



A STUDY IN CHANGE: FROM BED SORES TO QUALITY CARE

By Barbara Babij

Old folks home. Three words that conjure up dingy corridors and pungent odors, accompanied by ever present moaning in the background. The facilities are old, operating systems are antiquated, and management is top down. It is a deteriorating place within a heavily regulated industry, bottom line focused in both the type and quality of care. It is the kind of place that sends an involuntary shiver down your spine as you walk through the door.

Now imagine bright airy spaces, fresh air, flowers, music, and laughter in the background. Wellness and the comfort of the residents are top priorities. The design of the facilities makes life easier. Operating systems are innovative. The management table is flat. This is Weinberg Campus, a multi-purpose care facility ("with attitude"). Even the name is infused with vitality and life. I interviewed David Dunkelman, the Coordinator of what is now Weinberg Campus. This is his story – a story of Creative Problem Solving (CPS) and how it was used to transform an institution.

How did Weinberg Campus transform itself and create a new paradigm for long-term health care? Fourteen years ago, the current reality of what was then the Rosa Coplan Home, resembled the type of care facility described in the first paragraph. Clearly, the institution needed a creative vision if it were to survive. This vision was a new standard encompassing the management structure, the operating systems, the physical space, and, most significant, the quality of care provided. CPS became the engine driving the change initiative; it was the process used both to identify the pathways for change as well as for implementation of these methods.

The Management Structure

Decentralization was the vision for a new management structure. Because CPS was a process new to Rosa Coplan, the first step was training the staff. The top twenty employees learned CPS at a 2-3 day retreat. "CPS was used initially in small ways for small projects and small successes; its use was confined to several tools (brainstorming, ALUo, primarily in the mess-finding stage)," says David. In every way possible, management actively encouraged the use of CPS. These were the first steps towards instilling CPS into the culture and ensuring that it would have a lasting impact.

David continues, "A great deal of emotional management was required in order to align people with their work. We trained and cross-trained caregivers. They assumed more responsibility for the operations of their areas with the authority to make decisions and implement them. Staff unable or unwilling to adapt to the 'new way', left. Those replacing them shared the vision." Today,

two to three hundred people throughout various "geographical" and functional units make decisions using CPS.

The Physical Space

Twenty people using CPS worked with the architects. The entire building was radically reconfigured around decentralized delivery of care which helped transform the home from an industrial assembly-line care system to a postmodern intelligence-based one. The attention to detail in the design of the buildings reflects the new standard of care envisioned fourteen years ago.

A modern facility with bright hallways, doorways and elevators wide enough for easy access with wheelchairs, and buttons on the elevators that can be seen by residents with impaired sight resulted. Even the conference room was designed specifically for conducting CPS sessions, illustrating the extent to which CPS permeates the organization. These are just a few examples of how the vision drove changes within the physical structure itself.

Quality of Care

Perhaps most striking were the changes in the standard of care because they pertain to the "raison d'être" of Weinberg. "There are eight to ten common chronic aging problems, none of which can be solved easily," says David. As the people doing the work made more of the decisions, care became more effective and efficient, mistakes were caught earlier, and less time was wasted with the emotional baggage of power. There was a shift toward better care.

What was the impact of all this change on the bottom line? The number of bed sores is measurable and concise. So, for example, we can measure the impact in terms of bed sores.

Bed sores are cancers causing incredible pain and, if not treated, can even lead to death. One group at Weinberg used the "R" in the SCAMPER tool to generate ways to create bed sores. Among those generated were inadequate food, making patients depressed, and wearing soiled clothes. The group then reversed these options to identify the ways in which to avoid or eliminate bed sores. They developed an environment that was airy, light and clean: the placement of the toilets was changed; carpets were installed; the entire physical layout was changed. These changes caused changes to basic care.

Productivity as it relates to quality of care increased, turnover costs decreased, and business expanded. The first quarter of every year, bed sores are counted and compared to previous years as a measure of quality. They have all but disappeared.

Rosa Coplan became but one division of a new parent - Weinberg Campus. It decentralized management. It changed the vocabulary of the rooms, the spaces, the residents, and the titles of the staff to reflect the operational changes

at all levels. Indeed, David is not the "Executive Director". His title is Coordinator, and he views his primary function as blocking a return to the old ways and protecting new pathways to the future. The organization developed from a status quo of stability to one of problem identification and problem solving. Problem-solving now occurs at different levels. People purposefully look for ways to do things differently. And Weinberg continues to grow today through its people.

"Along the way, as we learned and re-educated ourselves, we re-educated families and residents alike. Families no longer had to battle with staff regarding care. Their roles were redefined away from unproductive activities towards being able to spend time with the resident. It is now a partnership among the residents and their families, and the staff," says David.

He continues, "During this process of transformation, Weinberg redefined long-term care. What had been thought of as aging was not senescence (normal aging), but the by-product of antiquated delivery systems. Without CPS, we merely would have rewired the old nursing home in a newer cloak; and the old problems would have remained, though perhaps in a nicer setting." In each case, CPS was the process driving the change: Understanding the Problem, Generating Ideas, and Planning for Action, each at the proper moment.

This was not an easy or quick transition; it has taken fourteen years.

I visited Weinberg one day in the fall,
I was surprised by its size; it wasn't small.

The Campus stretched out, the grounds were still green,
As I went through the door, I saw quite a scene.

The inside fairly sparkled, the smells were all gone,
A welcome with smiles, a lot going on.

Care and well-being exuded from all,
What impressed me the most was the absence of pall.

Perhaps when I'm older, and my hair is quite white,
I'll return to Weinberg Campus and stay overnight.

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