

The Business of Caregiving



Orchard Cove

Building Relationships, Valuing Employees

In January 2010, a violently powerful earthquake struck Haiti, flattening its capital and largest city, Port-au-Prince. Hundreds of thousands of Haitians were killed or severely injured, while an estimated one million—nearly one-tenth of the country’s population—were left homeless. The quake registered a magnitude of 7.0, and the aftershocks continued to rattle the country for weeks. The emotional reverberations of the quake, however, were felt throughout the world.

Orchard Cove, a retirement community in Canton, Massachusetts, suffered the earthquake’s impact on a deeply personal level: Many of its employees are Haitian immigrants. When the quake struck, Orchard Cove’s Haitian staff members were understandably distraught, concerned about their family and friends back in Haiti. Some had received word that their family’s homes had been destroyed, or a cousin had gone missing, or their brother had died. Orchard Cove was devastated.

Within days, the organization rallied behind its Haitian workers. Orchard Cove’s managers organized a memorial ceremony, a potluck dinner, and a fund-

Orchard Cove suffered the earthquake’s impact on a deeply personal level.

raiser, which contributed roughly \$25,000 to Haitian relief efforts. They also gave Haitian employees an opportunity to cope with the tragedy by bringing in a grief counselor and allowing them to take some extra time off if they felt it necessary. Above all, the Orchard Cove leadership emphasized to their Haitian

employees that they were going to support them, no matter what—and the workers clearly received that message.

“I feel like they are family members—not only to me, but to all of us,” says Stare Guerrier, a Haitian-born certified nursing assistant (CNA) who



The Business of Caregiving is a series of case studies that showcases exemplary employers in the eldercare/disability services industry. The organizations featured in this series have been selected to illustrate a “**quality care through quality jobs**” approach to sustaining and growing a long-term care business. All case studies, along with slide shows and podcasts, are available online at: www.PHInational.org/casestudies. The development of these case studies, along with web-based best practice descriptions, have been funded by the Hitachi Foundation (www.HitachiFoundation.org).

Orchard Cove has worked hard to create a sense of family and community.

has worked at Orchard Cove for the last five years. “I feel like they are Haitian,” she adds with a laugh. “Sometimes I say, ‘They are Haitian, too!’”

A Relationship-Centered Workplace

The organizational culture that enabled Orchard Cove to respond so immediately and sensitively to its Haitian staff wasn’t happenstance. It was the result of creating an authentic “relationship-centered” workplace that recognized the importance of everyone who worked and lived there.

Over the last several years, Orchard Cove has worked hard to create a sense of family and community among its frontline staff, supervisors, executive leaders, and residents. In order to bring about that change, Orchard Cove’s skilled-nursing floor has undergone a physical and philosophical renovation known broadly as “culture change.” Culture change, according to the

Pioneer Network, is a “transformation of older adult services based on person-directed values and practices where the voices of elders and those working with them are considered and respected.” Culture change is

ultimately intended to create “better outcomes for consumers and direct-care workers without inflicting detrimental costs on providers,” the Pioneer Network further states.¹

Orchard Cove’s culture change work on its skilled-nursing floor has involved changes in physical infrastructure to create a more home-like environment; the development of a household model of care where small groups of residents are served by a self-led, decentralized team; and the introduction of primary assignment, whereby the same caregivers provide services consistently to the same residents whenever they are on duty.



Paul Hollings, Executive Director

Establishing an Educational Foundation.

Orchard Cove’s culture change efforts were informed—and, in many ways, enhanced—by its participation in the PHI Center for Coaching Supervision and Leadership (CCSL), a program designed to help eldercare and disability service organizations build leadership, communication, and problem-solving skills.² Paul Hollings, Orchard Cove’s executive director, has said that the supervision and communication skills training introduced to his facility provided an “educational foundation” for culture change. CCSL tied together the many culture change initiatives that have recently debuted at Orchard Cove, focusing them around a theme which, today, has become Orchard Cove’s guiding philosophy: “It’s all about relationships.”

About Orchard Cove

Founded in 1993, Orchard Cove is a member of Hebrew SeniorLife, a Boston-based organization providing a continuum of care for mostly Jewish seniors throughout the Boston area.

Orchard Cove is a continuing care retirement community (CCRC); its 250 employees—including 36 CNAs—provide a wide range of support services for its residents. There are 227 independent living apartments for residents who do not need personal assistance, 28 “Assistance in Living” units for residents who require help with activities of daily living (ADLs), and a 45-bed skilled-nursing floor for residents with more comprehensive long- or short-term care needs. The majority of Orchard Cove’s CNAs—25 of them—work on the skilled-nursing floor; the rest support residents in the assisted living units.

“Culture change is all about how we get along with each other.”

– Paul Hollings, Executive Director

Hollings reiterated that point during a CCSL conference in 2010. “Culture change is all about how we get along with each other, how we get along with the residents, the families... everything’s about relationships. Coaching provided a model for us to think about how we all relate with each other—how to do it more effectively—so that we provide better quality of life for the residents.” That improved quality is evident in the substantial, measurable changes Orchard Cove has achieved on its skilled-nursing floor since 2008, including decreases in urinary tract infections, falls, pressure ulcers, and depression (see “Experiencing Tangible Results,” page 10).

Beginning the culture change journey

Starting around 2005, Orchard Cove launched a journey toward full-scale culture change. The decision to pursue culture change arose after Deb Symonds joined Orchard Cove as its director of nursing. Both Symonds and Hollings were familiar with the concept, due largely to their involvement with the Pioneer Network, a national organization that promotes culture change. Symonds was especially enthusiastic about changing the culture of Orchard Cove’s skilled-nursing floor to give residents more choice, self-determination, and dignity, notes Jim Quinn, Orchard Cove’s human resources director. “She provided the energy to keep [culture change] moving.”

Part of Orchard Cove’s culture change journey involved making the skilled-nursing floor feel less

institutional and more resident-centered. Instead of being told when they have to eat and sleep, for example, residents living on Orchard Cove’s skilled-nursing floor are now given a great deal of freedom: they are able to wake up whenever they choose, stay up late if they feel like it, and eat when they get hungry, not because the clock says it’s lunch time. The opportunity to make these choices gives the residents at Orchard Cove the freedom and independence that is essential to living a meaningful and empowered life.

Some of the other ways that Orchard Cove has made its skilled-nursing floor feel less institution-like include changes in the way teams are organized, staff are assigned, and relationships are supported.



Deb Symonds,
Director of Nursing

Primary Assignment

Shortly after joining Orchard Cove as its director of nursing, Symonds introduced the concept of “primary assignment” in order to help create a high-quality living experience for residents of the skilled-nursing floor. Also known as consistent assignment, primary assignment ensures that, whenever possible, residents receive care from the same CNAs and nurses each day.

Starting around 2005, Orchard Cove launched a journey toward full-scale culture change.

As she began her new job at Orchard Cove, Symonds says that the introduction of primary assignment was “non-negotiable”—she had seen firsthand how much it improved the quality of care from her previous job experiences at other nursing homes and hospitals. Orchard Cove’s CNAs took to the concept almost immediately; within one or two months of its debut,

Primary assignment has allowed CNAs and nurses to develop a deep familiarity with the residents they care for.

primary assignment was running smoothly throughout the skilled-nursing floor.

Primary assignment has allowed CNAs and nurses at Orchard Cove to develop a deep familiarity with the residents they care for, Symonds says. For example, caregivers are better able to learn residents' wants and needs since they see them nearly every day. Orchard Cove's CNAs and nurses are also able to more easily notice even minor changes in residents' health status. By developing long-lasting relationships between residents and their caregivers, Orchard Cove has fostered an environment in which quality of care is extremely high.

An added benefit of primary assignment is its impact on job quality. For CNAs, the opportunity to establish on-going relationships with residents is an emotionally fulfilling and empowering experience. "We see [each resident] as a person as opposed to just a patient," says Emily Mabilia, the unit secretary of Orchard Cove's skilled-nursing floor. "Building relationships makes each day exciting and new."

"Getting to Know You" Program

Those relationships have been greatly enhanced by Orchard Cove's "Getting to Know You" program. Instituted shortly after primary assignments, the program involves CNAs interviewing residents and their family members in order to get a



deeper understanding of the residents' lives.

CNAs first receive training on how to conduct interviews; then they ask their assigned resident details about his or her life experiences and interests. After the

interviews, CNAs prepare an oral presentation about the resident, which they deliver in front of an audience that can include fellow CNAs, nurses, doctors, rehabilitation staff, administrators, and the resident who is being profiled, using the resident's personal items as visual aids, if needed.

The Getting to Know You program has been a positive experience for Orchard Cove's nursing home staff. Before the program began, Hollings notes, staff did not have a structured way to learn about residents' experiences, accomplishments, and histories. As a result, they often didn't learn these details until it was too late.

"I've been working in nursing homes for 25 years," Hollings says, "and what always frustrated me was, you'd go to [residents'] funerals and you'd learn about these people and see the photographs—but you never learned about [them] when they were with you." Getting to Know You was created, in part, to rectify that.

Combined with primary assignment, the Getting to Know You program has resulted in strong relationships between Orchard Cove staff and residents. Both initiatives have ensured that Orchard Cove's caregivers know their residents' preferences and medical and social histories, helping CNAs to provide individualized care and support. As a result,

residents experience a better overall quality of life and CNAs have a better work experience.

Grieving Together

Another part of Orchard Cove’s culture change journey is the increased attention paid to supporting its staff, residents, and residents’ families when someone on the skilled-nursing floor dies. “We’ve stopped hiding death; we acknowledge it more openly,” Hollings says. Quarterly memorial services are held to give caregivers and family members the opportunity to celebrate the lives of any residents who died during that time.

“Frankly, when someone dies, it’s really tough

Orchard Cove’s open acknowledgement of death gives its workers an outlet for their grieving and coping.

on the staff that’s been caring for them,” Hollings explains. “Just acknowledging it more up front, and providing support for the families, I think, by nature, provides support for the staff as well. We’re talking about it, as opposed to just saying, ‘Well, it’s happening; let’s deal with it and move on.’”

Nationally, direct-care workers suffer from one of the highest depression rates of any professional group, according to the Substance Abuse and Mental Health Services Administration. Orchard Cove’s open acknowledgement of death gives its workers an outlet for their grieving and coping, which is essential to maintaining strong mental health and being able to continue to provide high-quality, relationship-centered care over many years.³

Introduction of the Household Model

In June 2009, Orchard Cove transformed three wings of its skilled-nursing floor into “households,” each run by its own leadership team that includes CNAs, nurses, and physical therapists. Employees “now participate in the running of the household—it’s not just a nurse manager or nurse supervisor telling them what to do,” says HR Director Jim Quinn.



Jim Quinn, Director – Human Resources

Each household has forged its own identity in the years since the household model debuted. Quinn says that certain aspects of nursing home life, including eating assistance and recreational activities, differ from household to household—it all depends on the preferences of the residents. Quinn says that the household model positions Orchard Cove to provide the best care to its residents, since the residents are communicating to the household leadership teams how exactly they want things done. And, he adds, the leadership teams benefit from the household model by gaining a sense of empowerment.

“They all participate and have a say,” Quinn says, referring to the leadership team members. “It’s very interactive, very cooperative, very collaborative.”

Leadership teams benefit from the household model by gaining a sense of empowerment.

Changes to the Physical Layout

Orchard Cove has also made physical alterations to the skilled-nursing floor. For example, in 2010 it

knocked down its bulky nursing station, making the entire area seem more open and friendly-looking. “It makes for just a nicer-looking environment,” Hollings says. “It looks more residential now, instead of having that monstrous nursing station.”

The changes communicate to residents that this is their home, a place where they can continue to live comfortably.

Additionally, one of Orchard Cove’s nursing home households constructed a homey, welcoming “country kitchen.” Quinn says that residents frequently bring their families into the country kitchen to play board games or watch television together. “It doesn’t look like part of a nursing home; it looks like a great room in someone’s house,” Quinn notes.

Indeed, the entire point of such renovations is to make the skilled-nursing floor look and feel more like “home.” The changes communicate to residents that this is their home, a place where they can continue to live comfortably, rather than feeling that their illnesses or disabilities have confined them to an institution where they are waiting to die.

The importance of a homelike quality in nursing homes has been increasingly recognized by the Centers for Medicare and Medicaid Services (CMS) in recent years. CMS’s interpretive guidelines now include language stating that long-term care facilities must provide residents with a “safe, clean, comfortable and homelike environment.”

Enhancing culture change through the PHI Coaching ApproachSM

Orchard Cove’s participation in the PHI Center for Coaching Supervision and Leadership (CCSL) began in the fall of 2007, when the organization was still in the early stages of its culture change journey. Although the initial changes such as primary assignment had been successful, Orchard Cove’s leadership

planned to make deeper and more profound changes that they felt staff might find threatening or disruptive. They were, thus, intrigued when members of the

PHI Coaching Approach: Core Skills

The PHI Coaching Approach helps organizations — and the individuals in those organizations — build core communication skills that are essential to strengthening organizational relationships and managing change:

- **Active Listening:** Using body language, paraphrasing, and asking clarifying questions to listen attentively and ensure understanding.
- **Self-Management and Self-Reflection:** Being conscious of assumptions and biases, and setting aside emotional reactions that can get in the way of hearing someone else’s perspective.
- **Clear, nonjudgmental communication:** Communicating clearly and directly about expectations or concerns while using language free of blame and judgment.
- **Collaborative Problem Solving:** Using critical thinking and communication skills to build effective teams, ensure accountability, and resolve problems.
- **Participative Leadership:** Engaging and empowering staff at all levels to participate in envisioning and implementing a respectful, relationship-centered culture.

PHI Training and Organizational Development team visited the facility to make a case for participating in a PHI grant-funded CCSL project.

Program Parameters

The CCSL program would train executive leaders and supervisory staff in the PHI Coaching Approach to Supervision, a set of communication and problem-solving skills designed specifically to strengthen relationships in the workplace (see “PHI Coaching Approach: Core Skills,” page 6).

Executive leaders were impressed with how neatly the PHI Coaching Approach tied into the overall culture change philosophy.

In particular, supervisors would be trained in a set of core skills—active listening, self-reflection and self-management, clear communication without blame or judgment, collaborative problem solving, and participative leadership—that would improve their ability to support and empower staff during Orchard Cove’s deeper implementation of culture change.

Orchard Cove’s executive leaders came away from the meeting impressed with how neatly the PHI Coaching Approach tied into the overall culture change philosophy—this approach to organizational change was also “all about relationships.” Hollings says he saw coaching as “a solid platform and foundation [from which] to pursue—and refine the ideas of—culture change.... I liked the fact that it emphasized that people are still accountable—it wasn’t just this sort of touchy-feely, be-nice-to-your-staff thing,” he continues. “It was about being more effective. It was respectful to staff, but it was also respectful to the needs of the organization.”

PHI Coaching Approach Training

Orchard Cove selected four employees—HR Director Jim Quinn, Admissions Coordinator Nita Aines, Director of Education Denise Seward, and Registered Nurse Michelle Rubenstein—to be trained in the PHI Coaching Approach to Supervision (also known as PHI Coaching SupervisionSM). These four individuals commuted to the PHI CCSL office in Philadelphia, Pennsylvania, for regular train-the-trainer sessions with PHI staff.

Jim Quinn recalls being more than a little anxious as he and his fellow trainers took the train down to Philadelphia for their first session. But by their final session, something had clicked. Quinn says that he and his fellow trainers “felt that we had

been well trained, and we were dying to try [the PHI Coaching Supervision training] out on our employees back at the facility.”

By the summer of 2008, the four trainers were fully versed in the language and philosophies of the PHI Coaching Approach. In September, they began to train nurses, most of whom work on the skilled-nursing

“The PHI Coaching Approach was respectful to staff, but it was also respectful to the needs of the organization.”

– Paul Hollings, Executive Director

floor, followed by the rest of Orchard Cove’s supervisory staff, such as dining managers. The four trainers ran two-day training sessions, teaching the skills of Coaching Supervision using role plays, demonstrations, and other activities. After a series of four two-day trainings, roughly 50 Orchard Cove employees had received instruction in PHI Coaching Supervision.

Quinn says that he knew the coaching training was going to be a success when supervisors began to approach him and his fellow trainers for suggestions on how to deal with difficult situations—sometimes they would even ask Quinn to do an impromptu role play to prepare for the conversations they were about to have with frontline caregivers. “That was great!” he says. “Holy cow, we didn’t know some of these folks got it. And I guess, to pat ourselves on the back, maybe we [did] a better job on these two-day trainings than we thought we [had]. We’re actually getting through to people.”



Introducing Coaching Communication

In part because of the enthusiasm created through training supervisory staff in the PHI Coaching Approach—and the recognition that communica-

“CNAs now have more confidence in their ability to productively articulate any problems or issues they may be facing.”

– Paul Hollings, Executive Director

tion skills are essential to relationship-building—the Orchard Cove administration decided by the end of 2009 that all staff, not just managers and supervisors, should be fluent in the communication skills found in the PHI Coaching Supervision training.

The four trainers developed a one-day training session based on the PHI Coaching Approach to Communication. They called this one-day training “Coaching Communication,” and the training was deemed mandatory for all Orchard Cove staff—

CNAs as well as dining staff and others—who worked at least 24 hours a week.

Approximately 115 of these staff members were trained during the first half of 2010, and most received “booster” training sessions in Coaching Communication during the third and fourth

quarters of 2010. These trainings all took place on campus during work hours, and trainees were paid for their time.

A More Confident Staff

Hollings says that the decision to extend Coaching Communication training to all Orchard Cove staff has had an empowering effect, particularly on its frontline caregivers.

“CNAs now have more confidence in their ability to productively articulate any problems or issues they may be facing, so they speak up much more frequently than before,” Hollings says. “And since they know their supervisors have received the same communications training, frontline caregivers are more confident that their voices will be heard by their superiors,” Hollings concludes.

Better Advocates for Residents. “Because CNAs are more confident, they can provide better care for their residents,” Symonds says. She has noticed that newly empowered CNAs have assumed what she calls an “advocacy role” for residents since Coaching Communication began.

As an example, Symonds said that one CNA on the skilled-nursing floor recently went to the kitchen to register some of her concerns. The CNA said that some members of the dining staff were not treating

residents as well as they should; she argued that residents had worked hard all their lives and deserved to be regarded as “kings and queens” during their twilight years. The CNA would almost certainly not have thought of voicing her opinion so pointedly—yet also so calmly and articulately—before undergoing Coaching Communication training, Symonds asserts.

Coaching Communication training is uniquely suited to working in the high-pressure environment of a nursing home.

Indeed, Coaching Communication has become a pervasive component of the Orchard Cove culture—so ingrained, in fact, that CNAs are able to remind each other to follow the lessons of Coaching Communication simply by uttering the three letters P-H-I.

“When we see someone, like a new employee, being a little rude, we just say P-H-I,” says Stare Guerrier, a CNA who has worked at Orchard Cove for the last five years. “And I see a lot of improvement.”

Improved Efficiency. As staff throughout the organization have developed better communication and problem-solving skills—and feel empowered to use those skills—Orchard Cove has experienced greater efficiency as well.

Quinn recalls a recent incident on Orchard Cove’s Assistance in Living floor where a CNA was confronted with a difficult mechanical issue. Since the nurse manager was taking time off that day, the CNA was forced to confront the problem by herself—which she did to perfection, Quinn says. “She interacted with a couple other people, she gave them the correct information when maintenance came up to see what was going on, she was able to tell them what she did and how she did it.”

“This is an employee,” Quinn continues, “who, maybe a year or two ago, would have been the aide who crossed her arms and said, ‘Well, it’s not my job.’ We were talking about it the next day, and we said: ‘You know something, that’s an empowered employee. That’s someone who is comfortable in her ability to take care of situations like this.’”

Hollings, the executive director, says that Coaching Communication training is uniquely suited to working in the high-pressure environment of a nursing home. “We’re jammed into a small space with a lot of things that need to be decided quickly, a lot of emergency situations ... and I think that giving people the tools to address things more constructively in a high-stress situation helps enormously,” he concluded.

The Future of the PHI Coaching Approach

Hollings and other Orchard Cove employees say that they have worked hard to ensure that the positive developments that have sprung from the PHI Coaching Supervision and Coaching Communication training will remain sustainable over the long term.

For example, directors at the management level include a brief presentation of a specific Coaching Supervision lesson during their weekly meetings. The presentations serve as reminders to continue using Coaching Supervision skills; Quinn likens them to mini-booster sessions.

The rest of the Orchard Cove community is also constantly reminded of the importance of Coaching

The community is constantly reminded of the importance of Coaching Communication via posters and bulletins posted.

Communication via posters and bulletins posted throughout the facility, even in Orchard Cove's rest-rooms. Symonds says that these physical reminders are a way of "just kind of keeping [coaching] in everybody's face."

Orchard Cove's administrators have found that culture change—and the PHI Coaching Approach—can only be effective and sustainable over the long haul if supervisors and CNAs are constantly reminded to use their skills and to pay attention to the individual. Whether it's a peer, a supervisee, or a resident, listening carefully and responding constructively are two keys to ensuring that staff are supported, effective, and accountable.

"It's easy to get into 'institutional creep,'" Symonds says, referring to the phenomenon that occurs when a nursing facility falls back into the previous, outdated model of care delivery: one that is regimented instead of person-directed, one that treats workers as mere cogs in a machine instead of empowering them. "You have to come up with new and creative ways to keep people interested and make sure we're capturing all the new [employees] coming into the system," she says.

Experiencing tangible results

A More Respectful Workplace

The combination of culture change and the PHI Coaching Approach has made Orchard Cove's skilled-nursing floor a better place to live and work, according to its employees. Many of them say that the atmosphere at Orchard Cove has vastly improved,



due largely to stronger and more respectful relationships between everyone in the community.

"Coaching Supervision and communication skills support and foster good relationships," says Director of Nursing Deb Symonds. "And

then culture change uses those skills to embrace good relationships—all relationships, whether it's my relationship with the staff, or the staff's relationship with the residents, or the staff's relationships with each other, or with their families, or between departments. It just goes across the board, you know?"

There is much less "excitable communication" occurring between co-workers.

There is much less "excitable communication" occurring between co-workers now, Symonds says. Coaching—especially the one-day PHI Coaching Communication curriculum—emphasizes skills such as "pulling back" to evaluate a situation, rather than immediately "reacting" with anger or other emotions.

Hollings adds that by equipping staff with the skills they need to interact with each other more effectively, the PHI Coaching Communication training has resulted in a far more efficient—and cost-effective—workplace than before. "The less time you waste in unproductive conflicts, the more time you have to provide residential care," he notes.

Improved Relationships

"Coaching has made my life easier because I always try to think of the other person I'm interact-

ing with,” says Emily Mabia, unit secretary for the skilled-nursing floor. “I might not agree with them; I might not find that whatever they’re doing is right. But [Coaching Communication] gives me that calmness that we can [use to] work together in whatever situation. And I carry that from my



Emily Mabia,
Unit Secretary –
Skilled Nursing

work home with me, and just in general life, it gives me a lot of calm.”

This sense of “calm” that Coaching Communication creates also makes it easier to forge meaningful relationships with residents, Mabia says. Coaching Communication, she says, “makes your days calmer,

better—and relationships grow from this aspect.” The relaxed, easeful confidence that the PHI Coaching Approach fosters in CNAs allows them to take the time to really get to know residents, which leads to greater job satisfaction, Mabia says.

CNA Stare Guerrier agrees with Mabia’s assessment. “We have learned how to pull back, to take a deep breath—the approach is more calm,” Guerrier says, observing that workers are friendlier with each other in general since the training.

“We have learned how to pull back, to take a deep breath—the approach is more calm.”

– Stare Guerrier, CNA

“Before there was more gossip—now it’s more open.... [N]ow I feel like [Orchard Cove] is a family,” Guerrier says. Whenever she sees someone in the facility who is having a bad day, she tries to make them smile or laugh. Before, Guerrier says, she would not have felt that same level of closeness with her fellow CNAs. Now, “there’s more talking on the floor,” she remarks. “We speak to each other. We smile.”

“Coaching Communication makes it easier to forge meaningful relationships with residents.”

– Emily Mabia, Unit Secretary

Job Satisfaction

Guerrier says that since her supervisors attended the PHI Coaching Supervision training, she no longer feels that they look down on her for being a CNA. Instead, she believes that they see her more as an equal.

“I see my supervisors as brothers and sisters, or fathers and mothers—they see what’s going on and they try to help us do our jobs better,” she states. Similarly, the very visible effects of culture change have shown Guerrier—and the rest of the CNAs—that Orchard Cove’s management truly cares about them, which makes them more committed to doing a good job.



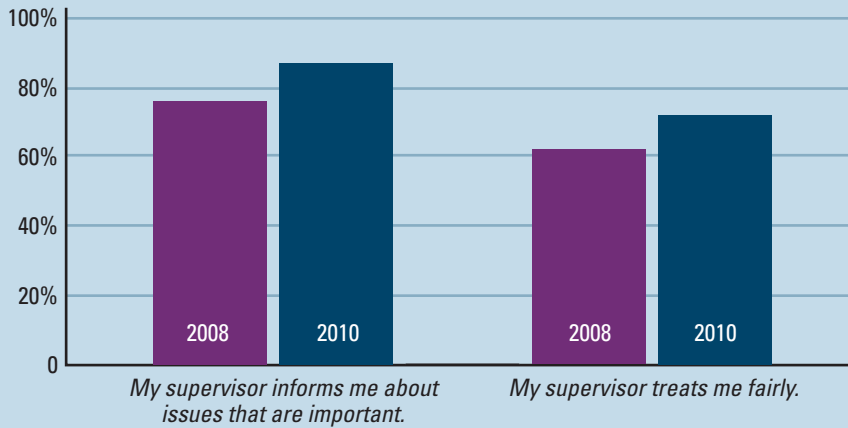
Stare Guerrier, CNA

“They’ve invested money in us to see us become better—better employees, better citizens,” she says. “We don’t feel like we are only here to do a job. We are important too.”

Deb Symonds adds that, due to culture change and the PHI Coaching Approach skills that have been implemented throughout the organization, direct-care staff now have “a sense of their importance in the team, and their importance in the lives of our residents, and their ability to speak up and advocate for them.”

According to a 2010 staff satisfaction survey, 87

Figure 1 Employee Satisfaction Agree with statement:



commitment has also helped Orchard Cove make significant improvements in attendance among nurses—all but one of whom works in the skilled-nursing facility—and the 36 CNAs throughout the organization. For instance, the six-month rolling average of nurse call-outs due to sickness was cut in half between January 2008 and June 2010, while the average of CNA call-outs due to sickness fell threefold over the same span.

percent of nursing staff agreed with the statement, “My supervisor informs me about issues that are important” (up from 76 percent in 2008), while 72 percent agreed with the statement “My supervisor treats me fairly” (up from 62 percent).

Symonds adds that the PHI Coaching Approach skills have been invaluable in easing the skilled-nursing floor’s transition to the household model. Staff who participate in the regular household meetings frequently make use of Coaching Communication skills such as active listening, paraphrasing, and withholding judgment.

Improvement in Attendance

Orchard Cove’s commitment to culture change—and to the PHI Coaching Approach—has not only improved staff morale. This

Figure 2 Nurse Sick Calls 6 month rolling average

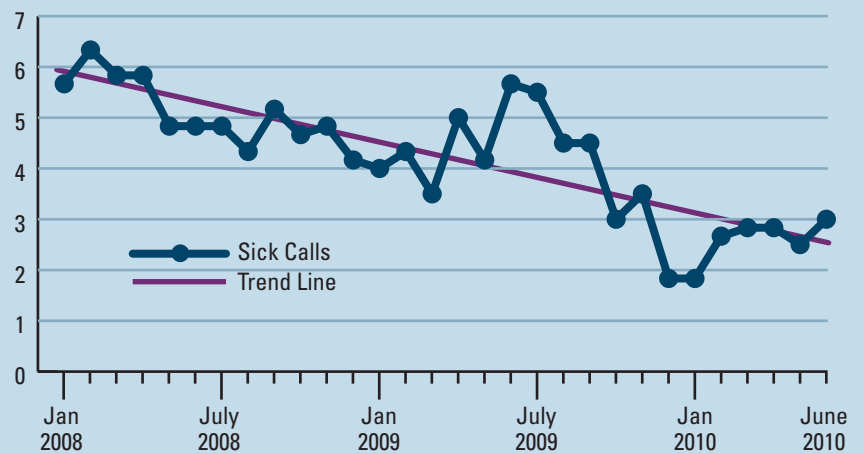
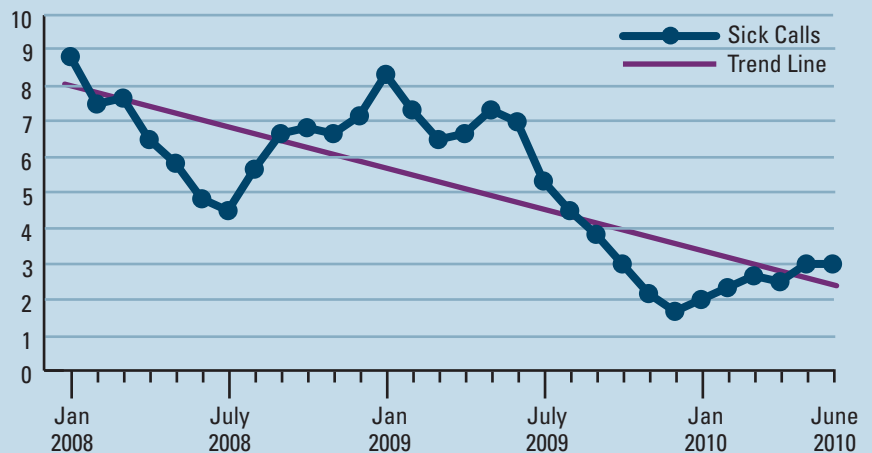


Figure 3 CNA Sick Calls 6 month rolling average



This saves the organization money in replacement costs, while also ensuring greater consistency of care for residents.

he observes, “you can’t prove to me you’re making a difference.” Some of those measurable outcomes include:

Research shows that culture change initiatives can lead to measurable improvements in the quality of care.

Reduction in Pressure Ulcers. The percentage of high-risk residents reported with pressure ulcers fell below the national average in 2008, trended downward for the next two years, and reached zero between March and July 2010. (See figure 4.)

Improvement in Resident Care

In addition to facilitating a friendlier working environment and greater empowerment for CNAs, culture change and the PHI Coaching Approach have also improved the quality of care received by Orchard Cove’s nursing facility residents, says Human Resources Director Jim Quinn.

Thanks to Coaching Communication skills such as active listening, asking open-ended questions, and paraphrasing, CNAs are “better able to communicate the needs or the issues of residents,” Quinn says. “And because of PHI Coaching Supervision, CNAs are more confident when approaching their supervisors with concerns or questions,” he adds.

Research shows that culture change initiatives, quality training, good communication, and consistent assignment can lead to measurable improvements in the quality of care in nursing homes.⁴

Hollings notes his commitment to tracking outcomes throughout Orchard Cove’s culture change journey: “If you can’t measure it,”

Reduction in Urinary Tract Infections. Residents reported with a urinary tract infection showed a downward trend, reaching zero in July 2010. (See figure 5.)

Figure 4 High Risk Residents with Pressure Ulcers

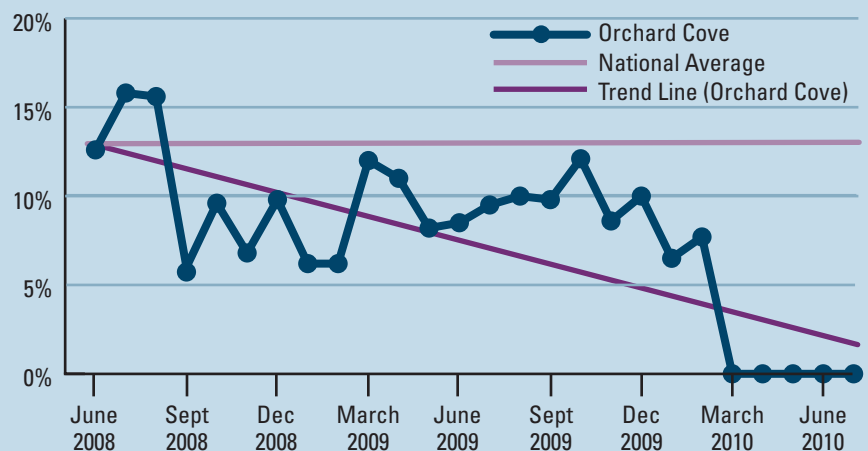


Figure 5 Residents with a Urinary Tract Infection

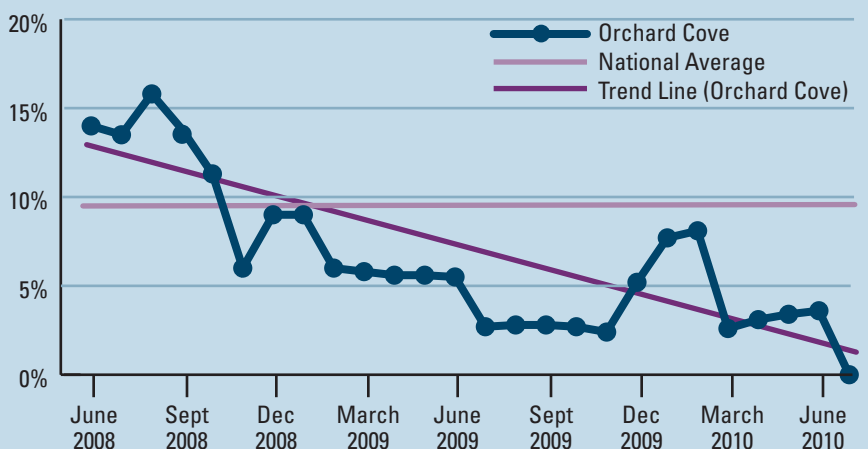
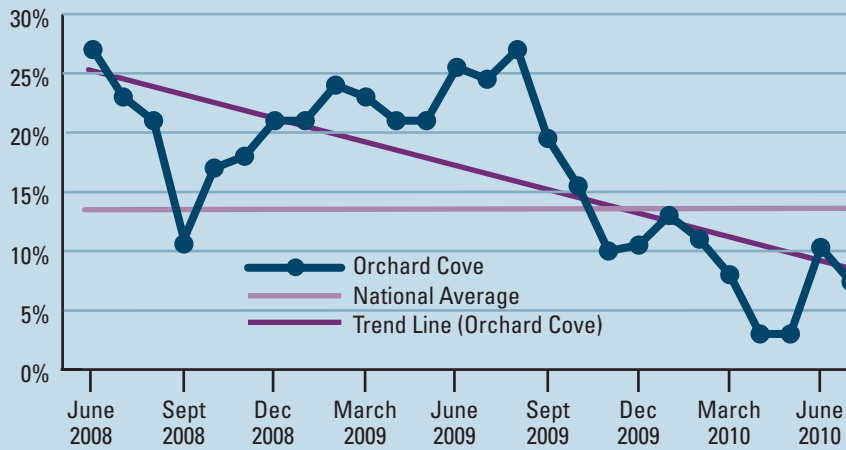


Figure 6 Prevalence of Falls



Reduction in Falls. Between June 2008 and July 2010, prevalence of falls decreased from more than 25 percent to around 7.5 percent. (See Figure 6.)

Other Improvements in Resident Care.

Additional positive outcomes for Orchard Cove’s skilled-nursing floor residents include:

- The percentage of residents who were receiving nine or more medications declined from 61 percent in 2008 to 40 percent in July 2010, well under the national average of 70 percent.
- The percentage of residents becoming more anxious or depressed decreased from nearly 20 percent to just over 10 percent over the same time span.
- No residents were reported as needing more help performing their activities of daily living in July 2010, compared with 45 percent who needed increased help in September 2008.

Supporting Direct-Care Workers is Key

CNAs provide an estimated 70 to 80 percent of the hands-on care in nursing homes and thus have the

greatest opportunity to interact with residents and to observe changes in status. Research also shows that organizational practices that reward CNAs and provide them with influence over resident care decisions can impact resident outcomes such as pressure ulcers and psycho-social well-being.

Orchard Cove’s accomplishments are the direct result of having a more empowered front-line staff equipped with the skills to communicate effectively with co-workers and residents. Noting

that these positive outcomes show that their efforts have not been in vain, Human Resources Director Jim Quinn concludes, “Herzberg’s theories of motivation have come true: Treat someone with respect, recognize their efforts, and appreciate them, and boy, employees really respond.”

Lessons learned

Overcoming Resistance

The biggest challenge that the Orchard Cove leadership faced in implementing culture change and the PHI Coaching Approach was simply getting workers excited about participating.

Organizational practices that provide CNAs with influence over resident-care decisions can impact resident outcomes.

“There was a lot of nervousness and resistance in the beginning of the process,” says Quinn, one of the four Coaching Supervision trainers. “When we found some resistance, we used our Coaching

Communication [skills] to find out why... and we found that a lot of people were just nervous: they didn't know what to expect; they were afraid we'd embarrass them; they were afraid they wouldn't be able to measure up or perform well. But I think after the first few trainings, word got around that these were actually fun, that [trainees] enjoyed the training, and we had less resistance."

Resistance to change was also successfully overcome due to the support of Orchard Cove's executive director, Paul Hollings. Hollings gave the changes "a big push," Quinn says, attending nearly every PHI Coaching Supervision training session himself to tell people how important the new skills were. Hollings, for his part, said that he found it crucial to emphasize that coaching training was mandatory. After the first few trainings, which were only attended by "four or five people," Hollings says he came to a realization. "Wait a second: This is a requirement!" he said. "Everybody's got to do it... You can't be a nice guy about it; you have to say, Look, this is what we're doing, and we're committed to it."

The best way to implement widespread changes to a long-term care community is to "just do it," says Deb Symonds, Director of Nursing.

Deb Symonds, meanwhile, says that the best way to implement widespread changes to a long-term care community is to "just do it, as Nike says... There's no perfect time, there's no perfect way—it's just



something that you have to do. And you work through the glitches, and you come up with creative ways to get people to classes, and to support them. There's never going to be a perfect time, and I'm glad we just jumped in and did it."

Sustaining Change

Another important lesson learned by Orchard Cove staff is that culture change is a constantly evolving process, and you have to be persistent and active in keeping employees abreast of every new change,

"Coaching Communication is really the foundation for any new program."

– Deb Symonds, Director of Nursing

even as you are introducing them at a rapid rate. As of late 2010, Orchard Cove is planning to introduce several new culture change initiatives, including four-hour Coaching Communication training sessions for residents and self-directed work teams. "And then I'll probably be out of a job, because [the CNAs] will be able to handle it all themselves," says Symonds, laughing.

Overall, Orchard Cove administrators say that they are pleased with their decision to take on both organizational culture change and the PHI Coaching Approach simultaneously. Indeed, they say that each initiative has served to complement the other: Bringing in

culture change was made easier by the introduction of coaching, and vice versa. In fact, according to Symonds, who has lead the entire effort, "I think you will really find—and I really do believe this—that

Coaching Communication is really the foundation for any, *any* new program, anything along those lines— [including] culture change.... It's the way you relate to people in a meaningful and good way. It just fosters good relationships—good, healthy relationships.”

Jim Quinn sums up by noting that both culture change and coaching “have obviously had a positive effect on the CNAs.” Pleased with the outcome, he

says, “When we started three years ago, I wondered if I was going to be wasting my time. And three years later, [I know] this was time very, very well spent. It's all been good.”

“If we had to do it over again, would we?” he continues. “Absolutely. And probably if we had to do it over again, we wouldn't hesitate. Because we see the results.”

Endnotes:

- 1 <http://www.pioneernetwork.net/CultureChange/Whatis/>
- 2 The Center for Coaching Supervision and Leadership was a four-year demonstration program funded by the John A. Hartford Foundation and the Atlantic Philanthropies that assisted employers in implementing and sustaining the PHI Coaching Approach.
- 3 Span, Paula. “**On Home Aides and Hidden Grief.**” NYTimes.com, November 15, 2010.
- 4 Konrad, Thomas, et al. “Workplace Interventions, Turnover, and Quality of Care Report.” North Carolina Institute on Aging, June 2009. Stone et al., 2002; Konrad et al., 2004; Hollinger-Smith, 2002

About the Author Matt Ozga is a staff writer for PHI. He wrote this case study in collaboration with the PHI Evaluation Team, which collected data on Orchard Cove's participation in the PHI Center for Coaching Supervision and Leadership.

PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.



349 East 149th Street, 10th Floor • Bronx, New York 10451 • Phone: 718.402.7766 • E-mail: info@PHInational.org

© Paraprofessional Healthcare Institute, May 2011