

New York State Department of Health Dementia Grants Program
2003-2005 Grant Funded Project

Person Centered Care

St. Cabrini Nursing Home
115 Broadway
Dobbs Ferry, NY 10522
Ph. 914-693-6800
Administrator: Barbara Gaughan
bgaughan@scnh.cabrininy.org

Dementia Grants Project

Final Report

2003-2005

Project title: Person-Centered Care

Lead nursing home name: St. Cabrini Nursing Home, Dobbs Ferry, NY

Project director name: Patricia Krasnausky
914-693-6800, ext. 501

Names of all participating nursing homes:

Cabrini Center for Nursing and Rehabilitation,
New York, NY

Listing of subcontractors: Brookdale Center on Aging, New York, NY

Section I: Goals, Objectives, Research Question(s), and/or Hypothesis(es)

The goal of the Person Centered Care project was to create an environment of care at two affiliated long term care facilities which would promote resident autonomy and provide the highest quality of life for residents and their family members as well as promote growth and development for staff.

To continue the work in culture change begun at the Homes in 2000 in conjunction with the Brookdale Center on Aging, a three-part education series was planned at St. Cabrini Nursing Home, a 304-bed facility in Dobbs Ferry and Cabrini Center for Nursing and Rehabilitation, a 240-bed nursing home in Manhattan. The training series provided an overview and foundation of Person-Centered Care developed and taught by staff trainers; a workshop on falls prevention from a person-centered care approach and a workshop on skills training for staff. The intent of the training series was to provide staff with baseline knowledge and skills to enable and inspire them to shape the care and work environments at the Homes, to increase the quality of care for residents, increase satisfaction with nursing home care for family members, and in turn satisfaction with work experience for staff.

The research questions were the following: Will the training series be successfully implemented? Will the quality of care for residents improve as evidenced by changes in select MDS indicators? Will resident satisfaction improve as demonstrated through a pre and post satisfaction survey? Will there be increased job satisfaction as indicated by a decline in sick hours, decline in employee terminations and as measured by changed in pre and post satisfaction surveys? Will there be an improvement in family satisfaction demonstrated by the pre and post satisfaction survey? Will staff be inspired to make procedural/system changes in nursing home operations?

Section II: Background and Rationale

The decision to embrace culture change at St. Cabrini Nursing Home and Cabrini Center for Nursing and Rehabilitation was made by nursing home administration in both facilities who realized its integral connection to the mission of the Homes to create and sustain an environment that promotes dignity, comfort and autonomy for residents and inspires staff to be their most caring, effective, creative, and efficient in all their engagements. Furthermore, the values that support culture change are in concert with Homes' mission values:

St. Cabrini Nursing Home Mission Values:

RESPECT FOR THE LIFE AND DIGNITY OF PERSONS:

To show esteem and consideration for all, providing for appropriate individual differences.

COMPASSION/EMPATHY:

A sensitivity to the sufferings of others by assisting, supporting and having a merciful attitude, especially to those who are totally dependent.

COOPERATION/LOYALTY:

Working with others for the common good of residents, their families, and their fellow workers. Is steadfast in supporting the Home's policies and core values.

PRIDE:

A healthy sense of self-respect and takes satisfaction in doing one's job well, going beyond what is absolutely necessary.

Cabrini Center for Nursing and Rehabilitation Mission Values:

EXCELLENCE:

Rising above the norm in order to work and give service of the highest quality.

COMPASSION:

Being sensitive and caring in our daily interactions.

RESPECT:

Holding one another in high esteem, and treating others as we ourselves would want to be treated.

CONSISTENCY:

Behaving in a way that reflects our deepest inner conviction in a constant, unwavering manner.

It was concluded that our institutions' desired culture, when fully espoused by staff would be demonstrated by all employees living out the mission values in their day-to-day work. To acknowledge the importance of the staff-resident relationship, a new model was coined as "Person-Centered Care" underscored by the vision statement:

“St. Cabrini Nursing Home and Cabrini Center for Nursing and Rehabilitation will be communities of residents and employees who live and work together in an atmosphere of respect and love, allowing members of the community to reach their greatest potential and experience joy.” To this end, person-centered care translates to **Living Our Values Effectively (LOVE)**.

To affect this, the Homes looked to the leaders of the Pioneer movement, and focused on the principles of the Regenerative Community as the direction to culture change at CCNR and SCNH. The members of the Regenerative Community support self-directed work-groups which incorporate organizational values in their approach to day-to-day practices. A parallel approach to culture change is offered by Peter Senge, founding chair of the Society for Organizational Learning and lecturer at the Massachusetts Institute of Technology. Dr. Senge promotes the “learning organization”, which is one where growth and development of staff is celebrated, offering individuals an opportunity to stretch and grow and enhance their capacity to create. This approach calls for decentralizing the role of leadership in organizations so as to enhance the capacity of all people to work productively toward common goals.

It is from these two experts that St. Cabrini Nursing Home and Cabrini Center for Nursing and Rehabilitation derive their approach to culture change with the emphasis on staff education.

Section III Methods:

- *Study design*

An intervention consisting of a three-part Person-Centered Care training series was implemented over the two-year grant period at two affiliated nursing homes. The effects of the training was proposed to bring about changes in staff attitude to support the Home’s mission values which would result in increased quality care for residents, job satisfaction for staff and satisfaction with care for family members.

- *Sample*

The following staff was eligible to receive training:

<i>Facility</i>	<i>Eligible staff</i>
St. Cabrini Nursing Home	Skilled nursing home Adult day health care*
Cabrini Center for Nursing and Rehabilitation	Skilled nursing home
*as this program is on-site, staff was included in trainings.	

Eligible staff took part in intervention through participation in 3 trainings held over the 2-year grant period. To measure the success of the intervention, a sample of cognitively intact residents and a sample of family members and nursing home staff were given satisfaction surveys. In addition, residents participating in the post-intervention survey were given a survey to measure autonomy with respect to nursing home life.

- *Data Collection*

Measurable outcomes are focused both on simple ‘process’ measures which attempt to capture the degree of successful implementation and ‘outcome’ measures tapping the degree to which this implementation affected institutional staff, residents, and families.

o Variables

Staff trainings:

- Attendance rate
- Return rate of training evaluation form
- Overall rating of training

Employee Data:

- Employee Sick hours by department January 1, 2003-September 30, 2003 (pre-intervention)
- Employee Sick hours by department January 1, 2005-September 30, 2005 (post-intervention)

- Number of employee terminations January 1, 2003-September 30, 2003 (pre-intervention)
- Number of employee terminations January 1, 2005-September 30, 2005 (post-intervention)

Resident Clinical Data:

Ten MDS Quality Indicators were selected for study. The rationale for selecting the above indicators was the following:

<i>Indicator</i>	<i>Rationale</i>
1.2-Prevalence of falls	Impact of falls prevention training
2.1-Residents who have become more depressed or anxious	Overall impact of PCC on resident/satisfaction with nursing home life
2.2-Prevalence of behavior symptoms affecting others: Overall	Overall impact of PCC on resident/Satisfaction with nursing home life
2.3.Prevalence of symptoms of depression without antidepressant therapy	Impact of PCC on residents quality of life
5.3-Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan	Impact of PCC on staff to improve quality of life for residents
10.3-Prevalence of hypnotic use more than two times in last week.	Impact of PCC on staff to decrease use of hypnotics
11.1-Residents who were physically restrained	Impact of PCC on residents

	quality of life
8.1-Residents who have moderate to severe pain	Impact of PCC on staff to recognize pain in residents under their care
EQ1-Prevalence of pain – including mild pain every day	Impact of PCC on staff to recognize pain in residents under their care
10.1-Prevalence of anti-psychotic use in the absence of psychotic or related conditions: Overall	Impact of PCC on staff caring for residents with dementia to decrease use of anti-psychotics in residents with agitation

Administrative

-List of policy/procedure changes

Environmental Design Changes

As the physical environment also plays an important part in a resident-centered care domain, a geriatric environmental design consultant was engaged in order to recommend design changes at the Homes that support and enhance the person-centered nature of culture change to improve resident autonomy and quality of life.

Satisfaction surveys

-Samples of residents, family members and staff

Section IV: Results

Process measures-Staff:

Three Person-Centered Care trainings were implemented at both facilities over the grant period. The first training was an introduction to Person Centered Care taught by staff trainers from September 2003 though January 2004.

**Person Centered Care Training
September 2003-January 2004**

	CCNR	SCNH
No. Employees*-2003	268	444
No. Attending	178 (66.4%)	274 (61.7%)
No. Evaluations	152 (85.4%)	228 (83.2%)
*CCNR-Long Term Home Health Care and Adult Day Health Care employees not included in training SCNH-Long Term Home Health Care employees not included in training		

For CCNR, 178 or 66.4% of employees took part in the introduction to Person Centered Care module. A total of 152 staff completed evaluations for a return rate of 85.4%. Adult Day Health Care and Long Term Home Health Care staff was not included in the training.

The program evaluation used a Likert scale: 4=very good; 3=good; 2=fair; 1=poor. The evaluation measured overall program content, goals for the learner, teaching effectiveness of the team presenters and classroom setting. Mean scores ranged from a low of 3.3 (length of program) to a high of 3.6 (pertinence of program to current job and classroom is conducive to learning). The median score was 3.4.

For SCNH, 61.7 % of employees took part in the introduction to Person Centered Care module. Adult Day Health Care staff attended training, as this program is on-site. A total of 228 staff completed evaluations for a return rate of 83.2%. Mean scores ranged from 3.5 (the objectives were achieved) to 3.8 (the Person-Centered Care philosophy was made clear to you). The median score was 3.6

In May 2004, Diana Waugh, nationally recognized speaker on “Pioneer” issues presented a workshop to direct-care employees at both nursing homes on preventing falls. Entitled “All the Kings Men: Falls Mitigation”, the workshop focused on falls prevention

from a person-centered approach. Ms. Waugh cites boredom and restlessness as a root cause for falls such that knowing the resident and meeting their physical needs is an approach that will deter falls.

**Diana Waugh- All the King’s Men; Falls Mitigation
May 2004**

	SCNH
No. Employees-2004	444
No. Attending	176 (36.6%)
No. Evaluations	174 (98.8%)

176 or 39.6% of employees attended the workshop at St. Cabrini Nursing Home.

174 or 98.8% completed evaluations. The evaluation tool posed the following questions:

How would you rate this program overall?

How would you rate the instructor of the program?

The program increased or reinforced my knowledge and skills

The program will help me perform my job more effectively

The program content was appropriate for my job needs

I would recommend this program to my peers

How would you describe this program?

43.2% of attendees rated the program as excellent while 30.7% rated it as very good, and 26.1% rated the program as good. 78.4% of attendees agreed with the statement “The program increased or reinforced my knowledge and skills”, while 21.6% agreed somewhat. 80.5% agreed with the statement “The program will help me perform my job more effectively” while 18.4% agreed somewhat with the statement. 80.5% of attendees agreed with the statement “The program content was appropriate for my job

needs” while 18.4% agreed somewhat with the statement. 83.5% found the presentation “exciting”; while 16.5% felt it “needs improvement”.

Due to miscommunication at CCNR, there was no record of the number of staff attending the workshop nor was there an evaluation of the workshop by attendees conducted.

The third training entitled “Person-Centered Care: Managing Residents’ Psychological Needs” was held over the summer of 2005 and was presented by the PsychAssociates Group, a Manhattan-based psychology consultation group with extensive experience in gerontology and long term care. The goal of the full-day workshop was to enhance staff effectiveness through skills training and support.

**Person-Centered Care: Managing Residents’ Psychological Needs
July –August 2005**

	CCNR	SCNH
No. Employees-2005	254	432
No. Attending	123 (48.4%)	100 (23.6%)
No. Evaluations	89 (72.3%)	88 (88.0%)

123 or (48.4%) of employees took part in the training at CCNR. The program evaluation used a Likert scale 4=very good; 3=good; 2=fair; 1=poor. The evaluation measured responses to the following statements:

The presentation helped me....

- Gain skills in recognizing challenging behaviors
- Identify disorders related to physical, emotional, psychological and cognitive health
- Demonstrate methods of active listening and use of empathetic responses

-Utilize effective techniques in conflict resolution

-Identify techniques in stress management and prevention burn-out

The overall rating for the series at CCNR was 3.81 and ranged from a low of 3.7 to a high 3.9.

At SCNH, 43.2% of attendees rated the program as excellent while 30.7% rating it as very good and 26.1% gave a rating of good. 78.4% of attendees agreed with the statement “The program increased or reinforced my knowledge and skills”, while 81% agreed with the statement “The program will help me perform my job more effectively” while 19% agreed somewhat with the statement. 82% of attendees agreed with the statement “The program content was appropriate for my job needs” while 17% agreed somewhat with the statement. 96.3% found the presentation “exciting”

Outcome measures-Staff

- The number of employee terminations (both voluntary and involuntary) pre intervention (January 1 –September 30, 2003) and post intervention (January 1 – September 30, 2005)

Terminations-Cabrini Center for Nursing and Rehabilitation

<i>Department</i>	<i>Job Classification</i>	<i>2003</i>	<i>2005</i>
Accounts Payable	Clerk	1	0
Admissions	Admissions Assistant	0	1
Communications	Switchboard operator	0	1
Dietary Services	Dietary Aide	0	1
	Dietary worker	6	1
	Dietician	1	1
Housekeeping Services	Housekeeping Worker	3	4
Nursing General	Director of Nursing	0	1
	Assistant Director of Nursing	0	1
	Licensed Practical Nurse	1	2
	Nursing Assistant	11	9
	Nursing Care Coordinator	1	1
Occupational Therapy	Occupational Therapist	1	1
Patient Accounting	Coordinator	1	0
Physical Therapy	Physical Therapy Aide	0	1
	Physical Therapist	1	0
	Coordinator	0	1
Social Services	Social Worker	0	1
TOTAL		27	27

At CCNR, the number of terminations from January 1 – September 30 was the same for both 2003 and 2005. There was a 50% increase in LPN terminations, from 1 to 2; and an 18% decline in nursing assistants, from 11 to 9. There was one termination of a nursing care coordinator in both years. There was a 33% increase in terminations for housekeeping workers from 3 to 4. The greatest improvement in terminations was in the dietary department, an 83% decline from 6 to 1.

Terminations -St. Cabrini Nursing Home

<i>Department</i>	<i>Job Classification</i>	<i>2003</i>	<i>2005</i>
Activities	Assistant Director	1	0
	Recreation Therapist	0	1
Adult Day Health Care	Coordinator	0	1
	Recreation Therapist	0	1
Communications	Switchboard operator	0	1
Community Services	Secretary	0	1
Dietary Services	Executive Chef	1	0
	Cook	1	0
	Dietary Aide	8	0
	Dietician	3	1
Medical Records	Director	0	1
Nursing-Administration	Director of Nursing	1	0
	Assistant Director of Nursing	0	1
	Associate Director	0	1
	Administrative Coordinator	1	2
	Secretary	0	1
	Licensed Practical Nurse	5	3
	Nursing Assistant	13	11
	Nursing Care Coordinator	0	1
	Staff Nurse	10	2
	Central Supply Attendant	0	1
	Transporter	1	1
Pastoral Care	Chaplain	0	1
Physical Therapy	Physical Therapy Assistant	0	1
Social Services	Social Worker	0	2
Support Services	Maintenance Mechanic	0	1
	Laundry worker	0	1
	Housekeeping Worker	1	0
TOTAL		46	37

At SCNH, there was a 19.5% decline in terminations in 2005 versus 2003. A significant decrease in terminations was seen amongst staff nurses-80%, licensed practical nurses-40%, dietary aides -100%, dieticians- 33%, and nursing assistants-15%.

- Number of staff sick hours per FTE, pre and post intervention

SCNH experience an increase in sick hours of 538 or 2.5% in 2005 as compared to 2003, from 21,520 to 22,058. Direct care departments experiencing a decline in sick hours were Nursing-General-13.6%, physical therapy-34.6%, occupational therapy-38.3%, speech therapy-40% and activities program-49.9%. An 82.8% increase in sick hours was seen in dietary service from 2,010.5 hours in 2003 to 3,675.37 in 2005. Housekeeping and Laundry/Linen service sick hours were also increased in 2005 as compared to 2003 (7.9% and 9.9% respectively).

St. Cabrini Nursing Home
No. of Sick Hours by Department
2003 vs. 2005

Department	2003	2005	Var	% Change
Activities Program	419.5	213.75	-205.75	-49.0%
Administrative Office	37.5	37.5	0	0.0%
Admissions	85.75	55.75	-30	-35.0%
Adult Day Health Center	270	398.5	128.5	47.6%
Central Medical Supply	52.5	37.5	-15	-28.6%
Communications/Reception	93.75	289.5	195.75	208.8%
Community/External Affairs	75	68	-7	-9.3%
Development	0	15	15	-
Dietary Services	2,010.50	3,675.37	1664.87	82.8%
Finance	7.5	52.5	45	600.0%
Grounds	62.25	65.5	3.25	5.2%
Houskeeping Services	1,636.25	1767	130.75	8.0%
Human Resources	0.00	67.5	67.5	-
Information Systems	22.5	7.5	-15	-66.7%
Laundry/Linen Service	75.75	83.25	7.5	9.9%
Medical Director	15	7.5	-7.5	-50.0%
Medical Records	30	22.5	-7.5	-25.0%
Mission Integration	20	5	-15	-75.0%
Nursing-Adminstration	1,128.00	945.00	-183	-16.2%
Nursing-General	12,986	11,220.75	-1765.25	-13.6%
Nursing-Inservice Education	22.50	0	-22.5	-
Occupational Therapy	166.25	102.5	-63.75	-38.3%
Pastoral Care	114.5	499.5	385	336.2%
Patient Accounting	63.5	52.5	-11	17.3%
Patient's Personal Laundry	249	246.75	-2.25	-0.9%
Physical Therapy	369.25	241.5	-127.75	-34.6%
Plant Operations	1,089.25	1,317.50	228.25	21.0%
Quality Improvement	97.50	37.5	-60	-61.5%
Receiving and Stores	86	392.25	306.25	356.1%
Social Services	180.5	97.5	-83	-46.0%
Speech Therapy	5	3	-2	-40.0%
Volunteers	49.5	33	-16.5	-33.3%
TOTAL	21,520.50	22,058.37	537.87	2.5%

CCNR experienced a 1,038.63 or 12.2% decline in sick hours in 2005 from 2003 in both direct care and support service departments despite a decrease of 12 employees in 2005 from 2003 levels. Nursing-General sick hours declined by 10.5%, physical therapy declined by 58.6%, occupational therapy declined by 17.4%, dietary service declined by

41.0%, housekeeping declined by 21.8% and activities declined by 71.4%. However, unionized employees are paid for their unused sick time at the end of the calendar year, so there is a monetary incentive for employees not to use sick time indiscriminately.

**Cabrini Center for Nursing and Rehabilitation
No. of Sick Hours by Department
2003 vs. 2005**

Department	2003	2005	Var	% Change
Accounts Payable	17.25	0	-17.25	-
Activities Program	49	14	-35	-71.4%
Administrative Office	79	70	-9	-11.4%
Admissions	147	56	-91	-61.9%
Communications/Reception	36.25	36.25	0	0.0%
Development	7	0	-7	-
Dietary Services	781.75	461	-320.75	-41.0%
Finance	0	181	181	-
Houskeeping Services	741.37	579.38	-161.99	-21.9%
Information Systems	32	0	-32	-100.0%
Laundry/Linen Service	-16.75	65.25	82	-489.6%
Medical Director	14	0	-14	-100.0%
Medical Records	63	56	-7	-11.1%
Nursing-Adminstration	175	276	101	57.7%
Nursing-General	5,538.42	4,956.28	-582.14	-10.5%
Occupational Therapy	64.5	53.25	-11.25	-17.4%
Pastoral Care	39	7	-32	-82.1%
Patient Accounting	161	231	70	43.5%
Personnel	0	49	49	-
Physical Therapy	302.75	125.25	-177.5	-58.6%
Planning	7	0	-7	-
Plant Operations	42.25	60	17.75	42.0%
Receiving and Stores	14.5	50.75	36.25	250.0%
Security	35	63	28	80.0%
Social Services	147.75	42	-105.75	-71.6%
Speech Therapy	24.75	31.75	7	28.3%
TOTAL	8,502.79	7,464.16	-1,038.63	-12.2%

Outcome Measures - Resident

Clinical Outcomes

Quality Indicator data was compared for pre-intervention and post-intervention time periods. The data is presented on the next page.

Cabrini Center for Nursing and Rehabilitation							
		Jan.1-Sept. 30, 2003			Jan.1-Sept. 30, 2005		
QM/QI ID	Quality Measure	Num.	Denom.	Rate	Num.	Denom	Rate
1.2	Prevalence of falls	31	239	13.0	22	232	9.5
2.1	Residents who have become more depressed or anxious	22	240	9.2	19	230	8.3
2.2	Prevalence of behavior symptoms affecting others: Overall	32	239	13.4	33	232	14.2
2.3	Prevalence of symptoms of depression without antidepressant therapy	0	239	0	4	232	1.7
5.3	Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan	17	46	37.0	0	51	0
8.1	Residents who have moderate to severe pain	32	190	16.8	17	232	7.3
10.1	Prevalence of anti-psychotic use in the absence of psychotic or related conditions: Overall	36	228	15.8	21	206	10.2
10.3	Prevalence of hypnotic use more than two times in last week.	6	239	2.5	7	232	3.0
11.1	Residents who were physically restrained	2	239	.8	11	232	4.7
EQ1	Prevalence of pain – including mild pain every day	38	239	15.9	25	232	10.8

CCNR experience improvement in 6 out of 10 indicators. ‘Prevalence of falls’ decreased from 13.0% to 9.5%; ‘Residents who have become more depressed or anxious’ decreased from 9.2% to 8.3%; ‘Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan’ decreased substantially from 37% to 0%; ‘Residents who have moderate to severe pain’ decreased from 16.8% to 7.3%;

‘Prevalence of anti-psychotic use in the absence of psychotic or related conditions: Overall’ decreased from 15.8% to 10.2% and ‘Prevalence of pain – including mild pain every day’ decreased from 15.9% to 10.8%

The following indicators saw an increased rate. ‘Prevalence of behavior symptoms affecting others: Overall’ increased marginally from 13.4% to 14.2%; ‘Prevalence of symptoms of depression without antidepressant therapy increased from 0% to 1.7%; ‘Prevalence of hypnotic use more than two times in last week’ increased slightly from 2.5% to 3.0% and ‘Residents who were physically restrained’ increased from .8% to 4.7%

St. Cabrini Nursing Home							
	Jan.1-Sept. 30, 2003			Jan.1-Sept. 30, 2005			
QM/QI ID Quality Measure	Num.	Denom.	Facility Rate		Num.	Denom.	Facility Rate
1.2-Prevalence of falls	37	322	11.5		34	322	10.6
2.1-Residents who have become more depressed or anxious	41	311	13.2		42	324	13.0
2.2-Prevalence of behavior symptoms affecting others: Overall	49	322	15.2		24	321	7.5
2.3-Prevalence of symptoms of depression without antidepressant therapy	4	322	1.2		2	322	0.6
5.3-Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan	33	92	35.9		21	89	23.6
8.1-Residents who have moderate to severe pain	21	322	6.5		24	322	7.5
10.1-Prevalence of anti-psychotic use in the absence of psychotic or related conditions: Overall	59	306	19.3		69	300	23.0
10.3-Prevalence of hypnotic use more than two times in last week.	12	321	3.7		13	322	4.0
11.1-Residents who were physically restrained	13	322	4.0		12	322	3.7
EQ1-Prevalence of pain – including mild pain every day	27	322	8.4		38	322	11.8

SCNH saw improvement in 6 of 10 indicators: ‘Prevalence of falls’ decreased from 11.5% to 10.6%; ‘Residents who have become more depressed or anxious’ decreased from 13.2% to 13.0%; ‘Prevalence of behavior symptoms affecting others: Overall’ decreased from 15.2% to 7.5%; ‘Prevalence of symptoms of depression without antidepressant therapy’ decreased from 1.2% to .6%; ‘Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan decreased from 35.9% to 23.6%; and ‘Residents who were physically restrained’ decreased from 4.0% to 3.7%. Indicators which saw an increased rate were the following. ‘Residents who have moderate to severe pain’ increased from 6.5% to 7.5% as did ‘Prevalence of pain – including mild pain every day’ from 8.4% to 11.8%. The increase in the rate in these two indicators may be attributable to the increase in sub acute care admissions to the Home from 2003 to 2005. The indicator ‘Prevalence of anti-psychotic use in the absence of psychotic or related conditions: Overall’ increased from 19.3% to 23.0% a slight increase. The indicator ‘Prevalence of hypnotic use more than two times in last week’ increased marginally from 3.7% to 4.0%, a slight increase.

Administrative Changes

The following changes in nursing home operations were the result of the project:

St. Cabrini Nursing Home:

- § Implementation of Ad Hoc Interdisciplinary Falls Committee
- § Implementation of comfort care philosophy and palliative care committee
- § Increased communication within the nursing department with the implementation of regular team meetings
- § Implementation of a restaurant style dining service in the main dining room; planning to implement on all units
- § Implementation of person-centered care style dining service on Dementia unit
- § Incorporation of Person-Centered Care into new employee orientation
- § Incorporation of the resident’s customary routine into the admission assessment

- § Addition of an employee cafeteria
- § Refurbishment of resident solariums due to the input of staff

Cabrini Center for Nursing and Rehabilitation

- § Naming of neighborhoods to create sense of community on the resident floors
- § Establishment of neighborhood committee led by PCC trainers and quality improvement director
- § Implementation of ‘al fresco’ evening dining program
- § Increased communication within the nursing department with the implementation of regular team meetings
- § Renovation of staff dining room with staff input and involvement

Environmental Design Changes

The reports of Lorraine Hiatt’s visits to St. Cabrini Nursing Home and Cabrini Center for Nursing and Rehabilitation are included in the Appendix section of the report. St. Cabrini Nursing Home will begin a major modernization program in 2006 to address issues of autonomy and privacy. Environmental changes recommended by Lorraine Hiatt which were implemented at CCNR consist of the following:

- Refurbishments to the resident pantry in order to improve the food service program to make them more accessible to residents
- § Modifications to the nurses’ stations to make ore accessible to residents and families.

The following section of the project was conducted and reported by Brookdale Center on Aging.

Resident Questionnaire

A mutli-part Resident Questionnaire was administered to cognitively intact residents at both of the Cabrini nursing facilities in 2001, using samples of convenience. Residents were identified by social work staff at both facilities, providing a list of prospective participants to interviewers from the Brookdale Center on Aging. Residents were, of course, free not to participate in the interview, or to terminate the process at any time. In

most cases, residents were interviewed in their rooms, allowing for maximum comfort on their part.

The pre-intervention Resident Questionnaire consisted of the following five sections:

1. Satisfaction with care – a 37 item, fixed-choice scale, providing residents set, or fixed, responses ranging from *Strongly agree* to *Strongly disagree*.
2. Care environment – a 4 item, likert scale, asking residents to rate various aspects of the facility on a 1 to 10 scale (1=negative and 10=positive).
3. How you are feeling – ten items regarding the residents’ mood and emotional state over the past 12 months.
4. What would improve things here most – providing the residents with the opportunity to provide open-ended responses.
5. Background information

The post-intervention survey contained the above five sections and an additional section on resident autonomy, consisting of nine items. Tables showing all responses are provided in the appendix.

A total of 49 interviews were conducted pre-intervention, twenty-eight at St. Cabrini in Dobbs Ferry and twenty-one in CCNR in New York City. Thirty-five post-intervention resident interviews were conducted, twenty-three at St. Cabrini and twelve at CCNR.

TABLE 1: CHARACTERISTICS OF RESPONDENTS

			Site		Total
			CCNR	St. Cabrini	
Pre	Race	White	70.6%	100.0%	85.7%
		African-American	11.8%		5.7%
		Hispanic	11.8%		5.7%
		Asian	5.9%		2.9%
	Gender	Female	50.0%	84.2%	66.7%
		Male	50.0%	15.8%	33.3%
Post	Race	White	75.0%	87.0%	82.9%
		African-American	8.3%		2.9%
		Hispanic	8.3%	13.0%	11.4%
		Asian	8.3%		2.9%
	Gender	Female	41.7%	73.9%	62.9%
		Male	58.3%	26.1%	37.1%

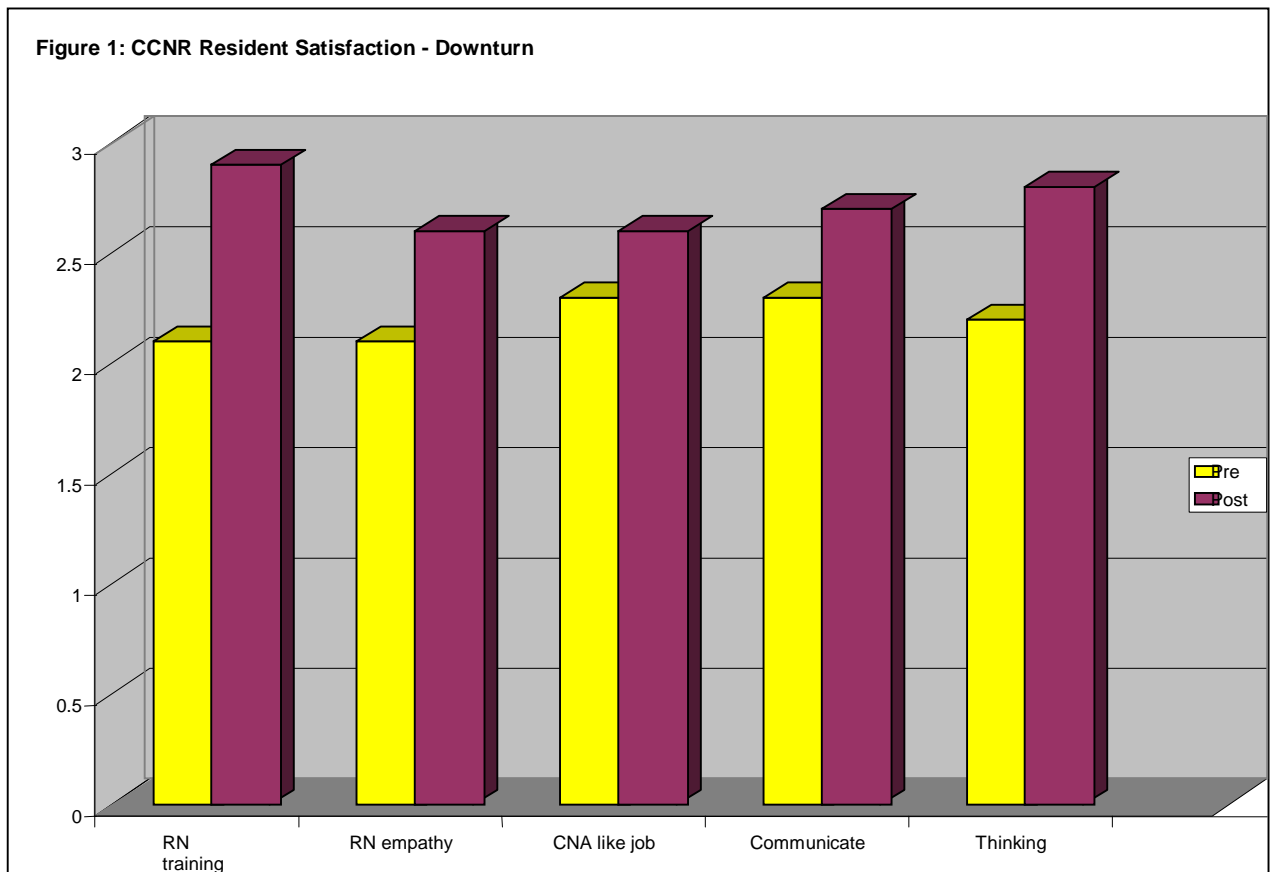
Gender and race characteristics of the resident participants can be seen in the table at right. There was greater variability among the participants in the post-intervention interviews with regard to race. White participants were the norm, if not the only, participants in the pre-intervention phase. Residents’

length of stay at the facilities was similar between the pre and post periods, with CCNR residents having mean tenures of 4.9 and 4.7 years and St. Cabrini residents 2.9 and 2.6 years (pre vs. post). CCNR residents reported longer tenures within the facility than their St. Cabrini counterparts. The mean age of the participants rose at each facility; the mean age of CCNR participants rose from 75.9 to 79.9 years, while St. Cabrini

participants' mean age rose from 81.2 to 83.7 years (pre vs. post). Participants at St. Cabrini ranged in age from 73 to 101 years, while their counterparts at CCNR ranged in age from 63 to 87 years. On average, participants were high-school graduates.

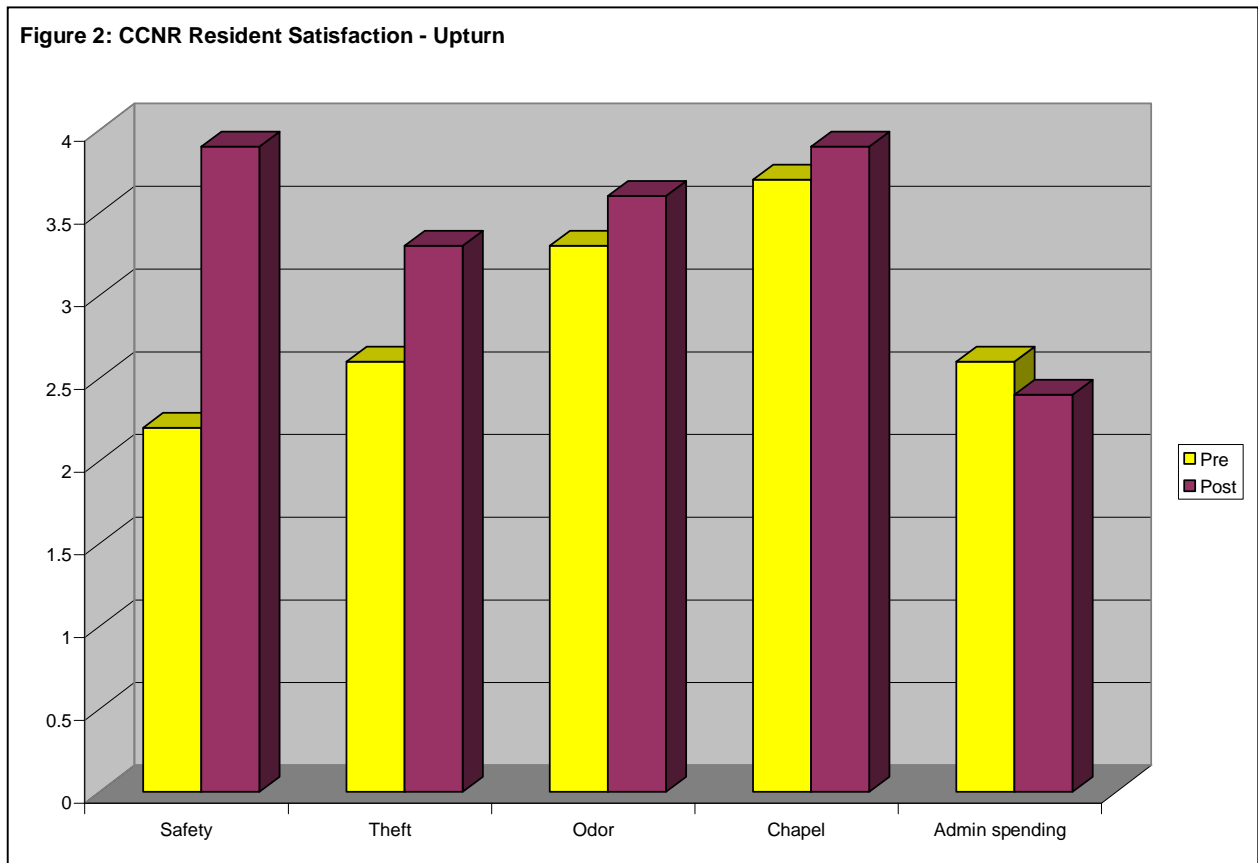
CCNR: Satisfaction with Care

Residents were asked a series of items rated on a five point scale in which 1 = *Strongly agree* and 5 = *Strongly disagree*. Therefore, in most cases, the lower the mean rating, the more positive the score. The following issues were noted at CCNR.¹



¹ Items obtaining mean ratings of 2.5 or higher during the pre or post intervention interviews are noted in the body of the text.

For each of the following preceding items, residents' responses were less positive in the post-intervention survey than in the pre-intervention survey. The most notable items in Figure 1 (previous page, bottom) are: *RN Training*², which had mean ratings of 2.1 and 2.9.; *Thinking*³, with ratings of 2.2 and 2.8, and; *Communicate*, with ratings of 2.3 and 2.7. Other resident issues of note are *RN empathy*⁴ and *CNA's like job*⁵.



Major positive post-intervention findings included: *Safety*⁶, *Odor*⁷ and *Chapel*⁸. Chapel services were found to be more than adequate, with many residents attending daily services catering to a variety of religious backgrounds.

PLEASE NOTE THAT IN THE ABOVE FIGURE, SAFETY, THEFT, ODOR AND CHAPEL HAVE HIGHER POST-INTERVENTION RATINGS. AS MENTIONED EARLIER, MOST ITEMS ARE TO BE CONSIDERED POSITIVE IF THE RATINGS ARE LOWER. HOWEVER, THESE ITEMS WERE ASKED IN A NEGATIVE FORM (I.E. *THERE IS A BAD ODOR IN THE NURSING HOME*). THEREFORE, DISAGREEING WITH THE STATEMENT IS A POSITIVE RESPONSE.

² Survey item read as follows: *The nurses are well trained.*

³ Survey item read as follows: *There are activities available to encourage thinking.*

⁴ Survey item read as follows: *The nursing staff understands how residents feel.*

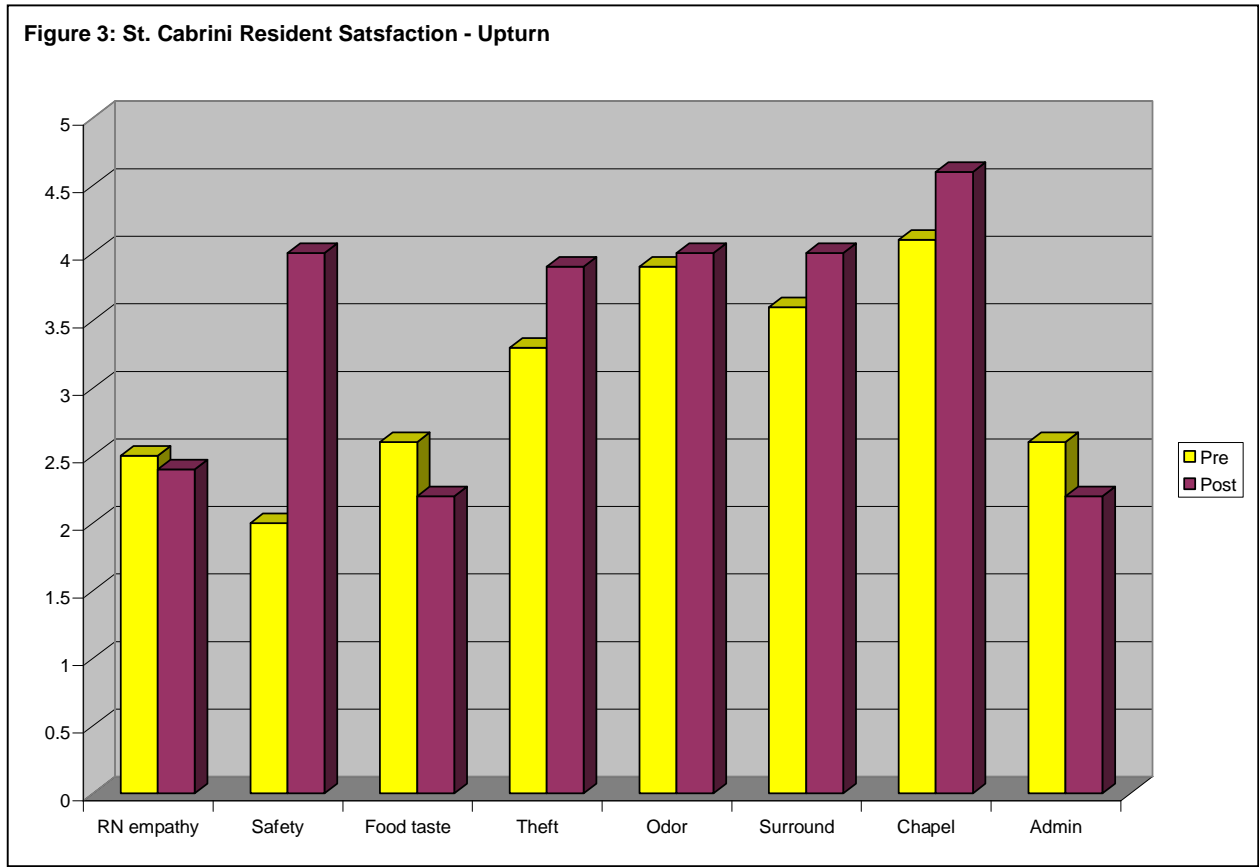
⁵ Survey item read as follows: *The nursing assistants like their jobs.*

⁶ Survey item read as follows: *The staff members need to be more safety conscious.*

⁷ Survey item read as follows: *There is a bad odor in the nursing home.*

⁸ Survey item read as follows: *Chapel services are not adequate.*

As with the CCNR responses, the issues resident safety, theft of belongings, odor in the facility, and chapel services all showed improvement during post-intervention interviews at SCNH. In addition, surroundings⁹ (another item written in the negative form) showed improved ratings on the post-intervention survey. RN empathy and Taste of food also

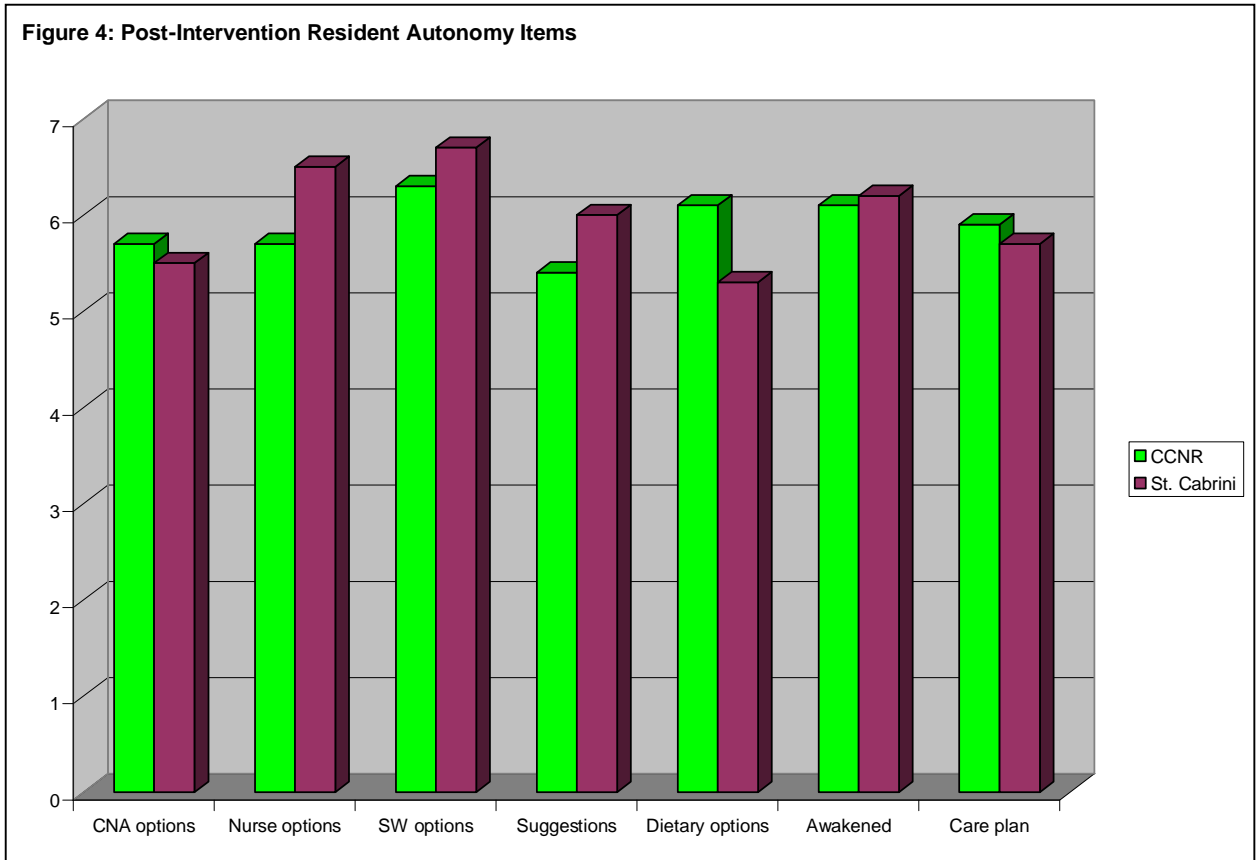


showed improvement post-intervention

⁹ Survey item read as follows: *The surroundings are uncomfortable.*

Resident Autonomy

Several questions regarding resident autonomy were incorporated into the post-intervention surveys, with most items pertaining to the input residents have in their own care. Items were rated on a seven-point scale, in which 1 = *Strongly disagree* and 7 = *Strongly agree*.



As can be seen in the above figure, residents rated the input they have in their own care fairly high. The areas in which residents said they had the greatest input were with the Nursing¹⁰ and Social Work¹¹ staff, with ratings at, or above 6.0. All measures of autonomy and input into care were highly rated, with no item receiving a mean rating of less than 5.3.

¹⁰ Survey item read as follows: *I feel that the unit nurse provides me with choices and options.*

¹¹ Survey item read as follows: *I feel that the social worker provides me with choices and options.*

TABLE 2: POST-INTERVENTION OPEN-ENDED RESPONSES: WHAT COULD BE IMPROVED? (VERBATIM RESPONSES)¹²

CCNR	St. Cabrini
<ul style="list-style-type: none"> • They should have music of a variety of types. • Most people feel defeated when they have to go to a nursing home. People should have a chance at assisted living, or living in groups – whatever it is called now. • Too noisy. • A utopian approach. • Increased communication between workers and residents. • Nurses should communicate more, but that is a problem in most institutions. • Everything is good here. • The food should have taste beyond Shake-and-Bake. I actually want to taste the food. • Cable TV. • Head nurse – replace her. • Quieter environment – loud residents. • Maid service. • More activities – physical in nature. • Have more music for the residents. • More staff. • After the games are over you just sit around. • Money is a problem at this place. 	<ul style="list-style-type: none"> • Quality of food. • Variety of food. • Good service/Amenities. • Increased variety of food. • All is good. • Have a greater variety of food. • Being run very well. • Don't have staff speaking in other languages in front of the residents. • Staff could be kinder, smile a little more. • An electric wheelchair. • Floaters don't seem to care about their jobs. • Better food. It's of poor quality. • Some housekeepers should do a better job, not be so lazy. • Greater variety of food. • Have proper nurses' aides. They are lazy, they read the paper during work hours. • Not enough escorts from physical therapy.

Staff Questionnaire

A mutli-part Staff Questionnaire was administered to staff of all levels at the CCNR and St. Cabrini nursing facilities. Pre-intervention surveys were distributed on-site, with staff designated by each facilities administration. Post-intervention surveys were mailed out to staff based on employee lists provided by each facility. Each method has its advantages and disadvantages. The pre-intervention method yielded greater results, but introduced a certain level of bias; Staff was aware that their participation was known to supervisors, which may have yielded skewed results. The post-intervention surveys were sent out to a random sampling of one hundred staff members from each facility. While yielding a lower response rate, approximately seven percent for each site, staff responses could be truly anonymous.

¹² Residents used this portion of the survey to provide some positive comments as well as responses to the question “what could be improved?” Positive responses, not appropriately answering the question, are in **bold text**.

The pre-intervention Staff Questionnaire consisted of the following six sections:

1. Satisfaction with care – a 37 item, fixed-choice scale, providing residents set, or fixed, responses ranging from *Strongly agree* to *Strongly disagree*.
2. Care environment – a 4 item, likert scale, asking residents to rate various aspects of the facility on a 1 to 10 scale (1=negative and 10=positive).
3. How you are feeling – ten items regarding the residents' mood and emotional state over the past 12 months.
4. Training support – items regarding hours and usefulness of training obtained in the last six months.
5. Opinion/feelings about your jobs
6. Background information

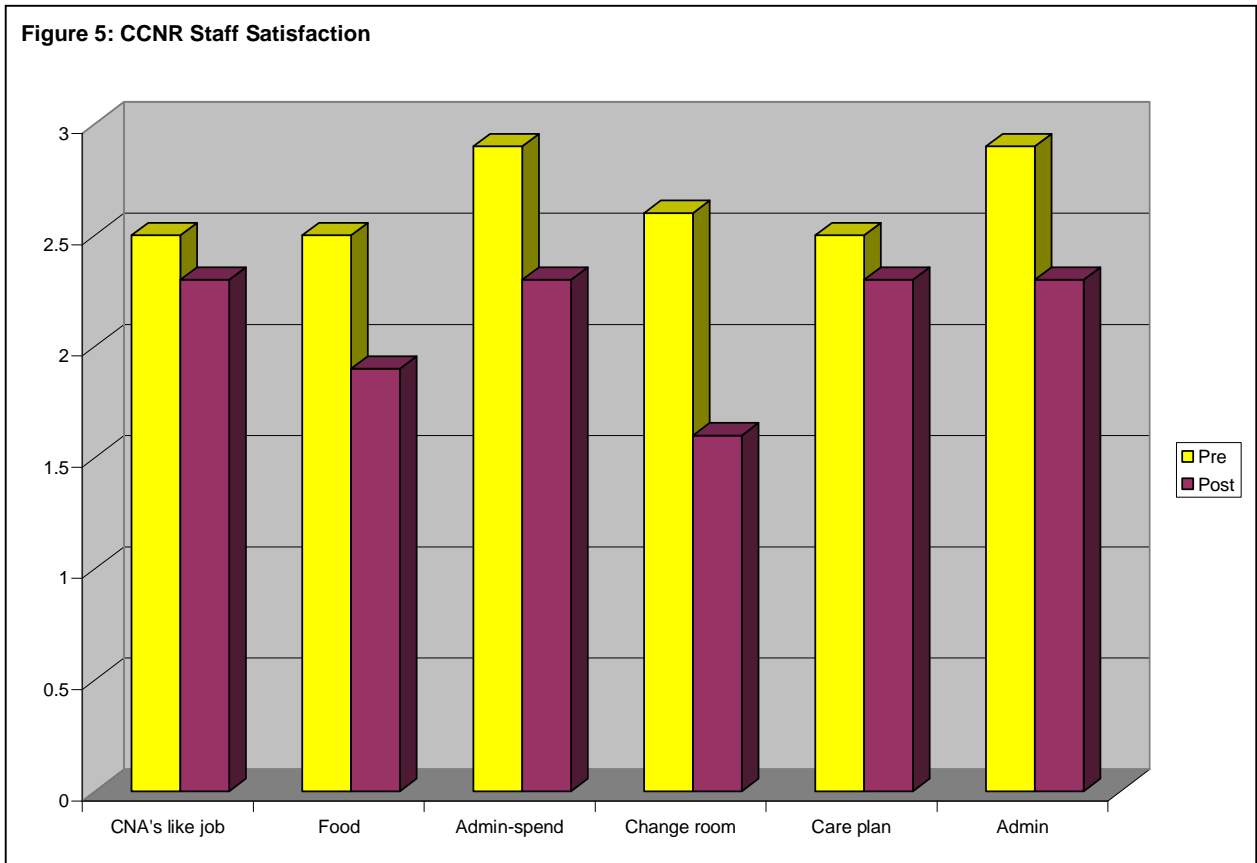
Table 3: Staff Characteristics			Site		Total
			CCNR	St. Cabrini	
Pre	Gender	Female	77.8%	60.0%	68.4%
		Male	22.2%	40.0%	31.6%
	Race	African-American	70.0%	30.0%	50.0%
		White	10.0%	60.0%	35.0%
		Hispanic	10.0%	10.0%	10.0%
		Asian	10.0%		5.0%
	Job Type	Nurses-aide	54.5%	22.2%	40.0%
		Maintenance	18.2%	11.1%	15.0%
		Nurse	18.2%		10.0%
		Management/ Administration		22.2%	10.0%
		Dietary		11.1%	5.0%
		Chaplaincy		11.1%	5.0%
		Receptionist		11.1%	5.0%
		Clerical		11.1%	5.0%
		Rceiving clerk/driver	9.1%		5.0%
Post		Gender	Female	100.0%	42.9%
	Male			57.1%	30.8%
	Race	African-American	16.7%	40.0%	27.3%
		White	33.3%	60.0%	45.5%
		Hispanic	16.7%		9.1%
		Asian	33.3%		18.2%
	Job Type	Nurses-aide	14.3%		7.1%
		Maintenance		14.3%	7.1%
		Nurse	28.6%	14.3%	21.4%
		Management/ Administration	28.6%	42.9%	35.7%
		Dietary		28.6%	14.3%
		Accountant	14.3%		7.1%
		Activities staff	14.3%		7.1%

The post-intervention survey contained the above six sections and an additional section on Staff autonomy, consisting of sixteen items.

A total of 46 interviews were conducted pre-intervention, twenty-nine CCNR in New York City and seventeen at St. Cabrini in Dobbs Ferry. Fourteen post-intervention staff questionnaires were returned, seven at St. Cabrini and seven at CCNR. As can be seen in Table 3, women were the primary respondents on the pre-intervention questionnaire, with far more women responding at CCNR. This probably reflects staffing at that facility. Women were the only respondents on the post-intervention questionnaire at CCNR, while St. Cabrini's responses were more evenly distributed between men and women. The average age of respondents at both facilities was 47.9 years, increasing to 51.9

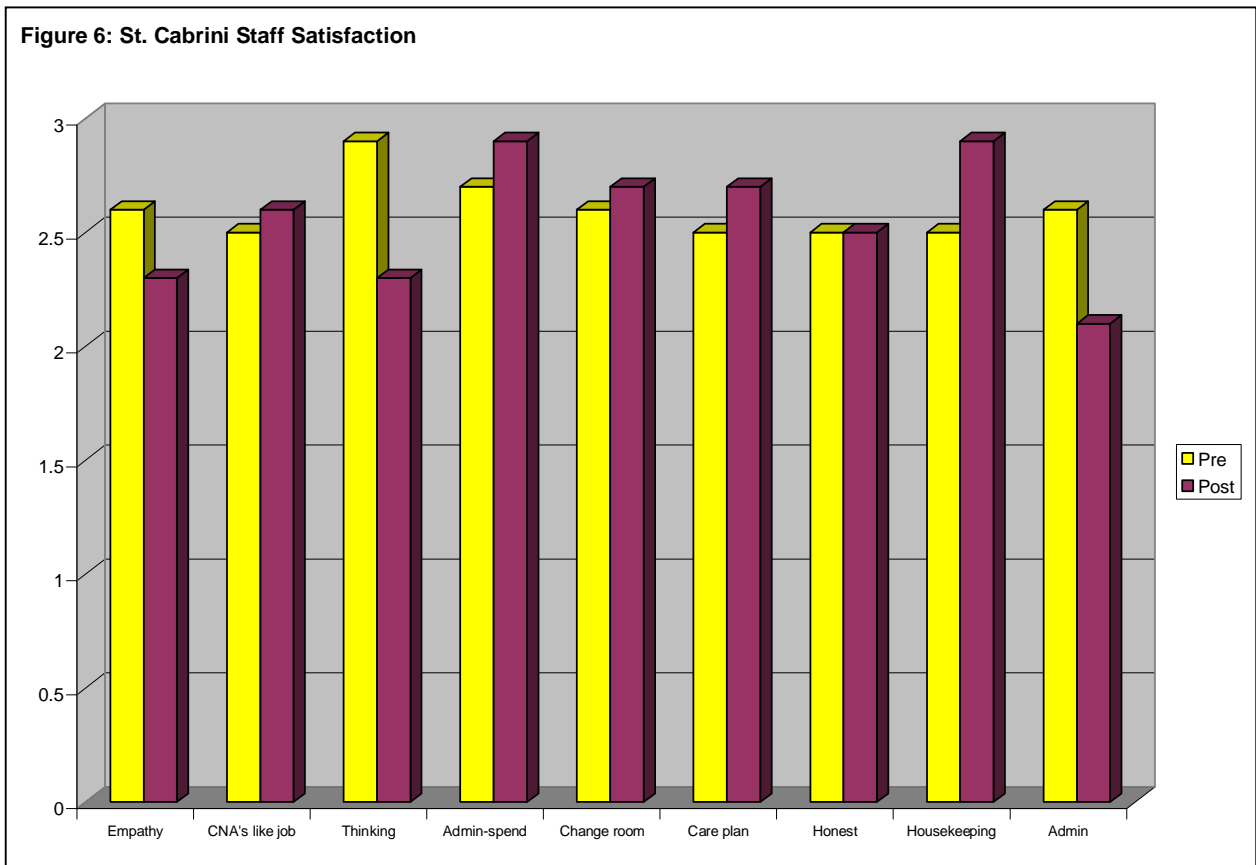
years on the post-intervention questionnaire. Africa-Americans, or Caribbean Islanders, comprised the greatest number of CCNR staff members responding, accounting for seventy percent of the responses. Staff identifying themselves as White comprised the largest cohort of respondents at St. Cabrini, accounting for sixty percent of the participants. The reported post-intervention ethnicity of CCNR staff members shows a more diverse workforce, with Asians now accounting for one-third of the respondents. Nurses-aides were the most common respondents on the pre-intervention questionnaire, with more than half of the CCNR participants reporting this as their job title. Post-intervention responses from management/administration were high, with almost thirty percent of the CCNR responses, and over forty percent of St. Cabrini responses reporting same.

CCNR - Staff Satisfaction



Several items were seen as problematic by staff on the pre-intervention questionnaire (see figure above), mostly notably *Administration spends money wisely* and *Satisfaction with the administration*. These two and all other items in the figure above, receiving somewhat negative ratings during pre-intervention surveys showed improvement post-intervention. The items pertaining to administration and changing of residents rooms showed marked improvement.

St. Cabrini Staff Satisfaction



Staff satisfaction responses showed consistent issues on the pre and post-intervention surveys. *CNA's appearing to like their jobs, change of room and honesty in communication* were issues that existed during both phases of the project, with no improvement during the post-intervention surveys. However, the issues of *staff empathy, activities that promote thinking* and *satisfaction with administration* all showed improvement on the post-intervention instrument.

Staff members at CCNR and St. Cabrini are in agreement they care for the residents and that they are sensitive to the needs of family members. No staff reports that theft is an issue within either facility, or that an unpleasant odor exits. Chapel services are seen as exceptional, reflecting the attitudes shown by the residents. Staff was also in agreement that they would recommend the facility to a friend or family member, and that they are, in general, satisfied with the facility.

TABLE 4: STAFF RATINGS OF CARE ENVIRONMENT

Staff were given the opportunity to rate the Care Environment at each facility using a ten-point scale in which 1 signified a low rating and ten a high rating. Most aspects received positive ratings on the pre and post-intervention questionnaires, with nearly all items receiving scores in excess of 7.0.

		Site	Mean Rating
Pre	Availability of supplies	CCNR	7.636
		St. Cabrini	7.500
	Adequacy of facilities	CCNR	6.300
		St. Cabrini	4.444
	Cleanliness of section in which I work	CCNR	7.273
		St. Cabrini	7.700
	General attractiveness of facility	CCNR	7.818
St. Cabrini		8.400	
Home-like atmosphere	CCNR	7.818	
	St. Cabrini	7.100	
Resident input into care plan and activities	CCNR	8.091	
	St. Cabrini	7.125	
Post	Availability of supplies	CCNR	7.714
		St. Cabrini	7.571
	Adequacy of facilities	CCNR	7.857
		St. Cabrini	7.571
	Cleanliness of section in which I work	CCNR	8.429
		St. Cabrini	7.429
	General attractiveness of facility	CCNR	7.143
St. Cabrini		9.143	
Home-like atmosphere	CCNR	7.000	
	St. Cabrini	8.000	
Resident input into care plan and activities	CCNR	7.000	
	St. Cabrini	7.286	

Staff receives training in a variety of topic areas. During the past six months, staff reported receiving an average of 7.1 hours of training in the area of taking care of confused residents, with CCNR staff receiving 9.6 and St. Cabrini staff receiving a reported 3.9 hours (average times reported). Training in the area of residents with

TABLE 5: STAFF TRAINING

	Site		Total
	CCNR	St. Cabrini	
Confused residents	9.6	3.9	7.1
Behavior problems	7.8	4.2	6.4
Special physical problems	4.7	9.0	6.4
Gospel values	6.0	3.5	4.8

special physical problems averaged 6.4 hours in the past six months, with St. Cabrini staff reporting 9 hours of training. Other training options can be seen in Table 5, above.

TABLE 6: PRE AND POST-INTERVENTION STAFF SELF-EVALUATION

Staff was afforded the opportunity to express feelings about themselves and their jobs. Staff reported that they rarely *treated residents as impersonal objects*. However, nearly twenty percent of those responding from CCNR stated that *they've become more callous*. A majority of staff at both facilities reported that residents are like family. At least two-thirds of the staff at each facility reported that *they felt lucky to be working with the elderly residents*.

Post-intervention responses changed somewhat. Fewer staff members reported that they would *never treat residents as impersonal objects*. However, no staff member reported that *they did not care what happens to the residents*.

		Site		Total
		CCNR	St. Cabrini	
Treat resident as impersonal objects	Never	90.9%	88.9%	90.0%
	Few times a year	9.1%	11.1%	10.0%
I've become more callous	Never	81.8%	100.0%	90.0%
	Everyday	18.2%		10.0%
Residents are like family	Never	9.1%		5.0%
	Few times a month		11.1%	5.0%
	Few times a week		11.1%	5.0%
I worry I'm becoming hardened emotionally	Everyday	90.9%	77.8%	85.0%
	Never	63.6%	90.0%	76.2%
	Few times a year	9.1%	10.0%	9.5%
	Few times a month	9.1%		4.8%
I don't really care what happens to some residents	Everyday	18.2%		9.5%
	Never	90.0%	100.0%	94.7%
	Everyday	10.0%		5.3%
Each resident is unique and has special needs	Never	10.0%		5.0%
	Few times a month		10.0%	5.0%
	Few times a week	10.0%		5.0%
	Everyday	80.0%	90.0%	85.0%
I feel residents blame me for their problems	Never	60.0%	70.0%	65.0%
	Few times a year	30.0%	20.0%	25.0%
	Once a month		10.0%	5.0%
	Everyday	10.0%		5.0%
I feel lucky to be working with elderly residents	Few times a year	9.1%	22.2%	15.0%
	Few times a week	18.2%	11.1%	15.0%
	Everyday	72.7%	66.7%	70.0%
Treat resident as impersonal objects	Never	57.1%	71.4%	64.3%
	Few times a year		28.6%	14.3%
	Few times a month	14.3%		7.1%
	Once a week	14.3%		7.1%
	Few times a week	14.3%		7.1%
I've become more callous	Never	85.7%	85.7%	85.7%
	Few times a year		14.3%	7.1%
	Few times a month	14.3%		7.1%
Residents are like family	Few times a month		14.3%	7.7%
	Few times a week	16.7%	14.3%	15.4%
	Everyday	33.3%	42.9%	38.5%
	Few times a year	16.7%	14.3%	15.4%
	Once a month	16.7%		7.7%
	Once a week	16.7%	14.3%	15.4%
I worry I'm becoming hardened emotionally	Never	85.7%	71.4%	78.6%
	Few times a year		28.6%	14.3%
	Once a month	14.3%		7.1%
I don't really care what happens to some residents	Never	100.0%	100.0%	100.0%
	Never		14.3%	8.3%
Each resident is unique and has special needs	Few times a month	40.0%		16.7%
	Everyday	60.0%	71.4%	66.7%
	Once a week		14.3%	8.3%
	Never	50.0%	42.9%	46.2%
I feel residents blame me for their problems	Few times a year	16.7%	28.6%	23.1%
	Once a month		28.6%	15.4%
	Few times a month	16.7%		7.7%
	Once a week	16.7%		7.7%
I feel lucky to be working with elderly residents	Few times a year	33.3%	14.3%	23.1%
	Few times a week	16.7%	42.9%	30.8%
	Everyday	50.0%	28.6%	38.5%
	Once a month		14.3%	7.7%

Staff Autonomy

Post-intervention staff was asked several questions regarding their autonomy within the facility. One set of questions asked staff to respond to the following question: *How often do you have to ask permission to...*

Responses were made on a scale of 1 = *Never* and 5 = *Often*. Therefore, the lower the mean score seen in Table 7, the lower the incidence of the associated statement. As would be expected, the greater the amount of time-off needed, the more likely the respondent would be to ask permission. However, it should be noted that staff rarely had to ask to *take rest breaks, take a meal break or to leave their work areas*, as seen by the ratings of less than 2.0. This is evidence of some degree of flexibility in their daily schedule, and concurrently, in their autonomy.

TABLE 7: HOW OFTEN DO YOU HAVE TO ASK PERMISSION TO...

	Site		Total
	CCNR	St. Cabrini	
Take a rest break	1.8	1.9	1.8
Take a meal break	1.5	1.4	1.5
Leave early	2.8	1.9	2.3
Change work hours	2.0	1.9	1.9
Leave work area	1.3	1.3	1.3
Arrive late	2.4	2.1	2.3
Take time off	3.4	3.0	3.2

TABLE 8: HOW OFTEN DO THE FOLLOWING EVENTS OCCUR?

	Site		Total
	CCNR	St. Cabrini	
Tell you what to do	3.2	3.3	3.3
Tell you when to perform a task	2.4	2.9	2.7
Tell you how to perform a task	2.0	2.6	2.3

Staff was told more than once or twice a month *what they were to do*. Staff was less likely to be told *how to*

perform certain tasks.

TABLE 9: STAFF RELATIONSHIP TO SUPERVISION

	Site		Total
	CCNR	St. Cabrini	
Supervisor provides choices and options	5.5	4.8	5.2
I am understood by my supervisor	5.3	4.7	5.0
Supervisor has confidence in me	5.3	5.8	5.6
Supervisor encourages questions	5.3	4.3	4.8
Supervisor listens to me	5.5	5.3	5.4
Supervisor underatnds my point of view	5.2	4.7	4.9

Staff rated their relationships with supervision on a seven – point scale, in which 1 =

Strongly disagree and 7 = Strongly agree. Mean ratings for each item are provided in Table 9. The highest rated aspect of staff-supervision relationships was *my supervisor has confidence in me*, which had a mean rating of 5.6. The lowest rated aspect of this relationship was *my supervisor encourages questions*, which had a mean rating of 4.8.

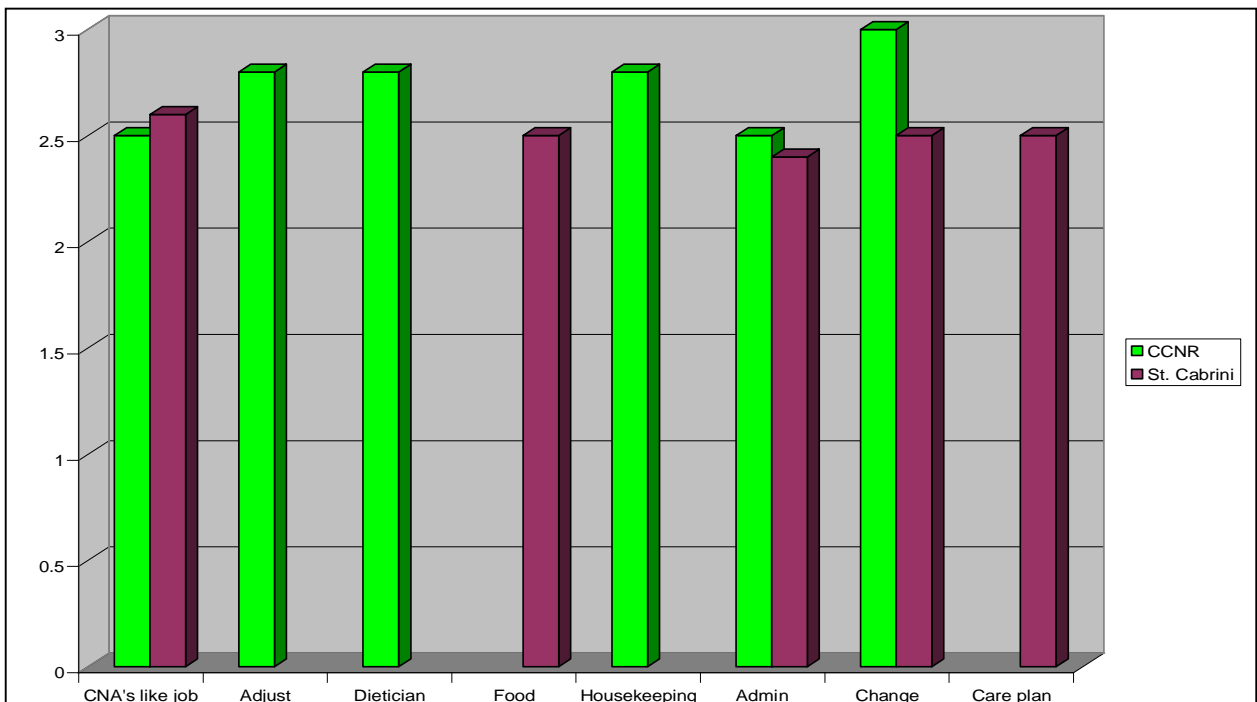
Family Questionnaire

A multi-part Family Questionnaire was administered to family members of residents at the CCNR and St. Cabrini nursing facilities via mail based on lists provided by each facility. A total of thirty-six surveys were returned during the pre-intervention period from family members at St. Cabrini in Dobbs Ferry. Four questionnaires were returned by family members of the CCNR residents during the post-intervention period, a response rate of eight percent (based on random mailing to fifty family members).

The Family Questionnaire consisted of the following two sections:

1. Satisfaction with care – a 37 item, fixed-choice scale, providing residents set, or fixed, responses ranging from *Strongly agree* to *Strongly disagree*.
2. Care environment – a 6 item, likert scale, asking residents to rate various aspects of the facility on a 1 to 10 scale (1=negative and 10=positive).

Due to the uneven responses to the pre and post-intervention questionnaires, direct comparison is not possible. However, the following results were found. Family members during both phases did not agree with statement that *nurse aides liked their jobs*. Nor did family members in the post-intervention phase think that *residents had adjusted to the facility*.



CCNR family respondents also felt that *speaking with the dietician was not as easy as it should be* and that *housekeeping staff were not as pleasant to speak with as was expected*. St. Cabrini family members felt the *food could taste better* and that *changing the care plan* was not an easy task.

Family members did believe that the *nursing staff was well trained* and that *chapel services* and *resident safety* were more than adequate. St. Cabrini family members were somewhat more *likely to recommend the home to a family member or friend* and to be *satisfied with the facility overall*.

TABLE 10: FAMILY MEMBERS' IMPRESSION OF FACILITY

	Site	Mean
Availability of supplies	CCNR	8.000
	St. Cabrini	8.412
Adequacy of facilities	CCNR	8.250
	St. Cabrini	8.353
Cleanliness of unit	CCNR	8.500
	St. Cabrini	8.441
General attractiveness of facility	CCNR	8.000
	St. Cabrini	8.971
Home-like atmosphere	CCNR	8.500
	St. Cabrini	8.333
Resident input into care plan and activities	CCNR	8.500
	St. Cabrini	7.600

Family members were afforded the opportunity to rate various aspects of the facilities on a ten-point scale. All rated aspects achieved positive ratings. The most positively rated aspect by family members at St. Cabrini was attractiveness of the facility, which achieved a mean

rating of 9 (8.97). Various aspects were well received by CCNR family members, among them: *Cleanliness of unit, home-like atmosphere* and *resident input into care plan*.

Section V: Strengths and Limitations including barriers encountered and how they were overcome

In 1999, St. Cabrini Nursing Home in Dobbs Ferry and Cabrini Center for Nursing and Rehabilitation in Manhattan, two skilled nursing facilities sponsored by the Missionary Sisters of the Sacred Heart of Jesus, were united through the appointment of a common President and CEO. The following year, the Homes embarked on their first major collaboration in the study and implementation of the Person-Centered Care

philosophy. This common vision and commitment to mission integration are core strengths which enabled the project to be brought to fruition.

The project employed a project coordinator who was an employee of St. Cabrini Nursing Home. However, it was perceived that there were difficulties surrounding “turf issues” encountered by the project coordinator in visits to and dealings with CCNR staff. Although the project coordinator was responsible for the overall coordination of the project, difficulties arose with respect to her being able to visit CCNR on a regular basis. To overcome this, a team leader was identified at CCNR who was responsible for the day-to-day coordination of person-centered care activities at that Home. An obstacle which arose was the poor reception of the second workshop presenter at CCNR. Although the Diana Waugh workshop was well received at SCNH, staff at Cabrini Center for Nursing and Rehabilitation did not respond well to her presentation. In planning the final workshop, it was decided that we needed to be aware of the different inherent cultures that the two Homes possess and employ a consultant who could work within both environments. Hence, the use of familiar and reliable consultants was a strength in the success of the third training which was received very well at both nursing homes.

As culture change itself has anticipated barriers and obstacles in terms of the natural resistance to change; the use of staff trainers representing a cross of disciplines at both nursing homes was a great strength in the launching of the project.

A limitation in the study related to the validity of the satisfaction surveys was the span of time from the pre-intervention survey (2001) to the post-intervention survey (2005). As the resident portion of the survey was a sample of convenience, a random

sample was not achievable. Given the length of stay of nursing home residents and the turnover of staff, it is evident that the pre and post populations were different, so the ability to draw inferences from the survey data on the effects of the training is questionable. More troublesome are the return rates in being representative of the resident, staff and family member populations:

Survey Return Rates (number of surveys returned/total population)			
Survey Instrument	Facility	Pre	Post
Resident	CCNR	8.75%	5.0%
	SCNH	9.2%	7.5%
Staff	CCNR	10.8%	3.5%
	SCNH	3.8%	1.3%
Family	CCNR	NA	1.6%
	SCNH	11.8%	0%

There was a greater response with the pre-intervention surveys, however as there is a four year difference in the timeframe between the pre-intervention and post-intervention, what we have are two samplings of respondents at time 1 and time 2. Hence, we believe that the use of non-random convenience samples in the resident survey, which were not the same and of such small size, together with the small response rates in the employee and family member surveys results in the data having little statistical – or programmatic- significance.

We would like to point out that all these efforts played out against a variety of other changes going on within the facilities. These included changes in Nursing leadership at

both facilities, the significant growth of our subacute programs, the concentration on issues such as elopement which run contrary to efforts at resident empowerment, the development of SCNH's major modernization project which lead to a deferral of environmental changes originally envisioned. As our initial culture change effort began in 2001, there was a significant delay in the start date of the 2001-2003 NYSDOH dementia grant, which may have led some staff to question management's commitment to the ideals of Person Centered Care. The Person Centered Care project was not a simple intervention into a static system.

A limitation of the project was the change in administration at the Brookdale Center on Aging. The resignation of the executive director who was responsible for the Person-Centered care engagement at SCNH and CCNR led to a lack of accountability on the part of Brookdale. The family pre-intervention surveys were lost by the statistician who subsequently resigned from the project. There was a difference in opinion with Brookdale regarding the selection of survey questions that comprised the satisfaction survey. While the consultant statistician promoted the use of an "off-the-shelf" instrument used commonly in nursing homes, Cabrini staff was not in agreement with the selection of the questions.

Section VI: Conclusions

The answers to the result questions are presented below:

Success of implementation of training series

The Person-Centered Care training series was widely received reaching 66.4% (CCNR) and 61.7% (SCNH) of employees. The return rate for evaluations ranged between 83.2% and 85.4%. Attendees in both Homes rated the pertinence of the program

to their current job as high- 3.6 (CCNR) to 3.8 (SCNH), based on the Likert scale (4=very good; 3=good; 2=fair; 1=poor.) The mean scores for the overall trainings ranged from 3.4 to 3.6.

The falls prevention workshop focused on direct care staff and reached more than one-third (36.6%) of SCNH employees. There was a higher response rate for the evaluations (98.8%) than the first workshop. 100% of attendees gave the training an overall rating between good and excellent. More than 80% of attendees agreed with the statement “The program will help me perform my job more effectively” and “The program content was appropriate for my job needs” indicating that the program was both relevant and appropriate.

The third program on managing residents’ psychological needs was attended by 48.4% of staff at CCNR and 23.6% at SCNH. The reason for the lower turnout at St. Cabrini was due to the problems with scheduling staff during peak summer vacation time. However, this was not the case at CCNR. The return rates for evaluation ranged from 72.3% (CCNR) to 88.0% (SCNH). The overall rating of the training at CCNR was high 3.8 based on the Likert scale. At SCNH, 100% of attendees gave the program a rating of good to excellent. Similar to the falls prevention workshop, more than 80% of attendees agreed with the statement “The program will help me perform my job more effectively” and “The program content was appropriate for my job needs”.

The findings above demonstrate the success of the implementation of the trainings.

Changes in select MDS indicators

Both facilities saw improvement in the 6 of 10 MDS indicators.

Resident Autonomy

As stated previously, several questions regarding resident autonomy were incorporated into the post-intervention surveys, with most items pertaining to the input residents have in their own care. Scores above 5 were considered in agreement.

Residents in both facilities rated the input they have in their own care fairly highly. All measures of autonomy and input into care were highly rated, with no item receiving a mean rating of less than 5.3.

Employee job satisfaction

With respect to employee terminations from 2003 to 2005, while the number of terminations was the same in both years, CCNR saw significant improvement amongst dietary workers (-83%, from 6 to 1) and a slight improvement amongst CNAs (-18%, from 11 to 9). Terminations in housekeeping workers increased by 1 (3 to 4) and in LPNs (an increase from 1 to 2). SCNH experienced a 19.5% decline in terminations in 2005 versus 2003 with the greatest improvement in staff nurses-80%, licensed practical nurses-40%, dietary aides -100%, dieticians- 33%, and nursing assistants-15%.

Although there was a slight increase in sick time used at SCNH, a number of direct care departments saw improvement: activities program, admissions, nursing administration, nursing general, occupational therapy, physical therapy, social services and speech therapy. At CCNR, there was a 12.2% decline in sick hours. Direct care departments experiencing a decline in sick hours were: activities program, admissions, nursing general occupational therapy and physical therapy. Of note is the decline in sick hours in support departments: dietary services declined by 41% and housekeeping by 21.9%.

Satisfaction surveys

As stated previously, the satisfaction survey was implemented in 2001 and 2005 making it difficult to draw inferences on the effects of training in staff, residents and family members. Therefore, conclusions will focus on the latter surveys conducted in 2005. A score of 3 is neutral, so scores less than 3, for purposes of this report, were chosen as a breaking point for charting purposes, and that breaking point was 2.5.

-Resident

Of the 37 items on satisfaction with care, the items which relate most to satisfaction were examined. CCNR residents reported mean scores at or below 2.0 (agree or strongly agree) for the following: ‘residents have adjusted to life in the nursing home’; ‘staff is sensitive to family needs’; staff are honest in their communication’; ‘I am satisfied with the aides’ services’; ‘I am satisfied with dietary services’; ‘I am satisfied with housekeeping services’ and ‘I am satisfied with administration’. The statement ‘In general, I am satisfied with the facility’ also received a favorable score of 2.08. Similarly, SCNH residents reported mean scores at or below 2.0 for ‘staff members care about residents’; ‘staff is sensitive to family needs’; ‘I am satisfied with nursing services’; ‘I am satisfied with housekeeping services’ and ‘I am satisfied with administration’; ‘I would recommend this facility to a friend/family member’ and ‘In general, I am satisfied with the facility’.

- Staff satisfaction

CCNR staff showed agreement (scoring at or less than 2.0) with the majority of satisfaction items: ‘nurses are well trained’; ‘nursing staff has empathy’; ‘staff members care about residents’; ‘staff members communicate well’; ‘staff is patient’; ‘staff deal

honestly with residents'; 'staff is sensitive to family needs'; 'staff is honest in their communications'; 'I am satisfied with the feeling in the facility'; 'I am satisfied with the aides' services'; 'I am satisfied with dietary services'; 'I am satisfied with nursing services'; 'I am satisfied with housekeeping services';, 'I would recommend this facility to a friend/family member' and 'In general, I am satisfied with the facility'.

SCNH reported a mean score of 2.0 or less for the following items: 'nursing staff has empathy'; 'staff members care about residents'; 'residents appear comfortable'; and 'staff is sensitive to family needs'. Additional items scoring between 2.0 and 2.5 were 'nurses are well trained'; 'nursing staff has empathy'; 'residents have adjusted to life in the nursing home'; 'staff is patient'; 'staff deals honestly with residents'; 'staff is honest in their communications'; 'I am satisfied with the feeling in the facility'; 'I am satisfied with aide's services'; 'I am satisfied with dietary services'; 'I am satisfied with nursing services'; 'I am satisfied with housekeeping services'; 'I am satisfied with the administration'; 'I would recommend this facility to a friend/family member' and 'In general, I am satisfied with the facility'.

-Family satisfaction

As mentioned previously, the pre-intervention surveys for CCNR families were lost by Brookale Center on Aging and there were no post-intervention surveys returned by SCNH family members. The number of post-intervention surveys returned by CCNR was very low as only 4 families returned questionnaires. Therefore, we cannot make any conclusions regarding family satisfaction based on the survey data.

Staff motivation to effect change

Staff in both Homes suggested and made substantial changes at their respective nursing home. The changes involved the input and collaboration of staff on all levels. The training has encouraged improved communication within and across departments. While change may be slow in pace, there is the sentiment at both SCNH and CCNR that their voices count and the change and improvement is possible. The involvement of SEIU 1199 Training and Upgrading Fund in providing trainings such as the Palliative Care and Customer Service programs has greatly enhanced our staff education and contributed to empowering staff to address resident care issues.

o What should happen next (including specific plans for dissemination

The Pioneers recognize that culture change and transformation are not destinations but a journey, always a work in progress and CCNR and SCNH are only a short distance down the road. Culture change which occurs in the midst of trying to get the day-to-day work done has its challenges, however we are committed to walking this path. We have seen the strengths and benefits of staff training on resident care and staff morale and these efforts continue.

The involvement of SEIU 1199 in culture change training has also solidified its importance with unionized employees. SEIU 1199 has supported the efforts of both Homes by providing funding to replace workers attending these trainings as well as through the programs mentioned previously.

Plans for dissemination include an article entitled “Being Who We Say We Are” written by the project director was published in the May-June 2004 issue of Health Progress, the journal of the Catholic Health Association of the United States. Ms. Krasnausky has been invited to submit a follow-up article on the project’s conclusion.

This journal is widely read by the long-term care arena. The article described the culture change process underway at the two Homes and its relation to our values. We have hosted visits by nursing homes such as Green Park Nursing Home, to demonstrate how care is personalized on a day-to-day basis in responding to the needs of residents of all cultures. We regularly report our work in culture change through the Homes publications - - SCNH's, "Passages" and CCNR's "Spotlight". Our ongoing work is also shared with colleagues participating in the Metro New York Pioneer Network.