Implementing Innovative Practices in Resource Poor Nursing Homes: Comparing Culture Change & Palliative Care

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Acknowledgments

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Introduction

- Quality of care provided in nursing homes has been a concern for many years
- High Medicaid facilities often have lower quality care, worse outcomes for residents
- Less likely to implement innovative practices
- Some high Medicaid facilities have implemented innovative practices

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Purpose

- Purpose of this study was to identify factors that may enable some high Medicaid nursing homes to implement innovative practices

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Diffusion of Innovative Practices

- Diffusion of innovation between individuals within the same organization
- Diffusion of innovation between organizations
- Factors internal to the organization
- Factors external to the organization

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Internal Factors

- Characteristics of the organization
  - Structure
  - Size (Damanpour, 1992)
- Characteristics of individuals within organization
  - Communication styles
  - Interpersonal skills (Meyers, Sivakumar & Nakata, 1999)

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External Factors

- Attributes of the innovation:
  - Compatibility with organizational goals
- Attributes of the environment
  - interpersonal relationships among leaders in different organizations (Fennell & Warnecke, 1988)
  - mass media attention
  - spread by formal networks and champions (Meyer & Goes, 1988)

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Limitations of Previous Research

- Focused on hospitals
- Little research on nursing homes (Rahman, Applebaum, Schnelle & Simmons, 2012)
- Focused on above average 'early adopters' (Banaszak-Holl, Zinn & Mor, 1996)
- Even less on high Medicaid, resource poor nursing homes

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Purpose

- Determine what internal and external resources high Medicaid, resource poor nursing homes need to help implement innovative practices

- Examined two types of innovative practices in nursing homes:
  - culture change
  - palliative care

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Culture Change

- Aims to alter the way care is provided by making nursing homes more homelike and less institutional:
  - person-centered and focused on the preferences and desires of care recipients
  - environmental changes, such as removing nursing stations
  - organizational changes, such as increasing the autonomy of direct-care workers

Non-Hospice Palliative Care

- Provided to individuals with serious or life-threatening illnesses
  - interdisciplinary team
  - supports patients and families in their psycho-social needs
  - addresses physical, intellectual, emotional, social, and spiritual needs
  - stresses autonomy, access to information, and choice
- Specific palliative care practices include:
  - pain management, including non-pharmacological therapies, respite for family members and psychological and spiritual care

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Methods Overview

- Identified high Medicaid NHs that participated in our national survey
- Using survey scores categorized these as:
  - low culture change & low palliative care
  - low culture change & high palliative care
  - high culture change & low palliative care
  - high culture change & high palliative care
- Interviewed 4 NH administrators in each group

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National NH Survey

- Conducted in 2009-10 as part of large project
  - 2215 NH administrators
  - 2164 DONs
  - 1695 NHs, both responded
- Measured culture change practices
- Measured palliative care knowledge and practices

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Culture Change Questions

- Questions about physical environment, staff empowerment, and person-centered care
- Used in previous culture change surveys and had good measurement properties
- Cognitive-based interviews to reduce measurement error and increase data validity

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Palliative Care Questions

- Included questions about knowledge and practices
- From validated nursing home “Palliative Care Survey” (Thompson, et al., 2010)
- Cognitively tested

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Sample Selection

- Used OSCAR data to ID resource poor NHs
- ≥ 80% of residents care paid by Medicaid
- 191 (7.1%) of responding NHs
- 89 had both culture change and palliative care scores

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Final Sample

- 23 low culture change & low palliative care
- 11 low culture change & high palliative care
- 18 high culture change & low palliative care
- 8 high culture change & high palliative care

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Participant Recruitment

- Randomly selected nursing homes in each of the four quadrants
- 8 NH administrators in each quadrant were mailed introductory letters
- Calls made to schedule telephone interviews

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Interview Protocol

- Developed draft interview protocol
- Pilot tested with 3 NH administrators
- Protocol revised by the study team
- Questions were semi-structured including several broad questions followed by probes
- Interviews were audio recorded and transcribed; 15-40 minutes; 20-25 average

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Interview Question Examples

- How long have these practices been in place?
- How were these practices first started? What steps did you take to begin?
- Was someone at your facility responsible for starting or promoting these practices? Did you get help from an outside person or organization?
- Where did you get information about these practices, or culture change more generally?
- How have staff been involved in getting these practices off the ground?
- What would you say has been hard about incorporating these practices? What have you done to overcome these challenges?

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Data Analysis

- Modified grounded theory style technique
- Some coding labels emerged directly from the content of the data, others represented predetermined categories
- Unexpected findings, as well as anticipated areas of interest were captured
- 2 researchers coded all data and came to consensus about coding and themes

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Codes & Code Groups

I. Internal resources

A. staff
B. volunteers
C. families/residents
D. leadership
E. meetings and communication (ongoing, informal)

II. External resources

A. grants (or other funding)
B. consultants
C. state or trade organizations
D. surveyors
E. other nursing homes/ hospice organizations
F. corporate office
G. other

III. Education/Learning opportunities

A. conferences/seminars
B. online (CMS website, webinars)
C. print materials (journals, trade magazines)
D. in-house education/ in-services

IV. Barriers

A. human
B. financial
C. physical (i.e. size)
D. “no value added” belief, “we already do that”

V. Facilitators

A. human
B. financial
C. physical
D. responses/strategies

VI. Culture Change practices

A. environment/physical
B. staff
C. resident choice
D. other
E. when started

VII. Palliative Care practices

A. pain management
B. comfort care
C. advance directives
D. interdisciplinary team assessment
E. psychological, cultural and spiritual care
F. elicitation of patient preferences
G. respite and other care for families
H. pharmacological, non-pharmacological, and complementary supportive therapies
I. bereavement services
J. other
K. beliefs/feelings about hospice
L. one-on-one/ case-by-case, individualized
M. when started

Results Overview

- Most previously low culture change NHs (6 of 8) had begun utilizing at least some culture change practices
- No similar changes around palliative care practices
- Admins reported numerous ways they received info and assistance for implementing culture change
- Reported relying heavily on hospice organizations for both the palliative care needs of their residents and for info about palliative care practices

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Participants

- 35 administrators sent introductory letters
- 19 were reached by telephone before data collection efforts ceased
- 17 administrators participated in interviews
- Only 2 administrators refused to participate

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Late Adopters of Culture Change

- 6 of 8 NHs with low culture change survey scores reported implementing culture changes practices
- None mentioned that financial resources were a barrier to culture change
- Resident population commonly cited as barrier

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Late Adopters

But then I looked at our culture, looked at the… Chinese dining method is totally different from the dining method in here. The environment is not a romantic type or nice seating environment as the western world. (#12)

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Late Adopters

Well I think partially because of the population. We are under the license of a skilled nursing home, but our average age here is 65 and predominantly male. And we have a higher percentage than normal of psych… I mean we do have geriatric residents, classified as that, but they're only a third of the population. With this population dinner's not so much a social event… (#14)

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Late Adopters

- Late adopters of culture change practices resulted in 14 of the 16 facilities having adopted at least some culture change practices
- Striking contrast to the adoption of palliative care practices
- No NHs reported having adopted new palliative care practices

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We Already Do That

- 2 administrators reported that culture change was simply a new name for good care
- Something they had always provided
- Coding label for this sentiment was termed “we already do that”
- Very common sentiment with regard to palliative care

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We Already Do That

Yeah, we do it. I mean I can't really think of anything specific to answer your question with. I mean we do that basically on a daily basis with some of our folks. (#3)

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We Already Do That

Well they began before I was here; I came here six years ago. So I mean it's, you know, it's just part of our routine. We don't think it's anything special. It's just something that we've always done. (#7)

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External Resources for Culture Change

- Admins reported plethora of external resources and information for culture change:
  - state culture change coalitions
  - trade organizations
  - state agencies
  - other nursing homes
  - corporate offices

- Conferences, seminars, trade magazines, online, and by visiting other nursing homes

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External Resources for Culture Change

It's been a big focus on resident-centered care in conferences, especially over the last five or six years. The ones I attended were generally conducted by the Texas Health Care Association. I've also attended national conferences, a few national conferences sponsored by the American Health Care Association. (#15)

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External Resources for Culture Change

It was just a fight as all nursing homes go through with surveyors all the time, you know, it's something new and they didn't like it. And you know in five or six years later they're all advocating it. (#7)

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External Resources for Culture Change

I have had surveyors over the years in Washington state talk about the concept of please make your facility more homelike and less institutional. (#13)

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External Resources for Culture Change

We visited several nursing homes nearby and gathered some good feedback from those nursing homes. And they tell us what they like and what they don't like. So that's how we started with the design of our [new] building. (#1)

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Reliance on Hospice

- Rely on outside hospice organizations for the palliative care needs of their residents
- And for information about palliative care
- Palliative care practices beyond ‘comfort care’ and ‘pain management’ were rarely cited
- Very little use of palliative care practices outside the auspices of hospice

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Reliance on Hospice

The way it kind of works here is that if we're receiving orders like, they come right from the hospital, just on palliative care, we kind of go based off what the doctor's ordered. So I mean some people do. I mean we've had people come in on palliative care just kind of caring comfort, non-hospice. But, I mean, it's kind of rare. It's rare. (#4)

Reliance on Hospice

Because we have a very close relationship with the hospice companies that we have contracts with we know how their process works. (#16)

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Reliance on Hospice

I would advise them to coordinate with the hospice agencies they're already using and then you can always in-service some palliative care from [them]. I mean I think that's probably where we learned a lot of that. (#13)

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Conclusions

- Most low culture change NHs had begun utilizing at least some culture change practices
- Few palliative care practices beyond ‘comfort care’ or ‘pain management.’
- Related to differences in the external resources available to these facilities
- Multiple organizations accessed for information and resources related to culture change
- No administrators mentioned any external resources for palliative care beyond the hospice companies

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Practice Implications

- Palliative care advocates could learn from culture change and build coalitions
- Culture change advocates successfully brought together consumer groups, trade groups, government agencies
- Palliative care may be able to piggyback on culture change efforts
- Reframing of palliative care message to person-centeredness

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Policy Implications

- Culture change advocates successfully engaged state and federal governments
- Instituted policy changes that promote culture change
  - Retraining surveyors
  - P4P policies
- Our recent research found that NHs had greater implementation of culture change practices when they resided in US states with P4P (Miller, et al., 2013)
- Palliative care guidelines for surveyors have not taken hold

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Thank you

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