Report on Culture Change at Brenham State Supported Living Center

As Required by
House Bill 3197, 82\textsuperscript{nd} Legislature, Regular Session, 2011

Texas Department of Aging and Disability Services

October 2012
Report on Culture Change at Brenham State Supported Living Center

Executive Summary

House Bill (H.B.) 3197, 82nd Legislature, Regular Session 2011, required the executive commissioner of the Health and Human Services Commission to create a pilot program to implement the culture change model of care at one of the state supported living centers. In implementing the pilot program, the Texas Department of Aging and Department (DADS) shall, to the extent possible, implement processes, policies, and practices designed to shift decision-making to the individual with the disability; implement continuous quality improvement processes that use objective data to improve practices and services; and improve the workforce.

Brenham State Supported Living Center (BSSLC) was selected as the center to participate in the culture change pilot program. The selection was based on the physical characteristics of the campus, staff size, turnover rate of staff, residents’ level of need and disability, number of confirmed abuse allegations, frequency of the use of restraints, opportunity for community involvement and leadership of the center.

As required by H.B. 3197, the Texas Long Term Care Institute at Texas State University is assisting DADS by providing training, assessment, technical assistance and assistance in other areas that will enable a culture change model to be implemented at BSSLC. The institute and DADS entered into a memorandum of agreement in December 2011.

The attached report, A Culture Change Model of Quality Improvement: Foundations for Change at the Brenham State Supported Living Center, was submitted to DADS by Oren Renick, PhD, director of the Texas Long Term Care Institute. The report covers activities relating to the BSSLC pilot study from January 2012 through July 2012. Elements of the report include: customer satisfaction, visionary leadership, employee empowerment, dynamic teamwork, and decisions based on data and continuous improvement.

Significant findings from the Texas Long Term Care Institute report during the initial stages of the culture change program at BSSLC include:
- Results from the Family Satisfaction survey suggest a high level of satisfaction with BSSLC.
- BSSLC evaluated use of restraints and made improvements in process, practice and policy.
- Staff are receiving training in culture change and quality improvement.
- Staff response to culture change pilot program has been overwhelmingly positive.
- Staff members are thinking creatively about opportunities for culture change at BSSLC.
- A mentoring system (buddy program) has resulted in staff and family members feeling more involved in the life of individuals.
- The frequency and quality of individual and group activities off campus have improved due to the changes.
- Staff expressed concerns about attentiveness of management, teamwork and communication, wages and staff shortages.

Although modification of data collection is underway in order to isolate homes directly involved in the pilot program for specific comparison purposes, complete and comprehensive data is not
yet available. It was noted in Dr. Renick’s report, however, that even if data were available at this time, it would be premature to draw any conclusions from the data in relation to the impact of the on-going culture change pilot program. Therefore, in addition to Dr. Renick’s report, attached are charts reflecting DADS internal data relating to overall staffing rates (including turnover rates) for BSSLC along with rates of abuse, neglect and exploitation allegations and confirmations at BSSLC.
### Position Fill and Turnover Rates

**Brenham State Supported Living Center**

#### Brenham - Fill

- Aug-09: 84.82%
- Sep-09: 84.69%
- Oct-09: 85.41%
- Nov-09: 88.63%
- Dec-09: 87.95%
- Jan-10: 90.18%
- Feb-10: 90.68%
- Mar-10: 92.08%
- Apr-10: 93.48%
- May-10: 94.25%
- Jun-10: 94.38%
- Jul-10: 94.56%
- Aug-10: 94.56%
- Sep-10: 95.02%
- Oct-10: 96.59%
- Nov-10: 96.59%
- Dec-10: 96.36%
- Jan-11: 95.60%
- Feb-11: 96.93%
- Mar-11: 94.22%
- Apr-11: 91.96%
- May-11: 92.35%
- Jun-11: 92.03%
- Jul-11: 91.19%
- Aug-11: 92.88%
- Sep-11: 95.06%
- Oct-11: 95.43%
- Nov-11: 95.34%
- Dec-11: 95.85%
- Jan-12: 95.34%
- Feb-12: 94.78%
- Mar-12: 93.99%
- Apr-12: 94.22%
- May-12: 92.41%
- Jun-12: 93.52%

#### Brenham - Turnover

- Aug-09: 29.86%
- Sep-09: 27.75%
- Oct-09: 25.44%
- Nov-09: 28.08%
- Dec-09: 27.17%
- Jan-10: 27.04%
- Feb-10: 26.74%
- Mar-10: 29.29%
- Apr-10: 29.92%
- May-10: 29.53%
- Jun-10: 31.35%
- Jul-10: 18.72%
- Aug-10: 27.70%
- Sep-10: 28.26%
- Oct-10: 26.52%
- Nov-10: 30.19%
- Dec-10: 30.58%
- Jan-11: 30.57%
- Feb-11: 32.71%
- Mar-11: 33.43%
- Apr-11: 34.80%
- May-11: 33.95%
- Jun-11: 34.82%
- Jul-11: 36.78%
- Aug-11: 31.37%
- Sep-11: 28.79%
- Oct-11: 31.21%
- Nov-11: 30.85%
- Dec-11: 30.39%
- Jan-12: 31.54%
- Feb-12: 31.34%
- Mar-12: 31.53%
- Apr-12: 32.98%
- May-12: 34.25%
- Jun-12: 32.95%

#### Linear (Brenham - Fill)

- Linear (Brenham - Turnover)
Rates of Allegation of Abuse, Neglect and/or Exploitation Per 100 Residents
Brenham SSLC
Trends in Monthly Confirmation Rates Per 100 Residents
Brenham SSLC
A Culture Change Model of Quality Improvement: Foundations for Change at the Brenham State Supported Living Center

Submitted by: Oren Renick, JD, MPA, FACHE, Director, Texas Long Term Care Institute

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**The Culture Change Journey**

Culture change is a journey not a destination. It is a way to transform organizations to be responsive to the legitimate and reasonable needs and wants of its constituents. It stands on the shoulders of the principles of continuous quality improvement, and seeks heightened levels of patient or resident centered care.

While the principles of continuous quality improvement may vary slightly based on the authority, the following principles are used for this report:

1. Customer satisfaction,
2. Visionary leadership,
3. Employee empowerment,
4. Dynamic teamwork,
5. Decisions based on data, and
6. Continuous improvement.

Culture change in the context of quality improvement emphasizes resident-centered care to transform the life of the individual and the organization. It recognizes that the satisfaction of the individual resident is the first priority. Culture change honors the choice and autonomy of each resident. It eliminates barriers to create a home environment that attacks the plagues of institutional life – boredom, loneliness, and helplessness.

House Bill (H.B.) 3197, 82\textsuperscript{nd} Legislature, Regular Session, 2011, authorized a pilot study by the Department of Aging and Disability Services (DADS) to implement a culture change model of quality improvement at a State Supported Living Center (Center). The Brenham Center was selected as the site for the pilot study. The Texas Long Term Care Institute (Institute) was chosen to serve as the Center’s consultant organization. Tasks included in this joint study are staff training, selection of the pilot site or sites at the Center, and monitoring performance by observing, surveying, interviewing, and assessing outcomes based on the analysis of data.

The initial agreement between the Center and the Institute was executed on December 21, 2011. It continues through December 31, 2012. This report covers the pilot study from January 2012 through July 2012. Further, it will cite preliminary activities occurring during 2011, and pilot activities occurring during August 2012. Finally, recommendations will be made for the balance of 2012 and beyond.

**Culture Change Processes at the Center**

**Resident and Family Satisfaction and Decisions Based on Data**

Pretest satisfaction surveys for families, staff, and individuals (residents) were prepared during January 2012. Based on the warmth surveys used by the Eden Alternative, a leading culture change organization, survey results serve as a benchmark for identifying needed process improvements and affirming existing excellence.

The survey of family representatives was administered by mail to family representatives in early February. The final response included in the report was received by the Institute at the end of
March. The survey was sent to approximately 100 family representatives of individuals residing in the Cottage Estates, the primary site for the culture change pilot study at the Center. An excellent response resulted as 55 completed surveys were returned. A report of these surveys was provided by the Institute in late May. See Attachment A. Family Satisfaction Survey Pretest. The report suggests that family members of Cottage C residents have a high level of satisfaction with the Center in general. Areas for improvement noted improved communication, increased staff training, and reducing the boredom of individuals.

Soon after the administration of the family satisfaction survey, an employee satisfaction survey was distributed to staff members of Cottage C. Responses were batched and provided to the Institute in late April. An Institute report was issued by mid-July. More detailed than the family survey, its results indicate the staff is split on the existence of a healthy work environment. See Attachment B. Employee Satisfaction Survey Pretest. Staff responders indicate by a significant percentage that their work has meaning, the Center’s mission is understood, they have a clear understanding of their job, and they contribute to the lives of individuals and fellow employees.

Successfully surveying individuals for satisfaction levels is a significant challenge due to the cognitive abilities of the residents. However, it was decided that such a survey should be attempted. The Eden Lifelong Living Resident Warmth (satisfaction) Survey was modified, and found acceptable for use at the Center. An interview method of surveying was selected, and Institute consultants attempted interviews of individuals in the pilot study during early July. The analysis and reporting of the interviews is found at Attachment H. Summary of Oral Surveys of Staff Members and Individuals. The consultants found the individuals unable to give coherent verbal responses to the questions. Oral surveys of staff serving the individuals were completed. The staff response to culture change pilot programs was overwhelmingly positive – “…meaningful…excellent…dignity…increase it….staff have been motivated and inspired…excitement and joy…”

Monthly data reports routinely received by the Center have been modified to separate the primary pilot study area, Cottage Estates and Cottage C, from the rest of the facility. Modified reports include Allegations of Abuse/neglect/Exploitation and Unusual Incidents. Enabling a focus on the pilot study area and a comparative analysis with the rest of the Center, initial review suggests a positive impact in the pilot study area. The modified monthly reports will be discussed further in the section below entitled Data Indicators and Culture Change.

**Employee Empowerment and Dynamic Teamwork**

Concurrent with the pretest and satisfaction surveying, staff selected to participate in the pilot study, began receiving training for culture change and quality improvement. In total, up to 60 staff will receive significant training opportunities by the end of August to prepare for the expansion of the culture model of quality improvement at the Center. It is estimated that 40 of these staff have been directly involved with the culture change pilot study.

The Institute, as consultant, has provided both Quality Team and Facilitation Skills seminars. Each seminar is comprised of two sessions delivered over two days. The seminars are interactive, and prepare participants to effectively function as quality team members and translate learning to a variety of workplace professional and personal settings. The consultant trainers seek to
subsequently bond with the quality teams by periodically observing their meetings to enable the teams to efficiently progress to the stage of interdependence and self-facilitation. Seminars were conducted at the Center in February, April, July, and August. Participant evaluations of Quality Team and Facilitation Skills training are provided as attachments to this report.

Additional training for culture change occurred periodically from September 2011 through March 2012 via special seminars held at the Center, Houston, and San Marcos. Staff participation ranged from eight to 30 staff, and the seminars included the Texas Culture Change Coalition’s Annual Symposium; presentations by the Eden Alternative’s founder Dr. Bill Thomas, and Coalition Chair David Seaton; and Culture Change Toolbox training.

Initially, 30 staff members received training for the pilot study. Separated into three quality teams, they broadly represent administration, licensed professionals, and direct support professionals. Administrative staff provides oversight and mentoring, while licensed professionals and direct support professionals interact directly with the individuals in the pilot study.

**Visionary Leadership and Continuous Improvement**

A culture change model of quality improvement cannot succeed without commitment from the top of the organization. There must be a vision for what can be that is not limited by the way things are. It is the long view of taking small steps, and the resulting successes, and moving to the next step, and resulting successes. This requires staying the course and continuously improving.

The first round of training for the pilot study, and the pretest satisfaction surveys of family members and staff were completed by late April. The pilot study commenced in May. The Center’s residential sites include both cottages and dormitory style units. The cottages were selected as the initial and primary pilot study.

The cottages or Cottage Estates is comprised of seven cottages that house approximately 100 individuals. The individuals are grouped by age and gender. Cottage C, home to 15 elderly males, was selected as the pilot study site. Monitoring the other cottages by using the monthly data reports represented their inclusion in the pilot study.

On May 1 the Center began a mentoring system (“Buddy” Program) in Cottage C using direct support professionals as mentors partnered with an individual and the individual’s family. The intensified mentoring has the two following objectives:

1. Build relationships between the individual and direct support professionals; and
2. Create collaborative decision-making by the individual, staff, and family for the individual’s activities of daily living.

Operationally, communication with family members was increased by an initial meeting and telephone consultation. Feedback suggests that both staff and family members feel more involved in the life of the individual. The consultants have interviewed and surveyed staff and individuals to further gauge the mentoring system’s progress and applicability for expansion. Results are pending. Interviews conducted by a representative of the Institute with staff members
participating in the program reflected a very positive initial reaction to the mentoring (Buddy) program. A discussion of these interviews is provided at Attachment E. Summary of Responses to Informal Surveys Done with Staff Involved in Buddy System Initiative. Staff responses were uniformly positive, and staff members are thinking creatively about additional opportunities for culture change at the Center.

On May 24, a music and dance therapy program was begun, and expanded the pilot study to the Center’s medically fragile and geriatric units. The Institute retained Jeffrey Masiongale to work with the individuals every other week on Thursdays and Fridays. Prior study of Masiongale’s program documents improved quality of life for participants. A minimum of 20 individuals interact with Masiongale. Response to the program has been dramatic as a like number of staff participates, and numerous individuals actively participate as spectators. Consultants have interviewed and surveyed staff and individuals about the dance therapy program. Feedback received suggests an enthusiastically positive response. See the previously referenced and cited Attachment H. The program has generated interest throughout the Center, and is an example of a culture change break through.

Also in May, Habitation Therapy staff began providing direct support professional staff with the names of individuals, and their risk levels for behavioral difficulty. This alerts direct support professionals to provide those individuals with a heightened level of care.

In June, Program Services or day programming revised its service delivery consistent with culture change principles. Individuals were asked to pick their program preferences, and programs were added based on preferences. The preferences were prioritized for placing individuals in program areas. Communication boards identifying preferences will be created. During day program activities, this will enhance communication between individuals and staff. The communication boards will significantly increase the likelihood that an individual will spend their time in day programming participating in activities they enjoy. It will also empower staff when moving an individual to another activity.

On May 25, the Center hosted a Spring Fling to further engage staff and individuals. A fundamental principle of culture change is periodic celebration. The Spring Fling is a social event staged early in the culture change process to celebrate the staff training seminars completed, and the culture change programs implemented. Similar networking socials will occur at appropriate intervals in the culture change journey.

**The Culture Change Impact on Process, Policy and Practice**

Process change is influencing change in both practice and policy. Staff training for culture change and quality improvement transform practice as training is translated to habit and practice. Leadership must verify that best practice is consistent with and rewarded by policy.

The mentoring system for the Cottage Estates – Cottage C, dance therapy for medically fragile and geriatric units, communication boards for day programming, and periodic celebration of stages in the culture change journey are all examples of process changes. There are also early examples of culture change influencing policy.
The appropriate use of restraints is an objective for all types of inpatient and residential facilities. The Center has evaluated its use of restraints and made improvements in process, practice and policy.

In March, the Center developed a new sentinel process for reviewing videos of staff using restraints. If restraint technique is considered improper, the staff person(s) is removed from direct contact with individuals until they have been retrained on the use of restraints. Following review by a special staff committee, a new restraint policy became effective in June. The policy specifies how to minimize the use of restraints. Monthly data reports indicate a reduction of 75 percent in the use of restraints for the Center overall.

In February, a new process was implemented to increase individual and group outings. Active Treatment Monitors are used, and the Personal Satisfaction Inventory of individuals was modified to include on and off campus preferences like strolling, shopping, films, restaurants, church, and other. Specific on campus activities include a Tailgate Party hosted by direct support professionals for individuals, family members, and staff; and the previously described Spring Fling in May.

A report of a pretest survey of employee satisfaction was described above, and is found at the attachment Employee Satisfaction Survey. A more limited subsequent survey of staff, including interviews of culture change initiatives is currently under analysis. A post-test of employee satisfaction is planned for later in the contract/calendar year.

In February, an employee recognition committee was established. Called SHINE, it recognizes the good deeds and longevity of staff. It will also become a platform for periodically celebrating culture change achievements.

Staff satisfaction is linked to having a consistency of purpose. The consistency of staff assignments to the same group of individuals is a way to create consistency or constancy of purpose.

The Chief Psychologist interviewed staff for the children’s homes – Cottages A & F. Over 90 percent of the staff indicated a preference for their current assignment of working with children rather than adults. Results were provided to the Residence Director to assist with temporary staffing changes in these homes.

Residential Services reinforced staff preferences for consistency in assignments. It initiated a contained unit approach that minimizes using staff for temporary coverage with individuals they have not previously served.

Program Services will initiate a contained classrooms initiative to strengthen the consistency in staff assignments. Through this initiative, direct support professionals working day program areas consistently work with the same individuals and classroom.
In June, a new Individual Support Plan policy was implemented. It incorporates individual preferences into daily activities, and includes day programming preferences, individual and group outings, nutrition and meal preparation, and consistency of staff assignments.

**Timeline for Implementing New Processes, Policies, and Practices**

Numerous processes, policies, and practices have been implemented since May 1. Staff training to implement a culture change model of quality improvement dominated the first quarter of implementation ending March 31. Training sessions continued until late April. The training of additional Quality Teams will not conclude before August.

Pretest satisfaction surveying of family members and staff also occurred during quarters one and two. Reports of these surveys have been provided (previously referenced Attachments A and B). The supplemental surveying of staff occurred in early July. Reports are provided at Attachments F and G.

A solid majority of staff participating in the supplemental survey believe that the work environment is positive for open communication, furthering teamwork, instilling trust, and building loyalty. A review of concerns expressed is like reading a needs assessment for culture change. Consider the following:

- Management needs to listen and interact with employees.
- Employees need to be treated with improved respect and management needs to be more honest.
- Better teamwork and communication is desired.
- Wages need to be upgraded.
- Additional concerns include the desire for more staff and more funds for activities with the residents.

The processes, policies, and practices implemented since May 1 represent the core group of new processes, policies and practices. All have been in place for less than three months. While refinements are on-going, the pilot study is in its early implementation phase. This places the timeline for the culture change pilot study in its implementation and monitoring phase with post-testing to follow. Post-test surveying will occur during the fourth quarter.

**Feedback from Licensed Professional and Direct Support Professional Staff**

Feedback is currently in the form of the completed pretest satisfaction survey. Further, the response of staff to culture change training is provided. Supplemental surveying of culture change implementation is being analyzed. The pretest satisfaction survey shows mixed results about the presence of a healthy work environment, but a high sense of professionalism by staff responders. Post-tests of staff completing Quality Team and Facilitation Skills training indicates a high level of satisfaction with the training, and enthusiasm for implementing a culture change model of quality improvement. As noted, these evaluations are attached.
Anecdotally, the response to culture change implementation by staff has been positive. Staff at all levels is beginning to express their ideas to stimulate culture change, and request the expansion of the pilot program.

**Recommendations for Future Goals for Culture Change**

A culture change foundation is being built at the Center. It is a first meaningful step. A culture change model of quality improvement should have an opportunity for validation, and then expansion beyond the pilot study to the Center as a whole. Once validated, pilot studies could be initiated at other State Supported Living Centers. Based on selection criteria established by DADS, a phased implementation schedule is recommended. The journey to a culture change model of quality improvement should continue.

This report emphasizes six principles for implementing a culture change model of continuous quality improvement. Those principles are the basis for the following recommendations:

1. **Customer satisfaction** – Survey results from the pilot study indicate a high level of satisfaction with the Center by the family members of individuals. The results of satisfaction surveys of staff at the Center are mixed. However, the staff response to the culture change pilot study has been positive and enthusiastic. Increasingly, staff should be involved in the pilot study – training, quality teams, direct participation, and feedback for continuous improvement. Such involvement will provide a way to address several of the larger staff issues.

2. **Visionary leadership** – Commitment to culture change through a model of continuous quality improvement must be demonstrated from the top of the organization by word and deed. That commitment is the key to bringing about culture change. Otherwise, the pilot study will be viewed as another fad without staying power. This principle calls for further reflection to creatively show top management’s commitment. Like the other principles, it is continuous.

3. **Employee empowerment** – This principle ties directly to customer satisfaction. Survey results and interviews indicate that the pilot study is motivating the creativity of staff. This momentum should be used to expand culture change initiatives. What ideas are being suggested by staff? How can they be empowered to implement those ideas? How can their creativity for culture change be unlocked?

4. **Dynamic teamwork** – Approximately 60 of the Center’s staff will receive Quality Team and Facilitation Skills training during the pilot study. This represents a significant cadre to carry forward the message of culture change. However, it is not apparent that they are functioning as discrete quality teams. Unless this occurs, much of the potential power of the training will be lost. The consultants should be used as planned to work directly with these teams to validate their initial training, and certify the teams as self-facilitating. Going forward, other staff should also have the opportunity for training. The manner and scheduling of this training should be determined by the consultants and the Center’s leadership.

5. **Decisions based on data** – The pretests of families and staff represent powerful tools for action planning. Post-tests are planned for the fourth quarter of the pilot study. The routine monthly reports compiled by the Center continue to be modified and reported for use in the pilot study. As the pilot study progresses, the routine reports will become increasingly important for comparative analysis and monitoring. The specificity of the monthly reports and the coordination of their receipt by the consultants should be resolved soon.
Continuous improvement – Culture change is a journey. It is one that we take together. It can be transformative for people and organizations. Continuous quality improvement is a best way to achieve a culture change model of resident-centered care.

**Data Indicators and Culture Change**

At the request of the consultant, the Center’s representatives have worked to modify routine monthly reports to separate the primary culture change pilot study area from the rest of the Center. Such separation will allow for the comparative analysis of the pilot study area to areas not addressed in the current study. Further, historical data for the pilot study area can be compared to the timeframe of the pilot study. Some of the routine data reports have been modified, and several attempted modifications are continuing.

Culture change training for staff officially commenced in February with Quality Team training. Limited training opportunities occurred prior to February and significant training for Facilitation Skills was offered in April. Further, it requires approximately six months for a Quality Team to become effective and reach the level of self-facilitation. However, with the basic culture change and quality team training concluding in late April, the pilot study began in May.

**Allegations of Abuse, Neglect or Exploitation**

For May 2011 there were 9 allegations in the Cottage Estates. For May 2012, the first month of the pilot study, there were 6 allegations or a 33 percent reduction in allegations. Cottage C allegations were 4 and 1 for the same period, or a 75 percent reduction. While encouraging, it is premature to draw any immediate conclusions. Also, an even more dramatic decrease is noted for the Center exclusive of the Cottage Estates. Trends for subsequent months are not available at this time.

**Rate of Staff Turnover**

Currently, the data is unavailable to compare staff turnover rates for the pilot study area with the rest of the Center. Usually, staff turnover rates decrease with the implementation of culture change and quality improvement programs. The staff satisfaction surveys, intensive staff training, and staff empowerment actions related to culture change should have a positive impact on turnover. Even with the lack of data, however, it is too soon to evaluate staff turnover.

**Use of Restraints**

Guidelines, monitoring, and training on the appropriate use of restraints have been initiated, and are cited earlier in this report. However, data for the pilot study area and timeframe is currently unavailable.

**Resident and Group Outings**

Changes have occurred to increase the frequency and quality of individual and group outings. These changes are described previously. However, data covering the pilot study area and timeframe is currently unavailable.
Results of Employee Job Satisfaction Survey
The pretest of employee job satisfaction is described previously, and is an attachment to this report. Evaluations of culture change and quality improvement training are also attached.

Consistency of Staff Assignments to Same Individuals
Recent changes have been made both at the residential setting, planned outings, and day programming to increase consistency of interaction between staff and individuals. The satisfaction levels of both groups in too premature to measure. This will be measured in post-test surveying.

Other Information – Unusual Incidents
Unusual incidents include choking, death, intervention by law enforcement, serious injury, sexual incident, credible suicide threat, and unauthorized departure. Not currently available for the pilot study area, unusual incidents have decreased by more than 25 percent for the Center for the comparable time periods of September through May of FY 2011 compared to FY 2012. Total unusual incidents decreased from 87 to 62.
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Attachment A.  Family Satisfaction Survey Pretest Analysis

Prepared by: Oren Renick JD, MPA, FACHE and Rick Nauert PT, MSHF, MSHA, PhD

The State Supported Living Center at Brenham initiated a Family Warmth Survey of satisfaction for the family members of the approximately 100 individuals residing in the Cottages section of the Center. The survey was mailed to the designated family representative, and the survey was returned by the representative to the Texas Long Term Care Institute for tabulation and analysis. They survey was mailed to family members the week of February 6, 2012. The final survey was received by the Institute on March 28, 2012. A total of 55 surveys were returned, and are included in the analysis.

These surveys were developed by Eden LifeLong Living (ELL). Eden LifeLong Living promotes person-centered practices in long-term care communities for individuals with disabilities. The surveys are meant to gauge the level of “warmth” in a long term care community from the family members’ perspectives. “Warmth” can be briefly defined as the level of person-centeredness in an organization – if the community supports the choice and autonomy of residents, empowers direct care staff, shows trust, and builds quality relationships among residents, staff, and family.

- A total of 20 statements are included in the survey for respondents to consider.
- Each statement has six possible responses ranging from “strongly agree” to “strongly disagree,” and “I don’t know.”
- The responses “strongly” or “somewhat” were combined in reporting categories of “generally agreed” or “generally disagreed.”

Using a standard of 80 percent for “generally agreed” responses to positive statements, there is a significant level of positive family satisfaction with the Center.

- 11 of the 20 responses exceeded this standard and ranged from 83 percent to 93 percent.
- These responses include an overall satisfaction level of 89 percent with the Center.

The remaining nine responses (identified by survey question or Q) warrant further consideration. Concerns cluster in four categories: management, staff, residents, and community.

- First, managers should be more personable (Q2) with family members, and more apparent to them (Q7)
- Second, some concern was raised about staff training (Q5), enjoyment with their work (Q9), treatment of residents (Q16), and sharing of time with residents (Q18). Of these concerns, staff enjoyment of their work had the lowest rating at 62 percent
- Third, residents appear lonely (Q6) or bored (Q18) to 24 percent and 29 percent of those responding to the survey. The similar response rates suggest the interrelated nature of residents appearing lonely or bored.
- Fourth, there appears to be a lack of community involvement (Q15) based on a rating of 53 percent.

It should be noted that family members answered option “do not know” on 11 of the statements. Two statements received over 15 percent of responses as “I don’t know” and indicate a lack of certainty among family members concerning:
• Whether residents are bored (15 percent do not know)
• Whether there is outside community involvement with the Center (25 percent did not know).

Though the lack of certainty among family members may indicate a lack of involvement from them, it is important to view this as an opportunity for the SSLC to examine its family/organization relationship in general, not just address the specific statements. This can indicate that:
• Family members should be encouraged to get more involved with their loved-one’s care and be provided with opportunities for that.
• Communication needs to be bolstered between the Center and family members, so they are better informed on daily happenings with residents.

This survey addresses perceptions. As such, two of the concerns may be substantially resolved by improved communication – accessibility to managers, and publicity about community involvement. However, continuous improvement efforts should be maintained.

Concerns about staff should lead to increased staff training and empowerment. The pilot project is addressing each of these concerns through training on quality and the monitoring of outcomes.

Lonely or bored residents represent a chronic condition of long-term care facilities. The pilot project is addressing these unfortunate and unacceptable conditions. It is crucial that the mission of the Center reflect the utter importance that eradicating loneliness and boredom is a first priority, in addition to residents being provided with opportunities to find a sense of purpose within their living community.

Are perceptions a reality? They should be treated as such. Family satisfaction with the Center appears positive, but there is significant opportunity for improvement. This initial survey has offered a strong starting point for focusing improvement efforts and examining existing policies and practices.
Attachment B. Employee Satisfaction Pretest Survey Analysis – Cottage C

*Prepared by: Rick Nauert PT, MSHF, MSHA, PhD*

The Brenham State Supported Living Center (Center) initiated an Employee Warmth Survey to obtain baseline knowledge of employee perceptions of the work environment. The survey was administered to 90 staff members who work primarily in the cottages.

The survey was developed by Eden LifeLong Living (ELL). Eden LifeLong Living promotes person-centered practices in long-term care communities for individuals with disabilities. The survey is meant to gauge the level of “warmth” in a long term care community as perceived by the facility staff. “Warmth” can be briefly defined as the level of person-centeredness in an organization – if the community supports the choice and autonomy of employees, empowers the direct care staff, and shows trust, a quality relationship can be built among residents, staff, and family.

Emerging research links employee attitude, employee satisfaction and staff cohesion to resident safety and resident satisfaction. Despite this knowledge, creating a strong organizational teamwork and a positive work climate is a significant task in today’s health care environment.

The cultural change process offers a method to optimize staff satisfaction and performance. The process begins with the acknowledgment that every organization has challenges. The path to a stronger organization includes assessment of employee perceptions. This knowledge is used to guide instillation of new mindsets, priorities and strategies. Understanding employee perceptions of the work environment and acting upon these opinions is a crucial step toward creating a working culture characterized by trust, respect and teamwork.

Summary of Employee Warmth Survey
- A total of 46 statements were included in the survey for respondents to consider.
- Two questions addressed demographics including job tenure and job title.
- One query asked the staff member to write a brief statement on what the employee believes “would make life better in the organization.”
- 43 statements assessed multiple levels of job satisfaction. Each question included five possible responses ranging from “strongly agree” to “strongly disagree.”
- The responses “strongly” or “somewhat” were combined in reporting categories of “generally agreed” or “generally disagreed.” Employees also had the option of selecting a neutral response or they could choose to not answer the question.
- Statements were designed to assess the perceived work culture including satisfaction with work roles, satisfaction with management, and if the work itself is worthwhile.

Summary Findings:
- Fifteen percent of survey responders report that they have worked in the community for less than a year, 29 percent have worked between 1 and 3 years, 22 percent between 3 years and 5 years, and 35 percent more than 5 years, 11 percent did not reply to the question.
• Eighty-six percent of the staff responded to the question asking of job classification. 90 percent of the responders reported a job classification of “Direct Support-Professional Service” while 10 percent reported a job classification of “Support Staff.”

• Seventy-one (71 percent) of the staff took the time to write a response to the question: What would make life better in this organization? Analysis revealed a majority of employees desire: improved communication and contact with management, wish for better respect and honesty from management, would like to see better teamwork, and believe they are underpaid.

• Among the 43 statements used to help indicate job satisfaction, the Eden classification system divided the responses into 6 groups. The groupings refer to group dynamics or the perceptions in the work environment that characterize an organization, not individual or personality traits.

• This baseline grouping of employee perceptions of the work environment revealed mixed responses to the 43 statements. (A detailed explanation of the groupings will appear later in this paper.)

  o 54 percent of survey participants believed a work environment with open communication, teamwork, acceptance of change, optimism and willingness to grow currently exists. (Eden classification of Generosity).

  o 51 percent of survey responders believe the current work environment is characterized by keeping secrets, withholding communication, engaging in inappropriate communication (gossip, lying, and criticism), cynicism, general negativity, not participating with others in a balanced way, and unethical behavior or treatment of others. (Eden classification of Stinginess).

  o 60 percent of survey responders believe the current work culture is effective in improving morale, allowing innovation, furthering teamwork, instilling trust, builds loyalty and allows a conflict to be seen as a positive force. (Eden classification of Optimism).

  o 43 percent of survey responders perceive the work environment to be characterized by poor morale, a loss of innovation, a loss of trust, increasing conflict, restricted communication, lack of teamwork, loss of loyalty and resistance to change. (Eden classification of Pessimism).

  o 56 percent of survey responders believe decision –making is shared, individual and team autonomy is present, and the extent and timeliness of communication is appropriate. (Eden classification of Trust).

  o 47 percent of survey responders perceive the work climate to be characterized by low energy and commitment with minimal conflict as individuals fear retribution or being fired. They perceive that change is viewed with suspicion and alarm and that management is a top down affair with status being very important. They believe decisions must flow throughout the entire chain of command before they are implemented and that people are locked to their jobs with a chance of career advancement. (Eden classification of Cynicism).

The methodology used to determine a baseline average score for each indicator follows:

Each of 43-item statements was assigned an Eden category of generosity, stinginess, optimism, pessimism, trust and cynicism. Questions were then grouped per each indicator category. An average score for the indicator was calculated from summing the response rates for strongly
agree and somewhat agree responses and taking the average of all of the statements associated with the particular indicator.

The following questions (Q) are linked to the respective indicator, with the average score of the indicator shown.

Classification of Perceptions:

- Generosity (Q2, Q26, Q20, Q34) – 54 percent
- Stinginess (Q3, Q18, Q4, Q16) – 51 percent
- Optimism (Q27, Q28, Q17, Q35, Q37, Q1, Q11, Q5, Q33, Q41, Q32, Q6) – 60 percent
- Pessimism (Q15, Q42, Q40, Q22, Q8, Q39) – 43 percent
- Trust (Q31, Q25, Q23, Q9, Q12, Q10, Q38, Q13, Q19, Q30, Q21) – 56 percent
- Cynicism (Q24, Q36, Q29, Q7, Q43, Q14) – 47 percent

The grouped findings suggest that approximately half of the employees believe the work environment is healthy (generosity, optimism, trust) and another half perceives that the work culture needs improvement (stinginess, pessimism and cynicism).

Although single responses have low generalizability toward the perception of overall culture, some positive individual statements are enlightening:

- First, 83 percent of responders reported that they enjoy helping team members, while 86 percent state that they try to help at least one resident accomplish a personal agenda on a daily basis (Q34, Q35).
- Second, 76 percent of staff believe their work has meaning and purpose and 73 percent of survey responders believe they know and understand the mission of this organization (Q1, Q9).
- Third, 74 percent of responders believe they have a clear understanding of their job requirements; while 78 percent perceive they contribute to the quality of life of the residents they serve (Q23, Q37).

Concerns are reflected in the following categorizations:

- First, 62 percent of responders report that they rarely see the department head and 58 percent do not believe management listens or takes their opinions seriously (Q8, Q14).
- Second, 53 percent believe management values money more than people while 47 percent believe they are treated unfairly by their supervisor (Q4, Q43).
- Third, 44 percent responded that they “feel like a number” and that “nobody (in the organization) really cares for me” (Q16).
- Fourth, 62 percent believe they are underpaid. (Q18).

A review of the concerns listed by employees to the statement “what would make life better in the organization,” helps to solidify targets for improvement. The concerns were voiced by roughly 62 percent of the 64 individuals that responded to the question. Responses were grouped into 5 major themes:

- Management needs to listen and interact with the employees.
- Employees need to be treated with improved respect and management needs to be more honest.
Better teamwork and communication is desired.
Wages need to be upgraded.
Additional concerns included the desire for more staff (10 responses), more funds for activities with the residents (10 responses), and more training (5 responses).

A prerequisite to improving the overall work culture involves addressing employee perceptions of the work environment – employees must believe that changes are possible. This baseline survey revealed organizational strengths (employees are dedicated to their job and the mission to help residents) and organization barriers (perceptions of management by employees).

The cultural change process is ideally suited to help the organization improve employee satisfaction with management and enhance overall job satisfaction. The value of having leadership role model open communication, teamwork, openness to change and willingness to grow cannot be understated. From the survey we learn that employees want to have more interaction with management and when the interactions occur, the want to be listened to and treated with respect.

Employees will need to believe that the system can change and that they (the employee) are critical for organizational success. They will need to have confidence that management does care about them even if salary or wage goals cannot be met. Bonding among employees and between management and staff is essential to improve teamwork and enhance commitment.

Although overcoming the perceptions will not be an easy task, the journey is worthwhile as the organization has the potential to emerge as a high-performing community based on trust and caring. Residents, staff and management will each benefit from the new culture as the new environment will promulgate self-actualization and satisfaction.

For further review, see the pages which immediately follow the narrative. Included are the following:
1. The survey instrument;
2. A “Talking Points” summary of the percentage responses to the survey; and
3. Bar graphs for each of the 43 perceptional statements;
4. A table and chart of the responses for the question “would make life better in the organization”;
5. A ‘white paper’ on the topic: “The Influence of Employee Satisfaction on Patient Satisfaction and Safety;

90 individuals responded to survey. The first 43 of 46 questions included responses: Strongly agree, Somewhat agree, Neutral, Somewhat disagree and Strongly disagree choices. The responses were analyzed and grouped into positive, negative and neutral responses. A list of the questions and responses by percentage are included in this summary. Question 44 was a subjective, open-ended query, asking “what would make your life better in this organization? Future analysis will correlate findings from the 43 Likert scale responses with the responses discovered in Q 44.

Additional analysis will group questions will be grouped into categories similar to:
- Management shows they care about their employees
- Management listens to employees
- Employees receive help with job stress
- Employees perceive evaluations to be fair
- Employees feel their work makes a difference to patients and the organization

Question 45 asked for job classifications, 4 options were provided. 77 of the 90 responders chose to answer this question. Sixty-nine (90 percent) reported a job category of “Direct Support-Professional Service”, 8 (10 percent) responders reported a job classification of “Support Staff”.

Question 46 asked how long the survey responder has worked at the facility. 81 of the 90 survey responders chose to respond. The findings are:

<table>
<thead>
<tr>
<th>Less than 6 months</th>
<th>6 months to 1 year</th>
<th>1 year to less than 2 years</th>
<th>2 years to less than 3 years</th>
<th>3 years to less than 5 years</th>
<th>More than 5 years</th>
<th>Did Not Respond to Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>4</td>
<td>7</td>
<td>16</td>
<td>18</td>
<td>28</td>
<td>9</td>
</tr>
<tr>
<td>10%</td>
<td>5%</td>
<td>9%</td>
<td>20%</td>
<td>22%</td>
<td>35%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Positive Comments on Employee Survey by Question with percent response:
- My work has meaning and purpose 64 percent
- I am an important part of the support team 53 percent
- I know and understand the mission of this organization 73 percent
- My work contributes to the overall philosophy and goals of the organization 59 percent
- I can be creative in completing my tasks and working in my team 76 percent
- My work conditions are safe 56 percent
- I have an opportunity to grow 48 percent
- My work is recognized by my team members as worthwhile 44 percent
- I have a clear understanding of what is expected of me 75 percent
- I can voice my concerns without risk of losing my job 48 percent
- I am given opportunities to use my talents for the benefit of the residents 48 percent
- There is opportunity to advance here 45 percent
- Management actively encourages cooperation and teamwork 45 percent
- There is good in everybody 50 percent
- My co-workers usually tell the truth 52 percent
- I enjoy helping my team members 83 percent
- Daily, I try to help at least one resident accomplish a personal agenda 86 percent
- At the end of a typical day, I feel I have contributed to the quality of life of residents I serve 78 percent
- I can trust the people I work with to lend me a hand if I need it 54 percent
- I get more of my job than just a paycheck 53 percent
- My work is boring 65 percent (disagree)
- I spend too much time in unnecessary activities 49 percent (disagree)
I find ways to avoid certain task/assignments that I don't want to do 75 percent (disagree)

Negative Comments on Employee Survey by Question with percent response
- Management values money more than people 53 percent
- I rarely see the department head 62 percent
- I feel like a number. Nobody here really cares about me. 44 percent
- When I try to do my work, I run into obstacles 42 percent
- I work under a great deal of tension 54 percent
- Some policies and procedures prevent me from doing my job well 38 percent
- Co-workers pretend to care more about one another than they really do 44 percent
- I would leave this organization if offered the same job with another organization 36 percent
- The department head is fair to everyone 46 percent (disagree)
- Management is leading us in the right direction 42 percent (disagree)
- Management listens to me and takes my opinions seriously 57 percent (disagree)
- The department head knows my name 49 percent (disagree)
- My work provides me with adequate pay and benefits 63 percent (disagree)
- The department head is fair to everyone 46 percent (disagree)

Neutral Comments on Employee by Question with percent response
- I have the resources I need to be effective in my job 45 percent agree, 29 percent disagree, 27 percent neutral
- I am kept up-to-date on changes occurring that affect my job 32 percent agree, 38 percent disagree, 30 percent neutral
- I would recommend a close friend to join our staff 30 percent agree, 31 percent disagree, 36 percent neutral
- There is a happy atmosphere at the place I work 34 percent agree, 38 percent disagree, 24 percent neutral
- Management is interested in me and in my development as a person 37 percent agree, 46 percent disagree, 16 percent neutral
- I regularly hear co-workers make negative remarks about other employees 33 percent agree, 41 percent disagree, 22 percent neutral
- I feel free to ask questions 46 percent agree, 27 percent disagree, 23 percent neutral
Attachment C. Participant Evaluation of Quality Team Training

Provided by: Meg Grant and Marsha Moore

Teambuilding – Day 1 – February 10, 2012
We value your opinions and want to know what you thought about today's workshop. (Please include your personal comments whenever possible.) Thank you.

Excellent=4 Awful=1 Average

A. To what extent did this workshop meet the objectives of Day 1?
   4 (16) 3 (8) 2 1 3.66

B. What is your overall impression of today's workshop?
   4 (18) 3 (6) 2 1 3.75

C. How would you rate today's speakers?
   4 (22) 3 (3) 2 1 3.91

Comments:
- Very well educated on what they speak of
- Ideas and plans are very detailed—not just materials but experiences and plans
- Good ideas
- Very patient
- This training was invigorating, informative and fun.
- Great exercises
- Great job

D. Has this workshop provided you with information/motivation to do something differently in your job or personal life?
   Yes = 23 No = 1

If “yes,” identify one or more things:
1. Accept all ideas
2. Listen to what is said/what is not being said
3. Better listening
4. Positive leadership
5. Develop a parking lot concept to preserve good staff ideas
6. Respect each person’s ideas
7. Very enlightening; ideas presented can be incorporated into my job
8. To cultivate patience with others
9. Learn different ways to better communicate
10. Ways to agree with one another
11. Ways to come to an agreement on things
12. Make a conscious effort to listen better
13. Pay more attention to my body language
14. The concept of building emotional bank accounts; establish these in the work place
15. To work with my existing teams to improve
16. Seek first to understand and then to be understood
17. Data for types of communication behaviors
18. To speak out more
19. Know what compromise and consensus are and how to use them
20. Openly communicate with co-workers more
21. Watch my non-verbal communication
22. To use reflection skills and interactive skills more
23. Consensus
24. Listening better
25. Overall communication skills
26. Work to change habits
27. Listen better
28. Parking lot idea for home
29. Stop/Start/Continue idea for home
30. Working hard to get staff motivated which is the key word
31. That everyone’s input is needed to be on a team and make wise decisions
32. Always give everyone a chance to speak

<table>
<thead>
<tr>
<th>A great deal=4</th>
<th>Not at all=1</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. I understand the importance of the win-win agreement, particularly the desired outcomes, ground rules and consensus building in a team.</td>
<td>4 (19)</td>
<td>1</td>
</tr>
<tr>
<td>F. I understand the concept of teaming and its value in my workplace and home place.</td>
<td>4 (21)</td>
<td>1</td>
</tr>
<tr>
<td>G. I understand the relevance of the teaming principles (visionary leadership, employee empowerment, customer satisfaction, decisions based on data, and continuous improvement) as they apply to my work in a team/group.</td>
<td>4 (19)</td>
<td>1</td>
</tr>
<tr>
<td>H. I understand how improving my communication skills and interactive skills can help in my interactions with others.</td>
<td>4 (22)</td>
<td>1</td>
</tr>
<tr>
<td>I. I understand how I can help my team by being a facilitative team member who observes non-verbal communication, asks good questions and works to build consensus.</td>
<td>4 (19)</td>
<td>1</td>
</tr>
</tbody>
</table>

J. Rate the value of the following activities to your learning:
1. Wuzzles | 4 (11) | 3 (10) | 1 | 3.39 |
2. Stone Video | 4 (16) | 3 (7) | 1 | 3.63 |
3. Quotes on Motivation and Leadership | 4 (18) | 3 (5) | 1 | 3.78 |
4. Nerfball Exercise
   4 (19) 3 (5) 2 1 3.79
5. Team Exercise (colors/vegetables)
   4 (19) 3 (5) 2 1 3.79
6. Customer Video (Remember Me)
   4 (20) 3 (2) 2 (1) 1 3.82
7. Interactive Exercises
   4 (20) 3 (4) 2 1 3.83
8. Consensus Building Exercise (Three Wishes)
   4 (15) 3 (9) 2 1 3.62

K. Any additional comments:
   - Positively determined about making this culture change work
   - Need more activities/videos and less lecturing
   - Thank you – very good workshop
   - Copies of quotes would be appreciated
   - Very enlightening – can be incorporated with my job
Attachment D. Participant Evaluation of Facilitation Skills Training

Provided by: Meg Grant and Marsha Moore

Facilitation Skills
Day 1 Summary
Facilitator: Ms. Marsha Moore and Ms. Meg Grant
Date: Friday, April 27, 2012

Summary of Evaluations

<table>
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<tr>
<th></th>
<th>Registered</th>
<th>Completed Workshop</th>
<th>Completed Evaluations</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>23</td>
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(Percentages taken on completed evaluations)

Excellent: 4  Good: 3  Fair: 2  Poor: 1

A. To what extent did this workshop meet its objectives of Day 1?

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<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
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<td>3</td>
<td>17.4%</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>No Response</td>
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<td>0.0%</td>
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</table>

Avg. 3.83

B. What is your overall impression today's workshop?

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<tr>
<th>Rating</th>
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<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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<td>73.9%</td>
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<td>Good</td>
<td>3</td>
<td>26.1%</td>
</tr>
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<tr>
<td>Poor</td>
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<tr>
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Avg. 3.74

C. How would you rate today's speakers as to knowledge of subject and presentation?

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<thead>
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</tr>
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<tbody>
<tr>
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<tr>
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<td>3</td>
<td>8.7%</td>
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<td>Fair</td>
<td>2</td>
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<tr>
<td>Poor</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
<td>0.0%</td>
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</tbody>
</table>

Avg. 3.91

Comments:
1. The speakers knew their information really well, and showed it to the fullest
2. Very informative, fun, calm and relaxed setting
3. The content about advocacy was too much.
4. Great day!
5. Did very well in covering each topic and explanatory information
6. They did a great job.
7. Excellent refresher training for me
8. More motivated to do a better job (change is coming)
9. Great job/enjoyed it

D. Has this workshop provided you with information/motivation to do something differently in your job?

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<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>23</td>
<td>100.0%</td>
</tr>
<tr>
<td>No</td>
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If "yes", identify one or more things:
1. Learn to compromise and also how to work better as a team, through conflict.
2. Listen.
3. Think about others' styles so I can really get their input.
4. How to approach conflict
5. That anyone could be a facilitator in meetings
6. Learning the styles of conflict of the people you are dealing with
7. Continue to improve on my meeting skills/listening.
8. More insight to handle conflict
9. Importance of being a good listener
10. Leadership as a team
11. Things to take back about preparation
12. How to deal with conflict
13. How to facilitate and run a meeting
14. Teamwork, understanding conflicts and how to better deal with them
15. To seek information in meeting from quite team members
16. Good information, help to think definitively
17. Be a better listener; also use the "help me understand the wisdom of you…"
18. Try to change my conflict style, i.e., mellow out a little.
19. Accept changes/ ask questions - clear clarification.
20. How meerkats fit into our line of work
21. How to approach a conflict
22. How meerkats are comparable to our workplace
23. Communicating/ teambuilding
24. To be a better manager/facilitation skills
25. Think about body posture/ facial expressions
26. Clarification techniques
27. Facilitating skills
28. Compromise/togetherness
29. Good information
30. Help to think differently.
31. How to prepare conflict at work
32. Communicating/ teambuilding
33. Teambuilding
34. Meeting standards

E.  

<table>
<thead>
<tr>
<th>a. Meerkats video:</th>
<th>Avg. 3.70</th>
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<tbody>
<tr>
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<td>(4)</td>
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<tr>
<td>Good</td>
<td>(3)</td>
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<tr>
<td>Fair</td>
<td>(2)</td>
</tr>
<tr>
<td>Poor</td>
<td>(1)</td>
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<tr>
<td>No Response</td>
<td>(0)</td>
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b. Mining Group Gold video:       

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<th>Avg. 3.17</th>
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<tbody>
<tr>
<td>Excellent</td>
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<tr>
<td>Good</td>
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<tr>
<td>Fair</td>
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<td>Poor</td>
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<td>No Response</td>
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c. Clarification techniques/exercise:  

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<th>Avg. 3.65</th>
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<tbody>
<tr>
<td>Excellent</td>
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<td>Good</td>
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<tr>
<td>Fair</td>
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<td>Poor</td>
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<td>No Response</td>
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F. How could this day of training be improved in the future?
1. Well organized
2. All parts were good.
3. There is no improvement need. Clear understanding, good lay-outs. Breaks frequently are great!
4. Continue to do a great job.
5. Continue to give/perform great training.
6. More exercises
7. Wonderful
8. A better room temperature
9. None
10. No suggestions
11. More recharges in the beginning

G. Any additional comments:
1. It was great!
2. I thought it was nice to be able to laugh with my coworkers together.
3. Appreciate the knowledge that was shared.
4. Highly recommended to the other teams involved in our culture change experience @BSSLC

Plus:
1. Cookies were great.
2. Conflict style exercise
3. Unique problems discussions
4. Great lunch
5. Participation from everyone was great.
6. Good mix of "fun" and information
7. Constructive criticism embraced by all
8. Bongo serenade

Deltas:
1. A bit too cold

workshop evalsum: Spring 2012: TD
Attachment E.  Summary of Responses to Informal Surveys Done with Staff Involved in Buddy System Initiative – Cottage C

Prepared by:  Greg Walton, M. Ed.

On July 6 and 7, 2012 numerous Cottage C Direct Support staff were interviewed regarding their view of the newly-implemented Buddy Program. I interviewed some of these Direct Support staff using a set of questions developed by Meg Grant. Those questions, and the staff responses to them, are listed below. I also attempted to interview specific individuals, using the ELL Resident Warmth Surveys. However, only one of the individuals I interviewed was able to give coherent verbal responses to these questions, and these responses must be considered questionable.

Number of staff surveyed: 6
Number of individuals surveyed: 2

What are your overall observations about the effects of the Buddy Program upon individuals who are participating?

- Lots of benefits
- Allows individuals to get closer to specific staff
- Allows specific staff to become an expert on the individual
- It's great!
- I get to know my individual better
- Improves care re: medical issues
- Having a backup buddy for the individual helps
- It is good for the families to know who to go to
- It is a good idea-helps improve communication
- You get to know what the family wants and how we can implement it
- Good idea-It lets you get closer to the individual. You get to know them better
- They get better assistance
- I like it. it allows us to get to know the individual better, allows us to know what they want

Is it an overall good experience for individuals participating? If so, why do you think it is?

- It helps the individual to have someone they know
- The individual develops a trust in the staff buddy
- The relationship is critical to them
- They like knowing they have a special friend
- it helps with communication
- yes, it helps that a specific staff knows them well
- The individuals often bring ideas to us, so we know what they want and what they like
- I go to his meetings and tell them about what he wants. I can tell his concerns to others

What are the most positive things you think the individuals are gaining from their experiences in this culture change program, the Buddy Program?

- Consistency of med appointment and activities-changing staff is hard on individuals
By having a buddy, I know his likes and dislikes. I go to his meetings and tell them about what he wants. I can tell his concerns to others. They know who will be with them for medical appointments, etc. Helps them know what will happen. This reassures them. Security—they are more comfortable when they know their staff well.

What might we change in the Buddy Program to make it even more helpful and positive for individuals, family members and staff involved?

- None. It is good as it is.
- No improvements necessary.
- Do it on more of the units.
- The primary and secondary staff should work different shifts, so one or the other is always here.
- Have more regular meetings to discuss it and refine it.

Do you have any special interests or activities that you think would be appropriate and enriching to bring to the individuals in your care, led by yourself and/or others?

- Sports—we could use the baseball field more. I could lead it.
- Do video games with the individuals.
- Music—I could bring my CDs.
- Singing and karaoke.
- Music—I could bring my music and play it and discuss it with the individuals.
- Arts and crafts.
- Books—I could read to them and show them pictures.
- I could bring photos and maps of my vacation.

Summary: The Buddy Program is generally viewed by staff members as a useful means of building relationships and enhancing communication between individuals and staff members, and among team members. Among those who offered suggestions for improvements, it was not apparent to them how or to whom these suggestions might be directed for implementation.

Additional Responses to Informal Surveys Done with Staff Involved in Buddy System Initiative-Cottage C

Prepared by: Meg Grant

Number of staff surveyed: 3
Number of individuals surveyed: 2

What are your overall observations about the effects of the Buddy Program upon individuals who are participating?

- Program is good for Cottage C and its individuals and staff.
- Relationships are deepening; staff know more and more about their individual buddy’s likes and dislikes.
- Staff and individuals are matched up well with their common interests, personalities, relationship styles.
- They (the individuals) trust us more.
- There are deeper, more trusting friendships developing between individuals and their staff buddy.
- Families know who to ask for when they call about their loved one.
- It is very good for the individuals; they feel more secure, more consistent support.
- Increased amount of interactions between individuals and staff and families is good.
- When messages are left by families, there is more consistent and knowledgeable return by staff buddy.
- Family members feel more attended to.

Is it an overall good experience for individuals participating? If so, why do you think it is?
- Concept of a primary and a secondary buddy for each individual really gives them a sense of two people who know them well and who advocate for them.
- Individuals benefit from the deeper friendships that are developing as a result of this buddy program.
- Families feel more connected to their loved ones because there is consistently a knowledgeable person with whom they can talk and who knows their loved one very well.
- Communication between individuals, staff and families/guardians is really improving.
- Individuals have one or two (primary and secondary buddy) to attend with them staffings, annuals; buddies are their primary advocates.
- Buddy staff members pick up quickly when something is different or wrong with their buddy individual and can consult and inform medical or psych staff, thus preventing individual’s having serious setbacks.
- Family members are more secure with what is happening with their loved one and so this is good for the loved ones.
- This program improves the overall quality of life for each individual; it also makes the workplace a better and more meaningful place for staff.
- Individuals have someone they trust with whom to talk when they are upset, down or excited.

What are the most positive things you think the individuals are gaining from their experiences in this culture change program, the Buddy Program?
- Individuals have better, more informed advocates among staff.
- They feel more secure and safe.
- They feel like they are getting individual attention by 2 staff members who really know them and care about them.
- Staff are much more alert about any challenge an individual may be experiencing and can notify doctors, hall directors, psychiatric staff about such developing needs.
- They love the friendships they are forming with their staff buddies.
- The 16 residents and 4-5 staff members have been going on outings/field trips all together; this seldom happened in the past.
- I think the individuals feel more respected as human who have individual wants and needs.
What might we change in the Buddy Program to make it even more helpful and positive for individuals, family members and staff involved?

- As the buddy system is in place for a longer time, hopefully, the individuals will be more aware of the program and its benefits for them.
- Hopefully we can schedule more and more activities for all individuals in Cottage C and all staff, like go to the zoo or to town or a park for a picnic.

Do you have any special interests or activities that you think would be appropriate and enriching to bring to the individuals in your care, led by yourself and/or others?

- Perhaps be creative in the things we plan for our individuals; include some old activities like music, karaoke, visiting Gattistown and then include some new things like art work, games, bingo, etc.
Attachment F. Employee Satisfaction Pretest Survey Analysis – Driscoll

The Brenham State Supported Living Center (Center) initiated an Employee Warmth Survey to obtain baseline knowledge of employee perceptions of the work environment. The survey was administered to 42 staff members who work primarily in the Driscoll unit of the Center.

The survey was developed by Eden LifeLong Living (ELL). Eden LifeLong Living promotes person-centered practices in long-term care communities for individuals with disabilities. The survey is meant to gauge the level of “warmth” in a long term care community as perceived by the facility staff. “Warmth” can be briefly defined as the level of person-centeredness in an organization – if the community supports the choice and autonomy of employees, empowers the direct care staff, and shows trust, a quality relationship can be built among residents, staff, and family.

Emerging research links employee attitude, employee satisfaction and staff cohesion to resident safety and resident satisfaction. Despite this knowledge, creating a strong organizational teamwork and a positive work climate is a significant task in today’s health care environment.

The cultural change process offers a method to optimize staff satisfaction and performance. The process begins with the acknowledgment that every organization has challenges. The path to a stronger organization includes assessment of employee perceptions. This knowledge is used to guide instillation of new mindsets, priorities and strategies. Understanding employee perceptions of the work environment and acting upon these opinions is a crucial step toward creating a working culture characterized by trust, respect and teamwork.

Summary of Employee Warmth Survey

- A total of 46 statements were included in the survey for respondents to consider.
- Two questions addressed demographics including job tenure and job title.
- One query asked the staff member to write a brief statement on what the employee believes “would make life better in the organization.”
- 43 statements assessed multiple levels of job satisfaction. Each question included five possible responses ranging from “strongly agree” to “strongly disagree.”
- The responses “strongly” or “somewhat” were combined in reporting categories of “generally agreed” or “generally disagreed.” Employees also had the option of selecting a neutral response or they could choose to not answer the question.
- Statements were designed to assess the perceived work culture including satisfaction with work roles, satisfaction with management, and if the work itself is worthwhile.

Summary Findings

- Thirty-seven percent of survey responder’s report that they have worked in the unit for less than a year, 20 percent have worked between 1 and 3 years, 14 percent between 3 years and 5 years, and 29 percent more than 5 years.
- Seventy-six percent of the staff responded to the question asking of job classification. 78 percent of the responders reported a job classification of “Direct Support-Professional Service,” 13 percent reported a job classification of “Support Staff,” and 9 percent reported a mid-level management role.
• Fifteen members of the staff (36 percent) took time to write a response to the question: What would make life better in this organization? Analysis revealed 73 percent of the responders desired improved communication and contact with management; 60 percent wished for better respect and honesty from management; 53 percent believe they are underpaid; 40 percent would like to see better teamwork; and 13 percent would like to see more activities for the residents.

• Among the 43 statements used to help indicate job satisfaction, the Eden classification system divided the responses into 6 groups. The groupings refer to group dynamics or the perceptions in the work environment that characterize an organization, not individual or personality traits.

• This baseline grouping of employee perceptions of the work environment revealed mixed responses to the 43 statements. (A detailed explanation of the groupings will appear later in this paper.)
  o 62 percent of survey participants believed a work environment with open communication, teamwork, acceptance of change, optimism and willingness to grow currently exists. (Eden classification of Generosity).
  o 29 percent of survey responders believe the current work environment is characterized by keeping secrets, withholding communication, engaging in inappropriate communication (gossip, lying, and criticism), cynicism, general negativity, not participating with others in a balanced way, and unethical behavior or treatment of others. (Eden classification of Stinginess).
  o 67 percent of survey responders believe the current work culture is effective in improving morale, allowing innovation, furthering teamwork, instilling trust, builds loyalty and allows a conflict to be seen as a positive force. (Eden classification of Optimism).
  o 29 percent of survey responders perceive the work environment to be characterized by poor morale, a loss of innovation, a loss of trust, increasing conflict, restricted communication, lack of teamwork, loss of loyalty and resistance to change. (Eden classification of Pessimism).
  o 64 percent of survey responders believe decision —making is shared, individual and team autonomy is present, and the extent and timeliness of communication is appropriate. (Eden classification of Trust).
  o 41 percent of survey responders perceive the work climate to be characterized by low energy and commitment with minimal conflict as individuals fear retribution or being fired. They perceive that change is viewed with suspicion and alarm and that management is a top down affair with status being very important. They believe decisions must flow throughout the entire chain of command before they are implemented and that people are locked to their jobs with a chance of career advancement. (Eden classification of Cynicism).

The methodology used to determine a baseline average score for each indicator follows:

Each of 43-item statements was assigned an Eden category of generosity, stinginess, optimism, pessimism, trust and cynicism. Questions were then grouped per each indicator category. An average score for the indicator was calculated from summing the response rates for strongly agree and somewhat agree responses and taking the average of all of the statements associated with the particular indicator.
The following questions (Q) are linked to the respective indicator, with the average score of the indicator shown.

Classification of Perceptions:
Generosity (Q3, Q18, Q20, Q26, Q34, Q35) – 62 percent
Stinginess (Q2, Q4, Q16, Q31) – 29 percent
Optimism (Q1, Q5, Q11, Q15, Q17, Q27, Q28, Q32, Q33, Q37, Q40, Q41, Q42) – 67 percent
Pessimism (Q6, Q8, Q22, Q39) – 29 percent
Trust (Q7, Q9, Q10, Q12, Q13, Q14, Q19, Q21, Q23, Q30, Q38, Q43) – 64 percent
Cynicism (Q24, Q25, Q29, Q36) – 41 percent

The grouped findings suggest that 64 percent of the employees believe the work environment is healthy (generosity, optimism, trust) and 33 percent perceive the work culture needs improvement (stinginess, pessimism and cynicism).

Although single responses have low generalizability toward the perception of overall culture, some positive individual statements are enlightening:

- First, 90 percent or more of responders (n=42) reported that they know and understand the mission of this organization, believe they contribute to the quality of life of residents, believe their work has meaning and purpose, and enjoy helping team members (Q9, Q37, Q1, Q34).
- Second, 88 percent of staff believe they can be creative in completing tasks, and report that their work has purpose and meaning. Eight-eight percent also reported their work conditions are safe and that they try to help at least one resident to accomplish a personal agenda on a daily basis. (Q11, Q23, Q12, Q35).
- Third, 83 percent report that they get more out of their job that just a paycheck and 81 percent believe there is good in everybody. (Q41, Q32).

Concerns are reflected in the following categorizations:

- First, 48 percent believe some policies and procedures prevent them from doing their job well (Q29).
- Second, 45 percent of responders report that they work under a great deal of tension, they regularly hear co-workers make negative remarks about other employees, that management values money more that people, and they believe the department head is not fair to everyone (Q24, Q2, Q4, Q43).
- Third, 43 percent declared that co-workers pretend to care more about one another than they really do (Q36).
- Fourth, 40 percent believe that obstacles prevent them from doing their job. (Q22).

A review of the concerns listed by employees to the statement “what would make life better in the organization,” helps to solidify targets for improvement. Responses were grouped into 5 major themes:

- Management needs to listen and interact with the employees.
- Employees need to be treated with improved respect and management needs to be more honest.
- Better teamwork and communication is desired.
- Wages need to be upgraded.
- Additional concerns included the desire for more staff and more funds for activities with the residents.

A prerequisite to improving the overall work culture involves addressing employee perceptions of the work environment --- employees must believe that changes are possible. This baseline survey revealed organizational strengths (employees are dedicated to their job and the mission to help residents) and organization barriers (perceptions of management by employees).

The cultural change process is ideally suited to help the organization improve employee satisfaction with management and enhance overall job satisfaction. The value of having leadership role model open communication, teamwork, openness to change and willingness to grow cannot be understated. From the survey we learn that employees want to have more interaction with management and when the interactions occur, the want to be listened to and treated with respect.

Employees will need to believe that the system can change and that they (the employee) are critical for organizational success. They will need to have confidence that management does care about them even if salary or wage goals cannot be met. Bonding among employees and between management and staff is essential to improve teamwork and enhance commitment.

Although overcoming the perceptions will not be an easy task, the journey is worthwhile as the organization has the potential to emerge as a high-performing community based on trust and caring. Residents, staff and management will each benefit from the new culture as the new environment will promulgate self-actualization and satisfaction.

For further review, see the pages which immediately follow the narrative. Included are the following:
1. The survey instrument;
2. A “Talking Points” summary of the percentage responses to the survey; and
3. Bar graphs for each of the 43 perceptual statements;
4. A table and chart of the responses for the question “would make life better in the organization.”
Attachment G. Employee Satisfaction Pretest Survey Analysis – Bowie

The Brenham State Supported Living Center (Center) initiated an Employee Warmth Survey to obtain baseline knowledge of employee perceptions of the work environment. The survey was administered to 30 staff members who work primarily in the Bowie unit of the Center.

The survey was developed by Eden LifeLong Living (ELL). Eden LifeLong Living promotes person-centered practices in long-term care communities for individuals with disabilities. The survey is meant to gauge the level of “warmth” in a long term care community as perceived by the facility staff. “Warmth” can be briefly defined as the level of person-centeredness in an organization – if the community supports the choice and autonomy of employees, empowers the direct care staff, and shows trust, a quality relationship can be built among residents, staff, and family.

Emerging research links employee attitude, employee satisfaction and staff cohesion to resident safety and resident satisfaction. Despite this knowledge, creating a strong organizational teamwork and a positive work climate is a significant task in today’s health care environment.

The cultural change process offers a method to optimize staff satisfaction and performance. The process begins with the acknowledgment that every organization has challenges. The path to a stronger organization includes assessment of employee perceptions. This knowledge is used to guide instillation of new mindsets, priorities and strategies. Understanding employee perceptions of the work environment and acting upon these opinions is a crucial step toward creating a working culture characterized by trust, respect and teamwork.

Summary of Employee Warmth Survey
- A total of 46 statements were included in the survey for respondents to consider.
- Two questions addressed demographics including job tenure and job title.
- One query asked the staff member to write a brief statement on what the employee believes “would make life better in the organization.”
- 43 statements assessed multiple levels of job satisfaction. Each question included five possible responses ranging from “strongly agree” to “strongly disagree.”
- The responses “strongly” or “somewhat” were combined in reporting categories of “generally agreed” or “generally disagreed.” Employees also had the option of selecting a neutral response or they could choose to not answer the question.
- Statements were designed to assess the perceived work culture including satisfaction with work roles, satisfaction with management, and if the work itself is worthwhile.

Summary Findings:
- Twenty-seven percent of survey responder’s report that they have worked in the community for less than a year, 10 percent have worked between 1 and 3 years, 7 percent between 3 years and 5 years, and 50 percent more than 5 years.
- Eighty-three percent of the staff responded to the question asking of job classification. 70 percent of the responders reported a job classification of “Direct Support-Professional Service,” 10 percent reported a job classification of “Support Staff,” and one responder reported a mid-level management role.
Eighteen members of the staff (60 percent) took time to write a response to the question: What would make life better in this organization? Analysis revealed 56 percent of the responders desired improved communication and contact with management; 39 percent wished for better respect and honesty from management; 44 percent believe they are underpaid; 39 percent would like to see better teamwork; 11 percent request additional staff; and 11 percent would like to see more activities for the residents.

Among the 43 statements used to help indicate job satisfaction, the Eden classification system divided the responses into 6 groups. The groupings refer to group dynamics or the perceptions in the work environment that characterize an organization, not individual or personality traits.

This baseline grouping of employee perceptions of the work environment revealed mixed responses to the 43 statements. (A detailed explanation of the groupings will appear later in this paper.)

- 52 percent of survey participants believed a work environment with open communication, teamwork, acceptance of change, optimism and willingness to grow currently exists. (Eden classification of Generosity).
- 38 percent of survey responders believe the current work environment is characterized by keeping secrets, withholding communication, engaging in inappropriate communication (gossip, lying, and criticism), cynicism, general negativity, not participating with others in a balanced way, and unethical behavior or treatment of others. (Eden classification of Stinginess).
- 64 percent of survey responders believe the current work culture is effective in improving morale, allowing innovation, furthering teamwork, instilling trust, builds loyalty and allows a conflict to be seen as a positive force. (Eden classification of Optimism).
- 43 percent of survey responders perceive the work environment to be characterized by poor morale, a loss of innovation, a loss of trust, increasing conflict, restricted communication, lack of teamwork, loss of loyalty and resistance to change. (Eden classification of Pessimism).
- 59 percent of survey responders believe decision –making is shared, individual and team autonomy is present, and the extent and timeliness of communication is appropriate. (Eden classification of Trust).
- 39 percent of survey responders perceive the work climate to be characterized by low energy and commitment with minimal conflict as individuals fear retribution or being fired. They perceive that change is viewed with suspicion and alarm and that management is a top down affair with status being very important. They believe decisions must flow throughout the entire chain of command before they are implemented and that people are locked to their jobs with a chance of career advancement. (Eden classification of Cynicism).

The methodology used to determine a baseline average score for each indicator follows:

Each of 43-item statements was assigned an Eden category of generosity, stinginess, optimism, pessimism, trust and cynicism. Questions were then grouped per each indicator category. An average score for the indicator was calculated from summing the response rates for strongly agree and somewhat agree responses and taking the average of all of the statements associated with the particular indicator.
The following questions (Q) are linked to the respective indicator, with the average score of the indicator shown.

Classification of Perceptions:
Generosity (Q3, Q18, Q20, Q26, Q34, Q35) – 52 percent
Stinginess (Q2, Q4, Q16, Q31) – 38 percent
Optimism (Q1, Q5, Q11, Q15, Q17, Q27, Q28, Q32, Q33, Q37, Q40, Q41, Q42) – 64 percent
Pessimism (Q6, Q8, Q22, Q39) – 43 percent
Trust (Q7, Q9, Q10, Q12, Q13, Q14, Q19, Q21, Q23, Q30, Q38, Q43) – 59 percent
Cynicism (Q24, Q25, Q29, Q36) – 39 percent

The grouped findings suggest that 58 percent of the employees believe the work environment is healthy (generosity, optimism, trust) and 40 percent perceive the work culture needs improvement (stinginess, pessimism and cynicism).

Although single responses have low generalizability toward the perception of overall culture, some positive individual statements are enlightening:

- First, 87 percent of responders reported that they enjoy helping team members, and that they have a clear understanding of expectations. While 90 percent of the responders report that they can be creative when completing their work tasks. (Q34, Q23, Q11)
- Second, 83 percent of staff try to help a resident accomplish a personal agenda on a daily basis, 83 percent report that they believe their work has purpose and meaning, and 83 percent of survey responders believe they know and understand the mission of this organization (Q35, Q1, Q9).
- Third, 80 percent of responders believe that at the end of the day they have contributed to the quality of life for a resident and that their work contributes to the overall philosophy and goals of the (Q37, Q10).

Concerns are reflected in the following categorizations:

- First, 57 percent of responders report that they rarely see the department head and 53 percent do not believe management listens or takes their opinions seriously (Q8, Q14).
- Second, 50 percent believe management values money more than people while 50 percent believe they are treated unfairly by their supervisor (Q4, Q43).
- Third, 40 percent responded that they “feel like a number” and that “nobody (in the organization) really cares for me” (Q16).
- Fourth, 63 percent believe they are underpaid. (Q18).

A review of the concerns listed by employees to the statement “what would make life better in the organization,” helps to solidify targets for improvement. Responses were grouped into 5 major themes:
- Management needs to listen and interact with the employees.
- Employees need to be treated with improved respect and management needs to be more honest.
- Better teamwork and communication is desired.
- Wages need to be upgraded.
• Additional concerns included the desire for more staff and more funds for activities with the residents

A prerequisite to improving the overall work culture involves addressing employee perceptions of the work environment --- employees must believe that changes are possible. This baseline survey revealed organizational strengths (employees are dedicated to their job and the mission to help residents) and organization barriers (perceptions of management by employees).

The cultural change process is ideally suited to help the organization improve employee satisfaction with management and enhance overall job satisfaction. The value of having leadership role model open communication, teamwork, openness to change and willingness to grow cannot be understated. From the survey we learn that employees want to have more interaction with management and when the interactions occur, the want to be listened to and treated with respect.

Employees will need to believe that the system can change and that they (the employee) are critical for organizational success. They will need to have confidence that management does care about them even if salary or wage goals cannot be met. Bonding among employees and between management and staff is essential to improve teamwork and enhance commitment.

Although overcoming the perceptions will not be an easy task, the journey is worthwhile as the organization has the potential to emerge as a high-performing community based on trust and caring. Residents, staff and management will each benefit from the new culture as the new environment will promulgate self-actualization and satisfaction.

For further review, see the pages which immediately follow the narrative. Included are the following:
1. The survey instrument;
2. A “Talking Points” summary of the percentage responses to the survey; and
3. Bar graphs for each of the 43 perceptual statements;
4. A table and chart of the responses for the question “would make life better in the organization.”
Attachment H. Summary of Oral Surveys of Staff Members and Individuals Involved in the Dance Therapy Initiative at Driscoll and Bowie Hall

Prepared by: Greg Walton, M.Ed.

On July 6 and 7, 2012 two sessions of Dance Therapy were provided at Driscoll and Bowie Hall. At each session I interviewed Direct Support staff, using a set of questions developed by Meg Grant. Those questions, and the staff responses to them, are listed below. I also attempted to interview specific individuals, using the ELL Resident Warmth Surveys. However, none of the individuals I interviewed was able to give coherent verbal responses to these questions.

Number of Staff Surveyed: 11

What are your overall observations about the effects of the dance therapy sessions upon individuals who are participating?

- Very meaningful, very important to the individuals
- They look forward to these sessions
- Jeff's approach is great—very patient, respectful, gets down to their eye level
- It is great. They look forward to it.
- It's good. The individuals like it.
- Very good. Something like this was missing. When we started, they were so excited.
- Why did we wait so long to do this?
- It's great. I see smiles on individuals who seldom smile
- They seem to really enjoy it
- It is completely positive. We see lots more smiling than normally occurs
- Extra attention
- A great idea. At first I was skeptical
- It's great. They don't hear this kind of music in the home

Is it an overall good experience for individuals participating? If so, why do you think it is?

- Excellent activity for the individuals. I like that he uses a variety of music
- They are making a connection to the music, like no other connection in their lives
- The one-to-one attention is very important
- A great opportunity to be expressive, get out of the home and have a change of routine
- The individuals get a lot of exercise
- It helps them feel normal, doing something just for the fun of it
- They like the one-on-one attention
- A chance for social interaction and more attention
- All the females flirt with Jeff
- Yes. They like music, they like the attention, they enjoy the camaraderie of a shared experience
- They get more one-to-one attention
- They get excited, and stay positive a long time after this
- They like to hear different kinds of music
- They love it. Jeff is really good.
• It puts a smile on their face, is out of the ordinary

What are the most positive things you think the individuals are gaining from their experiences in this dance therapy program?
• Dignity-the way Jeff treats them is amazing
• They like to get out of the home occasionally
• The moving, the exercise
• The change of routine
• Contact with people
• They like change.
• They get the opportunity to dance and to interact.
• It reduces their stress
• They are having fun
• They get the opportunity to express themselves—music lets them unwind
• The chance to do some of the things normal people do
• Variety in an intimate setting
• A variety of music, some of which they may have grown up with
• Attention. They know we’re here for them
• They feel better about themselves

What might we change in the dance therapy program to make it even more helpful and positive for individuals, family members and staff involved?
• Increase it!
• Find a place with more space, like the gym.
• Do it more often
• Put on a campus-wide performance, with both the Driscoll and Bowie groups together
• Split the group into ambulatory and non-ambulatory groups
• Have the ability to do dance therapy spontaneously, especially when they are having a bad day
• Do it more often, like every evening
• Encourage more staff to participate
• Involve more of the individuals in this, include more individuals from Driscoll
• If staff were more involved, we could be taught how to do this
• Do it more often
• Put it in a larger space with more staff, to manage it better
• Many staff would like to be involved

Do you have any special interests or activities that you think would be appropriate and enriching to bring to the individuals in your care, led by yourself and/or others?
• Theatre Arts—I am willing to help with plays, talent shows, etc.
• My husband does woodworking. Some version of it could be done here.
• Read to them
• Arts and craft activities, like making necklaces
• I’d like permission to bring my dog to work once in a while
- Some kind of sensory activity
- I'd love to be asked
- Have therapy animals or staff pets come visit.
- At XMAS, have community members come and sing carols at Driscoll
- Arts and crafts-glue and glitter

**Comments:** These ongoing Dance Therapy sessions are universally viewed by staff as very positive. Staff members believe that the sessions engage, excite and motivate the individuals, and that the sessions constitute the single best element in the lives of these individuals. They also admire Mr. Masiongale tremendously, and are highly complementary of his interaction style and the dignity with which he conducts these sessions. It was inspiring and humbling to see the positive effect of this activity on the individuals involved.

**Additional Interviews; Summary of Oral Surveys of Staff Members and Individuals Involved in the Dance Therapy Initiative at Driscoll and Bowie Hall**

*Prepared by: Meg Grant*

Number of individuals Surveyed: 3 of 10 participants
Number of staff surveyed: 9

*What are your overall observations about the effects of the dance therapy sessions upon individuals who are participating?*

- Program is very positive; we have seen bigger smiles, excitement and joy from most residents participating.
- Staff have been motivated and inspired by these sessions; many drop by to observe who are not assigned the care of the 10 individuals selected for pilot program. (Were about 20 staff members who came to session for varying lengths of time to watch; to enjoy individuals reactions; some came from other residence homes.)
- I think the sessions have been very successful; there is an air of happiness and joy in the room for the whole two hours of each session.
- All individuals and all staff are clearly having a good time together.
- Individuals like to come.
- There is a certain excitement and energy that results from these classes and those spill over into the hall ways, other classes. It is a very important program for our home.
- I just can’t stop watching one young woman – Vicky – seldom smiles at all. She beams ear to ear in these classes. She is obviously being touched and is connecting with the music, the instructor and her dance classmates.
- This is the greatest thing for Driscoll in years.
- It is great; it is entertaining for the individuals. They love the special attention from dance leader and the reactions of the observers. For them to get in the center of the room and sway and dance in their wheel chairs is very, very special.
- It is beneficial for individuals.
- Residents are having a wonderful time; they come early and stay to the end. They are engaged and are connecting to others in genuine ways.
• It is great the amount of attention, happiness, movement and exercise the individuals are getting from these sessions.
• These sessions are very interactive and engaging for all: individuals and staff alike. I wish family members could witness these sessions. It would bring them joy.
• I observe individuals moving to the music even when they are not at the center of room with teacher. They clearly have preferences as to types of music.

Is it an overall good experience for individuals participating? If so, why do you think it is?
• Individual attention they are getting
• All the interactions with others that they are experiencing
• Socialization
• Get to be with their peers in a happy environment
• Gaining new friendships and experiences
• Being exposed to different kinds of music
• One on one attention just on them; you can see how it pleases them when Vicky grins when teacher asks her to dance; when one female, when offered the teacher’s hand, placed her other hand over his; when one female takes herself on the floor and dances alone during every dance the whole two hours.
• The fun they are obviously having
• Feeling special
• Many different interactions they are having with teacher, other individuals, many staff members who circled around room, holding hands with various individuals
• Touches individuals’ hearts
• Experiencing something new to them; something they have never experienced before
• Feels like an outing for residents
• Getting lots of movement and exercise
• Loving the focused, individual attention
• Freedom to dance, move to music, to exclaim about their happiness
• Having the privilege that many of us have—moving to music that we find pleasing and interacting with other who like to dance and move
• Atmosphere in class is wonderful—electric, happy, joyful, inclusive
• Wonderful for staff and family members to see individual so clearly joyful about this activity; a few individuals who engage very little with others are clearly smiling, laughing, moving and responding to others during these sessions
• Individuals respond actively when their favorite kind of music comes on: Elvis or George Strait or big band.

What are the most positive things you think the individuals are gaining from their experiences in this dance therapy program?
• Exposure to many different kinds of music; older individuals seem to remember big band or waltz or Elvis pieces
• Personal attention
• One to one focused attention
• Freedom to interact with other individuals and many staff in a fun, happy setting
• Include more individuals
• Have dance instructor teach staff how to “dance” with individuals so that more can be involved and program can be enjoyed by many in Driscoll.

• Need to build upon this program’s success; magnify this positive energy; could video tape this highly successful program (if we have media released on individuals) for showing on hall televisions or to send to family members who cannot come to campus very often; could take pictures of individuals as they dance and respond and post them on bulletin boards in Driscoll.

• Video it; show it; spread the joy

• Do it every day with staff leading it

• Bigger space; involve staff more

**What might we change in the dance therapy program to make it even more helpful and positive for individuals, family members and staff involved?**

• Get a bigger space and involve more individuals; staff could help and “dance” with individuals like instructor does

• Encourage staff members to actively participate, allowing more individuals to dance at one time

• Have program once a week or every evening after dinner for whole Driscoll Hall

• Have the classes be shorter and more often if financially possible

• Has been too crowded past two sessions with individuals and caregivers all just watching, creating a congested and awkward space for original ten individuals chosen to participate in this pilot; need a bigger area if are going to have so many visitors. (This crowding did not occur for today’s class.)

• Have dance instructor teach staff how to “dance” with individuals so that more can be involved and program can be enjoyed by many in Driscoll

• Need to build upon this program’s success; magnify this positive energy; could video tape this highly successful program (if we have media released on individuals) for showing on hall televisions or to send to family members who cannot come to campus very often; could take pictures of individuals as they dance and respond and post them on bulletin boards in Driscoll.

• Video it; show it; spread the joy

• Do it every day with staff leading it

• Bigger space; involve staff more

• Try to involve some family members or guardians

• Work on a simplified process where staff could lead “dancing” like this in more residence facilities on campus

**Do you have any special interests or activities that you think would be appropriate and enriching to bring to the individuals in your care, led by yourself and/or others?**

• Maybe get some simple instruments like bells or tambourines for individuals to hold as they watch dancing and move to the music

• Maybe some simple art projects

• Could get people out of the building for additional projects; seems to be concept that they cannot go into other buildings on campus for enrichment activities and so have most
activities in Driscoll; would enjoy getting out and could be done relatively easily for many individuals.

- Pet therapy – bring in puppies or tame older dogs or cats or birds
- One staff member at Driscoll does lots of wood working; have him bring small wood projects for a small group of residents
- Two staff members are arts and crafts folks; have them bring small simple projects for a small group of individuals to work with
- Take on field trips as possible: to local parks to feed ducks, etc.
- Since one of “dancers” loves game shows, could have a simple form of a game show with small prizes for residents to participate in.

Prepared by:  Oren Renick, JD, MPA, FACHE

Introduction
The first quarter is complete for the Brenham State Supported Living Center's (SSLC) plan to adopt a culture change model of quality improvement as required by House Bill (H.B.) 3197, 82nd Legislature, Regular Session, 2011. The Texas Long Term Care Institute (Institute) serves as a consulting body and facilitator of training for staff of the SSLC.

Before official implementation of H.B. 3197, preliminary meetings were held among representatives of the SSLC and the Institute. The following list briefly describes outcomes for the project as seen by representatives of the SSLC:

● Have a baseline measure and a way to gauge success of the project;
● Reduce allegations of injury, abuse and neglect;
● Reduce or eliminate restraints;
● Reduce the staff turnover rate;
● Increase resident involvement in the outside community;
● Increase leadership by direct support staff in working with residents as opposed to a hierarchical management model;
● Empower direct support staff to be decision makers; and
● Have family members of residents affirm that residents live in a less restrictive environment.

Culture Change Training
The emphasis during Quarter #1 has been culture change training for selected staff at the Brenham State Supported Living Center (SSLC). This training has been significant, and includes the following:

1. Quality Team Training for three Quality Teams (Oversight & Monitoring, Licensed Professional, & Direct Support Professional), or up to 30 individuals led by Meg Grant and Marsha Moore on 02/10/12 & 02/11/12 (25 staff received training);
2. Special Seminar by David Seaton on culture change, and attended by 19 staff on 02/24/12; and
3. Special Seminar by William Thomas on culture change at The Brookwood Community on 03/12/12, and attended by 20 staff.

Facilitation of Quality Team Meetings
Periodic and scheduled facilitations of the three Quality Teams are planned in furtherance of training to lead the teams to the stage of self-facilitation. This process should conclude within six to nine months of initial training. A joint facilitation of the Quality Teams on 02/24/12 resulted in consensus by the teams on a Commitment Statement to the culture change initiative. The Direct Support Professional Team had already initiated its team meetings prior to the special facilitation session. An objective of the second quarter is for the quality teams to implement a regular schedule of meetings to allow for directed facilitation by the trainers.
Decisions Based on Data
Surveys are in process to pretest the satisfaction levels of the family members of residents and staff. These surveys are limited to those participating in the pilot study. Analysis of the family member survey will be concluded during the second quarter. Based on receipt of the staff surveys, analysis of that pretest should also be completed in the second quarter.

Monthly data reports received by SSLC are being modified to separate the pilot study area from the facility as a whole. This will allow for comparative analysis, and specifically monitoring the impact of the culture change initiative on the pilot study population – individuals, families, and staff. Report modifications should be in place by early in the second quarter. The modified monthly reports should be available for Institute review by the 20th day after the end of the preceding month.

Site Visits
In addition, staff and consultants from the Institute made extended site visits to SSLC on 01/27/12 and 03/23/12. The purposes of these visits were to gain insight into the status of culture change, receptiveness to such change, and the potential modification of current processes to incorporate culture change principles. Prior to the initiation of the pilot study, three site visits were made to SSLC by Institute representatives, and seven SSLC staff attended the Culture Change Symposium co-sponsored by the Institute on 09/23/11.

Plans for Quarter #2
Training will continue, including Quality Team training for more SSLC staff along with Facilitator Skills training. Additional pretest surveying to specifically incorporate individual resident responses will be evaluated. However, the thrust of Quarter #2 is the full implementation of the culture change pilot study. Guided by decisions based on data, the focus will be to take needed corrective action that positively impacts the lives of individual residents.
Attachment J.  From Training to Implementation – May 7, 2012

Prepared by:  Oren Renick, JD, MPA, FACHE

The major round of preparation for the pilot study is now complete, including quality team and facilitation skills training. Additional training and mentoring of teams and facilitators will occur, but the emphasis forward is implementation. Some team meetings have happened, but periodic activities need to become systematic processes. Several items require clarification, and they will be addressed immediately below.

1. The Cottages
The pilot study focus is Cottage C. Philip and his peers seem to have matters well in hand to begin the “Buddy” (Direct Support Professional Liaison) program. He is completing a meeting schedule, and Marsha, Meg, and I want the schedule as soon as possible to begin our rotation of attending the meetings to facilitate or provide feedback. Philip has asked that our initial role be that of feedback.

2. Adaptive Music/Dance Therapy
Contracting details with Jeffery Masiongale are being resolved to begin on Thursday, May 24. His dance therapy program will take place at both the Driscoll and Bowie residences, and this will expand the pilot study beyond the cottages. The program should continue for a minimum of four months. The Texas Long Term Care Institute can cover his contract through July 23 (two months). May funds from the current culture change contract be used to pay the remaining two months of the program? If the program is extended another two months (total of six months, 5/24-10/23), it will be necessary to discuss the funding source to cover months five and six.

3. Pre and Post Assessment of Individuals – Cottages and Music/Dance Therapy
My understanding from our meetings with Jeff on April 26th is that your social services staff monitor your individuals for depression symptoms, and that they would provide pre and post tests for Cottage C individuals and the dance therapy participants. Please confirm, and remind me of the assessment tool used by social services. I would like to have Dr. Rick Nauert meet with the participating social services professionals soon (before the end of May). He authored the study of Jeff’s program at long term care facilities.

4. Interviews of Individuals Participating in Pilot Study
Interviewing these individuals, or making the effort to interview them, is desirable. You have seen the survey instrument that could be used for this activity; and Greg Walton and Christina Edwards are available to help get the interviews completed. I could have them coordinate with your appropriate contact person. Please advise regarding the current thinking on attempting these interviews.

5. Monthly Data Reports from Quality Assurance
Daniel and Christina appear to have established the format and timelines for reporting. These reports will enable monitoring of the cottages, including Cottage C. Similarly, the reports should be expanded to track the dance therapy program. This expansion is a matter for deliberation by Daniel, Christina, and Dr. Nauert. Visit Scheduled for Friday, May 18
6. **Marsha and I will return for a series of team meetings – Licensed Professional Team, Direct Support Professional Team, and Cottage C staff and family members.**

   On April 2nd you provided written comments about your objectives for these meetings. Marsha and I will confer prior to contacting you further about these meetings. Philip may want to handle the facilitation of the Cottage C meeting in conjunction with us, or it may be preferred that we facilitate the review of the sub-pilot program (DSP Liaison).

7. **Quality Team Training on Friday, June 1 & Saturday, June 2**

   This training is for additional staff members of the Cottage Team. I indicated previously a prior commitment on June 1st and 2nd. Meg and Marsha are scheduled to provide the training. However, I will resolve a matter that has recently arisen for Meg, and provide you a definite answer this week.

Prepared by: Oren Renick, JD, MPA, FACHE

Introduction
The 82nd Texas Legislature authorized a pilot study to implement a culture change model of quality improvement at a State Supported Living Center (Center). The Brenham Center was selected as the site for the study. The Texas Long Term Care Institute (Institute) serves as the consulting organization to the Center, including the training of staff participating in the study and monitoring performance by observing, surveying, and assessing outcomes based on the analysis of data.

The image characterized to describe culture change is the building of a home. Such construction begins with laying the foundation. That foundation is the culture change pilot study. It is the base for erecting a quality home. Once constructed, the home will require maintenance and periodic improvements. In reality such enhancements occur on a continuous basis. In the same way, a culture change model of quality improvement may be built, but it is never finished. It is a journey rather than a destination.

This report summarizes pilot study activity during the second quarter of implementation (4/1/12 – 6/30/12). Reference is also made to prior activities occurring through 3/31/12, and planned activities during the third quarter (7/1/12 – 9/30/12).

Training for Culture Change
Approximately 30 staff have received intensive Quality Team and Facilitation Skills training. These staff represent three teams with distinct functional responsibility for the pilot study – Executive for oversight and mentoring, Licensed Professional, and Direct Support Professional. Up to 30 more staff will receive Quality Team and Facilitation Skills training during the third quarter. Training has been supplemented by two seminars on culture change provided during the first quarter. Additional seminars are planned.

Periodic facilitation by the consultants of the teams trained is considered necessary for them to become effective self-facilitating teams. This additional step has occurred in an uncertain manner, and needs to be modified during the third quarter.

Satisfaction Surveys of Family Members, Staff, and Individuals
Pretest satisfaction (warmth) surveys of family members and staff participating in the culture change pilot study have been done, and reports issued. The report of family member satisfaction strongly suggests a positive relationship with the Center while indicating several areas for improvement. Improved communication, increased staff training, and reducing the boredom of individuals all reflect identified opportunities for improvement.

The report of staff member satisfaction is based on a detailed survey instrument. Its results can meaningfully focus corrective action steps taken during the pilot study. Staff surveyed are relatively split on whether a healthy work environment exists. Positive statements by a significant percentage of responders indicate the following:
1. A belief that their work has meaning;
2. The mission of the Center is understood;
3. They have a clear understanding of their job; and
4. They contribute to the quality of life of individuals and fellow employees.

As culture change initiatives have increased at the Center, additional surveying of staff has occurred. Also, a perceptions survey of individuals has been administered. These analyses and reporting of results should occur early in the third quarter or around August 1, 2012.

**Decisions Based on Data**

Several of the monthly data reports received by the Center have been modified to separate the pilot study area from the rest of the facility. Modified reports provided recently to the Institute include Allegations of Abuse/Neglect/Exploitation and Unusual Incidents. Cursory review suggests that a positive impact is being made by the Center. These reports enable comparative analysis of the pilot study area to the rest of the Center.

Coupled with the pretest and post-test satisfaction surveys of families, staff, and individuals, the modified monthly data reports will be important tools for making informed and effective decisions in establishing a culture change model of quality improvement.

**Pilot Study**

1. **Cottage Estates – Cottage C:** On May 1 a mentoring system was implemented by the Center for Cottage C of the Estates. It pairs Direct Support Professionals with an individual and the individual’s family to build relationships and share decision-making for the individual’s daily life activities. The initial response is positive, but the collected perceptions surveys are in the data collection and analysis stage.

2. **Medically Fragile and Geriatric Units:** On May 24, an adaptive music/dance therapy program was implemented in these units. Initially funded by the Institute, this program uses Jeffrey Masiongale as a consultant to the Center. As with the mentoring system, the response is positive. This program is apparently generating significant interest and motivation for culture change across the campus. Collected perceptions surveys are in the data collection and analysis stage.

**Plans for the Third Quarter**

1. **Report on the Culture Change Pilot Program:** A report on the pilot program will be submitted by August 1. It will address the reporting categories found in the Section 4. Report of House Bill 3197, 82nd Legislature, Regular Session, 2011.

2. **Staff Training:** The number of staff trained through seminars for Quality Teams and Facilitation Skills will double to approximately 60 staff trained. Quality training will occur during July and facilitation training will follow in August or September. Follow through by the consultants with trained staff and teams needs refinement to maximize the benefits of training to the Center and individual staff.
3. **Technical Assistance**: Following staff training, a special culture change seminar by Greg Walton will be scheduled. Greg will describe his experiences in implementing culture change, and motivate staff to think creatively about ways they can proactively advance positive change. He has been previously introduced to the Center through his participation with the perceptions surveying of staff and individuals that occurred earlier in July.

The Texas Culture Change Coalition will hold its annual Symposium on September 28 at the Texas State campus in San Marcos. As with the 2011 Symposium, arrangements are being made to offer scholarships to Center staff that attend. At this time, the number of full or partial scholarships is not known. Masiongale’s dance therapy program will be presented as a demonstration at the Symposium.

4. **Decisions Based on Data**: Coordinated planning is necessary to determine the appropriate time to conduct a post-test satisfaction survey of family members, staff, and individuals. The pilot study begun in May should have approximately six months of operational activity before conducting the post-test. Further refinement and monitoring of the Center’s monthly data reports should be a continuous process.