

Re-inventing Nursing Homes, Senior Communities

Several senior care providers in Rochester are leading the way by putting 'home' back in nursing homes, away from hospital-like, medical model



By Amy Cavalier

A national movement to re-invent nursing homes began in Rochester in 1997. The movement and its umbrella organization, Pioneer Network, promote person-centered care through various approaches to deinstitutionalize nursing homes. These approaches — The Eden Alternative, Green House Project, and Household Models — are road maps to re-define care for seniors. All approaches are anchored in common values; all express in practice the Nursing Home Reform Law of 1987 that requires person-centered care.

In Rochester, several care providers are leading the way by putting residents first and putting the “home” back in nursing homes and senior living communities. No matter which approach they choose to guide them on their journey, they are all shifting from a hospital-like, medical model of care to person-centered care that encourages freedom, relationship, and self-determination in homelike settings. In May, Lifespan, the incubator for the national movement, and Pioneer Network, launched Take It On For Mom, a new initiative to educate consumers about a different way

to provide care in nursing homes, and to create the demand that will encourage traditional nursing homes to change.

“The train is leaving the station,” said Rose Marie Fagan, co-founder of the national movement and founding executive director of the Pioneer Network, and now project director of Take it on for Mom. “People are becoming educated that there are other choices. We want people to be smart shoppers and know what to look for and ask for.”

Eden Alternative

Headquartered at Lifespan in Rochester, the Eden Alternative was founded in 1991 by William (Bill) Thomas, a Harvard-educated physician and board-certified geriatrician. Eden’s 10 principles help organizations embrace person-centered care. Over the past 20 years, Eden has trained over 25,000 long-term care providers, and even the residents in about 200 nursing homes internationally, according to Chris Perna, CEO of the Eden Alternative.

“We are trying to create a life for elders living in long-term care settings where the three plagues of loneliness, helplessness and boredom are eliminated,” said Perna.

Rochester Presbyterian Home (RPH) began its culture-change journey in 1997 with modifications to its physical environment — removing the nurses’ stations, adding living rooms, kitchens and

dining areas, delivering care based on residents' preferences and cutting administrative positions to allow the hiring of more direct care staff, according to Executive Director Nancy Smyth. Other changes include the addition of 23 cats and 10 birds, greenhouse, flower and vegetable gardens.

"We changed breakfast from a formal 8 a.m. meal to a casual service delivered when the elder gets up," said Smyth. "We began involving elders in interviewing applicants for employment and engaged them in determining how life is lived."

In 2002, RPH became a registered Eden Alternative Community. "Through the Eden Alternative, our work is critically evaluated and we are obligated to demonstrate our commitment annually to retain our Eden status," said Smyth.

In 2009, RPH expanded its commitment by building The Memory Care Residences at Cottage Grove in North Chili, according to a design developed by Eden founder

Bill Thomas. Cottage Grove consists of four homes, each with 12 elders. Each resident has a private bedroom and bathroom with a shared living, dining area and kitchen. Residents meet each morning to decide on their meals and activities and to help with household chores or meal preparation if they wish.

"There are no long corridors, no medication carts and no trays like you might see in a nursing home," said Smyth. "Cottage Grove is not glitzy like some of the newer retirement communities that offer concierge services. Cottage Grove is simply a home."

Green House Model

An outgrowth of the Eden Alternative, the Green House model is designed to restore individuals to a home within the community by combining small homes with a full range of personal care and clinical services. St. John's Home, a registered Eden home, recently opened its first two green houses in Penfield and is currently constructing another in Henrietta.

Green Houses contain eight to

12 residents, each with a private room, shower and bathroom. The homes feature large and open living and dining areas, a fireplace, open access, and handicapped accessible kitchen. The 8,000-square-foot ranch-style nursing homes are connected by a large garden area, gazebo with raised garden beds and a walking trail that extends through the neighborhood. The concept has been incorporated in 100 Green House homes operating on 43 campuses in 27 states.

"It's called a greenhouse because it's all about growth for people, not only the people who live there, but the people who work there as well," said Allen Power, Eden associate at St. John's.

The cost of building the Green House homes is slightly under the New York state's cost-per-bed formula for nursing homes, so the homes can operate with a 50 percent Medicaid population, according to Charles Runyon, president and CEO of St. John's Home,

"It's not as financially efficient as a traditional nursing home model, but it's more like a home," Runyon said. "Costs are reduced in other



Top left photo: Rochester Presbyterian Home. The other photos show the interior and exterior of St. John's Home.

For more information on new movements that are redefining care for seniors visit these sites:

- Take it on for Mom: www.takeitonformom.com
- The Pioneer Network: www.pioneernetwork.com
- The Eden Alternative: www.edenalt.org
- The Greenhouse Project: thegreenhouseproject.org/

areas. Research has shown improved outcomes for residents living in them, which can also improve the financial bottom line.”

The scale of the home makes it easier to navigate. Residents who might normally be wheelchair bound can wind up walking. Residents previously residing at St. John’s nursing home in Rochester and originally from the Penfield area were given preference for moving into the new Green Houses.

“We want to get people back where they came from,” Runyon said. “Moving to a nursing home splits spouses for years and even decades.”

Runyon said the Green Houses have exceeded his expectations.

“This is something I never thought was possible,” Runyon said. “All I had in mind was to make the institution as good as it can be. We’re moving to a point of taking the institution out of the equation.”

Household Model

Where the Eden Alternative and Green Houses are prescriptive approaches to person-centered care, several nursing homes and senior living communities decided to grow their own household model for adopting a person-centered approach.

Fairport Baptist Homes Caring Ministries, in 1998, was one of the first in the country to build a household model. They converted into 12 households of 10 to 12 residents, with bedrooms flanking a central family-style country kitchen and living/dining area.

“We learned that in the smaller households, residents and their families become very connected to each other,” said Director of Resident Life Enhancement Hilda Thompson. “Like any family, they have their ups and downs and most of the time they’re very supportive of one another and they watch out for each other.”

Residents and staff collaborate during monthly community meetings. Meals are served

family-style whenever possible and residents have access to a full kitchen in the event they do not like what’s been served that day. Staff is responsible for many universal duties such as resident care, laundry and housekeeping, and day-to-day activities.

“There is a risk and a cost to building new,” Thompson said, “if a nursing home is doing OK with what they’ve got, and their beds are full, I don’t think some of them will make a move until they can’t fill beds anymore because people are choosing the Green House or Household Model.”

Culture change began for St. Ann’s four years ago according to Michael J. Seelig, vice president of housing and administrator. Recognizing that St. Ann’s Home is a 50-year-old, 10-story building, the decision was made to create a household environment.

Physical changes include new facilities to replace The Heritage, update St. Ann’s home and to reduce the number of nursing home beds. Renovations on both St. Ann’s Transitional Care Center, and St Ann’s Care Center on the Cherry Ridge campus in Webster, which houses 60 skilled nursing beds and 12 transitional care beds, was completed in April. Currently, country kitchens are being added to each floor at St. Ann’s to further transform them into households. With 10 to 12 residents in each household, each senior has their own space.

“The small size and homey design of these households naturally encourages person-centered care — a philosophy of care which enables residents to direct their lives and make their own decisions,” said Seelig.

Nurses work on specific floors instead of floating to different areas, ensuring consistency in caregivers and encouraging the development of friendships. Elizabeth Tomaszczuk, director of Nursing at St. Ann’s Care Center at Cherry Ridge said her nurses even share meals with residents.

“This allows nurses to get to know residents better and provides a more engaging dining experience, promoting better nutrition,” Tomaszczuk added.

“As these changes are gradually implemented, we will see many becoming reacquainted with hobbies and participating in other activities they enjoyed years ago,” Seelig said. “This makes them happier and less depressed. They feel as though they have a purpose, more dignity and a higher quality of life.”

Franklin Bassett, director of long term care and administrator for Livingston County Center at Nursing and Rehabilitation has been part of the movement since the beginning. When changes first began being introduced, Livingston County, a small rural county, was operating two public nursing homes — one with 184 beds and the other with 130 beds. A master plan committee was formed in 1998 to evaluate the community’s needs and the options.

“We knew we were constructing the bed we might one day rest in,” he said.

In 2005, the 266-bed Livingston County Center for Nursing and Rehabilitation, comprised of 12-bed family units, was opened. Four family units make a neighborhood and each is its own free-standing nursing home.

“Residents thrive on having more control over their daily routine when they wake, sleep, eat, bathe and how they socialize,” said Bassett.

Dining is family style. Caregiver assignments and personnel across all disciplines are permanent; changes require approval of a Neighborhood’s Resident Council. Residents of each neighborhood develop their recreation calendar in monthly focus groups with recreation and nursing staff, they each have their own food committee.

“I believe all providers want to deliver quality care and support the highest level of quality of life,” he said. “Many believe it takes

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significant financial resources, which on the most basic level culture change does not. A myopic vision blinded by what has always worked is hard to overcome.”

Kirkhaven began its culture change movement in 2003 with their own household model “Pathways to Meaningful Life,” according to Jim DeVoe, president and CEO of Seniorsfirst Communities & Services.

“We want to give our elders the freedom of choice when it comes to how they choose to live — what time they go to bed and rise in the morning, what and when they choose to eat, how they choose to spend their day, continued access to things and people they always enjoyed – maintaining dignity, purpose and enjoyment of life,” he said.

Staff has undergone Eden Alternative training, as well as orientation and training in the Pathways values, vision and principles. Staff members are encouraged to run their own households through team-approaches to problem solving, enhanced staff and resident relationships, and a rhythm of daily activities and lifestyle that is directed by the residents rather than by system and staff efficiencies. Household teams, including resident representatives, help conduct group interviews of candidates for an open staff position in their household.

Kirkhaven has begun laying the groundwork for a building replacement to enable the transition from 36-bed resident units to smaller nine-bed households, DeVoe said. In the meantime, the household model is being implemented in the current building footprint.

“Our elders deserve nothing less and the next generation of elders will demand nothing less,” he said. “The most basic and simple component of culture change which costs very little is building relationships and conducting yourself and your operation with true honor and reverence for the elders you serve.”