

Artifacts of Culture Change 2.0 inspires Changing Institutional Culture

Carmen Bowman, Regulator turned Educator
Co-developer Artifacts of Culture Change original/2.0/AL

EDU-CATERING: Catering Education for
Compliance and Culture Change in LTC
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CONFLICT OF INTEREST STATEMENT

Carmen Bowman of Edu-Catering has a financial relationship with Action Pact, Inc. which has been mitigated.

2

Have you ever heard
of the original Artifacts of
Culture Change tool?

Original Artifacts 2006 funded &
released by CMS Division of
Nursing Homes

Artifacts of Culture Change

Name _____ Date _____
City _____ State _____ Current number of residents _____

Care Practice Artifacts

1. Percentage of residents who are placed any of the following styles of dining: _____ Enter the actual percentage % in your home

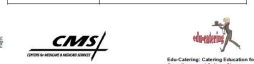
- Resident-dile where staff help themselves or help staff (20%) (4 points)
- Staff-dile where staff help themselves or help staff (20%) (4 points)
- Family style where food is served in family or dining tables where residents help themselves or staff assist (20%) (4 points)
- Room dining where food is available for at least 2 hours, time resident and residents can come when they choose (20%) (4 points)
- 24 hour dining where residents can come food from the kitchen at any time (20%) (4 points)

2. Supervised the available staff (20%) (4 points)
a. All residents (2 points)
b. Some residents (2 points)
c. No or no direct participation (2 points)

3. Resident groups are built on resident long-term (20%) (4 points)

4. Enter the actual number of days in your home

5. All days of the week (2 points)
6. 2-4 days/week (2 points)
7. 5-6 days/week (2 points)



3

ARTIFACTS

- Artifacts in anthropology serve as proof of a culture
- Concrete/tangible markers of philosophy and practice
- Purposefully not an interview-based tool
- Artifacts of culture change are markers reflecting **home**
- Be alert to artifacts of institutional culture, call them out

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Heard of Artifacts 2.0?

- Self-assessment tool
- Inspirational tool
- Educational tool
- Implementation tool
- Benchmarking tool
- MD CMP Grant 2021

ARTIFACTS OF CULTURE CHANGE 2.0

HOME NAME _____ DATE _____
CITY _____ STATE/OTHER _____ CURRENT NUMBER OF RESIDENTS _____

RESIDENT-DIRECTED LIFE
For each item, check the column that represents your home:

	NOT IMPLEMENTED (no current practice)	PARTIALLY IMPLEMENTED (some current practice)	IMPLEMENTED (current practice)
1. New residents and their families are welcomed by team members/managers, introduced to the home, and educated about the home's culture change philosophy of enhancing residents' control over their lives, rights, amenities, activities, and choice of schedules.	Fully Implemented	Partially Implemented	Not a current practice
2. The home offers at least one of the following styles of dining that provide for resident choice: à la carte style where residents help themselves or tell team members what they want; Family style where food is served in bowls on dining tables where residents help themselves or receive assistance.	Fully Implemented	Partially Implemented	Not a current practice
3. Each meal is available for at least 2 hours, and residents can come and go when they choose (after the CMS FRO frequency of meals, alternate dining times).	Fully Implemented	Partially Implemented	Not a current practice
4. Residents are supported to prepare and/or serve food per their preferences and abilities in addition to cooking groups.	Fully Implemented	Partially Implemented	Not a current practice
5. Snacks/drinks are easily available for residents at all times without having to ask, i.e., in a stocked pantry, refrigerator or snack bar (after the CMS FRO frequency of meals, snacks at all times).	Fully Implemented	Partially Implemented	Not a current practice
6. In addition to snacks described in #5, residents can order food from the kitchen 24 hours a day, and team members are empowered to provide food upon request.	Fully Implemented	Partially Implemented	Not a current practice

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FIRST-EVER Artifacts of Culture Change for Assisted Living

ARTIFACTS OF CULTURE CHANGE - ASSISTED LIVING (ACC - AL)

HOME NAME _____ DATE _____
CITY _____ STATE/OTHER _____ CURRENT NUMBER OF RESIDENTS _____

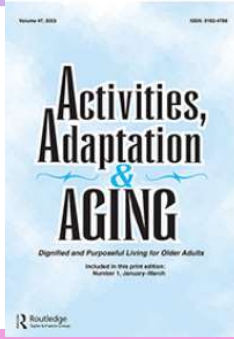
RESIDENT-DIRECTED LIFE
For each item, check the column that represents your community:

	NOT IMPLEMENTED (no current practice)	PARTIALLY IMPLEMENTED (some current practice)	IMPLEMENTED (current practice)
1. New residents and their families are welcomed by team members/managers, introduced to the community, and educated about the community's culture change philosophy of enhancing residents' control over their lives, rights, amenities, activities, and choice of schedules.	Fully Implemented	Partially Implemented	Not a current practice
2. The community offers at least one of the following styles of dining that provide for resident choice: à la carte style where residents help themselves or tell team members what they want; Family style where food is served in bowls on dining tables where residents help themselves or receive assistance.	Fully Implemented	Partially Implemented	Not a current practice
3. Each meal is available for at least 2 hours, and residents can come and go when they choose.	Fully Implemented	Partially Implemented	Not a current practice
4. Residents are supported to prepare and/or serve food per their preferences and abilities in addition to cooking groups.	Fully Implemented	Partially Implemented	Not a current practice
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6. In addition to snacks described in #5, residents can order food from the kitchen 24 hours a day, and team members are empowered to provide food upon request.	Fully Implemented	Partially Implemented	Not a current practice

6

**The Artifacts of Culture Change 2.0:
A Person-Directed Implementation Tool**

Published in the international peer reviewed journal
*Activities, Adaptations And Aging:
Dignified and Purposeful Living
for Older Adults*
<https://www.tandfonline.com/toc/waaa20/current>



7

Look at the language

Independent Living
Assisted Living
Long-term Care

Where did the LIVING go?

8

CMS SOM Definitions §483.5 (2016)

- **Person-centered care.** For purposes of this subpart, person-centered care means **to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.**
- What does that really define?
- Person-centered care is not the same as culture change
- Person-centered is actually outdated...

9

Notice the difference?
 Person-centered is good.
 Person-directed is **better**.
 And yes even when one has dementia.

10

Person-directed... care
 Resident-directed... care

What's missing?

11

Life and Living

Self-Directed Life/Living
Resident-directed Life/Living
Person-Directed Life/Living

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What might happen if we all talked more about life and living than just the care that people are receiving?

Good care should be a given.

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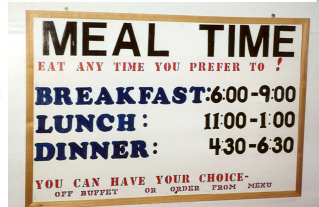
*What if we focused on life and living?

15

Resident-Directed Life

3. Each meal is available for at least 2 hours, and residents can come and go when they choose. (Refer to CMS F809 Frequency of meals, Alternate dining times)

27 CMS Regulations referred to 52 times!



16

Regulations support open dining

Tag F809 Frequency of Meals

There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.

Requirements to honor choice = **more** compliant

You basically already have it...

17

18. The home supports each resident's **natural awakening rather than waking residents on a set schedule.** (Refer to CMS F561 Self-determination)



18

- 21. Residents are **awakened during the night only per their preference and individualized need (not according to a generic approach such as "turn and reposition every two hours" or routine incontinence checks).**
- Are we supposed to give generic care or individualized?
- In fact, when it comes to care, **individualized care** is the key!

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Tag 561 Self-determination Guidance

Right to choose activities, **schedules (including sleeping and waking times)**, health care and providers of health care services consistent with his or her interests, assessments, plan of care and other applicable provisions of this part.

Right to make choices about aspects of his or her life in the facility that are significant to the resident.

When it comes to sleep, what is true choice?

True choice = natural awakening

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Tag 561 Self-determination Guidance

Choices about schedules and **ensuring that residents are able to get enough sleep is an important contributor to overall health and well-being.**

Facilities **must not** develop a schedule for care, such as waking or bathing schedules, for staff convenience and without the input of the residents.

21

Personalized med pass times

22. Medications are delivered according to each resident's individual daily rhythms such as waking and dining (rather than assigned clock times).

22

30. Residents determine their own daily schedules and can make spontaneous requests and changes. Resident schedule preferences are integrated into team member schedules. (Refer to CMS F561 Self-determination)

23

Being Well Known

42. Each resident's care plan is specific to the individual and reflects **the resident's goals**. (Refer to CMS F656 Comprehensive Care Plan)

The resident's goals -153 times in SOM

The measureable objective is often naturally built in and often daily.

24

43. Each resident's comprehensive assessment process addresses the Eden Alternative Domains of Well-beingSM: **identity, connectedness, security, meaning, autonomy, growth, and joy** as listed at CMS F679 Activities.

And more...care plan addresses **mobility, music, outdoors, meaning/purpose, a good night's sleep**

25

Home Environment, Accommodation of Needs and Preferences

68. Institutional, over-the-door call lights have been replaced with alternatives such as **porch lights** at the side of resident room doors or a silent communication system.

71. Resident rooms have **mailboxes** at the room entry or in a central mail location.

Rowan Community, Denver, CO



26

82. Except for emergencies, the overhead paging system has been turned off. This includes not paging over speaker phones. (Refer to CMS F584 Homelike Environment)

83. Residents/families have easy access to a washer and dryer for their own use. Team members offer assistance as needed.

Teresian House, Albany, NY



27

92. The home does not use bibs/clothing protectors (linen or paper napkins, etc. are used instead). (Refer to CMS F550 Respect and dignity)

Not using bibs has been an example of undignified living at Tag 555 since 1987!

Invite all to move in this direction, look at options.



28

Family and Community

96. The home works with residents to accommodate their preferences to be actively engaged in community life outside the home, such as clubs, volunteering at schools, animal shelters, homeless shelters.

- PEOPLE WANT REAL LIFE not contrived scheduled group activities

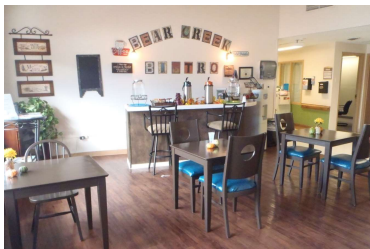


Rockport Health Services - A Heart to Serve

29

98. The community has a café/restaurant available at which residents and family can obtain food and drinks daily.

Ft. Collins Care Center, Ft. Collins, CO



Compete with your community's best – why not?
“The Shock Factor”

30

99. The community has a store/shop where residents and visitors can obtain gifts, toiletries, snacks.

Resident-led Gift Shop

- just using an armoire →



Avamere - Brighton Brighton, CO

31

100. A kitchen, rehab apartment, or activity kitchen is available for residents and families to cook and bake. The home intentionally notifies residents and families of its availability.



Manda was famous for her cinnamon rolls. The team supported her to remain famous and she enjoyed giving to others.

Big Oak Meadows Big Oak, MN

32

Leadership and Team Member Engagement

109. Leadership team members have an **ongoing process to identify and remove barriers to culture change and resident-directed life** within language, policies, job descriptions, system changes.

110. **The administrator or equivalent supports the culture change efforts**, including convening teams, projects, and committees to lead changes. This leader's job description reflects this role.

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111. **High level leaders such as CEO, owners, and board members actively support** the culture change philosophy, committee, projects, etc.; **providing commitment and resources, and receiving progress updates.**

112. The home has a **standing culture change task force/committee/team** with a broad representation of residents/family members, supervisory and direct care team members from various shifts, administration, and nursing leadership.

119. **All job descriptions include the team member's duties in supporting resident-directed living.**

34

125. Team members wear clothes that support a home environment (as opposed to scrubs or uniforms).

-St. Ann's Rochester, NY 11/11/21 during pandemic, personal casual dress kept morale up, broke up monotony

-Nurse leaders Cherry Creek Care Denver - Traded in lab coats and scrubs, shows personality



35

127. Team members other than activities /recreation regularly engage residents individually or by leading groups of interest to residents.



"He was glowing! You have to continue!"

36

128. The home welcomes and encourages team members to dine with residents.



Clear Creek Care Center Westminster, CO Wednesday Buffet

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133. The home uses non-institutional language in all documents (clinical charting, job descriptions, policies and procedures) and verbal interactions, and provides periodic training to all team members to remove institutional language.*

*Non-institutional language considers the person first, enhances dignity, and is not pejorative or paternalistic. From ACC 2.0 Guidance.

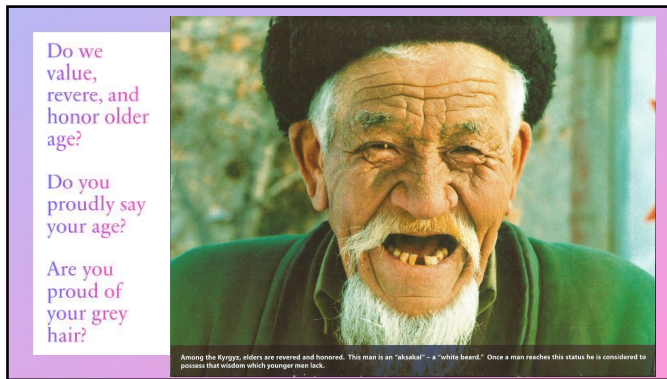
38

Ageism: prejudice or discrimination on the basis of a person's age.

Is there ageist language *in the field of aging*?

Please enter in the Chat box...

39



40

If we don't talk positively about aging, in this field, who will?

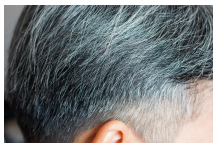
ANTI-AGING
What is the message?

Popular to look **older** in some cultures, some **dye their hair grey**

How do **we** talk about getting older?
"I'm having a senior moment."

Ageism both ways = young people get technology, older people don't

Ageism = little kids dressed in glasses, white hair and using walkers...



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Free resource available at
www.edu-catering.com
www.pioneernetwork.net

Archived:
People First Language
 Kathie Snow, author, advocate
The Power of Language to Change Culture
 Judah Ronch, PhD
www.actionpact.com

CONVERSATIONS WITH
action pact

The Power of Language to Create Culture


Carmen Bowman, MHS
 Judah Ronch, PhD
 Galina Madjaroff, MA

July 2012

Rothschild
 FOUNDATION

Supported by a grant from the Hilda B. & Maurice L. Rothschild Foundation

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Person First Language... 

Puts the person before the disability.

Describes what a person has, not who a person is.

We don't refer to people as myopic.
 We describe: wears glasses.... Let's follow this example!

Diabetic becomes **a person with diabetes**
 Dyslexic - **a person who** sees letters backwards

44

SO, WHAT DO YOU
 PREFER TO BE CALLED?
 HANDICAPPED?
 DISABLED? OR
 PHYSICALLY CHALLENGED?

"JOE"
 WOULD BE
 FINE.

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THE MOST APPROPRIATE LABEL IS
 USUALLY THE ONE PEOPLE'S PARENTS
 HAVE GIVEN THEM.

45

Avoid labeling people - even in federal regs

CMS Tag F550 Resident Rights, treat with respect and dignity:

Avoiding the use of labels for residents such as "feeders" or "walkers."

***What labels have you heard?**

46

Other labels

▪ Screamer, wetter, isolator, hoarder, wanderer, fall risk, frequent faller, repeat offender, complainer, max assist, non-compliant, crier, naughty, overinvolved, needy
→ **person's name and respectfully describe**

- The "get ups," "the downs" → **avoid**
- The dementia residents → **people who have dementia**
- 300B, Room 28 Bed A - **avoid, learn names**
- Memory Care - gives it away... HIPAA...?

47

Beware of subtle pejorative language disparaging, derogatory, deprecatory, patronizing

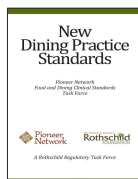
Examples:

- We let our residents sleep in.
- We allow them to have a pet.
- We permit them to go outside.
- "Are we ready for our shower?"
- Our residents, my residents, a little resident

Supportive/respectful:

- We **support**...
- We **honor**...
- We **encourage**...
- "What time would you like your shower?"

*Shifting Traditional Professional Control
to Support Self Directed Living* pioneernetwork.net



48

- Patient → resident → **person, individual, neighbor, friend, community member**
- Patient-centered → (ignores person) person-centered
 - "Patients, residents. They are all people, first." (Kathy Snow)
- "Resident - I hate that word. He was a person way before he became a resident in a nursing home."

Tony Hanlen, NHA

49

Facility/care center → **home, community, name**
 "X bed facility" → 110 person home, home to 110 people
 Beds → **bedrooms, refer to the people living there**
 Industry → **field, profession**
 Census → **100 people live here today**
 Occupancy → **110 people could live here**

50

The power of words

- Staff → **people who work here, team members, colleagues, associates, stakeholders**
- Puts person in a role not a relationship.
 - No staff at home.
 - Beware: my staff, my/our residents ... ?
- Elder/Family/Employee partners - Eden Alternative - the term**
 partner immediately shows everyone is equal
- Department → **team**
 Inservice → **education**
 Dietary → **dining services**

51

Admitted, placed, put → **"We helped Mom move to a nursing home," new neighbor moved in**

Discharge, discharged → **moving, moved, relocated**

Elope, escape → **left the building**

Expired → **died**

Intervention → **approach, individualized approaches**

52

Look through the  of HOME

Homelike → **true home, feel at home, home**

Toilet/toileting → **needs the bathroom, bathroom use, freshen up, restroom, etc.**

Ambulate (actually means to move/movement) → **walk, move, propel wheelchair, say what is meant**

Refuses → **declines, chooses not to**

53

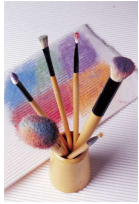
Unit, wing, station, hall → **neighborhood, unless living in a household or house**

Lobby, common area → **living room**

Front line workers → **direct care givers, care givers, hands-on team members, descriptive/precise language, e.g., nurses, CNAs**

Work the floor → **assist residents, say what they do, e.g., pass medications**

54



Look at the word **"therapy,"** for instance. Why does everything have to be therapy once you live in a nursing home? If I liked to paint before I moved into the nursing home and I paint now that I'm there, why is my hobby now "art therapy?" I mean no insult to the wonderful folks who call themselves therapists and their work, their special training, or their skills. In fact, I'm a massage therapist myself. But in this context, "therapy" is another of those separating words.

Karen Schoeneman, *MayDay* article

55

Putting the label "therapy" on normal activity has become a tradition in nursing homes and other health care settings in order to establish the "professionalism" of those who do it. This is a case of **"scientism"** (Postman, 1993), a language trend toward elevating status of an action by appropriating medical terminology. People do things that are **"therapeutic"** all the time without therapists around because we feel better when we do them. When you go for a walk, for example, is that physical therapy or just exercise? Doing something you enjoy should not take on a stigma of having something wrong with you and that's why you do it.

Dr. Judah Ronch, Psychologist
The Power of Language to Create Culture

56

What I see in the current culture is largely **programmatic**: a varied program of activities is offered, trips to restaurants, ice cream shops as well as places of historic interest, shopping trips and many in-house activities.



A Sage to the culture change movement
An original pioneer of the Pioneer Network
Carter Catlett Williams
2013 Convening Remarks

<https://www.youtube.com/watch?v=1i0lOUqkR2E> (11 min.)

57

With such a wealth of activities, what could be lacking?

What is lacking is real life. Real life is not found in programs. Real life is in the give and take of everyday life.

Our living in the apartment or touring bus screens us off of everyday life. We're turned in on ourselves. What is there to talk about other than times past or the faulty air conditioning?

Carter Catlett Williams 2013

58

Beware of confusing programs with real life. Programs have their place but life in the wide world is not programmable. Life is filled with surprises, with hope as well as setbacks; with affirming as well as unsettling experiences.

As shapers and leaders of a new culture we must be very clear that the culture we are building does not rest on programs but on knowing each person, valuing what each person has to give and enabling each to give his/her contribution. **Then we will be on the side of life.**

Carter Catlett Williams 2013

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Normal Life/Normal language

- Pet therapy or enjoying animals?
- Art therapy or being creative?
- Music therapy, horticultural therapy, therapeutic garden, hydrotherapy, aromatherapy
- Therapeutic activities? Who decides?
- Leisure, recreation, activities/activity programming → **living life, meaningful engagement, community life - community life team, coordinator**
- Activity room → **community room**
- Activity calendar → **community calendar**



Courtesy Eden Alternative

60

Beware of medicalizing life

Beware even more medical lingo

- "Prescribing social care"
- "Dose of exercise"
- "Social prescription"
- "Purpose pill"

Normal language

- **Recommend**
- **Suggest**
- **Preference**
- **Plan**



Promising Practices for Social Connectedness, Fall Prevention, and Improved Cognition

Should Social Care Be Prescribed? Should Life Be Medicalized?

Carmen Bowman ^a and Weng Marc Lim ^{b,*}

pen access editorial: <https://www.tandfonline.com/doi/full/10.1080/13603317.2022.2144444>

61

Dignifying our Language

Behavior/BPSDs → **communication, message, unmet need**

Combative → **avoid, describe what exactly happened**

Suffers with dementia

→ **has dementia**

→ **experiences life differently**

→ **changing cognition** (Dr. Al Power)

62



Dr. Al Power: #BANBPSDs

63

What you could do MICHIGAN:

- Get every nursing home to use Artifacts of CC annually
- Create a MI voluntary quality of life/Artifacts star data base
- Resurrect BEAM/MI culture change coalition
- Each of you become a Culture Change Advocate
- Work together; be a leading state - be famous!

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Resources

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Artifacts 2.0 Guidance

Much like a glossary giving
further explanation of certain
practices

Pioneer Network

Artifacts of Culture Change 2.0 Guidance NURSING HOMES

CULTURE CHANGE AND RESIDENT DIRECTED LIVING -

"Culture change" is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of older adults and those working most closely with them are centered, respected, and honored. It is a global concept, including person-directed care, leading people to individualize, and transforming culture change practices into something that the physical environment, training, language, policies, and the inclusion of residents' voices in the home's operations. These factors of culture change comprise the focus of ACC 2.0.

Resident-directed living is a key component of culture change focused on getting to know each resident's needs, preferences, life story, how they want to live today, and trying to make it happen. Core resident-directed values are individuality, choice, dignity, respect, self-determination, and personhood living.

GUIDANCE FOR ITEMS WITH ASTERISKS

1. New residents and their families are welcomed* by team members/managers, introduced to the home, and educated about the home's philosophy of delivering resident-centered care that meets their needs, rights, preferences, and choice of techniques.

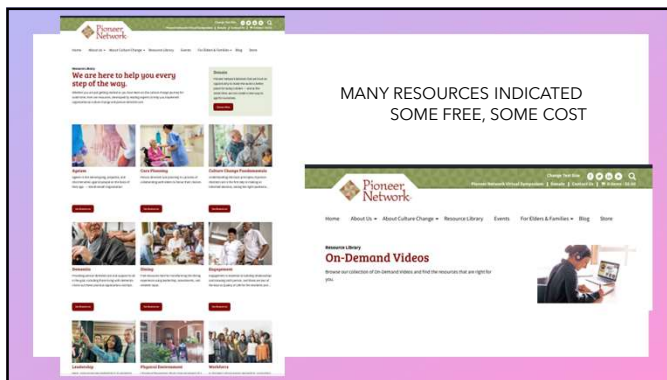
*The meeting is facilitated by the community setting such methods as a welcoming committee/ welcome wagon, resident orientation, first meals with specific individuals who either work around the theme, or meet first for others to meet the new person, assigned team members meeting with the new person, etc.

2. The home has a policy to consider the regular diet for all residents prior to considering restricted diets (allergies, medical, spiritual, dietary, etc.) (See the Director's Handbook).

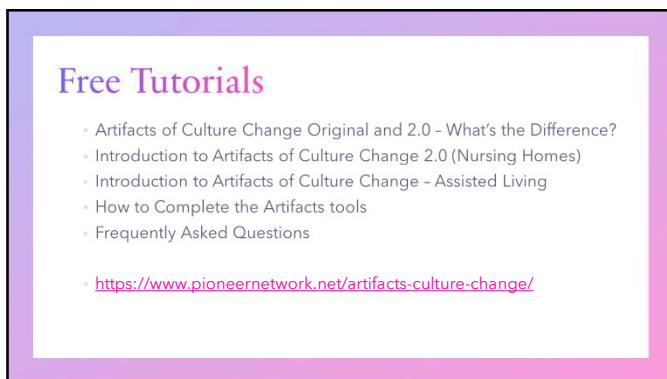
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67



68



69
