LTCCC Brief for Policymakers:

Consumer Perspectives on Nursing Home Culture Change

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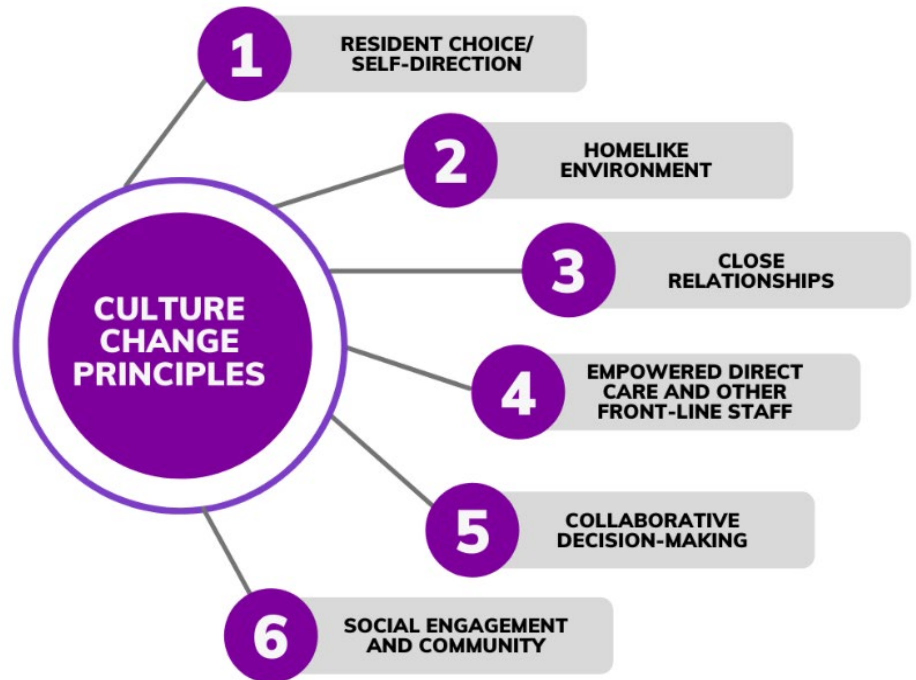
What is Culture Change?

Culture change is a movement that seeks to transform nursing homes from large institutional settings based upon a hierarchical, medical model to ones that center on the quality of life and the ability to make individual choices in a homelike environment.



Is Culture Change effective?

Yes! While there is no single one-size fits all culture change model, research shows that different culture change strategies, when implemented effectively, can lead to significant improvements in resident outcomes.

Summary

This brief provides information on culture change principles, foundations, models, costs, implementation, policy, and recommendations. Culture change strategies offer a model of care that emphasizes resident choice, a home-like environment, close relationships, empowered staff, collaborative decision-making, and social engagement. Culture change will require public investment and support, and it's critical that any funding toward culture change is allocated *only* to providers who are making meaningful, systemic, and lasting improvements.

U.S. nursing home residents, their families, and the taxpaying public are increasingly desperate for reform in long-term care. We hope that this brief will serve as a guide to foster support for *true* culture change in nursing homes.

Introduction

Nearly 1.3 million older adults and people with disabilities live in nursing homes in the United States.[1] While some facilities provide good care and treatment with dignity, the vast majority are poorly staffed, highly institutional settings. Degrading conditions and substandard care are widespread and persistent problems in the industry.

The COVID-19 pandemic exposed longstanding issues such as understaffing, poor infection control, and substandard care that have plagued the sector since well before March 2020.[2] As we (hopefully) emerge from the depths of the pandemic, consumers are hungry for long-term care reform. In respect to nursing homes, there has been reignited interest in so-called **"culture change": a transition to nursing home models that promote a good quality of life for both residents and care staff, including dignity and choice for residents, person-centered care, and an emphasis on fostering an empowered and engaged direct care workforce.**

We hope that this brief will serve as a guide to foster support for true improvement. Current and future residents, as well as the taxpaying public, deserve no less.

The purpose of this brief is to provide insights for policymakers on culture change from a consumer perspective to ensure that nursing homes are reformed in a way that benefits residents, care staff, and the public. There are a variety of culture change models and companies, each with different strengths and weaknesses. However, far too often, facilities claim to follow a model of culture change when, in fact, they have done little to substantively improve the environment for residents and care staff.

Nursing homes have wide latitude to advertise a level of quality, services, and respect for potential residents that they too often fail to deliver. We believe **funding and public support for culture change should be allocated *only* to providers who are making meaningful, systemic, and lasting improvements** to the culture of care and life in their facilities. We hope that this brief will serve as a guide to foster support for true improvement. Current and future residents, as well as the taxpaying public, deserve no less.

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[1] Kaiser Family Foundation, "Total Number of Residents in Certified Nursing Facilities: Timeframe: 2020 (United States)." https://www.kff.org/other/state-indicator/number-of-nursing-facility-residents/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[2] Charlene Harrington et al., "Nurse Staffing and Coronavirus Infections in California Nursing Homes," *Policy, Politics & Nursing Practice* 4, no. 3 (July 2020): 178-181, https://journals.sagepub.com/doi/10.1177/1527154420938707; Yue Li et al., "COVID-19 Infections and Deaths Among Connecticut Nursing Home Residents: Facility Correlates," *Journal American Geriatric Society* 68, no. 9 (2020): 1902-1904, https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.16689; Christianna S. Williams et al., "The Association of Nursing Home Quality Ratings and Spread of COVID-19," *Journal American Geriatrics Society* (2021): 405, https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17309; U.S. Government Accountability Office, Report to the Honorable Ron Wyden, Committee on Finance, U.S. Senate, "Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic," May 20, 2020, https://www.gao.gov/assets/gao-20-576r.pdf.

What is "Culture Change"?

Culture change is a movement that seeks to transform nursing homes from large institutional settings based upon a hierarchical, medical model[3] to ones that center on the quality of life and the ability to make individual choices in a homelike environment. In typical, traditional nursing homes, residents are often compelled to adhere to strict schedules and regimens while attended by staff who are stretched thin. But in the ideal culture change setting, residents receive person-centered care. They engage with each other, with staff, and with the outside community. They are treated with dignity, autonomy, and respect.

Culture change is a movement that seeks to transform nursing homes from large institutional settings based upon a hierarchical, medical model to ones that center on the quality of life and the ability to make individual choices in a homelike environment.

Culture change models seek to reform the very structures of nursing homes – physical and organizational – to achieve a person-centered, homelike environment that is comfortable and socially engaging.

The tenets of "culture change" are, in fact, strongly supported in longstanding federal nursing home laws and rules. Since the 1980s, federal policymakers — beginning with Congress under the Nursing Home Reform Act,[4] and with Centers for Medicare & Medicaid Services (CMS) through resident rights regulations[5] and survey (inspection) standards[6] — have sought to shift toward person-centered care and promoting resident choice in activities and schedules.

As a result, longstanding federal nursing home regulations require nursing homes to honor and support each resident's preferences, choices, and values. They require the provision of services and care that enable each resident to attain their highest practicable clinical and psychosocial

Note: Examples of culture change are provided in light green boxes throughout this brief.[1]

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[3] Catherine Hawes and Charles Philips, "The Changing Structure of the Nursing Home Industry and the Impact of Ownership on Quality, Cost and Access," in *For-Profit Enterprise in Healthcare,* ed. Bradford H. Gray, Institute of Medicine Committee on Implications of For-Profit Enterprise in Health Care (Washington, D.C.: National Academy Press, 1986), 495-498, https://www.ncbi.nlm.nih.gov/books/NBK217906/pdf/Bookshelf_NBK217906.pdf; Atul Gawande, *Being Mortal: Medicine and What Matters In the End,* (New York: Picador, 2017), 68-72.

[4] The Nursing Home Reform Act requires nursing homes to provide care in such a manner that "will promote maintenance or enhancement of the quality of life of each resident," 42 U.S.C. § 1395i-3(b)(1)(A), and provide services to "attain or maintain the highest practicable physical, mental and psychosocial well-being." 42 U.S.C. § 1395i-3(b)(2).

[5] 42 CFR § 483.10.

[6] CMS, State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17), https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. The State Operations Manual provides guidance on surveying compliance with CMS regulations, including residents' rights, quality of life, and comprehensive person-centered care plans.

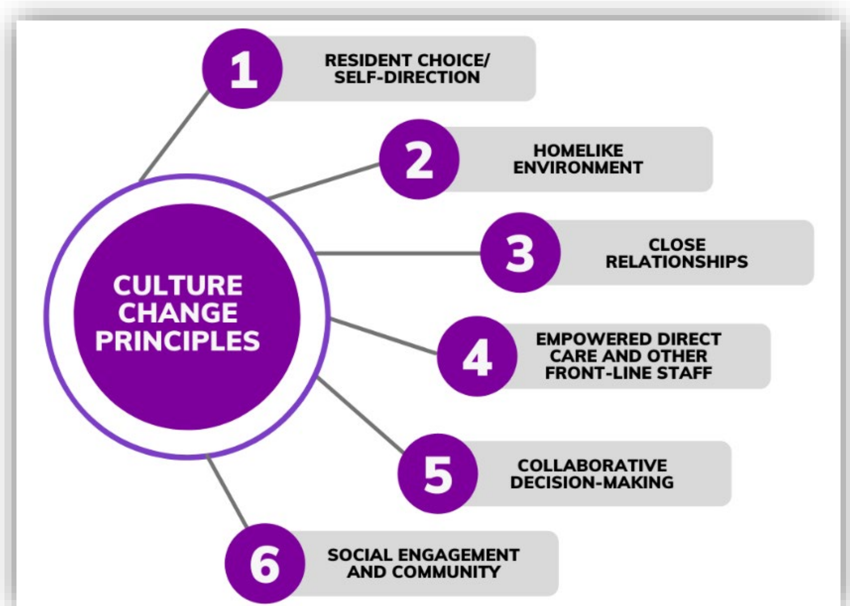
well-being. **The federal rules specifically state that "quality of life is a fundamental principle that applies to all care and services provided to facility residents."[7]**

Quality of life standards are robust, but they are not effectively enforced.[8] For many traditional nursing homes, the hierarchical and profit-driven structures (which squeeze staffing and lead to high turnover rates) greatly limit the potential for meaningful and lasting quality of life improvements. Thus, to limit fraud and a waste of public resources, it is critical that additional funding for culture change must be limited to activities that are truly transformative and go beyond the longstanding federal requirements.

Culture Change Case: It's Five O'clock Somewhere
Staff stocked the fridge with beer and wine so residents can have a drink when they choose. Staff know their residents and the managers trust the staff to exercise their knowledge to ensure that no one drinks too much, and they can engage in team decision-making around the safety of resident choices.

Defining Principles of Culture Change

Following are defining principles of culture change (relating to its implementation in the lives of residents and their formal and informal caregivers).



1. **Resident Self-Direction/Choice**: in daily schedule, care planning, and activities – all aspects of life.
2. **Homelike environment**: the nursing home looks and functions as a residence rather than an institution.
3. **Close relationships**: between residents, residents and staff, and residents' family. Direct care staff engage in "relational care" valuing the time spent with residents. This improves care and quality of life.

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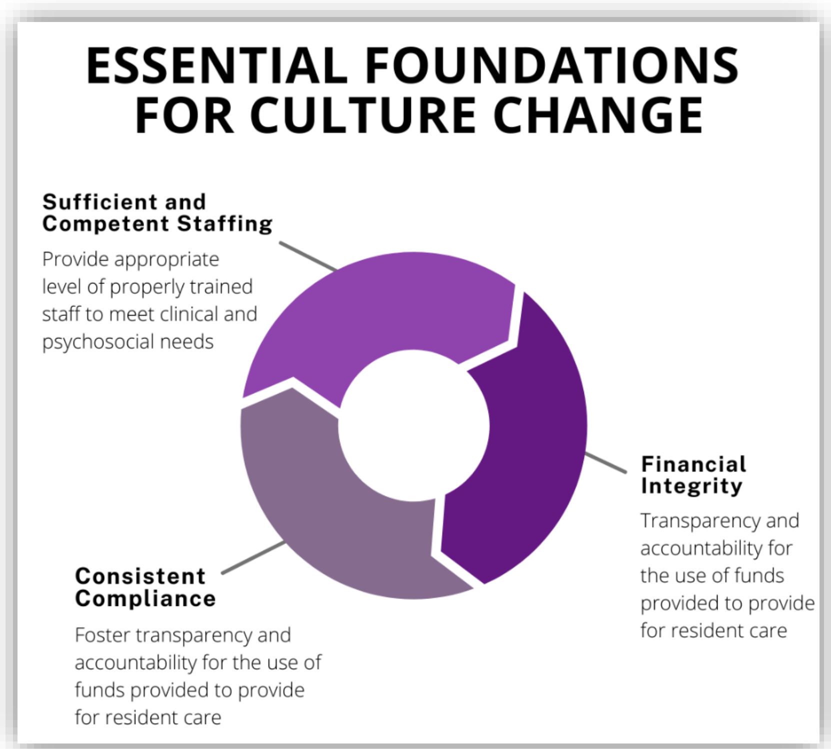
[7] 42 CFR § 483.24.
[8] Long Term Care Community Coalition, "Broken Promises: An Assessment of Nursing Home Oversight," https://nursinghome411.org/news-reports/reports/survey-enforcement/survey-data-report/.

4. **Empowered direct care and other front-line staff**: leadership supports & enables direct-care staff to respond to resident needs & desires, and to interact with clinical staff.
5. **Collaborative decision-making**: planning and decision-making for how the facility functions is decentralized and shared, among staff, and between staff and residents, rather than top down.
6. **Social engagement and community**: both within the residence and by fostering residents' connections with the outside community (by both providing access to activities outside of the facility and bringing external activities into the facility).

Essential Foundations of Culture Change

Following are the essential foundations of culture change (i.e., the basic operational underpinnings that an operator should demonstrate to be considered as a culture change provider).

1. **Sufficient and competent staffing**: Culture change homes should provide an appropriate level of properly trained staff (direct nursing, recreational, therapy, etc.) to meet the clinical and psychosocial needs of all residents. In addition to maintaining sufficient staffing levels, nursing homes should also provide consistent staff assignment. Limited use of contract staff, feeding assistants, and other single task aides are important indicators of this commitment.
2. **Financial integrity**: The owner/operator should foster transparency and accountability for the use of funds received to provide resident care and services. They should demonstrate a commitment to dedicating sufficient funds to resident care and quality of life services;
3. **Consistent compliance**: The owner/operator should have an established record of consistently meeting regulatory and professional standards, in an environment free from abuse and neglect. Evaluation of regulatory compliance should include all facilities in which there is an ownership or management interest.



Models of Culture Change in the United States

Policymakers and other funders should assess the substance of a nursing home's policies and practices, rather than buying into a particular culture change brand. Consider the following principles:

- True change in the culture of a nursing home should be a dynamic process, responsive to the evolving needs and goals of the residents, direct care staff, and community. Simply overlaying a model of culture change in a traditional facility or rotely following a commercial culture change model is unlikely to fully meet the needs and wishes of residents.
- A promise made is not always a promise kept. A facility may advertise itself as following, or associated with, a particular model of culture change. However, that does not necessarily mean that positive change is being implemented in the lives of residents and staff.

Not all nursing homes marketed as culture change provide *real* culture change. Still, it is useful to know the major commercial models of culture change, as they offer key principles and practices that support meaningful reform.

Following are the main culture change models in the U.S. *Note: we provide descriptions of the basic tenets of each model, not valuations of the extent to which culture change facilities implement the tenets of the models*.

1. **The Eden Alternative:** The Eden Alternative network was founded in 1992 as a solution to "the three plagues" of institutionalized elders: loneliness, helplessness, and boredom. There are now 270 registered Eden Alternative nursing homes in the U.S., Canada, Europe, and Australia. The model espouses "Ten Principles" emphasizing community, companionship, purpose in life (giving to others), spontaneity, empowerment, a collaborative culture, and leadership that supports lasting change.[9] It is characterized by units of 10-12 private rooms, with the units interconnected to make a larger community. The homes often include gardens, indoor plants, and companion animals. They foster connections between children and the older adults, such as by offering onsite day care for staff's children. Caring for the animals and the children's activity are meant to bring joy and spontaneity to the lives of residents, as well as purpose and responsibility.

[9] The Eden Alternative, "Our Framework," https://www.edenalt.org/our-framework/.

2. **The Green House Project:** The Green House model, established in 2001, focuses on physical infrastructure to create a homelike environment. Each home consists of private rooms with private baths located around a living area with a hearth and an open kitchen and dining room, and easy access to a courtyard. The residents, called Elders, decide on their daily schedules and care plans and are at the center of collaborative decision-making for the house. The direct care assistants, called Shahbazim, work in self-managed teams. They have versatile duties, including personal care, meal planning and preparation, activities, and management of the daily operations of the home. Shahbazim have consistent assignment to residents and work collaboratively with the clinical team. A Guide works from outside the home and supervises the work of the Shahbazim that is not related to resident care, acting primarily as a coach. Registered Green House homes are expected to adhere to Green House quality standards and design guidelines. The homes may be located in residential communities or near "legacy" traditional nursing homes or senior living campuses. There are currently approximately 300 Green House homes established in the U.S. (87% licensed as SNFs).[10]

3. **The Household Model:** This model was founded in 1996 and is based in Milwaukee, with consulting provided by Action Pact. The first home opened in 1997 in Minnesota, and now more than 400 homes are part of the Household Model network. Homes have 10 to 20 residents and share many of the features of Green House homes: private bedrooms, each with bathroom and shower; shared living rooms; large tables for communal dining; open kitchen areas; and easy access to the outdoors. The physical environment, the philosophy of care, and the workforce model are also similar to those of the Green House homes. The relationship between the elder and direct caregiver (often referred to as a care partner) is the heart of the household model.[11]

Culture Change Case:
From "B Wing" to "Laurel Street"
Staff wanted to make their hospital building feel more homey, so they ripped out the nurse's stations and created "neighborhoods." What was once the "B Wing" became "Laurel Street." On Main Street, there was a bistro and a resident-run general store. Between meals, elders could select food from carts stocked with fresh fruit, pastries, and drinks. Having the freedom to choose an orange and sit in a rocker made a difference in the residents' physical and mental health and wellbeing.

[10] Susan Reinhard and Edem Hado, "LTSS Choices: Small-House Nursing Homes," Washington, D.C.: AARP Policy Institute, January 6, 2021, https://www.aarp.org/content/dam/aarp/ppi/2021/small-house-nursing-homes.pdf.
[11] Action Pact, "Household Model," accessed March 14, 2022, https://www.actionpact.com/about/household-model.

4. **The Pioneer Network:** While the Pioneer Network is not a specific culture change model, it offers valuable resources which we believe are worthy of inclusion in this brief. This coalition of long-term care providers was founded in 1997 to promote and advocate for person-centered care and culture change in U.S. nursing homes. The Pioneer Network hosts an online resource library of toolkits and videos on culture change topics, hosts an annual conference on culture change, and conducts public policy advocacy. The Network's "Artifacts of Culture Change" is a toolkit that facilities can use to guide implementation of key elements of culture change, including "resident-direct life" and "home environment and accommodation of needs and preferences."[12]

Culture Change Research: No One-Size-Fits-All Approach

Culture change strategies have potential to improve outcomes for residents in long-term care. Yet, the growing body of research on culture change suggests that there is no one-size-fits-all approach, according to Pat Armstrong, a distinguished researcher in long-term care. In a literature review, Armstrong *et al*. write that the overall mixed evidence on culture change "does not lead to a recommendation for a single model but rather to a strategy to learn from all the models, adapting promising practices to specific homes and their populations."[13]

Existing research demonstrates the potential for culture change to improve outcomes for the most important stakeholders: the residents.[14] A 2014 study examining early Green House homes in Mississippi found that residents in homes implementing culture change practices reported higher satisfaction and quality of life compared to residents in

Culture Change Case: Know Your Residents
At a nursing home in Sweden, staff devoted significant time socializing and engaging with residents, learning about their hobbies and interests. Developing relationships helped staff and residents solve problems together, whether calming anxiety or helping care for a pet bird. The researcher often observed "peals of laughter as staff joked with residents and chatted with family – and this was on a dementia unit."

[12] Pioneer Network, "Artifacts of Culture Change 2.0," accessed March 15, 2022, https://www.pioneernetwork.net/artifacts-culture-change/.

[13] Pat Armstrong et al., "Models for Long-term Residential Care," 51. Compare Victor Shier et al., "What Does the Evidence Really Say About Culture Change in Nursing Homes?" *The Gerontologist,* 54, no. S1 (2014): S6-S16, https://pubmed.ncbi.nlm.nih.gov/24443607/ (reviewing peer reviewed and "gray" literature published between 2005 and 2012 studying at least one culture change domain, and concluding that there was little consistent evidence of positive effects and a need for rigorous research on the outcomes of culture change) with Pat Armstrong et al., "Models for Long-term Residential Care: A Summary of the Consultants' Report to Long-Term Care Homes and Services, City of Toronto," Revised Appendix A, April 15, 2019 (concluding that criteria for conventional scientific evaluation can be hard to meet when evaluating the effects of culture change practices: variables can be hard to measure, and it can be difficult to hold controls constant), https://www.toronto.ca/legdocs/mmis/2019/ec/bgrd/backgroundfile-130891.pdf.

[14] Susan C. Miller et al., "Does the Introduction of Nursing Home Culture Change Practices Improve Quality?," *Journal American Geriatrics Society,* 62, no. 9 (2014):1675–1682, https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.12987.

two comparator nursing homes.[15] These findings are consistent with other research, including a 2011 literature review that found that comprehensive culture change models can potentially improve psychosocial health outcomes, and that person-centered interventions in themselves improve a wide range of health outcomes.[16] The review by Armstrong *et al.* found mixed results, but identified some improvements in the quality of care and life as well as working conditions. Those authors note that "taking what was best from all models and adapting them to meet their own unique needs, showed the highest levels of front-line staff empowerment that allowed for person centered care."[17]

Staff engagement plays a critical role in resident well-being in any nursing home, and culture change settings are no exception. A study assessing staff in Green House homes found that residents had better health outcomes when direct care workers worked consistently with the same residents ("consistent assignment") and interacted regularly with clinical staff leads.[18] This care model is shared across culture change models (and, of course, can be adopted as its own, independent process). Staff consistently assigned to the same residents will spend more time engaging with those residents, developing relationships and learn their likes and dislikes. They are more likely to notice changes in the residents' conditions and more empowered to work collaboratively with the clinical staff, who in turn value their insights and knowledge.

Mixed evidence from studies of culture change models "does not lead to a recommendation for a single model but rather for a strategy to learn from all the models, adapting promising practices to specific homes and their populations."

A qualitative study of six Green House homes found lower hospitalization rates and greater resident-centered care in nursing homes where direct care staff were purposefully engaged with medical teams in collaborative care.[19] The physical layout of the homes (where elders' rooms surround common areas) facilitates interaction between residents and staff, and between clinical and care staff. This helps staff to identify and address changes in elders' conditions.[20] Communication and collaboration still require intentional communication between staff. In Green House homes where clinicians did not encourage communication from

[15] Rosalie A. Kane et al., "Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program," *Journal American Geriatric Society* 55, no. 6 (2007): 832-839, https://pubmed.ncbi.nlm.nih.gov/17537082/. Green House residents enjoyed greater privacy, dignity, autonomy and food enjoyment than residents in either comparator nursing home, as well as more meaningful activity, relationships, and individuality than residents in one comparator home, but not the other.
[16] Nikki L. Hill et al., "Culture Change Models and Resident Health Outcomes in Long-Term Care," *Journal of Nursing Scholarship* 43, no. 1 (2011): 30-40, https://pubmed.ncbi.nlm.nih.gov/21342422/.
[17] Pat Armstrong et al., "Models for Long-term Residential Care," 51.
[18] Barbara Bowers et al., "Inside the Green House 'Black Box': Opportunities for High-Quality Clinical Decision-making," *Health Services Research* 51, Suppl. 1 (February 2016): 378-397, https://pubmed.ncbi.nlm.nih.gov/26708135/.
[19] Bowers et al., "Inside the Green House 'Black Box.'"
[20] Bowers et al., "Inside the Green House 'Black Box,'" 386-7.

direct care staff or make themselves accessible, collaboration faltered and hospitalization rates increased.[21] Direct care staff did not feel themselves to be a vital part of the care team.

Staff are better equipped to deliver quality care when they are empowered to make decisions and take on responsibilities beyond their typical roles. A study of empowered, self-managed certified nursing assistant (CNA) teams in five nursing homes (not Green House) found that staff empowerment was associated with improved resident care, increased resident choice, improved coordination between CNAs and nurses, and possibly reduced CNA turnover.[22] Staff empowerment requires strong nursing home leadership to ensure that collaborative practices are implemented and reinforced. Nursing home leadership must support and foster the staff's roles and involve them in decision-making and regularly provide feedback to the teams.[23] This includes supporting the self-managed teams and allowing staff to be creative problem-solvers.[24]

Finally, a promising study has found that culture change strategies can help curb antipsychotic (AP) drug use – a pervasive problem in U.S. nursing homes, especially in understaffed facilities. The 2016 study found that AP drug use decreased significantly after incorporating culture change in a dementia unit of a traditional nursing home.[25] The culture changes included adding direct care staff to the day shift and removing tasks inconsistent with person-centered care. Direct care staff led activities during the days and evenings, integrating their *own* hobbies and interests (i.e., cooking, crocheting, singing) into the schedule; schedules were adapted according to resident preferences. The unit culture became more relaxed and

Culture Change Case: Sing along
Vina, a vision-impaired resident, wanted to learn the lyrics to a song she could perform at a memorial service. So, she asked an aide, Sarah, for help. Though Sarah had many other responsibilities, she prioritized helping Vina with the song. "We feel secure enough to go beyond [basics] and to meet people's needs," said Sarah, who upon Vina's request would end up singing at Vina's funeral. In culture change homes, staff center their responsibilities around the elders. If a resident has a hankering for a Red Lobster meal, a milkshake, or a shirt, staff members get it done.

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[21] Bowers et al., "Inside the Green House 'Black Box,'" 386-9, 393.

[22] Dale Yeats and Cynthia Cready, "Consequences of Empowered CNA Teams in Nursing Home Settings: A Longitudinal Assessment," *The Gerontologist* 47, no. 3 (2007): 323-339, https://academic.oup.com/gerontologist/article/47/3/323/562696?login=false.

[23] Dale and Cready, "Consequences of Empowered CNA Teams," 337. See also Yeats, Dale, Cynthia Cready and Linda Noelker, *Empowered Work Teams in Long-Term Care: Strategies for Improving Outcomes for Residents & Staff* (Baltimore: Health Professions Press, 2008). This book includes the Dale and Cready study, analyzes the challenges and potential for empowered work teams in various long-term care settings, and offers tools for training and maintaining effective teams.

[24] Bowers, Nolet and Jacobson, "Sustaining Culture Change," 399, 404, 406-7.

[25] Phyllis Tawiah et al., "Reducing Antipsychotic Use Through Culture Change: An Interdisciplinary Effort," *Annals of Long-Term Care* (November 2016), https://www.hmpgloballearningnetwork.com/site/altc/articles/reducing-antipsychotic-use-through-culture-change-interdisciplinary-effort.

person-centered. This study builds on research suggesting that staff-resident relationships and interactions are critical components in reducing the behavioral and psychological symptoms associated with dementia.[26] It is important to promote culture change for this particularly vulnerable population and reduce reliance on harmful medications.

The research on culture change outcomes is still in its nascent stages and there is significant room for exploration on the topic. Experts caution that measuring culture change outcomes can be challenging given the ever-changing environments in long-term care, and opinions differ on whether more rigorous methods are needed, or if conventional scientific methods can even be applied. Consumers and policymakers should be wary of companies marketing culture change as the elixir for the longstanding problems in long-term care. Still, there is growing evidence that culture change strategies, when implemented effectively, can benefit residents and staff alike. Consumers should consider this evidence when assessing prospective nursing homes that identify as culture change models. Policymakers, moreover, should carefully evaluate culture change research as they work toward reforms that protect the rights of vulnerable residents while holding nursing homes accountable when they fail to follow federal requirements for resident care.

Culture Change Case: Cocktail Party
A cook noticed that full plates of food had the effect of dampening residents' appetites. So, he started offering food in bite-sized portions as they might appear at a cocktail party. Residents kept coming back for more of the appetizer-sized food. At another home, the food manager showed residents the food before it was pureed and gave residents choices about what went into the blender. This gave residents the opportunity to enjoy the shapes and smells of the food, and not just the finished product.

Implementing and Sustaining Culture Change

Nursing homes engaged in culture change must ensure ongoing reinforcement of its principles and avoid "institutional creep." In addition to sustaining change, they must provide staff with the initial education, resources, and training.[27] Management's commitment to changing the culture of the nursing home has been identified as the most important factor in sustaining change.[28] Supportive leadership is needed to maintain fidelity to culture change principles: Staff resources and intentional practices are necessary for sustaining that change. Support for culture change should encourage periodic self-assessment and evaluation.

The Green House Project has drawn from organizational change research to develop a self-assessment tool, the "Model Enrichment Resources Integrity Tool" (MERIT), a staff assessment survey. Nurses and care staff respond to over 90 questions covering the degree to which their

[26] Tawiah et al., "Reducing Antipsychotic Use."
[27] Marla Devries, "Culture Change that Endures: Model Integrity in Ever-Changing Environments," (webinar from The Greenhouse Project, January 9, 2020), https://www.youtube.com/watch?v=_H7KrKcHUJU.
[28] Marla Devries, "Culture Change that Endures."

home implements the three core Green House model values: real home, meaningful life, and empowered staff. First available in 2017, the tool provides feedback for leadership, and engages and re-educates staff on how the elements of the model should connect with daily practices. Unfortunately, only 40 of the 256 Green House homes that were registered in 2019 utilized the tool.[29]

A synthesis of research on the Green House model from 2011-2014 (before MERIT was available) found that fidelity to the model was inconsistent.[30] Green House homes differed most greatly in practices intended to support resident choice, with a third of the homes restricting choice in waking times and two-thirds restricting choices in bathing. No homes allowed residents to provide input in staffing changes and the homes varied in the model elements for collaborative and empowered worker decision-making.[31] For example, the study discussed above comparing hospitalization rates of residents in Green House homes with traditional homes, found that some of the enrolled clinicians did not involve the care staff, known as Shahbazim, in collaborative decision-making.[32] Some Shahbazim, in turn, worked too independently from the nurses, and failed to bring insights back to them, raising concerns that they might try to try to manage a resident's change in condition on their own. Interestingly, Shahbazim with longer tenures were more likely to act independently. This suggests the need for clinicians and guides, or coaches, to reinforce the collaborative principles among both clinicians and Shahbazim. The lack of communication and collaboration was associated with higher hospitalization rates.[33]

A 2016 study examining patterns of daily decision-making in 43 Green House homes found that some sustained the model's practices while others regressed to more traditional ways of operating (for example, using a medication cart for staff convenience, which is antithetical to a homelike environment).[34] This research views sustainability as a series of decisions and actions taken while solving problems. Some of the challenges to culture change included turnover of administration with new management not supportive of the culture change model; budgetary pressures, where Shahbazim were not involved in deciding on options; competition for workforce; failure to support Shahbazim in their daily decision-making (lack of development of interpersonal skills, coaching, and encouragement of household problem-solving); and responses to regulatory oversight in ways that overrode resident autonomy and choice. Many of those issues are common across culture change models. Conversely, solutions reinforcing the Green House model (i.e., increasing wages for Shahbazim, educating state surveyors in culture

[29] Marla Devries, "Culture Change that Endures."
[30] Sheryl Zimmerman et al., "New Evidence on the Green House Model of Nursing Home Care: Synthesis of Findings and Implications for Policy, Practice, and Research," *Health Services Research* 51, Suppl. 1, (February 2016): 475-496, https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12430.
[31] Zimmerman et al., "New Evidence on the Green House Model."
[32] Bowers et al., "Inside the Green House 'Black Box,'" 391.
[33] Bowers et al., "Inside the Green House 'Black Box,'" 390-391.
[34] Bowers, Nolet, and Jacobson, "Sustaining Culture Change," 403-404.

change, making decisions inclusive of residents' preferences, and preserving autonomy [35]) can help reinforce all culture change principles and practices.

The Cost of Culture Change

Culture change models, implemented effectively, could be attractive alternatives to the traditional settings. But what do they cost?

Capital costs for culture change homes are significantly higher (nearly double per bed) than those of traditional designs which provide much less space per resident, according to a 2011 study on Green House finances.[36] However, operating costs between the two models are more comparable, with Green House homes costing 8% higher than traditional nursing homes, according to a 2017 *New York Times* report.[37]

Though Green House homes have more (and higher paid) direct care staff, they have lower administrative staffing costs because they rely heavily on Shahbazim (direct care assistants) for management duties and performing all personal care and homemaker tasks required to meet the needs of the residents.[38] Other models with collaborative work models and empowered direct care staff have similar cost structures. Green House homes (which serve fewer medically complex, short-stay residents) also have lower ancillary costs than traditional nursing homes, according to the 2011 study.[39]

OPERATING EXPENSE/RESIDENT-DAY (2009)

Department	National Median	Green House Home
Nursing	$72.42	$127.08
Dietary	$15.47	$9.70
Laundry & Linen	$2.70	$1.57
Housekeeping	$5.17	$3.02
Plant Operations	$9.69	$9.74
Ancillary Services	$22.23	$8.30
Administration	$35.73	$33.17
Other Expenses* (Excluding Capital)	$34.10	$6.54
Total Expenses (Without Capital)	**$197.51**	**$199.13**

* The "Other Expenses" figure for the national median includes staff benefit costs while Green House staff benefits are included in the departmental expense categories.

Figure 1: Though Green House capital costs are significantly higher than those in traditional homes, the two models have similar operational costs (Source: The Green House Project).

Capital costs for Green House homes were subsidized by the Robert Wood Johnson Foundation for several years (from 2005-2011). Since 2011, high occupancy and high number of private pay

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[35] Bowers, Nolet, and Jacobson, "Sustaining Culture Change."

[36] Robert Jenkens et al., "Financial Implications of the Green House Model," *Seniors Housing & Care Journal* 19, no. 1 (2011): 15-16, http://www.chipartners.net/wp-content/uploads/2012/10/Green.House_.Article.pdf. See also: "Home Economics: The Business Case for The Green House® Model," The Green House Project, https://icagroup.org/wp-content/uploads/2019/04/Business-Case-for-Green-House-Model.pdf.

[37] Paula Span, "A Better Kind of Nursing Home," *New York Times*, December 22, 2017. https://www.nytimes.com/2017/12/22/health/green-houses-nursing-homes.html.

[38] Jenkens et al., "Financial Implications," 8-10.

[39] Jenkens et al., "Financial Implications," 14.

residents have helped to offset costs at least in the Green House models.[40] Note that facilities with certain characteristics (more private pay beds; affiliation with a continuing care retirement community; and non-profit, philanthropic missions) have been more likely to implement culture change.[41] These facilities tended to already have higher direct care nursing assistant staffing and fewer health-related deficiencies.[42]

However, most long-term residents in nursing homes rely on Medicaid to pay for their care. Medicaid-dependent older adults and adults with disabilities, and the disproportionate number of residents of color who are on Medicaid, are most likely to be living in homes that have lower staffing ratios and poor quality of care[43] – the least likely to adopt change. Culture change initiatives, particularly those undertaken with government or philanthropic support, should be implemented in an equitable and thoughtful manner.

How Policymakers Can Promote Culture Change in Nursing Homes

Affordable Care Act: National Demonstration Project on Culture Change

The 2010 Affordable Care Act ("ACA") required the Department of Health and Human Services ("DHHS") to conduct a "National Demonstration Project on Culture Change" for the development of best practices in skilled nursing facilities and nursing facilities involved in the culture change movement. The project is to be conducted for up to three years and must include developing resources for facilities to locate and access funding to undertake culture change. Following the demonstration, DHHS must submit a report to Congress, including recommendations for such legislation and administrative action as the agency finds appropriate.[44]

The National Demonstration Project was supposed to have started within a year of the ACA's enactment in March 2010 but, as of March 2022, has yet to be implemented. Such a demonstration could potentially provide a valuable example of national leadership and support for culture change. In the wake of COVID-19 and with the Biden Administration's

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[40] Jenkens et al., "Financial Implications," 17-19. For a discussion of why Green House homes serve a mainly white, middle-class clientele, see Rob Waters, "The Big Idea Behind a New Model of Small Nursing Homes," *Health Affairs* 40, no. 3 (March 2021): 381-2, https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00081.

[41] David C. Grabowski et al., "Who Are the Innovators? Nursing Homes Implementing Culture Change," *The Gerontologist* 54, no. S1 (2014): S71, https://pubmed.ncbi.nlm.nih.gov/24443608/.

[42] Grabowski et al., "Who Are the Innovators?," S72.

[43] Vincent Mor et al., "Driven to Tiers: Socioeconomic and Racial Disparities in the Quality of Nursing Home Care," *The Milbank Quarterly* 82, no. 2 (2004): 227-56, https://onlinelibrary.wiley.com/doi/10.1111/j.0887-378X.2004.00309.x; Mary L. Fennell et al., "Elderly Hispanics More Likely To Reside In Poor-Quality Nursing Homes," *Health Affairs (Millwood)* 29, no. 1 (2010): 1-13, https://www.healthaffairs.org/doi/10.1377/hlthaff.2009.0003.

[44] 42 USC § 1395i-3, Section 6114.

announcement of its commitment to nursing home reform,[45] we believe that now may be the time for DHHS to conduct this project.

White House Plan to Improve Nursing Home Safety & Quality

As part of the Biden Administration's plan to improve nursing home care, CMS is to explore ways to promote single-occupancy rooms in nursing homes. Shared rooms are currently the default option, and private rooms are generally only available at a higher cost to private pay residents.[46] The White House rightly views this as an opportunity to protect residents' privacy and dignity, and to honor their preferences. Further, private rooms can reduce the risk of contracting infectious diseases, including COVID-19. CMS' leadership is necessary to remove regulatory barriers that prevent reimbursement for private, single rooms under Medicare and Medicaid.[47] Such a measure would help to foster culture change for Medicaid recipients, who are least likely to afford private pay rooms in culture change nursing homes.

U.S. Department of Housing and Urban Development

The U.S. Department of Housing and Urban Development (HUD) administers the Federal Housing Administration loan guarantee program, which can be used for new construction, remodeling, and redesigning nursing homes.[48] Small modern nursing homes designed with rooms in clusters of 10-12 residents could improve the quality of life. Redesign can create residential, homelike environments, private rooms and bathrooms, therapeutic outdoor spaces, and other environmental and safety features to improve the environment and the safety of residents.[49]

Nursing Home Civil Money Penalty (CMP) Funds

Fines, referred to as civil money penalties (CMPs), can be imposed on nursing homes when they fail to meet minimum standards. Under the federal rules, a portion of these funds can be returned to the states and used to fund projects or programs that improve nursing home

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[45] The White House Briefing Room, Statements and Releases: "FACT SHEET: Protecting Seniors by Improving Safety Quality of Care in the Nation's Nursing Homes," February 28, 2022, https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/.

[46] Some states allow for families to supplement Medicaid to cover a private room. Medicaid and CHIP Payment and Access Commission, State Room and Board Affordability Policies for Residential Care Settings by State, 2016, https://www.macpac.gov/subtopic/table-5-state-room-and-board-affordability-policies-for-residential-care-settings-by-state-2016/.

[47] Charles P. Sabatino and Charlene Harrington, "Policy Change to Put the Home Back Into Nursing Homes," American Bar Association, July 14, 2021, https://www.americanbar.org/groups/law_aging/publications/bifocal/vol-42/bifocal-vol--42-issue-6--july---august-2021-/policy-change-to-put-the-home-back-into-nursing-homes/.

[48] Federal Housing Administration, "FHA Insurance, Section 232, And LEAN," https://www.hud.gov/federal_housing_administration/healthcare_facilities/residential_care/fha_insurance.

[49] Sabatino and Harrington, "Policy Change." With a rule change to permit residential care financing, the HUD Section 202 Supportive Housing for the Elderly Program may also be useful. This program provides interest-free capital advances to nonprofit sponsors to finance the development of supportive housing for the elderly and may be adaptable to finance small house nursing homes.

resident care or quality of life in ways that exceed regulatory requirements. Over the years, numerous states have funded culture change projects through CMP funds.[50] For example, the Michigan Department of Health and Human Services is currently funding a three-year program which sponsors the Eden Alternative for culture change in six Michigan nursing homes. The program supports training and coaching interventions, and the homes participate in a quality improvement program and independent evaluation conducted by the non-profit Altarum.[51]

CMP funds also supported the Pioneer Network's update to its "Artifacts of Culture Change," a tool for nursing homes to assess their culture change practices and provide a roadmap for additional change in workplace practices and policies, increased resident autonomy, and creating a real home for residents.[52]

Though CMPs are a potential funding source for culture change projects, such funding should only support activities that clearly go beyond regulatory requirements. Furthermore, from a consumer perspective, the use of CMPs to fund a culture change project should be predicated on:

1. The involvement of residents, families, and direct care staff in planning and implementation of any proposed project;
2. The development of a practical and practicable plan for continuing the activities beyond the funding term; and
3. If given directly to a nursing home operator, an assessment of the operator's history to ensure that it is providing sufficient staffing and resources to its facilities and does not have a history of serious regulatory violations.

Note: Medicaid "Pay-for-Performance" (P4P) programs have been viewed as a potential avenue for supporting culture change projects. However, P4P and other so-called "value-based purchasing" programs have had mixed results in promoting quality of care.[53] Thus, we do not recommend using such a strategy to promote meaningful culture change.

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[50] For culture change projects funded in the years 2016 through 2020, *see* CMS, Civil Money Penalty Reinvestment Program, State CMP Reinvestment Projects Funded by Calendar Year, https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment. In 2019 and 2020, culture change projects have been funded in Alaska, Georgia, Kentucky, Louisiana, Maryland, Michigan, Mississippi, New Mexico, North Carolina, Tennessee, and Texas.

[51]Altarum, "Perspective: The Case for Person-Centered Residential Long-Term Care in 2021: Measure It, Move It Forward" (November 8, 2021), https://altarum.org/news/case-person-centered-residential-long-term-care-2021-measure-it-move-it-forward.

[52] CMS, Civil Money Penalty Reinvestment Program, State CMP Reinvestment Projects Funded in CY 2019 & CY 2020, https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.

[53] *See*, for example, Rachel M. Werner, R. Tamara Konetzka, and Daniel Polsky, "The Effect of Pay-for-Performance in Nursing Homes: Evidence from State Medicaid Programs," *Health Services Research* 48, no. 4 (August 2013): 1393–1414, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3657568/.

Conclusion

Culture change in nursing homes is a movement that seeks to transform nursing homes from institutional medical-model settings to homelike environments where the residents – their daily choices and quality of life – are at the center. There are a few well known models for culture change, all of which emphasize a model of care where direct care staff work closely with residents, and develop caring, family-like relationships. Though no single culture change model is an elixir, different culture change strategies, when implemented effectively, can lead to significant improvements in resident outcomes.

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