Pioneer Network™

Artifacts of Culture Change 2.0

NURSING HOMES

Purpose

Artifacts of Culture Change 2.0 (ACC) is an internal implementation, inspiration, and self-assessment tool. It is a tool that a nursing home on a culture change journey can use to become aware of concrete changes that leading homes have made to their policies, practices, and environment due to their commitment to the principles of culture change. The ACC can show a home a variety of beneficial changes they can make to increase resident autonomy, rights, and choices and eliminate institutional practices. A home can also use the ACC to note their progress toward changing institutional culture over time. ACC practices are grouped into 5 broad headings: 1) RESIDENT-DIRECTED LIFE, 2) BEING WELL KNOWN, 3) HOME ENVIRONMENT AND ACCOMMODATION OF NEEDS AND PREFERENCES, 4) FAMILY AND COMMUNITY, and 5) LEADERSHIP AND ENGAGEMENT. The groupings of practices are intended to help with team planning and implementation, since it would make sense for certain practices within groupings (e.g., individualized care plan items in the BEING WELL KNOWN grouping) to be discussed and coordinated with team members at the same time in a planning process.

Protocol for Completion

It is recommended that the home use a forum such as a task force/committee/team to complete the ACC to gain the insights of residents, families, and team members. The team should consist of the administrator, director of nursing, and representatives from each department or team in the organization. In order to have complete representation of the home, it is important that there be representatives from all levels of the organization and different shifts. It is recommended to include direct care team members, family members and residents. All those involved in the discussion should have a copy of the ACC.

In order for a home to make any changes described in the ACC, it is crucial for a high-level manager to lead these culture change efforts in order to provide support and necessary resources. To check progress in making changes over time, the home may want to review the ACC periodically, perhaps every six months or yearly. This becomes a way to assess progress, celebrate successes and revise goals and action plans, as necessary.

In addition to the team completing the ACC together, some other options that homes have used for completing the ACC are: 1) a group of team members completes, a resident group completes, and then conclusions are made together; 2) one cross-section team completes, another cross-section team completes, and then conclusions are made together; 3) individuals complete the ACC and then a discussion is convened of the whole team. The ACC is designed to be completed for an entire home, rather than sections of a home, special neighborhoods, or a single household.

Certain items have information regarding CMS regulations and guidelines for nursing homes. The purpose is to refer to information at the CMS tag referenced. Completing an ACC item as Fully Implemented does not necessarily indicate compliance with all elements of a CMS regulation.

To assess a home's progress in implementing the ACC, each practice should be marked in the appropriate implementation status: FULLY IMPLEMENTED, PARTIALLY IMPLEMENTED, or NOT A CURRENT PRACTICE. Examples of Fully and Partially Implemented are noted below:

FULLY IMPLEMENTED Examples

- All team members are aware of the practice and use it in their work.
- A policy is in place that explains the practice.
- All residents are aware of the practice and experience its occurrence regularly.

PARTIALLY IMPLEMENTED Examples

- The home is working on implementing the practice, but it is not fully implemented yet.
- Only certain sections of the home have the practice implemented.
- Policies have been written but not fully implemented yet.

If the team is questioning whether a practice is "fully" or "partially" implemented, a good best practice is to ask, "Can we do better?" If yes, the practice is likely partially implemented.

After consensus is reached on all items, the checkmarks in each column are added up and placed in the totaling grid at the end of the ACC. Then, a percentage number is calculated for each column based on the guidance in the grid. (Refer to the example of a completed grid at the end of the ACC). This implementation percentage is intended to help homes set goals as well as to assess progress over time.

> Note:
> Some items that need further explanation have an asterisk (*).
> For those items refer to the Guidance pages.

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.*	**FULLY IMPLEMENTED** Present on a consistent basis or established as available for all residents.	**PARTIALLY IMPLEMENTED** Present on a less than consistent basis or established for any number less than all residents.	**NOT A 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 available, 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: Restaurant style where residents' orders are taken; Buffet 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. (Refer to CMS F809 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. (Refer to CMS F809 – Frequency of meals / snacks at bedtime)-	○ 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 resident request.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

7. Baked goods are baked in all resident living areas, e.g., bread machine or convection oven at least weekly. Fully implemented means weekly in all living areas. Partially implemented means less than weekly and/or not in all living areas.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
8. The home has a policy to consider the regular diet for all residents prior to considering restricted diets (diabetic, cardiac, pureed). (Refer to CMS F692 Diet Liberalization, and Dining Practice Standards*)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
9. Residents are educated in making informed choices about their diet. (Refer to CMS Tag F561 Self-determination, CMS Tag F578 Right to request, refuse or discontinue treatment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
10. Before commercial supplements are used, "real foods"* are offered such as smoothies, shakes, malts. (Refer to Dining Practice Standards: Real Food First)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
11. The home adheres to the Dining Practice Standards. (Refer to Dining Practice Standards)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
12. The home celebrates residents' individual birthdays rather than, or in addition to, celebrating resident birthdays in a group each month. Each resident's wishes for how to celebrate his/her birthday, on their birthday, are discovered and honored.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
13. The home uses various essential oils to enhance appetite, decrease pain, reduce anxiety and insomnia. Essential oils are selected for individuals based on their needs and preferences, and only with residents who are not allergic, reactive, or sensitive. (Refer to CMS F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
14. The home offers massage therapy to residents by trained persons per resident preferences. (Refer to CMS F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
15. At least one dog or one cat lives on the premises.	○ Fully Implemented	○ Partially Implemented Check this box if pets only visit and do not live on the premises	○ Not a current practice
16. The home has a policy supporting residents to bring their own dog or cat to live with them. The policy includes assisting with pet care for residents unable to provide care for their pet.	○ Fully Implemented	○ Partially Implemented Check this box if available only in certain neighborhoods	○ Not a current practice

17. The home supports a philosophy that each individual's preference for real, authentic relationships and experiences are a priority to be considered before artificial or technological substitutes.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
18. The home supports each resident's natural awakening rather than waking residents on a set schedule. (Refer to CMS F561 Self-determination)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
19. Each resident's preferences for a good night's sleep are known and provided such as preferred light level, pillows, blankets, and desired bed clothes.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
20. Each resident's daily preferred bedtime (which may vary) is known and honored. (Refer to CMS F561 Self-determination)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
22. Medications are delivered according to each resident's individual daily rhythms such as waking and dining (rather than assigned clock times).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
23. Individualized, non-pharmacological approaches are incorporated into the care plan* before psychoactive medications are prescribed. Residents who are already receiving psychoactive medications upon moving in are care planned for non-pharmacological approaches to decrease or eliminate these medications. (Refer to CMS F697 Pain Management, F741 Non-pharmacological approaches, CMS F758 Psychotropic Medications)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
24. Individualized bathing/showering techniques are used such as Bathing without a Battle* or similar techniques.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
25. Resident preference for method of bathing is known and honored (bath, shower, bed bath). (Refer to CMS F561 Self-determination)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
26. Resident preferences for frequency of bathing/showering and time of day are known and honored. (Refer to CMS F561 Self-determination)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
27. The home coordinates for someone, such as family, friend, volunteer, or team member, to be with a dying resident at all times (unless they prefer to be alone).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

28. Individual memorials/remembrances are held at the home to honor individual residents upon death.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
29. Meaningful rituals are in place for residents and team members to recognize and process death, e.g., bedside memorial, chimes announcing a procession out the front door, special book for memories.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
31. Residents participate in the task force/committee/team making decisions about décor (living rooms, outdoor areas, bathing rooms, etc.) and purchasing (food and drink items, linens, furniture, etc.).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
32. Residents participate in the task force/committee/team making decisions about food, menu planning, dining ambiance. (Refer to CMS F803 Menus)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
33. Residents participate in the task force/committee/team making decisions regarding daily things to do that offer meaningful engagement and purpose, events, how to celebrate holidays.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
34. Residents participate in the task force/committee/team making decisions about hiring team members.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
35. Residents participate on the QAA/QAPI committee. (Refer to CMS F866 QAPI Program)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
36. Residents and families are kept informed of policy changes and decisions that affect residents.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
37. The home engages residents in volunteerism according to each resident's individual preference.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
38. The home makes support groups available such as grief/loss, living with dementia. (Refer to CMS F699 Trauma-informed care)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
39. Residents and team members participate in the home's decision-making for their neighborhood/ household/hallway.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
RESIDENT-DIRECTED LIFE Totals *(Add up checkmarks in each section. Your total should equal 39.)*	*Total*	*Total*	*Total*

BEING WELL KNOWN

40. The home collects information about resident's life stories* and current interests and preferences.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
41. The home attempts to understand expressions and preferences of individuals who cannot communicate verbally and puts the information in the care plan.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
42. Each resident's care plan is specific to the individual and reflects the resident's goals. (Refer to CMS F656 Comprehensive Care Plan)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
43. Each resident's comprehensive assessment process addresses the Eden Alternative Domains of Well-being℠: identity, connectedness, security, meaning, autonomy, growth, and joy as listed at CMS F679 Activities.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
44. Each resident's care plan includes a plan for individualized movement/mobility per resident capability and preference. (Refer to CMS F688 Mobility, CMS F676 ADL's: Mobility)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
45. Each resident's care plan includes preferences and accommodations needed for going outdoors.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
46. Each resident's care plan includes their preferred type of music and their method of listening. (Refer to CMS F697 Pain management, CMS F741 Non-pharmacological approaches, CMS F679 Activities)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
47. Each resident's care plan includes what brings meaning and purpose to the individual, e.g., community service, volunteerism, and individual pursuits. (Refer to CMS F679 Activities)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
48. Each resident's care plan includes customary preferences for a good night's sleep, e.g., lighting, pillows, blankets; acknowledging that preferences may vary on a daily basis.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
49. For a resident at the end of their life, the care plan includes the resident's end-of-life preferences. (Refer to CMS F684 Quality of Care)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
50. Care planning meetings accommodate resident/family availability (timing, teleconference). (Refer to CMS F553 Right to participate in care planning)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

51. A CNA familiar with a resident, attends and contributes to that resident's care plan meeting. (Refer to CMS F657 Comprehensive Care Plans)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
52. The home provides the comprehensive care plan to the resident/family in an understandable format.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
53. All team members who care for a resident provide input and receive information regarding the resident's current care plan preferences and life story. (Refer to F657 Comprehensive Person-Centered Care Plans)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
54. All team members who care for a resident make use of care planned goals and approaches* daily as identified in the care plan.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
BEING WELL KNOWN Totals *(Add up checkmarks in each section. Your total should equal 15.)*	*Total*	*Total*	*Total*

HOME ENVIRONMENT AND ACCOMMODATION OF NEEDS AND PREFERENCES

55. Residents live in small group living areas, e.g., neighborhood, household, small house, Green House which include full kitchen, dining area and living room. *Check Fully Implemented if resident living areas are 16 or fewer residents. Check Partially Implemented if resident living areas are 17 to 24 or if development of smaller living areas is in process. Check Not a Current Practice if resident living areas are more than 25.*	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
56. All residents live in private rooms.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
57. Residents live in either private rooms or privacy-enhanced, shared rooms* where residents' living space is separated by a partial wall (not a privacy curtain). Fully Implemented means all residents live in either private or privacy-enhanced, shared rooms.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
58. The home has no nurses' stations; team members work in areas accessible to residents and families. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
59. The home has eliminated, or never used, medication carts. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	X Not Available	○ Not a current practice

60. All residents (whether standing or seated) can see themselves in the mirror at their sink. (Refer to CMS F558 Accommodation of needs)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
61. Seated residents can comfortably reach their sinks. (Refer to CMS F558 Accommodation of needs)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
62. Each resident's toiletries are within reach. (Refer to CMS F558 Accommodation of needs)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
63. Closets have moveable rods that are set to different heights per resident preference and need. (Refer to CMS F584 Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
64. Residents are welcome to decorate their walls according to their preferences (such as with removable hooks/strips).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
65. The home makes available an extra lighting source in the resident's room if requested by the resident such as floor or reading lamp. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
66. Lighting throughout resident use areas is sufficient, according to the residents. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
67. The home has minimized glare from unshielded windows and shiny floors in resident use areas. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
69. The home has a silent call light system or has turned off the audible feature, using only a visual feature. (Refer to CMS F919 Resident Call System, audible or visual)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
70. Team members communicate with each other without using overhead paging.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
71. Resident rooms have mailboxes at the room entry or in a central mail location.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
72. The home supports the right of residents to have a refrigerator in their room.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

73. Residents and families have easy access to microwaves and assistance if needed.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
74. Residents and families have easy access to coffee makers and assistance if needed.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
75. In dining rooms, meals are not eaten on trays. Food is removed from any tray used for transport. (Refer to CMS F584 Homelike Environment)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
76. Food is served on normal plateware, china, glassware, silverware. Disposable plateware, plastic silverware, milk cartons are only used for special occasions such as picnics.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
77. Each dining room table has condiments such as salt and pepper shakers.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
78. Wi-Fi is available to residents and visitors throughout resident use areas at no additional charge, passwords are displayed and easily accessible (if required), and team members provide needed assistance.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
79. Sufficient outlets are provided in resident rooms in accessible locations within resident reach.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
80. The home provides accessible outdoor space for resident use at times of their choice. Assistance is provided for any resident needing assistance accessing this space.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
81. The home has its own outdoor walking/wheeling path that is not a city sidewalk.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
83. Residents/families have easy access to a washer and dryer for their own use. Team members offer assistance as needed.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
84. For homes without full bathrooms in resident rooms, residents are escorted to bathing areas either fully dressed or in robe and slippers per resident preference. *Check fully implemented if this is the case or if residents shower in their own bathrooms. (Refer to CMS F583 Privacy)*	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

85. In bathing areas, each resident has privacy. (Refer to CMS F583 Privacy)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
86. There are no locked living areas*. *(Note: This is only a Fully Implemented practice, with no partial option. If any living areas are locked, check Not a current practice).*	○ Fully Implemented	X Not Available	○ Not a current practice
87. Based on resident preference, residents who use wheelchairs are seated in regular chairs in the dining area. (Refer to CMS F686 Skin Integrity)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
88. Prior to or during the move-in process*, and when changes occur, the resident/family is notified of all amenities/opportunities available (committees, resident council, volunteer options, computer center, massage, etc.).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
89. In a home with corridors, seating areas affixed to the floor as permitted by Life Safety Code* are available. *Check the Fully Implemented box if you have corridors with seating groups or if you have no corridors.* (Refer to Life Safety Code 2012 edition Section 18.2.3.4/19.2.3.4)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
90. To provide safe travel between beds and bathrooms, night lights are used in resident rooms. (Refer to CMS F584 Safe Environment, comfortable lighting)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
91. Chair, bed, floor, and doorway audible alarms are not used. (Refer to CMS F604 Respect and dignity, free from physical restraints)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
92. The home does not use bibs/clothing protectors (linen or paper napkins, etc. are used instead). (Refer to CMS F550 Respect and dignity)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
93. Noise at night is minimized to enhance residents' sleep, e.g., minimizing squeaky wheels, staff talking loudly and other noises residents report. (Refer to CMS F584 Comfortable noise level)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
HOME ENVIRONMENT AND ACCOMMODATION OF NEEDS AND PREFERENCES Totals *(Add up checkmarks in each section. The total of the three columns equals 39).*	*Total*	*Total*	*Total*

FAMILY AND COMMUNITY

94. Children regularly engage with residents. *Fully implemented means at least weekly.* *Partially implemented means at least monthly.*	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
95. According to the residents' preferences, the home invites outside groups to meet in the home, with residents welcome to attend.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
97. Residents have opportunities to engage in events outside the home, such as fairs, parades, voting, concerts, and ball games.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
98. The home has a café/restaurant/tavern/canteen available at which residents and family can obtain food and drinks daily.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
99. The home has a store/shop where residents and visitors can obtain gifts, toiletries, snacks.	○ Fully Implemented	X Not Available	○ Not a current practice
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.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
101. There is a family council/group that meets routinely.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
102. The home actively solicits the views of family members and treats them as care partners* instead of visitors in working together to accommodate the resident's preferences.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
103. The home recruits family members and outside community members as volunteers.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
FAMILY AND COMMUNITY Totals *(Add up checkmarks in each section. Your total should equal 10.)*	*Total*	*Total*	*Total*

LEADERSHIP AND TEAM ENGAGEMENT

104. Team meetings are held daily for team members from varying disciplines caring for residents, e.g., huddles.	○ Fully Implemented	○ Partially Implemented Team meetings are held but less than daily	○ Not a current practice
105. All residents have a team member assigned to them to serve as a "troubleshooter." Assigned team members are responsible for 1 or 2 residents ensuring ongoing coordination of care and services across teams/ departments, and response to residents' needs, preferences, and requests.*	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
106. Learning Circles* are used routinely in team and resident meetings to give each person the opportunity to share their opinion/ideas.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
107. Community Meetings* are held on a routine basis, at least weekly, bringing residents, team members and families together as a community. The community decides together on content, such as inviting new residents and new team members to introduce themselves, celebrating life events, solving problems, planning future events, reviewing policies.	○ Fully Implemented	○ Partially Implemented Check here if community meetings are held less often than weekly.	○ Not a current practice
108. Leadership team members periodically keep themselves knowledgeable about culture change and resident-directed life* and share this information with team members and residents.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

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.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
113. RNs provide support to the same residents every time they work (with no planned rotation). (Refer to consistent staffing language at CMS F689 Accidents and F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
114. LPNs provide support to the same residents every time they work (with no planned rotation). (Refer to consistent staffing language at CMS F689 Accidents and F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
115. CNAs provide support to the same residents every time they work (with no planned rotation). (Refer to consistent staffing language at CMS F689 Accidents and F741 Non-pharmacological approaches)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
116. CNAs work together to decide who works when and how to cover absences for call-offs (self-scheduling).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
117. Culture change and resident-directed living are discussed during recruitment interviews.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
118. New hire orientation emphasizes each team member's role in supporting culture change and resident-directed living.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
119. All job descriptions include the team member's duties in supporting resident-directed living.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
120. Reward and recognition systems emphasize team member support for resident-directed living.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
121. All performance evaluations include a category for support of resident-directed living.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
122. All team members are trained specifically on culture change and resident-directed living at least annually.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
123. The principles of culture change and resident-directed living are integrated into all training topics.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice

124. The medical director is actively involved in the home's culture change efforts and the home provides training to its medical director at least annually on culture change and resident-directed living as well as their role to support it, e.g., assisting residents to make informed choices, flexible medication policies.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
125. Team members wear clothes that support a home environment (as opposed to scrubs or uniforms).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
126. Team members other than CNAs are encouraged and supported to receive cross-training* as CNAs, fostering a team approach to meeting resident care needs.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
127. Team members other than activities/recreation regularly engage residents individually or by leading groups of interest to residents.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
128. The home welcomes and encourages team members to dine with residents.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
129. There is a career ladder for CNAs to hold a position higher than base level who customarily mentors/ supervises/coaches other CNAs.	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
130. The home promotes and supports team members who desire to further their education.*	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
131. To recruit volunteers and direct volunteer activities, the home has a paid volunteer coordinator in addition to the activity director (part or full time).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
132. All team members receive person-directed dementia care training annually. (Refer to CMS F943 Abuse, Neglect, and Exploitation Training, CMS F947 In-service Training for Nurse Aides, F949 Behavioral Health Training)	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
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.*	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
134. There is an employee council/forum or equivalent that meets routinely (to discuss issues, plan events, provide support).	○ Fully Implemented	○ Partially Implemented	○ Not a current practice
LEADERSHIP AND TEAM ENGAGEMENT Totals *(Your total should equal 31.)*	*Total*	*Total*	*Total*

ARTIFACTS 2.0 GRAND TOTAL

To calculate your home's overall implementation percentage, first count the number of practices marked in the *Fully Implemented* column, *Partially Implemented* column and *Not a Current Practice* column for each category (Note: The Total for the 3 columns should equal the number of practices listed for each category — e.g., Resident-directed Life should total 39). Next, add all category totals in a column for a Grand Total (the Total column should equal 137 practices). Finally, divide the column grand totals by 137 to calculate your home's Artifacts percentages (Refer to the example below the chart). The Fully and Partially Implemented percentages can be used to set goals and to track progress over time.

ARTIFACTS 2.0 GRAND TOTAL	# Fully Implemented	# Partially Implemented	# Not a current practice	Total
Resident-directed Life (39 total practices)				
Being Well Known (15 total practices)				
Home Environment and Accommodation of Needs and Preferences (39 total practices)				
Family and Community (10 total practices)				
Leadership and Team Member Engagement (31 practices)				
Artifacts of Culture Change 2.0 Grand Totals (134 Total Practices)				
Artifacts Percentages (Divide Column Grand Totals by 134)				

Fully Implemented % _____

Partially Implemented % _____

Not a current practice % _____

Today's Date _____

Example of a Completed Grand Totals Chart

ARTIFACTS 2.0 GRAND TOTAL	# Fully Implemented	# Partially Implemented	# Not a current practice	Total
Resident-directed Life (39 total practices)	**16**	**13**	**10**	**39**
Being Well Known (15 total practices)	**5**	**2**	**5**	**15**
Home Environment and Accommodation of Needs and Preferences (39 total practices)	**20**	**10**	**9**	**39**
Family and Community (10 total practices)	**7**	**3**	**0**	**10**
Leadership and Team Member Engagement (31 practices)	**18**	**10**	**3**	**31**
Artifacts of Culture Change 2.0 Grand Totals (134 Total Practices)	**69**	**38**	**27**	**132**
Artifacts Percentages (Divide Column Grand Totals by 134)	**52%**	**28%**	**20%**	**100%**

Fully Implemented % **52%**

Partially Implemented % **28%**

Not a current practice % **20%**

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 elders and those working most closely with them are solicited, respected, and honored. It is a global concept, including person-directed care, treating people as individuals, and incorporating culture change principles into everything from the physical environment, training, language, policies, and the inclusion of residents' voices in the home's operations. These features of culture change comprise the items 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 helping to make it happen. Core resident-directed values are relationship, choice, dignity, respect, self-determination, and purposeful 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 enhancing residents' control over their lives, rights, amenities available, and choice of schedules.

> *Welcoming is intentional by the community utilizing such methods as a welcoming committee/ welcome wagon, resident buddies/mentors, first meals with specific individuals who either work and/or live there, an event held for others to meet the new person, assigned team members meeting with the new person, etc.

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8. The home has a policy to consider the regular diet for all residents prior to considering restricted diets (diabetic, cardiac, pureed). (Refer to Dining Practice Standards.*)

> *A national task force of clinical standard setting organizations, culture change leaders, and CMS developed evidence-based standards to enhance both nutrition and satisfaction with food and the dining experience. Research has shown that restrictive diets for older individuals in long term care are of little benefit, and in fact can be detrimental. These diets often cause residents to reject their meals, leading to weight loss. Restricting sugar, salt, or fat make little difference in blood sugar, blood

pressure, or cholesterol in the older person. Research evidence shows that a liberalized, regular diet for most residents can enhance quality of life as well as contribute to maintenance of physical health. Pioneer Network developed the Dining Practice Standards Toolkit to assist providers in implementing the Standards. (Both available on Pioneer Network website under the Dining category in the Resource Library.)

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10. Before commercial supplements are used, real foods* are offered such as smoothies, shakes, malts. (See Dining Practice Standards: Real Food First.)

*The Dining Practice Standards include a section on using real foods instead of and before the addition of artificial dietary supplements. Research has shown frequent resident rejection of supplements, with consequent weight loss. Real foods are individualized according to a resident's abilities to chew and swallow. Examples of real foods are smoothies, shakes, malts and/or protein and fiber powders when extra protein is needed.

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23. Individualized, non-pharmacological approaches are incorporated into the care plan* before psychoactive medications are prescribed. Residents who are already receiving psychoactive medications upon moving in are care planned for non-pharmacological approaches in order to decrease or eliminate these medications.

*Care plan refers to the MDS generated care plan document as well as other documents and/or processes used by the community to support sharing of the resident driven comprehensive plan of care. This can include the medication administration record, treatment administration record, a kardex system, getting to know you documents, and should be supported in community policies and procedures.

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24. Individualized bathing/showering techniques are used such as Bathing without a Battle* or similar techniques.

*The *Bathing without a Battle* book and DVD provide research-based information on proven methods to enhance the bathing experience for those who resist traditional techniques. It contains valuable information on bathing, showering, bed baths, and hair washing methods to accommodate residents' fears and pain to produce a pleasurable outcome for both residents and team members. (Available on Pioneer Network website.)

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40. The home collects information about residents' life stories* and current interests and preferences.

*A life story goes beyond the typical social history, to provide detailed information about what makes this person unique. It goes beyond demographics such as marital status to cover what makes the person special.

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54. All team members who care for a resident make use of care planned goals and approaches* daily as identified in the care plan.

*The term “approach” is used as a culture change term instead of “intervention.” An intervention in society at large refers to a dire situation for which there must be an intervention. Individualized approaches are what has always been meant since the approaches used for one person are different/individualized from the next.

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57. Residents live in either private rooms or privacy-enhanced, shared rooms* where residents’ living space is separated by a partial wall (not a privacy curtain). Fully Implemented means all residents live in either private or privacy-enhanced, shared rooms.

*Privacy-enhanced, shared rooms have a partial wall between two sides of a shared room, typically floor to ceiling. Sometimes the wall is removable for choice purposes. This gives better privacy than a curtain and two people still typically share one bathroom.

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86. There are no locked living areas.*
(Note: This is only a Fully Implemented practice, with no partial option. If any living areas are locked, check Not a current practice).

*Locked living areas (secured memory care units or neighborhoods) are now viewed as “the hidden restraint” and homes that have unlocked them find that people who are no longer locked in do not have the negative reactions that come when any person is locked up.

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88. Prior to or during the move-in process,* and when changes occur, the resident/family is notified of all amenities/opportunities available (committees, resident council, volunteer options, computer center, massage, etc.).

*Instead of referring to admission, being admitted or a “new admit,” culture change/non-institution speak refers to the more natural process, of moving in. Combined with welcoming, the process is intentional about ensuring each person is made to feel comfortable and at home. The move in process takes place over a period of time and is not limited to the day of move-in.

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89. In a home with corridors, seating areas affixed to the floor as permitted by Life Safety Code* are available. Check the Fully Implemented box if you have corridors with seating groups or if you have no co rridors. (Refer to Life Safety Code 2012 edition Section 18.2.3.4/19.2.3.4)

*2012 LSC Edition Seating:

18.2.3.4 Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2440 mm) in clear and unobstructed width, unless otherwise permitted by one of the following:

(5) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:

(a) The fixed furniture is securely attached to the floor or to the wall.

(b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 18.2.3.4(2).

(c) The fixed furniture is located only on one side of the corridor.

(d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft2 (4.6 m2).

(e) The fixed furniture groupings addressed in 18.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm).

(f)The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.

(g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space.

Annex Material:

A.18.2.3.4(5) The means for affixing the furniture can be achieved with removable brackets to allow cleaning and maintenance. Affixing the furniture to the floor or wall prevents the furniture from moving, so as to maintain a minimum 6 ft (1830 mm) corridor clear width. Affixing the furniture to the floor or wall also provides a sturdiness that allows occupants to safely transfer in and out.

LSC Handbook Commentary:

The provisions of 18/19.2.3.4(5) are new to the 2012 edition of the Code. The material was added to help make the health care occupancy setting, particularly that of nursing homes, more homelike. The provisions reflect the trend of the nursing home industry to move away from institutional models to a new household model. A lengthy corridor that provides no place to sit can make a resident's travel to the other end of a corridor, as might be done to visit another resident, an arduous task. The provisions of 18/19.2.3.4(5) permit fixed furniture in corridors that are at least 8 ft (2440 mm) wide. Many existing health care occupancies have 8 ft (2440 mm) wide corridors, as they were built to the requirements of this Code applicable to new construction.

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102. The home actively solicits the views of family members and treats them as care partners* instead of visitors in working together to accommodate the resident's preferences.

*According to The Eden Alternative®, "Care partnership implies a balance of care — that opportunities to give as well as receive are abundant and experienced by everyone in the care relationship. Whether two people are friends, neighbors, family members, or client and provider, the relationship is mutual and therefore both people are giving and receiving. Instead of giving care, someone partners in care." (Refer to The Eden Alternative website "Worlds Make Words" document)

105. All residents have a team member assigned to them to serve as a "troubleshooter." Assigned team members are responsible for 1 or 2 residents ensuring ongoing coordination of care and services across teams/departments, and response to residents' needs, preferences, and requests.*

*A troubleshooter is a team member from any department/team whose role is to ensure things get done for their assigned resident(s). There are often many things going on with one resident across various departments/teams. For example, a team member from Maintenance, who is the troubleshooter for Mr. P, notes that his request for change in breakfast items has not been fulfilled, his wheelchair wheels squeak, he is missing his winter coat, and has asked for a dentist appointment. The troubleshooter converses with people in the relevant departments/teams to determine status and keep Mr. P informed.

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106. Learning Circles* are used routinely in team and resident meetings in order to give each person the opportunity to share their opinion/ideas.

*Learning Circles are group meetings in which a topic is posed, and each person speaks in turn with no crosstalk or discussion until the whole group has spoken. This process honors those who are reluctant to speak up and reins in those who can dominate a conversation. Learning Circles were brought to the culture change movement by LaVrene Norton of Action Pact, and more information is available at the Action Pact website and in the Resource Library on the Pioneer Network website.

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107. Community Meetings* are held on a routine basis, at least weekly, bringing residents, team members and families together as a community. The community decides together on content, such as inviting new residents and new team members to introduce themselves, celebrating life events, solving problems, planning future events, reviewing policies.

*Community Meetings were developed by the residents and Debbie and Barry Barkan of Live Oak Living Center. These meetings were, and are ideally, intentionally held every day for residents, team members, and any families able, to gather as a community to build connection by: discussing issues of mutual interest and concern; celebrating life events and birthdays, having new residents and employees introduce themselves; remember/mourn; share goodbyes before someone leaves, acknowledge gains/progress, life passages, losses, illness/recovery from illness, return from absences, the role they take on in the community (someone gives a news/sports/weather report or tells a joke each time), review of policies and procedures in layman's terms, planning future events, and anything the community decides to do.

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108. Leadership team members periodically keep themselves knowledgeable about culture change and resident-directed life* and share this information with team members and residents.

*This can occur through participating in events such as state and national culture change conferences and webinars, as well as a review of resources. The expectation is that apply knowledge and share information with team members, residents, and families.

130. The home promotes and supports team members who desire to further their education*

*This could mean that the home is flexible with accommodating the need for a team member to be able to attend classes during their normal work hours, scholarships, etc.

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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. For example, facility becomes home, unit becomes neighborhood, wheelchair-bound becomes person who uses a wheelchair. Pejorative language "we allow our residents to sleep as long as they want" becomes "we support residents to sleep until they wake up." Pejorative is also teams such as "the girls on 2nd floor," "the feeders," "our" residents, and referring to people as room numbers — "112B has her call light on again." Paternalistic language like, "Are we ready for our shower?" becomes, "What time would you like your shower?" This also includes such terms as "he's a complainer" and sing-song language used for babies. (Refer to language resources in the Resource Library on Pioneer Network website under the Culture Change Fundamentals category.)