



NEWS RELEASE

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My InnerView Addresses Culture Change in Nursing Home Profession

WAUSAU, WI---Nursing home facilities across the United States are moving from a strictly “medical” model to a more “resident-centered” model of care as a culture change transforms the profession, and My InnerView has taken the mystery out of nursing home culture change with its free online assessment and management tool.

“At a time when resident acuity is increasing, we are witness to new models of care that move away from what sociologist Irving Goffman calls a *total institution* toward a more residential model that is *home*, said Dr. Leslie Grant, My InnerView Vice President of Research, and Director of the Center for Aging Services Management at the University of Minnesota.

“The culture change movement promises to make resident care better, enhance the quality of life, improve quality of the work environment for staff, and change nursing home environments from institutional to homelike.”

Implementing culture change presents operational difficulties for most providers. The lack of a common definition or nomenclature, combined with many varying models that have emerged, results in little consensus about what culture change actually is. “That’s an obstacle for turning theory into practice and vision into reality,” Grant said. “If you don’t know where you’ve been and what the destination looks like, how will you know which direction to head or when you’ve made progress?”

Neil Gulsvig, President of My InnerView, offers a solution. “Critical implementation questions can be identified within minutes using My InnerView’s online Culture Change Staging Tool (CCST). We now provide a free, web-based culture change ‘road map’ to help practitioners monitor progress on the culture change journey. Our free management report provides valuable feedback about how culture change is progressing so that leadership can manage change more effectively.”

My InnerView’s CCST is the industry’s first systematic, empirical assessment of culture change progress. CCST was developed by Dr. Grant in collaboration with My InnerView, one of the nation’s leading providers of online quality management tools for the nursing home profession. CCST is based on three years of research conducted by Grant’s team to identify organizational attributes common to most culture change models.

“Objectives of the research were to create a common nomenclature for talking about culture change, as well as develop a new typology for understanding the four basic stages of culture change (Institutional, Transformational, Neighborhood, Household),” Grant said.

“Many people think of culture change as an either/or situation; you’ve either made the changes or you haven’t. In practice,” Grant said, “it’s much more useful to view it as a developmental process, or as a gradual ongoing evolution toward an ideal model of care.”

While most facilities have implemented some practices common to culture change models, this transformation doesn’t always happen in a fixed sequential order, Grant said. “Generally, any of these changes are beneficial, but transformational change is much more than just redecorating the common areas or adding more menu choices. Culture change involves changes in five core organizational systems (decision-making, staffing roles, physical environment, organizational design, leadership practices).”

My InnerView’s web-based CCST is a self-assessment survey for facility staff that assesses these five core systems and uses a decision tree to assign each facility to one of 12 key dimensions, or stages, of culture change. The resulting Culture Change Progress Report not only identifies what level of culture change the facility has achieved, but also indicates strengths where the facility has made progress and opportunities where leaders can focus their efforts to further advance culture change.

Grant said some facilities try to implement a practice associated with very advanced stages of culture change without first implementing the earlier foundational changes needed to support those advanced practices. For example, “attempting to implement self-directed work teams without first making critical changes in the leadership structure is a recipe for failure.”

“Our company has pioneered an effective, highly affordable means for nursing homes to measure and manage quality,” Gulsvig said. “Thousands of nursing homes across the country use our satisfaction surveys and evidence-based quality management tools. It makes practical sense for us to work with leaders of the culture change movement to help establish the link between culture change progress and performance.”

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About My InnerView: My InnerView™ is a Web-based quality management system that provides leaders in assisted living, senior housing, and the skilled nursing profession with tools to measure, benchmark, and improve performance. MIV is one of the nation’s leading providers of quality-management tools for long-term care facilities, serving 4,000 long-term care clients throughout the U.S. MIV maintains the industry’s largest private database of quality and customer satisfaction metrics. The My InnerView core product is the Quality Profile™, an on-demand, cost-effective report that screens customer satisfaction, employee satisfaction and commitment, quality of care, and quality of life. Conceived and supported by industry-leading practitioners, academics and technology professionals, My InnerView’s data outcomes are rigorously evaluated for accuracy. Additional information on CCST, My InnerView research, comparative data, and quality management tools is available at www.MyInnerview.com.