The Relationship of Culture Change Constructs and Survey Deficiencies in the Nursing Home Setting

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VP Clinical Services CommCare Corporation
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## Faculty Disclosure

<table>
<thead>
<tr>
<th>Faculty:</th>
<th>Jolie Harris</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflicts of Interest:</td>
<td>None</td>
</tr>
<tr>
<td>Employer:</td>
<td>CommCare Corporation</td>
</tr>
<tr>
<td>Sponsorship/Commercial Support:</td>
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Purpose

Session Goal:

The purpose of this presentation is to describe the significant findings from a study of Louisiana nursing homes across two levels of culture change and survey deficiencies.

Session Objectives:

The learner will be able to summarize the concept of culture change and the underlying constructs as it pertains to the nursing home setting.

The learner will be able to summarize the relationship of the level of culture change, culture change constructs and the impact on survey deficiencies in a sample of Louisiana nursing homes.
Culture Change vs Traditional Setting

- Team rooms
- Individualized care built from relationships
- Consistent assignments
- De-centralized decision-making

- Smaller Dining Rooms
- Facility is residents home
- Schedules and routines are flexible

- Spontaneous activities occur at anytime
- Feeling of community and belonging between residents and staff

(Misiorski, 2004)
The Problem

- Growth of Elderly Population and Need for NH Setting to Care for Chronic Needs
- Long History of Quality Concerns in NH Setting
- Rapid Expansion of Culture Change
- Paucity of Research on Culture Change
Constructs of Culture Change

- Resident- Directed Care
- Homelike Environment
- Close Relationships
- Work organized by Empowered Staff
- Management allow Collaborative & Decentralized Decision Making

- Measurement Based Quality Improvement (CFMC, 2006)
Literature Review
Measurement of Culture Change

- Bott et al., (2007a; 2009) developed KCCI instrument based on CFMC definition
- First valid and reliable instrument to measure culture change
- Classified into three groups

- Resident-Directed Care (9 items)
- Homelike Environment (10 items)
- Close Relationships (10 items)
- Work organized by Empowered Staff (10 items)
- Management allow Collaborative & Decentralized Decision Making (10 items)
- Measurement Based Quality Improvement (12 items)
### Health Inspection

#### Deficiencies

- NH on-site survey annually on average
- Comprehensive assessment of 180 different aspects of health care and resident rights
- Deficiencies are issued for non-compliance
- Deficiency is given scope and severity level

#### Severity:
- Determined by the effect on resident outcome (Immediate Jeopardy to Minimal Harm)

#### Scope:
- Determined by number of residents potentially or actually affected by the deficiency (Isolated to Widespread)

#### Tag Number

- **Tag Number**: F309
- **Quality of Care**: F240
- **Quality of Life**: F221
- **Resident Behavior**: F151
- **Resident Rights**: F111

#### Deficiency Levels

<table>
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<tr>
<th>Tag Number</th>
<th>Description</th>
<th>Severity</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>F309</td>
<td></td>
<td>Immediate Jeopardy</td>
<td>J = 55, K = 75, L = 100</td>
</tr>
<tr>
<td>F240</td>
<td></td>
<td>Actual Harm</td>
<td>G = 35, H = 50, I = 65</td>
</tr>
<tr>
<td>F221</td>
<td></td>
<td>Potential for more than Minimal Harm</td>
<td>D = 20, E = 30, F = 40</td>
</tr>
<tr>
<td>F151</td>
<td></td>
<td>Minimal Harm</td>
<td>A = 5, B = 10, C = 15</td>
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</table>

**Anotova & Zimerman, 2012**
Measurement of Culture Change

Findings: Bott et al., (2009)

- Significant difference between extensive and limited groups for measurement of culture change across all the constructs (p< .05)
- As culture change scores increased, deficiencies decreased
- Significant negative relationships were noted between culture change constructs and specified deficiencies
Measurement of Culture Change

- Bott (2009) recommended
  - Expand initial work using KCCI instrument
  - Conduct studies in other states
  - Utilize a crude measure of culture change and the Leader version only
Method

- Two phase quantitative study
- Phase I:
  - Secondary Data Analysis from Kansas
- Phase II
  - Part I: Louisiana Crude Measure of Culture Change
  - Part II: Louisiana Data Collection using KCCI instrument
Louisiana
Crude Measure Culture Change

Sample
- 153 nursing homes: Exclude hospital-based
- 147 sample for power of 80%
- Response Rate (60%)

Demographics
- NS for Ownership Type, Bed Size, Location between participating and non-participating facilities
- Nearly significance (p= .06) for Geographic Location with SE least represented
Cluster Analysis

<table>
<thead>
<tr>
<th>Culture Change Cluster</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>Extensive</td>
<td>21 (14)</td>
</tr>
<tr>
<td>Partial</td>
<td>113 (74)</td>
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<tr>
<td>Limited</td>
<td>19 (12)</td>
</tr>
<tr>
<td>Total</td>
<td>153 (100)</td>
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</table>
Research Questions 4 and 5

Extensive vs Limited

# DEFICIENCY

Scope

Severity
Findings

Research Questions #4 and #5

- Sample: 40 Louisiana Facilities completed Cluster Analysis in Extensive or Limited
- Deficiencies collected over 12 month period: 2/1/14 to 1/31/15 as posted on Nursing Home Compare
- Two-tailed t-test with significance of < .05
- Mean Number of Deficiencies: significant ($p = .008$)
- Mean Scope and Severity: significant ($p = .012$)
Findings
Research Question #4 and #5

- Significant differences number for:
  - QOC ($p = .03$); Resident Behavior ($p = .021$); Resident Rights, ($p = .046$)
  - QOC was most cited deficiency group in LA & KS
- Limited facilities had an average of 59 points higher for total scope and severity as compared to the extensive group

<table>
<thead>
<tr>
<th>Deficiency Citations</th>
<th>Extensive</th>
<th>Limited</th>
<th>p^c</th>
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<tr>
<td></td>
<td>M</td>
<td>Range</td>
<td>M</td>
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<tr>
<td>Deficiency Citations</td>
<td>1.52</td>
<td>0 -5</td>
<td>3.63</td>
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<table>
<thead>
<tr>
<th>Scope and Severity Index</th>
<th>Extensive</th>
<th>Limited</th>
<th>p^c</th>
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<tbody>
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<td></td>
<td>M</td>
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<tr>
<td>Scope and Severity Index</td>
<td>39.5^a</td>
<td>0 -120^b</td>
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Discussion: Further Analysis

<table>
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<tr>
<th>Standard Survey</th>
<th>Extensive</th>
<th>Limited</th>
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<tr>
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<td>0 -130b</td>
<td>51.8a</td>
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<tr>
<td>highest level scope &amp; severity</td>
<td>F</td>
<td>B - F</td>
<td>E</td>
</tr>
<tr>
<td>and severity</td>
<td>G</td>
<td>B - G</td>
<td>K</td>
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Discussion

- Significant difference were identified between extensive and limited clusters
  - Number in KS and LA
  - Scope and severity of deficiencies in LA
- Decreased total (Grabowski et al., 2014) and QOL (Miller et al., 2013) deficiencies have been identified with higher levels of culture change
Conclusions

- A difference exists between extensive and limited culture change homes.
- The difference is seen with decreased (number and S&S) deficiencies for the extensive home (4th study support; 1st to address scope and severity between clusters).
- The difference is seen in complaint surveys.
Conclusions

- Implementing and sustaining culture change is a challenge and associated with an upfront financial investment (Bowers & Nolet, 2011; Grabowski, Elliot et al., 2014).
- Providers have identified regulations as a primary barrier for implementation of culture change (Miller et al., 2010; Stone, Bryant & Barbarotta, 2009).
- The identified barrier of regulation either through citation increase or severity increase, was not supported by this study.
- Data provided to support prioritization for providers in allocation of limited resources.
Implications for Nursing Practice

- Involvement of nurses in design of new model of care is essential
- Knowledge of the principles of culture change are essential in driving high quality care
- Developing skills to fulfill the transition of the nurse role from ‘task’ focus to mentor, leader, expert clinician, educator and advocate
- Knowledge of strongest predictors supports prioritizing resources to achieve higher outcomes
Thank You