Empowering Elderly to Assume Control in Influencing, Planning & Changing Their Care and Life Style as Nursing Home Residents

United States
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Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

The main focus is to expand control, autonomy, & decision making of nursing home residents. For too long, nursing home residents have accepted a passive and dependent role, while staff has assumed they are the exclusive decision makers regarding resident care. These assumptions must be dramatically changed. We will do this through resident, family & staff education as well as shifting the culture to a person-centered model of care.

Today’s nursing homes are failing to provide the social, emotional and spiritual care residents need and desire. The average nursing home is founded on a medical model used in hospitals, where staff members provide treatment for dependent residents, and life revolves around the facility’s routine and administrative needs instead of the residents’ needs and desires. Staff usually make decisions for the residents (e.g., when to get up in the morning, when and what to eat), activities are structured, staff often float impersonally from resident to resident, and there is a general sense that the facility belongs to the staff. Residents often are known by their diagnoses and weaknesses, not their strengths. It is time for nursing homes to incorporate a more home-like environment where the resident is at the center of the care.

The person centered model of care is a paradigm shift from the medical model to one that focuses on the residents’ independence, choices, self-sufficiency, individual values, privacy, dignity and respect. It is designed to improve the medical, social, emotional and spiritual well-being of the nursing home resident, and to change the status of a vulnerable and dependent elderly population to one that is in greater control of decisions affecting their lives.

The beneficiaries will be the 1150 residents and all future residents living in the 4 nursing homes. The few nursing homes around the country that use the model report reduced costs, improved clinical outcomes & satisfaction surveys, & increased admissions.

About You

Location

Project Street Address
Project City
Project Province/State
Project Postal/Zip Code
Project Country

Your idea

Focus of activity
Service/process

Year the initiative began (yyyy)
2007

Positioning of your initiative on the mosaic diagram

Which of these barriers is the primary focus of your work?
Patients not empowered

Which of the principles is the primary focus of your work?
Center consumers in business model

If you believe some other barrier or principle should be included in the mosaic, please describe it and how it would affect the positioning of your initiative in the mosaic:

A second major barrier involves deinstitutionalizing the nursing home. The 4 homes recognize that despite the good care they currently provide, the public still perceives nursing homes as institutional, hospital-like and even at times rigid and stressful for residents & staff. All 4 homes have a desire to improve their image and create an environment that is as close to ones own home as possible, one that is warm and inviting, relaxing, cozy and safe. To accomplish this it will be necessary to begin with major structural changes both of the physical environment and the organizational system like creating community neighborhoods in place of nursing units. We will introduce country kitchens, laundry facilities, living rooms, spas, plants, artwork & much more in the neighborhoods.
Define the innovation

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Context for Disruption:

The traditional model of care provided to the elderly in long term care facilities and nursing homes across the country is desperately in need of transformation. There is a growing national movement of pioneers who are leading the transition to person-centered care. Typically these are in non-urban nursing homes. This project aims, in the short term, to demonstrate that facilities located in urban areas can successfully transition to the person-centered model of care. In the long term, other homes will learn “best practices” from each other and adopt this model so as to expand the number of facilities that truly respect the individual needs, desires and values of their residents.

This new model of care is transforming the healthcare system by focusing on individualized care. Nursing home routines will be replaced by how the resident wishes to spend his/her day at the time. Nursing home policies and procedures will be more flexible. Decision-making will be closer to the resident who will be empowered to participate in decisions. The leadership is brought closer to the residents and the traditional hierarchical organizational structure becomes flattened.

Delivery Model

Our target population (the residents, families, staff and administration at each of the 4 nursing homes) is clearly defined and easy to access at each of the facilities. We will reach the target population using satisfaction surveys, interviews, focus groups, retreats, meetings, workshops, committees etc. The facility will schedule staff to attend training. Residents are welcome to attend workshops and join the family and resident councils.

Since these four homes are committed to and engaged in the transition to person centered care, the most important element that ensures the success of this project is that the executive leadership, including the CEOs of all four homes, are committed to replacing the medical model of care with a person centered model of care. The administrations of all four homes are committed to centering decision making as close to the resident as possible. Senior management is prepared to liberalize policies and procedures so that nursing home routines and schedules not interfere with a more natural life style for the resident. And, senior management is prepared to allocate hundreds of hours for staff development training necessary for a culture change of this dimension.

All four nursing homes are totally committed to this project. Each approached The Center to see how we could assist them achieve culture change. Once this project is completed we plan to author articles to be published in nursing home professional journals and we will conduct person centered care related conferences for the industry. We will measure this by the number of articles submitted to journals and person centered care conferences focusing on lessons learned that are conducted.

Key Operational Partnerships

The Center to Promote Health Care Studies, Inc. is a well established consulting and education organization serving the health care industry since 1975. Throughout the years we have established many key partners, including leaders in the long term care industry, nursing home association officers, and academic programs in healthcare policy and management. We have had significant contracts with city and state government, as well as 1199 and the NYC Health and Hospital Corporation.

For this project we have partnered with 4 highly respected NYC non-profit nursing homes (Amsterdam Nursing Home in Manhattan, Buena Continuing Care & Rehab Center in Brooklyn, St. Vincent DePaul Residence in the Bronx, and Silvercrest Center for Nursing and Rehabilitation in Queens). These facilities have asked The Center, also a non-profit organization, to assist them continue their transition to a person centered model of care. Each is motivated for success and is committed to allocate $150,000 - $200,000 in kind towards this demonstration project. Salaries will be paid while staff are engaged in survey taking, focus groups, interviews, committee work, workshop sessions for all 1500 staff, other training to help sustain the program, administrative coordination of the project, etc. Because each of the homes is motivated to substantial culture change and is prepared to invest time and costs, we are convinced that we have identified the right partners. These are central partners for this project.

Impact

Financial Model

All four nursing homes are non-profit organizations that are reimbursed based on a New York State fee schedule. The change to person-centered care will not change the financial model. This project is not intended to earn income in the first several years. However, as the culture change process continues there is potential for cost savings in each of the nursing homes as a result of lower staff turnover and full bed census. In a partially funded Robert Wood Johnson Foundation study published in Oct. 2004, it was reported that nursing home staff turn over rates are 70% costing $2.5 billion per year. Person centered care homes average closer to 15% turn over rate. According to the Wellspring Institute, those homes that have embraced culture change have experienced improved staff decision making skills, better staff morale, fewer work-related injuries, fewer workers compensation claims, improved team cooperation, and improved exchange of ideas, information, programs and concerns among shifts, disciplines and levels. Additional savings have also been reported due to improved clinical outcomes such as reduced resident falls and accidents, fewer pressure sores & urinary tract infections, and less use of medications. Because satisfaction rates of residents, families, and staff will improve, in time, census will increase resulting in increased income.
What is your annual operating budget?
250,000.00

What are your current sources of revenue? (please list any sources that are foundation grants)
We don’t have any current sources of revenue for this project. We have recently submitted proposals regarding this same project to the following funding organizations. However, to date, we have not been funded:

• Commonwealth Fund (full proposal funding requested)
• The John A. Hartford Foundation (full proposal funding requested)
• MetLife Foundation (denied- not in their area of interest)
• New York State Health Foundation (full proposal funding requested)
• New York Community Trust (partial proposal funding requested)
• Rockefeller Brothers Fund (denied - not in their area of interest)
• United Hospital Fund (full proposal funding requested)

Effectiveness

Although we have not yet measured the impact, we expect to see results that mimic those reported by other nursing homes. According to the Wellspring Institute, those homes that have embraced culture change have experienced fewer resident falls, decreased resident urinary tract infections, improved resident nutrition, fewer resident pressure sores, decreased use of resident restraints, reduced resident pain. It also reports the following staff outcomes; improved decision making skills; better morale, fewer work-related injuries, improved team cooperation, & improved exchange of ideas, information, programs and concerns among shifts, disciplines and levels. Nursing homes have experienced better staff retention, fewer workers’ compensation claims, standards of care met or exceeded more consistently, increased efficiency and decreased expenses. The Ohio Person Centered Care Coalition believes person-centered care improves resident depression, weight loss, ADL decline, dependency and incontinence. Eden Alternative homes have experienced the same positive outcomes and have additionally reported that staff absenteeism rates decreased; resident, family and staff satisfaction rates dramatically improved; and incidence of resident depression decreased. We expect to see similar measurable impact in this project.

The 1,500 staff and 2,200 residents have, to date, benefited from the program. Should the program be replicated in other nursing homes in the US (there are over 16,000) the numbers of people benefiting could be infinite. Currently the 4 homes instituted procedures and programs that demonstrate increased autonomy for the resident. Upon admission, new residents are asked about their personal likes & dislikes such as food, activities & hobbies, clothing, religious observance, personal hygiene, & bathing. The homes have active resident and family councils which are empowered to make recommendations regarding nursing home policies, procedures & environmental issues.

Which element of the program proved most effective?
Resident decisions regarding bathing, dining, and sleeping preferences and having the homes be able to accommodate the residents’ needs and desires have so far been most effective in terms of shifting the power to the residents. Our residents have indicated that they are delighted not to be awakened at 6:00a.m., as in the past, and are now able to sleep until 8:00 or 9:00 if they so wish. They appreciate the greater choices they have regarding diet and the ability to choose the time of the day to bathe. The residents who have previously been pet owners love the introduction of pets in the nursing homes. The resident councils are equally pleased that their advisory role is being taken seriously.

The homes have made a good start, but much more needs to be done in order to substantially empower the residents and to deinstitutionalize the homes. As the homes learn more about the residents’ likes & dislikes they will, in collaboration with individual residents, their families, and the resident councils, make operational changes such as: choice of roommates, elimination of tray service at mealtimes, working with physicians to liberalize diets, include residents in the interviewing process of new hires who will be their caregivers, creating cyber centers where residents can email grandchildren & use the internet, redecorating resident rooms to personalize them with familiar objects; elimination of food and medication carts, over-sized dining halls & other institutional equipment in the living quarters; providing more community space for informal gatherings, eliminate overhead paging and random alarms, consolidate nursing stations and operational offices away from the living quarters, and much more. These changes will shift the power away from the staff & to the resident.

Number of clients in the last year?
At any given time, over 1,150 residents are served by these four nursing homes. Amsterdam has 409 beds. Buena Vida has 240 beds. St. Vincent dePaul has 200 beds. Silvercrest has 320 beds. There is, of course, resident turnover with several hundred long term residents admitted every year. In addition, collectively these four homes have 193 sub-acute beds which in a one year period results in these home caring for over 1500 persons who are short stay residents. With respect to The Center to Promote Health Care Studies, over the last year, more than 2100 healthcare professionals attended our publicly announced courses, while another 900 healthcare professionals participated in workshops we conducted on site at healthcare organizations that contracted our services.

What is the potential demand?
The demand for nursing homes that use the person centered care model is great and will continue to expand. The United States is experiencing an aging of the nation’s population. According to a study entitled “An Aging U.S. Population and the Health Care Workforce: Factors Affecting the Need for Geriatric Care Workers” released by the University if California in February, 2006, forecasts suggest that the number of people age 65 and over will increase from 39 million in 2010 to 69 million in 2030 and will comprise 20% of the population. Based on these figures, the demand for long term care services will be considerable. Since the next generation of nursing home residents will be baby boomers who as a population have been used to all sorts of amenities and “having it their way,” the demand for a person centered model of care will be great.

Scaling up Strategy
In the next 3 years our first priority is to transition 4 nursing homes from a medical model of care where many of the 1150 residents now experience loneliness, boredom and helplessness to a model of care that focuses on the residents’ independence, choices, self-sufficiency, individual values, privacy, dignity and respect - a model that improves the medical, social, emotional and spiritual well-being of the nursing home resident. To accomplish this, many hours will be devoted to resident and family education. Changing old resident habits of accepting a dependency role and replacing that role with one of accepting empowerment will take time, but is definitely achievable. A second priority is to create a living environment that is warm, relaxing, peaceful and safe, not simply home-like but actually making it “home for the residents”. A
third priority is to make these facilities places that people want to live versus places where people go to die and places where staff want to work instead of where they have to work. Each of these priorities will result in greater satisfaction of the residents, the families, and the nursing home staff. They will result in four healthier and more viable nursing homes. And, they will result in setting the example that other homes will want to follow.

Stage of the initiative:

0

Expansion plan:

These homes are at the early stage of culture change. Consequently, we will first generate a sense of urgency and excitement. We will help the homes identify and establish their unique vision for a person centered model of care. We will educate all stakeholders and involved parties about culture change through learning circles, focus groups, town hall meetings and field trips. We will facilitate team building among leadership in order to effect transition. We will help develop a roadmap for process and organizational change by consulting with leadership & working with newly created culture change committees to prioritize and plan implementation. We will create immediate, short term successes to gain further buy-in. We will identify new staff roles and a new organizational structure. We will work closely with the resident and family councils to determine the type of physical changes they would like to see in the planning and creation of true community neighborhoods. We will work closely with the architects to make sure that the neighborhoods reflect the needs and desires of the residents. At the mid-way point and at the conclusion of this five year project, we will author articles to be published in a professional journal on the lessons learned from this project. We will also conduct conferences on our experience for other nursing homes to attend. Finally, we hope to expand this project by working with other homes to help them transition to this same model of care.

Origin of the Initiative

We have been consultants to nursing homes for over 30 years. Three years ago we visited Teresian House in Albany, NY which in the late 90s decided to transition to a person centered care model. Although we have undertaken numerous consulting assignments that focused on making healthcare organizations more customer friendly, we were amazed at how alert & content the residents were. We only witnessed pleasant, smiling staff. We learned that since the transition families visit much more often & the home has a waiting list for admission. We began to read about the culture change movement & we visited other non-urban homes that began the journey. We investigated to what degree urban homes have begun to transition & learned that only a handful are at the early stages of doing so. When we started talking to nursing homes about culture change there was a great deal of interest, but no money.

Sustainability

What are your two main challenges to finance the growth of your initiative

The first main challenge to finance the growth of our initiative is the lack of available funds to engage consultants to guide the 4 homes through culture change including the creation of visions for the future, achieving buy-in from all stakeholders, identification and removal of operational barriers, educational workshops, and the establishment of support systems. The second main challenge is the lack of a substantially larger amount of funds needed to physically design and create 40 distinct neighborhood communities, each with their own unique kitchen, dining, living room, spa, recreation and decorative personality. This ideal community neighborhood environment has proven to enrich and enhance the social, emotional and spiritual well-being of nursing home residents. One additional challenge is to find a funding source that is concerned with issues of the elderly, and in particular a vulnerable elderly population.

How did you hear about this contest and what is your main incentive to participate?

The Center is on the RWJF email list. We learned about the contest in an email sent by RWJF. Our incentive is to make a contribution to how elderly nursing home residents are treated by teaching residents advocacy skills, we believe we can demonstrate that their lives can be immensely improved.

The Story

Do you have an annual financial statement?

Yes, we have an independent auditor's report and financial statement dated December 31, 2006 which is available for review. Among other financial information, this report identifies our annual income and expenses.

Do you currently have an annual financial statement that tracks profit/loss?

Yes, our annual financial statement tracks profit and loss. The 2006 financial statement is available for review.

Please describe the amount (and/or type) of funding you need to implement your initiative, at year 1 and at year 5.

Year one - $215,000, year two - $160,000. Years 3-5 we anticipate renovating the nursing home units at a cost of $4 million over that three year period. Over the entire five year period, we estimate the project ranging in cost from $4,500,000 to $4,600,000.

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