

chapter 9

Organizational Transformation

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"A community needs a soul if it is to become a true home for human beings. You, the people, must give it this soul."

- Pope John Paul II

WE PROVOKE THE SYSTEM

As you come together to commit to the course of the Household Model, you recognize that the organization must change in deep and sustainable ways. The real host of the illness that has debilitated long-term care *is* the organization. Not the individuals in the organization, but the culture and structure of the organization and all the external systems that surround it (regulations, associations, vendors, etc).

Based on the belief that people are merely passing through (as if in a hospital) and focused on the medical care (as if in a hospital), the organization was structured efficiently for these purposes. This results in a one-size-fits all model of care that fosters top-down direction, task-oriented performance and institutional atmosphere.

Proof? There are 16,000 plus nursing homes in the country and all (except for Household and Green House models) are structured in *exactly* the same way! Anyone could recite the departments and positions in any nursing home in any town in any state. Top down, the tasks and responsibilities are broken up into job descriptions so narrow and specific that staff members often say, "It's not my job." While current leadership and staff are most assuredly not to blame for the existence or failures of these current operating systems, they are the keys to reforming the organization.

So, you must take a good look at the structure of the organization and, at the same time, not focus negatively on people and the resistance they provide. You have seen the things that are not "home" and do not honor the elders, such as getting folks up two hours before breakfast and parking them outside the dining room to wait. You know that is a practice that must change and perhaps you've already changed it in your early culture change efforts. To change it, the organizational structures that put the waking schedule into practice must be changed.

In the early stages of organizational transformation it is important that teams talk out loud about what works and what doesn't. The new, shared vision will have changed your standards and the emerging leadership that we identified in the previous chapter will reveal knowledge that was hidden until now.

Sharing information within and among teams should be in the form of dialogue rather than discussion or debate. Dialogue happens when everyone puts in his or her piece to make the full picture. You're not trying to figure out the best vantage point from which to look, you are taking in all views to understand the most complete view. It is more about contributing than persuading. We do it all the time in our own lives at home. Our family weighs in with their schedules when trying to figure out a transportation plan or what and when to eat together – a lot of the same issues that we face in our organizations. Using dialogue as the mode of communication models household behavior. Through this process, the team begins to value working together above individual performance, and the concept of "team" really starts to take hold.

With dialogue, the team moves into a strategic thinking process to review the organizational structure and revamp the-way-we-do-things. This is not about the decision to put wallpaper borders in the bathroom to make it more inviting. Rather, it is about the process by which you come to those kinds of decisions. The power of implementing learning circles in your organization to change the way you communicate was discussed in an earlier chapter. Similarly, merely implementing a meeting model based on shared leadership with its new and efficient meeting practices will begin to change the way you do things. (See *Living and Working in Harmony*) Meetings are necessary – vital to the conduct of any business.

Their importance as an imposed device of interpersonal communication increases as the size of an organization increases. Leaders often recognize this need and increase the number, frequency and length of meetings. They are then frustrated because they do not see fruitful results. In fact, there is often backlash among the staff (and managers alike). Everybody begins to feel they are "meetinged to death" and the only answer is to eliminate meetings in order to be productive.

To put meetings back on track, leaders must:

- Understand the value and purpose of meetings to the household
- Structure meetings to carry out the functions indicated in this value and purpose
- Relegate activities that are unrelated to the value and purpose but have found their way into meetings to other methods of communication or activities.

There are two meeting structures that can make better use of your time and get more accomplished during a meeting: the team meeting model and the stand-up meeting.

The Team Meeting Model

To help the team get through a meeting most effectively, team members volunteer to fulfill the following roles during a meeting (from the workbook *Champions for Change* by LaVrene Norton). Be sure to take turns with each role so that everyone has a chance to strengthen different skills.

Read about difference between dialogue and discussion:

www.thedialoguegrouponline.com/whatsdialogue.html#Contrast

Team Meeting Roles

Meeting Leader: Focus the team on outcomes, work with the team to determine the agenda, to determine the time needed and the process to be used, and then lead the team to follow the agenda. When necessary, make decisions to move the process toward the stated outcomes.

Coach: Observe the process, advise the meeting leader and reflect observations on the process back to the entire team. Assure that everyone has an opportunity to share. Gently intervene to reduce excessive talking, to bring people back on track and to acknowledge agreement and conflict.

Timekeeper: Have a clear understanding from the leader or team as to time ("How much time do we want to spend on this activity?") And then periodically remind the team as time winds down. ("We have seven minutes left, we have two minutes left," etc.) Point out excessive deviation from agenda ("We had planned to spend 15 minutes on the item, it's now 20 – do we continue, and for how long and what do we drop off our agenda to compensate for it?")

Scribe: Record on the flip chart or take notes as per meeting or meeting leader's direction. Should work to record words as stated, without rewording. Record attendance, key content of discussion, actions steps and outcomes. Distribute copies of notes to all attendees.

Welcomer (optional but highly recommended to strengthen involvement in the team): Starts off meeting with a bit of inspiration; good news, interesting and relevant article, poem, etc. May also be in charge of refreshments when appropriate. Residents often love this role as they can prepare for it ahead of time and know that they are making a serious contribution.

You can see how putting team members in these roles will keep

things running smoothly.

Stand-up Meeting

While the model above works best for longer meetings where multiple topics are addressed, the stand-up meeting is a great way to tackle specific issues that need to be addressed outside of scheduled meeting times.

The stand-up meeting, or huddle, is just that - a meeting where everyone who attends, stands up, usually in a small circle or huddle. Psychologically and physically it reminds the group that the meeting will be quick and therefore everyone should stay focused and on target.

The process of communication is through rounds, similar to the learning circle. Participants take turns sharing their thoughts. Immediate and spontaneous feedback to the individual sharing is not allowed.

However, depending upon your purpose, rules can be developed to either allow or prohibit a second round for questions and feedback. Other rules for individual and group behavior can be established to reinforce your purpose and process.

The stand-up meeting is an excellent means of frequent and regular communication within a self-led team. It is of great value when a number of individuals in different roles share in resident care. It improves the flow of communication; allows frequent understandings of each other's roles, concerns and frustrations; and guarantees frequent opportunities to vent feelings. The stand-up meeting can improve team spirit and resolve daily operational problems - both major contributors to increased productivity and employee satisfaction. The stand-up meeting has a specific purpose, a clear process or agenda and a specified length, which must be faithfully adhered to.

Leader's steps in facilitating a stand-up meeting:

1. Determine the purpose for the meeting. It may be one or more of the following: increase team spirit; share feedback to one another; share knowledge and information about operations, policy changes or residents with each other; give updates on household or organization-wide changes; vent daily frustrations; share one's daily work plans with others to determine overlaps, gaps, etc.; update as the day goes on and a staff member or two goes home and others come in to work; or any other topic that needs to be addressed.
2. Consider the number of staff to be involved and what it is you want them to share. Then, determine the length of the meeting. For example, you have four staff starting the morning in the household that you want to involve. Your primary purpose is to increase team spirit. You wish to have them accomplish this by setting the right mood for their work and sharing their daily work plans to determine how they can help each other. You decide to meet for a maximum of 5 minutes in a stand-up after the fourth person arrives (you have staggered work times but all four are in the house by 9:30 and breakfast is usually winding down. You've found that just stopping and standing in the kitchen for five minutes to go over the day works great. You always decide at that time who will facilitate the morning learning circle with residents and staff - that usually takes place about 10:30 a.m.
3. As leader, spend no more than one minute in introduction - setting the mood, motivating or outlining the topic for the meeting
4. Have each person share his or her feelings or concerns about the day's work or the topic at hand.
5. Let it be your responsibility to make note (mental or actual) of all

comments so that you may summarize and respond to any questions left unanswered.

6. End on a motivational, upbeat note. "Let's make it a great day!" or...

The stand-up meeting is also a great way to get out quick news to everyone at the same time. Often, when something comes up a future formal meeting is planned. By meeting time, the news has made its way through the grapevine, everybody has a slightly different view of the news and the meeting seems useless because the word is out already or more time is given to the meeting than needed. The stand up meeting serves as a healthy alternative. Consider keeping a notebook in a kitchen drawer for recording the date, time and summary of the meeting. Now anyone can catch up if they've missed a day.

Deep Change Requires Painful Unlearning

For deep change to occur, you must go through painful unlearning of the things that created the structure you wish to change. It is "painful" because each of you will have to look honestly at how you personally have supported a system that does not adequately or justly serve the elders to whom you're committed. This means being self-aware and thinking deeply about your actions so as not to fall into the old habits you've decided to leave behind. We commonly think residents become institutionalized and cling to routine, but so do staff. The team must break down the current system and build a new one. Not only will the new model be different, the means of building it will be different as well. For help with the painful unlearning of institutionalism, refer to Norton's Ten Challenges of deep culture change (from *Ever Learning – a Workbook for Organizational Change*).

Ask team members to think about how they will overcome the following challenges:

1. Divisions and barriers resulting from departmental silos, wide variety of tasks and multiple shifts caring for the same individuals with minimal opportunity to communicate and plan or coordinate how to best meet resident needs.
2. Dramatic differences in experience, education and pay between direct service and management staff.
3. Traditional hierarchy grown historically out of the hospital model (originally from the military) and sustained and encouraged through regulatory actions and organizational fear about compliance and financial viability.
4. Societal attitudes toward elders and their inclusion and value.
5. Elders as inadequately informed and unengaged consumers.
6. Opportunities for critical thinking limited to those in management, with positions close to the resident reduced to performing tasks defined and detailed by others.
7. Leadership limited by extensive management and minimal leadership experience.
8. Societal attitude toward nursing homes that demoralizes staff and residents, and lowers expectations and heightens demands by family members.
9. Inability to envision alternatives to institutional care for large numbers of elders.
10. Limited resources tightly administered through a regulated infrastructure without genuine oversight by the direct consumer.

You may think we are being dramatic by using the phrase "painful unlearning." But while each challenge presented above may in and of itself be

painfully difficult to overcome, the more significant unlearning is to first overcoming the thinking that only "managers" can talk about these things.

The team of formal and informal leaders as well as future households with residents and families can openly discuss these issues and, as a result, grow in their commitment to the vision.

The Learning Company

We've looked to Peter Senge and *The Fifth Discipline* to learn about systems and creating a "learning company." Systems like those in a longterm care organization are bound by interrelated actions. All parts are necessary and should be seen together as a whole, not individually. Change in one area affects all others. So all areas must be addressed in order to bring about profound change.

Determining what's for breakfast and how and where it is eaten, for example, requires support from all over the organization and across multiple shifts. The services of dietary, nursing and clinical care, housekeeping, laundry, pharmacy, maintenance; therapy and the timing of doctors' visits; accounting and purchasing; regulations; the layout of the facility and, of course, the elders' desires are all simultaneously in play. It is more like building a house of cards than knocking down a trail of dominos.

Interrelationships in balance as opposed to chains of cause and effect make up the structure. This is not just a new way of looking at things. This *is* how things are. Only now do you see it clearly. What has changed is the way you act around and within the system. You create the future instead of reacting to the present. The-way-things-are today will never change until you start looking at the way things could and should be tomorrow – until you are thinking not one step ahead but in a new dimension.

It is the difference between *letting* things happen to you, and *making* things happen for you in your shared vision of resident directed service. You must leave behind the way things were and start fresh – everyone at point A.

Think of a theater company. Its goal is to put on a play and the actors are assembled for that purpose. They approach the situation with open minds because the scenic director can't plan the scenery without knowing the size of the actors, where they move, what their costumes may be and the layout of the stage. The actors cannot know exactly how they will perform a scene until they know where the props are on stage, what parts of the stage are lit and when, and what time the play will be performed. All people involved move together as a team – supporting each other, each adding their essential element. Lights, sound, music, acting, scene, costumes, tickets, venue, publicity – all are equally important and nothing is put in place without the other components. You will create home in the same manner, but with the elders as directors.

Patching up the existing organization will not do. If you put the dietary department to work redesigning breakfast, you will have a new way of doing breakfast but it may prove to be unworkable for Certified Nurse Assistants (CNAs). Then, perhaps, the CNAs make adjustments that throw off the administration of medications. The entire plan deteriorates rapidly. And more likely, the idea doesn't make it to the planning stage much less become implemented because everyone, assuming failure, is resisting the change.

So, when changes are made, they must be made in a high involvement fashion. All of the cards in the deck must be involved in the shuffle.

Those desiring a change must understand the need to take time to do it right by addressing the system as a whole and building from the ground up. You may be tempted to trade systemic change for instant gratification, but that will only hurt in the long run. A friend once said of raising children, "You either do the work early when they are little or you end up doing more work when they are older." The *Cliff Notes* or *Culture Change for Dummies* will not work. Full understanding is broad and deep.

It is achieved when everybody knows all the angles and the whole system learns

at the same time. Knowledge and power are not for an elite few. Knowledge and power must be distributed widely and solidly placed in the hands of the elders, their families and the caregivers.

In the last episode of *The Mary Tyler Moore Show* the whole gang is in a group hug in the middle of the office. Some are crying and we hear a voice from the middle of the huddle say "I need a tissue." The group, still hugging, shuffles in the direction of a desk upon which rests a box of tissue. The person closest to the tissue grabs one and passes it to the one in need. That is systemic functioning. A situation arises and together, everyone responds.

For an organization to really flourish, it must be a "learning organization." In this sense, "learning" is not just taking in information that is then "known." Learning is a state of being. Ambivalence, or even being reactive is not enough for a learning organization.

Senge says in *The Fifth Discipline*, "...the basic meaning of a 'learning organization' (is) an organization that is continually expanding its capacity to create its future."

As systems adapt or are redesigned to be strongly in sync with the organization's values, yours will also become a learning company. No, we were not kidding about the "deep" part of deep change. As you now face the organizational change phase you may once again feel overwhelmed. But, the good news is, as Senge says, "We are all learners."

We have practiced growing and improving all our lives. The increasing body of knowledge about change, systems and learning merge with increasingly strong team skills to prepare you for this next step.

Ways to Provoke the System

You began provoking the system when you formed the Steering Team. You see things differently. You continuously ask questions of each other. You seek knowledge. You learned new ways to actually be a team. You work within the Steering Team and the Action Teams you formed. You've made many changes as you are mapping out your household future.

And as long-term care folks always are, you're ready to do something. It may be another year or even two before you move into households, so what must you do now?

As explained in the Leadership chapter, be aggressive about involvement. Get everyone – 100 percent of staff and residents and as many families as possible – involved. Create genuine dialogue everywhere.

In his book *Business Systems Engineering*, Gregory H. Watson said, "Strategy is the persistence of a vision. It is the art of seeing differently, and then planning to act differently. It is the combined ability of a group to see where it wants to go, to see where it is, and to identify what must be done to close this gap, and then to execute those changes that are necessary to get and stay on track that will close this gap. For a vision to persist, it must be carried out over time. Persistent visions are therefore aligned with the long-term business objectives that state what must be done to close the gap."

We recommend using these strategies to get your *whole* organization involved:

1. Strategic Planning Process: Strategic planning is a formal means of bringing the entire community into the Household Model's revolutionary change process while helping ensure what is created has broad support and commitment. Equally important, strategic planning produces a values-driven roadmap for all stakeholders to use in closing the gap between the organization's existing institutional structure and the Household Model.

There are a variety of approaches to strategic planning. Of course, you need to design or select that which works best with your organizational dynamics and culture.

In building a new culture, it is all the more important to put considerable

thought into strategic planning.

Many consultants facilitate multiple sessions over a period of several months. It can be difficult to keep large numbers of people engaged over such a long period of time. We recommend the "Five-Day Submersion" approach to strategic planning. This approach is designed to firmly ground the organization in its values and strategies in a short timeframe. The process starts Monday morning and ends Friday morning with a completed plan bound and ready to review for approval. On Monday, all the invited stakeholders gather. Tuesday through Thursday are filled with specific breakout planning sessions. On Friday morning all stakeholders reconvene to review the plan, make adjustments and approve it to be considered for formal adoption. The process involves the following framework guidelines:

Engage a Facilitator - Unless you have a seasoned facilitator on staff, contracting with an outside consultant may be the most effective way to bring your stakeholders together and provide a framework for strategic planning. Even if you do have such a person on staff, it still may be better to bring in someone with no previous involvement with the organizational dynamics. Strategic planning, done well, is one of the most important tools for assuring the organization's survival and growth. It's not a time for skimping...you generally get what you pay for. Perhaps you have little or no experience assembling a wide collection of organizational stakeholders together at one time. Ensuring the facilitator is seasoned to group process will help maximize the impact of your investment.

Invite Everybody and Their Dog - Several weeks before the event, send formal invitations to residents, families, staff and board members, corporate officers, vendors, community leaders, elected officials, surveyor agencies, the ombudsman, volunteers--everybody you can think of who has a stake in the organization. Describe the five-day process and invite them to help shape their own futures by helping shape the organization. You may be surprised at the response.

Form a Week Long Planning Support Team - Completing a strategic plan in one workweek takes teamwork. Organizing feedback into an articulate document requires a designated support team operating behind the scenes throughout the week.

The *facilitator* is the team leader and all other team members should rally around his or her leadership. The facilitator should capture each general and breakout session as it occurs on flip charts or other media viewable by participants. In addition, a *scribe* with a laptop must be in each session to transcribe everything that is said for reference (along with the facilitator's flipchart documentation) at the end of each day throughout the week.

The *designated support team* should organize the notes from each session into a draft to be inserted into the final document. The assigned teams complete their work each day so the strategic plan is crafted in tandem with how the process progresses throughout the week. This requires working in the evenings so each day's notes are completed before sessions begin the next day.

Planning Sessions

Monday - Made up of general sessions involving all invited stakeholders. The sessions below are designed to give participants a global view of the organization and the environment in which it operates. Mission, vision and values also are covered on the first day to ensure as many people as possible participate in forming the organization's identity.

Morning Sessions

Welcome and Introductions - The participants are welcomed, introductions are made and the overall weeklong planning process is described. All participants are invited to stay the full day, and to sign up for

the Tuesday-Thursday breakout sessions and the Friday morning closing session where they will be asked to review and approve the final plan draft.

Organizational History - The first part of the morning can be spent reviewing the organization's history and what has led to the present day. This can also include a review and update of the most recent strategic plan.

Long-Term Care Trends - The facilitator should provide a "Thirty Thousand Foot" view of the long-term care sector including present and future trends. This gives all the stakeholders a solid context of the universe in which the organization gravitates.

Mission and Vision - The facilitator guides the group in evaluating the existing mission and vision statements respectively and determining if changes are desired. These should be short, well thought out statements that fit on stationary headings, business cards or other collateral documents.

The mission statement should clearly state the organization's purpose. The vision statement should, in the form of a tag line, capture the organization's essence by describing its character, how it lives out its mission and its impact.

Afternoon Session

Values - The facilitator should make this a free-flow process by inviting everyone in the room (which is usually full) to share words, phrases or sentences reflecting what is important to them about the organization's beliefs, and what is held dear. Words will begin to fly about the room to be captured by the facilitator and scribe. The facilitator should ask the group's permission to have their thoughts summarized and organized on paper for the group to review during the Friday morning general session.

The opportunity for review will prevent "wordsmithing" by those actively participating while maximizing the group's creativity. Though participants usually agree to have their ideas recorded, it is important to seek their permission. In the evening, the support team and/or the facilitator will organize all the words, phrases, and sentences in a way that best represents the collective will and vision expressed by the group.

Tuesday Through Thursday - Breakout sessions are scheduled for a suggested duration of one and a half hours per topic. Sign up sheets for these sessions are offered in the general session. Organizers should ensure there is a good, solid cross section of stakeholders in each session by recruiting additional members if the signup sheets don't sufficiently represent the organizational make-up. The facilitator should encourage sessions to be conducted in a circle.

Circles are powerful and equalizing. The facilitator should remind the group that everybody is equal and encourage full participation.

Breakout session topics should be identified in advance of the strategic planning process. These topics should reflect the categories that need strategic focus in the year(s) ahead. You may also wish to include an "other" category to ensure all ideas not considered in specific breakout sessions are presented.

The following are a few of the many issues that could or should be included as breakout session topics:

- Plant and Asset Management
- Services (i.e. Nursing, Dining, etc.)
- Lifestyle and Service Character
- People, Organizational Structure and Culture
- Board/Ownership Development
- Learning and Teaching
- Marketing
- Finance
- Information Technology
- Grounds
- Strategic Relationships

Organizational Positioning

Friday Morning Closing Session - The facilitator, scribe and support team(s) have had a long week of assembling information that reflects the sessions, so on Friday morning they are generally tired yet proud of the comprehensive document they have created. By Thursday night, most support teams are genuinely amazed at the plan's comprehensiveness.

Some groups bookend their documents with introductory and closing letters by organizational leaders (i.e. Community Mentor, Board Chair, Owner, Social Worker, Household Team Member).

The facilitator presents the plan to the reassembled group via power point or overhead projector. Often there are clarifications, further discussion about certain points and suggested changes. Once these are done, the broad group of participants are usually "proud as punch" of their impressive document that truly reflects the organization. The facilitator asks for a vote or other form of approval to forward the plan to the ownership or board of directors for adoption. Some groups have participants sign a page that symbolically reflects individual and group endorsement. Some even have pictures taken of the entire group with somebody holding the plan in front.

If the plan truly reflects the week's happenings, significant strides are made in five short days in aligning the whole organization around its purpose and beliefs.

2. Strategic Change Event: The strategic change event is another group process for introducing change to all - staff, residents, families, but also community leaders, politicians, media, ombudsmen and Board members. It can precede strategic planning or serve more as a final step in the move to households. The Strategic Change Event is structured to encourage everyone in the organization and its surrounding community to "turn on a dime" - dramatically shifting the energy from being resigned to the institutional way to eagerly moving in sync toward the Household Model. People come together for three to four days to explore the changes that have already taken place and participate in the planning for those that are yet to come. Sessions are held on all areas of household life - dietary to activities, self-led teams to elder counsel.

The different sessions run all day long and attendees are invited to take part in as many sessions as they like. When Action Pact facilitates strategic change events, they make sure the agendas for each day are published and posted throughout the facility as well in local newspapers and community bulletin boards. People will talk about how life in households will be different. It is both a symbolic and literal turning point for all involved.

These events are usually most effective with an outside consultant facilitating the process. (see Workbook - *Creating Home - a Strategic Change Event* by LaVrene Norton)

Wesley Retirement Services of Des Moines, IA held strategic change events at all five of their retirement communities as a means of engaging all stakeholders. Each Wesley retirement community is in a different Iowa city and had unique environments and individualized culture change plans. All were moving as close to households as possible, some with low cost renovations and others with extensive renovation and new construction.

At the Village in Indianola, IA the architects were present as residents shared what they needed in order to feel truly at home. The new households had to have personal and community spaces as well as continuous access to hosting foods in order to continue their life-long pleasures of inviting family and friends into their homes. The architects went back to the drawing board and modified their plans.

At Park Center in Newton, IA, a couple of nurses, still a little resistant, shared a table with family members and a resident. Before their session was over they had together visualized a home where they each could continue the good life they currently led. They left open to possibilities.

3. Organizational Design Action Teams: The Steering Team can begin to create daily excitement in the organization and get to the hard work of re-organization done at the same time by forming Action Teams. These teams, with staff from various function areas, begin by studying other transforming organizations, especially those moving toward or operating in households. The teams begin to plan for decentralization of all traditional operating systems. Dining, med pass, care-planning, MDS and activities become household centered. The Steering Team and its

Action Teams must think through every system. How will the household plan menus? Prepare meals? Serve meals? Get people to their household dining room? What about snacks? When will meals be served? How will therapies be done? How will social services meet the needs of the residents? How will activities work? Will everyone do activities? Teams and the organization as a whole will figure out how to put their values into action in the future households. They will determine how households will work with areas that remain centralized such as human resources, purchasing, business office and reception. Finally, they will decide the parameters of the household teams. They will determine how different the teams can be from one household to another. Form Action Teams to begin focusing on the options (and opportunities) for your organizational transformation in:

Structure and Accountabilities – address the overall structure of the organization.

Human Resources – address job descriptions and blended roles

Nursing Services – address liberalizing of diets and meds (hopefully much of it has already been accomplished in early culture change efforts); med pass, staffing and scheduling.

Dining Services – address the options for making the kitchen the heart of your households – hopefully to deepen the change that has already been made in your earlier work to change the culture of dining in your organization. (See the Action Pact workbook, *Making the Kitchen the Heart of the Home* for ideas on the transformation of dining at every stage along your journey to households.)

WE EMBRACE EMERGING CHAOS

As you begin to tear down and rebuild, things may seem a little chaotic, in fact, sometimes more than a little. You may have the urge to "put things back." Those staff members who are less certain and lack vision will surely have that urge. Instead, think again of the vision – bringing authority and decisions as close to the elders as possible. Bring some order to the chaos by focusing energy on designing for decentralization.

Introducing Self-led Teams

Begin to plan for decentralization of authority by developing the self-led teams that will make up the organization. During this period of transition, most leadership staff (and hopefully most other staff due to your commitment to high involvement) will be working simultaneously in the present and the future, maintaining the current traditional operational systems to assure the delivery of quality care and regulatory compliance while designing the new systems that will support the vision of deep culture change in your emerging households.

It is critical to maintain your current systems that have served you and your residents well in the past until your new systems are clearly formalized to assure continuity in care and compliance during the actual transition. You've already practiced this through the Steering Team and Action Team process.

While your households are still under construction, begin the shift of department head responsibilities to the self-led teams of the future households. You will have chosen your household leadership by now.

Ask, "What are our responsibilities?" and, "How can we get that responsibility into the household, as close to the elder as possible?" Look at all department leadership, manager and supervisor job descriptions. What functions and tasks must be included into the household team's accountabilities? What tasks must be retained by licensed professionals, both clinical and other professionals?

As your action teams work to define future responsibilities and training needs for the self-led teams, start with considering the essentials for maintaining quality of care and service with regulatory compliance.

Remember that it is positive outcomes we are seeking, and that the way we achieve these outcomes is limited only by our creativity and willingness to embrace change. Always ask, "Why not?" whenever confronted with an obstacle to change. Keeping the goal in sight, and continually questioning any tendency to maintain the status quo, will lead your teams to new heights of self-direction and quality outcomes.

At one organization, staff came together in planning groups with their current job descriptions in hand. They came prepared to literally cut up their job descriptions. They placed the pieces with the functions that they felt they must continue to be responsible for in the new household structure on the table close to them. Others they placed into the center of the table. These were functions that could be re-configured or re-grouped into new jobs to be carried out by others in the households.

This is the time when teams brainstorm, consider, discuss and eventually learn their new responsibilities and then ultimately plan for and undergo training. Teams should review various training tools in the *Household Matters* kit especially the in-service and orientation training ideas in the *Living and Working in Harmony* section. Additional training materials are available from Action Pact on www.culturechangenow.com.

This is the time to begin planning for the time when all staff members receive their permanent assignments to households. This includes not only the care-giving staff, but all those moving from dietary, housekeeping, social services, activities and department head functions. This is the time to begin planning for when nurses are assigned and retrained as needed to assume other roles that may have been centralized under the previous operating system. These employees will, at move-in, be accountable through a household instead of reporting through a department.

So, now you are in the thick of it. Even though your organization has been talking and planning for awhile, when you start to lay out the way things will be people may finally say, "Oh my gosh! This is really happening!" It may be that now, and not until this moment, do you think, "My job - my life will change!" But it's merely a moment of panic - that moment when you're ready to forever commit yourself to a new life. Similar

to the moments before the birth of the baby, these are merely jitters. You've already carefully thought things through, detailed all the contingencies, bought the larger house and are now getting closer to moving in. We bring the baby home before we fully understand all the implications of a life changed by parenthood.

Similarly, organizations are often deeply committed and well along the culture change journey before they genuinely understand all the implications of the transformation they've undertaken. They have heard it discussed and seen evidence of it in places they visit but still do not fully realize all its aspects, much less its impact on each and every person involved in the organization. The idea of all residents and staff being involved in the decisions of daily life sounds right but almost impossible to fully understand until you begin to experience it in practice.

However, each organization on the household path suddenly comes to realize they are talking about eliminating departments, repositioning formal leaders who will often pitch in to help in their households and strengthening direct-service positions with leadership responsibilities. The process can be frightening as chaos ramps up throughout the organization. Even well-intended formal leaders who felt ready for

change and participated in setting the timetable can become frightened in these last minutes before move-in.

Robert E. Quinn describes the scene well in his book, *Change the World: How Ordinary People Can Accomplish Extraordinary Results*. "New realities emerge, demanding new responses. At this point people and groups within the hierarchy may become threatened and self-serving in renewed resistance, insisting that their way of operating in the organization works...They lose touch with emergent reality, choosing instead to live in the past, where their vision and knowledge worked."

Surprises are in store as individuals who everyone thought would be fine are discombobulated and individuals who everyone predicted would leave the organization are happy as clams.

The Household Model was conceptually embraced by the LPNs at one transforming organization until this stage of the journey when they realized that the way they had successfully cared for the elders for the past 20+ years was, in fact, going to change. I was presenting at a state conference more than a year after the LPNs' facility had transformed into households. There were a couple hundred folks in the audience, including one of the LPNs. We opened for questions at the end and the LPN took the mike from the roving facilitator and asked me if she could come onto the stage. I knew she thought the residents were happier in the households – she had told me that on my last visit to her facility – but I also knew she and her colleagues had strongly opposed eliminating med carts. I was still a little anxious. She came up and told the audience, "I opposed this change with every energy. I just did not think we could get the right meds to the right people at the right time without med carts. Now that we do this every day, I cannot imagine it any other way and I would never go back. They have a good life everyday in the households. I used to leave work every day grieving for the things I could not do for my residents, now I leave every day, dead tired, but thinking of the many good things I was able to do for them today and plan to do for them tomorrow. "

Teams need strong resolve to weather this difficult time and leadership must hold to the vision and never waver. Their shared vision will ultimately unite them in deep satisfaction.

This is the time to design for the future. Action Teams should make recommendations to the Steering Team for consideration. In the next stage you develop the specific system designs, policies and procedures to support the visioning and planning completed in the current stage, but for now, begin to consider your recommendations for:

- Organization chart and job descriptions – Recommend the options that best match your organization's human resources.
- Training – This includes training for all staff on communication and team skills and competencies. (See *Living and Working in Harmony*) It is time for everyone to begin to learn the new way-things-are-done.
- Cross-training – Plan to offer cross-training to everyone. The more versatile workers you have the better. This training includes formal CNA training as well as dietary and activities training. Incentives should be offered to those willing to cross-train.
- Posting of household jobs – Decide the process for selection, and begin to form the communication method.
- Assignment to households – Decide the process for making permanent assignments to households. While the actual assignments should be made and instituted a bit later, this is the time to plan for who will work where, who will work together, who will work with which residents. Plan now for some resistance to permanent assignments. It will come from staff who believe that

they will burn out caring for certain residents. Others will fear getting too attached to residents, concerned that they will be unable to survive the deep reoccurring losses from the passing of so many close relationships.

- Team meetings of future household staff – Start planning for these meetings now. Perhaps you will choose to implement temporary households on wings or floors of your current facility prior to move-in to the new households, or perhaps you will wait for the real move day, but as soon as possible, start meeting as a household team and planning for your future as a household.

- Assignment of residents to households – Start planning now for the high involvement of residents and their families regarding where they will live in the new households. Prepare yourself for some resistance, remember that the fear of the unknown is as present for families and residents as for staff.

Mr. Edwards, as a resident in a traditional facility, had lost the motivation to engage fully in life. He had been active in his church, community and profession prior to being admitted to the nursing home for an acute medical decline immediately following the death of his wife.

Now, he was committed to logging the inadequacy of the facility's response to his needs. When wheeled to the new construction site (while still in stud wall stage), he was able to select his own room. "This is the new nursing home?" he exclaimed. "If I have this room, I could put my desk right in front of the window and put a bird feeder in that tree. Life just might be good again!" Shortly after moving into the household, he set up Bible study one evening a week. It was well attended by folks from his church and new friends from the households.

- Involvement of families, residents, staff in learning circles – Learning circles should become part of everyday life in households, and this is the time to commit to the practice. All team and household decisions should be addressed in this way. Also, learning circles on conversational topics will help staff and residents get to know each other and help set a tone for the household. Include family members whenever possible. And when the tendency to slip back into traditional memos and meetings occurs, remember that learning circles are key to relationship-based communication in a transforming organization.

- Move-in planning – It's not too early to begin participating in choices of interior design elements, furnishings, supplies, foods and items for gifting (We suggest registering at a department or discount store for housewarmings.) Once again, remember the importance of high involvement at every stage of the journey. While at this stage, these choices may be generic, or may just narrow the field of options for the future household team. Initial involvement by the action teams, and ultimately the household teams, will support the design of a true home for residents and staff.

WE DEVELOP AS CHAOS CLIMAXES

When organizations first talk of the Household Model, everyone's fears are about regulations. Earlier in the book we suggested that you needed to push through that fear, because it serves no purpose but to hold you back and to feed the resistance to change. But now you're ready to develop the systems that will replace the-way-things-are-done. Now is the time to carefully design a future that merges excellence in regulatory compliance with the pleasant daily life of home.

Maintaining Standards of Practice in System Design

The systems you design must be compliant with regulations. Everyone is so

excited about moving into a household – residents are truly happy, laughter and hugs are spontaneous – that it is easy to forget those things that you *must* continue to do. You must continue to separate clean and dirty dishes in the kitchen. You must wear a hair restraint when preparing food for a meal, even in the household kitchen. You must continue to schedule activities on a household calendar. You must support the resident's right to refuse a care or treatment through assessment, education on risk, and offering alternatives. While ensuring whatever and whenever a resident desires for breakfast becomes a new norm, you must be sure that all items on a posted menu for breakfast are available for service, even if *no* resident in your household *ever* chooses them. You must assure that care conferences are held within the Resident Assessment Instrument (RAI) timeline, even if a separate family meeting is held outside the timeline so more family members can attend. You must insist that a staff person sharing housekeeping and dining duties wear proper uniform for each task. You must realize that laundry soap is a potentially toxic substance and must be kept in a safe and locked place, even in the household laundry room. You must remember that proper hand washing is the first line of defense against food borne illness and offense in infection control.

Design and Development of the Systems Changes Required for Decentralization

We recognize that many systems, protocols and policies within the traditional nursing home model must be carried forth to the Household Model. The context for these systems, however, changes from institution to home, affecting the way we continue these necessary functions.

The following pages break down the service functions that are affected by the transition from the department structure to the Household Model. The accompanying *Creating Home* policies and procedures, *Living and Working in Harmony* integrated human resource system and *Reflection on Quality* process and measurement system are all designed within the Household Matters kit to support the organization in the areas outlined in the next section.

Designing and developing decentralized systems is both simple and complex. The values, principles and theories behind the changes in operating systems are simple – back to the basics of Chapter Four – your theory and vision put to practice guided by the Essential Elements.

However, as you consider the interrelationships of systems and how they are implemented, the complexities arise. Here we will take a look at each system in more detail, driven by the Essential Elements for their design.

Dining

We often start with dietary because it allows for incremental shifts in resident service that often lead to highly visible and positive results and creates those "ah ha" moments that energize teams and the process of change. There are seemingly endless opportunities for change in Dietary, and each requires the development of a system to support it.

Life Around the Kitchen

There are big decisions that must be made around how food is prepared and served. Set a standard for the design work immediately. Move as close to living at home as possible. Many factors will hold you away from that ideal, but push through all that you can. Let's think of our own homes for a minute. Home life includes a kitchen that nurtures the family. We can find food there for a quick snack, an individualized meal or the makings of a family meal. We can find hydration there – that pleasant, cool glass of water, the milk and juices in the refrigerator, the fresh pot of coffee, the makings for tea. We find the table comfortable to sit at, reading the paper or a book, chatting with family or friend. We love to attend to family there. We wipe off the counter top, put the dishes in the dishwasher and go through recipe books thinking about dinner for friends on Saturday night. We have a grocery

list that we keep on the fridge – anybody in the family can add to it. Preparing for this evening meal, we might make the dessert mid-morning or in the early afternoon. Someone sets the table early evening, while someone else finishes up the salad. As we sit down for the meal we pour our choice of water, milk, coffee. Bread and butter is put on the table and the salad served while we enjoy smells of the main course wafting their way from stove to table. Discussion of the day mixes delightfully with requests to pass the bread and butter.

Now step back – can you do it all? What major hurdles will have to be overcome?

Food Preparation

How and where will we prepare and deliver food? Consider cooking breakfast to order in the households. Households across the country start the day with this signature of culture change. To facilitate sleeping in and eating late, develop systems to serve your residents at the times they choose to eat, and be prepared to flex those systems as your residents come and go.

Remember too, it is not just the food preparation and service systems that must be redesigned, but also the nutritional assessment and care planning. Support this strong statement of resident preference against the institutional norm of regularly scheduled mealtimes with the documentation essential for regulatory compliance. How (and where) will lunch and supper be prepared and delivered? Will yours be one of the lucky nursing homes that has forward thinking fire marshalls and state regulators who will support the preparation of two, or even three meals a day in your household kitchens? When you consider the positive impact of breakfast to order on our residents' health and happiness, just imagine the impact of having all three meals to order. In the beginning consider cooking breakfast to order and preparing most desserts, salads and other special food items as part of household life. Keep your plans (both physical environment and operating systems) flexible to allow for future progression.

Staffing the Kitchen

There are three options you may consider for staffing the kitchen in the Household Model:

1. The creation of a homemaker position that incorporates dietary aide and housekeeping aide roles and responsibilities. This blend is logical and simple, generally playing to people's strengths. But don't think for a minute that all housekeepers love to cook, or all dietary folks love to clean. Just let the teams and the households work it out, and they will. Of course, continue to encourage all staff to become CNAs so they can better assist the residents in the dining experience.

2. The creation of versatile workers - all staff trained to perform tasks in dietary. If you choose this route, remember once again the rigors of regulatory compliance, especially when expecting all positions to have working knowledge of all kitchen functions.

3. Create a blend of dietary and activity aide hours into a kitchen activities position. This lucky person spends their whole day working with food and fun in the kitchen. Think about the time spent in your kitchen at home, and the range of tasks accomplished there, and you will sense the potential for this blend. These are three of any number of blended roles you can design within a versatile household team to staff the kitchen.

Housekeeping

As explained above, housekeeping can be accomplished through blended homemaker roles. Housekeeping, however, is a responsibility of the entire household team. It's everybody's job. Each self-led team will self organize around expected standards and

accountabilities.

Nursing

Yes, according to the services you offer and the regulations you honor, this *is* still a nursing home, and skilled at that. So we must also introduce the creation of home and the honoring of resident choice into the development of new nursing systems. Frequently the most difficult for staff to conceptualize, the development of these system changes will require the most skill in leading change in your organizational journey.

First, guided by the Essential Elements offered in Chapter Four, you develop new patterns for delivering nursing care, and reconsider the roles of all nursing staff. Develop systems to define the registered and licensed nurses' role in your households. Will they be full-time members of the household, assuming a great variety of roles in that household? Or, will they be neighborhood nurses, serving two or even three neighboring households in a less broad nursing role? In the formative stages of household model discovery, some organizations have chosen to have registered nurses act as visiting nurses entering the households only for defined nursing tasks at defined times of the day, just like home health services are delivered in our own communities today. We, the authors, do not recommend this approach. Remember the importance of keeping services close to the resident, and also of the myriad of opportunities for registered and licensed nurses to contribute their talents to the residents and the household team.

Key Nursing Systems Change

After you develop the systems for who does what in nursing, you need to develop the processes to honor individualized care in the delivery of nursing services. The hallmark systems changes in nursing revolve around the med pass and the MDS (Minimum Data Set) documentation process.

The options for individualizing med pass in ways that honor home and resident choice are endless, and they are often one of the most difficult changes to conceptualize. Meds, and sometimes even medical records can be stored inside each resident's room in properly secured drawers or cubbies. They can be stored in a central med room and distributed individually to each resident wherever they may be at the moment using a small basket or tray. They may also be stored in a stationary cabinet close to several residents' rooms, designed to look like household furniture but with the internal fixin's of a stationary med cart. The common purpose of all these options is to *eliminate* the traditional med cart and all of its related messages of institution. Protocol and systems for decentralized medication storage are covered in *Creating Home* policies and procedures.

The traditional nursing department is somewhat dominated by the MDS process. The Household Model calls for developing new systems that decentralize this process. The intent is to move the process closer to the resident, and involve all caregivers and family in a more meaningful manner. The result should be improved care and service for residents.

Because this process is a key tool for compliance, the demonstration of outcomes and reimbursement, we cannot compromise the quality of our work in this area. But think of the advantages of a household based system; the nurse completing the MDS does not have to rely on the sometimes spotty documentation of others to accurately complete the document. For example, the household nurse who dresses a wound, assists the residents with dining and walking and gives their baths, interacts with the residents frequently throughout the day. She comes to know them personally and their fears and frustrations first hand. That same nurse can complete the MDS more accurately and more efficiently.

Activities of Daily Life

In the Household Model everyone participates in the activity of life. All staff

grow in their ability to contribute to the daily pleasures of the resident and life of the household. Residents and staff create the activity of life much like in a family. Residents are happier and help craft their own pursuits. Everyone's jobs become more enjoyable and meaningful, down time gets filled with quality time, productivity increases and staff satisfaction, recruitment and retention improve.

Laundry

The household physical layout should be designed to do personal laundry in the household as indicated in the next chapter. Work with your regulators to understand their expectations for maintaining infection control in your household laundry service. Some states allow the combining of different residents' personal items into one load (with specific temperature and solution requirements). Some allow the washing of residents personal linens in the household, and some the washing of household tablecloths and napkins. Some states do not. Learn quickly where your state stands, and comply. Your residents will benefit from the process of household laundry, by smelling, feeling and hearing the comforting sounds and smells of laundry in process.

Also, remember to cross train closely. Never assume all staff know not to wash wool or leather, or not to mix a new red sweatshirt with white socks.

Human Resources

Certain support functions will most likely not be changed much prior to move in. But they will offer unlimited opportunities for decentralization once the household teams have conquered the delivery of direct care and resident services in the households.

Human Resources is one of those systems. Plan to decentralize HR functions, but only once everyone has settled into the new households.

Ultimately, household teams will grow to play a central role in hiring, orienting, training, scheduling and even in disciplining and terminating their members; but only with coaches and support of the Community Mentor or other mentor trained in Human Resources. Before taking on these new roles, the household teams must be trained and mentored.

They need to be skilled and comfortable with their role as trainers and teachers as new team members come on board. They need to be able to see potential in others, as well as to accept their own limitations. Only then are they ready to participate actively in hiring, orienting, etc. The most powerful change yet will come when the team adds residents to their HR team. There is no better way to understand how an applicant relates to a resident than to observe them in the hiring process, particularly if the resident has physical or cognitive challenges.

Managing Household Budgets

Over time, it is possible to decentralize the functions of budgeting and fiscal planning, but like HR, implement once the dust has settled. Start the process with a "mad money" budget line item. Give each household a token amount of money (from dietary or activities or the administrator's rainy day fund) to spend monthly as they choose, but only in ways the residents have requested through learning circle or other discussions.

These are not to be employee choices, but household choices that focus on residents' wishes. Perhaps it will be used to order pizza or Chinese food, take a bus ride, purchase oil paints – whatever. The household's mad money may be as little or as much as you can designate, but let the household spend it freely, without oversight from others, except for the boundaries previously established at the onset. As the household team matures, they can evolve to fully participate in budget preparation and management.

A Household Coordinator recalls the evolution of the household budget: "The first year I was given a budget for "mad money" and provided the amount of hours we were to schedule during a pay period. In the second year, we were involved in staffing

hours and learned how to manage the labor budget payroll to payroll. By the third year, we helped develop the revenue and expense budget for the house and negotiated it with management."

Culture Develops Through Behaviors and Competencies

An integrated and household based human resources system is necessary to strengthen the organizational culture and sustain the deep and systemic change.

Basic values and competencies are utilized throughout the organization in all of its decisions; and throughout the work life of the employee – from the inquiry about a job to exiting at a later date. Operative values are based on values of the organization, and through careful extrapolation, actually define the behaviors needed and expected.

Start by figuring out what's needed in the household to create the opportunities for all aspects of daily life – good clinical care, emotionally satisfying and physically nurturing foods and mealtimes, pleasurable activities and pursuits, meaningful and enjoyable relationships – in other words, good living every day.

Then begin to identify the knowledge and skills that are needed to put all of that together, and from that, the actual behaviors and attitudes that staff need to exhibit. These groupings of knowledge, skills, behaviors and attitudes are called "competencies." And so ask, "What are the competencies needed to maintain a functioning, healthy household where good life can happen?"

Once this is thought through (in highly involved teams of staff and residents), define each competency minutely by what can be measured and seen. Everyone in the organization comes to know these competencies.

Individuals and teams work to grow in these competencies.

We use the term "integrated human resource system" to clarify that competencies will be defined and articulated and then utilized in all human resource functions:

- to measure applicants during selection;
- to educate new hires during orientation;
- to continuously develop leadership;
- to establish an individualized development plan;
- to encourage appropriate performance;
- to strengthen customer relationships through clear understanding;
- to mentor and coach others;
- and to serve as standards for team decision-making.

Competencies actually become the career ladders for growth in the emerging organization. They are a pathway for personal growth of every staff person – and that in turn supports the growth of the household.

Systems Approach Guides Development

You are creating a living system, a dynamic system to replace the task based system represented in the institution. The institution uses procedures to reduce the range of possibilities so that the institution can be assured of the outcomes. However, this system doesn't work well to foster growth and change much less produce desired outcomes. A living system shakes up the possibilities, but you must plan to more consciously move everything in sync so that nothing falls between the cracks when the shifts occur. In a living system, as one system moves, all other systems must shift and adjust. A living system is responsive to individual need, and flows accordingly. You will continually be challenged to move with the shifts, and to consider the effects on everything else.

How do you monitor the quality of this living, shifting system? By determining the ability of the system to meet the need of every resident. Resident choice drives system change, and even the smallest of resident choices can touch every system in the household. Remember that as everything shifts and changes, you must assure regulatory

compliance or something will fall through the cracks.

WE IMPLEMENT THE CHANGE, ENERGIZED CHAOS ERUPTS

This is a time of celebration and satisfaction for all, as well as the time to resist any and all temptations to go back to the old way.

Focus first on where you are, what is now and what is next. Save time later to reflect individually and as a team on what might come later, and on what might be better accomplished with a slight tweak in the system.

It won't be just right and certainly not perfect the first time around, but remember that you are a learning organization; learn from the past and the present to create your own most desired future.

Recognize that implementation happens not just at move in, but minute by minute, hour by hour, day by day for years to come. Every time you recommit to the Essential Elements and your organization's values; every time you respond to an elder's need or desire in an individualized way; every time you experience the enhanced contribution of a staff person no longer constrained by the traditional boundaries of department or task, you are continuing to implement deep and significant change.

Celebrate deep satisfaction with every small step forward, and remember to make it community-wide when opportunities present reflect and re-challenge. Perhaps you will suffer small steps back toward traditional thinking, but hold firm that your actions continue to move the organization forward. Remember the power of stories, and the power of the learning circle. Remember the collective conscience and power of team decision making. Use them all to celebrate and to sustain.

THE ORGANIZATION BECOMES EVERLEARNING

Yours is a learning organization. Counting on ever-changing needs and circumstances replaces counting on things always being the same. Looking back, it may seem strange that you ever worked in a traditional long-term care environment. Elders' needs and desires are ever-changing.

So too, by its very nature, is the Household Model. As people, our likes and dislikes change. Maybe we sleep in a little more during winter or stay up later in summer. Maybe we discover a delicious new hot chocolate that we begin having routinely before bed. Then, maybe after drinking it so often we don't want it as much as before. Such is the tide of creating the good life with elders - the shared vision of home by and for the elders.

The organizational culture and character self-perpetuates in an upward spiral of discovery, learning, adjustments and renewal. In carrying out the vision, you seek to create a cycle of enthusiasm, communication and clarity, which in turn builds momentum. This process requires some risk-taking and experimentation. It is not about performing a certain task particularly well, but whether the task is consistent with the vision and should continue to be performed at all. It is not about what is easy or surefire. If the elders' best interest is at heart, it is worth trying.

Once again we look to Senge in *The Fifth Discipline*, "Building an organization where it is safe for people to create visions, where inquiry and commitment to the truth are the norm and challenging the status quo is expected - especially when the status quo includes obscuring aspects of current reality that people seek to avoid." In this sense, cohabitation with creative chaos becomes the desired norm. Why do we strive for chaos over status quo? Or, even make chaos the status quo? Because there are more possibilities in chaos. Many creative and successful people we've known over the years have incredibly messy desks or offices. Because generally our society

embraces status quo, most of us think there is something wrong with a messy desk.

However, like these people's minds, their desks are places where anything can happen. No idea or paper is filed in one specific place, pigeon holed for one stayed purpose only. Ideas and papers can move, change and be looked at in different ways. Energy is spent finding the possibilities contained within them instead of arranging them in an orderly fashion. These people do not work well with a clean desk.

For them, chaos is *the* way.

The organization, like a messy desk, like our newly open minds, is responsive and fluid. It has permeable edges that absorb what it needs to stay viable. In ten years, as things change, as the residents and staff change, it may look different, but it will still be the *elders'* place.

It is by normalizing creative chaos that the organization becomes ever learning. Learning becomes part of everyone's day-to-day job. People must continually practice the art of learning, growing and creating. To be good at anything requires practice. And then, as we become skilled, we must continue practicing to maintain our skill. This is how we will embrace the reality and normalcy of life in our households and leave the institution behind.