The Eden Alternative Journey: Impacting the MDS 3.0 and QIS Process

Created by Eden Alternative Mentors:
Frosini Rubertino, RN, C-NE, CDONA/LTC, RNAC;
Sandie Lubin, MA, RN;
Cheryl Kruschke, EdD, MS, RN; Denise Hyde, Pharm.D.,RP

C ulture change is knocking on your door! The new MDS 3.0 and QIS Survey process are quickly moving all of us to person-directed care. The focus is now on identifying if the voice and choice of Elders are being heard within their home. As we all know, this happens when the organization is deeply embedded in the culture change process. This paper demonstrates how the Eden Alternative is a powerful partner to help your organization move forward with person-directed care and meet the MDS 3.0 and QIS Survey standards.

Background

A closer look at today's long term care environment reveals that the Eden Alternative Principles and culture change are embedded in Minimum Data Set 3.0 (MDS 3.0) and The Quality Indicator Survey (QIS) process. Understanding how the MDS and QIS are linked to culture change is crucial to the transformation of our elder's environment. Attention to resident voice and choice, when integrated with systems, policies, structure and influential leadership, will result in better relationships between elders and staff, safe elder-directed quality of care, and an improved quality of life.

Embracing this journey is a long term effort of building relationships that inspire the transformation. The expectation of culture change is here. It is more than putting up street signs on each hall, bringing in plants, and having dogs visit. It is new beliefs, new values, and new relationships that will revolutionize the long term care environment. The Eden Alternative is dedicated to transforming care environments into habitats for human beings that promote quality of life for all involved. It is a powerful tool for inspiring well being for Elders and those who collaborate with them as Care Partners.

OUR VISION: To eliminate loneliness, helplessness, and boredom.

OUR MISSION: To improve the well being of the Elders and their Care Partners by transforming the communities in which they live and work.

History

The transformation of today's nursing homes began with the Institute of Medicine's executive summary in 1986 titled <u>Improving the Quality of Care in Nursing Homes</u>. The summary identified that individuals who reside in nursing homes are frequently denied choices. A few of these choices include food preferences, roommates, bedtimes, activities, clothing, and visitation. While these

issues may seem to be less urgent than neglect or abuse to most, these issues are significant and are equally unacceptable when considered in the context of a permanent living situation . The recommendation from this summary was that improvements were needed in the long term care regulatory system. And so, OBRA (the Omnibus Budget Reconciliation Act) was born.

A few of the regulations that were implemented through OBRA were stronger compliance enforcement, a Minimum Data Set (MDS) assessment tool, and resident rights. Fast forward to 2010 and the new resident centered MDS 3.0 has arrived along with implementation of the Quality Indicator Survey process. The MDS 3.0 and QIS come with an additional benefit — through recognizing resident voice and choice, the long term care setting will be challenged to transform from an institutional environment into an environment that has improved quality of care and quality of life for the Elders and their Care Partners. Fully integrating the Eden Alternative Philosophy into an organization has a positive impact on meeting the MDS 3.0 and QIS standards.

Eden Alternative Philosophy: Guided by the Ten Principles

The Eden Alternative's Principle-based Philosophy empowers Care Partners to transform traditional, institutional long-term care settings into communities where life is worth living. The Care Partner concept implies a balance of care, an acknowledgement that opportunities to give as well as receive care are abundant and experienced by everyone involved in the care relationship. The term Care Partner evens the playing field, as it is often easy to get trapped in a one-dimensional experience of the caring relationship.

The Eden Alternative guides the culture change journey through Ten Principles that remain steadfast and true regardless of what changes are being contemplated. These Ten Principles demonstrate the commitment to an Elder-directed philosophy of care that transcends the medical model of nursing and embraces the entire person. By deepening the integration of these Principles into the culture change journey, it will form strong relationships, engage people's hearts and minds, empower and grow people and ultimately meet the spirit of the new MDS 3.0 and QIS standards. The more masterful the organization is at weaving these Principles into the fabric of daily life within the home, the stronger the outcomes will be for the Elders and the better the scores will be using these assessment processes.

Table of Key Concepts Linking MDS 3.0 and QIS
to Eden Alternative Philosophy

Organizations that are successful in creating a home for the Elders are also successful in meeting the new standards set by the MDS 3.0 and the QIS process. The deeper the mastery of the Eden Alternative Principles, the more empowered the Elders and their Care Partners become in creating a meaningful life in their home. The newly created Path to Mastery™: The Art of Creating a Caring Community provides the guidance to assure organizations that the changes they invest in making today will be sustained and will create a legacy that will benefit Elders far into the future. The following table shows a clear linkage between Eden Alternative, MDS 3.0, and the QIS process.

Table of Key Concepts Linking MDS 3.0 and QIS to Eden Alternative Philosophy

MDS 3.0	QIS Process	Eden Alternative: The Ten Principles
The MDS 3.0 is a mandated minimal assessment tool which became effective on October 1, 2010. This assessment gathers information on a resident's strengths and needs to create an individualized plan of care and places the resident on a unique path toward achieving their highest practical level of well being. The data is obtained through medical record review, interviews, and observations. There are five interviews in the MDS 3.0 that include: Cognition, Mood, Preferences, Pain, and Participation in Goal Setting. Chapter 1 of the MDS 3.0 Resident Assessment Instrument manual (RAI manual) states the interdisciplinary approach supports the spheres of influence on the resident's experience of care.

Each section of the MDS begins with the intent and a rationale on the health related quality of life and planning for care. See examples listed below from Section F and Section Q of the RAI manual.

Section F:
Preferences for Customary Routine and Activities.

The questions in this interview pertain to while the individual is a resident in the facility and addresses their preferences from choosing clothing and bedtimes to the importance of types of activities.

Intent: *To obtain the information directly from the resident and to create an individualized plan based on their answers.*

Health Related Quality of Life: *Most residents capable of communicating can answer questions about what they like. Obtaining information about preferences directly from the resident, sometimes called "hearing the resident's voice," is the most reliable and accurate way of identifying preferences. If a resident cannot communicate, then family or significant other who knows the resident well may be able to provide useful information about preferences.* | Implementation of the Quality Indicator Survey process has already begun by state by state as resources become available and until national implementation is completed.

CMS (Centers for Medicare & Medicaid Services) designed the QIS to achieve several objectives:

1] improve consistency and accuracy of quality of care and quality of life problem identification with a more structured process;

2] enable timely and effective feedback on survey processes;

3] systematically review requirements and objectively investigate all triggered regulatory areas;

4] provide tools for continuous improvement; enhance documentation by organizing survey findings through automation; and

5] focus survey resources on facilities with the largest number of quality concerns.

Interviews in the QIS Process:

There are two stages to the QIS process. Stage I and Stage II. Interviews with residents, staff, and family are initiated during Stage I. In addition to interviews, surveyors use medical record review and observation to determine compliance with care and quality of life issues. | 1] The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders.

2] An Elder-centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.

3.] Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.

4] An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.

5] An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.

6] Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.

7] Medical treatment should be the servant of genuine human caring, never its master.

8] An Elder-centered community honors its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.

9] Creating an Elder-centered community is a never-ending process. Human growth must never be separated from human life.

10] Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute. |

MDS 3.0

Planning for Care*: Quality of life can be greatly enhanced when care respects resident choice regarding anything that is important to the resident. Interviews allow resident voice to be reflected in the care plan. Information about preferences that comes directly from the resident provides specific information for individualized daily care and activity planning.*

Section Q:
Participation in Assessment and Goal Setting.

This section addresses whether or not the resident participated in the MDS assessment process and their goal setting regarding their expectations for discharge or return to community.

Intent*: The participation and expectations of the resident, family members, or significant other in the assessment, and to understand the resident's overall goals.*

Health Related Quality of Life*: Residents who actively participate in the assessment process through interview and conversation often experience improved quality of life and higher quality care based on their needs, goals, and priorities.*

Planning for Care*: The care plan should be individualized and resident-driven. During care planning meetings, if the resident is present, he or she should be made comfortable and verbal communication should be directly with him or her. Many residents want their family or significant other(s) to be involved in the assessment process. When the resident is unable to participate in the assessment process, a family member or significant other, and guardian or legally authorized representatives can provide valuable information about the resident's needs, goals, and priorities.*

QIS Process

Examples questions on the Resident interview (QIS form # CMS-20050) are clearly "resident voice" and include:

Are you able to participate in making decision regarding food choices and preferences?

– Do you participate in choosing your bedtime?

– Do you choose when to get up?

– Do you choose your dressing and bath schedule?

– Do the organized activities meet your interests?

– Do you feel the staff treats you with respect and dignity?

– Have you been involved in decisions about your daily care?

The answers to these questions may trigger a QIS critical element pathway in Quality of Care, Quality of Life, Activities, and more.

Title 42 of the Code of Federal Regulations, Part 483, Subpart B, Section 483.15, F-tag 242:

"A resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices of aspects of his or her life in the facility that are significant to the resident."

Eden Alternative: The Ten Principles

The Path to Mastery

The Art of Creating a Caring Community is the guiding framework of four Milestones for registered homes as they begin and move forward on their culture change journey. Each of the Milestones is organized into three types of transformation: Personal, Organizational, and Physical. All three must be attained to achieve deep and lasting culture change. The Path to Mastery is also a resource towards understanding the intent of the MDS 3.0 and QIS process.

MILESTONE 1: The Journey Begins. These are the initial steps an organization takes to prepare the formal leaders for their new role in the implementation process.

MILESTONE 2: Educating the Whole Community. This Milestone includes the steps formal leaders take to begin to spread the information, knowledge and ideas of culture change throughout the organization and prepare everyone to take a more active role in moving forward.

MILESTONE 3: Moving Decisions to the Elders. This milestone is all about empowerment, moving decisions close to the elders and creating ongoing growth for all. This is the most involved Milestone with more steps than any of the other three. When mastered, an organization has truly moved decision making into the hands of the Elders and those closest to them, providing the flexibility needed to promote deep and lasting transformation.

MILESTONE 4: Deep Transformation. This final Milestone reflects the most innovative practices being seen in homes right now. It is also a good preparation step for homes interested in moving on to building deep physical transformation.

Data and Research

The Minimum Data Set (MDS 3.0) and The Quality Indicator Survey (QIS) process provide necessary data collection tools to determine the correlation between culture change and the improvement of outcomes for Elders living in long term care environments. In addition, CMS is also encouraging the use of the Artifacts of Culture Change Tool to measure the culture change process. The MDS 3.0 captures the essence of culture change as part of the development of specific questions aimed at measuring resident "voice and choice". The information captured will provide the catalyst for the Care Partner team to develop and to implement strategic changes to enhance the lives of the members of the Care Partner team.

Research has already been completed indicating a positive correlation between the Eden Alternative and improvement of outcomes for Elders living in transformed environments. Observational statistics have been collected that reflect the positive influence of the Eden Alternative and other culture change initiatives as having a positive impact on the lives of Elders. This data includes the use of psychotropics, frequency of falls, weight loss, behavior issues, employee turnover, and customer satisfaction.

Behavior management becomes increasingly more difficult as our society continues to age with more co-morbidities and unmet needs, which leads to "behaviors" that result in increased medication use and accompanying side effects. Alleviating the plagues of loneliness, helplessness, and boredom (Principles Three, Four, Five, and Six) helps to address those unmet needs resulting in a significant reduction in use of antipsychotics, anxiolytics, antidepressants, and anticholinergics. One Registered Home in Pennsylvania reported that over a 3 year period they reduced antipsychotic use from 21% to 17%, antianxiety use from 18% to 8% and hypnotic use from 4% to 0.5%. When needs are met and less medication is used, the attention span of Elders increases while episodes of sleepiness and stupor decrease, improving quality of life.

Falls research reveals that falls are reduced when the prevention program looks beyond the obvious to incorporate the nuances of each Elder into an individualized fall prevention approach (Principle Seven). In one study, falls were reduced by 240% following the inception of a falls program specific to each Elder. Restraint reduction, including the use of side rails, physical restraints, chemical restraints, and alarms is not associated with an increase in the rate of falls. Obtaining a threshold of 0%- 1% in the use of restraints, which is significantly below the national average, is achievable as part of an individualized, person-directed falls reduction program.

Weight loss can be a significant problem for the elderly as multiple internal variables impact appetite including specific disease processes and polypharmacy. External variables also impact appetite including depression related to the environment and the Three Plagues of loneliness, helplessness, and boredom. As identified previously, alleviating these Three Plagues (Principles Three, Four, Five, and Six), results in significant reduction in use of psychotropics. This reduction results in improvement of Elders' quality of life. In one study, Elders reported that significant pleasure was afforded by participation in the new dining program that included eating in congregate areas with

other Elders and having a choice of what to eat (Principles Six and Eight). Quality of life scores indicative of a positive dining experience rose consistently to above 90% (Principles Five and Seven).

Nationally, employee turnover can range from 41% to +100% depending on the position. Employee turnover can be very costly with the average replacement cost running between $5,000 and $50,000 depending on the position and the length of time it takes to replace the employee. This cost does not include the cost to cover open shifts and positions, especially if premium labor is used in the interim. The goal is to reduce turnover which reduces costs and leads to better relationships and quality of life for the Elders.

Research indicates that the Eden Alternative and other culture change initiatives can reduce employee turnover significantly. The turnover rate for an Eden Registered Home in Michigan dropped from 87% to 33% in the first two years of their journey. Another Eden Registered Home in Michigan had their turnover rate drop from 72% to 17% in the first four years of their implementation. The turnover rate for a Registered Home in Rhode Island went from 46% to 4% in the first three years of their implementation. The Quality Initiative Grant Award Program that implemented the Eden Alternative in a small group of South Carolina homes documented a 32% decrease in turnover for C.N.A.s, 54% decrease for RNs and 49% for LPNs in the first year. The financial benefits of attracting and retaining qualified employees are obvious. In addition, a reduction in turnover helps to build a more cohesive work team as longevity builds positive relationships between employees as well as between employees, Elders, and family members. Eden Registered Homes have demonstrated that when relationships are strong and turnover is minimized, cost savings in agency staffing from $1000 per month to $3.5 million per year can be achieved.

Relationship building has been identified as a positive factor in employee, Elder and family satisfaction levels as well. Research indicates that the Eden Alternative and other culture change initiatives increase satisfaction scores consistently above the 90th percentile with part of this satisfaction attributable to the reduction in turnover rates. Increased satisfaction levels positively impact MDS outcomes and the QIS process. An additional benefit is a natural increase in census related to improved satisfaction levels.

MDS and QIS Assessments as Tools for Tracking Culture Change Progress

The MDS 3.0 fits with the mission of Eden Alternative to transform the communities in which Elders live and Care Partners work. As members of the Care Partner team, the nursing professionals will be collecting information for the MDS assessments on Hearing, Speech and Vision, Mood, Behavior, Functional Status, Health Conditions, Pain Management and Falls, Swallowing, Nutritional Status, and participation in Goal Setting, along with other areas. The new MDS assessment process is designed to bring forth the voice and choice of each individual Elder. The process is designed to assure completion of these assessments with the Elder and if necessary another member of the Care

Partner team. Although this process may appear at first glance to be additional work, those who embrace the Eden Alternative Principles will see it as a way to begin to learn more about the Elder so they will become well-known in their community and feel comfortable in their new home.

Documenting the 'voice and choice' of the Elder is important so the whole Care Partner team will have access to this information as they support the ongoing growth and honor the preferences of the Elder within the community (Principles Eight and Nine). The Care Partner concept implies a balance of care, an acknowledgement that opportunities to give as well as receive are abundant and experienced by everyone involved in the care relationship (Principle Four). The time invested in completing these assessments allows for the beginning of a trusting relationship to develop between the Care Partners, including the Elder.

The MDS assessments will provide the Care Partner Team with valuable information such as when the Elder likes to go to bed, what they like to eat, their bathing and bathroom habits and their needs related to socialization and meaningful activities (Principles Six, Seven, Eight and Nine). The assessments also become a way to measure progress on the culture change journey. The more the assessments demonstrate that the preferences and routines of individual Elder's are honored and followed daily, the more the formal leaders are assured that their efforts to change the culture of care in the home are taking hold. When changes positively impact the Elders' daily lives, it means the Principles are becoming the new norm, which makes it harder to revert back to old institutional practices. The nurse will be required to have excellent communication skills as he/she relates all of this information to the rest of the Care Partner team as the Elder is welcomed into their new home (Principle Ten). Empowered members of the Care Partner team need to have the skills to inform the nurse of any changes they see demonstrated by the Elder that are inconsistent with the initial assessment. When they function well as a team, the Elder ultimately benefits and the MDS 3.0 assessments demonstrate the results.

When turnover in the Care Partner team happens, it will be especially important that the information captured in the MDS assessments be conveyed to all new team members as they are welcomed into the team (Principle Eight). New team members need to get to know the Elders first, complete with life goals, preferences and choices that need to be respected before focusing on their disabilities. It has been demonstrated that as consistent assignments are honored and more Care Partners receive Eden Alternative education, employee turnover will decrease as Care Partners become more engaged in supporting the choices of the Elders and creating a life worth living for all.

The new QIS survey process is another source of feedback to formal leaders about how well they are doing at transforming the organization and the people within it. If Stage II reviews are needed, many of the items being reviewed reflect the ability of the organization to meet the individual desires, goals and choices of the Elders living there. When the Eden Alternative Principles are put into action, Stage II reviews will reveal that all Elders' choices are being honored. Empowered Care Partner teams

will be prepared to respond to the inquiries of surveyors demonstrating the agility of the organization to meet the diverse needs of those living within the community (Principles Eight and Ten). Formal leaders can utilize the information gathered by the survey team to assess their progress and to develop next steps as they deepen the culture change process within their organization (Principle Ten).

To help nursing professionals prepare for their new role in the culture change journey, eight national nursing organizations formed the Coalition of Geriatric Nursing Organizations (CGNO). They just released the "Nursing Competencies for Nursing Home Culture Change" that will be useful in identifying specific skills needed by nurses working in care settings involved in culture change. These competencies identify many of the areas mentioned above where the nursing professional, as part of the Care Partner team, helps assure the Elder becomes well known in their community. Nurses with these competencies and the guidance of the Eden Alternative Principles are growing Care Partner Teams, nurturing Human Habitats, facilitating learning circles, identifying meaningful life activities, moving decisions into the hands of the Elders or those closest to them and report great satisfaction with their transformed role.

Nurse Competencies for Nursing Home Culture Change
1. Models, teaches and utilizes effective communication skills such as active listening, giving meaningful feedback, communicating ideas clearly, addressing emotional behaviors, resolving conflict and understanding the role of diversity in communication.
2. Creates systems and adapts daily routines and "person-directed" care practices to accommodate resident preferences.
3. Views self as part of team, not always as the leader.
4. Evaluates the degree to which person-directed care practices exist in the care team and identify and addresses barriers to person directed care.
5. Views the care setting as the residents' home and works to create attributes of home.
6. Creates a system to maintain consistency of caregivers for residents.
7. Exhibits leadership characteristics / abilities to promote person-directed care.
8. Role models person-directed care.
9. Problem solves complex medical / psychosocial situations related to resident choice and risk.
10. Facilitates team members including residents and families in shared problem-solving, decision-making, and planning.

Attachment: Connecting The Eden Alternative, MDS 3.0 and the QIS Survey

This chart demonstrates how the Principles and Practices of the Eden Alternative, and progress along the Milestones in the Path to Mastery™: the Art of Creating a Caring Community can assist organizations in successfully meeting the MDS 3.0 and QIS survey process. The chart also demonstrates how the MDS and QIS survey help organizations determine if the changes being made on the Eden Alternative journey are truly having a positive impact on Elders' lives. These tools support one another.

MDS 3.0	The Eden Alternative[1,2]	QIS Survey
Section B: Hearing, Speech and Vision	Becoming well-known Principles Two and Three Principle Eight	**Stage 2:** Activities Communication and Sensory Problems
Section D: Mood	Principle One Principles Three, Four and Five The Path to Mastery: Milestone 2	**Stage 2:** Activities Behavior and Emotional Status Urinary Incontinence, Urinary Catheter, Urinary Tract Infection Dialysis Pain Recognition and Management Ventilator-Dependent Residents Tube Feeding Status
Section E: Behavior	Becoming well-known Creating Smaller Living Environments Principle One Principle Seven Principle Eight Principle Ten The Path to Mastery: Milestone 2	**Stage 2:** Behavior and Emotional Status Psychoactive Medications
Section F: Preferences for Customary Routine and Activities	Principle Six Principle Eight Principle Nine The Path to Mastery: Milestone 3 Becoming well-known	**Stage 1 Interview:** B. Choices, D. Activities **Stage 2:** Activities Dental Dialysis Hospice and/or Palliative Care Hospitalization or Death Nutrition, Hydration and Tube Feeding Status Pain Recognition and Management Physical Restraints Pressure Ulcers Ventilator-Dependent Residents Hydration Status Tube Feeding Status

MDS 3.0	The Eden Alternative[1,2]	QIS Survey
Section G: Functional Status	Creating Smaller Living Environments Principle Seven Principle Eight Principle Nine Principle Ten The Path to Mastery: Milestones 1, 2, 3	**Stage 2:** Activities ADL and/or ROM Urinary Incontinence, Urinary Catheter, Urinary Tract Infection Hospice and/or Palliative Care Nutrition, Hydration and Tube Feeding Status Physical Restraints Pressure Ulcers Rehabilitation and Community Discharge Ventilator-Dependent Residents Hydration Status Tube Feeding Status
Section J: Health Conditions, Pain Management and Falls	Becoming well-known Creating Smaller Living Environments Principle Seven Principle Eight The Path to Mastery: Milestone 3	**Stage 1 Interview:** J. Pain **Stage 2:** ADL and/or ROM Hospice and/or Palliative Care Pain Recognition and Management Pressure Ulcers Rehabilitation and Community Discharge Hydration Status
Section K: Swallowing, Nutritional Status	Becoming well-known Creating Smaller Living Environments Principle Seven Principle Eight Principle Nine The Path to Mastery: Milestones 2, 3, 4	**Stage 1 Interview:** K. Food Quality, L. Hydration, N. Oral Health **Stage 2:** ADL and/or ROM Urinary Incontinence, Urinary Catheter, Urinary Tract Infection Dental Dialysis Hospice and/or Palliative Care Nutrition, Hydration and Tube Feeding Status Pressure Ulcers Psychoactive Medications Hydration Status Tube Feeding Status
Section M: Skin Conditions	Becoming well-known Creating Smaller Living Environments Principle Seven Principle Eight Principle Nine Principle Ten The Path to Mastery: Milestone 3	**Stage 1 Observation:** G. Skin Problems / Conditions **Stage 2:** ADL and/or ROM Urinary Incontinence, Urinary Catheter, Urinary Tract Infection Dialysis Hospice and/or Palliative Care Nutrition, Hydration and Tube Feeding Status Pressure Ulcers Hydration Status Tube Feeding Status

MDS 3.0	The Eden Alternative[1,2]	QIS Survey
Section N: Medications	Becoming well-known Creating Smaller Living Environments Principle Two Principles Three, Four and Five Principle Six Principle Seven Principle Eight The Path to Mastery: Milestones 3, 4	**Stage 2:** Activities Behavior and Emotional Status Dental Dialysis Nutrition, Hydration and Tube Feeding Status Pain Recognition and Management Pressure Ulcers Psychoactive Medications Ventilator-Dependent Residents Unnecessary Medication Review Tube Feeding Status
Section O: Special Treatments, Procedures and Programs, Restorative Nursing Programs	Becoming well-known Principle Six Principle Seven Principle Eight Principle Nine The Path to Mastery: Milestone 3, 4	**Stage 2:** ADL and/or ROM Hospice and/or Palliative Care Nutrition, Hydration and Tube Feeding Status Pain Recognition and Management Physical Restraints Rehabilitation and Community Discharge Ventilator-Dependent Residents Hydration Status Tube Feeding Status
Section Q: Participation in Assessment and Goal Setting	Becoming well-known Principle Six Principle Eight The Path to Mastery: Milestone 3	**Stage 1 Interview:** F. Participation in Care Plan **Stage 2:** Activities ADL and/or ROM Behavior and Emotional Status Urinary Incontinence, Urinary Catheter, Urinary Tract Infection Communication and Sensory Problems Dental Dialysis Hospice and/or Palliative Care Hospitalization or Death Nutrition, Hydration and Tube Feeding Status Pain Recognition and Management Physical Restraints Pressure Ulcers Psychoactive Medications Rehabilitation and Community Discharge Hydration Status Tube Feeding Status

[1] **Key Concepts and Principles from the Eden Alternative:**

Becoming well-known: This is a hallmark value of the Eden Alternative Philosophy. When the Elders and their Care Partners are well-known to one another needs are anticipated, Elders are the decision makers, Elder preferences are met, and genuine human caring comes ahead of tasks. When the person is more important than the task, there is nothing we will not do to improve their well-being.

Creating Smaller Living Environment: When we are able to break large communities into smaller groupings, whether through neighborhoods, households, or families, we are able to deepen relationships, cross-train skills, enable meaningful teamwork, spur creative problem-solving, create a more relaxed pace of daily life, bring more meaning to the moments in life and be more responsive to individual Elder needs.

Principle One: When we recognize the Three Plagues in the Elders' lives, we are able to introduce the antidotes in a meaningful way for each individual Elder, leading to minimization or elimination of the need for medications which can have harmful side effects and behavioral programming that stimulates time spent in documentation tasks.

Principle Two: When we create an environment that is a home to the Elders, we eliminate unmet needs (behaviors), find ways to bring meaning into the environment itself, and we put in place changes that maximize the independence of the Elders. Care Partners find a place where they feel they belong and can make a difference.

Principle Three, Four and Five: When the antidotes to the Three Plagues are accessible to those Elders seeking them, the need for medications and behavior monitoring begin to fade away. The environment is home to the Elders.

Principle Six: Filling each day with meaning for each individual is life-generating. When Elders are well-known to those around them, finding ways to fill their life with meaning and purpose becomes second nature regardless of any frailty or physical limitations they might experience. The key word here is meaningful. Engaging in meaningful activities and events is what feeds the human spirit and eliminates the Three Plagues.

Principle Seven: When genuine human caring comes first, the need for involved treatment protocols, intense interventions and medications often become less necessary. That lessens documentation time and creates more time for the healthcare professionals to build needed relationships with the Elders. Quality of treatment outcomes can be improved through the development of relationships. Care Partners pay more attention to Elder's needs and notice the nuances that signal potential problems when their relationship to the Elder is strong. When Principle Seven is embraced, an Elder's life goals and desires come first over any treatment decisions by the health care professionals whenever possible, even if it may go against best medical practice.

Principle Eight: Driving decision-making to the Elders or those closest to them enables the daily routines in the home to reflect the preferences, desires and choices of the Elders, even when those preferences pose a risk. Developing empowered teams that surround the Elders daily enables cross-skill training, creative problem-solving and broader ownership of organizational outcomes. Everyone on the team (including the Elders and families) becomes a part of creating home, filling daily life with meaning, eliminating the Three Plagues, helping each other to grow, improving retention and reducing absenteeism and making daily life meaningful for all; the spiritual aspects of genuine human caring. The team also becomes a part of preventing falls, reducing pressure ulcer risk, improving safety, preventing weight loss, assuring adequate fluid intake, and controlling infection risk; all the clinical aspects of care that need attention as well. When teams have the information, knowledge, skills/training, resources and support they need, it matters not what their job title or skills entail. What matters most is the well-being of everyone in the home.

Principle Nine: Supporting the ongoing growth of Elders and their care partners assures that good decision-making and needed skills are close at hand when important moments arise in the Elders' lives. It takes wise leadership to develop and stick with a plan to enables ongoing growth for everyone connected with the home.

Principle Ten: Wise leadership is the life blood of any culture change effort. Change, empowerment, and hearing the voice and choice of the Elder do not happen without the full, committed support of those in formal and informal leadership positions across the organization. If the leaders use the Principles to guide their decision-making, then the Elders and Care Partners are empowered and life for the Elders improves. But, it does not end there. The well-being of the organization improves as well with increased retention, reduced absenteeism, waiting lists for employees and Elders, and increased organizational warmth and satisfaction. Principle Ten may be the last on the list of Principles but it is the driver of all the other Principles. There is no substitute for wise leadership when it comes to eliminating the plagues of loneliness, helplessness and boredom.

The Path to Mastery™ Milestones: There are four Milestones that represent progress along the culture change journey. They are covered in more detail earlier in this paper. As homes progress along the Milestones in the Path to Mastery, they will drive each of the Ten Principles deeper into the fabric of the organization assuring that they will be a continuous source of guidance even during difficult times. <u>Although it is not clearly stated in the above chart, Milestone 1 in the Path to Mastery forms a strong foundation within the organization that enables them to move onto the other Milestones throughout their culture change journey.</u> It is the touchstone from which all other changes can be inspired.

Milestone 1: The Journey Begins. These are the initial steps an organization takes to prepare the formal leaders for their new role in the implementation process.

Milestone 2: Educating the Whole Community. This Milestone includes the steps formal leaders take to begin to spread the information, knowledge and ideas of culture change throughout the organization and prepare everyone to take a more active role in moving forward.

Milestone 3: Moving Decisions to the Elders. This milestone is all about empowerment, moving decisions close to the elders and creating ongoing growth for all. This is the most involved Milestone with more steps than any of the other three. When mastered, an organization has truly moved decision making into the hands of the Elders and those closest to them, providing the flexibility needed to promote deep and lasting transformation.

Milestone 4: Deep Transformation. This final Milestone reflects the most innovative practices being seen in homes right now It is also a good preparation step for homes interested in moving on to building deep physical transformation.

[2] **Resources from the Eden Alternative to support these Principles and Practices include:**

The Eden Alternative Handbook (available at the online store)

Haleigh's Almanac (available at the online store)

The Path to Mastery: The Art of Creating a Caring Community Toolkits — http://www.edenalt.org/path-to-mastery/start

The Eden Alternative Seed Packets (available at the online store)

Certified Eden Alternative Associate Training —
http://www.edenalt.org/component/option,com_registrationpro/Itemid,25/view,events/

Eden Alternative Home Office Team – 512-847-6061 (new number in February 2011: 585-461-3951)

Eden Mentors — http://www.edenalt.org/mentors

Eden Registry Homes — http://www.edenalt.org/resources/eden-resources

Spreading the Word at the Eden Alternative website — http://www.edenalt.org/how-we-serve/spreading-the-word

Community Builder for the Eden Alternative — registry@edenalt.org

The Eden Alternative is dedicated to working with Elders and their care partners to eliminate the plagues of loneliness, helplessness and boredom. We offer a wide-variety of training opportunities to help organizations and individuals remake the culture of aging in America and around the world.

It can be different.

Learn more about the Eden philosophy, training opportunities, the transformation process and registered Eden homes at www.edenalt.org.

The Eden Alternative
P.O. Box 18369
1900 S. Clinton Ave.
Rochester, NY 14618
(585) 461-3951
www.edenalt.org
admin@edenalt.org