

CIVIL MONEY PENALTY FUNDS  
QUALITY OF LIFE PROGRAM  
APRIL, 2010

VISION

That the principles of culture change and the tools of continuous quality improvement are understood and used by all nursing home staff in order to continuously improve the quality of care and the quality of life for all nursing home residents.

INTRODUCTION

Beginning in 2010, the Massachusetts Department of Public Health (DPH), Division of Health Care Quality (DHCQ) will launch a new two-year pilot initiative called the Quality of Life Program (QLP). This program will focus on learning and applying the principles of culture change and will draw on the concepts of Continuous Quality Improvement (CQI) to improve the quality of life and quality of care for residents in nursing homes.

The QLP will use a competitive review process to award Civil Money Penalty (CMP) funds to selected nursing homes for proposals on implementing or enhancing consistent staff assignments in the facility. Consistent assignment is a primary assignment and means that residents see and receive care from the same caregivers (registered nurse, licensed practical nurse or certified nursing assistant) during a typical work week. It is one of the eight goals of the national Advancing Excellence in America's Nursing Homes Campaign.

Consistent staff assignments are a cornerstone of culture change. Implementing systems for consistent assignments gives nursing homes a focus upon which to create a community and home-like atmosphere. With the same team caring to the same resident all or most of the time, residents, their families and staff build a relationship with one another that allows knowledge of resident preferences and care needs to grow. Additionally, other benefits can evolve from its implementation. The introduction of CQI will provide nursing homes with the tools to address such improvements.

Those nursing homes selected to participate in the QLP will have direct access to a QLP coordinator who will provide consultation, tools and resources needed to learn and employ CQI principles and methods and assist each home in meeting the goals and objectives of their project proposal.

BACKGROUND

Culture change is defined as the "transformation of care services, based on person-directed values and practices where the voices of elders, people with disabilities and other residents and those working with them are considered and respected. Culture change transformation supports the creation of both long and short-term living environments as well as community-based settings where both residents and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life. Culture change transformation may require changes in organization practices, physical environments, relationships at all levels and workforce models leading to better outcomes for the public and direct care workers [without inflicting detrimental costs on providers]".<sup>1</sup>

In many cases, residents and staff alike have been accustomed to a medical, institutionalized model of care. While the model addresses the basic needs of residents and staff, it stops short of providing a home for residents and a motivating atmosphere for staff. The traditional model ensures that residents are physically and medically safe, clean, and fed, along with some level of activity and socializing. Staffing, scheduling of staff, providing direct care and arranging meals and activities is often done according to an established protocol based primarily on number of resources needed to care for a certain number of residents, the convenience of the kitchen and other functions.

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<sup>1</sup>Adapted from the Pioneer Network

Culture change promotes the idea that resident preference rather than facility protocol drives daily routines and encourages the meaningful involvement of families<sup>2</sup>.

### GOALS

Nursing home residents in Massachusetts live in a community environment where:

- Relationships among and between care givers and residents are nurtured and enhanced through consistent care assignments;
- Residents' individual needs, interests and talents are known, respected and included in all decisions affecting their activities, care and well-being;
- Family and staff participate and are engaged in the lives of residents;
- Each staff member is a respected member of the care team;
- Results of quality improvement initiatives are tracked, measured, reported and shared with staff, residents and families.

### QLP OVERVIEW

Over the course of the two-year program, selected providers will work on implementation of their projects and will receive technical assistance and guidance from a QLP Coordinator. In addition, selected providers will be required to attend a series of regular educational and training sessions and forums. Selected facilities will be provided with quality improvement tools and resources to assist them in learning how environmental, administrative and organizational factors can contribute to a CQI based facility. A CQI home implements and maintains a delivery system which improves quality by addressing the needs of residents, families and staff.

Selected providers must demonstrate commitment to the program by 1) having the administrator sign a letter of intent, 2) sending appropriate staff to all required education and training sessions, 3) documenting agreement with and participation in culture change by resident councils, family councils where they exist 4) completing all assignments related to the implementation of the facility's approved plan and 5) joining Advancing Excellence.

Appendix 1 provides additional detail on program elements.

### QLP EVALUATION

Evaluation of the program will provide information on progress toward the goal of implementing consistent staff assignments and expanding the program beyond the pilot stage. Additionally, it will provide valuable information to participating nursing homes on their progress toward attaining the goal. Program evaluation is as integral to the learning process as learning new skill sets.

The selected nursing homes will be evaluated on quantitative and qualitative program elements using both survey and observational methodologies. These will be administered pre and post implementation. There are four primary measures:

1. Clinical Outcomes – Nursing homes will be measured on a selected Quality Indicators relevant to the goals of QLP.
2. Observational Tour – Researchers will tour each facility assessing evidence of changes in quality of life and care.
3. Staff Competency – A questionnaire asking about staff knowledge and implementation of culture change, quality improvement and consistent staffing will be used.
4. Quality of Life Survey – Researchers will conduct a brief resident survey on their satisfaction with the quality of care and life.

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<sup>2</sup> The term family includes a resident's family member, healthcare agent or legal representative.

APPENDIX 1  
ADDIITONAL PROGRAM DETAIL

1. Culture Change Centered Care Training (half day)

Principles of culture change and person centered care have been promoted by the Pioneer Network, The Eden Alternative and other national organizations, including the Massachusetts Culture Change Coalition (MACCC). Central tenets of culture change include opportunities for residents to enhance their relationships with consistent staffing and to exercise personal choices. The tenets also stress participatory decision-making, creation of neighborhoods and a non-institutional approach to living and working. The goal of this training will be to provide skills and comfort with these concepts. State surveyors will be exposed to similar materials so that they will better understand the changes occurring in these facilities.

2. Quality Improvement Education and Implementation (half day)

CQI is an on-going process of incremental adaptation and modification. The first step of the process is to ensure the commitment of top leadership, the contribution of staff at all levels and the involvement of residents, families and outside community if appropriate. The principles of CQI emphasize skilled management of a system of complex, interrelated processes, the use of root cause corrective action (RCCA) and Plan, Do, Study, Act (PDSA) cycles. These methodologies have become recommended management practices in healthcare. CQI promotes concepts of customer service and hospitality which in the context of QLP is person centered care. The goal of CQI education is to provide a tool set to identify, implement and manage new practices and care standards in nursing homes across the Commonwealth. State surveyors will again be exposed to similar materials.

3 Quarterly Forums

After the projects have been selected, a series of quarterly forums will be held. The funded homes will have the opportunity to collaborate on the implementation of their programs by sharing experiences in such areas as overcoming barriers, implementing culture change concepts, using CQI tools among others. Additional education, facilitation of meetings and technical assistance will be incorporated into the forums.

4. Advancing Excellence

Advancing Excellence is a coalition of nursing homes, medical professionals, consumers, employees and state and federal agencies. The coalition provides evidence based resources. Participating nursing homes will receive a newly released spreadsheet for consistent assignments.