

Nursing homes veer from hospital model

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By Don Babwin, Associated Press Writer | February 5, 2006

OAK BROOK, Ill. --Residents of Oak Brook Healthcare Centre are walking and wheeling toward the smells of turkey and Salisbury steak wafting from the dining room, but Doris Keogh isn't budging.

She'll eat when she's hungry, thank you, and not before.

"I was two years old when I started making decisions of my own, and that's the truth," said Keogh, who's 80.

That Keogh is not following the crowd -- and that nobody here is telling her to -- is but one small illustration of what health care advocates say is a revolution in the care of people who can no longer care for themselves.

Across the nation, a growing number of nursing homes have abandoned the traditional way of caring for the elderly. They've turned their facilities into places that look and feel more like homes and retirement centers and less like hospitals.

And they're encouraging residents to make choices on their own, instead of leaving the decisions to nurses and administrators.

"Our job as much as possible is to let them be in control, let them make as many decisions as possible," said Charlene Boyd, administrator at Providence Mount St. Vincent in Seattle, one of the first nursing homes to institute a so-called "culture change."

At nursing homes from Seattle to New York, residents get out of bed when they please, not when an aide wants them to. They can go to sleep right after dinner or watch an old movie late into the night. They shower when they want, and if they want a bubble bath -- and a pedicure -- they can have one.

They order from menus, and sometimes eat from china and crystal. Nobody's forced to wear a bib.

"If they say they really want a hamburger from McDonald's, we've done that," said Kevin Stoneking, administrator at Knox County Nursing Home in western Illinois.

Some homes are dividing their facilities into "neighborhoods" where residents cook, eat, do laundry and watch television in their own "households." Walls in what were long, narrow hallways have been knocked down and nursing stations removed, replaced by everything from game rooms to cocktail lounges.

At Oak Brook, what was once a hallway lined with closed doors is now an airy walkway flanked by a bistro, library, gift shop and the Town Square, a gathering spot where residents can watch big screen television, read, visit and do their laundry.

Visitors welcome the changes.

"I looked around and I didn't see people look unkempt, staring into nothingness. They were pleasant," said Pam McCoy, whose mother lives at Dolton Healthcare and Rehab Centre, one of Oak Brook's six sister facilities owned by Lancaster Health Group.

Nurses and other staff members have been retrained to help put residents in charge. Cheryl Morris, vice president of operations for Lancaster, said staffers no longer wake up residents in the middle of the night to give them their medicine as they did for years.

And at Meadowlark Hills Retirement Community in Kansas, a closed door means staff members must knock before entering, said CEO Steve Shields, who credits culture change for reinventing some residents.

"The people that were slumped over, I thought it was (because of) age and disease," Shields said. "But, in fact, it was a complete loss of self. When you have no say in what time you get up, what you eat, no real purpose ... then you lose yourself."

Residents seem to appreciate their freedom.

"I'm very independent (and) I wondered how it would work out for me," said Beatrice Kostelny, an 83-year-old resident of Oak Brook. "I'm happy here."

So far, though, only a fraction of the nation's 17,000 nursing homes have made "substantive" culture changes, said Rose Marie Fagan of the Pioneer Network, a nonprofit group that promotes innovative programs in nursing homes. Fagan had no hard numbers on those that have made the switch.

Part of the reason some hesitate, she and others say, is the nursing home industry is so highly regulated. When homes make even small changes they risk being cited by state and federal agencies.

In Florida, for example, a nursing home was hit with citations from the state when, in an effort to give residents more space in their rooms for a recliner or other furniture, it moved beds against a wall. Gov. Jeb Bush eventually signed a bill to let the beds be moved.

Money is also a factor.

"When you are only getting \$100 a day for a public aid resident -- that has to pay for everything -- you can only do a little bit here and there," said Kim Kohls, the administrator of Countryside Care Center in Aurora, which switched from tray service to buffet-style dining last year.

In Oak Brook, for example, Morris said the renovation project from a traditional nursing home completed in 2004 cost about \$400,000, and it costs an additional \$15 a day to care for each resident.

Whatever the cost, though, administrators and government officials say nursing homes won't survive if they don't follow the lead of those that have made major changes.

Garth Brokaw, the CEO of the parent corporation of Fairport Baptist Homes in Fairport, N.Y., says baby boomers won't stand for subpar living spaces for their parents -- or later for themselves.

"We burned down our own college campuses," he said. "What the hell are we going to do with our nursing homes?" ■