# Guest Editorial

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# Creating Home Away from Home: The Culture Transformation Movement in Long-Term Care

It has been estimated that one third of the population who will turn 65 years of age in 2010 eventually will require nursing home care during their lifetime.[1] Moreover, by 2050, one person in five living in the United States will be aged 65 years or older—and 12 million of these individuals will require long-term care.[1] Given these projections, the need to ensure the ongoing availability of high quality long-term care is clear.

Yet concerns persist about the quality of the care currently being provided in nursing homes. Often the concerns are not with the quality of medical or nursing care itself but rather with the ability of the facility to meet the patient's psychosocial needs. According to the Alliance for Health Reform, nursing home residents desire the power to make decisions about their daily routines.[1] Lack of autonomy regarding personal choices in traditional long-term care models contributes significantly to the common perception of nursing homes in this country as undesirable places for people to spend their final years.[1]

In response to these concerns, new models of delivering long-term care have been developed that involve rethinking the values and practices traditionally employed in nursing homes.[2,3] This "culture transformation" is centered around the goal of providing an atmosphere that is both home-like, rather than institutional, and consumer-directed.[4]

## ONE MODEL OF CHANGE: THE EDEN ALTERNATIVE

One model of culture transformation in long-term care was developed by William Thomas, MD in the early 1990s. One day, Thomas, a geriatrician, was making rounds at the nursing home where he worked. After examining an elderly female resident and prescribing a treatment for her rash, he asked if there was anything else he could do for her. She pulled him toward her and told him that she was so lonely. Bothered by this experience, Thomas began to conceive of a place where older people could go to live—not just wait to die. His idea was to build a true human habitat, an elder-centered environment where life is enhanced by contact with plants, animals, and children.[5–7]

Thomas shaped his philosophy into a practical model that was implemented initially at one nursing home. Out of this example sprang others, and today, the model has been expanded to include adult day care centers, home health care, and assisted living homes.[8] In fact, the Accord Housing Association of Central England uses the Eden Alternative in some of its residential homes.[7] Today, the nonprofit Eden Alternative organization provides support for institutions of all kinds to create communities that help eliminate the loneliness, helplessness, and boredom that can kill the human spirit.[5]

But does the Eden Alternative work? The first study of outcomes associated with the Eden Alternative, conducted at five long-term care facilities that implemented the program between 1996 and 1998, showed substantial decreases in the occurrence of behavioral incidents, the incidence of pressure ulcers, the number of bedfast residents, the use of restraints, and staff absenteeism and injuries—as well as an increase in resident census.[9] Results from a quasi-experimental study—which compared self-reported levels of helplessness, boredom, and loneliness among residents of a state veterans home that had implemented the Eden Alternative and a private nursing home that had not implemented the program—indicated significantly lower levels of boredom and helplessness among the Eden group.[8] Loneliness, however, was not significantly different between the groups.[8]

## THE GOVERNMENT'S ROLE

The federal government has been involved in promoting improvements in long-term care in several ways. The first major step in this direction was the Omnibus Budget Reconciliation Act of 1987 (OBRA). This legislation improved some aspects of care related to the use of restraints and monitoring residents, although nursing homes still maintained the institutional milieu.[8]

In 2005, the Centers for Medicare and Medicaid Services (CMS) endorsed the concept of culture change, thus helping the movement gain momentum. Specifically, the CMS directed state Quality Improvement Organizations (QIOs) to work with nursing homes to improve their organizational culture.

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The VA health care system also is helping to promote the principles of culture transformation, at both the national and local levels. A recent example of systemwide change in the VA was the decision in 2008 to rename all nursing home care units "community living centers" (CLCs). On the local level, many facilities are making changes based on the principle of creating a home-like environment for long-term care residents.[10] The Practitioner Forum column by Wooten and colleagues found in this issue of *Federal Practitioner* (starting on page 40) describes such changes at the VA Northern Indiana Health Care System's CLC.

Similarly, at our institution, the Salem VA Medical Center in Salem, VA, the CLC has taken such steps as adopting a greyhound dog, changing traditional nursing units to "neighborhoods," and adding aquariums to community spaces. Other efforts—such as individualized bathing and dining schedules and the opportunity for residents to personalize their rooms—help residents take control of their lives. Additional changes in the works include possible implementation of a family meal time with residents and the planned construction of a new home-like dining room (A. Hutchins, oral communication, February 26, 2009).

## MAKING CHANGE HAPPEN

Transforming the paradigm of long-term care requires training and education for all levels of staff,[1] as well as a strong commitment from senior leadership.[11] In order for this type of change to succeed, leadership must take a stake in molding how new long-term care services are rendered. The Pioneer Network, a nonprofit advocacy group that helped spearhead the culture transformation movement in long-term care, holds a national conference annually "to showcase innovative thought and best practices in the long-term care culture change movement," which generally includes sessions that discuss leadership issues and challenges in the context of creating and sustaining a resident-centered culture.[12]

Involvement of staff in culture transformation also is essential. Such involvement not only makes culture changes more likely to succeed but also improves staff job satisfaction and retention.[1] At a Michigan facility that implemented the Eden Alternative, staff turnover dropped from 106% to 24% over a three-year period following implementation.[13] The authors of this study emphasized that stability of

care is changing the way nursing homes operate by giving the residents control over their lives. But just how far has the trend penetrated? In 2007, The Commonwealth Fund conducted a national survey of nursing homes and found that approximately 30% to 40% of those surveyed reported they were implementing some type of culture change that fosters resident-directed care.[14] The survey also revealed, however, that very few facilities had altered the physical environment to support this culture change.[14] If nursing home transformations are going to take root in our national consciousness, then they must be sustainable.[11]

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staff can result not only in significant cost savings for the institution (as much as $100,000 per year at some facilities) but also better quality of care and greater customer satisfaction, since tenured staff members have a better opportunity to develop relationships with the residents.[13] This model of care, they said, is "as much a personal transformation as it is an organizational one; every person in the organization is valued and respected, irrespective of job role or title."[13]

## HOW FAR HAVE WE COME?

Over the past decade, awareness of the culture transformation movement in long-term care has been growing among health care professionals, consumers, researchers, and other stakeholders. Resident-centered

Such transformations need not be uniform from one facility to another. Within the culture change paradigm, there is room for details to be individualized based on a facility's specific needs and challenges. Ultimately, the goal is to transform the institutional setting into a warm environment that is infused with the same values that make home feel like home—trust, camaraderie, comfort, and freedom. Changing the culture of the long-term care environment in this way is a win-win situation for administration, providers, direct-care staff, and residents alike. ●

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