



August 2006

PEAK Project Newsletter

Center on Aging — Kansas State University

BOOK REVIEW

The Culture of Caregiving: Conflict & Common Ground among Families, Health Professionals, and Policy Makers

As the population ages and the health care system focuses on cost containment, family caregivers have become the frontline providers of most long-term and chronic care. Patient care at home falls mainly on untrained and unprepared family members, who struggle to adjust to the new roles, responsibilities, and expenses. Because the culture of family caregivers – their values, priorities, and relationships to the patient – often differs markedly from that of professionals, the result can be conflict and misunderstanding.

In *The Cultures of Caregiving*, Carol Levine and Thomas H. Murray bring together accomplished physicians, nurses, social workers, and policy experts to examine the differences and conflicts (and sometimes common ground) between family caregivers and health care professionals – and to suggest ways to improve the situation. Topics addressed include family caregivers and the health care system; cultural diversity and family caregiving, the changing relationship between nurses, home care aides, and families; long-term health care policy; images of family caregivers in film; and the ethical dimensions of professional and family responsibilities.

Carol Levine and Thomas H. Murray, Johns Hopkins University Press, 2004.

FEATURED WEB SITES

American Society of Interior Designers with the University of Minnesota.

A section of this web site provides summaries of research articles about older adults and environments. www.informedesign.umn.edu

Skillpath Seminars

Offers seminars on a variety of topics including Customer Service, Coaching & Teambuilding Skills, Effective Leadership, Project and Time Management, Communication, Managing and Supervising People, and many others. Also offers books and videos for purchase. www.skillpath.com/

The Green House Project

The Green House Project®(1) was first implemented in Tupelo, Mississippi in 2003. In this particular model ideas about creating a home life for older adults are borrowed heavily from the Eden Alternative®. Quality of life, meaning worth and dignity, is at the center of the Green House (Thomas, 2006). The Green House model redesigns the biomedical model of traditional long-term care by introducing a new philosophy of life for older people in an innovative architectural and organizational structure. Green House transforms the nursing home from a large, single building to multiple, small single-family residences housing up to 10 elders per home. Each resident has a private room and his/her own bathroom. The residents have access to a common dining area, as well as sitting rooms, or may freely socialize in the kitchen, den, library, or go outdoors at any time. The model redesigns the organization by reducing its size and by realigning positions. Staff members are cross-trained, empowered and work in self-directed teams. The residents recreate home life for themselves by continuing their own lifestyle preferences, pursuing simple pleasures, and following their desires and wants just like home.

William Thomas, MD, a geriatrician and the father of the Eden Alternative®, wants to introduce a new vocabulary to describe services provided in Green Houses. He replaces “getting services” with the word “convivium” meaning relishing good food with good friends. It implies pleasure in sharing food with people who know each other well. Convivium encourages cooking meals with smells that elicit a pleasant experience and requires taking time to enjoy eating meals and conversation with people who share the table (Shapiro, 2006). In a nutshell “convivium” illustrates a different lifestyle for elders and staff living and working in a Green House Project®.

The philosophy of Green House has been disseminated throughout the United States, including Kansas. Some organizations, like Asbury Park in Newton and Mennonite Manor in South Hutchinson, are moving forward with

constructing the houses. Lakeview Village in Lenexa has gathered all the necessary resources but is taking time to be sure that the new model will encompass all the residents.

Not all new models in Kansas are developed under the Green House Project® license, but they all share the same philosophy: creating a home life for small groups of older adults (typically 10 to 16) who live together under the care of a permanent and consistent team of cross trained workers. It is about reinventing the nursing home and creating a new way of living for people who need long-term care.

The world hates change, yet it is the only thing that has brought progress.
Charles F. Kettering

When you approach the two Parkside Homes in Hillsboro, you see nothing unconventional about them. Each Parkside Home looks like one of the neighborhood homes with flowers in front, and before you enter it you ring a bell or knock on the door, just like you would do at any ordinary home. Inside each home there is a spacious living room/dining area with an open kitchen. Residents can enjoy the warmth of the fireplace in the living room. They can watch TV either in the living room or in the privacy of their rooms. On both sides of the house off the living room, there are two cozy dens for more intimate socialization or quiet reading. Each resident has a private room with a full bathroom which is equipped with a European shower. In addition to the opportunity of taking a shower in a private bathroom, the communal spa is available for more pampered bathing.

Each house has many light fixtures to help older persons see well. There is plenty of space at the kitchen counter for people to gather to exchange daily news, visit, or just enjoy the smell of food being cooked. The residents have free access to the refrigerator in a wheelchair

accessible kitchen. The refrigerator is the heart of each kitchen and being able to open it at any time is an important feature of the home.

In each cottage at Parkside, there are twelve single rooms; two are adjoining rooms for couples, so they may enter each room without going in the hall. Next to each resident's room is a small shelved cupboard. It contains an individual resident's memorabilia, a photograph of the resident, and perhaps a few pictures of his or her family members and friends. This aids a person who suffers from dementia in finding his/her room more easily, and also illustrates a little of the resident's interests and character. Residents are encouraged to bring their personal belongings to their rooms and decorate according to their preferences. Each room is distinctively different from the others and reflects each individual's tastes and life history.

Life is painting a picture, not doing a sum.
Oliver Wendell Holmes

The outdoors is also wheelchair accessible and soon will be beautified by a lawn, flowers, shrubs, and benches so that residents can enjoy the yard just like they did when they lived in their previous homes. Residents can visit each other in adjacent homes.

Parkside Homes is very proud that the staff are cross-trained to enhance provision of better quality care to its residents. Each team has had training from "Action Pact". Homemaking duties are combined with dietary knowledge and skills. If a team member has a skill that other members do not have, this person becomes a mentor to pass knowledge about this particular skill to others. A long-term plan envisages that each team member will be trained as a CNA. Teams are working hard at being more sensitive to involving residents in decision making and developing relationships with residents, families, the community, and each other. Twenty four residents were scheduled to move into their new homes in July of 2006.

At The Cedars in McPherson the construction of cottage

homes has been completed with four houses added to the campus. The houses are located in a nice residential neighborhood with a park shared by all the people living in the area. The Cedar houses are designed in a circle shape. Private rooms for residents are located on the outer circle. The center is occupied by a spacious living room/dining area with an open kitchen. The residents enjoy the privacy of their rooms but can easily socialize with other residents or staff members in the living room or smaller areas on both sides of the living room. Each residence has a self-directed team of cross-trained workers focused on building meaningful relationships with the residents and bringing greater meaning into their lives.

These homes feel like home, a comfortable place for older people to live and a good place for staff to work. Clinical activities are organized around the needs of people who live there. The lack of an institutional routine enhances the feel of home.

Staff members are able to provide versatile services to residents due to the intensive cross-training and knowledge they have acquired during the multi-task learning process. Residents get up each morning at their preferred time. They can ask staff for a breakfast of any kind as each home pantry is generously stocked with various breakfast items. Residents can also have a snack at any time, since a variety of snacks are stored in a refrigerator easily accessible to them.

Researchers like Rosalie Kane and a team from the University of Minnesota (Robert Wood Johnson Foundation, 2005), focused on measuring results for residents and staff living in the Green House. They identified the following results after conducting a two year study of the Green House Project@:

- High satisfaction levels from residents, family and staff.
- Fewer complaints at state level.
- No unexpected weight loss and almost no nutritional supplement use.
- Less decline in Activities of Daily Living(ADL)
- Staff turnover of less than 10 percent.
- No transfer-related back injuries in elders or staff.

- Less prevalence of depression.
- Less incontinence without a toileting plan.
- Less use of anti-psychotics without a relevant diagnosis.

Judith Rabig, R.N., a gerontologist, and the past Executive Director of the national Green House Project®, testified to the Policy Committee of the White House Conference on Aging in June 2005 (p.3). She reported Dr. Kane's study results and added:

- Two deficiency free state surveys.
- The Tupelo operation has been cost neutral in a 99% Medicaid funded facility.
- An increase in elder engagement in personal activities of daily living and in household activities.
- A decrease in wheelchair use related to the short navigable distances.
- No transfer trauma associated with moves to the Green Houses, even though many elders were institutionalized for a long time before the transfer.

Stephen L. McAlilly, President and CEO of Mississippi Methodist Senior Services, Inc. said "It is amazing what happens when you let people go back home and value them for who they are...residents are walking and

gaining weight, the use of psychotropic drugs is down, family visits more prevalent, and there are no complaints...Turnover and absenteeism are almost non-existent" (Parkin, 2004).

Judith Rabig (2005) strongly encouraged that the final recommendations of the conference explicitly support the deinstitutionalization of frail older adults by promoting the creation of home settings. Homes like the Parkside cottages and the new Cedar homes provide an environment more conducive to high quality skilled nursing care in a home setting enhancing a home lifestyle for residents and improving quality of life. Staff focus on healthy human development for elders through development of meaningful relational bonds that enrich both residents and staff members (Baker, 2005).

It is very empowering to see the Green House philosophy spread throughout the state of Kansas. This, along with other great initiatives being implemented, places our state in the forefront of innovative health care services provided to frail older adults.

(1) Green House® is a registered trademark.

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Kansas Culture Change Coalition Update

A Kansas Culture Change Coalition meeting, chaired by Judy Bagby, was held Wednesday, August 10th at Meadowlark Hills in Manhattan. Kim Milner, KFMC, presented results from a culture change coalition survey of Kansas nursing homes. Of the 59 homes responding, 91% reflected an interest in participating in the coalition. Nancy Trout, LSCSW, gave a presentation on “Successful Coalition Development” which led into a discussion on future direction.

Several suggestions were made for specific activities; subgroups will be formed to address these suggestions. If you would like to recommend a project for consideration or would like to participate in future coalition activities, please contact Judy Bagby by e-mail at jabagby@medicalodges.com. Judy will submit a request for participation in these workgroups once a final determination on projects has been made. The next general meeting will be held this fall at Lakepoint Nursing Center in Augusta.

MOVIE REVIEW

Enhancing Self and Sense of Home

What makes a place feel like home? How necessary is this feeling to the smooth operation of a facility for people who are experiencing dementia? Viewers will learn the ways in which personal needs are fulfilled within homelike settings and how a facility can improve resident functioning by making simple adaptations in the physical and caregiving environments. Through individual resident profiles, this video illustrates facility staff using a step-by-step process to identify problem areas, recognize underlying needs that aren't being met, and then create more supportive, homelike solutions that recognize a resident's former roles, relationships and routines, support the resident's memory of him-or herself and give the resident a greater sense of control or privacy. (33 minutes, video). Health Professions Press: www.healthpropress.com

To get others to come into our ways of thinking, we must go over to theirs; and it is necessary to follow, in order to lead.

William Hazlitt