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Homes

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to stay healthy. No longer does she focus on her own pain, said her daughter, Sister MaryAnn Kosakoski, RSM.

She joins several residents in an open dining room right outside their rooms. And every day she can hear the clang of pots and pans, and smell the aroma of food cooking, right near her room.

"I asked her, 'Does that bother you with the clanging?'" Sister Kosakoski said. "She said, 'No, I like it.'"

"They will ask her about ingredients, ask her recipes," she said. "She has a wealth of knowledge."

Her mother is a resident at Fairport Baptist Homes, a newly renovated model facility that features 20 "households" each with nine, 10 or 12 residents of varying abilities. Each household has a washer/dryer, full kitchen, dining and lounge area. Each has its own staff, which is expected to perform multiple tasks. Thus, a nurse, for example, might help with laundry.

While other homes may now offer neighborhood-type units, only two similar programs revolving entirely around small household neighborhoods are known to exist in the country.

But more than a physical renovation, Fairport Baptist also is working toward changes in its operations including consistent staffing. Recruiting and retaining certified nursing assistants is a common problem many homes say they share, and so they often have to rely upon temporary help to meet the needs.

Pioneer movement

On Aug. 19-21, 360 nursing home professionals, advocates and others from 23 states met in Rochester for the first Nursing Home Pioneers conference. Among the panelists were Sister Breancier, Boyd, Barkan and the Rev. Garth Brokaw, Fair-

port Baptist Homes' president.

"Pioneers" hold up primarily four approaches, revolving around the resident, to

- eliminate loneliness, helplessness and boredom, partly through regular visits from children on-site in daycare; ever-present pets; and greenery.

- build community and new connections, and regenerate interest in life. Live Oak has such a central mission.

- restore a sense of control over daily lives.

- individualize care, to address a fear of uncomfortable and unfamiliar routines, especially for residents with dementia.

Following the pioneer movement is Julie Trocchio, director of long-term care for the Catholic Health Association, which includes 450 nursing homes. While Catholic facilities certainly have a core value of attention to the residents' dignity and well-being, she said, not all have executed such values as well as have the pioneers.

"What the pioneers are saying is if you are in a nursing home, let's do the very best we can," she said. Yet probably 95 percent of nursing homes across the country haven't heard of them, she speculated.

Sarah Greene Burger is executive director of the National Citizens Coalition for Nursing Home Reform, which drew nursing home pioneers together four years ago.

Despite advances, particularly the Nursing Home Reform Act of 1987 that put the focus on residents' quality of life and care, she said, the General Accounting Office has declared one-third of nursing homes don't give good care.

Burger said it takes a huge network of people and organizations to change the way care is given.

When pioneers gather, she said, they should visit homes not in their network, and should try to sway big nursing home owners — chains run more than half the homes — to join them.

"We are completely convinced the pioneers are going to make a huge difference,"

Burger said. "There is not any doubt it would decrease abuse, both neglect and abuse, in nursing homes. If you could prevent neglect, you would not get abuse."

Documentation

The pioneers have yet to prove the economics of their ideals. To gain some headway in that respect, as well as others, LIFESPAN is coordinating a study with the University of Rochester of Fairport Baptist Homes and the Jewish Home of Rochester, — which is making changes primarily through its approach to care, with minimal renovations — through a \$684,000 foundation grant.

LIFESPAN also sponsored the August national conference, with co-sponsors including the American Society on Aging.

According to Rose Marie Fagan, LIFESPAN's project director and chair of the August conference, the research should show that the homes' approach improves health and well-being, and may even reduce the need for medications.

But changing an institution, as well as challenging codes, doesn't happen easily.

Fairport Baptist was "very successful at pushing the envelope in terms of redesign, use of materials and layout," Rev. Brokaw said. He pointed out many aspects where the home and government regulators had to reach consensus on codes.

They included: Bedrooms that open into dining areas, not hallways; use of cellular phones to answer residents' calls; and snacks available 24 hours to accommodate late sleepers and stipulations there be no more than 14 hours between meals.

The home is incorporating other elements of four primary pioneer approaches.

It seeks, for example, to adjust to people's natural rhythms, rather than vice versa. Bathing times are kept close to what they've been at home. All residents may sleep in and eat breakfast when they please.

"(Even) if you are a night person and you go to bed at 11 o'clock, the typical nursing home will have you in bed at 8 or 8:30, and have you up at 5," explained Rev. Brokaw.

Children from on-site day care liven up the atmosphere throughout the week.

One recent morning, resident Mary Ann Guinta, a parishioner from Our Mother of Sorrows in Greece, watched 3-year-olds play ring toss and commented, "I wish they were here all the time. They make a lot of noise and that's what I like."

Can do

About half of today's nursing home residents have dementia and can't care for themselves, according to Dr. Allen Power, assistant medical director at St. Ann's Home, Rochester. Those would include de-

mentias from Alzheimer's disease, strokes, alcohol abuse and Parkinson's disease. The other half are disabled by arthritis, strokes, vascular and other diseases.

Still, he said, "I think we don't give people enough credit for what they can do."

Most often, nursing homes have fostered dependency, he said. Making such daily living decisions as what an individual wears or eats, or when the person rises, basically turns them "into helpless people."

"I think we just have to be creative," he said. Someone who wanders around agitated may fold laundry. Someone who feels useless may water the plants.

After hearing an Eden Alternative representative talk at St. Ann's Home about two years ago, Power trained with Eden. He's become active in nursing home reform and hopes to further it in the Rochester area through consultant work.

Todd Spring, St. Ann's chief operating officer, said that plans call for St. Ann's and the Heritage to become more homelike in upcoming refurbishings that will cost more than \$20 million.

"We've been on the fringe of the pioneer movement," he said. "As we see it, it is certainly a worthwhile effort."

Sacred work

Nursing home work is "some of the most sacred work on the planet," said Joanne Rader, of the Oregon Health Sciences University School of Nursing. But very few people recognize that, she said.

And every time people read of an abuse in a nursing home, she lamented, "It drives away people we need to bring into the field."

To change the culture of nursing homes, Barkan said, society must change its image of its elders, and honor them.

Drawing attention to one of the youngest participants at the conference, a woman in her 20s, he asked whether she would say she was on the path to becoming an elder.

"I really believe that core to this work is being on the path of becoming an elder," he said, adding it shouldn't be "we and them."

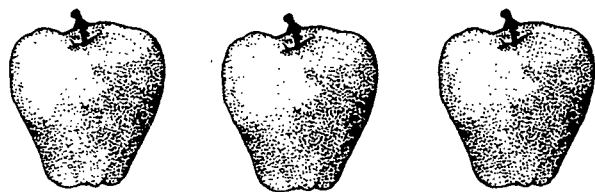
The linchpin, he said, is changing the role of elders in society — creating a "role for elders that has meaning, relationship, legacy."

"We stand before the elders and say, 'You know what? To some of the American people you may be a bunch of old folks in a nursing home, but to us you're the elders of the American people.'"

Just as the term "resident" has come to replace "patient," Barkan said, "when we start making that jump from 'residents' to 'elders,' we're doing a tremendous fixing of what's going on in the world of nursing homes."

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