

# *Alternatives . . .*

## *to Traditional Nursing Homes*

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### *Introduction*

**S**ixty nine percent of Americans will need some form of Long-Term Care with 40 percent needing nursing home care (Mollot, 2015; SeniorCare.com), and yet, nursing homes are places that most people would like to avoid. Nursing homes tend to be more like hospitals than homes and are characterized by long hallways, nurses' carts, overhead call systems, a lack of privacy, double occupancy rooms, unpleasant odors (sometimes) and impersonal treatment. Perhaps one of the worst features of nursing homes is the loss of the ability for residents and/or their families to make decisions about their care and about their day-to-day lives. Too often nursing homes are focused on the task of providing care rather than on the person. The person's interests, wants, and need for social interaction, take a backseat to providing medical care. Fortunately, the culture change movement has highlighted issues with the traditional nursing home and has pushed to make real, meaningful change. This issue brief describes the efforts to change the nursing home into places where people are

not only provided care but also thrive, and it describes efforts to provide alternatives.

### *A Brief History of the Nursing Home*

Nursing home quality has improved from its early beginning, however, in the last few decades, quality has remained stagnant. The 1950s saw a dramatic increase in the number of nursing homes. Unfortunately, the industry at the time was largely unregulated with widespread reports of abuse, neglect and a low standard or even non-existent level of care. Many of the buildings were unsafe and posed serious hazards especially for those elders with physical impairments (Elderweb.com). An amendment of the Hill-Burton Act in 1954 formally categorized nursing homes as providers of medical care and also prompted the expectation that their construction would resemble that of hospitals with the hope that a hospital-like setting would improve quality of care (Elderweb.com). By 1959, reports and studies showed that many nursing homes were still providing low quality service and

that there were not enough staff to support the number of residents. Yet, the shortage of nursing home beds kept substandard nursing homes from being shut down – **a trend that continues today**. Issues of poor quality, nursing home bed shortages, and poor staff to resident ratios continued to persist among many nursing homes even with more recent legislation.

### *Culture Change – There is still So Much to Do*

The culture change movement that began in the 1980s attempts to broaden the focus from quality of care to quality of life in long-term care settings. The culture change movement seeks to increase residents' decision making ability, provide a homelike atmosphere, build close relationships between staff and residents and empower staff to create meaningful relationships beyond basic medical care (Koren, 2010). Despite these efforts to improve nursing home care, problems continue today and the media are increasingly reporting allegations of abuse, neglect, overmedication and even deaths. One story from Texas involved an advanced dementia patient whose body was covered in fire ants, despite repeated attempts by her daughter to get the nursing home to replace the broken windowsill in her room (Appleby, Kaiser Health News 2015: <https://www.texastribune.org/2015/05/14/hard-find-parts-texas-top-rated-nursing-home>).

Another report from New York documented a daughter's heartbreaking efforts to remove her father from the nursing home to allow him his last wish—to die at home. He had been shuffled between the hospital and the nursing home and was at times malnourished, in a filthy room, with an unclean adult undergarment and pressure sores (Bernstein, 2014: <http://www.nytimes.com/2014/09/26/nyregion/family-fights-health-care-system-for-simple-request-to-die-at-home.html>). Nursing homes are also increasingly under scrutiny for chemically sedating Alzheimer's and dementia patients who become agitated with powerful antipsychotic drugs—a practice that is not only discouraged by pharmacologists and gerontologists, but dangerous given their side effects. In California, for example, a patient who became restless and a little agitated was given a powerful antipsychotic that is usually reserved for bipolar disorder or schizophrenia. After administration of the drug, the resident completely lost a sense of herself, began mumbling and was found slumped over in her wheelchair (Jaffe and Benincasa; 2014: <http://www.npr.org/sections/health-shots/2014/12/08/368524824/old-and-overmedicated-the-real-drug-problem-in-nursing-homes>). In sum, despite stricter legislation and the culture change movement, these bad outcomes still occur in the traditional nursing home.

## *Nursing Home Alternatives*

When a nursing home level of care is deemed necessary there are alternatives to the traditional nursing home. One such model, borne out of the culture change movement, is “The Eden Alternative.” Chase Health Nursing home which opened in 1972 in New York was the first to implement this model.

*"The inhabitants of Chase Memorial Nursing Home now included one hundred parakeets, four dogs, two cats, plus a colony of rabbits and a flock of laying hens. There were also hundreds of plants... a garden... A study found that total drug costs fell and so did deaths... The study couldn't say why. But Thomas thought he could. "I believe that the difference in death rates can be traced to the fundamental human need for a reason to live." "For more than a half a century now, we have treated the trials of sickness, aging, and mortality as medical concerns. It's been an experiment in social engineering, putting our fates in the hands of people valued more for their technical prowess than for their understanding of human needs."*

– Atul Gawande

Atul Gawande, in his book, “Being Mortal,” describes Chase Health Nursing home’s environment (see box above). Places like Chase Health Nursing home address the issues of loneliness and depression that are all too common in the traditional nursing home (Ice, 2002; Seitz and Conn, 2010).

Another similar model, **“the Green House”**, founded by the Chase Health Nursing home’s former medical director, Dr. Bill Thomas, is beginning to spread across the U.S. Perhaps even more of a diversion from the traditional nursing home, Green Houses are designed to

be radically different while still providing a nursing home level of care. To get rid of the

hospital like setting, Green Houses are built similar to regular houses with 10 to 12 elders living in each house. Each elder is given their own private bedroom and bathroom which they can decorate however they wish. There is a common hearth area, a safe outdoor space, and an open kitchen. There is also a dining room

where elders and staff eat together. When you walk up to a Green House, it looks like a regular home. Visitors and staff ring doorbells and knock on doors before entering. Draped sweaters and personal belongings can be seen in the common areas, an indication that elders live there and feel comfortable.

Individuals living and working in Green Houses have more autonomy than in the traditional nursing home. Elders decide when they want to wake up, go to bed, when and what they want to eat, which activities they want to engage in, and other preferences. Staff are empowered by working in an

environment that doesn't have a top down hierarchy, where they can get to know and build meaningful relationships with elders. Rather than just providing one set of services, staff are cross-trained to be able to provide total care for their elders. Often in Green Houses, staff and elders are seen in the kitchen cooking together, in the dining room eating, or engaged in other social activities.

**is close to homelike while still providing high quality and affordable care.**

### *The Future of Skilled Nursing Care in the U.S.*

The traditional nursing home with its hospital-like setting is out of date with regard to what we now know about both consumer preferences and how to provide quality of life

*Florida has ended its moratorium on building new nursing homes and new nursing home beds. The state has authorized the new construction of up to 3,750 beds through June 30, 2017. The state has already approved the construction of nine large facilities that plan to have 120 beds or more and one 180 bed facility. With 32 percent of Florida's nursing homes currently being rated as having only 1 or 2 star quality rating (out of a possible 5 stars), building more of the same traditional nursing homes is not likely to serve the needs and wants of its elders and their families. With the moratorium lifted, Florida has the opportunity to build quality facilities like the Green Houses to provide residents with quality, homelike care.*

Green Houses are preferred over other long-term care settings and they are cost effective. In interviews, focus groups and surveys of 1,065 informal caregivers, researchers found that the Green House model received a 97 percent favorability rating, 60 percent were willing to pay more for a Green House for their loved one, and that 73 percent were willing to drive further for a Green House. Green Houses accept Medicaid and cost roughly the same amount as a traditional nursing home (The Green House Project, 2015). **The Green Houses have successfully created an environment that**

and quality of care service. **Quality care can be provided in a setting that also provides quality of life.** Both safety and elder choices and preferences must be provided in order to maintain a sense of personhood for the elder and a sense of pride for formal caretakers. Facilities following the Eden Alternative and the newer Green Houses have shown the capacity to achieve these results in a cost effective manner. The time to start building these facilities is now.

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