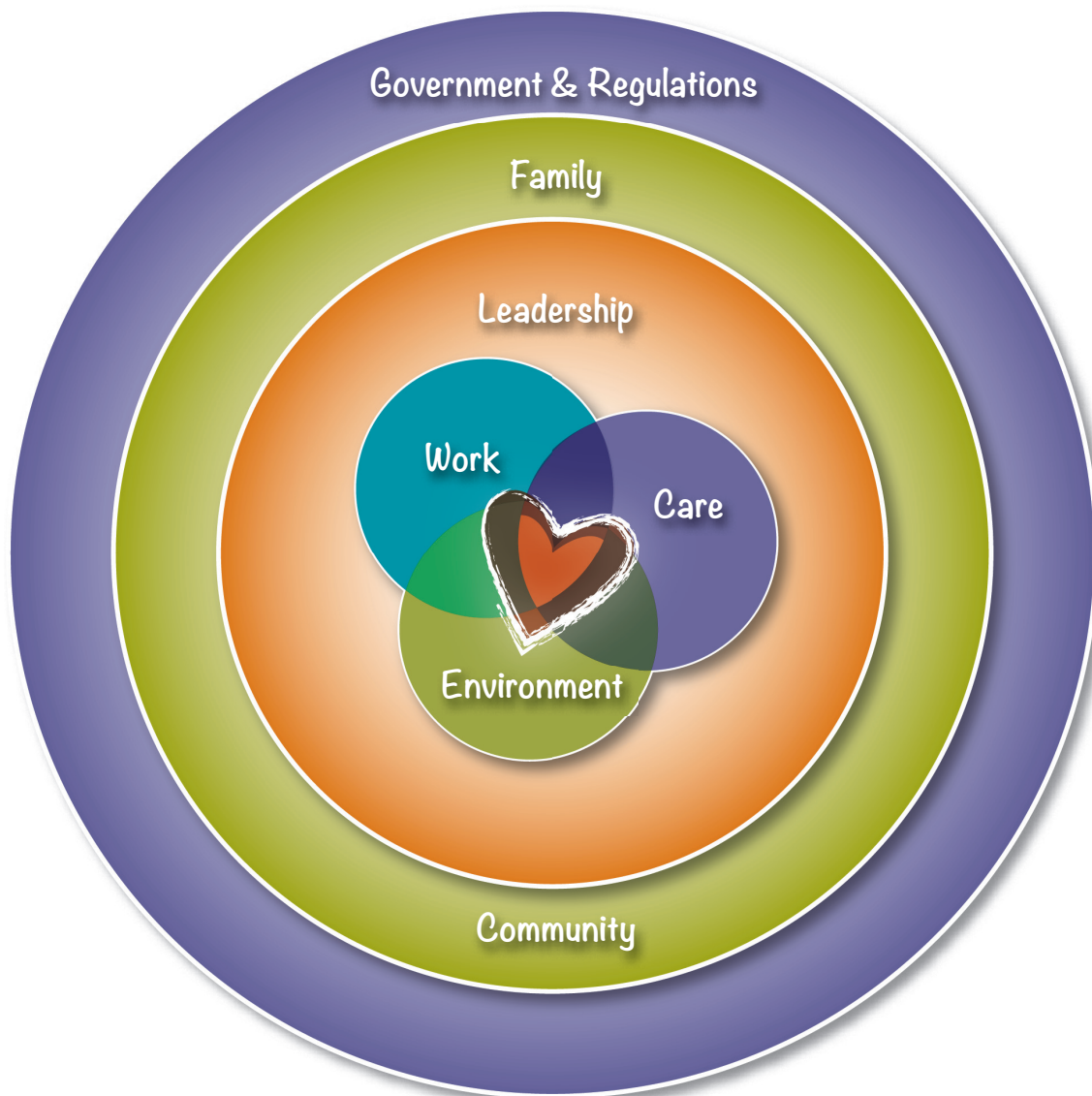




The VA CLCs use the term Cultural Transformation to describe our journey from a medical model to a resident-centered model of care. VA CLCs are using the Holistic Approach to Transformational Change¹ (HATCh) model to conceptualize and drive resident-centered care.

HOLISTIC APPROACH TO TRANSFORMATIONAL CHANGE MODEL

The HATCh model is composed of six inter-related domains that lead to personal, organizational, community, and systems changes that are necessary for transformation from institutional to individual care. The center domains are overlapping areas of **work practices**, **care practice**, and the **environment of care** that revolve around the Veteran who is at the center.



¹The HATCh model is trade-marked by the Rhode Island Quality Partners. This model has been modified from its original.



WORK PRACTICES, CARE PRACTICES AND ENVIRONMENT OF CARE

Changes in work practices include alterations in shifts and work schedules for all disciplines and the empowerment of direct care staff. VA CLCs provide a supportive, interdisciplinary work environment which engages employees in all aspects of decision-making and information sharing. Direct Care Staff are consistently assigned to care for the same residents. All staff should be given opportunities to act as leaders. Decisions should be made as an interdisciplinary team.

Changes in care practices include creatively enhancing dining practices, liberalizing diets, allowing resident choice in bathing, grooming, sleep and wake schedules and offering activities for meaningful use of time. Care is provided so that the resident is respected, treated with dignity and is invited to be an active participant in their own care. All VA employees assigned to the CLC are considered care providers.

Changing the environment of care includes creating separate spaces for a living room, kitchen and bedroom to reflect a home atmosphere and a greater attention to privacy and comfort. Nursing stations have been replaced with communal spaces for residents and staff to interact with one another. CLCs have created neighborhoods or households that encourage residents, family, and staff to name, decorate, and own their place of residence and work. Residents have access to outdoor spaces, children and animals.

MOVING FROM A MEDICAL MODEL TO A RESIDENT-CENTERED MODEL

The HATCh model assists VA CLCs in transforming the culture of care by providing a vision of what resident-centered care should look and feel like. Moving from an institutional, medical model to a resident-centered model of care requires a paradigm shift in the way staff think about providing care. What are the differences?

| Medical Model | Resident-Centered Model |
|-------------------------------------|--|
| Staff provide "treatments" | Staff nurture body, mind, and spirit |
| Residents follow facility's routine | Facility is flexible and follows resident's routine |
| Staff float between units | Consistent staff assignments |
| Staff make decisions for residents | Residents active participants in interdisciplinary team |
| Facility belongs to staff | Facility is the resident's home |
| Structured Activities | Spontaneous age-appropriate activities 24-7 |
| Departmental focus | Interdisciplinary care team |
| Driver of care is diagnosis | Driver of care is resident's needs, preferences and wishes |

(Endnotes)

¹ The HATCh model was developed by the Quality Partners of Rhode Island. www.riqualitypartners.com