



A LEAP Toward Culture Change

A comprehensive workforce education and retention program for direct care workers puts emphasis on a person-centered approach.

“CULTURE CHANGE” IS A term that’s been banded about in long term care circles for some time now, yet its essential meaning has not always been well understood. Affording patients greater autonomy—by allowing them to choose their own meal or bath times, for example, or adding pets and plants to a facility’s environment—do not constitute culture change if they are not accompanied by a fundamental transformation in the ways that people within the facility relate to one another.

Direct care workers, the nurses and certified nurse assistants (CNAs) at the bedside, are the heart of those relationships. And culture change cannot take place unless these critical employees can be transformed into an empowered, valued team with the competencies to care for and support the needs of the patient population. This means that staff development and education must be held up as worthy investments to the future success of any organization targeting culture change.

In the past, staff training has meant teaching information to everyone in the same way, often because some “deficiency” was identified. Under such circumstances, education was viewed as a “punitive” action, rather than as a growth opportunity. In an organization targeting workforce transformation, however, learning

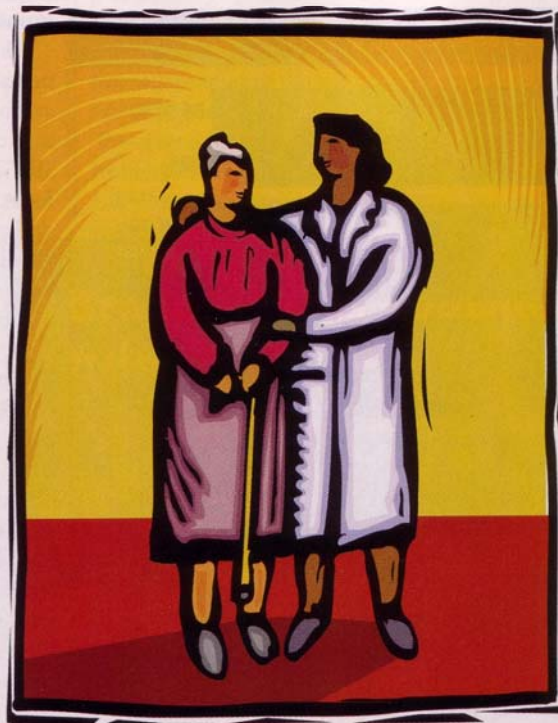
builds on strengths and talents on an ongoing basis. Any and every experience can be a learning experience. But long term care organizations still need

- 1.) Learn to use tools and resources for quality long term care;
- 2.) Empower caring and competence in one’s self and in others;
- 3.) Achieve commitment to work teams and the organization; and
- 4.) Produce opportunities for growth and development.

In October 2003, Mather LifeWays Institute on Aging, Evanston, Ill., was awarded a five-year federal grant by the Health Resources and Services Administration to expand LEAP nationally to long term care communities serving high proportions of Medicaid patients and to state veterans’ homes. Participating long term care communities each send two individuals—typically the director of nursing (DON) and another staff member—to the three-day LEAP train-the-trainer workshop, where these “LEAP specialists” learn how to implement the program in their own settings. Participants receive all educational materi-

als and resources (instructor guides, participant workbooks, videotapes, CD-ROMs, overhead transparencies, and evaluation materials) they will

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some fundamental tools to begin their transformation.

The LEAP Approach

LEAP is a comprehensive long term care workforce education and retention program that aims to provide nurses and CNAs with the necessary tools to bring about culture change. The LEAP acronym addresses the four program goals that target building these relationships:

Human Resources

need to teach LEAP to their own staff. Additionally, participating facilities receive ongoing support, including regular contact with a LEAP resource nurse.

Components Of The Program

LEAP specialists are prepared to teach the two LEAP modules. Module One, "The Essential Roles of Nurses in Long Term Care," is a six-week, 18-hour program for nurse managers and staff nurses. Nurses learn 10 key roles of effective leaders, including communication skills, giving feedback, and

mentoring staff. Gerontological nursing as its own specialty is emphasized, with nurses developing their own knowledge base and assessment skills within this specialization. As care-team builders, nurses learn the importance of developing relationships with staff, patients, and families as an empowering means of delivering quality care.

Module Two, "Growing the Heart of Care: Career Development for CNAs," is a seven-week, 17-hour program that focuses on career development for paraprofessionals. It includes a career mobility ladder—a career path for con-

tinued development and advancement for CNAs beyond their basic certification—and mentorship programs. The career mobility ladder is composed of two levels: the basic CNA level and the advanced CNA level.

Module Two topics include person-centered care, communication skills, head-to-toe inspection, clinical updates, building care teams, cultural sensitivity, working with families, and mentoring new staff. A third level of the CNA career mobility program to develop "CNA specialists" is currently being distributed to long term care organizations that renew their LEAP licensing.

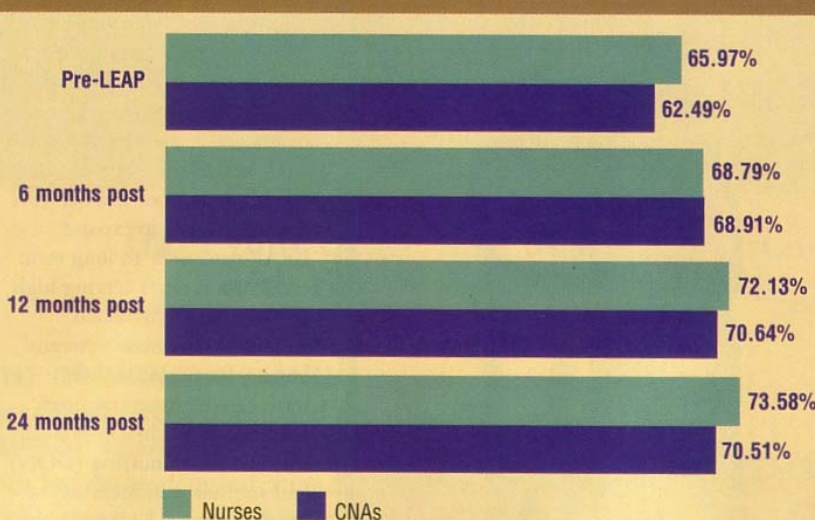
The Level III educational components focus on nutrition, mobility, pain and palliative care, psychosocial issues, skin care, and continence. Each Level III CNA identifies a minimum of three focus areas to develop knowledge and skills. Upon successful completion of Level III, the CNA specialist is expected to be a resource for other CNAs within a community.

Evaluating LEAP

As a comprehensive program to improve the quality of care provided by both long term care nurses and CNAs, LEAP is innovative in many ways in its focus on person-centered care. LEAP strives to support growth, development, and retention of nursing staff, while nurturing their relationships with patients, families, and co-workers.

Mather Institute on Aging is leading the evaluation component of LEAP. Participating communities survey their nursing staff prior to LEAP implementation, and then at six- and 12-month intervals post-implementation. Measures that have shown direct associations with quality of patient care are examined, including job satisfaction, work empowerment, organizational climate, work productivity, and staff turnover. Nursing facility administrators and DONs are also interviewed post-LEAP implementation for their

JOB SATISFACTION



Source: Mather LifeWays Institute on Aging

TOP-TIERED ANALYSIS OF NURSING STAFF JOB SATISFACTION



Source: Mather LifeWays Institute on Aging

observations and anecdotes about the program's impact and outcomes related to staff and patients.

A survey of 18 long term care organizations, representing nearly 900 nurses and CNAs who have participated through two years of LEAP program evaluation, compared changes in job satisfaction measures for nurses and CNAs at baseline (pre-LEAP), and at six, 12, and 24 months post-LEAP implementation.

The survey measures factors such as satisfaction with relationships with supervisors, co-workers, and patients; communication; recognition by management; pay and benefits; procedures; and opportunities for development. Scores are standardized on a 100-point scale for ease of comparison.

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over time that is sustained two years post-LEAP implementation (see chart, page 36).

A "top-tiered" analysis was also performed examining those "satisfied" and "most satisfied" with each measure. Top-tiered analysis of job satisfaction from baseline through two-years post-LEAP implementation shows that,

prior to LEAP implementation, 8 percent of nursing staff reported a very high level of job satisfaction. At 12 months post-implementation, more than 23 percent of staff were very satisfied with their jobs, and the proportion continued to increase to nearly 37 percent at 24 months post-implementation. Similar results were found with perceptions of work empowerment, leadership behaviors, organizational climate, and work effectiveness.

The impact of LEAP on patient outcomes is also being evaluated over time. The average number of health care deficiencies reported by communities implementing LEAP declined by nearly 50 percent over a one-year period. Patients' satisfaction with nursing management of their care also significantly increased over the same time period. Additionally, communities that empower their nursing staff have fewer

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What Organizations Say

As a comprehensive program to improve the quality of care provided by both nurses and CNAs, LEAP's focus on person-centered care, teaching methods based on adult learning theory, and ongoing evaluation mechanisms to help organizations track their progress have proven to be useful innovations.

"LEAP is the best program that I know of to address the crucial relationships between the charge nurses and the CNAs," says Rick Gamache, administrator of Elmhurst Extended Care in Providence, R.I.

Likewise, Elmhurst's Clinical Manager Anne Buchanan was impressed by the program's effect on

LEAP focuses on person-centered care and teaching methods based on adult learning theory.

her staff's interpersonal skills. "I have witnessed charge nurses on my units interacting with the next shift to ensure details are passed on to improve patients' care and speaking with authority and self-assurance to me, to physicians, to CNAs, and to each other," she says.

As a tool kit for cultural transforma-

tion, LEAP provides the opportunity for nurses and CNAs to move beyond a task-oriented, medical model of care toward an environment of person-centered, relationship-building quality care for patients. The program also provides learning tools to empower and involve staff in key processes. For example, as a result of LEAP training, several communities are including CNAs in care planning activities and are using primary care assignments for scheduling, so that staff have greater opportunities to develop relationships with patients and their families. ■

For More Information

■ Additional information on the LEAP program is available on the Internet at www.matherlifeways.com/leap or by calling (847) 492-6817.

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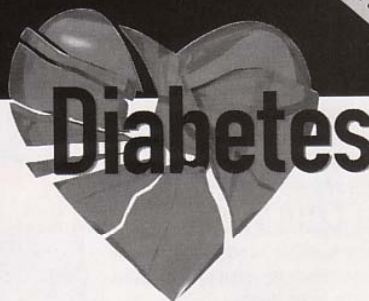
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