Transforming the Culture of Aged Care: Shifting Paradigms

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Disclosure

The presenter has no affiliations that would constitute a conflict of interest for this presentation.
Overview

- Describe the current institutional model of long-term care and its drawbacks
- Review major transformative movements of the past 20 years
- Define and illustrate the three components of transformation
- Look at nursing and medical director roles
- Aging in community and the emerging demographic
A History of the Modern Nursing Home

“A hospital and a poorhouse got together and had a baby, and that baby was the nursing home.”

- William H. Thomas, MD

Founder, The Eden Alternative®
1965 – Medicare and Medicaid Act
- Funding for long-term care
- Tied to medical, not social reimbursement

1987 Omnibus Budget Reconciliation Act
- Established standards and safeguards (resident rights, surveys, QIs, CNAs etc.)

No other significant changes in operational model in the past 50+ years
The “Hospital” Model

- High rise, dense housing
- Multi-person rooms
- Nursing stations, med carts
- Centralised food prep with meal trays
- Top-down hierarchical system, with departmental “silos”
- Low prestige of hands-on staff
- Life centred around treatments and other medical or therapeutic interventions
- Rigid schedules, little or no choice in daily life
Institutional “Fallout”…

- Aging seen as decline, medicalised aging
- Marginalisation and disempowerment of elders
- Loss of autonomy and choice
- Tasks over relationships
- “Artificial” life, “cult of clock time and task” (McLean, 2007)
- System of backward incentives
- Loneliness, helplessness, boredom
- Erosion of meaningful engagement
The Number one myth in long-term care:

Nursing homes were designed to follow the institutional model because they emphasise efficiency and cost-effective operation over humanistic, individualised care.
Why It’s a Myth:

- Because there is *nothing* efficient or cost-effective about a top-down hierarchical system with a siloed departmental structure!
Questions

- How many survey findings or QOC issues have arisen from inadequate communication, lack of clear empowerment boundaries, poor interdisciplinary collaboration or inflexibility to meet individual needs?

- How much money is saved with double rooms, compared to that spent on staff time and staff/elder/family frustration over moves due to roommate conflicts or infection control issues?
Questions

- How much distress among people living with dementia is a function of the environment and care approach?

- What is the cost of excess *disability* caused by the institutional model of care—of elders *and* staff?

- What is the liability cost of operating a home in which people don’t want to live??
Seeds of Transformation…

- Restraint reduction initiatives
- NCCNHR (now Consumer Voice)
- OBRA 1987
- Live Oak Regenerative Institute (1970s)
- The Eden Alternative 1992
- Household model (1990s)
- Pioneer Network 1997
- Providence-Mt. Saint Vincent (1990s)
- The Green House Project 2003
Basic Common Tenets

- Developmental aging
- Restoring honour, value and rights to older adults
- Shift to social-relational model with medical support
- Relationship-focused care approaches
- Opportunities to give care to others
- Variety, spontaneity, and meaning in daily life
- Focus on well-being
- Flattening of organisational hierarchy → daily decisions moved to elders and those closest to them
- Physical structure that reflects values of home
- Contact with the living world
Early Studies

- Elliot (2009): Four-year study of culture change adopters vs. control homes. Adopters had significantly higher occupancy (3%) and revenue ($11/bed/day for a 140-person home), equal to $584,073 additional annual revenue.

- Grant (2008): Study of a for-profit chain engaged in culture change, showed increased elder autonomy and dignity, and higher staff satisfaction c/w control homes.
Early Adopters vs. National Average
% High Risk Long-Stay Residents with Pressure Sores

![Bar chart showing percentage of high-risk long-stay residents with pressure sores for early adopters and US average. The early adopter has a lower percentage compared to the US average.]
Early Adopters vs. National Average % Long-Stay Residents with Restraints
Early Adopters vs. National Average % Long-Stay Residents with Catheters
Early Adopters vs. National Average % Spending Most Time In Bed or Chair
Transformational Models of Care
Personal Transformation

- Positive view of aging
- Valuing elders
- Valuing relationships
- Experiential learning about nursing home life
- Education - leadership and others
- “Soil warming”
- Mission, vision, values
- Enlightened communication, facilitation techniques
Live Oak Definition of an Elder

• An Elder is a person who is still growing, still a learner, still with potential and whose life continues to have within it promise for, and connection to the future.

• An Elder is still in pursuit of happiness, joy and pleasure, and her or his birthright to these remains intact.

• Moreover, an Elder is a person who deserves respect and honour and whose work it is to synthesize wisdom from long life experience and formulate this into a legacy for future generations.
Operational Transformation

- “Flattening” hierarchy
- Involving elders and direct support workers
- Creating interdisciplinary self-directed teams
- Communication
- Collaborative decisions
- Honouring each person’s knowledge and expertise
- Job descriptions and performance evaluations
- Dedicated assignments…
Making the “Fuzzy Stuff” Real

Dedicated Staff Assignments

“It Takes A Community - A relationship-centred approach to celebrating and supporting old age”

(https://www.youtube.com/watch?v=IUJWFWXz-wY)

Daniella Greenwood
Former Strategy and Innovation Manager
Arcare Aged Care

- 36 residential care communities in Victoria and Queensland
- Some “sensitive care” areas for people living with dementia
- Daniella Greenwood (former Strategy and Innovation Manager) – appreciative inquiry survey of 80 elders, staff and family members
- Identified four main categories, including “connections”
- Many comments highlighted the importance of continuous relationships
- Began to formulate a pathway for dedicated staff assignments in all areas where people live with dementia
Arcare (cont.)

- Staff education sessions
- Re-application process for all hands-on staff, must work at least 3 shifts/week with the same 6-8 residents every time
- Positive feedback from most staff and managers
- Within 6 weeks, staff spending more time with elders, without sacrificing task completion
One early-adopting community (38 residents):
- 69% decrease in chest infections
- 90% decrease in pressure injuries
- 100% decrease in formal complaints from families
- 45% increase in family satisfaction
- Decrease in avg. day/evening care partners in a month from 28 → 5!!
Results (cont.)

- 25% reduction in skin tears
- 12.9% reduction in falls
- 2.92 kg average weight gain
- 51.6% reduction in PRN psychotropic medication use
- 27.5% reduction in sick leave
- 50.2% reduction in staff turnover
- 19.8% increase in job satisfaction for PSWs
- 30% increase in job satisfaction for nurses

- **Study 1: 2839 UD nursing homes**
  - Significant decreases in pressure sores, restraints, urinary catheters, and pain in home with >80% dedicated staff

- **Study 2: 3941 US nursing homes**
  - Significantly fewer survey deficiencies in several QOL & QOC categories with >85% dedicated staffing
  - Follow-up study also showed significantly lower PSW turnover and absenteeism
The Green House Project
History

- Developed by Eden founder Dr. William Thomas and initial support from RWJF grant
- First homes at Traceway (Mississippi Methodist) in Tupelo, MS 2003
- Outcomes study by Kane, et al. JAGS 2007
- Now 284 homes on ~50 campuses across 32 US states, ranging anywhere from 1 to 18 on one site. Multistory projects as well.
Core Values

- **Real Home**
  (Natural surroundings, fully accessible, de-institutionalisation, meals onsite, congregate dining, lifelong living)

- **Empowered Staff**
  (Versatile direct support “Shahbazim,” Clinical Support Team, Guide, empowered team-based approach)

- **Meaningful Life**
  (Elders control rhythms of the day, choices to maximum extent, spontaneity, full engagement, risk negotiation, reciprocity, family involvement)
Some Organisational Features

- Most are long-term care certified (some rehab, some AL)
- 10-12 residents per household
- Meets **intent** of regulations without defaulting to institutional structure and practices
- Lifelong living
- Not restricted by payment source
- All LTC residents qualify (dementia, hospice, post-acute, oxygen, even ventilator)
The Shahbaz

- Persian: “King’s falcon”
- Central support role
- PSW-equivalent certification
- 128 additional hours:
  GH philosophy, cooking and safe food handling, basic activity/engagement skills, basic home maintenance skills, team building and rotating coordinator role development, dementia, CPR, first aid
Guide

- Acts as Administrator (GM) of record
- Coaching approach to leadership
- Grows an empowered team of employees and elders
Clinical Support Team

- More like a home care model
- Visit houses regularly and work collaboratively with Shahbazim
- Provide clinical support, but do not dictate or drive life in the homes
Some Design Non-Negotiables

- No more than 12 people
- Independent units/entrances, even in high-rise
- Private rooms with en suite shower
- Spa room with tub
- No nursing station
- Med cabinets in rooms
- Ceiling-mounted lift tracks
- Open kitchen
- One dining table
St. John’s Community Integration
Living Room / Dining Room / Kitchen
Bedroom / Bathroom
Garden / Gazebo
Multistory Project Example:
Leonard Florence Centre for Living Chelsea, Massachusetts
Outcomes: Rosalie Kane Research

Results from 2003-2004 research - Reported in Journal of the American Geriatric Society, 2007

Improvements in Elders Quality of Life - Green House vs. Nursing Home:

- Privacy, dignity, autonomy & individuality
- Food enjoyment
- Relationship
- Meaningful activity
- Emotional well-being
Outcomes: Rosalie Kane Research (continued)

Improvements in Elders’ Quality of Care:
- Lower incidence of decline in late-loss ADLs
- Fewer bedfast elders
- Fewer elders with little or no activity
- Lower prevalence of depression

Improvements in Staff Quality of Life:
- Felt more empowered to help residents
- Greater job satisfaction
- More likely to remain
- Knew elders better
Sharkey, (2009)
Green House workflow study

- Time in direct care activities: CNA 70%, Shahbaz 53%, *but* 23-31% more direct care time per person per day
- Non-care personal engagement: 24 minutes per person per day vs. 5 minutes in traditional SNF
- Transport time: 38 minutes/d (GH) vs. 84 minutes/d (trad.)
- Walking assist: 32% (GH) vs. 7% (trad.)*
- Significantly less staff stress and improved well-being in several domains
Other Studies

- Horn, et al. (2012): Overall cost savings of US$1300 - $2300 / year for GH residents vs traditional (daily care costs + hospitalisation); variance due to RUG scores

- Jenkins (2011): Operating costs the same or slightly less than for traditional care to a comparable number of people; additional cost to construct buildings (~8000 sq. ft. ranch homes, 10 bedrooms with baths, etc.)
PS: Culture Change Is Hard Work!!
Global Aging in the 21st Century

- In 2000, there were 600 million people aged 60+ (triple the number in 1950)
- Est. 2 billion people aged 60+ by 2050
- 33% of population in high-income nations >60, 20% in low-middle income, and 15% in the 42 poorest nations (defined as per capita income < US$10,000)

- “Potential support ratio” (# people aged 15-64 for each person 65+) = 12:1 in 1950 → 9:1 in 2000 → 4:1 in 2050
Today’s Solutions = Tomorrow’s Failures
Aging = Decline

Focus on hyper-achieving ideal of adulthood (creating economic wealth, multitasking, corporate culture, myth of independence) devalues those who do not produce or who ask for assistance

Wisdom, perspective, and gifts of elders go unappreciated

Suburban sprawl, dependence on the automobile, forces elders to leave their neighborhoods
Declinist view of aging + Poor community design =

- **Marginalisation of Elders**
  - Isolation and age-segregation in the community
  - Institutionalisation of frail elders

- **Medicalisation of Aging**
  - Older adults in general
  - People living with dementia
Paradigm shift 1

- Older people (and people living with dementia) are vulnerable populations who need care and services, and
- This rising population creates a societal burden
  Vs.
- Older people (and people living with dementia) are a valuable asset to our community, and
- Life experiences and wisdom benefit younger generations, and help strengthen the resiliency of their communities.
Paradigm Shift 2

- The support of older people (and people living with dementia) should fall on relatives, and/or professional care staff, at home or in long-term living environments.

Vs.

- The community has a responsibility to support older people (and people living with dementia) through support systems that reach beyond family ties and monetised care systems.
Paradigm Shift 3

- It is up to community planners to create inclusive communities

Vs.

- Elders (and people living with dementia) and a broad citizen representation need to be actively involved in planning for inclusion
The Ultimate Culture Change

Question:

Is transforming nursing homes and senior living campuses good enough??

“Instead of thinking outside the box, get rid of the box.” – Deepak Chopra
How to Afford Global Aging??

Move toward a society that:

- Stops segregating and disenfranchising older people
- Stops segregating and disenfranchising people with dementia
Benefits

- Strength-based view of aging
- Elders share wisdom, experience, and perspective with younger generations
- Younger generations partner with elders for systems of mutual support
- Elimination of community features that disempower and disengage elders ➔
- ** Elimination of learned helplessness and excess disability (high contributor to cost)
Inclusive Community Components...

- Physical redesign of existing neighbourhoods
  - Walkable communities
  - Improved public transportation
  - “Satellite” retail spaces or services
  - Mixed use buildings
  - Multigenerational communities
- Reciprocity (need not be commodified!), e.g. Maryland “Time banking” project
- Community gathering spaces
- Education in all sectors
If we want things to stay as they are, then things will have to change.

- Giuseppe di Lampedusa
Thank you!

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