

A Nursing Home Administrator's Perspective on Culture Change: Tockwotton's Commitment to Resident-Centered Care

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ABSTRACT

Tockwotton Home, a 150+-year-old long-term care organization reinvented itself by adopting the household model of management ("culture change") to enable residents to play an integral role in self-directing their care. Staff was cross-trained and cross-certified to be nimble in meeting resident needs. In addition to philosophical changes, the organization made a \$53.2M investment in a new building with architectural features that reflected the new focus. The process of change, the resources facilitating this change and our responses to challenges are described. Early indicators (and long-term studies at other institutions) have suggested that the new model of care is leading to fewer medications, falls and pressure ulcers and higher resident satisfaction.

KEYWORDS: Nursing home administration, culture change, resident-centered care, self-organized workplace

INTRODUCTION

Sound business concepts turn into successful ventures when the owners listen to their customers and implement responsive plans. With more patient choices and increased competition for residents from for-profit entities, the 150-year-old Tockwotton Home took pages from textbook case studies and applied the same logic to our organization, thereby acknowledging that providing medicine alone simply isn't good enough for our residents. Through research of best-in-class practices, trial and error, and implementation, we've learned that patient care requires a holistic approach that responds to the full range of patient requisites, from spiritual to medical to daily activities. Successfully addressing resident needs at Tockwotton on the Waterfront means providing the kind of care they want, at a time they dictate and in a setting of their choice.

While healthcare organizations originally intended to provide personalized, attentive and professional care, oftentimes record keeping, billing, reimbursements, staffing quotas and government mandates place undue pressures on administrators and direct caregivers. By the 1990s, efficiency and efficacy were industry buzzwords used more frequently than compassion and choice. Like other healthcare organizations, Tockwotton Home in Providence was struggling to balance

cost containment with best-in-class care while tending to its aging physical plant. As our board considered its options, while keeping in mind its non-profit charter, President Elizabeth MacKenty challenged our directors, staff and residents to reimagine the perfect place to age in place. MacKenty was confident that she had a capable team and the right timing for Tockwotton to recreate its care and environment. Tockwotton had many factors in its favor – the economy was robust, we were a non-profit, and we were a small enough organization (90 employees and 66 residents) to be nimble.

GETTING STARTED AND IMPLEMENTING CHANGE

Change and adapting to residents' needs had always been a top priority in our organization. Our structure and practices have been dynamic to meet the physical, social and mental health requirements of those in our care. However, industry "culture change"^{1,2} was challenging us to think radically. Spearheaded by the Pioneer Network (<https://www.pioneer-network.net/>), our focus was redirected to resident-centered care. Simultaneously, the "greenhouse" concept (thegreenhouseproject.org) was inviting us to de-institutionalize the physical structures of nursing homes. Looking ahead, we understood the need to reinvent our protocols and practices to keep pace with the changing market and resident/family expectations.

When the board's collective vision was captured on paper, the picture of a perfect home for seniors had many of the same attributes that we all strive to achieve in our own, individual home. We pictured a place where people work together to get the task done that's comfortable and suits our physical requirements, and where individual needs and wishes are recognized and accommodated.

Looking for existing models to guide us, we visited Meadowlark Hills in Kansas where the "household" model had been successfully employed. Confident that it was a step in the right direction, we adopted this model in 2008 – the first organizational milestone in embracing culture change. By incorporating this model into our philosophy, we also made a commitment to a self-organized workplace to ensure that all employees would be responsive, adjusting their work priorities and tasks (oftentimes beyond their job description) to meet the changing needs of residents, i.e. making a different meal than what's on the menu. Working with realistic financial and logistic parameters, direct care staff in a

self-organized workplace accommodate residents' wishes to help them achieve their vision of how they'd like to live.

While a self-organized workplace appears to be simple, it's a significant switch from the traditional medical model in which nurses and doctors carry out their vision of "best-in-care" practices. This institutional model meant that meals were served at a specific time, lights were out two hours after dinner and bathing happened when it was most convenient for the nursing staff. We wished for residents to regain authority over their own lives in meaningful ways. Now, under the self-organized workplace model, if a resident has ambulatory problems and wants to go on a stroll, the risks are explained but they are not prevented from taking walks. If they want to sleep until 10 and skip breakfast, they do so. If they'd like a scoop of ice cream, it's given. We've discovered that little choices – and often even just the knowledge that one has the ability for self-determination – helps individuals retain their quality of life and boosts morale.

From an employee's perspective, the changes meant that we all had to adopt flexible job descriptions and be cross-trained and certified. A nurse, for example, could be needed to prepare a meal in addition to monitoring vital signs, measuring medication and administering therapies. As families ideally work together, so do members of the direct-care team. When a housekeeper's opinions are held in equal regard with those of an RN, traditional hierarchies disappear. Cynics might have expected that this dramatic change would be rebuffed; in actuality, it was a system researched and thoughtfully implemented elsewhere, and now it's embraced by our staff. An important innovation has been implementing "consistent care," in which staff members are assigned to a small group of residents. Being greeted by a familiar face allows residents to become well acquainted with their caregivers, and (in turn) allows staff to anticipate resident needs while working as a team. Minimal staff turnover occurred because of these changes. Those that stayed were committed change agents who embraced their new roles without prejudice or hesitation. Tockwotton is not alone in its findings. Research has demonstrated the value of a "household model." Staff satisfaction and markedly reduced turnover follow implementation (artifactsforculturechange.org/Data/Documents/artifacts.pdf).³

OUR BUILDING

After adoption of the household model and self-organized workplace we soon recognized one insurmountable obstacle: the reality that our physical structure was still institutional. We had nursing stations, shared bedrooms, common bathrooms and long hallways. We needed a new building, but suddenly the 2008 recession hit and purse strings tightened. Donors who had taken a beating on the stock market had to reduce their personal giving. However, our board was undeterred. Strengthened by the community response from to initial changes, we forged on together.

Plans took shape for "Tockwotton on the Waterfront," a community that would resemble family households. Small gathering places were created both inside and out. Translating the concept of a household model into architectural amenities created a challenge to design intimate spaces, including private apartments, private baths, and residential kitchens. The architect, Diane Miller Dooley of DiMella Shaffer Associates, succeeded by ensuring that there are no visible signs of institutional care, such as commercial kitchens, nursing stations, long hallways or communal bathrooms.

Dooley left no detail to chance. To increase exposure to natural light, for example, she designed outdoor spaces to take advantage of the sun's path, angling the building to maximize sun exposure; created significant window area; and incorporated gardens and patios to increase residents' exposure and encourage outdoor exploration.

Unobtrusive technology was also incorporated into the Memory Care and skilled nursing households. Overhead paging was eliminated. Caregivers now use cell phones, texts and emails to communicate, and an electronic monitoring system was added to alert caregivers to potential problems behind residents' closed doors. No cameras are used; rather, motion sensors are placed on the bed and ceilings that track individual behaviors and issue a silent page if a resident's behavior deviates from normal patterns.

The medical community at large weighed in on the innovations we were proposing. RI Generations, a partnership formed to support patient-centered care, was in its infancy and embraced our plans. The Rhode Island Department of Health's Office of Facility Regulation saw the logic of our proposals, reviewed our proposal and worked alongside planners to refine designs.

Residents and their families also provided input during the design process. Family members of former residents voted to approve the changes and expenditures. Newsletters communicated resident-centered care philosophies and milestones. Families and residents who were ambulatory took hard-hat construction tours.

The \$52.3 million Tockwotton on the Waterfront rose on six acres along the East Providence waterfront. When completed, the five-story, 137,754 square-foot, Nantucket-style building featured five "households" and 156 individual apartments with assisted living, memory care, short-term rehabilitation and long-term care. Each micro community features its own kitchen where food is prepared and served, allowing each resident to choose what/when they want to eat. With a host of personal amenities, care is coordinated and enables residents to "age in place" while receiving personalized services. With the new building, even couples can now remain together regardless of their disparate care needs.

Fifty-six residents made the move from Tockwotton Home in Providence to Tockwotton on the Waterfront in East Providence in January 2013, and those residents applauded (and embraced) the changes that the new building has brought. While nursing stations used to be a meeting

place for residents, they've been removed. Now residents gather in the dining room, facing each other, often lingering and socializing over meals. Residents are waking up to tend to their gardens, taking walks and ending their day dining on waterfront patios, following the sun's path. Increased light exposure, private bedrooms and lack of overhead pages and vitals checks have translated into better sleep. Our medical staff has also noted that better quality sleep has led to fewer falls and quicker recovery in the rehab household where well-rested residents are also more eager and ready to actively participate in physical therapy sessions, thereby accelerating their recovery.

While the long-term results of this move and change-in-care philosophy at Tockwotton are still being measured, a two-year study of six nursing homes that employed the household model found reductions in pressure ulcers, number of residents taking five or more medications daily, number of residents taking anti-depressants and anti-psychotics, and number of safety restraints used.³ We are confident that our analysis over time will yield similar results.

With the opening of this new building, we have embraced culture change while acknowledging hurdles along the way. The economics of building during a significant recession, the challenge of adding and training new staff on the principles of the self-organized workplace, and the addition of new residents coming from traditional care facilities have challenged us all. And we will continue to be challenged. The foundation of a resident-centered care organization requires continuous reinvention and adaptation to meet our residents' needs. New residents will arrive and current residents will continue to age. Creating strategic plans and blueprints for our organization as we move into the future will, therefore, continue to test us as those needs and desires continue to change, both individually and collectively.

We're proud of the results we've achieved along the path of this dynamic process and we're heartened by resident and family response. Recently, family member Eleanora Sordoni summarized our accomplishments best when she wrote:

"My husband had a birthday party...last Saturday. We had flowers, music, wine, lots of food and laughter. We watched the sun set over the water. And when we escorted him to his apartment, it was to a private and comfortable refuge. This apartment is a place where Franco and I can sit together in comfortable silence or listen to music or watch TV. We are very much at home."

At that moment, on that day, for that resident, Tockwotton on the Waterfront had achieved its goal of resident-centered care. Tomorrow, next week, and next year, that definition of success will have changed and we will be well prepared, both physically and philosophically, to address those dynamic needs.

Change is necessary to remain relevant to the people you serve. Real change needs to be initiated by top administrators who champion the concept, believe in the direction,

build a team to support their vision, persevere with the adoption of reforms and continuously re-evaluate, making adjustments to stay true to an organization's redefined mission. Based on our experiences at Tockwotton on the Waterfront, we believe that culture change is the adoption of a new philosophy to remain relevant and a commitment to adapt to meet individuals' needs to create a measurably healthier community.

Disclaimer

The views expressed in this article are those of the author and do not necessarily reflect the views of the staff or residents of Tockwotton on the Waterfront.

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Disclosures

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