Culture Change in Long-term Care:
Its History and Development, Principles, Implementation and Legislation

Prepared By
David Seaton, MA
Christina Edwards, MHA

Texas Long Term Care Institute in Partnership with the
Texas Culture Change Coalition

College of Health Professions
Texas State University

San Marcos, Texas

September 2011

Culture change in long-term care is a growing, vibrant, essential movement that has and will continue to improve the care provided for elders and individuals with disabilities. Understanding the historical background of culture change, how it affects individuals and their caregivers, and where culture change is headed in the future is crucial for more strides to be made toward improving long-term care. People working in long-term care are beginning to understand that culture change is a progressive way of thinking that, for the sake of those who are being supported, is becoming the new standard of care for both elders and individuals with disabilities, not the exception to the rule.

What Is Culture Change?

Culture change is the common term used to describe the transformational change many long-term care facilities are beginning to embrace. In this transformation, services provided for elders and individuals with disabilities become person-centered, and the voices of residents and those serving them are considered and respected. The core values of culture change are choice, dignity, respect, self-determination and purposeful living (Pioneer Network, 2011).

Historical Foundations of Long-term Care: How Did We Get Here?

Who Receives Long-term Care Services?

The generation often coined as the "greatest generation" was crucial in shaping our country's history in the 20th century. Living through the Great Depression, winning WWII, and working tirelessly to provide for their families were some of the trademarks of these dedicated individuals. This generation proved through action that it wanted the best for its country and

was willing to sacrifice for the sake of the greater good. These traits have caused this generation to also be called the "compliant generation." This generation also, unfortunately, aged into an institutionalized model of long-term care. This model of care describes the "classic" description of a nursing home; one that places the individual in a system-centered, medically-oriented care facility with a paternalistic, "doctor knows best" approach to care. In this type of facility, patients are expected to be compliant and go along with whatever is decided for them. This is the environment people often refer to when they say, "Don't ever stick me in a nursing home." Unfortunately for many people from this generation, they have had no choice but to receive care in such a setting.

In addition to older adults, people of various ages with cognitive disabilities have received long-term care services in institutionalized settings for decades. The same institutionalized model of care dictates resident care plans, activities, structure, routine and goals. This institutional model focuses on tasks, efficiency, and uses a hierarchical method of management. There is a great deal of emphasis placed on risk aversion, usually by limiting choices and opportunities for residents and staff. This model disempowers the individual receiving care, because the individual's needs are overshadowed by the priorities of the facility.

Who Will Receive These Services in the Future?

Though no generation can be summed up into a simple category, the current "Baby Boom" generation does have distinguishing characteristics from its parent generation. This generation, which cut its teeth on Woodstock and the Civil Rights movement, has shown through the decades that it will gladly challenge the status quo, and has demanded more in the

way of quality of life and freedom to make choices (Thomas, 2011). In 2011, the first of these 78 million individuals began turning 65; approximately 10,000 people each day. According to the Administration on Aging, by 2030, twenty percent of the US population (72 million people) will be 65 or over. Our population is not only growing older, but living longer. Life expectancy will increase from 76 years in 1993 to 82.6 years by the year 2050 (U.S. Census Bureau, 2011). By the mid 21st century, the population over 85 will climb to almost 19 million, five times what it is today. With an increase in age will come an increase in a need for long-term care services, considering that the average age of individuals in nursing homes is 85 or older (Baker, 2007).

This huge aging population is the same group of people that has demanded freedom of choice over their own lives, and this mentality is carrying over into long-term care. This strong shift has been growing over the last two decades as care has moved away from a system-centered, paternalistic model of care to a person-centered home and community model. Now that many culture change initiatives have begun across the nation, long-term care has no choice but to listen to the needs of this generation as these individuals beginning to need such services. This market demand will give the culture change movement strong momentum as it continues to expand.

Why Institutionalized Care?

Why has the institutionalized model of care been acceptable for so long for individuals who are older or have disabilities? There are many reasons, but Nancy Fox (2007), author and advocate for culture change, points out that "the larger societal view of aging and its losses" is at the core of why the institutionalized model of care has been considered acceptable for elders

and individuals with disabilities in the past. Aging is not valued in American society, and this mindset causes people to devalue elders and accept that being infirmed for the end years of one's life is acceptable. Dr. William Thomas, the founder of the Eden Alternative, challenges others to realize that aging should be considered a "ripening" and not a decline. In the same vein, he comments that "aging is not the issue; it is [America's] obsession with youth" (Thomas, 2011). For culture change to take a firm foothold in long-term care, a paradigm shift must occur that causes facility directors, providers, and general society to recognize the importance of cherishing elders and putting them at the center of a plan of care (Fox, 2007).

Past Legislation Affecting Long-term Care

The Omnibus Budget Reconciliation Act (OBRA) was signed into law in 1987 as a result of growing public concern about the quality of care provided in nursing homes across the U.S. This law included provisions for improving care in nursing home facilities in the United States. Some provisions included: reducing the use of physical and chemical restraints on patients, new uniform Medicare and Medicaid certification standards, and focusing on patients' quality of life in addition to quality of care. These were just a few of many provisions stipulated, and in addition, regulators were made to focus on patients and their families during official inspections, not just administrators and staff (Turnham). At the time, OBRA was the most substantial legislation to come into the field of long-term care since the creation of Medicare and Medicaid in 1965 (California Culture Change Coalition, 2010).

Though OBRA did improve quality of care in long-term care facilities, quality of life remained the same, and the fundamental flaws of the institutional model remained unaltered.

Nine years after the passing of OBRA, the National Citizen's Coalition for Nursing Home Reform convened a group of long-term care experts to address these fundamental flaws. From this original meeting, the Pioneer Network was formed in 1997 which called for movement away from the system-centered model of care to a community-based model. Pioneer Network believes that one's entry into a long-term care setting should be characterized by growth, not decline (Pioneer Network, 2011).

Leaders in Culture Change

Several organizations have been founded with goals aimed at different areas of healthcare. Though some organizations may vary in the sense that they are more focused on acute care issues or research into bettering healthcare outcomes, one theme remains the same; each organization understands and promotes the importance of humanizing healthcare services, empowering individuals receiving care, and providing person-centered care.

The Pioneer Network

Formed in 1997 by a small group of prominent professionals in long-term care, the Pioneer Network is at the forefront of providing support for the culture change movement and resources for facilities along their culture change journey. The Pioneer Network keeps a finger on the pulse of culture change across the United States, and advocates for the transition to person-directed care. Pioneer Network partners with other like-minded organizations to inform stakeholders from all facets of long-term care about culture change. It supports its mission of moving toward culture change through facilitating communication and networking

opportunities, promoting the practice of culture change and providing access to resources and leadership (Pioneer Network, 2011).

The Picker Institute

The Picker Institute is an organization focused on providing measurable evidence of the value of person-centered care. It has a long-term care program that is specifically focused on the challenges that long-term care faces. It partners with educational institutions and other entities to provide support of person-centered care. The Picker Institute provides information, advice, and support to those involved in the culture change process through programs and recognition of "best practices" of person-centered care (Picker Institute, 2011).

Planetree

Founded in 1978, Planetree has grown to be an internationally recognized organization that provides patient-centered care in various settings. The Planetree model is based on offering a plan of care to patients that is determined entirely by the patient. Treatment takes into account a patient's comforts, background, beliefs, and desires. Its facilities, from ambulatory facilities to long-term care communities, have proven through practice that patient-centered practices can provide quality, cost-effective care. As of 2011, it listed 40 long-term care facilities as Planetree members (Planetree, 2011).

The Eden Alternative®

The self proclaimed, "ambassador from elderhood," Dr. Bill Thomas founded the Eden Alternative with the goal of ending what he saw as the three plagues of long-term care:

6

helplessness, loneliness, and boredom. The Eden Alternative supports the creation of a loving

and vibrant home where elders can find meaning, grow as people, and enjoy where they live.

Eden provides education and support to its registered homes and spreads the concepts of

culture change through its teachings and trainings.

Since its founding in 1991, The Eden Alternative has grown into an international

nonprofit with over 300 Eden registered homes. Eden registered homes incorporate animals,

plants, and children into the everyday activities of elders. They also move away from top-down

management styles and place more decision making power with the elders and direct support

staff. As a result, meaningful living environments are created for elders and they enjoy an

improved quality of life. Eden's values are encompassed in their "Ten Principles." The Ten

Principles provide the antidotes to the three plagues and explain how to foster the spirit of

elders through compassion (Eden Alternative, 2009).

Eden Lifelong Living™

In 2009, the Eden Alternative Principles were officially adopted into the field of long-

term care for individuals with disabilities. The partnership and creation of Eden LifeLong Living

was spearheaded by David Seaton, who owned and operated facilities in central Texas that

cared for younger individuals with various cognitive disabilities. Through more than two

decades of working in the field of long-term care for individuals with disabilities, Seaton

recognized all too well that these individuals were as likely as elders to receive system-

centered, task-driven, institutionalized care.

7

Adopting the Eden Alternative principles to long-term care for individuals with disabilities posed several challenges. Though similar in their need for long-term care, individuals with disabilities had many different challenges than elders. Because younger people with disabilities have not experienced the same varied life experiences as elders, Eden LifeLong Living specifically incorporates the celebration of life's milestones, and embraces opportunities for individuals to pursue long-term aspirations. With the establishment of Eden LifeLong Living, the Eden Alternative was officially adapted "to promote well-being and a better quality of life for individuals with cognitive disabilities and those who support them" (Eden LifeLong Living, 2010).

Action Pact, Inc.

Action Pact, Inc. is a company of trainers, consultants and educators that encourages the development of smaller care giving communities. In creating smaller communities, nursing facilities can move closer to providing resident-directed care. Action Pact assists long-term care facilities in the redesign of their organization's structure away from a top-down style toward collaborative governance. Action Pact provides educational resources for facilities and stakeholders interested in culture change, and also works directly with facilities to implement culture change plans (Action Pact, 2011).

Real Adoption of Culture Change; What does it Look Like?

Culture change is not a theoretical aspiration for long-term care. It has and continues to be implemented successfully into long-term care settings with extremely positive results. Some physical attributes of culture change include a modified schedule determined by the residents,

8

changes to the physical structure of the facility itself, and comforts within the facility that are chosen by residents (California Culture Change Coalition, 2010). Residents are allowed to wake and go to bed when they choose, meals and snacks are available at any time, and residents are allowed to have pets in the home. Overhead intercoms are not used. The interior of the facility does not resemble a hospital, with large, tiled hallways and central nursing stations. The facility is a home inside, with warm colors, private rooms, and personal touches from the residents and staff. The following are just two examples of facilities that successfully provide person-centered care:

The Green House Project

One such example of culture change in action can be seen in the Green House Project, which supports the creation of facilities under the Green House model. Green House model homes can be considered a tangible embodiment of the Eden Alternative. These homes started to be built in the mid-1990s, and consist of small, self contained houses for elders. The typical architecture of a Green House home has six to ten private bedrooms that center around an open living area. This area contains the kitchen, living room, dining room, and areas that are needed to deliver skilled nursing care. This dwelling is intended to be a home, not simply a "homelike environment." The staff in a Green House home consists of self-managed teams made up of certified nursing assistants. Together, the elders and direct support staff are the primary decision-makers for each community.

Research has shown that elders in Green House homes have an improved quality of life and less prevalence of depression. Also, staff turnover in Green House homes is significantly

lower than in traditional nursing homes. As of 2011, there were more than 99 Green House

homes operating in 27 states. The homes vary in size, design, and operational structure, but all

the homes follow the Green House principles of creating communities that provide quality

person-centered care (The Green House Project, July 2011).

Ridge Oak

In Austin, TX, an assisted living facility that serves individuals with various

cognitive, psychiatric, and behavioral needs, adopted the Eden LifeLong Living principles into its

facility that cares for 15 residents. The facility originally had a nursing staff, and provided

services in a medical-based, task-oriented structure. Today, the facility no longer utilizes a

nursing staff. The facility functions just as a regular home would for residents. Residents receive

care for illnesses just as someone else would in their own home; they go to the doctor and

receive appropriate medical care. There have not been higher incidences of illness or adverse

medical issues without a full time clinical staff.

Though the adoption of person-centered care principles was met with several

challenges, the director of Ridge Oak reports that by providing a less rigid and paternalistic

structure for the residents, there has been an increase in residents' happiness, a decrease in

staff turnover, and there is now a waiting list for both residents and employees. This is a

testament that culture change can turn a "rather unremarkable, small program into a vibrant,

spontaneous and joyful environment for employees and residents alike" (Walton, 2009).

Employee Satisfaction

Person-centered care does not benefit the resident exclusively. It recognizes that direct care staff members are the people that work the closest with residents, and in turn they should be empowered to provide the best care possible to residents. Staff members in long-term care facilities have long been inundated with regulations and task-oriented duties. Protocols must be followed and paperwork must be completed. Though the underlying purpose of regulations is to deliver safe, quality care, when these tasks become central to caregivers' jobs, even the most compassionate provider can become exasperated and burned out due to the requirements. People enter into the caretaking field because they want to help those in need. If caretakers are empowered and encouraged to do just that, they will be more satisfied with their jobs and the facility in which they work (Seavey, 2004). A central tenet of culture change is listening to direct care staff's thoughts, opinions, and observations of residents, and providing them with the autonomy to make choices themselves.

A common aspect of culture change adoption includes assigning permanent caregivers to residents and developing self-managed work teams. When this happens, caregivers get to know residents and can see subtle changes over time. In doing this, caregivers can be more effective in caring for residents and can feel more fulfilled in their roles (Farrell and Elliot, 2008). In addition, there is statistical proof that employee satisfaction almost perfectly correlates with family satisfaction (The Green House Project, July 2011). Some facts about employee and family satisfaction (Grant, 2005):

- Facilities with higher satisfaction among families and employees have better clinical outcomes

- Facilities with higher family satisfaction have lower nurse assistant turnover.

- Facilities with higher satisfaction among families and employees have higher occupancy rates.

- Poor satisfaction threatens the financial viability of an organization. Families who select a facility based on its good reputation have higher satisfaction than those who select a facility for other reasons.

The Business Argument for Culture Change

Long-term care facilities, regardless of how person-centered their care is, ultimately have to be concerned with the bottom line. There have been numerous studies that have put aside skepticism that culture change is too expensive or does not provide a worthwhile return on investment. Studies show that profitability is not abandoned with the adoption of culture change. Investing in person-centered care is as critical as any financial investment. By doing this, a leader commits resources that will result in better outcomes and a more capable staff (Farrell and Elliot, 2008). Though the goals of culture change are not financially motivated, studies have shown that the adoption of culture change into long-term care facilities brings numerous benefits in addition to improved quality of life for those who are served.

The High Cost of Turnover

Studies have shown that, on average, the direct cost of turnover per one direct care employee is $2,500, and turnover and absenteeism cost a typical long-term care facility $225,000 annually. In addition to direct costs, there are indirect costs, such as lost productivity and deterioration of employee morale, which are more difficult to measure. With high staff

turnover, losses are incurred at both the service delivery level and the third party payer level. A

decrease in the quality of care occurs for residents, and entities that design and finance long-

term care services must adjust strategies in response to the high cost of turnover (Seavey,

2004).

Culture Change by the Numbers

Lenawee County Medical Care Facility in Michigan adopted the person-centered Eden

Alternative in 1999 and transitioned to a household model of care in 2003, which included

private rooms for residents. The facility hired 56% fewer people in 2006 (after implementing

the Eden Alternative) than in 1998, before implementation. This saved the facility an estimated

$102,947 in recruitment, training, and orientation costs (Action Pact, 2011). In general, better

quality care is the result of less turnover and absenteeism. This leads to an average of $13.50

less per patient day in operating costs (Baker, 2007).

In 2006, the facility's occupancy rate was 99.8% compared to 97.8% in 1998. This

resulted in a net gain of $184,625 for the facility. The administrator of this facility stated that

net gains and savings came to almost $300,000, and the training, supplies, education and

outings utilized in the transition process, were paid for within 2-3 years. The administrator of

this facility also noted that as an Eden Home, the facility's liability insurance rate decreased.

After transitioning to households, operating costs have remained about the same for this

facility, and with better staff retention, there is room in the budget to increase staff. This facility

has a waiting list both for potential nurse aides and for potential residents (Action Pact, June

2011).

13

In July of 2007, residents of the 60 bed Parkside Homes, Inc. facility in Hillsboro, Kansas were moved into homes with private rooms and were cared for by self-managed work teams. All residents were moved into private rooms, regardless of their ability to pay. This change in services caused an increase in the demand for patient beds. To keep up with this demand, the facility increased its capacity by nine beds. A representative from Parkside has observed that facilities offering person-centered care are thriving in the long-term care market, while occupancy in conventional facilities is declining (Action Pact, June 2011).

After St. John's Home in Rochester, New York became an Eden Alternative home, it began to save approximately $4 million a year because it no longer had to utilize employment agencies for temporary staff. Its turnover level decreased by two thirds and customer satisfaction levels continue to climb each year. When direct care staff members stay longer with an organization, they have more opportunities to get to know residents, which leads to better communication, care and possibly lowers the chance of lawsuits. Long-term care facilities that have adopted culture change understand the principle that quality relationships keep lawsuits away (Action Pact, June 2011).

Another advocate for culture change, author Beth Baker (2007) notes that "some of the very best [transformed] nursing homes serve primarily people who are on Medicaid." She debunks the excuse that culture change cannot succeed because it is too expensive to implement. Though new construction and renovations are often a part of the culture change adoption process, it should be taken into consideration that potential for less staff turnover can be motivation in itself for adopting culture change, let alone the likely increase in resident and

family satisfaction. In addition, many existing nursing homes are aging and already in need of renovations. Even if major physical renovations are not feasible, changing attitudes and building new relationships is an improvement that helps facilitate culture change. Even though changing mindsets can be a challenging endeavor, the cost is relatively small, and the impact on an organization can be very significant (Baker, 2007).

It should not be expected that overall operating costs will decline with the adoption of culture change. The savings from one area of operation (i.e., reduced turnover) will often be used to improve services elsewhere. By doing this, a long-term care facility can systematically practice culture change. Overall, facilities that adopt culture change have similar operating costs to those that do not adopt, but they enjoy a higher resident and staff satisfaction, and a higher quality of life (Baker, 2007).

<div align="center">Levels of Culture Change Adoption</div>

In 2007, The Commonwealth Fund conducted a study of 1,435 nursing homes to determine the level of culture change implementation in each of the facilities. This study questioned nursing home directors about their facilities' care of residents, staff culture and working environment, and physical environment (Doty, Koren and Sturla, 2007). The study found that approximately 31% of the nursing homes surveyed could be considered "culture change adopters," meaning that the director considered his or her facility to, "for the most part," or "completely" be defined by culture change principles. This study shows promise that, though culture change has not been adopted thoroughly by a large percentage of nursing homes, there is a potential for deep systematic change in long-term care. This is due to the fact

that the term "culture change" is now widely recognized in the long-term care industry, whereas only about five years before the study it was widely unknown (Doty, Koren and Sturla, 2007).

Another study performed by the Commonwealth Fund examined the perceived barriers to culture change in long-term care. Culture change calls for a less hierarchical structure in long-term care facilities, and places caretakers and residents at the center of the decision-making process. The majority of long-term care specialists that responded to the survey believed that "senior leadership resistance" was the most likely barrier to implementing culture change, and then ranked cost and regulations as the next most likely barriers (Miller, et. al, 2010).

Though answers varied among respondents depending on their familiarity with the nursing home structure, these three factors remained the major perceived barriers to implementing culture change. The authors of this study posit that, "gaining a better understanding of the factors associated with perceived barriers [to nursing home culture change] is an essential first step to understanding the actions needed to promote initial and sustained adoption" (Miller, et. al, 2010). By exemplifying culture change successes, it is hoped that various culture change advocacy organizations and facilities that have adopted culture change will prove through example the positive effect culture change has on residents, staff, and long-term care organizations. They can prove that sound leadership will guide successful implementation, regulations do not inhibit change, and person-centered care ultimately saves money.

16

What does the Future Hold for Culture Change?

By the year 2030, the US Census estimates that 20 percent of the population will consist of people over the age of 65. This "Baby Boom" generation will place demands on the long-term care system and reshape it, just as this generation has reshaped American society throughout its lifetime. Dr. Bill Thomas is excited to see what this generation will bring to society's concept of aging and acceptable treatment of elders, stating that "the postwar generation will open a passage to something that we did not know existed: there is life beyond adulthood. Its name is elderhood" (Thomas, 2011). The Commonwealth Fund sees a potential for sweeping change in long-term care due to the fact that culture change is now a widely recognized and understood term in long-term care (Doty et. al, 2007).

Different states have had varying degrees of culture change adoption, and as of 2011 the Pioneer Network recognized culture change coalitions in 38 states. These coalitions provide support and resources for promoting culture change in their own states. Several states have had specific legislation passed that aims to push long-term care facilities into the culture change movement through financial incentives and penalties. In addition, ombudsman programs in various states help to educate the public about culture change and advocate for elders (Pioneer Network, 2009).

Some specific legislation that encourages the development of Green House homes follows (The Green House Project, 2011):

Legislative Action Supporting the Development of Green House Model Homes		
Date	State	Action
2006	Massachusetts	Law passed providing a certificate of need for 100 new skilled nursing beds to be developed using The Green House model of care by Chelsea Jewish Nursing Home. This was the first approval of new skilled nursing beds in ten years.
2007	Arkansas	Two house bills signed that allow for more support, staffing flexibility, and specialized reimbursements for organizations interested in starting a Green House or implementing the Eden Alternative.
2007	Oklahoma	House bill signed intending to bring the Green House Project to Oklahoma. Allows certain provisions to be waived from the Oklahoma Nursing Home Care Act they act if it is necessary to create homes for residents in the Green House fashion (ten or less residents).
2007	Wyoming	The Long-Term Care Choices Act allows for the creation of homes modeled after the Green House concept. "Residential home environment[s]" must be provided to Medicaid-supported residents including private bedrooms and bathrooms, and the environment must be restraint-free.

These are just a few examples of legislation that pushes culture change into the forefront of care practices. Other measures have been taken by the Center for Medicare and Medicaid Services (CMS) to promote the adoption of culture change in long-term care facilities. CMS has provided resources and presentations to long-term care providers that dispel the myth that regulations and culture change cannot agree. For example, beginning in 2006, CMS provided a four part presentation to discuss the movement from "institutionalized to individualized care." The presentations utilize the expertise of many professionals in the field of long-term care. These professionals address how to practically apply culture change practices, addressing specific CMS regulations in the process. In addition to these presentations, CMS has developed its own "Artifacts of Culture Change" assessment tool. This tool is a way to gauge the

level of culture change adoption in a long-term care facility. CMS supports the practical adoption of culture change in long-term care facilities, and this presentation series is just one of many resources that CMS provides in order to educate providers on how regulations and culture change can go hand-in-hand (Pioneer Network, 2009).

Conclusion

Culture change will transform long-term care into what it should have been from the beginning – a person-centered care environment where people are able to grow and thrive. Due to the pioneering efforts of a dedicated few, this movement began decades ago and continues to grow. Culture change is now understood as the right way to deliver long-term care, not as a lofty goal to consider in the future. With future legislation and a genuine conversion of beliefs and practices in long-term care, elders and individuals with disabilities will consistently be provided with the quality person-centered care that they deserve. Whether or not culture change is successfully adopted hinges on one crucial factor; quality leadership. Nancy Fox, a long-term care administrator herself, summarizes this point:

"The single determining factor for whether an organization can make this leap is the presence or absence of wise leadership. I think we have a lot of really good managers in long-term care, but managing and leading are two different sets of skills. The exciting thing to me about leadership is that it can move an organization to a different place" (Fox, 2009).

With devoted leaders who are aware of the benefits and potential successes of culture change, this movement will grow and benefit all individuals in the field of long-term care; recipients and providers alike.

A Brief Summary of Culture Change Principles

- Culture change is the process of moving away from the institutionalized model of long-term care to a person-centered model of care. The core principles of culture change are: choice, dignity, respect, support, self determination, and pursuing purposeful living.

- Person-centered care involves knowing the individual, providing the individual with choices, and respecting the specific needs of the individual. To do this, the paternalistic mentality of providing care must give way to allowing the individual choose what is best for him or her.

- The elements of culture change involve changes in the *organization* itself, changes in how the direct care *staff* are treated and treat the residents, and changes that allow choice for the *residents*.

- Culture change empowers direct care staff members. They are listened to and acknowledged as the most important element in providing person-centered care, because they are the people who know the residents best.

- Culture change ultimately creates a long-term care environment that is no longer "homelike," but a true home for residents. Culture change creates a better place for people to live and work, and combats the environmental plateau so often seen in long-term care facilities.

- The following are *myths* about culture change: regulations do not allow it, and it is too expensive to implement. In reality, regulations encourage culture change adoption, and successful culture change implementation can ultimately save a facility money and increase quality of life. There are also low and no-cost steps that can be taken to start providing person-centered care.

- Quality leadership and buy-in from all members of a long-term care facility are crucial in order to fully adopt culture change practices.

More information can be found on culture change and the topics discussed in this document at the sources below:

Baker, Beth. Old Age in a New Age: The Promise of Transformative Nursing Homes.
A comprehensive and convincing argument for the implementation of culture change in long-term care facilities.

Fox, Nancy. The Journey of a Lifetime: Leadership Pathways in Long-Term Care.
Discussion from a long-term care administrator's personal experiences about the importance of sound leadership in the process of implementing culture change.

The Pioneer Network: http://www.pioneernetwork.net
An extensive resource on culture change in the United States, public policy affecting culture change, and ways to implement culture change.

The Picker Institute: http://pickerinstitute.org/
Information and studies on person-centered care.

Action Pact: http://www.culturechangenow.org
Support for facilities in their journey to implement culture change.

The Commonwealth Fund: http://www.commonwealthfund.org/
Resources and studies on the adoption of culture change in long-term care.

The Eden Alternative®: http://www.edenalt.org/
Find resources on the Eden Alternative, its registered homes, and Eden's Ten Principles.

Eden LifeLong Living™: http://edenlifelongliving.org/
Information regarding the adoption of the Eden Alternative principles to facilities caring for individuals with disabilities.

Planetree: http://planetree.org/
Find listings of Planetree member long-term care facilities.

Provider Magazine: http://www.providermagazine.com
Articles and insight into various long-term care issues, including culture change and its practical applications to long-term care.

References

Administration on Aging. (2010). [Graph illustrations of population ages 65 + July 2008]. Older

Americans 2010: Key indicators of well-being. Retrieved July 7, 2011, from

http://www.aoa.gov/agingstatsdotnet/Main_Site/Data/2010_Documents/Population.aspx

Action Pact. (2011). About us. Retrieved June 7, 2011, from

http://www.actionpact.com/aboutus.html

Action Pact. (2011, June 3). No more excuses. Retrieved October 4, 2011, from

http://www.actionpact.com/culture/story/no_more_excuses/

Baker, B. (2007). *Old age in a new age: the promise of transformative nursing homes*. Nashville:

Vanderbilt University Press.

California Culture Change Coalition. (2010). Culture change in California. Retrieved June 17,

2011, from www.calculturechange.org/

Doty, M. M., Koren, M. J., & Sturla, E. L. (2008). Culture change in nursing homes: How far have

we come? Findings from the Commonwealth Fund 2007 national survey of nursing

homes, *The Commonwealth Fund*. Retrieved July 3, 2011, from

http://commonwealthfund.org

The Eden Alternative: Improving the lives of the elders and their care partners. (2009). The

Eden Alternative - fact sheet. Retrieved June 2, 2011, from http://www.edenalt.org

Eden LifeLong Living: Assisted living and specialized care. (2010). Eden LifeLong Living

handbook. Retrieved June 4, 2011, from http://edenlifelongliving.org

Farrell, D. & Elliot, A. (2008, August). Investing In Culture: Long-term care leaders speculate

about why it works. *Provider Magazine*, *1*. Retrieved June 4, 2011, from

http://www.ahcancal.org/News/publication/Provider/ProviderMagazine-

CultureChangeAug2008.pdf

22

Fox, N. (2007). *The journey of a lifetime: Leadership pathways to culture change in long-term care*. Action Pact, U.S., N. Fox.

Fox, N. (Interviewee). (2009, May 7). Interview: Nancy Fox on grand scale culture change. Retrieved from PHI Web site: http://phinational.org/archives/interview-nancy-fox-on-grand-scale-culture-change/

Frampton, S., Gil, H., Guastello, S., Kinsey, J., Boudreau-Scott, D., Lepore, M., Henfey, A., Krebs, R., & Walden, P.M. (2010). Long-term Care Improvement Guide. Planetree, Inc. & Picker Institute. Retrieved June 12, 2011, from http://pickerinstitute.org

Grant, L. & McMahon, E. (2008, January). The cultural evolution part one: Testing new strategies to drive performance. *Provider Magazine*. Retrieved July 1, 2011, from http://www.myinnerview.com/resource_center/publications/articles.php

Grant, L. & McMahon, E. (2008, February). The cultural evolution part two: Culture change or perish: The business case. *Provider Magazine*. Retrieved July 1, 2011, from http://www.myinnerview.com/resource_center/publications/articles.php

Grant, L. A. (2005, October). The value of feedback. In Making the Quality Connection (Part I). *My InnerView*. Retrieved June 20, 2011, from myinnerview.com/_media/doc/general/ProviderSupplement2005_makingqualityconn.pdf

The Green House Project: Caring homes for meaningful lives. (2011, July 21). Getting to know the Green House Model: A talk with Dr. Bill Thomas part 1. (n.d.). Retrieved from www.thegreenhouseproject.org/Videos/g46

The Green House Project: Caring homes for meaningful lives. (2011). Regulation and legislation. Retrieved June 5, 2011, from http://thegreenhouseproject.org

Love, K. (2010, June). Person-centered care in assisted living: An informational guide. *Center for Excellence in Assisted Living (The CEAL)*. Retrieved June 3, 2011, from http://www.theceal.org/assets/PDF/Person-Centered%20Care%20in%20Assisted%20Living.pdf

Miller, S. C., Miller, E. A., Jung, H., Sterns, S., Clark, M. A., & More, V. (2010, August 10). Nursing home organizational change: The "culture change" movement as viewed by long-term care specialists. *Journal of Medical Care Research and Review, 67(4), 65S-81S*. Retrieved July 12, 2011, from http://commonwealthfund.org

Picker Institute. (2011). Long-term care program. Retrieved June 5, 2011, from http://pickerinstitute.org/category/ltc/

Pioneer Network. (2011). About us. Retrieved June 4, 2011, from http://www.pioneernetwork.net/AboutUs

Pioneer Network. (2009). Federal resources: Centers for Medicare & Medicaid Services. Retrieved July 9, 2011, from www.pioneernetwork.net/Policy/CMS/

Planetree, Inc. (2011). Planetree Network. Retrieved June 7, 2011, from http://www.planetree.org/planetreenetwork.html

Seavey, D. (2004). The cost of frontline turnover in long-term care. *Better Jobs Better Care*. Retrieved July 2, 2011, from http://directcareclearinghouse.org/download/TOCostReport.pdf

Thomas, W.H. (2011, June 16). Elderhood rising: The dawn of a new world age. Independently Organized TEDx Event.

Turnham, H. (n.d.). National Long-term Care Ombudsman Resource Center. *OBRA '87 Summary*. Retrieved July 15, 2011, from http://allhealth.org/briefingmaterials/obra87summary-

984.pdf

U.S. Census Bureau (2011). Population profile of the United States. Retrieved July 7, 2011, from

http://www.census.gov/population/www/pop-profile/natproj.html

Walton, G. (2009, February 16). Culture change in assisted living. *Provider Magazine*. Retrieved

June 4, 2011, from http://www.pioneernetwork.net/Latest/Detail.aspx?id=57