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## The culture of nursing homes is changing for the better

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Many of us remember one or both parents saying, "Promise you will never put me in a nursing home. I'd rather die." Perhaps even you have laid that burden on your children. I think it's time to take another look at the issue.

I am well aware of the many surveys that state, "Elders want to age in their own homes." Of course we do. With adequate home health and chore services, many — probably most — elders will be able to remain in their homes.

But there comes a time for some when living at home requires more support than is available or affordable. There comes a time, for some, when living at home may be manageable but is not desirable.

I remember visiting a gentleman in his 90s, enjoying the freedom of being in a nursing home. "Freedom" was the word he used. "What good was my independence," he asked, "when I lived alone and had to count on friends to get out of the house, when days went by and I had no conversation? Here I have people to visit, I don't have to worry about the house, I take walks knowing that someone will look for me if I am out too long. I feel safe."

Many of us have heard horror stories about, or perhaps have had family experience with, a bad nursing home. Residents were neglected, nurses were overworked and crabby, the smell was terrible, etc. Such places did — and do — exist. But increased regulations have forced most of them out of the market.

Likewise, the "mom and pop" home is increasingly rare. The complexity of finance and regulation has led to larger facilities, often part of a corporation that owns many facilities. Religious groups are also owners of many care communities and nursing homes.

The culture of a nursing home (properly called skilled nursing facility) is changing, thanks in part to the success of a few pioneers in the field. Dr. William H. Thomas is one. He and his wife accepted the invitation to revise and renew the Chase Memorial Nursing Home in upstate New York. "It should be possible to have a life worth living in a care facility," Thomas said.

They began by adding gardens and animals to the facility: 100 birds, a goat, two dogs and three cats. Residents were grouped into "neighborhoods" of 20 to 30 people. Schedules became more resident-directed. No one, for example, was awakened at a certain hour for breakfast. Each cluster of residents had an area for socializing, with access to beverages and snacks as desired. After several months, a children's day care was added.

Staffing was revised, so that one staff team stayed with one neighborhood, rather than rotating through the facility. Thomas believes that the benefits of staff becoming better acquainted with and invested in their residents far outweighs any efficiency of other models. Results of the change have included lower drug use, lower infection rates, reduced staff turnover and reduced mortality.

Thomas calls this model the Eden Alternative. There are Eden Alternative homes throughout the east.

Another innovative approach was developed by Methodist Senior Services of Mississippi. The organization operates independent homes, assisted-living programs and cottages for people who

need personal care — that is, nursing home care. Ten to 12 residents live together, each with a private room and bath. A cottage includes a shared living room and kitchen. Round-the-clock staff members are licensed nursing assistants who have had additional training. Nurses, doctors and other staff (therapists, social workers, etc.) visit the residents daily or as needed. The cottages are Medicare licensed as skilled nursing facilities. The program is called the Green House Program because the cottages are built to energy efficient standards.

A major agent of change in nursing home reform is the culture change movement. Eden Alternative homes, the Green House Program and many other facilities are “culture change homes.” Many more have adopted some aspects of the culture change model.

The prevailing theme is resident choice and autonomy. A resident’s room is his home and within the limits of safety, he can make independent choices. Likewise, residents can determine how their common space will be used. Structures and procedures that resemble those of a hospital are eliminated. Nursing stations, announcements via loud speakers and rigid mealtimes usually are changed to procedures more suited to home life.

Of course, standards of health and safety are still the most critical aspects of care. The Centers for Medicare and Medicaid Services rate facilities on health inspection results, nurse staffing and quality of care. Anyone “shopping” for a nursing home should always check the ratings. Did the home receive a good rating in each category?

Beyond the ratings, how welcoming is the facility? Are most residents out of bed and engaged, perhaps visiting, reading or pursuing another activity? Are visitors welcome? Is there safe, outdoor space? Visit more than once, if possible at different times of the day. Look for signs of resident involvement in planning activities and solving problems. Remember, you are looking for a comfortable home for you or your family member, not an institution.

There is a wealth of information available on the Internet. Search for Eden Alternative, William H. Thomas, Methodist Senior Services of Mississippi and Nursing Home Standards, both federal and state.

Martha Bauman is a member of Monadnock Senior Advocates and represents New Hampshire on the Consumer Action Board of the Medicare Rights Center. She welcomes your comments about senior issues. E-mail her at [mabauman@myfairpoint.net](mailto:mabauman@myfairpoint.net)

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