

chapter 6

A Map for Change

"Life wants to happen. Life is unstoppable. Anytime we try and contain life, or interfere with its fundamental need for expression, we get into trouble. Many of the dilemmas of our time arise from our inability to honor life's ceaseless urge to be..."

-Margaret J. Wheatley and Myron Kellner-Rogers

We've talked about how change is a journey, not just a flipping of a switch. We would not just drop you off at the crossroads and say, "Good luck!" The next section lays out the processes and stages of change so you will learn where you are in your journey and how to navigate through each stage.

Prochaska's Change Theory

In his book, *"Changing for Good,"* James O. Prochaska, Ph.D. outlines the stages self-changers go through to best transition through a change. He began by looking at therapies to see which was most effective in helping people change problem behavior like smoking, overeating and drinking. He found that all therapies work equally well and that the differences between those who successfully changed and those who did not had to do with the individuals' ability to manage their own change process.

The "Problem Behavior" is Long-term Care Indoctrination

We are drawn to Prochaska's model not only because it is anchored in tested theory about the stages of change, but because it is based on breaking out of addictive behaviors. While long-term care workers may not be in the same dire straits as drug addicts, the attachment to our behaviors and established systems can be as strong. We can't help ourselves. The way- things-are-done is a habit. Our deep indoctrination to the systems of nursing homes is not so different from addiction. While, like an addict, we may first want to deny it, the difficulty and resistance experienced by organizations and the individuals within them as they contemplate and make change is much like an addict overcoming unhealthy habits and behaviors. The indoctrination of the system and our part in it often becomes wrapped up in our professional identity and holds us back from being all we can be. Change will not come overnight or without intervention; another similarity to addiction.

Prochaska notes that change happens in clearly observable stages over time. The stages are: pre-contemplation, contemplation, preparation, action and maintenance (which we will call "sustainability"). In each stage he found there are tasks that must be completed before moving on to the next stage. We can get stuck in any stage, but once control over it is achieved, we can progress to the next stage. He describes the stages of change and the processes used to move through them.

Change Processes

Processes are different from techniques. In fact, techniques make up processes and are highly individualistic. The main processes for change offered by Prochaska are:

- Consciousness-raising
- Social liberation
- Emotional arousal
- Self-reevaluation
- Commitment
- Countering
- Environmental control
- Rewards
- Helping Relationships

Consciousness-raising: Here you raise your awareness about yourself and the change you are about to undertake. The smoker might read up on the dangers of smoking, collect literature on different quitting techniques and talk to her doctor about her particular risks.

You read up on the Household Model and deep culture change or maybe see a presentation. You start to get in touch with your feelings about how things are run in your facility, what you would like to change about it and what you might change about yourself. You see where you have internal resistance and where you have motivation within yourself.

Social liberation: Social liberation deals with finding outlets in your external environment to help you change. If you were trying to quit smoking, you might sit in non-smoking sections at restaurants or spend time where smoking is not allowed. If you wish to change long-term care, you might visit a culture change facility for inspiration to see that yes, it can be done. It might mean getting rid of the nursing station to break the habit of it being the center of attention for staff and residents as an indicator of deeper change to come.

Emotional arousal: This process is about getting your emotional self behind the change and finding inspiration in it. An example is when someone is moved to quit smoking after a loved one has died of lung cancer. In a culture change situation you may take time to really *see* residents and think, "This could be *my* mom or *my* grandfather. Or, what if this was *me*?"

Self-reevaluation: Here you think about how your values align with the current system and how these values might realign when you change. You may think of yourself as a caring person but know, given current circumstances, you are not often able to give each resident the personal attention he or she deserves. You examine how you may be resisting change and why. You envision the person you hope to become and think about how that may make you feel, what you will gain and what you must give up.

Commitment: Making a commitment is taking personal responsibility for your own change. You realize the role you and your actions must play for change to happen. The process will not move forward without you. You make the commitment to yourself and then publicly, perhaps by sharing your commitment with others in a learning circle. This shows you and others you work with that you are serious. You know the change will be deep and you are committed to seeing it through. Remembering your commitment will motivate you when the going gets tough, and remind you to not let yourself or others down.

Countering: Countering replaces an unhealthy behavior with a healthy one. For example, if you are trying to lose weight, you may take a walk around the block when you want to go to the fridge for cake. If you find yourself falling into habits of the old model of care, you may take a few minutes to stop and visit with an elder to get you back on track. Or, you might connect with others in the organization for some support and encouragement.

Environmental control: While countering is about dealing with internal obstacles to change, environmental control is about getting a handle on obstacles around you. If you are trying to lose weight you may get rid of all the junk food in the house or steer clear of fast food restaurants or ice cream shops. In your facility, you would get rid of the nurses' station, food trays and other institutional symbols. You might stick a note in your pocket that reads something like "How is this home?" and pull it out when you need a reminder to keep you on the right track.

Rewards: Prochaska says that punishment is not beneficial to change in the long run, but rewards are. Rewards make you feel good about change and remind you change is a positive process. If you are trying to quit smoking, you may put the money you save not buying cigarettes into your own "fun fund." When it gets big enough and you need an extra boost, buy yourself a present. In an organization going through culture change, there are deep personal rewards in a framework that encourages staff visits with residents, perhaps perusing photo albums together, cooking together, watching soap operas, sharing intimate moments of family and dreams, going for walks, "getting out of the house" for the afternoon with a resident or taking a group outing to a local brewery or mall.

Helping relationships: Just because you are working on changing *yourself* does not mean you are out there on your own. Many alcoholics enlist Alcoholics Anonymous to help them on their journey to sobriety. Your day will not be "business as usual" while undergoing change. Enlist friends and family to lend an ear of encouragement when you are struggling. They can help just by being aware of the stress you are facing and treating you with understanding when you are edgy or tired after a day at work. Of course, the team is the biggest resource for helping you through change. Scheduling regular learning circles to talk about personal struggles and offer mutual support will help as will avoiding harmful relationships. You may want to steer clear of the pessimistic co-worker who always complains, "This culture change stuff doesn't work" so he doesn't drag you down with him. Some of these processes are used near the beginning of change, while others come into play once you are well on your way. Some will be used throughout. When you are stuck, refer to this list of processes to find one that may help.

Stages of Change

Prochaska's stages of change outline the change journey. Each stage is significant and has its own lessons to teach. But just because you have a map does not mean you won't encounter obstacles or detours. There can and will be setbacks. However, all hope is not lost. Get back on track by looking at the map and taking inventory of your skills and what you have accomplished so far. Your change journey may seem to progress more quickly by skipping certain stages, but ultimately you will likely need to revisit what you missed. Prochaska found that doing the right things in the right order is key to creating successful, long lasting change.

Pre-contemplation: During this stage, the pre-contemplator cannot see the problem. It is not that the problem is not there, only that he can't or won't acknowledge it. The alcoholic says, "I can quit if I want to. I just don't want to." The smoker says, "I'll quit someday but my life is just too stressful now." The pre-contemplator in

long-term care has heard about deep culture change and the Household Model but says, "Our residents are too sick," or, "You could never do that unless you had a lot more staff," or, "Our residents are happy the way it is," or, "Our residents like a structured and scheduled life." Perhaps the pre-contemplator ignores the topic all together. (Both authors have experienced situations where the fact was raised that elders, like all of us, need a true home, only to have the words completely and almost comically ignored. Heads turned from the speaker and the topic was completely changed to more comfortable issues like measuring outcomes, clinical protocols or reducing incidents of falls.) Or, the pre-contemplator may initially like the philosophy of creating home for residents. It sounds great until she realizes creating home means things, including her work, will change forever in profound ways. She thinks, "What about my job? What about me? What happens to the MDS (Minimum Data Set) coordinator if you move the MDS function to the household?" Her mindset slides back into resisting change.

Contemplation: During this stage the contemplator acknowledges he has a problem, struggles to understand it and searches for a solution. Premature, impulsive and half-hearted attempts to change are made. The smoker quits six times in three months. In fact, says Prochaska, many smokers spend up to two years thinking about it before finally quitting. The contemplator recognizes he must change and is both anxious and excited about it. In long-term care, the contemplator is repulsed by what he sees as he walks down the hall of the nursing home where he works – elders sitting slumped, people calling out. So many so alone. Perhaps he saw a culture change presentation. Since then, he sees things differently. He visits a facility that has created the Household Model. The elders there seem so much more involved and happier than those at his facility. He thinks about his *own* home and why it is so important to him. He can hardly talk of anything else. His wife laughingly says he hangs out more with her in the kitchen and insists the kids sit down for meals and have real conversations. Resolution of this stage is noticeable when you find yourself focusing more on the solution than on the problem. You begin to think about the future and see how things could be different. You move from passive thinking to active feeling.

Preparation: This stage is filled with serious activity. The changer reduces her nicotine intake by smoking only in the back yard. She reads self-help manuals. The long-term care nurses' aide decides she can no longer care for elders in the institutional way. It doesn't matter that she works in a traditional nursing home. She becomes personally committed to relating to each and every resident in a new, life-affirming way. The caregiver says to the supervisor, "Have you heard about this culture change thing? I feel totally different now. I can't look at the residents in the same way ever again. We have to figure out how to create home here!" or "I can no longer subscribe to the way we are doing things." By now, the changer is really building up internal momentum. Feelings have graduated to resolve. Resolve has led to planning, sharing, and influencing.

Action: And then, one day, the changer takes the big leap. She behaves differently and it is obvious to others. "Don't you want dessert?" a friend asks quizzically. The Director of Nursing gathers the staff and says, "Contrary to what I told you before when I said, 'Get back to work,' I do want you to stop and talk to the residents and build meaningful relationships and I'm going to do it too." Staff begins *living* culture change.

Sustainability: Change never ends with the initial action. There is always a risk of slipping backward. If you slip and fall off a horse, the ride is not over. You get back on. It is relatively easy to lose weight. But keeping it off is the real struggle. The alcoholic says it for all self-changers, "One day at a time." An administrator in a long-term care facility may give a team of caregivers authority to

plan a schedule for the household's second shift. But after seeing the schedule they create, she tells them, "No. You can't. It won't work." She slips out of fear of failure and loss of control. The administrator and the team may need to examine that fear and their commitment to change. Some types of change remain forever at risk of sliding back into the old way of doing things. The maintenance never ends. Our colleague, Linda Bump, arguably the mother of the Household Model, is a continuous inspiration to the authors. She uses four benchmark questions to keep an organization's culture change journey on course. We call it "Bump's Law." We must always ask ourselves, when tempted by assembly-line efficiencies, the questions of Bump's Law:

Bump's Law:

What does the resident want?

How did the resident do it at his/her previous home?

How do you do it at home?

How should we do it here?

The Norton-Shields Change Matrix For Progression to Households

The Study of the Matrix

Making the deep and lasting change called for in the Household Model is difficult and complex. Undoing and unlearning is concurrent with redoing, relearning and making new discoveries. Following Prochaska's lead, the authors developed the Norton-Shields Matrix to help guide the change agent through the varied stages and processes required to make the dramatic and profound changes needed in birthing the Household Model within his or her organization.

Linear progression in any profound change is rare. Our Matrix of change allows for a progression that one can understand in multiple ways. If you look at the columns from left to right you will see the stages of change from different vantage points of the organization (personal, leadership, organization, environment). Looking down each column will give you an idea of what the stages of change look like from the different vantage points. These stages are based on J.O Prochaska's *Stages of Change*.

The Matrix can also be used to see an over-all chronology, beginning with an individual who is aware only of the traditional model of nursing home care, and moving to full participation of the facility's residents and staff within the Household Model. Start at the top left, work your way down the column, move to the top of the next column, work your way down, etc. Imagine the path of a sine wave. You will see the progression from the first inkling things must change, to becoming a leader, to inspiring others to lead, to full collaboration in redesigning the organization. Finally, the self-led team of staff works with residents to design and create the living environment, and all are acknowledged and rewarded with continuous opportunity to learn and grow.

The total transformation begins with individual transformation. It is important to ground yourself in the need for personal change as you enter into the world introduced in the Matrix. Most start someplace else, which usually ends in frustration, failure, or mitigated success. We must start with ourselves, look and act within. Only then can we effectively look and act outwardly along the pathway of change. The individual becomes a leader and instigates opportunities for others to experience the personal transformation and become leaders themselves. These selfaware leaders form steering and action teams committed to bringing about change that creates a new climate of growth and learning for all who live and work within the organization. A new organizational structure

emerges. It is designed to decentralize authority so that throughout the organization decisions are appropriately driven by the residents' desires, needs and direction. As this redesigned organization moves along the deep change progression, it designs its future physical environment, garnering necessary resources and partnerships to create a true home for the people who reside there.

This Matrix frames the transformational journey and the balance of this book. Using the Matrix, the authors will journey with you in the following pages, through the stages of change from institution to home. Change is difficult and often times scary. As discussed earlier, we have a natural tendency to resist it. But change becomes more palatable when we can see the road ahead. It is easier to "let go" when we can see what we are embracing next. This Matrix, and the ensuing chapters are intended to be a map with signposts along the your highway of change.

Norton Shields Change Matrix For Progression to Households:
A Map for Changes

PRE-CONTEMPLATION

Personal Transformation

Irritant Experienced

I am confronted by the fact
that the way frail elders are
living in institutions without
home is repugnant.
I hear the talk about the
Household Model, but it
evokes, fear, anger, denial and
resistance within me.
"We could never do that,
because..."

Leadership Transformation

I Introduce the Question

Now awakened, I pose the
questions to our organization.
Do frail elders, like the rest of
us, have the right to home?
Do they have the right to
direct their own lives?
Others experience initial
resistance.

Organizational Change

We Provoke the System

Strategic planning welcomes a full
review of organizational structure,
environment and supporting systems.
We begin the painful unlearning that
brings deep change to the whole
organization.

Environmental Change

Home or Hallway – The Debate Begins

Institutional design is challenged. The design alternatives reject institution and evoke traditional home.
Initial doubt – "We can't afford it." Scarcity outlook strikes fear.
Discordance experienced between household design & traditional operating model.
There is no turning back. We must transform organization and operations as well as environment.
Feasibility inquiry is formalized.

CONTEMPLATION

Personal Transformation

The Internal Voice Awakens

"I wish we could, but I don't see how..."
Confusion & misconceptions abound as traditional indoctrination continues to battle with the awakening voice.

Leadership Transformation

The Quest Begins

Formal and informal leaders agree to form a Steering Team committed to the quest.
We Invite all stakeholders to align and participate around the developing vision

Organizational Change

Embrace Emerging Chaos

Our vision drives our plan. We design for decentralization of authority, departments, and traditional operating systems.
We design for emerging culture of shared leadership and active learning.
Impatience occurs as we perceive nothing is happening, while in fact, valuable advance-ment is being made.

Environmental Change

Alignment of Vision and Resources Begin

Abundance thinking begins to question scarcity outlook.
Pre-feasibilities (market, financial) indicate

project viability.
Architectural renderings create enthusiasm
and a sense of possibility.
All indicators are a go. Alignment spurs
us forward in investigation and further
financial investment.

PREPARATION

Personal Transformation

Epiphany results in Moral Clarity

"I must do this..."

The epiphany is: The way
elders live must change. I
must change.

Moral clarity trumps
traditional indoctrination.

Leadership Transformation

We Must, But How...

We seek knowledge through
study, to accomplish shared
vision, values and strategies.
We as leaders bring resources
instead of authority.

Organizational Change

We Develop As Chaos Climaxes

We develop the systems changes
required for decentralization i.e
dining, housekeeping, nursing,
activities of daily life, laundry, HR,
budget.

We design and develop organizational
structure and culture.

Environmental Change

Engage Partners in Design

We conduct pre-feasibility studies.
We Engage architect and other development
partners, finance, design and build.
Our vision, grounded in the principles of
the Household Model, anchors development
team.

ACTION

Personal Transformation

I Speak Out

In a private confession or a
public declaration, perhaps
with anxiety but with clarity

of purpose, I say, "I must and
I will..."
I confess that I must change
how I lead, how I serve. I can
no longer remain who I've
been.

Leadership Transformation

We Commit & Resolve

We gather all stakeholders,
elders included, in resolve to
change to resident- directed
lifestyle thru self-led teams in
a household setting.
We are aligned in action.

Organizational Change

We Implement the Change,

Energized Chaos Erupts

We decentralize authority through
formation of self-led teams in future
households.
Decision-making transitions into the
hands of elders and future household
members.
We decentralize systems throughout the
organization.

Environmental Change

Move In

Residents move into their new home.
Self-led teams move into place within and in
support of home.
Initial chaos is characterized by excitement,
joy, and fear
Residents and self led teams form relational
bonds as they build home together.
Individual, leadership, organizational and
environmental transformations solidly
integrate.
Behaviors, environment, and furnishings
evict institutionalism.

MAINTENANCE (SUSTAINABILITY)

Personal Transformation

I Become

I evolve past the zeal of
conversion to wanting
everyone to be a leader.
Elders must have home and
direct their own lives. I will
embrace this as the context of
my relationship with elders

and caregivers. I will commit
to serve toward that end.
I commit to making leaders
of everyone.
I am a new leader.

Leadership Transformation

We Align

Now resolved we will align
assets and resources of the
organization around the
vision.

We are ready to redesign
organizational systems,
environment and structure.

We are now team.

Organizational Change

The Organization Becomes Ever Learning

Organizational culture and character
self-perpetuate the upward spiral of
discovery, learning, adjustment and
renewal.

Continual cohabitation with creative
chaos becomes the desired norm.

The organization becomes ever-learning.

Environmental Change

Home

A sense of family, purpose, and belonging
is felt by those who live and work in the
households

Initial furnishings become adjusted to fit
residents' culture and personality in their
home. Personalization creates unique
character in each house.

Because of transformational experience,
organization ratifies commitment to "never
go back" by continued systemic adjustments
as needed to sustain and deepen the model.
Formal commitment is made to protect and
preserve.

Envelope of home seals in lifestyle, food,
aromas, sounds, and relationships.

Ongoing discoveries resulting from
integration continues to deepen culture and
sense of well-being

Customs, rituals, and daily routines evolve
and clearly reflect those who live there.

We are now home.

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and LaVrene Norton

*The underlined terminology is from *Changing for Good*, by James O. Prochaska, PhD, John C.
Norcross, PhD and Carlo C. Diclemente, PhD

Stories for Sharing

We've mentioned the power of story throughout the book. Here are some of our favorites from some of our own experiences as well as others who have made the moving journey to the Household Model including, Annie Peace, Michael Anderson, Shari Brown and Roger Beins.

Use these stories for your own inspiration, but more importantly share them with the team in various stages of your own journey as you find appropriate.

A Self-Led Team in Action

Jerrie was a bath-aide for many years in the nursing home before the organization transformed to the Household Model. I used to wonder how she could stand being in that steamy little room with no natural light day after day, year after year. But I never had the nerve to ask her.

What I knew was, residents loved to have Jerrie give them baths. Jerrie took such care with them, and despite her full schedule, she helped them completely relax and realize the full potential of a hot, luxurious bath. Amidst the hustle-bustle of the place, it was the one time they were served with total focus on their individuality. It was a 15-minute escape, three times a week. Above all, Jerrie had a heart as big as Texas, was gentle as a lamb and loved each one of them. And they knew it.

When we gathered residents to share the vision about creating a true home where they could direct their own lives within small communities, they were silent at first. I think the idea was just too big and they didn't believe it anyway. We began to ask how they would like awakening when they wanted in the morning. Would they like to eat what they want for breakfast when they want it? As we began to have specific conversations about what resident-directed service would mean, they began to come alive with a collective sense of possibilities. It was exciting to watch them become engaged in ways we hadn't seen before.

One comment we heard from the beginning was, "All this is great, but we want to make sure Jerrie still gives us our baths."

When self-led teams were organized to staff the houses, household coordinators were selected based on their leadership potential and their personal attributes. Credentials and letters after names didn't weigh as heavily. We looked for people who had a natural sense of service to others, a deep commitment to the vision and those we serve, and the ability to grow. While we ensured all the necessary skills and disciplines were present in each house, teams were assembled based on who the members wanted to work with and serve. Residents moved into houses based on whom they wanted for neighbors and with which staff members they wanted to share life.

It was no surprise Jerrie was encouraged by her peers to be a household coordinator.

Before we moved into the houses, some individuals resisted the idea of "blended roles," which means everybody helps with whatever needs to be done, depending on their licensure limit. In other words, everybody pitches in to prepare breakfast, clean house and serve residents' needs and desires as they occur. People could not picture how it would be and were afraid of the unknown. And all of us were struggling to overcome the indoctrination of how we should think and act within our specific disciplines.

Some only wanted to do what they were already trained to do: "I'm a nurse aide, if I wanted to be a housekeeper I would have applied for a housekeeper job," or "I'm a

social worker, I didn't get all this training just to wipe tables," or "I like to cook, but I'm uncomfortable with the idea of giving personal care."

Education was provided to the teams on the front end and throughout the startup period in the houses. All teams were trained in servant leadership, conflict resolution, learning circles, PersonFirst™, teambuilding, critical thinking, listening, empathy and decision-making.

Once we moved to the Household Model, our fear and discomfort quickly began to recede. We began to understand it wasn't about what our jobs were, but more about living and working together like a family. We knew whom to turn to for a specific skill in any given situation, but we quickly learned it truly was about creating a home. We needed to align with each other like a family to keep it strong. Households became loyal to their own family, yet understood we all were neighbors. Resistance to blended roles was replaced by the comfort that comes with being a good, strong team member within the household family.

With time, the household teams became increasingly adept at hiring, coaching, peer evaluation, terminations, self-scheduling, budget management and more. We were proud of ourselves for being able to cook breakfast to order from 7 to 10:30 a.m.

As the administrator, I was gratified to see people who for years had been assigned daily routines begin to blossom as leaders. We had poured a lot of energy into developing household teams and ensuring decisions were made in the most appropriate place by the most appropriate people rather than by a hierarchy and then handed down through departmental silos. The power must rest with the residents and those closest in service to them. The rest of us needed to view everything we did as a resource towards that end.

I didn't realize how well it was working until I had a casual conversation with Jerrie in the car one day. We were driving down the highway on the way to an out-of-town meeting when Jerrie asked me, "You know what we are starting on Thursday?"

"No, what?"

"Twenty-four hour dining, whatever you want to eat whenever you want to eat it." She said it as casually as if saying, "I think I'll go get a cup of coffee."

I thought to myself, "She knoweth not what she sayeth." First of all, to do that, the house would have to bring in quite a number of outside resources. The CFO would have to be highly involved. The chef and central kitchen would have to be integral to it, and that, itself, would be bigger than any of us could chew. Besides, I didn't know a thing about it, and I was the administrator. Something like that couldn't happen without my knowing it. There was no way to have "24-hour dining, whatever you want to eat whenever you want to eat it" starting Thursday. She must be talking about snack plates, I thought.

I didn't want to hurt her feelings by saying, "No, heh heh, you're not really going to do that." I was starting to worry they might try to do it on their own in the house. What a mess that would be! When administrators have silent thoughts in situations like this they say what I then said, "Hmm, tell me more about that."

"Well," Jerrie said, "we've been having some weight loss in the house that we haven't been able to figure out."

"Yes, I've been concerned about that," I said, trying to sound intelligent and administrator-like.

"Well, you know, with everybody getting up when they want, we figured we needed to do something about breakfast hours."

"Absolutely," I said, thinking, "Is this leading to 24-hour dining?" Like every administrator, I wanted a one-line answer that would put me at ease. We could get to the details later.

"I mean, Bob gets up at 5:30 a.m., Eileen usually gets up about 5:45." She began naming everybody in the house, including Dale who usually arises between 11 a.m. and 1 p.m. And Doc, who is awake for three days, and then sleeps for three days. (The surveyors had a cow with that one until they figured out our hard work to help him establish his own equilibrium was on target.)

"Yeah?" I was starting to see her line of thinking.

"Dale keeps missing breakfast and ends up having lunch for breakfast. He's losing weight."

"Uh-huh."

"So, we're going to have 24-hour dining, whatever you want whenever you want it."

"Right. So, how did you go about organizing this?" I was starting to get more nervous because I was thinking they are going to start something – I wasn't sure what – on Thursday.

"We've been doing learning circles on weight loss and that's when the 24-hour thing came up. So we invited Gail (the CFO) and David (the chef and kitchen manager) into the circle, told them the problem and what we want to do about it, and they helped us. We start on Thursday."

"Whatever they want, whenever they want it?"

"Whatever they want, whenever they want it."

My thought was so loud I was afraid she'd hear; "Holy cow!"

"You know what we're starting at the beginning of next payroll?" asked Jerrie.

"WHAT?!"

"We're doing away with shifts."

Silence.

"Tell me more about that."

"Well, when you think about it, we don't really need them."

"No, I don't suppose we do," I said (all the while thinking the last time I checked the entire health system in America was built on shifts.)

"We didn't really set out to get rid of them, but it kind of ended up that way."

"I see. Well, how does it work?" This wasn't one of those questions an administrator asks when he or she already knows the answer. I wasn't trying to get buy-in here. In fact, I felt a little like I had been bought.

"Well, Bob gets up at 5:30..." she began naming everybody and their wake-up patterns again. "We started wondering why we all arrive at work at 6:30 a.m. when we don't need everybody right then. But later in the day, we need more people than are scheduled. So, we thought if we organize around the rhythms of the residents, we can make sure we have everybody we need when need them, but not before we need them. It starts on Monday."

I don't remember much about the rest of the conversation because my head was swirling. I admit my first reaction was to feel a little stung because I didn't know anything about either issue. And then I thought, "Well, what have you been wanting for all this time, big boy?"

Everybody on the household team was driven by our shared values, and the decisions had been made where and by whom they were supposed to be made. The household team sought out resources and the resource bearers did their job. So, what is the problem?

There was no problem. At that moment, I was the problem. The reality sunk in and I almost started dancing in the car seat. Had I been involved, I would only have screwed it up and the changes would never have happened. I probably would have killed it by asking for a "Critical Pathway Checklist."

Plus, if there was any doubt whether "they" could do it...well, I was put in my place. Nailed to the wall. It's not that "they" can't do it. It's really that "we" can't.

The truth is, when "we" and "they" become "us" and align around a common purpose, great things happen. Jerrie and her self-led team broke through two barriers that 99.99 percent of health care executives in America couldn't pull off.

Now we're talkin'.

Camping with Friends

One morning some residents in the house decided they wanted to take a van ride through the state park. So eight of them and some of us who serve in the house hopped in the bus and headed for the lake. As we drove by campsites, Ruth said she and her husband used to camp at the lake all the time. She told stories about her sons bringing their friends and how they were all such good boys. Ruth reflectively told us camping was the only way her husband could get away from his job. Her eyes brightened as she described how she would have the camper packed and everything ready to go when he got home.

As we drove through the state park, Ruth looked at a grove by the spillway and said, "See those trees over there? I could sit in a lawn chair in the shade and read a book all day."

So, I asked if anyone would like to go camping. Surprisingly, five of the eight said, yes!

After a wonderful ride on a beautiful day, we headed home. As soon as we arrived and unloaded the bus, I could hardly wait to tell Annie, a team member, "I've got good news! The residents want to go camping!"

Word quickly spread, and we had a plan in no time. The residents prepared a dinner menu including hot dogs, chips, beer and s'mores, and a traditional breakfast lineup of bacon, eggs, toast, milk and coffee. We all got busy collecting sleeping bags and the necessary items. We reserved cabins at the state park, groceries were packed and off we went.

After settling into the cabins, we built a campfire. We roasted hot dogs and cooked baked beans in an iron skillet on the fire and finished the meal off with s'mores. It felt so good just sitting around the fire, eating and joking around. And it felt even better seeing how relaxed and happy the residents were just shootin' the breeze while the fire crackled.

About the time the last s'more was gone, Mother Nature surprised us with a nice shower and we all hurried to the cabins to settle in for the evening. With the rain playing its song on the tin roof, we told stories (even a few ghost stories) from our bunks until, one-by-one, the residents drifted off to sleep.

The next morning over bacon, eggs and much needed coffee, we all talked about how much fun we had the night before. It didn't feel like people feel when living in an institution for the aged. And it didn't feel like people feel who work there. It felt like what it was: leaving home for an overnight camping trip with people you love, roasting hot dogs and telling bedtime stories with rain gently pelting a tin roof.

Just like Ruth remembered.

Chronicle of a Day

Wilma is an early riser. She loves to get up around 6 a.m. and greet the sunrise with a cup of black coffee. Wilma worked hard all her life, and at age 92 does not plan on stopping, despite a diagnosis of Alzheimer's disease. She has a piece of toast and starts folding the dishtowels to be used today.

Bobbie, the household LPN, is finishing up her work for the day and comes to say goodbye. Wilma stops folding to make Bobbie a cup of coffee and toast for them to enjoy together before Bobbie leaves.

Wilma raised six children and finds special pleasure in taking care of others. As other elders and staff drift in, she gets them coffee or a warm sweet roll from the kitchen. As soon as they finish, Wilma slips in to clean up after them and sets a place for the next person.

Later, Joanie, a household team member, invites Wilma to go with her to pick up party supplies for the wine and cheese party on Friday. They hop in the car and head to the discount store. They find party trays, cheese and crackers and a few other goodies, and then stop by the liquor store for wine. They have invited the household next door to the party this week, so they choose a variety of wines plus a couple of known favorites. Shopping has taken a lot of the day so it's a quick trip through a fast-food restaurant before going home.

Back home, Wilma finds time to relax on the sofa and put her feet up while watching *Wheel of Fortune*. She LOVES *Wheel of Fortune*. Danielle, a homemaker on the team, brings her a bowl of chicken noodle soup and a ham and cheese sandwich to enjoy during her show. Afterwards, Jenny, another team member, gently strokes Wilma's arm and offers to help her to her room and tuck her in for the night.

One Nurse's Story

I began working in nursing homes in 1978. I was a 16-year-old junior in high school. Choosing this path wasn't so much a calling as a way for me to work inside without having to wash dishes or flip hamburgers. At the time I had no idea what I was getting myself into, but I never left. Serving institutionalized elders has been the sole focus of my career for the last 26 years.

I remember very clearly my first exposure to nursing homes. The administrator was a young minister, a real "up and comer" in the organization. I was impressed that he took time to show me around after hiring me. After all, he was the big boss and I was just a kid. As we walked from the administrative offices down the hall to the nursing home section, I noticed a distinct change in the atmosphere. The lobby was very comfortable with soft chairs and low music. It was nicely decorated and soothing to the senses. The nurses' station, on the other hand, was like a war zone. People were rushing around, buzzers were buzzing and phones were ringing. Charts were flying around. Several who lived there were clustered around the desk, but no one was paying any attention to them. If I had thought then that this was a glimpse of the rest of my career, I think I would have run away and never looked back. But I didn't.

Initially, I thought it strange the man taking me around didn't seem to notice some people were tied into their wheelchairs, but I was just a kid, and this guy obviously knew what was going on. I quickly realized this was the way it was. We had to tie old people to their chairs to keep them from falling out. Almost immediately, I also began not to notice.

After only a few months of practice I was the best restraint tier in the building. Nobody could get out of my Boy Scout knots. I took pride in that. I was a good nurse's aide. I spent the next seven years doing this and other things to people I cared for because it was standard practice. We did not know any better. I hope you understand I didn't love these people any less because I woke them at 5 a.m., tied them to chairs and lined them up in the dining room. Twenty-six years later I remember many of their names and all their faces. What they taught me continues to serve me today.

Mary Ann was an independent woman. Never mind she was living with dementia. She knew very well what she wanted: to be cut loose from her vest restraint. Several times a day she beckoned me to her chair and whispered conspiratorially, "Hey mister, do you have a knife? I need to get out of here."

Then I would kneel beside her, take her hand in both of mine and say very gently, "Mary Ann, you know I can't do that. I'll get in trouble."

Then she would kick me in the shin and grin. I grinned, too. The sparkle in her eyes told me she would never give up. I silently cheered her ability to retain that little piece of personhood in the midst of an institution designed to take it away. She was a strong woman and a good friend. She taught me a lot.

Unfortunately, not everybody had the strength to keep up the fight. Most quickly grew weary of the struggle and succumbed to the will of the institution with its routines and procedures. People who had raised families, survived wars and a great depression no longer decided when to get up in the morning, what to wear or when to bathe. Of course this made our jobs easier. Compliant residents are much easier to manage. When we lined them up outside the dining room an hour or two before breakfast, they stayed put.

Then OBRA came along in 1987. We stopped tying people down. It was a good thing, but it didn't come about without a struggle. We never thought we could keep people safe without restraints, but we learned. We changed. OBRA was the beginning of changes now sweeping the country, but at the time we didn't know that. It just seemed like another government plan to make our lives harder.

I was an LPN by then, but I still worked pretty closely with the residents. I wasn't getting them up and dressed at 5 a.m. anymore because that was the aides' job.

I admit, however, I did wake people up to give them sleeping medication. I knew it didn't make sense, but it was expected. I had to follow doctor's orders.

I was efficient. Right after breakfast I made sure everyone who had treatment was back in bed so I could finish early. I had a checklist of tasks, and mine was usually completed before the other nurses got theirs done. Don't get me wrong. I still cared deeply for the residents, but my measure was whether or not I got my work done. Nurses are busy people and I had a lot to do.

I was rewarded for efficiency. After several years as the charge LPN on the day shift, my employer offered me a scholarship to complete my RN training. As soon as I graduated, I was promoted to Director of Nursing. I felt I had finally arrived! I had plans, and they were going to be carried out. I was efficient and upcoming.

After awhile as Director of Nursing, I realized I had no time to work directly with residents. I had meetings to attend and policies to write. I had budgets to balance and staffing schedules to keep. Nursing ratios and quality indicators became my world. It didn't take long to realize this was not why I became a nurse.

Fortunately, through a merger I was about to become associated with an organization that was embarking on a mission to change the way elders are served and forced to live in long-term care. In 2001, after years of planning and learning we began the hard work of transforming our culture from a traditional nursing home to the Household Model. We began creating true home founded on the principles of resident directed service by self-led teams in household communities supported by values driven, resource bearing leadership.

It has been a struggle. If you are embarking on a similar journey, don't kid yourself into thinking it won't be. But don't think for a minute this is a flavor-of-the-day fad, either. If you live through deep transformation like we have, you'll know there is no turning back.

The nursing staff I mentor is not penalized for spending time in the backyard visiting elders. If we see a household team member sharing a cup of coffee with a resident at the kitchen table, we smile and our hearts are warmed with the knowledge that our real purpose is being served. Nurses are not excluded from participating in celebrations and the life of the household--we don't agree with the notion that it is too costly for an RN to be part of it all.

I cook breakfast in one of our healthcare households every Tuesday because some of the elders think I make good omelets. They view me as a whole person rather than as just an administrative presence in their lives. Ask any housekeeper or cook: People share their feelings with those who make their breakfast or straighten their room a lot more than they do with those who make policies.

Though we are far from perfect, the staff I work with is blessed with the opportunity to be nurses in what I consider to be the profession's most pure and holistic form. We have the opportunity to engage with elders on a deeply personal level and help them live their lives the way they want.

As Clinical Services Mentor, my accountabilities are the same as when I was Director of Nursing, but my focus has radically changed. Instead of just teaching clinical services, implementing policies and coaching staff, I listen to elders and model person-first behaviors to other nurses and household team members. I help instill values of respect, caring and trust in our staff. We encourage one another to develop relationships with household residents rather than warn against getting too attached.

Beth, a young LPN, has developed a strong relationship with an elder, Emily, that goes well beyond what is considered "professional" in a traditional facility.

Emily is intensely private, rarely leaves her room and typically resists help with her hygienic needs. Beth is the only person Emily wants to assist her with bathing. They have a standing arrangement that (1) on the days Emily has chosen for her bath, they go to the spa room, and (2) the next day Beth brings fried chicken that they share for lunch in Emily's room. Emily has severe arthritis with intractable pain

that is not always well controlled. Beth lies with Emily in bed, comforting her until the pain subsides. I believe this is the art of nursing at its finest.

In the end, this type of organizational and personal transformation isn't for everyone. If you need to have control over staff, or if you feel you know how people should live and need to exert your influence so they comply, this probably isn't for you. If you are reluctant to share information and decision-making authority with others, you may want to stay in a more structured institution (while they still exist). There is nothing wrong with that.

But for me and my co-workers, there is no going back after having worked through our feelings and fears, observed the simple beauty of people being themselves regardless of their limitations, and seen wonderful things happen when the administration begins changing and encouraging everyone else to take a step forward.

As for me, I will never tie another Posey. I will never again subscribe to institutional regimentation, and I will never be just a Director of Nursing.

Joe

We often picture older gentlemen as kind, little old men in fedoras shuffling down the hall with a cane. Joe did not fit the picture. He was a retired farmer, construction worker and maintenance man who could cuss fifty ways from Sunday and not feel a bit bad about it.

Joe was also a husband and father, and his relationship with his daughter Sarah was very special. Sarah had a special empathy for the pain and suffering her father was experiencing from colon cancer and Alzheimer's disease because she, too, was dying.

One Friday afternoon we received a call from the hospital. Sarah was not very strong and had missed visits to her dad's household; could he possibly come over to see her? Joe was very excited about going. I helped him put on his best shirt and hat, and we set off for the hospital. We didn't talk much on the way. He knew Sarah was sick, but I am not sure how much of her illness he understood.

Sarah smiled when he walked into the room. The social workers had called us without letting Sarah know, and it was a terrific surprise for her. She sat on the edge of the bed and talked with her dad for more than 15 minutes. As their conversation winded down I stepped back into the room. Sarah reached over and gave her dad a long hug and said, "I'll see you soon, Daddy. I love you."

Sarah died a few days later. At his family's request, no one told Joe. He continued his daily routine for a time until suddenly one evening he also died. Billie, a household team member who was with him in his last moments, described him smiling and reaching up before he relaxed and went home.

Of course, we all believe he was reaching for the hand of Sarah, his escort to heaven.

Maxine Kicks Out the Administrator

Before she was admitted to the old healthcare center, Maxine had been kicked out of at least four nursing homes over the previous seven years. She was tough as a boot and cussed like a sailor, but had a gentle, humorous and intuitive side. Her husband had been a section foreman on the railroad and she had lived in more than a few trackside houses. She told me she could make a place into home in no time.

She was no-nonsense and could tell from the start if a person was being real. If they weren't, they got the rough side of her. If they were, she was fun and kind. Either way, there was no doubt how she felt about any given subject.

She was admitted several months before we moved into the new houses. The first thing she asked when we met was, "Are you going to kick me out of here, too?"

"Not if I can help it," I said. "Why did they kick you out of the last place you were in?"

"They kept trying to make me do things I didn't want to do. What are you supposed to do, just roll over?"

I liked her immediately. "She'll probably kick me out if there's to be any kicking out," I thought. I had no idea that was exactly what would happen.

Soon after settling in, Maxine joined resident and staff learning-circle discussions about upcoming household arrangements. She heard, though didn't really believe, residents would arise in the morning when they desire and eat when and what they want for breakfast. Together, we were going to dismantle the existing system and create true homes where they would drive their own lives.

Though disbelieving at first, residents began to engage in the vision. They would get especially excited when we took hardhat tours of the new houses. They saw for themselves which house would be theirs and where their bedrooms would be.

Maxine was a veteran of the nursing home system, so it was no surprise she had the hardest time trusting the vision. "I'll believe it when I see it," she said. "I've been around the block a time or two."

Nonetheless, as we planned it out with the residents, Maxine got in her two-cents worth. It was her nature. Even if she didn't believe it, she couldn't help becoming part of it.

By the time we started moving into the houses, Maxine was charged up. She was moving into Lyle House and could hardly wait. Her daughters brought things to make her bedroom comfortable and homey, including paintings she had done years ago. On moving day, she helped decide where to place furniture, all the while being mindful of others. She made sure everybody's needs were met amidst the craziness that goes with any moving day. It was touching to watch her help others establish their home in Lyle House while she was establishing her own.

She also paid attention to everyone coming and going, carrying boxes and running every which way. I stopped in with a box of stuff for my Dad, who was moving into the same house as Maxine.

Sitting in her wheelchair, she waved me over with her one good arm and said, "I thought you said this was going to be a real house."

"It is, Maxine. Why do you ask?"

"Well, you said people would knock on the door."

"Yeah, but it's moving day, so things are kind of crazy. It'll settle down. But, it is your house, Maxine. Don't hesitate to take charge if you see something you don't like."

A couple of days later somebody came to my office and said, "Maxine is throwing people out of Lyle House, and she's cussing some of them out."

"Really. What did they do?"

"Well, they need to get in to Lyle House and she won't let them."

I went straight to Lyle House. When I opened the door I heard her raspy voice before I saw her. She had parked her wheelchair where people couldn't see her if they came in uninvited.

"Damn it! Not you too!" she hollered. "Get outta here! Didn't your Mama teach you any manners!? You're supposed to know better. If you don't do it nobody will!"

I froze for a minute, turned and left the house. Then I rang the doorbell, just like we're supposed to. Behind the door I heard, "Let him wait a little bit. It won't hurt him."

I felt like a little boy who had been sent to his room. After a long minute, I rang the doorbell again.

"Okay, you can come in now," she said.

I sheepishly stepped in and she gave me a glare.

"This is gonna take work, I can see that right now. What's the matter with these people? Were they born in a barn? I've had to kick out 14 people already this morning. If this keeps up I'm gonna want a paycheck."

"Why did you kick them out, Maxine?"

"Same as you, they didn't knock. Is this my house or isn't it?"

"You bet it is." I was so proud to know her I could bust. It was perfect. The context had changed from institution to home, but we weren't adapting fast enough to the new world amidst the chaos of moving in. Old habits were creeping forward and Maxine was going to make sure they didn't. She was protecting the sanctity of her home, just like we all would if ours was invaded.

"Alright then," she said, "we better all start acting like it."

"Right, I'm with you. Now, Maxine, my Dad lives here and everyone decided in learning circles that family members don't have to knock, that they are part of the household."

"Oh, that's right, I forgot. Well, if you're here to see your Dad, then come on in. If you're here on company business, then you need to knock."

"No sweat," I said. "Thanks, Maxine. I'm glad you live here." I started out the door when Maxine hollered at me. I turned back around. She was grinning like a pirate who had just found the loot.

"It feels good to be the one kicking people out for a change," she said.

Elizabeth

Elizabeth has a lot of life wisdom. She has seen sunshine and rain, known laughter, tears, life and death. What endears her to all of us is the way she embraces it all. She told me once she never thought she would find anything as important as her children. Then she had grandchildren!

Elizabeth's best days, which are frequent, are those she spends with her family. If you really want to make her smile, find a way to bring her granddaughter, Logan, over to bake cookies in the afternoon. Logan and Nana will whip up a batch of cookies, curl up with a book, a plate of cookies and two tall glasses of milk and spend the afternoon reading.

"I never thought it could be this good," she whispered to me one day.

"Having grandkids?" I asked.

"No, living here. I never thought my family would like to come visit me here. That is one of the main reasons I didn't want to move here. But did you know that Logan told her kindergarten class that her Nana has over a hundred rooms in her house? She loves to come here, and I love having her!"

Elma

Elma is a night owl. Her typical day does not begin until about 11 a.m. Cynthia ritually tiptoes into her room with a cup of hot chocolate lathered with whipped cream, and three molasses cookies. Elma stirs as Cynthia sits on the edge of the bed. They both giggle and shout out a page number. They are reading the same John Grisham book and both stay up until all hours of the night trying to be the first to finish it.

Elma is a retired librarian from the local university where she met Cynthia in the stacks more than 20 years ago. Cynthia came to work here not long after, and Elma was one of the first elders to move into independent living when it opened. Elma was secretary of the organization's board of trustees for many years.

Elma talks of the changes she has seen over the years and what it was like before we adopted the Household Model. "It has always been a good place. The people have always been kind. But I didn't want to ever end up in the nursing home. I had friends who did. I was afraid living in the nursing home wouldn't be like my home. And you know what? It isn't; it's better. Now I am not alone and I have someone to talk with about my books. And you can't live without that!"

Our House

Mealtime in our household offers a richness of ritual, camaraderie and nurturing, allowing the deepest pleasures of communal life. There's a chatter that begins to build before mealtimes as residents and staff help each other. Mrs. Johnson oversees the table-setting almost every day. When she's feeling up to it, she sets the napkins out. Other days she sits in her chair and gently reminds the staff where the glasses and silver should be placed. She's a funny lady - says she should have been a stand-up comic. Shortly after she came to our household she offered a funny commentary on the proper way to set the table. Everyone enjoyed the banter and a few younger staff say they are now using her methods to set their tables at home.

The house somehow decided, no one can remember who or how, to offer a drink in the living room before the evening meal. While only a few choose an alcoholic beverage, there is a spirit of good humor and grace as we all anticipate the meal. A Homemaker will make a humorous remark: "I'd much rather be in there with you guys, but nooooo, I have to slave over the hot stove" Mr. Bigelow usually retorts with something like, "I put in a long hard day at the office. I deserve this."

The house feels especially honored to have Reverend Bennett living here as he has always been a well-known figure in our town. He had a stroke and is difficult to understand, but the blessing he utters to open the meal is appreciated by all. Mr. Williams is kinda grumpy when he's helped to the table. We know it hurts him that he has to have help with eating but once the meal gets going, he joins everyone else in enjoying the food and conversation.

We've talked about how we all have had to consciously work at slowing down at mealtime. It started with a household learning circle many months ago. The question was: "What was dinner time like at your house?" The residents talked about how mealtime was an event not to be missed. They mentioned how they enjoyed having the whole family sit down together and talk about their day. Mrs. Jacobson said she loved sitting over the dirty dishes at the end of the meal. "Just because the food's gone doesn't mean the conversation is over!"

When the staff shared about our mealtimes we talked about fast food and 15-minute recipes so everyone in our families could quickly eat and get to other things. Well, hearing the residents' stories just made us all a little jealous. Because it's the residents' home everyone (residents and staff) agreed in our household, mealtimes would be pleasant experiences not just a time to get food in our bodies.

The biggest struggle for staff was to let go of seeing mealtime as a task. It was hard to engage residents and enjoy ourselves at first. "It felt fake," Letisha recalled. "But the more we did it, the more we liked it! It almost feels like an extra break now. I especially like coffee that we have right after. Most people choose to have coffee at their table with a dessert, but Mr. Robbins always says 'let's take it to the living room!' He always finds two or three folks to join him. I like helping make that happen, and when I can, I sit for a minute and have a cup too."

We still may have hurried take-out dinners at home sometimes. But here, in our household, meals are always something to look forward to. The food is great, but the company is a treat.