More than Meds*:*

A Toolkit for Creating Change in Nursing Homes

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It's about more than medications. Our goal is to facilitate the transformation of task driven facilities to person-centered homes.

More than Meds

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This toolkit is possible through the hard work and dedication of Bergen Regional Medical Center (BRMC) and Parker at McCarrick (formerly McCarrick Care Center) who participated in the More than Meds *project. It is through the dedication of those who live and work at these homes that we can share their experiences and wisdom with nursing homes across the country.*

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More than Meds: The Toolkit

More than Meds was an 18-month project funded by the New Jersey Department of Health, utilizing CMS Civil Monetary Penalty (CMP) funds, to reduce the use of antipsychotics in nursing homes through a person-centered approach. A team from Rutgers University, including Michele Ochsner, PhD and Kathy Lehmann, along with consultants Sonya Barsness, Denise Boudreau-Scott, and project assistant Allison Duda, worked with two nursing homes to facilitate their transformation to person-centered care. Although a focus was on reducing antipsychotics, More than Meds was really about more than medications. It was about creating better places to live and work. More than Meds gave the two organizations the skills and tools they need to *strengthen person-centered care in all their interactions*.

Person-centered care is about starting with what is important to people living in nursing homes and creating systems to support these individuals and those working most closely with them. This requires us to change the way we do things, moving from an institutional model to a person-centered one; hence the term "culture change." Culture change refers to the ***process*** of becoming more person-centered.

As a result of the experiences and hard work of the entire More than Meds team and homes, we are proud to bring you this toolkit, which summarizes the processes and tools used in the More than Meds project, along with lessons learned. This toolkit is not meant to be an exhaustive step-by-step manual to culture change. Rather, it is meant to provide you with resources to help you on your own journey, based on our collective experiences.

We hope this toolkit will help you to start, or continue, your own "culture change" and will guide you in your organization's journey to become a better place to live and work through person-centered care. The importance of becoming both a better place to live AND work cannot be understated. Creating a culture in which all team members feel supported, heard, and valued is a vital part of person-centered care, and is foundational to this toolkit.

"Trust, strong relationships, and teamwork between staff – and between staff and residents – are needed to deliver person centered care."

Team member, More than Meds nursing home

About the More than Meds Project

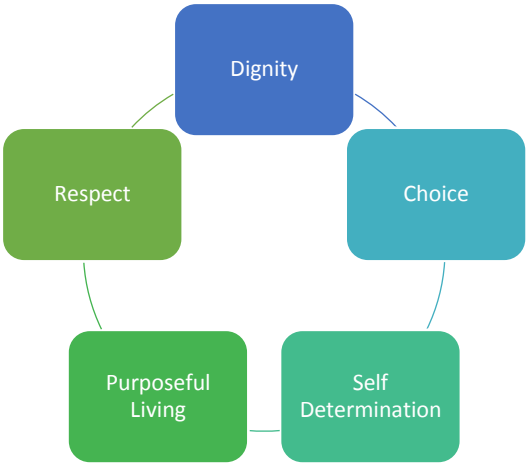
The 2011 OIG report "Medical Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents" showed that eighty-eight percent of atypical antipsychotics are used with persons with dementia. This population receives, at best, minimal benefits from these drugs and according to the Independent Drug Information Service, has a 70% increased relative risk of death.[1] These medications are prescribed to a wide range of persons with dementia with varying degrees of "behavioral problems:" 51% of nursing home residents with dementia with aggressive "behavioral problems," 40% of residents with dementia with non-aggressive "behavioral problems," and 23% of residents with dementia with no "behavioral problems."[2]

In response to this, a national CMS initiative "Partnership to Improve Dementia Care" was created to reduce antipsychotic medication use in nursing homes. In its May 24, 2013 correspondence to state survey agencies CMS stated:

> *"This concern is that nursing homes and other settings (i.e. hospitals, ambulatory care) may use medications as a 'quick fix' for behavioral symptoms or as a substitute for a holistic approach that involves a thorough assessment of underlying causes of behaviors and individualized, person-centered interventions."*[3]

Fundamental to reducing antipsychotic medications is an understanding of dementia and person-centered approaches to interacting with persons with dementia to prevent or respond to behavioral expressions that have typically resulted in the use of antipsychotics, as well as the creation of a supportive culture that focus on overall well-being.

Person-centered care transforms task driven facilities to homes where the voices of residents are welcomed and honored. The Pioneer Network, the national organization that advocates for culture change, emphasizes that the core person-directed values are choice, dignity, respect, self-determination and purposeful living.



Processes to reduce antipsychotics cannot happen in a silo; they are successfully developed in person-centered cultures with supportive leadership empowering direct care team members. For any change initiative to be successful and sustainable, resident and family

[1] Lee PE, Gill SS, Freedman M, Bronskill SE, Hillmer MP, Rochon PA. Atypical antipsychotic drugs in the treatment of behavioral and psychological symptoms of dementia: systematic review. *BMJ*. Jul 10 2004;329(7547):75

[2] Jeste DV, Blazer D, Casey D, et al. ACNP White Paper: update on use of antipsychotic drugs in elderly persons with dementia. *Neuropsychopharmacology*. Apr 2008; 33(5):957-970.

[3] CMS, Dementia Care in Nursing Homes: Clarification to Appendix P and Appendix PP in the SOM for F309-Quality of Care and F329-Unnecessary Drugs, Ref: S&C:13-35-NH.

members must be involved, leaders and supervisors need to be supportive of residents and team members, and all staff members must have the necessary understanding of person-centered care and skills in critical thinking, communication and group work. They need an understanding of the relevance of these processes and practices to meeting broader CMS goals and ongoing quality improvement. Leaders, families, residents and staff must also be guided in understanding the organizational structures, (e.g. teams) and processes needed to sustain and strengthen person-centered care.

Al Power, an internationally known internist and geriatrician, shares in his book *Dementia Beyond Drugs* (p.60) his disenchantment with not only medical treatment, but also non-pharmacological alternatives that are just quick fixes:

> *"I hope to make clear the necessity to transform the institutional model in order to maximize your success at caring for people with dementia. I'll repeat myself—transformation is the foundation of enlightened care. The institutional model will never succeed in this endeavor."* [4]

The transformation of the institutional model was the basis for the More than Meds initiative. It focused on creating a new model of care in the participating organizations, one that focuses on the person rather than tasks. Sustained reduction of antipsychotics, or any other major change, is achieved by transformations throughout an organization, *not* a quick fix.

The goal of the More than Meds project was to instill person-centered care through a participatory, action-oriented approach that will educate and empower residents, family members, and direct care staff, as well as train leaders in a sustainable approach to change. Education creates a strong foundation, but education alone will not lead to sustainable change without aligning organizational systems and processes with new practices.

This project built on this broader literature, as well as more specifically on Michele Ochsner's experience in developing, leading, and evaluating the Rutgers Nursing Home Learning Collaborative.[5] The collaboration involved teams of direct care staff, supervisors, and managers from nine nursing homes that participated in a series of curriculum activities that encouraged them to think critically about the relevance of learning organization ideas and practices in their own work environment. Learning from their counterparts at other homes was one of the most valued aspects of the project.

Knowledge of person-centered dementia care is fundamental to not just reducing antipsychotic use, but improving quality of care and life for persons with dementia. More than Meds also built upon the concepts outlined in Hand-in-Hand[6], and through the participatory learning collaborative process, identified how broader person-centered care practices can reduce the use of antipsychotic medications and improve the quality of life for all residents.

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[4] Power, A. 2010. *Dementia Beyond Drugs.* Baltimore: Health Professionals Press.

[5] Ochsner, M. and Slater, Lisa. Learning Organizations for a Stronger Work and Care Environment. *Provider Magazine*, July 2013, p. 17.

6 http://www.cms-handinhandtoolkit.info

Results from the More than Meds Project

"I know CMS loves metrics, but our benefits from this project far exceeds numbers."

Team member, More than Meds nursing home

Some of the accomplishments at one or both of the two homes include:

- Staff at all levels embraced a "More than Meds'" philosophy to meet the needs of individuals with dementia
- New support for resident's need for purpose and meaning through resident directed initiatives including a "Living with a Purpose Club," and resident welcoming and peer support
- Adapting groups on the part of managers and supervisors to new approaches needed to support person-centered care
- New organizational systems that allow better communication, shared decision-making and a greater understanding of resident needs, e.g. steering committees, multi-disciplinary staff huddles at change of shift, formal and informal reviews regarding antipsychotics use, daily visits by management "ambassadors" to the sub-acute unit, changes in Activities in Daily Living tracking system to share information about resident preferences with direct care staff, implementation of "I-Care" plans
- Introduction of dementia education for residents
- New support groups for families and increased opportunities for family involvement with community activities
- Implementation of more person-centered dining, including increased emphasis on engagement between residents, staff and family members during meals

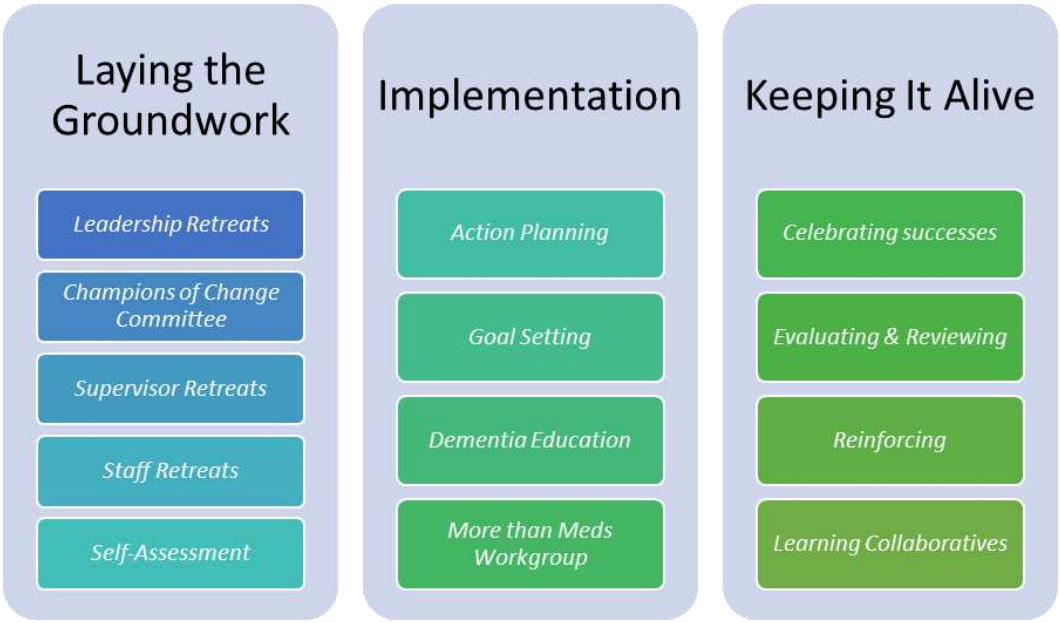
Tools for Change

It is important to recognize that each nursing home is unique and thus this journey will look different for everyone. The phases outlined in this toolkit provide general guidance on the process. Make it your own, recognize your strengths as a community, and build upon what you do well as you strive to be *even better*. Thank you for all you do, for those who serve and enjoy the journey!

This toolkit provides tools, resources, and lessons learned to help nursing homes become better places to live and work.

We hope you will find that it is really "more than meds" – it is thinking differently and changing the way we do things so that we become more person-centered, honoring the voices and needs of all people who live in nursing homes, and those who care for them.

This Toolkit is divided into three sections, to reflect three phases of the process of change that are used in the More than Meds project. Each section of the toolkit will describe what the phase is, why it is important, and lessons learned in making it a reality.



A note about language: While it is preferable to use person-centered language that refers to individuals as "team members," we have outlined various retreats and resources for particular roles within the team. In this context of this toolkit, "leaders" are considered administrators, directors, and department heads. It is important to recognize, however, that each person is a leader in their own way. "Supervisors" are team memmbers who have management responsibilities such as nursing supervisors, nurse managers, dining managers, housekeeping supervisors, etc. "Staff" are those members of the team that do not have supervisory responsibilities. "Team Member" refer to all of those who work in the organization. Similarly, we have used the term "resident" to refer to the individuals who live in nursing homes.

"It is indeed clear that building relationships among residents, staff and family members leads to stronger trust and in the end a more meaningful place to live and work. Here's to continuing to build an even stronger foundation!"

"I'm inspired and determined…The opportunities are endless."

"For me, the more I learn about this makes me realize how much work there still needs to be done, but nothing important ever comes easy."

Laying the Groundwork

What Is It?

Laying the Groundwork refers to the initial efforts to inspire the entire nursing home community to transform their traditional routines to a person-centered philosophy and practice. In the More than Meds project, retreats were held with all members of the team – leaders, supervisors, and staff. During these retreats, participants were challenged to think differently about what person-centered care means, why it is important, and how they could do things differently. During this initial phase a Champions of Change Committee (Steering Committee) was developed in each home to spearhead change. During this phase the nursing homes participated in an assessment process in which they identified what was going well and areas for improvement. The More than Meds nursing homes participated in a full evaluation process that was conducted by Rutgers University and included in-depth interviews and surveys. For purposes of this toolkit, we will focus on self-assessment rather than a full evaluation completed by a third party.

Why Is It Important?

All stakeholders of a nursing home (including, but not limited to, residents, families, and all team members) need to be engaged in the change process to person-centered care. It is important to take the time to be clear about the organization's commitment to change, while really listening to the experiences of residents, families, and the whole team. Devoting time to developing a Champions of Change Committee, holding retreats, and gathering information from all stakeholders, builds a solid foundation and structure for the rest of the process. Laying the Groundwork is an important opportunity to identify "bright spots" – what an organization is doing well – so that it can be processed and replicated, as well as identify possibilities for doing better. It is a time to inspire people and send the message that this change is necessary and steps are being made to move forward. This is a time to explain why change is needed. Although one goal might be to reduce unnecessary antipsychotics and improve dementia care, it is key to explain and reiterate that even this one specific goal requires change at all levels, i.e. a move to person-centered care.

Lessons Learned:

- **Communicate, communicate, communicate.** The More than Meds nursing home teams discovered you can never communicate too much about the project, what's happening, and when and where to obtain information or provide feedback, etc.
- **Leadership support is essential.** Leadership sets the tone when implementing change and commitment is vital. Leaders need to be clear about the vision for change and their own role in supporting the rest of the organization in achieving change.
- **Find cheerleaders.** It really helps to have "cheerleaders," who inspire the team, believe it can be done, and can look past the problems to possibilities.

Leadership Retreats

"In the past our efforts to improve weren't really collaborative. Together we're inspired and have a much better chance of being successful."

Team member, More than Meds nursing home

What Is It?

Leadership retreats are an opportunity for the formal leadership team to come together and have deeper conversations about the plan for changing to a more person-centered culture. An offsite full day meeting is best, but it can also happen in a series of meetings. For example, you might have a meeting once a week over a period of time in which you focus entirely on commitment to change. Participants might include the Administrator, Director of Nursing, Director of Social Services, Activity Director, Maintenance Director, Housekeeping Director, Therapy Director, MDS Nurse, and other department leaders.

Why Is It Important?

A strong leadership team is fundamental to transformational change. The retreat is about gaining leadership commitment. At the same time, the retreat is an opportunity to process the reality that change it is not all about leadership – leaders sometimes have to get out of the way to allow the team to drive change. The retreat guides leaders in self-reflection about their personal leadership styles, thinking in different perspectives, enhancing communication, and providing tools they can use with their teams. The Leadership Retreat also provides time to discuss how to create the Champions of Change Committee, which will guide the change process. Leadership retreats are an opportunity to discuss what is expected of the team as leaders, and how they will "model the way" in supporting change. These discussions and insights are then applied to the specific goals of leaders supporting person centered care, improving dementia care, and eventually achieving outcomes such as reduced antipsychotics.

Lessons Learned:

- **Invest the time.** Investing time at the beginning to unify and develop leadership saves time later. It is critical to get the leadership team members on board early on.
- **Recognize it's just the beginning.** Leadership development is not a one-time event; it is a continual process.
- **Model the way for others.** Leaders need to be held accountable for "modeling the way." How can the rest of the team be expected to change if leaders are not willing to change? Leaders need to communicate their support frequently, but also need to continually show the team through their actions (e.g. asking the team what they think, how they can support them, etc.)

- **Address naysayers ASAP.** If a leader is not on board, address it early – ask why and really listen to the answer. There may indeed be valid reasons and this is an opportunity to address them.
- **Promote culture change to the board or owner**. Come up with the "why" for doing this as a team. Make sure you keep the board/owner in the loop with your progress and impact. The Pioneer Network[7] has resources on the case for adoption, including the business benefits, that you might find helpful.

Tools and resources can be found in Appendix A.

[7] http://pioneernetwork.net/Providers/Case

Champions of Change Committee

"The Steering Committee itself must be a dynamic, living and breathing entity that is able to make changes and adapt as needed."

Team Member, More than Meds Nursing Home

"Our DON spoke to me and she said, 'You were selected to be one of the steering committee,' The way she said it to me, because of the quality of care that I give to the residents, how can I say no to that?"

Team Member, More than Meds Nursing Home

"We need to infuse this sense of excitement and renewal in everyone who wasn't here."

Team Member, More than Meds Nursing Home

What Is It?

The Champions of Change Committee is a steering committee that guides the nursing home in integrating person-centered care into all aspects of the work and care environment, as well as community life. It is made up of a diverse group of residents, family members, and team members. Team membership consists of individuals from various departments and shifts, and represents leadership, supervisors, and non-supervisory positions. Although nursing representatives are crucial, it is important that housekeeping, activities, dietary, and other departments actively participate as well. Residents participating on the committee are able to communicate with the group so that their ideas and input can be shared. Family members might be those who are already active in a family council and can bring other families' perspectives to the committee. Individuals are invited to join the committee based on their communication skills, ability to embrace and help lead change, and enthusiasm for person-centered care. The committee ranges in size from 10-12 members based on the size of the organization. The Champions of Change Committee has a chair and possibly co-chair. The chair is responsible for organizing and facilitating the meetings and being the "point person."

The Champions of Change Committee should meet at least once a month. There might be times when the committee decides to meet more often if they are finding that keeps momentum going. Over the course of these meetings, the Champions of Change Committee will establish realistic, actionable goals, achieve short term wins, and identify an action-learning project on which they will first focus. The action-learning project is based on information and ideas collected from the community through a self-assessment and/or available satisfaction surveys. The Champions of Change Committee leads the assessment of the community to determine what is going well and areas for improvement. The Champions of Change Committee will also help create a "More than Meds Workgroup," which will specifically focus on reducing unnecessary antipsychotics for people with dementia and improving overall dementia care.

Why Is It Important?

Structure leads to change, and the Champions of Change Committee provides a process for determining how the community will embark on change. The Champions of Change Committee needs to be representative of all stakeholders because it is critical to have the input and ideas of individuals with different perspectives, including residents and those who are closest to the residents. While the Champions of Change Committee needs the support of the leadership team, it is important that the drive for change come from individuals representing the whole community. Leadership representation on the committee is crucial – perhaps not the Administrator or Director of Nursing if that might hinder openness or self-direction – but another department head who can serve as a liaison. It is also the role of committee members to regularly seek input from others in the home and share this feedback with the committee so that it is an inclusive process. The Champions of Change Committee creates momentum and fosters accountability to move forward.

Lessons Learned:

- **Recognize, support, and hold Champions of Change Committee members accountable**. It is important that members of the Champions of Change Committee feel recognized and supported by leadership. At the same time, it needs to be clear that with power comes responsibility, and it is the responsibility of committee members to seek out input from co-workers and residents to ensure their actions are reflective of the home.
- **Include non-supervisory team members.** The importance of having a few "direct care" team members, including CNAs, on the Champions of Change Committee cannot be stressed enough.
- **Make participation possible.** Leaders need to make it possible for Champions of Change Committee members to participate on the committee by providing coverage for them when they are in committee meetings and retreats.
- **Create a safe place.** Champions of Change Committee members need to feel that they can be open and honest. The development of an open, learning culture might take practice if team members are not use to sharing their insights, or fear repercussions. Champions of Change Committee leaders can model active listening by using techniques such as the learning circle and requesting that sensitive conversations are not shared outside the committee meetings.
- **Represent all shifts.** Make a conscious effort to include representatives from all shifts. If one shift feels they are favored or more represented on the committee, other shifts might not be supportive of the work that comes out of it.
- **Promote and communicate with others.** Encourage the Champions of Change Committee to communicate their progress with the rest of the home. If all team members are not updated about the work of the committee, they will not feel engaged in change, and will consequently see this work as only belonging to the Champions of Change Committee.
- **Ask for input.** Remind the Champions of Change Committee members to seek out assistance from their co-workers who are not serving on the committee, but can provide valuable input and help.
- **Address negativity and nay-sayers early.** If there are negative people on the committee, this needs to be addressed early. Negativity can severely limit the

momentum of the group. If a committee member is consistently negative, have a conversation with that individual about his/her concerns. They may have valid concerns or realize the role of a committee member is not a good fit for them. Hear their perspectives openly and remind them that their role is to be a cheerleader for this project. If this role doesn't fit, there are other ways they can be involved than serving on the committee.

- **Ensure the committee is fully staffed.** With turnover in nursing homes, and competing responsibilities, there is always the challenge of committee members leaving. While this might be unavoidable in some cases, work with the committee members to make it feasible for them to participate. Ask members about when to schedule meetings and if a member leaves the nursing home, thank that person for their commitment, and work quickly to invite a new member. Ensuring that the committee is fully staffed sends the message that this work is important and will continue to move forward. That also reinforces that culture change is not going away – it is an ongoing commitment that needs ongoing attention from the whole team.
- **Update leadership.** Ask a Champions of Change Committee member to give regular updates to the leadership team. Ask them to share successes and support problem solving.
- **Kickoff meeting:**
    - Have a kickoff meeting of the Champions of Change Committee in which you celebrate members being selected - this is an honor!
    - Ask the Champions of Change Committee to come up with their own charter. This is essentially a "mission statement" for the committee. What is their purpose? What is their vision?
- **Champions of Change Committee retreat.** Hold a retreat for the Champions of Change Committee to get to know each other and learn the necessary skills in teamwork and decision-making.

Tools and resources located in Appendix B.

Supervisory Retreats

"It's such positive reinforcement to spend time with really motivated people!"

Team Member, More than Meds nursing home

What Is It?

Supervisory Retreats are an opportunity for team members who have direct reports, such as cooks, nurses (shift supervisors, charge nurses, etc.), or other managers, to come together and lay the groundwork for change. If residents and direct care team members speak up, someone has to be willing to listen. To properly prepare supervisors for this change in culture, these retreats focus on collaborative problem solving, respecting different perspectives, and implementing and supporting change. Supervisors discuss their role supporting person-centered approaches that reduce unnecessary antipsychotics, and improve overall quality of care and life. At a higher level, these retreats are modeling a new culture and it introduces systems in which all members of the community have a voice and are supported to do their jobs well.

Why Is It Important?

Supervisors have an important role in overseeing the day-to-day activities of their team members, and ensuring accountability while supporting team members to do their jobs well. Supervisors might not have traditionally been trained to manage and supervise. They are often in the difficult position of balancing the needs of their team members with the expectations of their own boss and the members of the leadership team. Yet, supervisors *are* leaders, and it is important that they have the tools they need to lead. If supervisors are not empowered to lead or brought into the process of change without proper tools, there is the risk of change efforts not succeeding. As a very specific example, if the leadership team supports the person-centered value that residents have choice in their daily lives, and a CNA feels empowered to support a resident with dementia's choice to not have a bath, a supervisor who is not engaged in this change might discipline the CNA for not "following the assignment." Supervisor retreats are a first step in starting conversations about what it means to actually "do" person-centered care, and how to manage challenging situations that might arise. A common response from team members on culture change journeys is that not everyone is "on the same page," and that supervisors, staff, and leaders might have different ways of understanding and carrying out change.

Lessons Learned:

- **Facilitate rather than teach.** Supervisor retreats are best facilitated, rather than taught, meaning that they should not be a lecture but interactive and participatory. It is

important to create a safe place in which supervisors can share concerns and ask questions.

- **Discuss real-life examples.** Use supervisor retreats as opportunities to discuss real-life challenges in the nursing home.
- **Encourage leadership support.** Leadership support for supervisors needs to be visible – you might consider having a member of the leadership team participate in at least a part of the supervisor retreats. This leadership team member needs to be someone who is on board with the need to change.
- **This is not a dictatorship.** Leadership needs to be clear that supervisors will be supported, and held accountable, for leading in a way that is not a dictatorship.
- **Create safe, open retreats.** Supervisor retreats need to be facilitated by someone who is truly open to change and can create an open environment where people can speak freely. Sometimes supervisors feel they cannot speak freely in front of their bosses, so it might need to be someone outside the organization or "chain of command." Many states offer work place development grants that can be utilized for this purpose.

Tools and resources located in Appendix C.

Staff Retreats

"Everything brings us back to staff – empowerment is key."

Team Member, More than Meds nursing home

What Is It?

Staff retreats provide an opportunity to share with team members the "why" and to clarify their role in that change. During the retreats fundamental information is provided about what person-centered care means, the need to understand residents' experiences on a deeper level, and how to initiate individualized care in day-to-day work. The retreat provides an introduction to person-centered practices, communication, problem solving, and critical thinking, with a special emphasis on person-centered dementia care. CMS' Hand-in-Hand training program will ideally serve as a prerequisite, and elements of the training can be referenced with ideas on optimal use of techniques. Staff groups are kept to approximately 20-25 attendees to allow for a significant amount of interaction and sharing amongst group members. Retreats are ideally three hours or longer in length, but can be shortened to two hours. The longer the retreats, the deeper the learning and sharing of attendees. Participants include nurse aides, nurses, dietary aides, housekeepers, and other staff that work closest to the residents.

Why Is It Important?

Staff retreats are an opportunity to ensure that team members are engaged in the change that is occurring and recognize their very important role. It is imperative that they see themselves as a part of the change, not just a player in the leadership teams' decisions. Staff retreats give the team a safe place to talk about how to actually implement person-centered care, and to share their concerns, and their ideas.

Lessons learned:

- **Model the way for discussion and ideas.** Staff retreats are more than just traditional in-services. They are opportunities for discussion and ideas. They are modeling a new way of doing things that honors the voices of all members of the team.
- **Include multiple disciplines together.** The most effective staff retreats are comprised of different disciplines and roles. Having the opportunity to come together and see each other's unique perspectives is fundamental to making change happen. For example, if nursing is discussing how to change residents' morning routines so that they are more flexible, dietary and housekeeping need to be a part of that discussion to share how this impacts them, and how they can work together to make it happen.
- **Talk about roles.** This cross-department and cross-discipline discussion also paves the way for staff to see their roles more broadly and less rigidly. For example, in brainstorming the needs of people with dementia and how to approach them, staff

might come from a task-oriented way of thinking in which CNAs only assist with personal care, while activities professionals provide "interventions" to people with dementia to "manage behavior." This is an opportunity to have discussions about roles and how to think differently about them so that the resident is at the center, and care is driven by their needs rather than tasks or department responsibilities.

- **Schedule retreats at convenient times for staff.** Offer staff retreats at different times of the day to meet the needs of all shifts. Do not assume, but ask the evening and night shifts what times work best for them.
- **Make it easy for staff to be there.** Make it possible for staff to participate in the retreats. Provide coverage for staff as needed.
- **Give staff the ability to focus.** Ensure that team members will not be interrupted during staff retreats. This sends a powerful message that this is important and their participation is valued.
- **Encourage brainstorming.** Create a safe place for staff to share their concerns and challenges. It is okay for staff to challenge ideas! Use the retreats as a way to model effective brainstorming – all input is valued and all ideas are considered.
- **Choose the right facilitator.** Staff retreats are best facilitated by an individual who is knowledgeable about, and supportive of, person-centered care and the home's commitment to change. In selecting a facilitator for the retreats consider whether this person is in a position to foster open discussions in which staff are not afraid to express what they feel.
- **Encourage *active* participation.** Staff retreats are most effective when they are interactive. Consider using techniques such as the learning circle and the exercises in this toolkit to encourage sharing amongst all participants.
- **Accept and discuss all feedback.** It is not unusual for staff to share their concerns or disbelief about possibilities for change. For example, participants might say that they need more time, more staff, and more money to be able to make these changes. Don't dismiss these concerns, but use it as an opportunity to talk more about them and challenge people to see what *can* be done. While adequate and stable staffing is necessary for providing good care overall, it may be that institutional or task-oriented routines are the source of these concerns. For example, if a CNA has to get 8-12 people up and ready at the same time to eat breakfast that is served for everyone at 7:30, it is understandable that they are feeling overwhelmed and cannot see how things could be different.
- **Don't assume.** The team's knowledge and understanding of person-centered care will vary between each person. Don't make assumptions of what people know and don't know, even if you have discussed person-centered care with them before. One of the team members in the participating homes remarked that she really appreciated the whole team starting from the same place and being a part of the conversation from the beginning.

Tools and resources located in Appendix D.

Self-Assessment

"It is so important for all of our voices to be heard and everyone's opinion to matter."

Team Member, More than Meds nursing home

"There's a lot of things going on… some of the residents are younger than me, but I'm still very active and I'd like to see some CHANGES."

Resident, More than Meds nursing home

What is It?

A self-assessment process provides the opportunity to gather information about what is going well in the nursing home and where there are areas for improvement. This process might include surveys, interviews, and listening sessions. The self-assessment can be led by the Champions of Change Committee. However, it is important to provide opportunities for people to share anonymously and confidentially. Consider using someone outside the organization to facilitate listening sessions and interviews as they can gather information in an objective way. You can create your own surveys and questions, or utilize some of the available tools that measure an organization's person-centeredness. Some of these tools are listed below.

The self-assessment process is also an opportunity to share with residents, families, and team members the changes you are working towards and how they can be involved. Although gathering information is more about listening, people need to be kept in the loop, and brought into the change journey at every step. Listening sessions with residents, families, and team members are an effective way to gather information about their experiences and ideas. Residents of diverse levels of abilities are encouraged to participate. A diagnosis of dementia would not exclude a resident from participating and ideally individuals participating in the session will be able to understand the content and receive the benefit of participating. During these time you can also begin to plan what residents, family members, and team members might be members of the Champions of Change Committee.

Why Is It Important?

You can't know where you are going if you don't know where you are. This has to start with the voices of the people who live in the nursing home, their family members and the people who work there. It is crucial to have an honest and comprehensive appraisal of what is happening and not happening. The information you gather from the self-assessment process will help you identify the areas in which you would like to focus your efforts in becoming more person-centered. Everything can't happen at once, and each nursing home is different, so it is important to take the time to evaluate so you can create clear goals and steps to attain them.

Lessons learned:

- **Be willing to look at yourself.** Encourage the whole team to put their egos aside and look in the mirror. Each person needs to think about how she or he can do things differently. What role do you have in this change? What is really happening and what can be done better?
- **Ensure people can speak freely.** Be sensitive to confidentiality and fears of retaliation for people speaking their minds. This is a reality and many people might be uncomfortable being honest if they think they can be identified. If you use surveys, make them anonymous and don't require people to hand them in to their supervisor. Provide a drop box or alternative way for people to submit anonymously.
- **Provide various opportunities for resident input.** Residents might be hesitant to speak up especially in a group if they think it will be perceived as criticism. Provide anonymous or private ways for residents to share their thoughts.
- **Really listen.** You can disagree with what you are hearing from residents and your team, but do not ignore or dismiss it. If you or other members of the team are ignoring what you are hearing, you might not be ready to commit to change. It is not easy to hear things that are not going well, but reframe this information as opportunity, and know that you can and will make a difference moving forward.
- **Honesty is key.** It does not help anyone to build a change project on false information. Be open and honest about the intent and the information collected.
- **Become a learning organization.** Culture change is a continual process of self-reflection and striving to do better. It requires a learning organization mentality that is always learning from what they do well and not so well. Self-assessment is an essential part of this journey.
- **Self-assessment is ongoing**. A baseline gathering of data gives you a starting place, but self-assessments need to be done on an ongoing basis. To help you on your journey here are two recommended outside resources to start your self-assessment:
    - The Long-Term Care Improvement Guide (www.residentcenteredcare.org) is a free resource that has a self-assessment tool as well as a wealth of information about person-centered care.
    - The Pioneer Network has a list of readiness and assessment tools on its website at http://pioneernetwork.net/Providers/ProviderTools/.

Tools and resources can be found in Appendix E.

Appendix A: Tools & Resources for Leadership Retreats

Leadership Retreat Facilitator Guide

Objectives:

- Learn the behaviors that support high performing teams
- Obtain actionable tools to support person centered care
- Empower non-supervisory team members
- Challenge the status quo

See below for details on facilitating each of these sections, along with the supporting handouts.

It is recommended to schedule two 15 minute breaks and an approximately 45-minute lunch that includes an activity.

Opening	The Cookie Thief or other inspirational reading Share ground rules for the day Ice breaker activity	30 Minutes
Learning Organization	Introduce concept of a Learning Organization Break attendees into pairs for discussion Discuss insights as a large group Judger Learner handout	75 Minutes
Personality Types	Explore the benefits of different personality types Facilitate the Myers Briggs Line exercise Read the Myers Briggs Prayers	45 Minutes
Structure of Decision Making	Discuss consensus based decision making Facilitate 6 Thinking Hats	60 Minutes
Empowerment and Engagement	Introduce the Good Job/Bad Job exercise Supporting the Team Getting to Yes!	90 Minutes
Next Steps	Provide overview of the Champions of Change Committee and the More than Meds workgroup	30 Minutes
Accountability & Closing	Share the importance of accountability to each other and the project Sign commitment form Starfish Story	30 Minutes

Set-up & Prep **30 Minutes**

- Plan on arriving 30 minutes early to ensure the room is set up in a circle or horseshoe to allow for maximum participant engagement.
- Set up colored hats on a table. (People will ask what they are for, create excitement by telling them they will find out later!)
- Don't distribute all of the handouts for the day as people will be shuffling paper and reading materials that are intended for use later in the day. Place on each chair only the items they will need to start the day, such as a small notepad, pen and any items needed for an icebreaker.
- You are setting the tone from the moment people walk in! Consider playing music or placing fun items around the room such as stress balls, yo-yo's, etc.
- Welcome each person as they enter the room and thank them for coming!

Opening **30 Minutes**

Facilitator Tip: *Put your own spin on this by using language that you are comfortable with!*

- "Welcome! Today is going to be a day of self-reflection and team building. We are going to learn about: behaviors that support high performing teams, actionable tools to support person centered care, empowering non-supervisory team members and challenging the status quo. But first I want to start with a poem to get you thinking."
- Read "The Cookie Thief" poem or a similar inspirational reading.
- "Today I'm going to be challenging you and pushing you to think in different ways about your job as a leader. I want you to push back as well. If something doesn't seem realistic, or you think differently I want to hear about it."

Facilitator Tip: *Use names often…it's a great way to connect.*

- "Some housekeeping items, please put your phones on vibrate. If you have a situation you need to take care of, and we all understand that there are lots of things going on at home and work, please step outside to do so. You are all adults, so please feel free to use the bathroom as you need to, get up and get more food or drink. We will take breaks throughout the day and will be having lunch in (this room or indicate the other room)."

Facilitator Tip: *Do not share when breaks or lunch will be. Sometimes discussion takes longer than you think, sometimes shorter. You do not want people watching the clock for 12:00, if there is a great conversation going on maybe you will wind up breaking at 12:15.*

- Introduce an icebreaker activity. There are thousands of icebreaker activities online so find the one that suits your group the best!
- One ice breaker is to have attendees answer the following questions on a card, without writing their name on it. Collect the cards and ask each person to pick a card. Give them two chances to guess which individual wrote those answers before asking the person to identify himself or herself.
    - What was your favorite thing to pretend when you were a young child?

- Whenever you are having a bad day, what is the best thing you can do to help cheer yourself up?
- If your name were given as the description for any one word in the dictionary, behind what word would people find your name? (Example: *Hilarious*: John Smith)

Learning Organization 75 Minutes

- A Learning Organization is a term coined by Peter Senge that refers to an organization that strongly supports the learning of its team members and consistently seeks out ways to improve itself.
- In contrast, a traditional organization tends to quickly fix problems. For example, a 2003 study of nine hospitals showed that most of the time (93%) nursing staff at these facilities simply "patched" problems. They didn't try to find out what kept causing the problem or try corrections in the "system"—e.g. work with laundry to make sure that there was always a supply of clean linen.
- However, "working around problems" takes a toll. For example, tracking down supplies takes time away from being with residents. If lifting equipment is constantly out of service or missing, team members may wind up manually lifting and transferring residents—risking their own safety and that of the resident. When problems are "patched," team members may become resigned to just doing their best to get through the day—but communication about "the problem" doesn't happen—there's no time to communicate.
- Hand out and review the Learning Organization fact sheet and ask participants to break into pairs.

Facilitator Tip: *Encourage people to talk with those they don't normally. Break the group into pairs in a creative way such as matched cards (i.e. the peanut butter card finds the jelly card).*

Learning Organization Barriers

- Ask the pairs to discuss, for 10-15 minutes, the following questions. Provide a reminder of the time limit a few minutes before they are out of time.

  1) Where do you think our organization falls on the continuum between learning organization and traditional organization?
  2) What are obstacles that make good communication and learning from mistakes difficult in our organization?

- Ask participants to gather back together into the large group. Depending on the time you have available, ask them to share their insights and thoughts. Some examples include:

  - Electronic communication, instead of face to face.
  - Lack of systematic processes for learning from and collaborating with families, residents and staff (whether via surveys or meetings)
  - Training is no longer interactive, but offered via video or online
  - Lack of overlap between shifts

- More to do (more paperwork, sicker residents)
- A focus on regulations sometimes leaves little time to focus on developing people

Judger Learner

- As leaders we feel that we need to have all the answers. *Truth is, we are better off having the right questions and focusing on a learning organization mindset.*
- When approached with an issue, we usually go right into problem solving mode. We may ask a few cursory questions, but then quickly switch to finding a solution.
- Encourage independent thinkers and problem solvers by challenging yourself to set aside your initial solution and opening your mind to other's opinions. You want team members to feel ownership and engagement in the organization.
- Focus on asking not just more questions, but GREAT questions. What makes a great question? It has no hint of advice or judgment. It is asked from a place of genuine inquiry. It is posed with a sense of uncertainty in your own solution.

Facilitator Tip: *Model the way with the questions that you ask throughout the day!*

- Break the group up into pairs and distribute the Judger/Learner handout.
- Each person should describe a current issue they are struggling with to their partner. The partner should practice good listening skills and ask "learner" questions for more insight. The goal is not to discover a solution to the problem, but rather uncover more details and information that might lead the person to their own breakthrough.
- Ensure that each person has approximately ten minutes to share his or her issue.
- Gather the group back together and ask for any insights from the conversations.

Personality Types **45 Minutes**

- This exercise is designed to give insight into how each person has their unique way of being in the world. No one person is right or wrong, better or worse. The goal is to better understand yourself and your position on the range of personality traits.
- This group exercise will bring awareness to the differences in personality styles and how we often judge those whose personal style is different from ours without even realizing it! *Different styles are just that—different, not better or worse.* Being aware of the differences makes it easier to adapt to another person's style and communicate more effectively.
- For this exercise, each of the four different dimensions that Myers Briggs categorizes will be considered. A line on the floor will represent the "continuum," and the most intense of each of the dimensions (e.g., introvert and extrovert) will be at the ends. You will see that people often find themselves somewhere along the line, rather than at one end, because they relate to different aspects of the descriptions. What do you feel most strongly pulled to? That's probably the side that you belong closer to the end.

Facilitator Tip: *Make sure to indicate where the line is and don't forget to indicate the center of the line (you can stand in the middle and be the center point). For the "line on the floor" you can use a carpet tile*

seam, a defining line in the decoration on a carpet, or just imagine the line. Make sure you have enough room for the entire group to stand side by side on one continuous line. You may have to move chairs out of the way to make enough space. Try to get people to line up rather than just gather in a group around the middle, which often happens!

- Point towards the end of the line that will represent each dimension. For example: "The first set of dimensions will be introvert and extrovert. (Point to the left) The introverts will be towards that end and (point to the right) the extroverts towards that end. First introvert, (read the description below under introvert) and now extrovert (read the description below under extrovert). Remember there is no right or wrong and most likely you do not fall exactly in the middle, you lean towards one side or the other, even if it's just slightly."
- After people place themselves on the line ask if there are any surprises as people look at where others placed themselves. If so, ask them to share why they are surprised. Do this for each of the continuum categories to solicit feedback each time. You might find that people start to guess where team members will stand on the lines. Keep it cheerful/respectful and take advantage of those moments by asking people to explain why they thought the way they did. Most of your discussion will occur after people place themselves along the continuum each time.
- For each of the dimensions, you might note how people's jobs may drive them to be one way (MDS coordinator is a detailed oriented job) but that naturally, that person might be different. Some people might realize this immediately and will ask you if they should answer based on work or home life. Simply have them think about their preferred way to be (i.e., "I have to talk a lot a work, but I prefer being by myself in a quiet place, so most likely an introvert.)
- Share stories of how knowledge of any of these dimensions has impacted you personally.
- Some organizations have put their types on their desk in small frames, or hung them in their office to help people remember what personality type they are communicating to. Some leaders have developed quick summaries of their team members to remember their personal styles/preferences, to help them be more mindful, when interacting with them. This is especially helpful, because then <u>both</u> leader and team member are working to adjust their style in an effort to accommodate the other person's style.

Facilitator Tip: *This is an insightful, fun exercise for leaders to do with their own team when they get back to the home.*

- Ask participants to come back to the seating area to share their takeaways.
- Hand out the one page Myers Briggs Types.
- Ask participants to note their four letter combination, i.e. ENFP, ISTJ, etc.
- Read the prayer for each of the Myers Briggs types and ask participants to raise their hand as their prayer is read.

Your source of energy	
Introvert	**Extrovert**
Prefer to think alone to solve a problem or deal with a situation.	Prefer to work through a situation or problem by talking it out with others.
Am reserved or shy in social situations.	Am outgoing and enjoy social situations.
Become easily absorbed in internal process (my own thoughts) and less tuned in to others.	Enjoy variety and choose relationships first, tasks second.
Am often quiet and focused on a task.	The need to talk things through.
Like working alone and may dislike being interrupted.	Like working with people and may become impatient with long, slow tasks.
The need to think things through.	Don't mind being interrupted.
Keywords: shy • reserved • reflective	**Keywords:** outgoing • talkative • sociable
Your way of receiving information	
Intuition	**Sensing**
Need to know the overall picture before focusing on specific details.	Need to know facts and specific details before focusing on the overall picture.
Like ideas, concepts, theories and become bored with nitty-gritty details and facts.	Like the concrete, real, factual, tangible. May miss the big picture.
Intuitive, making decisions based on gut feelings rather than facts.	Become impatient with theory, abstract ideas, or concepts.
May leave out or neglect details or make errors of fact.	Think in careful, detail-by-detail accuracy, making decisions based on all the facts.
Can see the big picture and future possibilities.	Trusts the establishment and the tried and true.
Keywords: brainstormer • big picture • theory	**Keywords:** facts • details • data collection
How you make decisions	
Feeler	**Thinker**
Make decisions based on feelings—compassion, warmth, and personal values.	Make decisions about people and life based on rational thinking— logic, factual evidence
Get along well with people.	May step on others' feelings without realizing it.
Care about others' feelings. Considers others before making decisions.	Am swayed by rational argument rather than feelings.
Am swayed by feelings rather than rational argument.	Can tolerate interpersonal conflict.
Like conciliation and harmony.	Uses the logical choice
Keywords: compassionate • personal • warm	**Keywords:** rational • black and white • tough-minded
How you plan life	
Present Oriented	**Future Oriented**
Prefer to be spontaneous, in the moment.	Like to plan, think about the future.
Like to see all sides of an issue; am okay with changing my mind.	Am firm, clear, sure. Prefer to make a decision and stick to it.
Am comfortable changing goals based on new information.	Set goals and work toward them.
May become involved in many tasks or activities at the same time.	Like to finish one task before moving on to the next. Don't often look back.
Am uncomfortable with closure, definite endings.	Like closure, clear endings.
Enjoy surprises and changing plans.	Loves routine and to-do lists.
Keywords: Easy going • unscheduled • flexible	**Keywords:** scheduled • structured • organized

Myers Briggs Types

Source of Energy

'E' Extraversion 'E' - The need to talk things through.

Keywords: outgoing • talkative • sociable

'I' Introversion 'I' - The need to think things through.

Keywords: shy • reserved • reflective

Receiving Information

'N' Intuition 'N' - Can see the big picture and future possibilities.

Keywords: brainstormer • big picture • theory

'S' Sensing 'S' - Trusts the establishment and the tried and true.

Keywords: facts • details • data collection

Making Decisions

'F' Feeling 'F' - Considers others before making decisions.

Keywords: compassionate • personal • warm

'T' Thinking 'T' - Uses the logical choice

Keywords: rational • black and white • tough-minded

Planning Life

'P' Perceiving 'P' - Enjoy surprises and changing plans.

Keywords: go with the flow • unscheduled • flexible

'J' Judging 'J' - Loves routine and to-do lists.

Keywords: scheduled • structured • organized

My type is _____ _____ _____ _____

Facilitator Tip: *Before doing this exercise make sure each person knows what letter combination they are. Be sure to emphasize the point of each when reading.*

Myers Briggs Prayers

ISTJ: Lord help me to relax about insignificant details beginning tomorrow at 11:41.23 am e.s.t.

ISTP: God help me to consider people's feelings, even if most of them ARE hypersensitive.

ESTP: God help me to take responsibility for my own actions, even though they're usually NOT my fault.

ESTJ: God, help me to not try to RUN everything. But, if You need some help, just ask.

ISFJ: Lord, help me to be more laid back and help me to do it EXACTLY right.

ISFP: Lord, help me to stand up for my rights (if you don't mind my asking).

ESFP: God help me to take things more seriously, especially parties and dancing.

ESFJ: God give me patience, and I mean right NOW.

INFJ: Lord help me not be a perfectionist. (did I spell that correctly?)

INFP: God, help me to finish everything I sta

ENFP: God, help me to keep my mind on one th-Look a bird-ing at a time.

ENFJ: God help me to do only what I can and trust you for the rest. Do you mind putting that in writing?

INTJ: Lord keep me open to others' ideas, WRONG though they may be.

INTP: Lord help me be less independent, but let me do it my way.

ENTP: Lord help me follow established procedures today. On second thought, I'll settle for a few minutes.

ENTJ: Lord, help me slow downandnotrushthroughwatIdo.

Structure of Decision Making 60 Minutes

- Consensus decision-making tries to incorporate the thinking of every member of the team. Through open conversation, ideas are discussed, and problems are identified and resolved. Through this process a blending of ideas takes place and the final decision is usually better than any single idea presented at the beginning.
- Consensus decisions are not unanimous votes, everyone getting what they want, everyone finally agreeing to the one right opinion, or reaching a compromise. Instead consensus decisions are accepted and clearly understood by every member of the team as the best decision.
- To achieve consensus on an issue or decision consider the following:
    1. Discuss the issue—take all sides into consideration and try to find ways to address concerns
    2. Do a check—go around the room and have each member of the team give their current opinion or perspective. Allow room for clarifying questions, but avoid using criticism
    3. If consensus hasn't been reached—repeat steps 1 and 2
- Share Tips for Reaching Consensus
    - Listen carefully: Ask for reasons, keep an open mind and seek out the assumptions behind statements
    - Encourage full participation: Don't assume that silence means agreement
    - Seek out differences of opinion: They increase the range of information and opinions that the team can use in its decision making
    - Look for alternatives that meet the goals of all members: When you are stuck on opposing positions look for acceptable alternatives
    - Don't change your mind just to avoid conflict
    - Don't just argue your point of view: Look for ways to combine your ideas with others
    - Balance power: If a supervisor is a member of the team he or she should not state their views until all other views have been heard
    - Make sure there is enough time: Meetings should be long enough to allow for full discussion and there should be time for a decision to be made
    - Check understanding: Make sure everyone understands the decision and can explain why it was best
- Ask the group to discuss ideas for how they will personally encourage consensus decision making more often.

Six Thinking Hats

- Facilitate Six Thinking Hats, from "The Innovator's Toolkit"
    - Six thinking hats helps participants to think through different lenses, appreciate different perspectives and encourages honest feedback regarding an issue, both positive and negative.
    - Ask the group to determine one decision they are currently debating. An issue that has some people in favor and some against.
    - Have participants break into groups, six is ideal, but groups can also be made with five or even four participants if necessary.

- Provide each group with an envelope filled with six colored pieces of paper: white, black, yellow, red, green, and blue. If there are not six participants in the group, remove pieces of paper for the correct amount. Remove the blue card first and the red card next if needed.

Facilitator Tip: *For a livelier experience purchase party hats in these colors and encourage team members to wear their hat.*

- Remind the groups the reason for the "meeting" and the decision or idea that the team will be evaluating. Review the perspective of each thinking hat that is being used and refer to questions that are posted. Ask the group to pass the envelope and randomly pick a piece of paper or hat. Participants will discuss the issue wearing this "hat" regardless of how they really feel about the issue. For example, if the group is discussing flexible shower times and I am wearing a black hat, I must discuss the downside of making this change even if I truly support it.
- Give the team 10 minutes to discuss the issue wearing the hat that they have pulled. Team members must remain in this role, despite how difficult or opposite of their own opinion it is! Each participant should have the opportunity to speak and the blue hat (facilitator) should help to ensure this.
- Circulate around the room to observe how the groups are interacting. If some groups seem dominated by one or two members, ask if everyone has been given equal time to share their opinion. If the group is quiet, make some suggestions for one of the hats to get them going. If the groups have been talking for a while, assess if it is time to move hats. Generally, 10-15 minutes should be enough time for good discussion regarding a topic.
- When it is time to move hats, have each participant pass their card to the right or left. The group will then spend 5-10 minutes discussing the issue with their new hats on.
- At the conclusion, debrief the exercise. Ask participants some of the following questions:
    - What are the takeaways from this exercise?
    - Did you get to wear a hat that was different from your true opinion? How did that feel?
    - Were any other sides of the issue uncovered? Did you determine what data you still need to gather or other options that should be investigated?
    - How can this tool be useful in our organization?
- Takeaways include:
    - Sometimes we are unable to speak freely about our real opinion. For example, you may feel like you have to be positive about a new idea so hold back on raising potential problems. Wearing the black or white hat allow us to speak freely about our thoughts.
    - When we are forced to think through different perspectives, it allows us to evaluate solutions and ideas more openly, instead of being committed to our one perspective.
    - Wearing various hats and listening to others who are wearing them allows us to recognize how we come across to other people. One

participant in a group once remarked, “Now I realize how silly I sound always being so negative!”

Empowerment & Engagement — 90 Minutes

- Engagement means that team members want to do better for themselves and want the organization to do better. They are always striving to improve.
- Empowerment is the ability for team members to have control over their work. Employees are empowered when they can share ideas and their input makes a difference.
- The culture that you create in your home can empower team members to make decisions and think on their own. On the flip side, barriers such as stringent policies or even the tone that a supervisor uses can disempower team members and unintentionally create task masters who don't go beyond their defined job description and assignment. Empowerment can lead to engaged employees.
- Sadly, the majority of team members are not actively engaged in their work. Studies show that approximately 20% of people are actively disengaged and are working against the organization; approximately 50% are somewhat engaged and doing just what they need to do to get by; 30% are actively engaged and want to do better at work for themselves and the organization.
- Share the above statistics with the participants.
- Introduce the exercises in this section by stating that engagement is closely linked to a person’s direct supervisor.

Good Jobs/Bad Jobs

- Distribute the handout “Good Jobs/Bad Jobs”
- Ask participants to break into pairs, preferably with someone in another department or shift, or someone they don’t know well.
- Invite them to discuss with their partner, for 5 minutes each, a job they left or in which they were truly unhappy. What were the most important characteristics of these “bad jobs”? How did these characteristics make you feel? Then ask them to discuss what they love and value most in a job. What characteristics do they look for? What makes them feel committed to a job? What are the characteristics and the feelings that go with that?
- Invite participants to jot down some answers as they discuss their memories.
- At the end of the ten minutes ask the participants to gather back together and share a few of their insights with the larger group.
- Ask “Why do you think we did this exercise?” “What can we be doing differently to have our team members reflect on their experience with us as a “good job”?

Supporting the Team

- Use matching cards (peanut butter and jelly, left and right, etc.) or another means to match pairs of people up randomly.
- Have partners spend 10-15 minutes discussing, “What can I do to support you?” Ensure that each person has time to share their thoughts and feedback.

- As times allows, match up new sets of people to discuss this same question. The goal is for the leaders to have conversations that they may have been avoiding and to discuss what they need, based on what they have learned throughout the day.

Getting to Yes

- Ask the group to determine a topic for discussion. The topic should be a request or suggestion from a resident family member or team member that they said "No" to recently.
- Break into small groups of 4-6 people.
- Challenge the group to brainstorm and make a list of the various ways they could make the answer "Yes". Encourage them not to judge each other's input and support any and every answer that is shared.

Facilitator Tip: *Push the boundaries by asking them to think of at least 20 different ways!*

- Discuss in the large group the feedback that was shared and ask the group the importance of "Getting to Yes" in your organization. Allow them to share their reasons before sharing your insights.
- Takeaways:
    - Even though the idea might not represent what you would do, acting on it builds team members confidence and makes them feel that they are a valued.
    - When team members hear a negative reply to their idea or suggestion, many won't come back and share another idea.
    - Those that feel that they have a weaker voice in the organization will feel shutdown and silenced if the answer is a "No".
    - If it absolutely can't be a "Yes," the reasons why must be shared and the person thanked for their input.

Next Steps 30 Minutes

- Share with the group that the organization will be embarking on a journey to improve person centered care, including the support of people living with dementia. To support that journey, a Champions of Change Committee will be formed along with a More than Meds workgroup.
- To move forward with ideas and sustain the changes that are put into place, it is critical to have an effective committee leading the charge. Why? One person cannot do it alone and a weak committee is useless. Banish spending time on discussions with no actionable ideas or positive outcomes!
- Putting together the right team starts with getting the right members on board. John Kotter shares in his book "Leading Change" that there are four key characteristics of an effective guiding coalition.
    1. Position Power: Get key players on board, especially front line managers, to avoid those that are left out blocking progress.
    2. Expertise: Gather various perspectives (different departments, positions, shifts, length of service, etc.) that are relevant to the project so that informed decisions can be made. A group of "yes men" isn't the ideal answer. Opposing viewpoints offer opportunity for discovering new ideas and potential barriers.

3. Credibility: Consider the reputation of members in the organization. Both formal and informal leaders on the team need to be people that others respect and listen to.
4. Leadership: Are there enough leaders on board to drive the change forward?

- A More Than Meds Workgroup should be added as a subcommittee of the overall Champions of Change Committee. Although a goal of the Work Team will be to reduce the use of unnecessary antipsychotics, its purpose is really "more than meds," and its broader goal was to improve dementia care overall by focusing on how people with dementia could live well in their communities.

Facilitator Tip: *If a person centered committee or antipsychotic review committee already exists, there's no need to add more committees. Discuss as a team how your existing committees can utilize the information and resources in this toolkit.*

- The More Than Meds Workgroup will review residents receiving antipsychotics, brainstorm reasons behind "behavioral expressions" (actions and reactions) of persons with dementia, and suggest ways of preventing or responding to these actions and reactions. The Work Team will also address larger issues in dementia care, such as how dining might be improved for persons with dementia, or how the environment might be influencing behavioral expressions and overall quality of life.
- See the Champions of Change and/or the More Than Meds Workgroup section in this toolkit for more details.

Accountability & Closing **30 Minutes**

- Thank the group for their time and input! Share some closing words such as, "We just finished up walking through what our job to be done is. We know why we've picked this project, and why we want to make this change. We know that this project has the potential to have a high impact on our home. Now it is up to us to be cheerleaders for this change and to inspire others with our enthusiasm. We may not always get our way, but as we learned in consensus decision making, for the greater good of our home we need to support the decisions we make together."
- Ask participants if they have any other questions or comments about their work as a team.
- Ask each participant to share one thing that they got out of the day. It might be something that inspired them or challenged them to think differently.
- Share with the team that their commitment is required for any changes to be successful.
- Close day by inviting team members to share any concerns that they may have about moving forward and address questions as needed. Model the way by encouraging feedback and acknowledging the challenges that this journey will bring.
- Have attendees sign the commitment form.
- Thank participants for sharing their time and their insights!
- End day by reading the "The Starfish Story". Emphasize that while it might seem overwhelming at times, even one action can make a difference!

Facilitator Tip: Reference back to discussion earlier in the day to reinforce learning and put your own spin on this closing.

The Cookie Thief by Valerie Cox

A woman was waiting at an airport one night
With several long hours before her flight
She hunted for a book in the airport shop
Bought a bag of cookies and found a place to drop
She was engrossed in her book but happened to see
That the man beside her as bold as could be
Grabbed a cookie or two from the bag between
Which she tried to ignore to avoid a scene
She munched cookies and watched the clock
As this gutsy cookie thief diminished her stock
She was getting more irritated as the minutes ticked by
Thinking "If I wasn't so nice I'd blacken his eye"
With each cookie she took he took one too
And when only one was left she wondered what he'd do
With a smile on his face and a nervous laugh
He took the last cookie and broke it in half
He offered her half as he ate the other
She snatched it from him and thought "Oh brother
This guy has some nerve and he's also rude
Why he didn't even show any gratitude"
She had never known when she had been so galled
And sighed with relief when her flight was called
She gathered her belongings and headed for the gate
Refusing to look back at the thieving ingrate
She boarded the plane and sank in her seat
Then sought her book which was almost complete
As she reached in her baggage she gasped with surprise
There was her bag of cookies in front of her eyes
"If mine are here" she moaned with despair
"Then the others were his and he tried to share"
"Too late to apologize she realized with grief"
That she was the rude one, the ingrate, the thief.

Valerie Cox, “A story of wrong perceptions” in “Chicken Soup for the Soul," Editor Jack Canfield

Learning Organization

Problem: *When the employee is faced with a problem situation*	**Traditional Organization Response:** *"Ideal employee" behaviors that are counterproductive to learning*	**Learning Organization Response:** *Employee actions that allow learning from failure or problems*
Problem with supply of materials, information, etc.	**Adjusts** to shortcomings in materials and supplies without bothering managers or others	**Noisy Complainer:** Remedies immediate situation but also lets the manager and supply department know when the system has failed
Errors and problems committed by other people	**Seamlessly corrects** for the errors of others – without confronting the person about their error.	**Nosy Troublemaker:** Allows others know when they have made a mistake with the intent of creating learning, not blame.
Errors and problems committed by the employee him or herself	Creates an impression of **never making mistakes.**	**Self-aware Error-maker:** Allows manager and others know when they have made a mistake so that others can learn from their error. Communicates openness to hearing about their errors discovered by others.
Improvement opportunities with overall system	**Committed to the current way of doing business** – understands the "way things work" around here.	**Disruptive Questioner:** Someone who won't let well enough alone: Questions why do we do things this way? Is there a better way of providing the service to the customer?

Sources: Tucker, A.L., Edmondson, A.C. 2003. Why hospitals don't learn from failures: organizational and psychological dynamics that inhibit system change. California Management Review 45(2): 55-72.

Judger/Learner: Promoting a Culture of Questions

Judger Questions	Learner Questions
Who is to blame? Why can't they perform?	What are my goals? What am I responsible for?
How can I prove I'm right?	What are the facts and what am I assuming?
How can I protect my turf?	How can I help?
Why aren't we winning?	What do our customers/stakeholders want?
What could we lose?	What steps can we take to improve the situation?
Why bother?	What's possible?

Adapted from Marilee Adams, PhD, Warton @ Work Nano Tools for Leaders August 2012

Suggested ways to use Learner Questions:

1. Work on yourself first! Remember you will reflect what you put out.
2. Prepare some learner questions in advance of a meeting or a discussion you will be having.
3. Like anything else, practice makes perfect! You are learning to be a learner!

Six Thinking Hats

From "The Innovator's Toolkit"

The Blue Hat:

- Reviews the reason for the meeting, including the topic to be discussed
- Shares the perspective of each thinking hat
- Writes down the thoughts that are shared or asks for a volunteer to do so
- Outlines the next steps needed before the next meeting

The White Hat:

- Sticks to the facts
- Asks what other information do we need that can help us?
- What data do we already have?
- What information can we find out from other places that may be doing this?

The Yellow Hat:

- Looks at the positive
- What is the benefit of the idea or scenario?
- Why do we like it?
- What is the best possible scenario that could result from implementing this idea?

The Black Hat

- Looks at the idea with caution
- What are the risks or drawbacks of this idea?
- What could go wrong if we do this?

The Green Hat

- Thinks creatively and "outside the box"
- How can we improve the idea that was suggested?
- How can we make it more appealing or practical?

The Red Hat

- Expresses opinions in a non-judgmental way
- Share how they feel without having to prove it

Characteristics of Good Jobs Bad Jobs

Discuss jobs you have left or in which you have been truly unhappy. What were the most important characteristics of these “bad jobs”? How did these characteristics they make you feel?

Characteristics of “Bad Jobs”	How they make you feel…

Discuss what you love and value most in a job. What characteristics do you look for? What makes you feel committed to a job? What are the characteristics and the feelings that go with them?

Characteristics of “Good Jobs”	How they make you feel…

Commitment More than Meds Leadership Team

As a member of the leadership team supporting More than Meds, I am committed to:

- Recognizing that my contribution is impacting not only my nursing home, but those throughout the state and nation.
- Remembering that every “no," “that won’t work because…” or other verbal obstacle is robbing the staff and residents of confidence and negatively impacting engagement.
- Remembering that every “yes," “we can figure it out” and other verbal support is inspiring the staff and residents and increasing engagement.
- Supporting the members of the Champions of Change Committee by practicing good communication, open-mindedness, compromise, and perspective-taking.
- Advocating for the More than Meds project with the entire nursing home community (all of my co-workers, residents, families, etc.)
- Sharing information from the leadership team with the Champions of Change Committee and the rest of our nursing home community.
- Participating in meetings, monthly calls, and regional meetings as needed.
- Fully supporting my staff’s attendance in training sessions, meetings and calls.
- Participating in surveys and helping the project team with the survey process by providing feedback and encouraging participation by others.
- Championing the Action Learning Project.
- **Helping my nursing home to become an even better place to live and work!**

Signed: _____Date:_____

Appendix B: Tools & Resources for Champions of Change Committee

Champions of Change Committee Facilitator Guide

Objectives:

- Forming a strong committee through team building
- Challenge the status quo
- Setting achievable goals

See below for details on facilitating each of these sections, along with the supporting handouts.

It is recommended to schedule two 15 minute breaks and an approximately 45-minute lunch that includes an activity.

Opening	Introduction of participants and set the tone Icebreaker	30 Minutes
All About More than Meds	What is More Than Meds? What are the next steps? Q&A	30 Minutes
Learning Organizations	What is a learning organization? What are the barriers?	30 Minutes
Establishing a Project	Project options Root cause analysis	75 Minutes
Bringing Focus	"Job to be Done" Prioritize the elements of the system that contribute to the Job to Be Done.	60 Minutes
Structure of Decision Making	Consensus based decision making	20 Minutes
Accountability & Closing	Share the importance of accountability to each other and the project Sign commitment form Starfish Story	30 Minutes

Set-up & Prep **30 Minutes**

- Plan on arriving 30 minutes early to ensure the room is set up in a circle or horseshoe to allow for maximum participant engagement.
- Don't distribute all of the handouts for the day as people will be shuffling paper and reading materials that are intended for use later in the day. Place on each chair only the items they will need to start the day, such as a small notepad, pen and any items needed for an icebreaker.
- You are setting the tone from the moment people walk in! Consider playing music or placing fun items around the room such as stress balls, yo-yo's, etc.
- Welcome each person as they enter the room and thank them for coming!

Opening **30 Minutes**

Facilitator Tip: *Put your own spin on this by using language that you are comfortable with!*

- "Welcome. Today is going to be a day of self-reflection and team building. We are going to learn about: root cause analysis, how to make decisions as a group, choosing a project for the committee to focus on and lots of other tips to help you succeed as a committee!"

Facilitator Tip: *Use names often…it's a great way to connect.*

- "Some housekeeping items, please put your phones on vibrate. If you have a situation you need to take care of, and we all understand that there are lots of things going on at home and work, please step outside to do so. You are all adults, so please feel free to use the bathroom as you need to, get up and get more food or drink. We will take breaks throughout the day and will be having lunch in (this room or indicate the other room)."

Facilitator Tip: *Do not share when breaks or lunch will be. Sometimes discussion takes longer than you think, sometimes shorter. You do not want people watching the clock for 12:00, if there is a great conversation going on maybe you will wind up breaking at 12:15.*

- Introduce an icebreaker activity. There are thousands of icebreaker activities online so find the one that suits your group the best!
    - One example is to ask each team member to share, "How are you creative in your life?"
    - Answers might be activities such as cooking, photography, or even making up games to play with grandchildren!
    - Emphasize that everyone is creative in some way and that they will be tapping into their creativity as a Champion of Change Committee member.

All About More than Meds **30 Minutes**

- In order to get people's commitment to change, they have to understand what the future holds and the reasons for the change. This is true for any change that you undertake, now or in the future. They have to know the "why"! Most people will understandably have many questions about why your organization is embarking on this journey. Encourage those questions and embrace this opportunity to get people on board with the changes ahead.
- Share with the group an overview of the More than Meds project and the various components. What will the home be doing? When will you be doing it? Why are you doing it? What are the next steps?

Facilitator Tip: *During this discussion encourage participants to ask the hard questions. You may want to start with sharing one of the questions or comments that you have been hearing such as, "Some of you probably think this is just another program that is going to last a week and then fade away. That's okay that you think that, but what we want to do as a group is to figure out ways how we can make this stick for the long-term."*

- In the large group, ask participants open-ended questions such as: "What questions do you have about this change in our home?" "Do you have questions about how your team will work together and what you will be doing?"

Facilitator Tip: *Use a flipchart and markers so the list can be referred to throughout the time together and to record any questions that need follow-up.*

Learning Organization **75 Minutes**

- A Learning Organization is a term coined by Peter Senge that refers to an organization that strongly supports the learning of its team members and consistently seeks out ways to improve itself.
- In contrast, a traditional organization tends to quickly fix problems. For example, a 2003 study of nine hospitals showed that most of the time (93%) nursing staff at these facilities simply "patched" problems. They didn't try to find out what kept causing the problem or try corrections in the "system"—e.g. work with laundry to make sure that there was always a supply of clean linen.
- However, "working around problems" takes a toll. For example, tracking down supplies takes time away from being with residents. If lifting equipment is constantly out of service or missing, team members may wind up manually lifting and transferring residents—risking their own safety and that of the resident. When problems are "patched," team members may become resigned to just doing their best to get through the day—but communication about "the problem" doesn't happen—there's no time to communicate.
- Hand out and review the Learning Organization fact sheet and ask participants to break into pairs.

Facilitator Tip: *Encourage people to talk with those they don't normally. Break the group into pairs in a creative way such as matched cards (i.e. the peanut butter card finds the jelly card).*

Learning Organization Barriers

- Ask the pairs to discuss, for 10-15 minutes, the following questions. Provide a reminder of the time limit a few minutes before they are out of time.

  1) Where do you think our organization falls on the continuum between learning organization and traditional organization?
  2) What are obstacles that make good communication and learning from mistakes difficult in our organization?

- Ask participants to gather back together into the large group. Depending on the time you have available, ask them to share their insights and thoughts. Some examples include:

  - Electronic communication, instead of face to face.
  - Lack of systematic processes for learning from and collaborating with families, residents and staff (whether via surveys or meetings)
  - Training is no longer interactive, but offered via video or online
  - Lack of overlap between shifts
  - More to do…. (more paperwork, sicker residents)
  - A focus on regulations sometimes leaves little time to focus on developing people

Establishing a Project **90 Minutes**

Facilitator Tip: *Distribute copies of the executive summary or overview of any satisfaction survey/focus group information to participants prior to the meeting. If this information is not available, look at other sources of data such as resident council minutes, family council minutes, quality meeting minutes, etc. As part of the More Than Meds project each home received a detailed report of recommendations, which the Champions of Change Committee had available to review. Self-Assessments require additional steps that may include brainstorming recommendations, utilizing your network to problem solve, and researching outside resources.*

- Break the larger group in to small groups of 4-6 to discuss what are two possible projects that the Champions of Change Committee can focus on for their first project?
- Give the groups 15-20 minutes to deliberate; more time might be needed if there are many topics to choose from.

Facilitator Tip: *Small groups work well because people feel more comfortable sharing their ideas.*

- Gather the large group back together and ask each team for their suggestions. Discuss the options available and then narrow the choices down to one or two. When deciding consider:
    - What project will have the greatest impact on the others? (For example, dining often impacts the flow of the day, medication times, etc.)
    - What project offers the greatest opportunity for success? (For example, while it might be extremely beneficial to the residents, don't choose to create all private rooms if it will require support from a skeptical Board of Directors or Owner.)
    - What project involves multiple departments and shifts? (For example, focusing on meaningful engagement includes everyone who works and lives in the home.)
- Consider the root cause of the problem at hand. Such as:
  Problem: Attendance is poor.
  Possible root causes:
    - Policy for attendance is too lenient.
    - Policy for getting time off is too strict, so people feel forced to call out.
    - Workload leads to overwhelm and burnout.
    - People are not held accountable.
    - There is peer pressure to call out on Mondays.
    - Lack of teamwork means people don't care who they are letting down.
    - Lack of staff leads to no one to cover, but people still need time off and therefore call out sick.

Facilitator Tip: *Ensure that a designated person writes down the feedback being shared. This information will be helpful for the committee's work.*

Bringing Focus **60 Minutes**

During this section the team will be narrowing down what probably feels like an overwhelming project. When people are overwhelmed forward movement is difficult. It is far better to have a clearly defined, realistic project to start with then one that is going to frustrate everyone involved and most likely not be accomplished.

- Introduce the concept of The Job to Be Done (JTBD) and distribute handouts.
- The Job to be Done is a concept that guides you towards innovation and helps you move beyond the norm of only improving current solutions. It is described in detail in the book, "The Innovator's Toolkit", a helpful resource for problem solving and innovating.
- The Job Statement describes the Job to be Done. It is made up of an action verb, object of the action, and clarification of the context in which the job is performed. Examples: Manage personal finances at home, provide a safe environment, inspire team members to come to work, keep people living in their own home, etc.
- Guide the team in creating a JTBD statement for the project they chose. One of the homes in the original More than Meds project chose, "See beyond tasks" to describe their work to be done.

Facilitator Tip: *Participant's brains have been working hard! This is a good point to see if they need a break.*

- On a flip chart begin to visualize the elements of the JTBD. What are all the pieces that play a part? For example, "To inspire team members to come to work" involves:
    - Hiring Practices (Are we screening for the right kind of people, sharing information up front about how they are being counted on by residents and team members, etc.)
    - Policies (Absenteeism and request for time off policies, etc.)
    - Teamwork (Do people feel committed to their team?)
    - Employee Engagement (Engaged employees are less likely to be absent)

- It's often helpful to create an illustration or job flow of the systems involved.

Facilitator Tip: To help define elements of the system ask: What is happening? When does it happen? Where does it happen? To whom does it happen or who causes it to happen? Why does it happen? How does it happen?

- Label the system element and how each relates to the JTBD. How does this element impact the JTBD, or its outcome expectation?
- Create a problem statement for each element. For example, how can we improve our hiring practices to inspire people to come to work? How can we ensure our policies support team members coming to work?
- Breaking the large JTBD into these different problem statements helps the team to decide what to focus on specifically.
- After you have created the problem statements, rate each one on a scale of 1-3 with the ease of implementation and the expected impact on the JTBD. 1=Difficult/Little Impact 2=Not Too Difficult/Some Impact 3=Easy/Significant Impact

Example:

Problem Statement	Ease	Impact
Improve Hiring Practices	2	2
Ensure Policies Support	3	3

- As a team, identify the problem statements that will most easily have the greatest impact. The one or two that are identified will be the first opportunities you will be tackling!

Structure of Decision Making — 20 Minutes

- Consensus decision-making tries to incorporate the thinking of every member of the team. Through open conversation, ideas are discussed and problems are identified and resolved. Through this process a blending of ideas takes place and the final decision is usually better than any single idea presented at the beginning.

- Consensus decisions are not unanimous votes; everyone getting what they want; everyone finally agreeing to the one right opinion; or reaching a compromise. Instead consensus decisions are accepted and clearly understood by every member of the Team as the best decision.
- To achieve consensus on an issue or decision consider the following:
    4. Discuss the issue—take all sides into consideration and try to find ways to address concerns
    5. Do a check—go around the room and have each member of the Team give their current opinion or perspective; allow room for clarifying questions but avoid using criticism
    6. If consensus hasn't been reached—repeat steps 1 and 2
- Share Tips for Reaching Consensus
    - Listen carefully: ask for reasons, keep an open mind and seek out the assumptions behind statements
    - Encourage full participation: don't assume that silence means agreement
    - Seek out differences of opinion: they increase the range of information and opinions that the team can use in its decision making
    - Look for alternatives that meet the goals of all members: When you are stuck on opposing positions look for acceptable alternatives
    - Don't change your mind just to avoid conflict
    - Don't just argue your point of view: look for ways to combine your ideas with others
    - Balance power: If a supervisor is a member of the Team he or she should not state their views until all other views have been heard
    - Make sure there is enough time: meetings should be long enough to allow for full discussion and there should be time for a decision to be made
    - Check understanding: make sure everyone understands the decision and can explain why it was best
- Ask the group to discuss ideas for how they will personally encourage consensus decision making more often.

Facilitator Tip: Model the way by using consensus decision making throughout today and in future interactions.

Accountability & Closing **30 Minutes**

- Thank the group for their time and input! Share some closing words such as, "We just finished up walking through what our job to be done is. We know why we've picked this project, and why we want to make this change. We know that this project has the potential to have a high impact on our home. Now it is up to us to be cheerleaders for this change and to inspire others with our enthusiasm. We may not always get our way, but as we learned in consensus decision making, for the greater good of our home we need to support the decisions we make together."

- Ask participants if they have any other questions or comments about their work as a team.
- Ask each participant to share one thing that they got out of the day. It might be something that inspired them or challenged them to think differently.
- Share with the team that their commitment is required for any changes to be successful.
- Close day by inviting team members to share any concerns that they may have about moving forward and address questions as needed. Model the way by encouraging feedback and acknowledging the challenges that this journey will bring.
- Have attendees sign the commitment form.
- Thank participants for sharing their time and their insights!
- End day by reading the "The Starfish Story". Emphasize that while it might seem overwhelming at times, even one action can make a difference!

Facilitator Tip: Reference back to discussion earlier in the day to reinforce learning and put your own spin on this closing.

Choosing a Champions of Change Committee

It's no surprise that change is not easy. To move forward with ideas and sustain the changes put into place, it is critical to have an effective steering committee. Why? One person cannot do it alone and a weak committee is useless.

Putting together the right team starts with getting the right members on board. John Kotter shares in his book "Leading Change" that there are four key characteristics of an effective steering committee (he refers to it as a guiding coalition).

Choosing the Right Members

- Position Power: Get key players on board, especially front line managers, to avoid those that are left out blocking progress.
- Expertise: Gather various perspectives (different departments, positions, shifts, length of service, etc.) that are relevant to the project so that informed decisions can be made. A group of "yes men" isn't the ideal answer. Opposing viewpoints offer opportunity for discovering new ideas and potential barriers.
- Credibility: Consider the reputation of members in the organization. Both formal and informal leaders on the team need to be people that others respect and listen to.
- Leadership: Are there enough leaders on board to drive the change forward?

Tips

1. Invite around 8-12 team members. Remember #2 above and the importance of various perspectives!
2. Personally invite people and tell them why they were chosen for this important role.
3. Ensure that team members have coverage to attend every meeting. If not, quickly non-supervisory staff will stop attending because they do not want to leave their position vacant for an hour.
4. Both management and leadership skills are needed on the team. Those with managerial skills will keep the project organized and well planned. Leaders will push the change forward.
5. Leave out people that don't have the ability to listen to others. Part of being on a team is welcoming and valuing other's opinions. If team members don't believe that their feedback matters, the team will not move forward.
6. The people that you can work around and ignore during "normal times" can be a serious problem during times of change. "That's just how she is," is no longer an acceptable response.

Tips for Choosing a Champions of Change Committee Chair

1. The chair plays an extremely important role in the success of your journey! It is a very special person you are looking for!

2. This very special person will need time to fulfill their role properly. Is there something that they currently do that someone else can take on? Often people have strengths that they would gladly use to support something like this project. Tap into those strengths!

3. The chair does not have to be a person of authority, but they do have to be someone who is comfortable communicating with others.

4. The chair should be a pleasantly persistent person. The chair will understand that sustainable change does not happen fast, but that consistent progress must be made if any change is to take place.

5. The chair should be someone who is comfortable questioning the status quo. They should naturally respect other's opinions and welcome their input.

6. The chair should lead by example. They will continue to develop and increase their knowledge through the journey, but someone who can show by example what person-centered care is will have an easier time motivating people to participate.

7. Choose someone who is well respected by various levels of staff and departments. Additionally, they will need the support of the administrator and key leaders to be successful in their job, especially if they are currently in a role without significant authority.

8. The chair should be well organized and able to follow-up with multiple individuals.

Remember…this is an incredibly special person you are looking for and they should be treated as such!

Commitment More than Meds Champions of Change Committee

As a member of the More than Meds Steering Committee, I am committed to:

- Following the Team Charter Guidelines
- Working as a team
- Supporting the other members of the Steering Committee by practicing good communication, open-mindedness, and compromise
- Contributing my feedback and unique experiences
- Being a cheerleader for the More than Meds project with all of my co-workers, residents, families, etc. (the entire nursing home community)
- Sharing information from the Steering Committee with the rest of our nursing home community
- Participating in the Steering Committee meetings, and calls
- Participating in surveys and helping the project team with the survey process by providing feedback and encouraging co-workers to participate
- Guiding the Action Learning Project
- Helping my nursing home community become an even better place to live and work!

Signed:_____Date:_____

Be the change you wish to see

- Gandhi

If you want to go quickly, go alone. If you want to go far, go together

- African Proverb

Champions of Change Committee Team Charter

Team Name:

Purpose:

Name	Phone	Email

Team Members:

Ground Rules:

Consequences for Rules:

Decision Making Methods:

Administrator Support: _____

Champions of Change Committee Minutes Template

Date:

Time	Agenda Item	Outcome (Move to Action Register as Needed)

Champions of Change Committee Action Register

Date	Action Item	Who?	By When?	Status Update

Champions of Change Committee Action Register (sample)

Date	Action Item	Who?	By When?	Status Update
8/4	Create Steering Committee Schedule	All Steering Committee Members	TODAY	Action Complete
8/4	Assign Role to Each Steering Committee Member or determine if rotating	Joe Smith: Minute Taker Jane Doe: Meet Facilitator Sally Green: Action Steps Leader Al Small: Committee Chair Tom Jerry: Homework Chair Kevin Collins: Pledge Master	TODAY	In Progress
8/4	Assign Homework Plan Ie. Observe & record styles of communication throughout the home. What works? What Doesn't work	Homework Chair	For Next Week	In Progress

Focus on Bright Spots

Adapted from "Switch: How to Change Things When Change is Hard" by Chip and Dan Heath

Bright spots are those times when things go right, not wrong. Instead of focusing on why an incident occurred, the concept of bright spots focuses you on what went right. What was happening all the times that a resident had no incident at all? Were they enjoying a certain recreation program? Did they go for a walk outside that day? Perhaps they slept in a little later. Look at what was going right.

This concept does not come naturally to people as most people focus on the bad, rather than the good. You will have to repeatedly ask: "When did nothing happen?" For example, if a resident is a fall risk, ask yourself "What was happening on the day where that resident did not fall?" Ultimately, someone will share a tidbit of information that you can use. This way of looking at problems has never failed me. *Every single time,* a staff member would share information that we could use to replicate.

The formula for bright spots is:

- Collect data
  - Incident times, locations, circumstances
- Review the data for bright spots
  - When are incidents less? Where are they not happening?
- Find out the norm
  - What happens on a "normal" day? Not what is supposed to happen, but what's really occurring day to day!
- Determine the difference between the norm and the bright spot
  - What is occurring differently?
- Remove anything that can't be replicated
  - If someone's daughter sits by their side 24 hours a day, you probably can't replicate that for another resident!
- Replicate, replicate, replicate
  - Start doing more of the things that work with a certain resident or try it with other residents.

Job to Be Done Example

Create JTBD Statement: Reduce fear and increase comfort for our patients.

Define Outcomes:

- Desired outcomes for patients: less fear, relaxed atmosphere, in control of experience
- Undesired outcomes for patients: delay treatment, worry about upcoming visit, and emotional stress at time of visit
- Desired outcomes for office: increased revenue, patient loyalty, and referrals
- Undesired outcomes for office: liability/lawsuits, patient goes elsewhere for treatment, shares negative experience with others

Visualize Overall System and Elements:

- What is happening? Patients are afraid of dental treatment and find it stressful and uncomfortable, if not painful.
- When does it happen? Primarily during treatment, but anxiety can begin before upcoming treatment.
- Where does it happen? Primarily at the dental office, secondarily in the patient's own mind before treatment.
- To whom does it happen, or who causes it to happen? Patients and the staff.
- Why does it happen? Either actual fear is manifested, or uncomfortable treatment methods are used, or both. Some of this is real, and some may be patient perception.
- How does it happen? Experiencing treatment, remembering past treatment or hearing horror stories about other's experiences.

Label System Elements

- The patient during treatment, who may be scared, anxious or uncomfortable-or calm and feeling good about the visit.
- A potential patient anticipating an upcoming visit who may be looking forward to it, or dreading it.
- The tangible results and benefits of a successful patient visit.
- Dental staff and their skill level regarding pleasant, comfortable treatment.
- Current process components (tools and techniques) that are perceived as "bad" by the average patient.

Problem Statement & Prioritizing:
How can we ensure that:

- The patient experiences relief from anxiety, minimal discomfort, and shortest duration of treatment.
- A patient anticipating upcoming treatment is focused on the positive benefits of dental care and attains a positive outlook?
- The patient has confirmed awareness of the positive outcomes of their treatment?
- The dental staff is skilled and competent in procedures and intent toward relieving patient fear and maximizing comfort?
- The standard practice treatment tools, equipment and materials are selected and applied with patient anxiety and comfort in mind….

Adapted from “The Innovator’s Toolkit: by David Silverstein, Philip Samuel and Neil DeCarlo.

Consensus Decision-Making

Consensus decision making tries to incorporate the thinking of every member of the Team. Through open conversation ideas are discussed and problems are identified and resolved. Through this process a blending of ideas takes place and the final decision is usually better than any single idea presented at the beginning.

Consensus decisions are not unanimous votes; everyone getting what they want; everyone finally agreeing to the one right opinion; or reaching a compromise. Instead consensus decisions are accepted and clearly understood by every member of the Team as the best decision.

How to Reach a Consensus

To achieve consensus on an issue or decision do the following:

1. Discuss the issue—take all sides into consideration and try to find ways to address concerns
2. Do a check—go around the room and have each member of the Team give their current opinion or perspective; allow room for clarifying questions but avoid using criticism
3. If consensus hasn't been reached—repeat steps 1 and 2

Tips for Reaching Consensus

- ***Listen Carefully***: Ask for reasons, keep an open mind and seek out the assumptions behind statements
- ***Encourage Full Participation***: Don't assume that silence means agreement
- ***Seek Out Differences of Opinion***: They increase the range of information and opinions that the Team can use in its decision making
- ***Look for Alternatives That Meet the Goals of All Members***: When you are stuck on opposing positions look for acceptable alternatives
- ***Don't Change Your Mind Just to Avoid Conflict:*** In fact, your concerns need to be heard and addressed, in order for the group to arrive at the best decision
- ***Don't Just Argue Your Point of View***: Look for ways to combine your ideas with others
- ***Balance Power***: If a supervisor is a member of the Team he or she should not state their views until all other views have been heard
- ***Make Sure There Is Enough Time***: Meetings should be long enough to allow for full discussion and there should be time for a decision to be made
- ***Check Understanding***: Make sure everyone understands the decision and can explain why it was best

Learning Organization

Problem: *When the employee is faced with a problem situation*	**Traditional Organization Response:** *"Ideal employee" behaviors that are counterproductive to learning*	**Learning Organization Response:** *Employee actions that allow learning from failure or problems*
Problem with supply of materials, information, etc.	**Adjusts** to shortcomings in materials and supplies without bothering managers or others	**Noisy Complainer:** Remedies immediate situation but also lets the manager and supply department know when the system has failed
Errors and problems committed by other people	**Seamlessly corrects** for the errors of others – without confronting the person about their error.	**Nosy Troublemaker:** Allows others know when they have made a mistake with the intent of creating learning, not blame.
Errors and problems committed by the employee him or herself	Creates an impression of **never making mistakes.**	**Self-aware Error-maker:** Allows manager and others know when they have made a mistake so that others can learn from their error. Communicates openness to hearing about their errors discovered by others.
Improvement opportunities with overall system	**Committed to the current way of doing business** – understands the "way things work" around here.	**Disruptive Questioner:** Someone who won't let well enough alone: Questions why do we do things this way? Is there a better way of providing the service to the customer?

Sources: Tucker, A.L., Edmondson, A.C. 2003. Why hospitals don't learn from failures: organizational and psychological dynamics that inhibit system change. California Management Review 45(2): 55-72

Appendix C: Tools & Resources for Supervisor Retreats

Supervisor Retreat Facilitator Guide

Objectives:

- Learn the behaviors that support high performing teams
- Obtain actionable tools to support person centered care
- Empower non-supervisory team members
- Challenge the status quo

See below for details on facilitating each of these sections, along with the supporting handouts.

It is recommended to schedule two 15 minute breaks and an approximately 45-minute lunch that includes an activity.

Opening	Introduction of participants Set the tone Icebreaker	30 Minutes
All About More than Meds	What is More Than Meds? What are the next steps? Q&A	30 Minutes
High Performing Teams	Playing to Strengths discussion Greatest gift statement	30 Minutes
Empowerment and Engagement	Share engagement statistics Good jobs/ bad jobs Learning Circles	100 Minutes
Culture of Questions	Judger Leaner Phoenix Checklist Bright Spots	120 Minutes
Accountability & Closing	Share the importance of accountability to each other and the project Sign commitment form Starfish Story	30 Minutes

Set-up & Prep **30 Minutes**

- Plan on arriving 30 minutes early to ensure the room is set up in a circle or horseshoe to allow for maximum participant engagement.
- Don't distribute all of the handouts for the day as people will be shuffling paper and reading materials that are intended for use later in the day. Place on each chair only the items they will need to start the day, such as a small notepad, pen and any items needed for an icebreaker.
- You are setting the tone from the moment people walk in! Consider playing music or placing fun items around the room such as stress balls, yo-yo's, etc.
- Welcome each person as they enter the room and thank them for coming!

Opening **30 Minutes**

Facilitator Tip: *Put your own spin on this!*

- "Welcome. Today is going to be a day of self-reflection and building your skills as a supervisor. You will learn how to inspire the best from your team and make your job more rewarding at the same time."

Facilitator Tip: *Use names often…it's a great way to connect.*

- "Some housekeeping items: please put your phones on vibrate. If you have a situation you need to take care of, and we all understand that there are lots of things going on at home and work, please step outside to do so. You are all adults, so please feel free to use the bathroom as you need to, get up and get more food or drink. We will take breaks throughout the day and will be having lunch in (this room or indicate the other room)."

Facilitator Tip: *Do not share when breaks or lunch will be. Sometimes discussion takes longer than you think, sometimes they are shorter. You do not want people watching the clock for 12:00, if there is a great conversation going on maybe you will wind up breaking at 12:15.*

- Introduce an icebreaker activity. There are thousands of icebreaker activities online so find the one that suits your group the best!
    - One example is to ask each team member to share, "Tell us how you got into healthcare and why you stay."
    - Emphasize that everyone has their story about how they got into the field. Often a family member encouraged them or caring for a loved one at home inspired their desire to work in the field.

All About More than Meds **30 Minutes**

- In order to get people's commitment to change, they have to understand what the future holds and the reasons for the change. This is true for any change that you undertake now or in the future. They have to know the "why"! Most people will understandably have many questions about why your organization is embarking on this

journey. Encourage those questions and embrace this opportunity to get people on board with the changes ahead.

- Share with the group an overview of the More than Meds project and the various components. What will the home be doing? When will you be doing it? Why are you doing it? What are the next steps?

Facilitator Tip: *During this discussion encourage participants to ask the hard questions. You may want to start with sharing one of the questions or comments that you have been hearing such as, "Some of you probably think this is just another program that is going to last a week and then fade away. That's okay that you think that but what we want to do as a group is to figure out ways how we can make this stick for the long-term."*

- In the large group, ask participants open-ended questions such as: "What questions do you have about this change in our home?" "Do you have questions about how your team will work together and what you will be doing?"

Facilitator Tip: *Use a flipchart and markers so the list can be referred to throughout the time together and to record any questions that need follow-up.*

High Performing Teams **30 minutes**

- Teamwork is a sense of unity and working together for a common cause.
- High performing teams challenge each other, support each other, work towards organizational goals together, hold each other accountable and learn from each other.

Playing to Strengths

- When you work with people and their natural strengths they feel better about the work they do and they do better work! The team also functions better when strengths and weakness are balanced.
- You can help your team members uncover what they are good at with some simple questions. This is a great one-on-one conversation to have with each person that works with you.
- Distribute the High Performing Teams handout and ask each participant to answer the first questions regarding strengths:
    - What do you love doing?
    - What comes easy to you?
    - What do you look forward to?
    - What do others say you do well?
    - What things that you do on the job make you feel good?
- After individuals have had the opportunity to answer these questions invite them back to the larger group. Ask each person to share their insights from this exercise. What did they learn about themselves? How often do they get to use their natural strengths at work?

- Wrap up by asking each person to complete the following statement about them self:

  The greatest gift I can offer our team is _____

  Forgive me when _____

  For example, the greatest gift I can offer our team is my constant enthusiasm and ability to inspire others. Forgive me when I get distracted and don't stay on track.

Facilitator Tip: *Encourage the participants to utilize these tools with their own team members.*

Empowerment & Engagement 100 Minutes

- Engagement means that team members want to do better for themselves and want the organization to do better. They are always striving to improve.
- Empowerment is the ability for team members to have control over their work. Employees are empowered when they can share ideas and their input makes a difference.
- The culture that you create in your home can empower team members to make decisions and think on their own. On the flip side, barriers such as stringent policies or even the tone that a supervisor uses can disempower team members and unintentionally create task masters who don't go beyond their defined job description and assignment. Empowerment can lead to engaged employees.
- Sadly, the majority of team members are not actively engaged in their work. Studies show that approximately 20% of people are actively disengaged and are working against the organization; approximately 50% are somewhat engaged and doing just what they need to do to get by; 30% are actively engaged and want to do better at work for themselves and the organization.
- Share the above statistics with the participants.
- Introduce the exercises in this section by stating that engagement is closely linked to a person's direct supervisor.

Good Jobs/Bad Jobs

- Distribute the handout "Good Jobs/Bad Jobs"
- Ask participants to break into pairs, preferably with someone in another department or shift, or someone they don't know well.
- Invite them to discuss with their partner, for 5 minutes each, a job they left or in which they were truly unhappy. What were the most important characteristics of these "bad jobs"? How did these characteristics make you feel? Then ask them to discuss what they love and value most in a job. What characteristics do they look for? What makes them feel committed to a job? What are the characteristics and the feelings that go with that?
- Invite participants to jot down some answers as they discuss their memories.

- At the end of the ten minutes ask the participants to gather back together and share a few of their insights with the larger group.
- Ask “Why do you think we did this exercise?” “What can we be doing differently to have our team members reflect on their experience with us as a “good job”?

Supporting the Team

- Use matching cards (peanut butter and jelly, left and right, etc.) or another means to match pairs of people up randomly.
- Have partners spend 10-15 minutes discussing, “What can I do to support you?” Ensure that each person has time to share their thoughts and feedback.
- As times allows, match up new sets of people to discuss this same question. The goal is for the leaders to have conversations that they may have been avoiding and to discuss what they need, based on what they have learned throughout the day.

Getting to Yes

- Ask the group to determine a topic for discussion. The topic should be a request or suggestion from a resident family member or team member that they said “No” to recently.
- Break into small groups of 4-6 people.
- Challenge the group to brainstorm and make a list of the various ways they could make the answer “Yes”. Encourage them not to judge each other’s input and support any and every answer that is shared.

Facilitator Tip: *Push the boundaries by asking them to think of at least 20 different ways!*

- Discuss in the large group the feedback that was shared and ask the group the importance of “Getting to Yes” in your organization. Allow them to share their reasons before sharing your insights.
- Takeaways:
    - Even though the idea might not represent what you would do, acting on it builds team members confidence and makes them feel that they are a valued.
    - When team members hear a negative reply to their idea or suggestion, many won’t come back and share another idea.
    - Those that feel that they have a weaker voice in the organization will feel shutdown and silenced if the answer is a “No”.
    - If it absolutely can’t be a “Yes," the reasons why must be shared and the person thanked for their input.

Learning Circles

- Learning Circles are used to provide small groups of people the space for exploration, learning, questioning, and sharing. Learning Circles provide an environment for every voice to be heard and validated.
- Learning Circles are important to the process of developing sustainable Person-Centered Care as they are the key feature in identifying the person, resident, family, or team member. The goal of a learning is to use dialogue as a means to create action plans, make decisions, generate ideas, and for feelings to be considered and expressed.
- Standard group size is 8-12 participants and a facilitator. Invited participants usually include representatives from different departments most impacted by a decision or change. It should be a diverse group of participants who have different opinions. The facilitator is a participant in the group, not the decision maker. They contribute to the dialogue as a team member and have no more or less power than another individual.
- Learning Circles can be used for small and large decisions. They can be used as a discovery tool at the beginning stages of a project, or decision making stages throughout a project. Learning Circles are also great for stand-alone decisions that should incorporate team participation.
- Pre-Circle Preparation:
  - Determine a topic for the circle.
  - Topic generation may come from previous circles or team huddles.
  - Circles may be used for the process of relationship development and the introduction of new team members, residents, and families.
  - Estimate the amount of time necessary to meet the desired outcomes.
  - Develop a goal for the circle. What is the desired outcome? A decision, gathering of information, etc.
  - Invite participants to the circle/conversation and ask for a facilitator volunteer.
  - Group size should be kept to 8-12 participants. If there is a particular subject that requires more participant input, break the larger group into smaller groups.
  - Research and provide background information on the topic for pre-learning.
- Much has been written about the formation of the Learning Circle process and format. The importance is not necessarily the 'shape' of the circle, but that there are no environmental barriers that block eye contact, provide a barrier or can be used as an expression of power. For example, sitting at the head of the table often signifies that person is in charge.
- Guidelines for Learning Circles:
    - First a question is posed to the group based on the materials provided.
    - One by one, each participant is able to share their thoughts, feelings, and ideas regarding the topic. There is no cross-talk during this time. The group is silent except for the person speaking. *It is essential that there is no cross-talking and that each individual is heard.*
    - A "talking stick" or other visual clue can help maintain the focus on the person speaking.
    - Give each person a set amount of time to share his or her thoughts, for example 2-5 minutes per person before moving to the next person.

- Once the circle is completed, open the conversation up for all to exchange ideas and responses to the comments made.
- A member may 'pass' if they have nothing to contribute at that time, but the facilitator is responsible for following up with them later in the circle to encourage participation in the conversation.

- Considerations for Learning Circles: Deepen the questions being asked before seeking answers. Probe and discuss what the true question is, often it is not the one you start with! Encourage pre-learning, have participants explore the answer on their own; this will bring a variety of answers and opinions to the circle. Document the information, if appropriate, and disseminate for feedback.

Culture of Questions — 120 Minutes

Judger Learner

- As leaders we feel that we need to have all the answers. *Truth is, we are better off having the right questions and focusing on learning organization mindset.*
- When approached with an issue, we usually go right into problem solving mode. We may ask a few cursory questions, but then quickly switch to finding a solution.
- Encourage independent thinkers and problem solvers by challenging yourself to set aside your initial solution and opening your mind to other's opinions. You want team members to feel ownership and engagement in the organization.
- Focus on asking not just more questions, but GREAT questions. What makes a great question? It has no hint of advice or judgment. It is asked from a place of genuine inquiry. It is posed with a sense of uncertainty in your own solution.

Facilitator Tip: *Model the way with the questions that you ask throughout the day!*

- Break the group up into pairs and distribute the Judger/Learner handout.
- Each person should describe a current issue they are struggling with to their partner. The partner should practice good listening skills and ask "learner" questions for more insight. The goal is not to discover a solution to the problem, but rather uncover more details and information that might lead the person to their own breakthrough.
- Ensure that each person has approximately ten minutes to share his or her issue.
- Gather the group back together and ask for any insights from the conversations.

The Phoenix Checklist

- The Phoenix Checklist was developed by the CIA to help their agents look at problems from lots of angles. It is an extremely useful tool to encourage team member, resident and family input into a problem.

- You do not have to use every question when looking at an issue, but it's often helpful to start at the beginning and work your way down the list of questions, deciding which are appropriate for the specific topic at hand.
- Break the large group into groups of approximately six people. Ask the group to decide on one topic for discussion. This should be a problem that a member of the group is currently experiencing. The topic for discussion should be decided within five minutes to keep the day on schedule.
- Ask the group to discuss the chosen issue for 15 minutes, utilizing the Phoenix Checklist. One person should be appointed as the note taker to capture any ideas that require follow up.

Facilitator Tip: *If the groups are still actively discussing the issue and are making progress, consider giving them an extra five or ten minutes to wrap up their conversation.*

- Gather the large group back together and ask participants to share their insights from the discussion. What did they learn about their problem? How did the Phoenix checklist help guide the discussion? How can they utilize the checklist in their current work?

Bright Spots

- Bright spots are those times when things go right, not wrong. Instead of focusing on why an incident occurred, the concept of bright spots focuses you on what went right. What was happening all the times that a resident had no incident at all? Were they enjoying a certain recreation program? Did they go for a walk outside that day? Perhaps they slept in a little later. Look at what was going right!
- This concept does not come naturally to people as most people focus on the bad, rather than the good. You will have to repeatedly ask: "When did nothing happen?" For example, if a resident is at risk of falling, ask yourself "What was happening on the day where that resident did not fall?" Ultimately, someone will share a tidbit of information that you can use.
- The formula for bright spots is:

    - Collect data
        - Incident times, locations, circumstances
    - Review the data for bright spots
        - When are incidents less? Where are they not happening?
    - Find out the norm
        - What happens on a "normal" day? Not what is supposed to happen, but what's really occurring day to day!
    - Determine the difference between the norm and the bright spot
        - What is occurring differently?

- Remove anything that can't be replicated
    - If someone's daughter sits by their side 24 hours a day, you probably can't replicate that for another resident!
- Replicate, replicate, replicate
    - Start doing more of the things that work with a certain resident or try it with other residents.
- Break participants into groups of three and distribute the Bright Spots Handout.
- Ask each triad to have each person share an issue that is currently frustrating them. The other two people should then ask questions utilizing the Bright Spots formula. What normally happens? When did it not happen?
- A solution might not be evident immediately, but the questions should guide the person into collecting more information or reviewing data when they return to the home.
- Allow each person approximately 5 minutes to discuss their issue and answer questions from their partners.
- After 15 minutes, invite the participants back to the large group and ask them to share their insights.

Accountability & Closing **30 Minutes**

- Thank the group for their time and input! Share some closing words such as, "We just finished up walking through what our job to be done is. We know why we've picked this project, and why we want to make this change. We know that this project has the potential to have a high impact on our home. Now it is up to us to be cheerleaders for this change and to inspire others with our enthusiasm. We may not always get our way, but as we learned in consensus decision making, for the greater good of our home we need to support the decisions we make together."
- Ask participants if they have any other questions or comments about their work as a team.
- Ask each participant to share one thing that they got out of the day. It might be something that inspired them or challenged them to think differently.
- Share with the team that their commitment is required for any changes to be successful.
- Close day by inviting team members to share any concerns that they may have about moving forward and address questions as needed. Model the way by encouraging feedback and acknowledging the challenges that this journey will bring.
- Have attendees sign the commitment form.
- Thank participants for sharing their time and their insights!
- End day by reading the "The Starfish Story". Emphasize that while it might seem overwhelming at times, even one action can make a difference!

Facilitator Tip: Reference back to discussion earlier in the day to reinforce learning and put your own spin on this closing.

High Performing Teams

Play to Strengths
Work with people, not against them! Let them use their strengths.

1. Help them to discover what they are good at:

   What do you love doing?
   What comes easy to you?
   What do you look forward to?
   What do others say you do well?
   What things that you do on the job make you feel good?

2. Use strengths to help the team:

   The greatest gift I can offer our team is _____

   Forgive me when _____

Reflect What You Want to See
Always ask: "What am I reflecting?" If your team is behaving in a certain way, what are you doing that's contributing to it? Celebrate it or think about what you can change!

1. What are the characteristics of a good job? Of a bad job? How did they make you feel? What did you reflect back in those jobs?
2. Our identity helps us decide what we will do in a situation. What's our identity as a team and a department? Taskmaster, life enhancer, advocate, or something else? What is each person doing when the "boss" isn't watching?
3. Focus on the positive and get people who focus on the positive!
4. Reflect respectful and open communication by:
   - Meeting quickly at the start of the shift and change of shift
   - Hosting team meetings for updates, check-in's and problem solving
   - Asking "What went well today?" and "What could go better tomorrow?"

What do you want to reflect? What are some things you can do to encourage that?

Characteristics of Good Jobs Bad Jobs

Discuss jobs you have left or in which you have been truly unhappy. What were the most important characteristics of these “bad jobs”? How did these characteristics they make you feel?

Characteristics of “Bad Jobs”	How they make you feel…

Discuss what you love and value most in a job. What characteristics do you look for? What makes you feel committed to a job? What are the characteristics and the feelings that go with them?

Characteristics of “Good Jobs”	How they make you feel…

Judger/Learner: Promoting a Culture of Questions

Judger Questions	Learner Questions
Who is to blame? Why can't they perform?	What are my goals? What am I responsible for?
How can I prove I'm right?	What are the facts and what am I assuming?
How can I protect my turf?	How can I help?
Why aren't we winning?	What do our customers/stakeholders want?
What could we lose?	What steps can we take to improve the situation?
Why bother?	What's possible?

Adapted from Marilee Adams, PhD, Warton @ Work Nano Tools for Leaders August 2012

Suggested ways to use Learner Questions:

1. Work on yourself first! Remember you will reflect what you put out.
2. Prepare some learner questions in advance of a meeting or a discussion you will be having.
3. Like anything else, practice makes perfect! You are learning to be a learner!

Phoenix Checklist

The Phoenix Checklist was developed by the CIA to help their agents look at problems from lots of angles.

1. Why is it necessary to solve the problem?
2. What benefits will you receive by solving the problem?
3. What is the unknown?
4. What is it you don't yet understand?
5. What is the information you have?
6. What isn't the problem?
7. Is the information sufficient? Or is it insufficient? Or redundant? Or contradictory?
8. Should you draw a diagram of the problem? A figure?
9. Where are the boundaries of the problem?
10. Can you separate the various parts of the problem? Can you write them down? What are the relationships of the parts of the problem? What are the constants of the problem?
11. Have you seen this problem before?
12. Have you seen this problem in a slightly different form? Do you know a related problem?
13. Try to think of a familiar problem having the same or a similar unknown
14. Suppose you find a problem related to yours that has already been solved. Can you use it? Can you use its method?
15. Can you restate your problem? How many different ways can you restate it? More general? More specific? Can the rules be changed?
16. What are the best, worst and most probable cases you can imagine?

The CIA has a second set of questions:

• What would you like the resolution to be? Can you picture it? — Step into the role of one of your residents or different staff members; is your picture of the best solution the same as theirs?

• What have others done? — Try on the role of staff members or even other organizations to see if other people's ideas might change how you think about the problem.

• How will you know when you are successful? — This is an important one to look at from many different points of view. A leader's standard of success for a given problem might be very different from a resident's idea of success or a staff member's, even on the same issue.

Leave No One Behind

The CIA's list of questions also helps ensure that no one gets left behind.

By using the checklist to specify what should be done, how it should be done, when, where, how, and who should do it, you eliminate any uncertainty surrounding the problem and make it easy for the appropriate staff to carry out the solution.

How often have you come up with something in a meeting that seemed like the perfect fix, only to have it fall apart in implementation?

Making sure to answer all the questions below eliminates any doubt and can help get all appropriate team members on board with the solution.

Questions for the Plan

1. Can you solve the whole problem? Part of the problem?
2. What would you like the resolution to be? Can you picture it?
3. How much of the unknown can you determine?
4. Can you derive something useful from the information you have?
5. Have you used all the information?
6. Have you taken into account all essential notions in the problem?
7. Can you separate the steps in the problem-solving process? Can you determine the correctness of each step?

8. What creative thinking techniques can you use to generate ideas? How many different techniques?
9. Can you see the result? How many different kinds of results can you see?
10. How many different ways have you tried to solve the problem?
11. What have others done?
12. Can you intuit the solution? Can you check the result?
13. What should be done? How should it be done?
14. Where should it be done?
15. When should it be done?
16. Who should do it?
17. What do you need to do at this time?
18. Who will be responsible for what?
19. Can you use this problem to solve some other problem?
20. What is the unique set of qualities that makes this problem what it is and none other?
21. What milestones can best mark your progress?
22. How will you know when you are successful?

Focus on Bright Spots

Adapted from "Switch: How to Change Things When Change is Hard" by Chip and Dan Heath

Bright spots are those times when things go right, not wrong. Instead of focusing on why an incident occurred, the concept of bright spots focuses you on what went right. What was happening all the times that a resident had no incident at all? Were they enjoying a certain recreation program? Did they go for a walk outside that day? Perhaps they slept in a little later. Look at what was going right.

This concept does not come naturally to people as most people focus on the bad, rather than the good. You will have to repeatedly ask: "When did nothing happen?" For example, if a resident is a fall risk, ask yourself "What was happening on the day where that resident did not fall?" Ultimately, someone will share a tidbit of information that you can use.

The formula for bright spots is:

- Collect data
  - Incident times, locations, circumstances
- Review the data for bright spots
  - When are incidents less? Where are they not happening?
- Find out the norm
  - What happens on a "normal" day? Not what is supposed to happen, but what's really occurring day to day!
- Determine the difference between the norm and the bright spot
  - What is occurring differently?
- Remove anything that can't be replicated
  - If someone's daughter sits by their side 24 hours a day, you probably can't replicate that for another resident!
- Replicate, replicate, replicate
  - Start doing more of the things that work with a certain resident or try it with other residents.

Hand in Hand Brainstorming Worksheet

From CMS' Hand in Hand Training Toolkit

Resident's Name: Date Filling Out:

WHAT		
	What is the ACTION of the Resident?	
	When is ACTION happening? *(For example, time of day, certain days of week, etc.)*	
	When the ACTION happens, who else is involved? *(For example, other staff, other residents, family members etc.)*	
	When the ACTION happens, where is the resident?	
	When the ACTION happens, what else is happening around the resident? *(For example, shift change, noise, music, etc.)*	
	What happened right before the ACTION?	
	When does the ACTION **not** happen?	

WHY		
	Health Conditions (Physical and Emotional)	
	Medications	
	Communication	
	Environment	
	The Task	
	Unmet Needs	
	Life Story	
	You	
	HOW: WAYS TO RESPOND	
	PREPARE: How can I prepare for this?	
	PREVENT: How can I prevent this action?	
	PRESENT: How can I respond to the action in the present moment?	
	What has worked before?	
	What is our PLAN?	
	How do I communicate this plan to my co-workers?	

Commitment More than Meds Supervisor

As a supporting member of the More than Meds project, I am committed to:

- Recognizing that my contribution is impacting not only my nursing home, but those throughout the state and nation.
- Remembering that every “no”, “that won’t work because…” or other verbal obstacle is robbing the staff and residents of confidence and negatively impacting engagement.
- Remembering that every “yes”, “we can figure it out” and other verbal support is inspiring the staff and residents and increasing engagement.
- Advocating for the More than Meds project with the entire nursing home community (all of my co-workers, residents, families, etc.)
- Supporting the members of the Champions of Change by practicing good communication, open-mindedness, compromise, and perspective-taking.
- Fully supporting my staff’s attendance in training sessions, meetings and calls.
- Participating in surveys and helping the project team with the survey process by providing feedback and encouraging participation by others.
- Embracing change and acknowledging the importance of my contribution
- Helping my nursing home to become an even better place to live and work!
- The biggest contribution I can make is_____.

Signed:_____Date:_____

The Starfish Story

Adapted from The Star Thrower

A young girl was walking along a beach upon which thousands of starfish had been washed up during a terrible storm. When she came to each starfish, she would pick it up, and throw it back into the ocean. People watched her with amusement.

She had been doing this for some time when a man approached her and said, “Little girl, why are you doing this? Look at this beach! You can’t save all these starfish. You can’t begin to make a difference!”

The girl seemed crushed, suddenly deflated. But after a few moments, she bent down, picked up another starfish, and hurled it as far as she could into the ocean. Then she looked up at the man and replied,

“Well, I made a difference to that one!”

The old man looked at the girl inquisitively and thought about what she had done and said. Inspired, he joined the little girl in throwing starfish back into the sea. Soon others joined, and all the starfish were saved.

Appendix D: Tools & Resources for Staff Retreats

Staff Retreat Facilitator Guide

Objectives:

- Embracing More Than Meds
- Challenge the status quo
- Obtain actionable tools to support person centered care

See below for details on facilitating each of these sections, along with the supporting handouts.

It is recommended to schedule two 15 minute breaks and an approximately 45-minute lunch that includes an activity.

Items Need:

- Post-Its & Pens
- Flipchart & Markers
- Ability to show videos
- CMS' Hand in Hand Training Toolkit (http://www.cms-handinhandtoolkit.info/)

Opening	The Cookie Thief or other inspirational reading Share ground rules for the day Ice breaker activity	30 Minutes
All About More than Meds	Intro to More than Meds Imagine Exercise	30 Minutes
Seeing is Believing Exercise	Visualization Exercise	30 Minutes
The Perspective of Persons with Dementia	Reading from Dementia Reconsidered by Tom Kitwood Scenario discussion Group discussion regarding "behaviors" Person centered care in our home	60 Minutes
Communicating with Residents	Hand in Hand video clips and discussion	60 Minutes
Closing	Read Starfish Story	30 Minutes

Set-up & Prep **30 Minutes**

- Plan on arriving 30 minutes early to ensure the room is set up in a circle or horseshoe to allow for maximum participant engagement.
- Don't distribute all of the handouts for the day as people will be shuffling paper and reading materials that are intended for use later in the day. Place on each chair only the items they will need to start the day, such as a small notepad, pen and any items needed for an icebreaker.
- You are setting the tone from the moment people walk in! Consider playing music or placing fun items around the room such as stress balls, yo-yo's, etc.
- Welcome each person as they enter the room and thank them for coming!

Opening **30 Minutes**

Facilitator Tip: *Put your own spin on this!*

- "Welcome. Today is going to be a day of learning more about yourself and the residents you support. You will learn how to make your job more rewarding at the same time."

Facilitator Tip: *Use names often…it's a great way to connect.*

- "Some housekeeping items: please put your phones on vibrate. If you have a situation you need to take care of, and we all understand that there are lots of things going on at home and work, please step outside to do so. You are all adults, so please feel free to use the bathroom as you need to, get up and get more food or drink. We will take breaks throughout the day and will be having lunch in (this room or indicate the other room)."

Facilitator Tip: *Do not share when breaks or lunch will be. Sometimes discussion takes longer than you think, sometimes they are shorter. You do not want people watching the clock for 12:00, if there is a great conversation going on maybe you will wind up breaking at 12:15.*

- Introduce an icebreaker activity. There are thousands of icebreaker activities online so find the one that suits your group the best!
    - One example is to ask each team member to share, "Tell us how you got into healthcare and why you stay."
    - Emphasize that everyone has their story about how they got into the field. Often a family member encouraged them or caring for a loved one at home inspired their desire to work in the field.

All About More than Meds **30 Minutes**

- In order to get people's commitment to change, they have to understand what the future holds and the reasons for the change. This is true for any change that you undertake now or in the future. They have to know the "why"! Most people will understandably have many questions about why your organization is embarking on this journey. Encourage those questions and embrace this opportunity to get people on board with the changes ahead.

- Share with the group an overview of the More than Meds project and the various components. What will the home be doing? When will you be doing it? Why are you doing it? What are the next steps? How can they be involved?

Facilitator Tip: *During this discussion encourage participants to ask the hard questions. You may want to start with sharing one of the questions or comments that you have been hearing such as, "Some of you probably think this is just another program that is going to last a week and then fade away. That's okay that you think that but what we want to do as a group is to figure out ways how we can make this stick for the long-term."*

- In the large group, ask participants open-ended questions such as: "What questions do you have about this change in our home?" "Do you have questions about how your team will work together and what you will be doing?"

Facilitator Tip: *Use a flipchart and markers so the list can be referred to throughout the time together and to record any questions that need follow-up.*

- Pass out sticky notes and ask everyone to take three.
- Tell participants: "Imagine you were in a car accident today and had to go live in a nursing home. What are three things you would not compromise on (living in a nursing home)?
- Ask them to write each thought on a sticky note and then place them on the wall.
- When everyone is done, read off all the items.
- Point out that people wrote different things, and that each of us has things that are important to us.
- Ask the group, "What do we make our residents compromise on?"

Seeing is Believing **30 Minutes**

- This is an exercise to awaken people and to find out what person-centered care means to *them.* To help people see the possibilities!
- To believe in a goal, it helps to have an idea of what it looks like. Participants are creating a mental picture of the future. When they do this, they begin to see that achieving it is possible. Guess what happens then? They are motivated and inspired to pursue that vision of the future!
- Read the script V E R Y slowly. Pause after every sentence. This is key. It will feel painful to you, but will allow participants the time to process what you are saying.
- Allow a few seconds for people to reflect after each question. They should be visualizing their answer to the questions you are posing
- After each section of the script, you will prompt the participants to write down their thoughts. Scan the room to see if the majority of people are done writing. When they are, move on to reading the next section.
- Facilitate discussion around what people wrote down. If it is a small group of participants (fewer than 8), you can share together as one group. For larger groups, break the participants up into teams to discuss what they visualized.

- Allow people to discover the reasons for this exercise on their own. This is not about teaching participants, but rather guiding them to have their own "a-ha" moment. It is about reaching their heart and triggering emotions!

READ VERY SLOWLY

Today we are going to take a journey together into the future. You are going to visualize what YOU would want if you lived in our home. Many successful people, in all different fields, use visualization to picture a successful ending, from business people to athletes, and now you. YOU are creating a picture of the future.

You do not have to create what you visualize. It does not have to be created or even possible right now. Just simply imagine and picture it in your mind.

It is years from now. You are moving into _____ (your organization's name). You can't believe it because you used to work here. It's very different from back then. You are sad about moving from your current home, but so excited about what is ahead. You are looking forward to this new chapter in your life. Your new home awaits!

You get out of the car and approach the front of the building. As you enter your new home, enter into that space with your *whole* self. You can sit down, stand or walk around.

"This place is just perfect," you think! You can't believe that everything is *exactly* how you want it to be.

Look around and take in all of the details. *Remember you don't have to create the details or think if it's possible.* The things you want are already there.

- Notice the sights. What do you see as you enter? Inviting chairs? People socializing over a cup of coffee? Friends laughing? Simply enjoy the space that you have just entered. *Take a moment to jot down what you're seeing as you enter your new home.*

- Hear the sounds. What are you listening to? People chatting? A crackling fire? Perhaps children giggling? Maybe the buzz of city life? *Take a moment to jot down what you're hearing as you enter your new home.*

- The smells are so comforting; it really does feel like home. What do you smell? Is it the bouquet of fresh flowers on the table? Fresh coffee? Popcorn? *Take a moment to jot down what you're smelling as you enter your new home.*

You are greeted and welcomed to your new home. You are overwhelmed with a feeling of safety and comfort. You are relieved.

- Who greets you? What do they say? What do they do? *Take a moment to jot down what you're experiencing as you are greeted.*

You head to your personal living space (your room or apartment). Your items arrived before you and the space has already been set up for you. You look around the room and scan the walls, the floors, even the ceiling. See the details. You feel a sense of relief knowing that your room is just right for YOU.

- What do you see? What color are the walls? What's on them? What items are in the space? *Take a moment to jot down what you're seeing in your room*

You have had a long day and you are hungry. You want something to eat and head towards the place where you will be having your meals. You are greeted with the perfect dining spot and your ideal meal.

- Are there other people there in this dining space? How many? What are you eating? How was it served to you? Did you order from a menu? Choose from a buffet? Prepare it yourself? *Take a moment to jot down what you're eating and how it arrived at your table.*

You leave the dining area and have some time to spend doing something you love to do. Doing this makes your heart sing! It might not be a huge deal to some people, but it makes YOU happy and brings YOU joy. Maybe you are knitting or telling jokes to a circle of friends.

- What exactly are you doing? *Take a moment to jot down what you are doing that is making your heart sing.*

Finally, you learn that while living in your new home you are going to have the opportunity to do something that brings you fulfillment, something that gives your life meaning and purpose perhaps volunteering, tending to a community garden, etc.

- What is that something that you are going to do to live your life with purpose? *Take a moment to jot down what you are doing that is giving you a life full of meaning and purpose.*

- When participants are done with the exercise discuss some of the following: How is what we envisioned different for each of us? How many items on your list are possible right now in our home? If you were a resident with dementia how might your list look different? What opportunities exist to make some of what you visualized a reality *right now*? Do you know what each resident in our community would visualize as perfect for them? How can you find out? What was noticeably missing from your answers? (the sound of alarms, certain smells, etc.)

Perspective of the Person with Dementia **60 Minutes**

- Trying to understand what people living with dementia may be experiencing helps us as care partners and care givers.
- Ask the group: "What are behaviors of a person with dementia?"
- List answers on a flipchart as people call them out.
- Point out that while these things might be true, they are also all negative.

- Talk about how the term “behavior” has such a negative connotation and we tend to only think of “behaviors” as problems. When an action is seen as a behavior, often we don’t look for the root cause, but rather a bandaid to cover up the behavior, such as a medication.
- Ask the group, “What is person-centered care and what is happening in this home to get there?”
- Talk about person-centered care and what it means.
- Discuss what your home is trying to do and ask for feedback and questions.
- Ask participants how they see their roles in this change. Emphasize that each person can and does make a difference!

Reading from Dementia Reconsidered

- Read excerpts from Tom Kitwood’s book, Dementia Reconsidered: The Person Comes First. First read the description on page 77 starting with “You are in a swirling fog..”.
- Ask if people think this is what the experience of dementia might be like for some people.
- Then read the description on page 84 starting with “You are in a garden…”
- Ask if people think this could be the experience of people with dementia.
- What do they think is the difference between these two scenarios? Facilitate a discussion on how each one of us can make this difference for a person with dementia, and that we can create these different experiences for people with dementia to moving towards person-centered care.

Scenario Discussion

- Introduce the following scenarios, one at a time, to the large group:

#1: What if I were to tell you that no one can leave this room. Not for the rest of the day. You have to stay here the whole day. I will tell you when it is time to leave. How would you feel? What would you do? If it getting towards the end of the day and I have not yet said it is time to leave. What would you do?

#2: You are sitting in your room at home and stranger come in and starts undressing you. What would you do?

- List answers on a flip chart. Ask participants if they see their “actions” on the list of behaviors that was written earlier in the session.
- The behaviors of people with dementia are often understandable actions. When people with dementia try to leave we call it “Exit-seeking”.
- When we label the behavior we are less likely to try to understand what it means and try to see things from the perspective of the person.
- We need to see behaviors differently – as actions and reactions; a form of communication.

Communicating with Residents — 60 minutes

- Show the video clip from Hand in Hand, Module 5, Video Clip 1 about Mrs. Wilson not wanting to take a bath.
- Using the Hand in Hand Brainstorming worksheet, as a group, process all the reasons why Mrs. Wilson is acting that way.
- Process possible responses to Mrs. Wilson.
- Show Hand in Hand clips from Module 3, Video clips 1 & 2.
- Discuss the differences between those two approaches, especially pointing out the "good communication" in Video clip 2.
- Discuss if they think they would work or they would be able to put them into action. What are their concerns?
- Have people had experiences like these video clips? What happened?
- Discuss how these negative interactions can contribute to people with dementia's actions and reactions.

Closing — 30 Minutes

Facilitator Tip: Reference back to discussion earlier in the day to reinforce learning and put your own spin on this closing.

- Thank the group for their time and input! Share some closing words such as, "Each and every one of you can make a tremendous impact on each other and the residents we support. Challenge yourself and those around you to use the tools and tips that you learned about today."
- Ask participants if they have any other questions or comments about their work as a team.
- Ask each participant to share one thing that they got out of the day. It might be something that inspired them or challenged them to think differently.
- After each person has had a chance to share, read "The Starfish Story". Emphasize that while it might seem overwhelming at times, even one action can make a difference!

About Me

Developed by Karen Stobbe, www.in-themoment.com

My name is _____ I like to be called _____

I like to get up around _____ and first thing I do is _____

I love to talk about _____

When I get angry I _____

When I feel sad I _____

What I really enjoy is _____

One thing I am very proud of is _____

My favorite kind of music is _____

I really laugh when _____

I love to eat _____

I really hate to eat _____

I can go to sleep best when _____

One of my pet peeves _____

One of my favorite objects that I own is _____

I have always wanted to _____

One more thing I want you to know is _____

_____

Create a Day

Based on what you know “About Me” what would my day look like?

MORNING: (routine, waking up, breakfast, etc.)

_____

_____

DAYTIME: (routine, things to do, lunch, etc.)

_____

_____

EVENING: (routine, activities, dinner, etc.)

_____

_____

Hand in Hand Brainstorming Worksheet

From CMS' Hand in Hand Training Toolkit

Resident's Name: Date Filling Out:

	WHAT	
	What is the ACTION of the Resident?	
	<u>When</u> is ACTION happening? *(For example, time of day, certain days of week, etc.)*	
	When the ACTION happens, <u>who</u> else is involved? *(For example, other staff, other residents, family members etc.)*	
	When the ACTION happens, <u>where</u> is the resident?	
	When the ACTION happens, <u>what else is happening</u> around the resident? *(For example, shift change, noise, music, etc.)*	
	What happened right before the ACTION?	
	When does the ACTION **<u>not</u>** happen?	

WHY		
	Health Conditions (Physical and Emotional)	
	Medications	
	Communication	
	Environment	
	The Task	
	Unmet Needs	
	Life Story	
	You	
	HOW: WAYS TO RESPOND	
	PREPARE: How can I prepare for this?	
	PREVENT: How can I prevent this action?	
	PRESENT: How can I respond to the action in the present moment?	
	What has worked before?	
	What is our PLAN?	
	How do I communicate this plan to my co-workers?	

Communication Tips with Persons with Dementia

Things to Avoid when Communicating with Persons with Dementia:

- Saying:
  - "No"
  - "Don't"
  - "You Can't"
  - "That's not true"
- Ignoring
- Arguing
- Correcting

Helpful "Go-To" Responses when Communicating with Persons with Dementia:

- Yes, and
- Yes, let's
- I need your help
- Let's try…
- I'm sorry
- I didn't mean to upset you
- Come with me…
- I don't know

The Starfish Story

Adapted from The Star Thrower

A young girl was walking along a beach upon which thousands of starfish had been washed up during a terrible storm. When she came to each starfish, she would pick it up, and throw it back into the ocean. People watched her with amusement.

She had been doing this for some time when a man approached her and said, “Little girl, why are you doing this? Look at this beach! You can’t save all these starfish. You can’t begin to make a difference!”

The girl seemed crushed, suddenly deflated. But after a few moments, she bent down, picked up another starfish, and hurled it as far as she could into the ocean. Then she looked up at the man and replied,

“Well, I made a difference to that one!”

The old man looked at the girl inquisitively and thought about what she had done and said. Inspired, he joined the little girl in throwing starfish back into the sea. Soon others joined, and all the starfish were saved.

Appendix E: Tools and Resources for Self-Assessment

Tips for Family Meetings

The goal of the family meetings is to get feedback on their experience as well as ideas for changes or things they would like to see happen.

Here are a few things to keep in mind when you are inviting families to the meetings:

- The meetings are about 2 hours long. This gives enough time to ask questions, hear feedback, and share information about the project.
- Ideally, family meetings are no more than 15 people, but if it is smaller or larger that is ok!
- Past experiences have shown us that the following things are helpful in getting decent attendance:
    - Letter inviting families approximately 2 – 4 weeks in advance
    - Follow up with phone call or in person invitation to those family members that are more involved and with whom you have relationships
    - Posting an invite by the front door or front desk with sign up or rsvp information
- Ask someone to facilitate the meeting and take notes. Staff will not be participating in the family meetings and will not be present. It is important that families feel they can openly and honestly provide feedback. Family members' confidentiality is protected in the meetings.
- Regarding the location of the meetings, it is important that it is private area.
- It is nice if you can have refreshments available for the family members during the meeting.

Tips for Resident Meetings

The goal of the resident meetings is to get feedback on their experiences living in their care community, as well as ideas for changes or things they would like to see happen.

Here are a few things to keep in mind when you are inviting residents to the meetings:

- The meetings are about 2 hours long. This gives enough time to ask questions, hear feedback, and tell them about the community's plans to become more person-centered. However, the length really depends on how many residents are present.
- Ideally, resident meetings are no more than 10 people - we want everyone to feel like they have a chance to be heard.
- When inviting residents, the main things to think about are:
    - The resident is comfortable being in a group
    - The resident can participate in the conversation, or benefit from just listening to the conversation.
- Have someone facilitate the meetings and taking notes. Staff will not be participating in these resident meetings and will not be present. It is important that residents feel they can openly and honestly provide feedback. The residents' confidentiality is protected in the meetings.
- In light of staff not being present during the meetings, please take this into consideration when inviting residents, particularly residents whose needs would require that staff be present. Arrange for someone to be nearby if necessary.
- Regarding the location of the meetings, it is important that it is private area. If it is a larger room, consider how well residents will be able to hear and whether there is an area within the room that is quieter.
- It is nice if you can have refreshments available for the residents during the meeting.
- Sometimes families want to participate in these resident meetings. We generally discourage that, as we want residents to feel they can speak openly and privately. You can remind families that there are separate meetings for families.

Implementation

"I think if I had to go back and do it again from scratch – I would probably have better objectives and goal setting sessions—really spend a lot of time setting meaningful and obtainable goals and developing a path to get there. And figure out a way to keep people motivated too."

Team Member, More than Meds nursing home

"If I were going to do this again—I would encourage Steering Committee members to go out and talk to their peers and bring back their opinions. Bring those back to the goal planning."

Team Member, More than Meds nursing home

What Is It?

The Implementation phase refers to the part of the change journey in which you take the information you have collected from residents, staff, and family, develop action plans based on areas in which you would like to work, set goals, gather the tools and resources you will need to meet your goals, and then work together to bring your plan to life.

In the More than Meds project, the participating nursing homes each identified projects and developed corresponding action plans. Potential projects included improving the dining experience, creating opportunities for meaningful engagement for residents, and providing more flexibility in residents' daily routines. As they created plans for action, they set specific goals related to their area of focus, and identified what type of resources and education they needed to meet their goals.

Each home also committed to improving dementia care and developed a More than Meds Workgroup team to specifically focus on brainstorming responses to "behaviors," or actions and reactions of people with dementia, to determine how to better respond to their needs and improve well-being.

Why Is It Important?

You and your team are excited to become more person-centered! However, recognize that you can't change things overnight or all at once. This is a process. It is important to take one step at a time and first focus on one area that you want to make a significant impact. Systematically approaching the implementation of a new idea allows you to think it through carefully, outline specific steps, identify who needs to be involved, and create reasonable, actionable goals to move you forward. As you go through this process you will learn new skills that you can transfer

to the next project or even more ideas you want to implement. The changes you make will be less overwhelming when they are incremental and involve the whole team. By taking things one step at a time, each success you achieve will help build the next success, and you will gain experience and confidence in tackling even bigger initiatives as you go along.

Action Planning & Goal Setting

"If I have an idea, we can come together, gather the information and then make the decision. If we all agree to it, then we take action."

Team Member, More than Meds nursing home

"When planning new projects, it is crucial to analyze, break it down, and look at it from every angle before rolling it out even if it takes longer to do it this way."

Team Member, More than Meds nursing home

What Is It?

Based on insights shared by residents, families and staff while you were *Laying the Groundwork*, the Champions of Change Committee will take on a project involving an improvement or innovation that is meaningful to their community. Action planning is a systematic way of focusing ideas and identifying specific steps to meet goals. This process is led by the Champions of Change Committee with support from the leadership team and with input from team members and residents that are not currently serving on the committee. Action planning starts with the Champions of Change Committee retreats and is continued through their regularly scheduled meetings.

Goal setting takes planning a step further and breaks down what can be perceived as a huge endeavor into manageable pieces. Both processes depend on continuously evaluating how things are going, what is going well, and what needs to be tweaked in order to meet the overall goal of becoming more person-centered.

Why Is It Important?

Action planning and goal setting lead a team through a collaborative process in which they are challenged to think differently to identify ideas and solutions. In a typical reactive nursing home environment, we rarely have the opportunity to take the time to think through challenges proactively and deeply. These processes create a structure for implementing change. Most importantly, these plans and goals are developed by the people most affected by them, staff and residents. Having this collaborative, inclusive process empowers the team to lead change themselves.

Lessons Learned:

- **This is not about "one more thing to do."** Keep repeating the message that implementing person-centered care is not about "something else to do," but changing the way you do things.

- **It's not just a project; it's a transformation.** Even though the action planning process is broken down into projects, it is really about changing the way you do things overall, one step at time.
- **The checklist approach does not create change.** Action planning projects are not checklists to be completed. They have to go deeper to truly change the resident and team member experience.
- **It is an ongoing process.** As you go through implementation, you will likely find that other related processes or procedures need to change. For example, participating homes in the More than Meds project realized that they wanted to improve their communication within their community. They included this as a part of their goals and made specific efforts to build better communication strategies, such as huddles and utilizing electronic care tracking systems.
- **Change is inclusive**. All parts of the action planning process are interdisciplinary. Action planning projects are not meant to be owned solely by one department. For example, if you focus on dining, this impacts housekeeping cleaning the dining room and nursing medication times, not just the dining services department.
- **Get input from all stakeholders regularly.** Take the time to review your plans with the rest of the team who are not on the Champions of Change Committee. You want their input and engaging them in the process will encourage them to support changes as they are implemented.
- **The action plan can change.** The action plan is a living, breathing document. This means that it is regularly looked at, reviewed, and changed if needed.
- **Don't expect to do everything at once.** Saying yes to one thing means saying no to other things – there is only so much time and resources. Be realistic in what you set out to do, and also recognize that you will need to shift some of your time and attention from another endeavor to make this a success.
- **Start with successes.** Identify some quick wins and successes you can easily implement right away. This will build trust and "buy-in" into the process when people see that things are happening and their ideas are being heard.

Tools and resources located in Appendix F.

Dementia Education

"Wow, this is great stuff and it hits home with me. The approaches and way of thinking shouldn't be reactive after a resident has exhibited a negative behavior…but rather proactive and being done by the entire staff."

Team Member, More than Meds nursing home

What Is It?

Both of the homes in the More than Meds project recognized that they had a need for additional education on person-centered dementia care, to meet their overall goals of becoming more person-centered as well as work towards reducing the use of unnecessary antipsychotics. Transforming nursing homes into better places to live and work means thinking differently about how we support people with dementia, because most nursing homes have a large percentage of people living with dementia. Person-centered dementia education provides a foundation for better understanding the needs of people with dementia and how we can respond to them in a way that honors who they are as individuals. This education might be focused on those team members working closest to the residents, but also includes other team members who have day to day contact with people with dementia such as housekeepers, social workers, activity professionals, therapists, maintenance professionals, etc. Each of these individuals play a role in knowing who a person with dementia is and what is important to them. In the More than Meds project we facilitated educational sessions with interdisciplinary groups. One of the homes also provided education to residents themselves on dementia. This was quite successful in building relationships between residents and reducing tension between the residents living with dementia and those without dementia. CMS' Hand in Hand Training Toolkit is a great resource for providing person-centered dementia education. Although it was developed specifically for those working in nursing homes it can also be used with families and residents.

Why Is It Important?

A fundamental part of person-centered care is truly knowing who people are and what is important to them. This is no different for people living with dementia but it may mean we need to approach our work differently. The main motivation for giving people with dementia antipsychotic medication has been to "manage behaviors." If we can try to see things from the perspective of people with dementia and better understand what they might be telling us through their "behaviors" or actions, we can find better ways of responding to their needs without using antipsychotic medications. This will not only help people with dementia to live

well, but will help staff as well. Individuals working with people with dementia often feel frustrated that they do not know how to respond to them or help them. Providing education about dementia gives team members the tools they need to do their jobs well, and, by investing in staff, this education also validates the importance of their role.

Lessons Learned:

- **It is about more than meds.** Even if the initial focus is reducing antipsychotics, it is truly about more than medications. This is because adopting person-centered approaches for people with dementia (and those who care for them) will mean changing the way you do things overall. And this will result in positive changes for ALL the people who live and work in your community. For example, brainstorming the reasons behind a person with dementia's actions and finding ways to better meet their needs would involve looking at how team members communicate with each other about what they know about that person. This process might result in developing stronger communication systems in which team members closest to the residents have access to the information they need and have ways of sharing it with the rest of their team.
- **Listen and discuss with team members.** Listen to what staff currently know about dementia, how they think about people with dementia, and what they see as their biggest challenges. Although team members might have had education on dementia in the past, they may have learned outdated approaches to people with dementia such as "reality orientation" that they are still practicing despite the fact that this approach is not successful. CMS' Hand in Hand is a great tool to have these discussions and use the content to dig deep into what is currently happening, and what they would like to see happen.
- **Residents want education too.** Residents want to understand dementia so that they can find better ways of connecting to their neighbors with dementia as well as understand their own experiences of dementia.
- **Families want education.** Family members of people living with dementia often have been in the dark about what dementia is and how they can continue to support a person with dementia, even if that person is living in a nursing home. Offering education to families about person-centered dementia care sends the message that they are a part of the team and opens up conversations to understand different perspectives from all the people who are supporting the person with dementia.
- **Reinforce, reinforce, reinforce.** Education is key, but what happens after an educational program is really important. Reinforce key points from Hand in Hand and support staff in putting them into practice. Circle back to staff and ask them how new strategies are working. Model these new strategies yourself as you are interacting with people with dementia.
- **Supervisor support is key.** It is important that supervisors are a part of the educational programs and discussions about how to care for people with dementia in a different way. Nothing is more frustrating to staff than learning about a new way to interact with a person with dementia and then not being able to do it because of perceived or real barriers from their managers.

Here are some of our favorite outside resources for Dementia education that were used throughout More than Meds.

- CMS' Hand in Hand Training Toolkit is free and available for download at: http://www.cms-handinhandtoolkit.info/
- Another free resource for discussion and education is *Person-Centered Matters*, a video funded through the Commonwealth of Virginia's Alzheimer's & Related Diseases Research Award Fund: http://daanow.org/an-extraordinary-video-about-dementia/
- It is important that dementia education is person-centered and not based on outdated concepts. The Dementia Action Alliance (DAA) is a great resource to help determine if an educational program is person-centered. DAA even has publications that provide background on key concepts in person-centered dementia care. http://daanow.org/featured-publications/

More than Meds WorkGroup

"The Exceptional Review Committee (our More than Meds workgroup) really did a lot of work in understanding and helping a resident who was screaming all the time. In the huddle, we talk about behaviors and then we follow through. We reported behaviors – and the Exceptional Review Committee – will work on it and then make recommendations – and that becomes part of the care plan for each person. We also have a 24 hour report, and morning and evening meetings in which we discuss behavioral outbursts. Communication is working!"

Team Member, More than Meds nursing home

"It makes a lot of difference. You know you have to understand what the residents want. Most of those people can't talk. Maybe crying, maybe some words. You watch their faces."

Team Member, More than Meds nursing home

"We created a clothesline for a woman to hang clothespins on—it makes her happy and reduces agitation. They wanted to put her on meds, but instead they have worked with her and now she's comfortable."

Team Member, More than Meds nursing home

<u>What Is It?</u>

Each community in the More than Meds project developed a More Than Meds WorkGroup that acted as a subcommittee of the overall Champions of Change Committee. Although a goal of the WorkGroup was to reduce the use of unnecessary antipsychotics, its purpose was really "more than meds," and its broader goal was to improve dementia care overall by focusing on how people with dementia could live well in their communities.

The More Than Meds WorkGroup reviewed residents receiving antipsychotics, brainstormed reasons behind "behavioral expressions" (actions and reactions) of persons with dementia, and suggested ways of preventing or responding to these actions and reactions. The WorkGroup also addressed larger issues in dementia care, such as how dining might be improved for persons with dementia, or how the environment might be influencing behavioral expressions and overall quality of life.

The More than Meds WorkGroup was made up of team members from different disciplines and roles. It was vitally important that the WorkGroup includes CNAs and other team members who worked closest to the residents. The team would meet on a regular basis to discuss particular residents as well as brainstorm more generally about how to make life better for people with

dementia living in their communities and how to better support staff. During the project, each Work Team developed their own process for determining which residents needed to be discussed. A primary tool for brainstorming the reasons behind the actions and reactions of people with dementia was the Hand in Hand Brainstorming Worksheet, which was slightly modified for this project. Each WorkGroup also identified their own processes for communicating the strategies outlined in their work group meetings with the rest of the team members working in the home.

Why Is It Important?

While both nursing homes in the More than Meds project identified specific areas on which they wanted to initially focus their culture change efforts, having a separate Work Team focused on dementia care ensured that there was dedicated time and resources to enhancing well-being for residents with dementia and those who care for them. While having a committee to review antipsychotic use and review is an important step, it is equally important to spend time understanding why residents with dementia were given antipsychotics in the first place, what alternative approaches can be used for them, and how to prevent other residents with dementia from being given unnecessary antipsychotics. The More than Meds Workgroup goes deeper than traditional medication review processes by really getting to know individuals with dementia and what they are trying to tell us.

Lessons Learned:

- **Consider having co-chairs.** Everyone is busy so it is helpful to have two people share the responsibility for organizing and facilitating the meetings.
- **Communicate the purpose of the More than Meds Workgroup.** It is important that all staff members understand the purpose of the WorkGroup so that they can "refer" individuals with whom they are experiencing challenges to the WorkGroup.
- **Create a safe place.** The intention of the WorkGroup is to support staff members as they in turn support people with dementia. It provides a dedicated time and space to dig deeply into what people with dementia are expressing, with the benefit of different staff perspectives. Be aware that staff might be hesitant to "refer" their challenging situations to the WorkGroup for fear that this will be perceived as them "not doing their job" or "not being able to handle difficult situations." It is important that the team members closest to the residents are involved in discussions about the residents for whom they support and that they are included in non-judgmental spirit. It takes a village!
- **"We've tried everything and nothing works."** Staff might feel that they have tried everything and might readily shoot down new suggestions. Encourage staff to try old ideas in different ways, and to be open to new suggestions from their co-workers, seeing them not as criticism but a fresh perspective. Encourage the team to "just try" something, and if it doesn't work, to go back to the drawing board. Ask for continual feedback to understand why things do or don't work.
- **Be aware of perceptions about dementia.** If you find that staff are not utilizing the More than Meds WorkGroup to help them with challenging situations, yet they report that they are having challenging situations, hold discussions about what they are seeing

and ask their perspective. It might be that staff members are thinking that "behaviors" are just part of dementia and that nothing can be done about them. Or, they might identify other barriers to a brainstorming approach, such as not feeling they have enough time to carry out different strategies.

- **Consider hosting a listening session.** In the spirit of better understanding the challenges staff are experiencing with people with dementia, one home suggested holding listening sessions with staff to get their input. (Hint: Food and drink are major incentives to participation.)
- **Utilize your data.** There are many types of data that might be helpful to your Work Team to better understand the actions and reactions of people with dementia. Look at incident reports, 24-hour reports, and other forms of documentation to identify trends in actions and reactions. For example, if the team notices that there are people with dementia expressing anger during baths, this is reason to further explore how baths are being given, the bath environment, whether residents' choices are being honored, etc.
- **Additional education may be necessary for complex diagnoses.** While the brainstorming worksheet can be highly effective in understanding the reasons behind each individual's actions and reactions, it is likely that the team will come across situations in which actions and reactions are not entirely related to dementia, but a psychiatric diagnosis such as schizophrenia, bipolar disorder, etc. The team might need additional education and coaching to better understand these psychiatric diagnoses and how they differ from dementia.
- **Don't stop at antipsychotic use.** Use this as an opportunity to explore how other medications are being used with people to dementia to "manage behavior," such as Ativan. The primary goal is to better understand the needs of the person with dementia and enhance their well-being, without over relying on medication.
- **Bring up bright spots.** Remind the WorkGroup of success stories, as well as their strengths. For example, team members might need to be reminded how well they work with a certain resident, who might teach them what is going well and what is working.
- **Connect to the Champions of Change Committee.** Ensure that there is a connection to the Champions of Change Committee by updating them on what is happening with the More than Meds WorkGroup and request for their support when needed.

Tools and resources can be found in Appendix G.

Appendix F: Tools & Resources for Action Planning/Goal Setting

More than Meds

More than Meds Goal Setting Agenda

Opening: **30 Minutes**

- Icebreaker - Create a Poem or Song (split the team into smaller groups and ask them to spend time together writing a poem or song about the impact of the project).
- As an organization, why do you exist? What is at the heart of what you do?
- What have you accomplished in the last year when it comes to person centered care? Just talk through don't list.
- How can MTM impact the bigger picture? How does person centered care impact why you exist?

Choosing Goal Areas: **60 Minutes**

After a year in this project and thinking about the bigger picture: What do you need to do to stay competitive in the next 3 years? List 3 things on 3 different post its.

Next:

- Collect post-it's and read aloud
- Group them into categories on a flip chart
- Look at current goals and list out projects that are currently underway
- Vote on the top ones
- What else?
- From this list choose at most 5 focus areas

Establish a SMART goal for each **30 Minutes**

- Review SMART goals
- Discuss importance of *measuring* the goal you set (to make sure it doesn't die off)
- Discuss flexibility, accountability and the timeline of goals
- What is a stretch, yet achievable goal for each of the focus areas you identified?
- Refer to the SMART goal handouts

Begin to establish an action plan around each goal **60 Minutes**

- Person responsible
- Milestones
- Action steps
- Timeline
- Additional detailed to add later
- Keep reiterating to USE the action plan and update it as you move along. For example, write the plan during QI, morning meeting, employee reviews, etc.

How do we make the project sustainable? **60 Minutes**

- Use the action plan to keep track of progress
- Use measurement to see if certain programs or changes are starting to die off (Ex. Life stories were 10 a month when we first started, now it's only 3. Before it's zero let's find out why!)
- Involve various levels of staff
- What happens as people come and go from the Champions of Change committee?
- Use community or town hall meetings to update residents, family members and staff.
- Ask what else? What else can you do?

Wrap Up **10 Minutes**

- Ask "What was the best part of the day for you" learning circle style."

Action Learning Project Overview

Creating a stronger work and care environment will involve changes on many levels. Some changes can be implemented by individuals in their daily interactions with co-workers, residents and families—but changes in fundamental routines and patterns will take a village—and a Champions of Change Committee is needed to get people on board and drive the change process.

The Action Learning Project is an opportunity to work as a team to tackle an important issue in your community. Your work on this project will provide your nursing home with a model process that you can use in the future for identifying problems (or opportunities to build on something that is already working well!), analyzing relevant data, and implementing and evaluating change processes.

Based on feedback from residents, families, and staff, each Champions of Change Committee will take on a project, involving an improvement or innovation that is meaningful to your community.

The Action Learning Project process includes:

- **COLLECTING INFO:** Collecting and reviewing data and input to determine what the community would like to focus on
- **PLANNING:** Planning the steps to addressing the issue
- **IMPLEMENTING:** Implementing the approach to address the issue
- **EVALUATING:** Evaluating whether the approach is or is not working and why
- **MODIFYING:** Modifying the approach if needed
- **SPREADING & SUSTAINING:** Planning how the approach will be sustained
- **REPLICATING:** Thinking about how to replicate this process for other issues

Here are some questions to keep in mind for yourself and others:

- Are we doing what we said we'd do?
- Are we doing it well?
- Is what we are doing advancing the mission?

You can address these questions informally (ask yourself, chat with friends and other people), as well as formally, through surveys and other evaluation methods.

Celebrate a job well done!

Celebrate your accomplishments; you and those you work with deserve it. Celebration helps keep everyone excited and interested in the work they are doing.

Leaders are nothing without their team:

Every community organization has undoubtedly had this happen: you plan and assign tasks to get everything you've planned to do accomplished. Everyone agrees (maybe they even offer) to do certain tasks, and you all leave with a great feeling of accomplishment. The problem? At the next meeting, nothing has been done. Besides tearing out your hair, what can you do? Fortunately, there are several things you can try. It's particularly tricky in the case of volunteers, because you don't want to lean too hard on someone who is donating their time and energy. Here are some gentle reminders:

- Check in's. This should be a supportive call, not a "Are you doing what you're supposed to" call. The person calling can offer emotional support as well as see if the group member needs any other assistance. A friendly call such as this can be seen as helpful, give the member the sense of purpose, a reminder of the importance and value they are adding and finally that their help will impact the ability to succeed.

- Distributing the action plan in writing to all members, with names attached to specific tasks. (Additionally, this can be a great time to ask for feedback before the plan becomes "official.")
- Making sure timelines (with due dates) are complete, clear and current.
- At regular group meetings, such as committee meetings or board meetings, ask members to report on accomplishments.
- Celebrate the accomplishment of tasks. It's important that getting something done is acknowledged, and is recognized by the group as a whole.

Follow up on the action plan regularly. You are asking members to be accountable, and to accomplish tasks on a regular basis.

Finally, remember to continuously ask yourself: *"*What has the greatest impact on our culture and performance?" Are these the items you are focusing on?

Action Plan Template

Job to be done:						
Action Steps	**Priority**	**Data**	**Who Are your Drivers?**	**Who Are your Resistors?**	**Assigned To**	**Timeline**

Action Step Probes

We know what our vision if for this project. In order to make this dream become a reality, we need to think about: Who, What, When, Where and How we can make this happen.

Action Step Probes:

- Whose input and buy-in will you need for the project to succeed?
- Does a solution for the problem or process already exist? Can you use it? Can you use its method?
- Have you seen this problem before? Have you seen this problem in a slightly different form?
- How will you communicate to your home about this project?
- What resistance do you anticipate? What can we do to lessen the impact of resistance?
- Who can we turn to for expert advice?
- What information do you have? (Is it insufficient? Redundant? Contradictory?)
- What is it you don't yet understand? What is the unknown?
- What are the boundaries (money, regulations, staff)?
- What isn't the problem (the bright spots)? With whom, when, where doesn't it happen?
- What are the best, worst and most probable cases you can imagine?
- What else?
- What else again?!
- How will you know you are successful?

Underlying Systems

What are the systems that contribute to the issues/problems that you need to address to develop a solution?

Discuss the survey results, refer to the systems chart, and based on input from your team members, fill out the table below.

Most important Issues/Problems	Underlying Systems/Root Causes

Picking a Project Sample

Review what you discovered by examining root causes and rate on a scale of 1-10 the priority of each category for the 2 projects. You are considering taking on as an action learning project. FIRST put down your number independently. THEN discuss as a team and come to a consensus rating.

Issues for Project Assessment:	***Option 1 (Sample Transforming the Dining Experience)***	***Option 2 (Encouraging and Honoring Individual Pursuits)***
Underlying systems: potential for successfully address underlying systems, root causes.		
Work environment: impact on improving work process, improving staff engagement and morale, reduce stress among staff		
Care environment: impact on reducing stress among staff by allowing them to provide better resident care		
Timeliness: a pressing need that needs to be addressed now		
Practical considerations: likely project support from community's top managers (specifically will your team have the resources, time, authority, and ability to successfully address this problem?)		
Total Scores:		

Smart Goals

Specific, Measurable, Achievable, Relevant, Time-Bound

Step	Mnemonic		Description	Smart Goal
1	**S**	Specific	Which, what, who, where, when, Why	Reduce call outs
2	**M**	Measurable	How much, many, often	by 10%
3	**A**	Action Oriented/Achievable	Describe Result	Call outs will decrease
4	**R**	Realistic/Relevant	Realistic and relevant to Project?	Know current call out rate
5	**T**	Time-Bound	By When	By December 31, 2017

Things to keep in mind:

- Plan timeline
  - Be strategic, but flexible. Nothing ever goes precisely according to plan
- Establish measurable goals
  - Use numbers
- What are your steps to success?
  - List them, and follow through
- When will the work be completed?
  - Set deadlines to keep you accountable
- What are your resources
  - What will you use/do to make you successful?
- Write it down!
  - You'll want to reference this and review/update

Smart Goals Worksheet

Step	Mnemonic		Description	Smart Goal 1	Smart Goal 2	Smart Goal 3
1	**S**	Specific	Which, what, who, where, when, Why			
2	**M**	Measurable	How much, many, often			
3	**A**	Action Oriented	Describe Result			
4	**R**	Realistic	Realistic and relevant to Project?			
5	**T**	Time-Bound	By When			

Workplan Template

Objective Title:				
Responsible Person:				
SMART Statement:				
Item #	**Priority (H, M, L)**	**Project Timeline**	**Deliverables**	**Tasks to Accomplish the Deliverable**
	Prioritize Need	*Start Date & Projected Due Date*	*What is the problem or area being addressed? Briefly list key deliverables and/or milestones.*	*Briefly list the actions you will take to achieve the deliverables. How will you know when you've met the deliverable?*

Sample Workplans

Objective Title:		Employee Engagement		
Responsible Person:		Allison Duda		
SMART Statement:		Create an environment in which employees feel a valued part of the Center name team; by providing appreciation/recognition programs and by promoting mutual respect and accountability. Success will be measured by: (1) a 25% in employee performance; and (2) a 20% increase in retention.		
Item #	**Priority (H, M, L)**	**Project Timeline**	**Deliverables**	**Tasks to Accomplish the Deliverable**
	Prioritize Need	*Start Date & Projected Due Date*	*What is the problem or area being addressed? Briefly list key deliverables and/or milestones.*	*Briefly list the actions you will take to achieve the deliverables. How will you know when you've met the deliverable?*
1		May	Assess current levels of engagement through use of a survey as well as review retention levels for last 3 years	Utilize outside service for satisfaction and engagement survey
2		May		Review results and create action plan for evaluating new opportunities
3		June		Invite staff to participate in follow up interviews and share ideas for improving engagement
4		June		Analyze retention data from past 3 years and create template to track new data monthly
5		July		Communicate results and strategy ideas to implement based on ability to make greatest impact
1		July	Implement a Length of Service Celebration Program	Create a celebration committee, which will determine the program and ways to celebrate.
2		August		Create guidelines for committee and responsible members.
3		August		Commence first celebration.
4		Sept		Evaluate first celebration among employees and create plan for future celebrations
5		Sept		Assess length of celebration program annually

Appendix G: Tools & Resources for More than Meds Workgroup

About the More than Meds Workgroup

- **The purpose of the More than Meds Work Team is to enhance existing antipsychotic review and reduction by going deeper and broader.** It is *more* than the *medical* review of antipsychotics in that it can be used to help you better understand and respond to the behavioral expressions of people with dementia who are currently receiving antipsychotics, or at risk for receiving antipsychotics.
- The More than Meds WorkGroup is a separate group from the Champions of Change committee, although there might be overlap in participants and there ideally would be a liaison who serves on both or some level of sharing information between the two groups.
- The *More Than Meds* WorkGroup will look at antipsychotic use and dementia care on a "micro" and "macro" level.
    - On a micro level team members will brainstorm reasons behind "behaviors" of individual residents with dementia, and suggest ways of preventing or responding to these behavioral expressions and meeting the needs of persons with dementia. The team will also brainstorm ways to ensure these responses/approaches are shared with other team members. This process will not only help individual residents but will support staff in knowing how to respond to residents they find challenging and allay fears about reducing or avoiding antipsychotics.
    - On a macro level it would review trends in residents receiving antipsychotics and identify possible trends in causes of "behaviors" of residents with dementia (e.g. noise levels, the impact of shift change on behaviors, whether certain personal care activities trigger behaviors, etc.).
    - The WorkGroup might also address larger issues in dementia care, such as how dining might be improved for persons with dementia, or how the environment might be influencing behavioral expressions and overall quality of life.
- The More than Meds WorkGroup ideally has core team members from multiple roles and perspectives. This might include leaders, nurses (including supervisors), nurse aides, social services, recreation, psychologists/mental health professionals, etc. The idea is to include a diverse group, each of which has a different perspective. It is vitally important to include the team members closest to the residents (i.e. nurse aides). Hint: The group works best when it is relatively small. At different times, the WorkGroup might also invite particular individuals who have knowledge of a particular resident being reviewed.
- The More than Meds WorkGroup meets regularly to review individual residents and trends. The frequency is up to you. In the beginning try meeting two times per month, if possible, to get momentum going. After a while you might find you don't need to meet as frequently, or might find it is a group that gets together just when needed.
- The intention of the More than Meds WorkGroup is not to create another meeting, so if it makes sense to combine it with an existing committee that is working on dementia care and/or antipsychotics, do what you feel is best to make it successful and sustainable!

Hand in Hand Brainstorming Worksheet

From CMS' Hand in Hand Training Toolkit

Resident's Name: Date Completed:

	WHAT	
	What is the ACTION of the Resident?	
	When is ACTION happening? *(For example, time of day, certain days of week, etc.)*	
	When the ACTION happens, who else is involved? *(For example, other staff, other residents, family members etc.)*	
	When the ACTION happens, where is the resident?	
	When the ACTION happens, what else is happening around the resident? *(For example, shift change, noise, music, etc.)*	
	What happened right before the ACTION?	
	When does the ACTION **not** happen?	

WHY		
	Health Conditions (Physical and Emotional)	
	Medications	
	Communication	
	Environment	
	The Task	
	Unmet Needs	
	Life Story	
	You	
	HOW: WAYS TO RESPOND	
	PREPARE: How can I prepare for this?	
	PREVENT: How can I prevent this action?	
	PRESENT: How can I respond to the action in the present moment?	
	What has worked before?	
	What is our PLAN?	
	How do I communicate this plan to my co-workers?	

More than Meds Workgroup Team Review Tracking Worksheet: Behavioral Expressions

The purpose of this worksheet is to assist the More than Meds Work Team in reviewing and responding to behavioral expressions of people with dementia. These residents might be currently using antipsychotics, at risk for using antipsychotics, or not using antipsychotics.

The goal is to better understand and respond to behavioral expressions to ensure that you are meeting the resident's physical, social, emotional, and spiritual needs.

FOR RESIDENTS WITH BEHAVIORAL EXPRESSIONS/DEMONSTRATING NEEDS		
DATE:		
RESIDENT NAME:		
WHAT- Describe the type(s) of behavioral expressions by the resident.		
WHAT HAPPENED- Situation surrounding behavioral expression(s) (when, who was involved, what happened before). If there are multiple situations, list each situation over [time period]		
HOW was the situation handled and what was the outcome?		
WHY- Was the Hand in Hand Brainstorming Worksheet used to understand the reasons behind the behavior(s)?	Yes	No
If the behavioral expression(s) represent a change or worsening, was a medical work up performed to rule out underlying medical or physical causes of the behaviors, if appropriate?	Yes If yes, what was outcome:	No
• If a medical cause (e.g., UTI) was identified, was treatment (if indicated) initiated in a timely manner?	Yes	No
Were current medications considered as potential causes of the behaviors (i.e., those with significant anticholinergic or other side effects)?	Yes If yes, which one(s):	No
• If yes, were medications adjusted?	Yes	No

Were family caregivers or others who knew the resident prior to his/her dementia consulted about prior life patterns, responses to stress, etc.?	Yes	No
Were all members of the team who know/have contact with the resident asked for their input?	Yes	No
Were approaches identified to respond to the resident's behavioral expressions/needs?	Yes	No
• What were the approaches?		
• Were the approaches communicated with the rest of the team?	Yes	No
• How did they work?		
• Were the approaches and how they worked documented?	Yes	No

Keeping It Alive

"How challenging is it? Yes, very! But we can't give up. If we turn back, we're never going to make a change."

Team Member, More than Meds nursing home

What Is It?

Keeping It Alive refers to sustainability – the ongoing work of the change journey in which you are continually taking stock of where you have been and looking forward to where you want to go. Culture change never "ends." We are always striving to look at things differently and do things that reflect the needs of the people who live and work in our communities. That being said, there are systems and processes that develop and become hardwired into the organization and create the pathways for ongoing work. Keeping It Alive includes: celebrating how far you have come; learning from what went well and didn't go so well and identifying new goals after evaluating and reviewing; reinforcing and hardwiring how to work differently; and sharing and learning from other communities on similar journeys.

Why Is It Important?

A significant concern for many communities is that efforts will die down, or even stop. It is an active process to keep it alive and to continually re-energize both the process and the individuals who are a part of it. After all the hard work you put into changing the way you do things to become more person-centered, you don't want things to just fizzle out. Letting things go will also create a "self-fulfilling prophecy" for those who always thought change would never last, or that this was a "flavor of the month." In the same way, all your hard-earned wisdom in getting small and big wins sets you up for continued success as you try to make more things happen. In the More than Meds project, the nursing homes recognized that they could take what they learned about the process of change, and apply that process to all sorts of situations moving forward. Some of the team members described it as "peeling back the layers of an onion," the further along you go, the more opportunities you see for improvement. The good news is that as these processes, like action planning, become more ingrained into your organization, it becomes more natural and "easier."

Lessons Learned

- **Work on "keeping it alive" from the beginning.** In the More than Meds project, the participating nursing homes discovered the importance of "keeping it alive" proactively and

continually. This meant finding multiple opportunities to talk about the project and to celebrate success stories.

- **Turnover happens so be prepared for it.** It is possible that key stakeholders, and even culture change champions, will leave their positions. For this reason, it is important that whole teams are empowered to create change, not just individuals. The knowledge and goals of a culture change journey should not just live with one person, in case that person leaves. It is also helpful to have co-chairs whenever possible, so that there is a level of leadership consistency if one of the chairs leaves.
- **Communicate, communicate, communicate.** You really can't talk too much about what you are doing and planning on doing with the rest of the team. It is important to integrate work through this culture change journey with all the other things happening at the home, to both ensure that team members feel included as well as send the message that this is not just another "thing to do" but a new way to do things overall. For example, incorporate updates in regular meetings, post bullets of updates on bulletin boards and in community newsletters, and hold town hall meetings inviting the whole team to attend to hear what is happening.
- **Listen.** Change is hard and stressful for most people. Really listening to what people who live and work in your home/community think about all of this is imperative in being able to sustain it. This includes hearing people's reservations or disagreements. Providing informal ("open door policy" or rounding) with formal opportunities (listening sessions, huddles, team meetings, etc.) are valuable in ensuring people have opportunities to be heard. It is equally important to provide feedback to team members on how their ideas or concerns are being addressed. A common source of not feeling listened to is the perception that one's feedback is not acted upon or addressed as to why it cannot be acted upon.
- **Actively include direct care team members, particularly CNAs.** The voices of CNAs need to be heard at every level of this journey. Their insights and concerns are instrumental to success. CNAs might be distrustful of culture change because they feel that all these new ideas are ultimately going to mean more work for them, without consideration of how they will be supported to do this work. If CNAs are not actively included and do not "buy in," it will be difficult to create change; as the team members closest to the residents they play a significant role in implementation as well as keeping it alive.
- **Find the time.** There is no doubt that everyone is extremely busy and it is difficult to find the time to engage in this journey. Keeping it alive does require making it a priority and finding time to nurture and grow it. Once these new processes become hardwired into your organization, they are more habitual. But like with any new habit, you have to keep working at it and scheduling the time to do it.

Celebrating Successes

"…a lot has been accomplished over the past several months. Much more to come for sure which positions our respective organizations to provide a better environment for residents, families and employees. In the end, that's why we're here!"

Team Member, More than Meds nursing home

What Is It?

Celebrating successes can come in many forms. There might be separate events or acts of recognition, such as kickoff celebrations or town hall meetings in which culture change projects are the primary focus and the goal is to give full attention to what you are doing on your culture change journey. You might also integrate celebrations of successes into existing meetings and programs on an ongoing basis. For example, commit to identifying one success per week in your morning meeting or in team huddles. You might include a special recognition in your existing staff recognition program for team members who have been instrumental to your culture change successes. Celebrating successes includes both small and large things. For example, in the More than Meds project, the administrator sent letters of appreciation to all members of the Champions of Change Committee and people with the best attendance record at team huddles were recognized with a certificate.

Why Is It Important?

As human beings we are often hardwired to see what doesn't work or how far we are from achieving our goals. This negativity bias is why it is so important to take the time and energy to point out successes and celebrate them with the whole team. Pausing to remind ourselves of how far we have come can re-energize us to move forward. It can also demonstrate to team members who are not totally on board that things are indeed changing and progress is being made.

Lessons Learned

- **Be proud!** Cultivate a culture that respects each member of the team by encouraging people to be proud of their important work. No one is "just" a CNA or "just" a housekeeper – each person has an incredibly important role in creating a great place to live and work.
- **Identify and share successes with the whole team.** The Champions of Change Committee can sometimes be perceived as an "elite group" or "favorites" if they are the only ones who are recognized for their work. Although being on the Champions of Change Committee is a position to be honored and recognized, it is also important to recognize that the Champions of Change committee "steers" the rest of the team in the right direction, and that it takes a

whole team to create success. Ask the Champions of Change Committee to actively seek out success stories from the rest of the team, asking around to find out how people have been implementing changes and the impact this has had on themselves and residents. For example, if a team member learned a different way to approach a person with dementia as a result of the More than Meds Workgroup, acknowledge this success and how this has made things easier for both the resident and staff.

- **Move from problems to possibilities.** When the focus goes to mostly problems rather than possibilities, it is time to take stock of what has gone well and how to learn from that. It is easy to get so stuck in all the things that are not going well; it is hard to think about what you *can* change. When you can look back and see what you have been able to change, it will shift that energy to more of a "can-do" attitude.
- **Take notice of the "little things."** One of the homes in the More than Meds project noted that over time, the team realized that working together was better than arguing why something didn't work. This "aha" moment of working together differently is something to be celebrated and noticed.
- **Celebrate, but also learn.** The great thing about successes is that they often hold important information about how we can do things in the future. Ask yourself, "What made that successful?" Was there something that the team did differently to make it a success? Take the time to really process accomplishments to find clues of how you can replicate them with other projects. For example, the lessons you learned in changing the dining experience can probably be applied to your next endeavor, like creating huddles. Maybe you learned the importance of involving all departments in enhancing dining, because every department was affected by flexible meal times. These lessons will serve you well in creating huddles as you think through who needs to be involved, when huddles will be held, etc.

Evaluating & Reviewing

"It's been an onion and we keep peeling back the layers and seeing new things to improve."

Team Member, More than Meds nursing home

What Is It?

Evaluating and reviewing refers to measuring what you are doing, and then processing how it is working. Use data to measure if goals are successful and share this information with the rest of the team. Continuing to set new goals can move a team forward and can help address concerns that the culture change process will "run out of steam." The numbers are concrete ways to show whether a practice is moving forward or halting. For example, one of the nursing homes in More than Meds focused on implementing huddles. They set a specific goal of what percentage of staff they hoped to participate in huddles by a certain date and monitored participation. When numbers were lower, they talked with the teams to determine why, and problem-solved how to successfully increase participation.

The evaluation and review process also helps identify next steps, as you determine what else you might improve. For example, in evaluating how the More than Meds Workgroup was doing, one of the homes realized that communication to CNAs was inadequate, and that they needed to improve communication with these members of the team. Evaluation includes both numbers (quantitative data) and people's perceptions and stories (qualitative data). Thinking through questions about what you plan to implement, such as, "What do we consider successful?" will help determine what type of data you want to collect.

Consider using existing data – you are already tracking many measures, such as antipsychotic use. Use this information to understand how implementation is working. For example, with the More than Meds Workgroup, you might set up a goal of lowering antipsychotic use by 20% over a six-month period by brainstorming different approaches to use with people with dementia who are showing distress. You can use your existing data to track progress. As you develop alternative approaches to people with dementia, you might also want to talk to staff to gather information on how approaches are working, how they think the person with dementia is doing, and what other support can be provided to team members.

Why Is It Important?

Whenever something it is implemented, it is important to continually evaluate whether it is working and the reason. When something is not working as planned consider it an opportunity

to problem solve or reset goals, not to abandon implementation altogether. If there is no gathering of information on whether a change is working, it is likely that it is not going to last. The opportunity to learn from the experience is also missed along with the new knowledge to approach challenges differently in the future.

Lessons Learned

- **Data can be a motivator.** Share data with the whole team that is involved in the project. If the goal is to reduce the use of antipsychotics by 20% over the next six months, as you see changes in your numbers (both positive and negative) share this with the entire team that is involved, including CNAs. Giving people tangible proof of their efforts can motivate and encourage people to change, and connect their efforts to the bigger picture.
- **It's more than numbers.** In evaluating the successes and opportunities for improvement of a project or goal, use both quantitative and qualitative information. For example, to measure the success of implementing huddles, look at both the percentage of staff members participating in huddles over a three-month period as well as informally ask staff what they found helpful or not.
- **Always ask "why."** Why did that work? Why didn't it work? Getting to the root of successes and failures will not only bring that initiative to the next level, but all future initiatives, because you will learn from experience!

Reinforcing

"For me, the more I learn about this makes me realize how much work there still needs to be done, but nothing important ever comes easy."

Team Member, More than Meds nursing home

What Is It?

Reinforcing means continually finding ways to reiterate your community's commitment to person-centered care, what it is, and what it looks like in practice. It means ongoing education about person-centered care overall, but also honing in on specific areas of focus that come up as you try to make additional processes person-centered. For example, if your community decides to focus on improving dining, explore the values of person-centered care – choice, dignity, respect, self-determination, purpose – as a part of the dining experience. Have the team explore what choice looks like in dining, what dignity looks like in dining, how dining changes can also create a better place to work, etc. By constantly reinforcing and interweaving person-centered care into everything you do, you send the message that person-centered care is not a separate thing to do, but a part of everything you do.

Reinforcing also means exploring how all members of the team are modeling the values of person-centered care in their daily interactions. Are leaders and supervisors listening to and supporting team members? Are they modeling and reinforcing how to work in a different way? Are all team members putting people before tasks? Reinforcing also means translating person-centered ideas into practice. It is one thing to say in an in-service that we need to honor elders' choices in when they want to get up in the morning, but what does that actually look like in practice? What does it take to make that happen?

Why Is It Important?

If person-centered care only lives an in-service, or only in the heads and hearts of a few people, it is hard for it to survive. It has to become a part of how everyone works and hardwired into the life of the organization. Team members also need to see what person-centered care looks like, and what it isn't, so it is up to leaders and co-workers to point out and reinforce when something is living up to person-centered values. If a team member hears in an in-service that they need to be "person-centered," but then when they leave the room and go on the floor, they feel disrespected, or see others being disrespected, or are not supported or given the tools to live out person-centered care, it would be hard for them to believe that the organization is truly committed to person-centered care.

Lessons Learned

- **Leadership is key.** The Champions of Change Committee has a big role as a cheerleader that is nurturing change from within. Additionally, the home's leader sets the tone for reinforcement by articulating expectations that a shift to person-centered care is a priority and impacts all levels of the organization. Leaders need to be visible in the process so that their support is felt, yet at times must take a step back to enable the team to take ownership and move forward. The trust that the leader instills in the team is a form of reinforcement that models a new way of doing things. It would be difficult for a leader to expect everyone else to become more person-centered, if the leader was not modeling the way by weaving person-centered care into his or her leadership practices.
- **Make person-centered care a performance expectation.** One way to send the message that person-centered care is the way you do things, and a part of every person's job, is to integrate these expectations into job descriptions and performance evaluations.
- **Inspire continually.** One of the homes in the More than Meds project posted weekly inspirational messages to their whole team through their electronic record system.
- **Invite questions.** As you are identifying how to put person-centered care into practice, team members will have questions about how to do this. Try to think of these questions as team members wanting to be engaged, rather than criticism.
- **Person-centered care is really not a checklist.** Although all efforts can be broken down into small steps for implementation, it is important to not get into the mindset that "if we complete these steps we are done." Person-centered care is really never done- there are always new opportunities to instill person-centeredness. Being too rigid with the process can also result in a lack of flexibility that is needed for modifications as you go along.

Learning Collaboratives

"It's such positive reinforcement to spend time with really motivated people!"

Team Member, More than Meds nursing home

What Is It?

The participatory learning collaborative process has been widely and successfully used in healthcare and other fields for quality improvement processes. The general idea behind learning collaboratives is bringing together teams from different organizations that are on similar journeys to learn from each other. In the More than Meds project, Champions of Change Committee members from participating nursing homes were brought together on four separate occasions – for a project kickoff at the beginning, again at six months and 11 months into the project, and at the end (18 months from the beginning of the project). At each collaborative, teams shared their accomplishments, challenges and lessons learned.

Why Is It Important?

Learning collaboratives offer an opportunity to gain new perspectives and ideas from others that can be taken back to our own communities. Perhaps another nursing home has found a way to tackle a challenge you are experiencing. Sometimes just having an outside perspective can illuminate how you might try things differently. Learning collaboratives also provide an element of "healthy competition" that hold organizations accountable to their goals. If you know you are going to have to share your progress with a group of people, you are likely more invested in meeting your goals. More than Meds project participants also shared that they were re-energized from the learning collaborative retreats, partially because they had to review their own successes in preparation, but also as a result of hearing others' successes, and identifying ideas that they wanted to try in their own homes.

Lessons Learned

- **Provide expectations for meetings.** In preparation for collaborative meetings, homes were asked to prepare presentations that addressed specific questions, such as what they accomplished, what have they learned, how will they sustain the work, etc. Providing a structure to the meetings provided focus, and gave homes an opportunity to process and prepare.
- **Involve the rest of the team in preparation.** Although the Champions of Change Committee might be attending the collaborative and presenting on behalf of the community, ask for input into the presentation from the rest of the team. Ask them what they think should be

included, stories or insights that they have, and even quotes about what the culture change journey has meant to them.

- **Encourage CNA involvement.** Collaborative meetings were half or whole day retreats. In order for CNAs to participate, their managers had to ensure their coverage and pay for them to be there and at times provide transportation to offsite meetings. This sent an important message to CNAs – that their presence was needed and supported.
- **Share collaborative lessons with the whole team.** Team members who were not on the Champions of Change Committee and thus not at the collaboratives might feel left out. Upon your return from the collaborative meetings, make an effort to share what happened with the rest of the team. Consider sharing your PowerPoint or presentation with the team so they can see exactly what you talked about. One of the participating nursing homes was planning on using their PowerPoint presentation in in-services for all departments so that they could be a part of the successes.
- **Leaders participate in the learning collaborative to support and listen.** In the More than Meds project, leaders participated in the last learning collaborative retreat to support their team and also listen to the team celebrate their successes. Having leadership present shows the team that this is important and that leaders are proud of their work.

Your Journey

We wish you the best of luck as you start, or continue, on your own "culture change" and hope that this toolkit will help your organization in its journey to become a better place to live and work through person-centered care.

Remember the three phases:

1. **Laying the Groundwork** refers to the initial efforts to inspire the entire nursing home community to transform their traditional routines to a person-centered philosophy and practice.
2. The **Implementation** phase refers to the part of the change journey in which you take the information you have collected from residents, staff, and family, develop action plans based on areas in which you would like to work, set goals, gather the tools and resources you will need to meet your goals, and then work together to bring your plan to life.
3. **Keeping It Alive** refers to sustainability - the ongoing work of the change journey in which you are continually taking stock of where you have been and looking forward to where you want to go. Culture change never "ends." We are always striving to look at things differently and do things that reflect the needs of the people who live and work in our communities.

Here are just Five Key Insights for being Successful:

1. **Leadership support is essential**. Leadership sets the tone when implementing change and their commitment is vital. Leaders are clear about the vision for change and their role in supporting the rest of the organization in achieving change.
2. **Have the right people on your team**. It really helps to have "cheerleaders," who inspire the team, believe it can be done, and can look past the problems to possibilities. People who will "keep it alive" right from the start, and will recruit others to join in and well as be willing to ask the tough questions. Be sure this team includes direct care workers – team members closest to residents play a significant role. Address naysayers – why do they have concerns?
3. **Communicate, communicate, communicate**. You can never communicate too much, what's happening, when and where to obtain information as well as providing feedback. This includes listening and being present. Change is hard and stressful for most people. Really listen to what people have to say and show them that they are heard by providing feedback. Be present in meetings, and show people this is equally important to you.
4. **Find time.** Time to listen, time to communicate, time for being a strong leader and modeling the way for your team. Time for others to participate. Remember this isn't one more thing to do.
5. **Celebrate your successes, and learn how to improve**. Success inspires more success. It also helps to identify opportunities. Ask yourself, "What made that successful?" Take the time to appreciate the success but also really process accomplishments to find clues of how you can replicate them with other projects.