Background

Terence Cardinal Cooke Health Care Center (TCC) is a 729-bed continuing care facility in New York City that houses a skilled nursing home unit, a dementia care unit, an AIDS program and several other special care divisions. TCC is part of Arch Care (formerly the Catholic Health Care System) and an active participant in the Quality Care Community (QCC). The QCC is a collaborative effort of the Continuing Care Leadership Coalition, which represents the majority of voluntary nursing facilities in New York State, and the Nursing Home Division of 1199SEIU, which represents over 40,000 New York nursing home workers.

In 2006, TCC joined with 15 other QCC facilities in a program to create innovative models of person-centered care. Support for all 16 pilot projects was provided by the Labor-Management Project, a department within the 1199SEIU Training and Employment Funds.

This case study outlines how TCC’s pilot community became “a high-functioning team” in just over a year, gaining the trust and commitment of its own members, of other staff and of the institution as a whole.

The Goals

Management

TCC Executive Director Laura Gaffney wants to improve quality of care and quality of life for TCC’s residents. The resident satisfaction surveys she has conducted since she arrived at TCC in late 2005 indicate that the #1 complaint is “too few opportunities to exercise choice and preference.” “Seeing those results keeps you honest,” she says.
The Process

The Groundwork

Gaffney’s first priority was to boost staff morale and improve employee trust in management. To this end, she established a weekly staff newsletter, conducted quarterly “town hall” meetings and instituted check-ins with all new employees at three months and six months. These changes, she says, restored trust to the point that TCC’s labor-management project could take root and flourish.

For Chinea, the challenge was demonstrating the value of union leadership to management. An opportunity arose when only 17 percent of the workforce filled out a staff satisfaction survey. Gaffney asked the union for help, and Chinea and the union delegates encouraged more widespread participation. “We told staff, ‘All those things you tell me, I want you to write that down on that piece of paper,’” says Chinea. When 91 percent of the workforce handed in their surveys, Gaffney developed a new appreciation for the role the union could play in facilitating her dialogue with the staff.

Once union and management leadership agreed to work together, the Labor-Management Project assigned Linda Provenza, an organizational development consultant, to help them facilitate their project.

Forming the Pilot Community

Gaffney and Chinea asked Carol Wills, CNA, and Mimi Fierle, Chief of Recreation, to co-chair the pilot community. Staff from the pilot unit – from both supervisory and direct care departments – volunteered to join the community. They developed what Provenza calls “guidelines for creating a positive environment.”

Two key points of agreement:

- **Conflict is good.** “We wanted to learn how to talk about it and deal with it rather than shove it under the table and pretend it’s not there,” says Fierle.

- **Job titles stay at the door.** “We come from the union, from the staff and from management, but when we go to those meetings, those hats are off,” says Wills. “We’re all one at those meetings, so we can discuss and brainstorm, agree and disagree.”

The group learned to use an interest-based problem-solving model, a process that encourages a group to discuss all the divergent interests of its various stakeholders – and then focus on where those interests intersect. “Usually you move from a place where people are bumping heads to more of a win-win,” explains Provenza.

Labor

Protecting his members’ jobs is the main goal of Joseph Chinea, contract administrator for 1199SEIU, but his interests don’t stop there. “In this economic environment, with the cuts that are being made to healthcare, if we are at each other’s throats, we are all going to go down,” he says. “We need to work together to find better ways to provide care.”

Chinea also sees the potential to create a more flexible workforce to better respond to the new models of long-term care. “In the future, you could have a rehab CNA who walks the resident to the dining area, makes sure the resident eats her meal and does some of the light housekeeping as well as the ADLs.”

“The Process

Management and union and other staff, we started to get closer. Now we can just call somebody in administration if we have a problem and say, ‘Can you fix this?’

Carol Wills CNA
Coming Up With the Game Plan

To help the pilot community decide how to begin their organizational transformation, they watched DVDs about person-centered care practices, visited other nursing homes that were implementing person-centered care and met with Linda Bump, a national expert on person-centered dining.

In the end, the group agreed to focus on dining, specifically breakfast. The goal was to make breakfast a more social experience and to give residents more choice about when and what to eat.

Resident and Staff Involvement

The co-chairs conducted a “learning circle” in which residents talked in turn about what they liked to do or have first thing in the morning. “Most of the responses were pretty simple,” says Wills – “a cup of hot coffee, a little music, some peace and quiet” – yet almost none of those things were available to TCC residents.

“That exercise is absolutely invaluable,” says Gaffney. “It helps you remember that the small things we are doing to improve resident choice will have some real impact.”

The group decided to have two shifts for breakfast so that late risers could stay in bed longer. They would also serve a Continental breakfast from 7:00 am to 11:00 am every morning and leave coffee, juice and pastries out all day. And they would spruce up the drab, institutional dining rooms to remind everyone of “home.”

Chinea and Provenza knew the project couldn’t work without the cooperation of staff, and there was plenty of initial resistance. “It’s so commonsense: If I don’t understand why things are changing, or if my ideas aren’t in the mix, of course I’m going to resist,” says Chinea.

Chinea, Wills and the other delegates met with staff for months, holding weekly group meetings on each shift and talking to them one on one. They shared videos and articles about culture change, conducted learning circles, and brainstormed about everything, from how and when to seat people to what to serve.

Workers were concerned that the new dining plan would mean more work for them when they already felt stretched too thin. The nurse manager from one of the units discussed those fears with the staff early on, says Wills. “Then Joe came in and reassured them that if there was more work and they needed more help he would make sure they got it, because this was a union program.”

Implementing the Plan

Staff began making changes – painting murals on the walls, framing and hanging some of the residents’ paintings, putting silk flowers and tablecloths on the tables and installing coffee and juice machines. Soon everyone became excited. “The mood of the residents, the staff – the entire unit – changed,” says Wills.

Outcomes

- New breakfast program on two units. Residents have more choices about when and what they eat, in a more home-like, comfortable environment. “Now I have hazelnut-flavored coffee in the morning,” exclaims Mr. Jones, “just like I did at home.”
• **New job title.** Dining hostesses help ensure a pleasant, coordinated breakfast experience.

• **Improved union-management relationships.**

• **A permanent steering community** to guide implementation of person-centered care throughout the entire facility.

## Lessons Learned

Members of TCC’s pilot project community have this advice for other organizations who want to form labor-management communities to guide their culture change programs:

• **Pick the right people.** Include at least one management representative with the power to make decisions, so the community’s recommendations get implemented. Include workers from a number of departments and appoint two co-chairs, one from labor and one from management. And pick people with a passion for resident care and at least some interest in person-centered care, counsels Gaffney. “That’s not something you can create.”

• **Start out with a lot of brainstorming** to establish shared vision and goals within the planning community. “When you talk, it builds more understanding of where other people are coming from, and more respect,” says Fierle.

• **Get input and buy-in from the people who will be affected by the change.** “You really have to give the people working on the floor a chance to provide input and some ability to make decisions,” says Chinea.

• **Start small and build.** “Success breeds success,” says Gaffney. “You slowly gain confidence.”

• **Make deadlines and stick to them.** “When you give people assignments, they have to follow up on time,” says Wills.

• **Provide leadership training as needed.** “The workers may need a little coaching at first to lead a meeting or participate fully, because management usually has more experience in those things than workers do,” says Provenza.

• **Agree to disagree...** “People must understand that you can disagree, but we must respect each other’s views,” says Wills.

• **...But be willing to compromise.** “Some people believe that the relationship between the union and management should always be adversarial, and this kind of a relationship is a sell-out,” says Chinea. “But do you want to be married to fighting each other, or do you want to address the healthcare of residents and help the workers grow?”

## Conclusion

“There’s so much potential, when you have a project like this, to change the industry,” says Chinea. “The CEO’s goal is to keep the institution viable and to cut costs. My motivation is also to keep the institution alive, and to create a new workforce. And we both want to provide quality patient care.

Maybe we can both get what we want, if we just stay focused on our common interests.”