

“Nursing Home Quality Initiative Shifts to Person-Centered Care”
by Meg Laporte in “Caring for the Ages”, December 2005

The article highlights two facilities, Peabody Retirement Center in Indiana, and Riverview Retirement Community in Washington, that have successfully transitioned from institutionalized-care models to the person-centered care model.

Before implementing culture change, Peabody focused intensively on training their staff. The building was redesigned and divided into a cluster of small neighborhoods. Staff had to adapt to care management without a nurse’ station and re-label their roles due to cross-training. Workers with a longer tenure had a hard time adjusting to the new concept of universal staff. It is not only the staff who needed time and education to adapt to a new care model. Some residents have a hard time recognizing that they are in control of their lives, such as when they want to take a bath. It takes time to recognize the benefits of change, but once the residents do, they enjoy selecting their activities schedule and helping plan the facility menu.

The physician for Peabody Retirement Center thinks that many of her colleagues are somewhat resistant to culture change. They find it difficult to move away from the medical model they are taught to follow. However, those who have embraced culture change, state that in the long run it enables them to provide better care to nursing home residents. Many physicians will not become leaders in culture change, but it is still important for them to understand the concept, especially since residents’ choices may differ from the doctor’s. In order to accommodate diabetic residents’ diet preference when they conflict with a doctor’s order, a facility will offer more Accuchecks (blood sugar testing) to allow residents to follow their diet preferences. A doctor needs to understand why staff allowed a resident to eat a regular diet meal and what staff does to monitor residents’ health.

The Washington facility was recognized as the best long-term care provider in the area before culture change implementation, but staff believed they should be more innovative to further improve residents’ quality of life. The management chose Eden Alternative as a progressive care model and attended many training sessions before they felt they were ready to train their staff. The management also sent Eden Alternative education materials to local physicians. They felt that culture change implementation, when the medical providers do not understand what culture change is, to be much more difficult. Physicians may be restricted by their institutional-based training and consider medical solutions as the only available treatment. They have difficulty realizing that a resident’s overall health and wellness is correlated to quality of life and the latter being dependent on his/her environment, a non-medical health factor.

Implications: Management of nursing facilities that are preparing to introduce culture change or have implemented the change should actively educate the physicians who treat their residents and staff. The transformation to person-directed care that restores control

to residents includes changing core values, relationships, language, rules, rituals, and resource allocation. Physicians, residents, and staff need to understand the concept to be consistent with the new culture and to further foster residents' independence. One of the resources that can be suggested to the physicians to get more information about culture change is the local resource that can be found on the PEAK webpage, www.ksu.edu/peak. This resource should be shared with physicians for a further dissemination of this innovative model of care.