PERSON-CENTEREDNESS AND BEHAVIORAL SYMPTOMS IN NURSING HOME RESIDENTS WITH DEMENTIA: A TIMED-EVENT SEQUENTIAL ANALYSIS

Andrea L. Gilmore-Bykovskyi, Tonya J. Roberts,, Barbara J. Bowers, and Roger L. Brown

- Videorecorded observations of naturally occurring interactions between 12 nursing home (NH) residents with dementia and eight certified nursing assistants were coded for caregiver person-centered actions, task-centered actions, and resident behavioral symptoms and analyzed using timed-event sequential analysis.
- **Resident "behaviors" were significantly more likely to occur following task-centered caregiver actions than person-centered actions.**
- **Interesting that they listed specific person-centered and task-centered actions:**
  - **PC: adjusting to pace, affirmation, empathy; giving choices, etc.**
  - **TC: controlling voice quality, ignoring, outpacing**

CULTURE CHANGE PRACTICE IN U.S. NURSING HOMES: PREVALENCE AND VARIATION BY STATE MEDICAID REIMBURSEMENT POLICIES.

Susan C. Miller, Jessica Looze, Renee Shield, Melissa A. Clark, Michael Lepore, Denise Tyler, Samantha Sterns, and Vincent Mor

- To estimate the prevalence of culture change practice in U.S. nursing homes (NHs) and examine how state Medicaid policies may be associated with this prevalence.
- Random sample of NH directors of nursing (DONs) and administrators (NHAs) at 4149 NH's
- Eighty-five percent of DONs reported some culture change implementation.
  - only 13% reported culture change had completely changed the way the NH cared for residents in all areas of the NH
- 15% no culture change happening
- NHs in states with P4P reimbursement systems that included culture change measures had higher culture change practice scores across all domains studied
- NHs in states with P4P reimbursement systems without culture change measures had higher NH environment and staff empowerment domain scores
- **Implications: P4P facilitating culture change adoption**

TAILORING DEMENTIA CARE MAPPING AND REFLECTIVE PRACTICE TO EMPOWER ASSISTANTS IN NURSING TO PROVIDE QUALITY CARE FOR RESIDENTS WITH DEMENTIA.

Martha Mansah, Peter Brown, Heather Reynolds, Sarah Kissiwaa, Lyn Coulon

- To explore the experience of CNAs in "creating new care" for residents with dementia after being exposed to Dementia Care Mapping coupled with reflection
- Qualitative- 10 CNAs and 5 residents with dementia
- DCM observations shared with CNAs-CNAs developed care plans for each resident-CNAs implemented, monitored and evaluated care plan
  - CNAs were required to keep journal throughout study of their ideas, reactions, interactions with residents, etc.

Implications

- Focus group with CNAs revealed:
  - Reflecting was a positive, helpful experience and they find they are doing it continually
  - They developed more caring connections with residents and coworkers
  - Empathic communication key to person-centered care
- CNAs felt empowered to be more involved in care
- They welcomed the DCM feedback in creating better ways to care
- The importance of reflection in learning

THE VALUE OF RESIDENT CHOICE DURING DAILY CARE: DO STAFF AND FAMILIES DIFFER?

Sandra Simmons, Daniel Durkin, Annie Rahman, John Schnelle, and Linda Beuscher

- To evaluate whether staff and family rate care scenarios involving choice differently from those not involving choice
- 17 CNAs and 15 family members viewed video vignettes of care interactions and rated them by preference; followed by focus groups
- Both groups rated scenarios involving choice as highly preferred compared to those not involving choice
- Reasons for preference ratings: residents' well-being (value as a person, dignity) and sense of control; approach (communicating in a kind & caring way)
- Are there times when choice should not be offered?
  - Emergency
  - Health and well-being of resident
  - Staff overload/insufficient staffing
  - Dementia
  - Depression

Implications

- Questions:
- Discrepancy between what CNAs and family believe and how they act?
- Challenges in actually giving choice?
- What about people with dementia?
- Understaffing and overload related to task orientation, which is then related to lack of choice?

MEASURING SOCIAL INTEGRATION AMONG RESIDENTS IN A DEMENTIA SPECIAL CARE UNIT VERSUS TRADITIONAL NURSING HOME: A PILOT STUDY.

Katherine Abbott, Justine Sefcik, Kimberly Van Haitsma

- To compare levels of social integrations between people with dementia living in an SCU (special care unit) compared to people with dementia living in a traditional nursing home (TNH)
- Social integration measured through location, context, type, and quantity of social interactions
- An interaction was any communication between two people that transmitted a message.
- 29 residents; Recorded over 1700 interactions
- About the interactions:
  - Most were verbal and initiated by staff
  - Generally social
  - Occurred in public areas
  - Lasted less than 1 minute
  - Did not change resident's affect

- Compared to TNH residents, SCU Residents:
  - Had more interactions with staff
  - More likely to have interactions related to redirection in a.m.
  - More likely to have social interactions in the afternoon
  - Had more interactions in the dining room (not during meals)
  - Showed more pleasure and anxiety
  - Left building more
- Very few interactions between residents
- Implications:
  - Brief interactions might be very meaningful (promote personhood)
  - Explore how to increase interactions between residents

COMPARING PERSON-CENTERED COMMUNICATION EDUCATION IN LONG-TERM CARE USING ONSITE AND ONLINE FORMATS.

Carissa Coleman, Kim Fanning, Kristine WIlliams

- Compared outcomes of education on person-centered communication in onsite and online (Web conference) formats
- Studied the "Changing Talk" CHAT program (communication honoring a person's choices and preferences), an interactive training program with videos and discussion
- 327 staff onsite ; 211 online
- "CHAT was provided to staff in their NH communities as an intervention to reduce resident resistance to care."
- There was improved recognition of person-centered communication in the onsite group only
- Staff perceptions between the two formats was similar

Implications

- Study concluded that the results are not clinically meaningful, meaning they likely wont translate into practice differences
- Site leader at online trainings might help
- Study did not look at how this knowledge was or was not translated into practice
- Explore impact of reason for training: resistance to care

CERTIFIED NURSING ASSISTANTS' PERSPECTIVES OF NURSING HOME RESIDENTS' PAIN EXPERIENCE: COMMUNICATION PATTERNS, CULTURAL CONTEXT, AND THE ROLE OF EMPATHY.

Debra Dobbs, Tamara Baker, Iraida Carrion, Elizabeth Vongxaiburana, Kathryn Hyer

- Explored issues around pain management
- Focus groups with CNAs (28 people)
- Questions:
- Do you feel that residents accurately report their pain experience?
- Does the cultural background of residents influence how you treat their pain?
- Do you think your cultural background influences how you perceive and/or treat pain among yourself or the residents?
- What do you know about pain or chronic pain?
- Do you experience chronic pain, and if so, how does that influence how you treat the residents with chronic pain?

Results

- Barriers to communication about pain:
  - Attitude toward older people and dementia
  - Attitude towards residents' pain tolerance (e.g. pill seekers, attention getters)
  - No reading of nonverbal cues
  - Residents not wanting to burden staff
- Cultural, Religious, Ethnic Influences
  - Although their beliefs may differ from residents they consistently reported pain to nurses
  - Gender and race of residents affect their willingness to accept pain treatment
  - Influences on home remedies and lack of trust in pain medication effectiveness
  - Religion is a coping mechanism for pain
- Role of Empathy
  - Many had personal or family experience with pain
- Strategies to Detect Pain
  - "Guessing game", especially for residents with dementia
  - Knowing the person/relationship

CATCH A GLIMPSE OF ME: THE DEVELOPMENT OF STAFF VIDEOS TO PROMOTE PERSON-CENTERED CARE.

Tracey Gendron, Lindsay Seymour, Ayn Welleford

- Describes the process of developing autobiographical videos about individuals that can be used by caregivers to better understand who they are
  - Videos made before people have progressed in their experience of dementia
- Videos include the "essence" of individuals, including their voice, facial expressions, wants, needs, accomplishments, likes, dislikes, etc.
- Focus groups with residents, families, and staff (30 people) to determine what type of information should be included
- Categories: family, interest and hobbies, memories and moments, life space, and getting personal

Knowing Residents

Table 1. Findings from thematic analysis of focus groups.

Theme	Description	Examples
Family	Information regarding the resident's family of origin as well as current family structure in order to be familiar with important names and experiences that are meaningful to the resident.	• Meaningful childhood memories • Important things learned at a young age • Family of origin—family member's names and names of pets. • Current family structure—family member's names and names of pets.
Interests and hobbies	Activities from the past and present that hold importance to the resident.	• Things resident has collected over the years and their meaning • Activities and hobbies enjoyed in the past • Activities and hobbies currently enjoyed
Memories and moments	Meaningful memories and life moments that capture the personhood of the resident.	• Accomplishments from work/vocation/occupation • Proudest moments (personal/professional) • Most important life lessons learned
Lifespace	A description of the resident's lifespace (e.g. current room or apartment).	• Video tour of the residents current room • Description of items in the room and their meaning
Getting personal	Personal preferences topics from food preferences to spirituality expression intended to help staff members individualize their care by having a greater understanding of the residents needs.	• Eating likes and dislikes • Sights, sounds, and smells that elicit feelings of comfort • Spirituality or religious preferences

WHEN IS NIGHTTIME? A DESCRIPTION OF BEDTIME IN PERSONS WITH DEMENTIA IN THE NURSING HOME.

Melodee Harris, Victoria Grando

- Describe bedtime patterns of nursing home residents with dementia and compare with the routines of the "facility"- are bedtimes influenced by nighttime tasks?
- Secondary data analysis; 20 residents
- 70% went to bed before 8:30 pm
  - All of these took evening medications
  - All were dependent on nursing care for nighttime ADL's
- Frequent nighttime arousals; fragmented sleep
- Conclusion: Sleep times were driven by institutional routines

FACTORS TO MAKE THE VIPS PRACTICE MODEL MORE EFFECTIVE IN THE TREATMENT OF NEUROPSYCHIATRIC SYMPTOMS IN NURSING HOME RESIDENTS WITH DEMENTIA.

Janne Rosvik Knut Engedal Øyvind Kirkevold

- 2011 cluster-randomized controlled study showed that the VIPS practice model (VPM) for person-centred care had a significant positive effect on "neuropsychiatric symptoms" in nursing home residents with dementia.
- A lot of variance in the results
- What specific conditions contributed this effect?
  - Unit size biggest indication of positive outcomes
  - Organizational factors in the unit more influence on implementation than organization wide
- Implications: "local" leadership important to successful implementation culture change models

QUALITY IMPROVEMENTS IN RESIDENT MOBILITY CARE: USING PERSON- AND RELATIONSHIP-CENTERED FRAMEWORKS.

Janice Anne Taylor, Jane Sims, Terry Haines

- To explore how person- and relationship-centered approaches to care are relevant to mobility care in nursing homes.
- Exploratory- lit review
- Looks at how person-centered care impacts mobility care at staff-resident relationship level
  - Knowing the resident, communication, focus on needs not task
- Person-centered care and mobility at the organization-wide/cultural level
- Uses Senses Framework to explore how each stakeholder can support person-centered mobility care
  - security, belonging, continuity, purpose, achievement, and significance

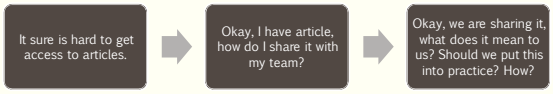
PERSON-CENTERED DEMENTIA CARE AND THE CULTURAL MATRIX OF OTHERING

Patrick Doyle and Robert Rubenstein

- Ethnographic study (observations and interviews)
- People with dementia (20) and their care partners (25) in a dementia specific long-term care community
- Themes emerged in the ways in which people with dementia were othered:
  - Dementia as a master status (dementia first)
  - Dementia cause of ALL behaviors
  - Assumptions re loss of abilities
  - Greater the need for dependence, the more likely to other (good dementia care=maintaining ADL)
  - More aggressive, more othered (vicious cycle?)
- Cultural matrix of othering, individual paradigm of biomedical= obstructed person-centered care

What do you think is missing when you hear about the types of studies being done?

Challenges in Accessing, Disseminating, and Translating Research



Accessing Research for the Non-Academic Affiliated

- Open Access
  - https://doaj.org/
    - open access, peer-reviewed journals
  - Science Direct,
- Local library
  - Expanded Academic,
- Local university/medical school (professional privileges)

Background on Journal Clubs

- Definition: "an educational meeting in which a group of individuals discuss current articles, providing a forum for a collective effort to keep up with the literature"
- Generally used in medical/nursing education
  - Continuing education
  - Evaluate research and its applicability in practice
- Focus on empirical research
- Has been used in gerontology/geriatrics

1. Kleinpell, R. (2002). Rediscovering the value of the journal club. 11(5), 412-414.

WAG (What About Aging?)

- Gerontology journal/book club
- Developed for professionals in gerontology to discuss research/theories
- Approximately 20 members
- Inter-disciplinary membership
- Community-based
- Monthly meetings

OTHER IDEAS?