

In Pursuit of the Sunbeam: A Practical Guide to Transformation from Institution to Household

By Steve Shields and LaVrene Norton

To my mother-in-law, Marion Ducey Norton (1898 – 1993).

Truly my best friend, we stepped onto this path together
and walked the early steps of the journey, arm in arm.

- LaVrene

To my mother-in-law Joyce Meyer (1930 – 2006)

whose courage and faith showed us
how to leave this life and embrace the next.

- Steve

Supported by the Sunflower Foundation of Topeka, Kansas, the Kansas Department on Aging, and The Commonwealth Fund (a national, private foundation based in New York City that supports independent research on health and social issues.) The views presented here are those of the author and not necessarily those of the funders, its directors, officers or staff.

Disclaimer

This publication is designed to provide information in regard to the subject matter covered, and is sold with the understanding that the publisher and authors are not rendering professional advice and are not responsible for decisions and actions taken by users of the publication.

Copyright ©2006 Manhattan Retirement Foundation d/b/a Meadowlark Hills Retirement Community. All Rights Reserved

Printed in the United States of America

First Edition: July 2006

Design by Kristine Kamikawa

Action Pact Press

table of contents

As With Sunbeam

Foreward

The Household Model

Charting a Highway to Home

Mindset for Reading: Search for Meaning and Purpose

Household Matters – A Good Life 'Round the Clock

chapter 1: The Way It Is. p.1

How Should Society's Elders Live?

We Know Them

A Paradox

Top Down Hierarchy Creates Silos of Self-Interest

Task Trumps Individual Needs

The Nursing Home System is Broken

Widgets and Warehouses: Industrial Age Thinking

What If It Were You?

The System: Ill-Conceived From the Start

chapter 2: Regulatory Impact on Change.....p.13

Regulatory Impact on Change

The Nursing Home Survey and Enforcement System is Broken

Punitive Systems Do Not Produce Desired Results

Pioneering Organizations Must Take the Regulatory Risk

Regulatory Interpretations and Provider Services Must Find Equilibrium

All Must Change: Not Just Providers

chapter 3: Home Is A Basic Necessity..... p.25

Losing Home Losing Self
Homelessness: A Reality of Nursing Homes
Begin at Home to Create Home
Moving Toward a Future of Possibilities

chapter 4: The Essential Elements of Household..... p.33

Home: Sanctuary of Graceful Living
Values and Beliefs Shape Essential Elements of the Household Model
Household Model Framework
The Essential Elements

chapter 5: The Principles of Change..... p.39

Change: It's Everywhere
Change is Everybody's Job
All or Nothing
Breakpoint Change
Breakpoint Change: The Household Model

chapter 6: A Map For Change..... p.45

Prochaska's Change Theory
The "Problem Behavior" is Long-Term Care Indoctrination
Change Processes
Consciousness-Raising
Social Liberation
Self-Reevaluation
Commitment
Countering
Environmental Control
Rewards
Helping Relationships
Stages of Change
Pre-contemplation
Contemplation
Preparation
Action
Maintenance(Sustainability)
The Norton-Shields Change Matrix for Progression to Households
The Study of the Matrix

chapter 7: Personal Transformation..... p.73

IRRITANT EXPERIENCED
It's Not a New Problem
Do You See These Things?
It Won't Resolve Itself
Listening to the Inner Voice
THE INTERNAL VOICE AWAKENS
Leaving the Comfort Zone
New Tools
EPIPHANY BRINGS MORAL CLARITY
Changing From the Inside
"I Must Do This"
Self-Awareness

The Spiral of Learning
Your Moral Clarity Trumps Traditional Indoctrination
I SPEAK OUT
Modeling the Change
Start With Small Ripples to Make Big Change
I BECOME A LEADER
Make It Contagious

chapter 8: Leadership Transformation..... p.93

I INTRODUCE THE QUESTION TO OTHERS
Learning Circle
Find More Leaders
What Is Leadership
Awareness Brings Light to Path
Who's In?
Awakening Others
THE QUEST BEGINS
Forming Steering Team
It's All About Questions
Sense of Team Emerges
WE MUST...BUT HOW?
Action Teams Join In
We Are the Organization
Finding Time
Learning As You Go
Leading Vs. Managing
Steering Team Becomes Initial Self-Led Team
WE COMMIT AND RESOLVE
Self-Led Team Strategy
High Involvement Strategy
Learning Company Strategy
Community Building With Elders Strategy
WE ALIGN

chapter 9: Organizational Transformation..... p.119

WE PROVOKE THE SYSTEM
The Team Meeting Model
Stand Up Meeting
Deep Change Requires Painful Unlearning
The Learning Company
Ways to Provoke the System
Strategic Planning Process
Strategic Change Event
Organizational Design Action Teams
WE EMBRACE EMERGING CHAOS
WE DEVELOP AS CHAOS CLIMAXES
The Big Shift from Department Structure to Household Structure
Design and Development of the Systems Changes for Decentralization
Dining
Housekeeping
Nursing
Activities of Daily Life
Laundry
Human Resources
Managing Household Budget

Culture Develops Through Behaviors and Competencies
Systems Approach Guides Development
WE IMPLEMENT THE CHANGE - ENERGIZED CHAOS ERUPTS
THE ORGANIZATION BECOMES EVER LEARNING

chapter 10: Environmental Transformation..... p.151

HOME OR HALLWAY THE DEBATE BEGINS
Institution Design Is Challenged
Discordance Between Household and Traditional Operating Model Design
Do Or Die
Will Abundance Or Scarcity Shape the Possibilities
Scarcity Thinking
ALIGNMENT OF VISION AND RESOURCES
Pre-feasibility Analysis May Open Doors You Haven't Thought Possible
But Where Do We Start?
Engaging Pre-feasibility Professionals
Architects Pre-feasibility Analysis
Market Pre-feasibility Analysis
Bucking Conventional Wisdom Within the Market/Demographic Analysis
Making the Decision; Retrofit or Build
Option 1: remodel an existing (traditional) nursing home into households
Option 2: start from scratch - new construction
DESIGN DEVELOPS VISION
Anchor Your Vision Before Engaging the Development Team
Rethinking the Role of Place - What Does It Mean to Have a Home?
Scale - Small Versus Large Spaces: What Are the Impacts on Perception

Design Principle for the Household Model
Principle 1: Seek normality in all things
Principle 2: Home is our sanctuary
Principle 3: Home is where we host our visitors
Principle 4: All homes have front doors
Principle 5: All homes have kitchens
Principle 6: All homes have recognizable dimensions of privacy
The Anatomy of a Household
Entrance
Household community living spaces
Hallways, bedrooms, baths
Storage
Utility spaces
Staff work spaces
Garage - shipping/receiving
The yard
Configuring and Assembling Your Project Development Team
Architects
Financial feasibility consultant
Market demographic consultant
Marketing firm
Household Model consultant
Dining services consultant
Underwriter/lender
General contractor
Engaging Financial/Market Feasibility
Determining Financial Alternatives
Marketing the Household to Your Community

Make Development Team Part of Organizational Dialogue
Expose the Design Team to Diverse Users
Open Meetings
Learning Circles With All Stakeholders
Post Information and Elicit Comments
Group Site Visit
Engaging the Design Team
Invite Architect to Stay the Night
Identify and Be Clear About Goals for Change
Design Process Flushes Out Lingering Resistance or Lack of Clarity
Initiating Leaders Must Create a Discovery Environment
MOVE IN
Planning Move In
Individualize Each Resident's Move In
It All Comes Together
HOME
You Are Home to Stay
Begin With Rituals

As With Sunbeam

The pursuit of happiness has been recognized as central to our humanity for centuries. We put endless effort into the pursuit. Whether it's pleasure or pain – it's part of the hunt. We experience it as a momentary satisfaction when we find the perfect gift for a loved one or enjoy a cup of coffee with a friend. It erupts with deeper meaning in moments of family unity with a group hug or when we turn to a neighbor at worship with the sign of peace. We experience pain when we push through the hard things to achieve happiness –going to work day after day, saving dollars with our children to contribute to those less fortunate. The drive and the satisfaction are in the hunt. What if you couldn't pursue happiness? What if you were no longer in charge? "The rights of mankind are not to be rummaged for among old parchments or musty records. They are written, as with sunbeam in the whole volume of human nature, by the hand of Divinity itself, and can never be erased or obscured by mortal power." – Alexander Hamilton. The words "life, liberty and the pursuit of happiness" ring true for everyone in America, but they fall flat for the frail living in institutional care. They are rights not granted or created but, centuries ago, secured by the Declaration of Independence as rights our forefathers considered inherent in each American. So, how is it we assume our elders hand over these rights as they cross the threshold into a nursing home? Certainly elders are not slaves or prisoners, yet many freedoms we take for granted now elude them. No choice in surroundings, what and when to eat, when and how to bathe, when to go to bed or when to rise. No privacy upon desire, no freedom to leave, and worse – alarms that frighten when getting up from a chair or bed. No choice in how to spend one's time. Meaning and purpose ignored and rarely nurtured. Let's acknowledge the pursuit as central to who we are as human beings. Let's assure choice in the daily lives of elders and in our own future as pertinent to the pursuit. Written as with sunbeam by the hand of Divinity itself, these rights cannot be guaranteed in a parchment or in the pages if this book, but must be acted upon by all to assure our humanity.

The Household Model

This book and the accompanying materials are for everyone who serves in long-term care and wants a rich, meaningful life for residents and fulfillment in their work. It is for you, the leaders and providers of nursing home services; nurses, board members, aides, shareholders, housekeepers, administrators, cooks, social workers, owners and activity professionals. It is for all who dread the

thought of living in today's conventional nursing facility and dream of a real home for the frail and elderly. This book is not for people who seek a gradualist approach to change. It is for those who want a revolutionary transformation in the culture of nursing homes and other long-term care settings. The transformation we advocate calls for a new framework and operating principles that make the old ways obsolete. It's about creating a new foundation for long-term care: Home versus institution, person over system, self-determination and shared decisionmaking rather than subordination. It is about transforming everything we do, how we do it and how we relate to everyone including ourselves. It is about making the move to a long-term care facility a simple change of address rather than the loss of home, purpose and identity. It is about making the nursing home a place for living rather than for waiting to die--a vision impossible to fulfill within the current framework of care. Within this collection of observations, stories and guidelines, we try to establish a new framework for creating, with elders, what we all recognize as home; that place where we find sanctuary and a deep sense of wellbeing; where people live, work and self-actualize together. We, the authors, have committed our lives to replacing the institutional culture and its environmental trappings with surroundings that foster warm, personal relationships; where small groups of elders-- supported by self-led teams of employees--determine their own lives and build community. We call it the "Household Model." Though it is a revolutionary departure from the status quo, it still is less than what our elders and their caregivers truly deserve. Until broader society reexamines its beliefs and values about old age and reshapes itself accordingly, the Household Model is simply a bridge on the long road to a rich and fulfilling elderhood.

Charting a Highway to Home

Revolutionary change always begins with a small group of committed people. They are pioneers who enjoy the exhilaration of discovery, for which they also suffer and take calculated risks. They stumble and fall, then get back on their feet and forge ahead. Pioneers blaze trails for others to follow and improve upon. The first path is never the straightest or quickest, but it makes the journey easier for those who follow. Each subsequent traveler makes the path a bit smoother for the next. The Lewis and Clark Expedition suffered untold hardship and uncertainty while exploring the uncharted western frontiers of 19th Century America. Their legacy is their map, followed by thousands of pioneers who laid deep ruts in the earth with their wagon trains. Outposts cropped up along the way, providing sustenance and critical information for weary travelers. Though their journeys were generally easier than Lewis and Clark's, they too endured incredible hardship. Wagon ruts evolved into dirt roads, pavement and, ultimately, an interstate highway system lined with services for travelers' every comfort. We give little thought to the struggles of Lewis and Clark as we cruise in our luxury vehicles along precision-engineered, six-lane highways. Yet their sacrifice and commitment precede everything interstate travelers take so much for granted today. This book and the accompanying *Household Matters – A Good Life 'Round the Clock* kit are intended as early outposts along the wagon trail leading to a real home for long-term care residents. It is based on trail blazing by earlier explorers bent on changing the culture of long-term care. No doubt you may encounter bumps we did not anticipate in the path we've laid out. Each new journey has its own perils and rewards. But we believe this offering will lead you around many treacherous pitfalls to more rewards than you thought possible. You, in turn, will make the path smoother for those who follow. Only after more of us begin the journey will it become a major thoroughfare to a better life for elders and caregivers – a highway to home.

Mindset for Reading: Search for Meaning and Purpose

By reading this book you are exercising just one of the many ways we seek meaning and purpose in life. Our interactions and relationships with friends and

family, our hobbies, spiritual endeavors, work, hunger to learn and pursuit of happiness are all part of the search. How we seek and what we find becomes our legacy.

In the book, *The Art of Happiness at Work*, the Dalai Lama and Howard C. Cutler, M.D., conclude there are three focuses in doing our work: survival, career and calling. Survival is the focus that provides us with money for food, shelter and clothing. Career focuses on advancement in our trade and society. But calling, they find, is the focus that most impacts our level of satisfaction with our work. Calling is the great meaning and purpose of life.

If we try, we can find meaning and purpose in just about any job. It may be indirect or on a small scale, but we can find it. However, few jobs hold as much profound opportunity for finding it as eldercare, where the work itself gives meaning and purpose to the everyday lives of frail elders. It's a beautiful interdependency: in giving we receive the very gift we impart. We know that meaning and purpose are very personal. They are not something someone can hand us in a nice package. They are what drive us from deep inside. They may feel like intellectual concepts or emotions, but in fact they are also actions. They are potential fulfilled. They do not sit and wait. If we heed their voice, they drive us. They are our identity. Knowing this, we see we cannot live out for elders the meaning and purpose in their lives, or place those fulfillments gently in their laps. We must, however, create a climate in which they, themselves, can explore, develop and live out their own pursuits. The importance of meaning and purpose in life is one reason the culture change movement was born in the late 1990s. Returning to elders the right to direct their own lives is not a mere change of regulation or procedure. It's not just steps to take as directed by a prescriptive manual. It is a change of culture. It is a new context. Because the nursing home industry has been procedure-driven for so long, many fail to fully understand that changes in context and culture must precede and accompany procedural changes.

The new cultural mindset sees elders for who they are and who they can be. The old one sees them for who they are not. The new mindset not only birthed the culture change movement, it led it to the Household Model.

The Household Model graduates beyond leaving behind the institution by replacing it with true home. It nurtures human relationships and builds community. It strives for the normalcy of daily life that we all recognize while providing strong clinical care and other services needed by the elderly and frail. Let these ideals be your companions on your personal and organizational journey.

Household Matters – A Good Life ‘Round the Clock

This book is intended as a context and umbrella for the accompanying *Household Matters* kit. The components of the kit are designed to satisfy some of the hunger for "how to" information you may feel during the painful unlearning and relearning necessary for your vision of change to take root. In addition to this book, the *Household Matters* kit includes:

- (1) Daybreak – Creating Home: Policies and Procedures
- (2) Midday – Living and Working in Harmony: Integrated Human Resource System
- (3) Evensong – Reflecting on Quality: A Quality Process and Measurement System

There may be a natural tendency to pull out pieces of this kit and use them for a specific change you desire in your progression to the Household Model. We strongly encourage that. But first we suggest you read the book in its entirety, and then work through the rest of the kit components until you have a whole view of the context and its parts. This allows you to discern and carefully select the pieces that work for you, and then set them in motion. It also better equips you, as a change agent in your organization, to lead, influence and design your own journey.

- Once you have read the book and reviewed the accompanying kit systems, you can use them in many ways. We offer the following examples:
 - Select a chapter that speaks to an issue you currently face and read through it.
 - Scan highlighted quotes in the margins to refresh your memory and awaken thoughts.
 - Seek out the stories contained within, then read all around the story to understand the full context.
 - Search for answers when you're perplexed at a snag in your journey.
 - Pick out a "Think About It" or "Try This" exercise.
 - Tie book chapters and subtopics to other contents of the *Household Matters* kit for study.
 - E-mail the authors and have a follow-up dialogue.
 - Pull out pieces to assist with designing and implementing a specific change project.
 - Create your own master action plan with components of the *Household Matters* kit assigned to specific action teams to complete.

Finally, give meaning and purpose to your journey by sharing stories as we have within these pages. Stories personalize and bring to life the dry data of everyday struggle. They inspire, comfort and support us when we are down. They immortalize lessons learned from both victory and defeat. Stories heal.

Our ancient ancestors wove the fabric of culture and community through storytelling around the campfire. As if clearing a path for the next generation, stories from centuries ago instruct today's children about values and principles for meaningful living before they can read and write. Let storytelling weave your new culture by routinely bringing together staff, residents and family members to freely share their experiences. Let the stories help clear the path for those who follow in your footsteps toward revolutionizing the lives of elders for decades to come.

chapter 1

The Way It Is

"I long, as does every human being, to be at home wherever I find myself." - Maya Angelou

She screamed for years but nobody really heard it until she stopped. It was a shrill, penetrating, constant and unsettling shriek; a noise not readily identified as human. Words were not part of it. She could not form them. Instead, it was like the cry of a trapped and desperate animal hoping someone could hear and understand. The howl haunted the nursing home corridors like a shackled ghost intent on settling its business, belying that the source of the sound was less than five feet tall, not even 90 pounds, and unable to walk.

Her Asian skin was healthy and beautiful. The Meadowlark Hills staff moistened it with lotion, turned her at night and repositioned her at specified intervals. Lee Chung Hi lived year after year, perched in a reclining Geri-chair. It kept her safe and in place. Her graying black hair was brushed and shining. Vital signs were monitored with regularity and her care-plan was carefully executed. She was bathed on schedule at three o'clock on Tuesday and Friday afternoons. By all valued and applied measures in long-term care, she was well cared for. In the nursing notes, and in the minds of all who cared for her, the never-ending screams were the result of dementia, an illness of the mind, which surely must have caused her initial placement. But then, nobody remembered for sure.

The other residents were routinely lined up outside the dining room to wait for lunch. Lee Chung Hi ate alone in her chair, parked in the corridor farthest from where people gathered. Nobody – resident, staff or visitor – wanted to be near her. Caregivers attended to her dutifully, yet her noise repelled them. She ate alone, sat alone and slept alone.

She became her noise in the eyes of everyone. But nobody could hear her screaming for what it *truly* was. It never occurred to us that we might be the cause of

it - we, who carry out the biddings of a system lethal to the human spirit.

Years passed before we finally understood it. And not until we transformed Meadowlark Hills into a vibrant household community and witnessed Lee Chung Hi's parallel transformation did we realize how profoundly appropriate her screaming had been in response to the dehumanizing conditions in which she lived.

It was as if her shrieks channeled the despair of millions of elders trapped within the lifeless culture of today's conventional nursing homes. It seems that nearly every family in America has its own personal story of grief born out of their nursing home experiences. But for the most part, the realization the system *must* change eludes society.

How Should Society's Elders Live?

We believe that elders, no matter how frail, should enjoy the comforts and security of home wherever they reside. Like anyone else, they have the right to determine the framework of their own individual lives and where they fit in their community. They should enjoy spontaneity, choice in how to spend their days, the reciprocity of relationships that bring purpose and meaning to their lives and a place to call home.

Unfortunately, today's typical nursing home provides just the opposite. It is so unnatural at its very core, mere improvements in the current system fall drastically short of nurturing good health, wholesome living, rich community life and the potential for self-actualization. The current system betrays not only our elders, but also the compassion and spirit of service that call caregivers to their profession. It is enough to make anyone scream.

We Know Them

Nobody intended it to be this way - a national system of warehouses for the old and frail served by otherwise caring staff who are reduced to performing like assembly-line workers. After all, the people who live in nursing homes are our parents, relatives, friends, neighbors and former colleagues. We know them.

They gave us life, enrolled us in school and tried to buy us the perfect birthday gift. They counseled, encouraged and admonished us when we needed it.

They served in government, fought wars and put out fires. They built our roads, schools and hospitals. They did what was asked and needed of them. When one-by-one they grew old, they passed responsibility for the world to us, one-by-one in a timeless, perpetual ritual. As they passed the baton, each in his or her way wished us well, hoping we would do better. In return, we owe them more than they are getting.

One day, sooner than we think, we will become the elders and pass the baton to our children. When that day comes, what will the long-termcare system offer us?

A Paradox

"The current system betrays not only our elders, but also the compassion and spirit of service that call caregivers to their profession."

We have a tragic paradox here: A dehumanizing, regimented and often cruel system created piecemeal by thousands of people over a span of decades has been inherited and perpetuated by very decent, heart-filled people who love elders.

It is a dilemma for us, the inheritors, because to be true to our hearts we must admit we work in a failed enterprise. It is difficult to hear we have given our lives to something fundamentally flawed because we personalize it and hear that we are flawed. Then we may become defensive and refuse to hear the real message. This isn't about us being flawed. It's about good

people working in a deeply flawed system.

We must not let that confuse us.

Most of us have a calling to the care-giving profession—perhaps prodded since childhood by the memory of a beloved grandparent or family friend—or we would not be in it. The problem is that the daily tasks our job requires do not fulfill the spirit of our calling. Yet we continue down the same dismal path because, beyond personal defensiveness and rationalizations, we are loyal to our organizations. We defend how we collectively do things. We become so indoctrinated by rigid systems that we believe it necessary to do things the way we do. We don't let ourselves confront our own beliefs.

We learn to adapt. We let the compassionate inner voice that directed us to this work recede beneath the din of schooling, job training, timetables and tightly monitored routines until, God forbid, some of us quit hearing it all together. Yet we truly believe we are doing what we are *supposed* to do. After all, those of us who directly serve residents are measured every day by how efficiently we complete our assignments.

Top Down Hierarchy Creates Silos of Self-Interest

Most of us who manage long-term care organizations believe we must be structured hierarchically and reserve judgment and decisionmaking for those at the top. Workers without formal power are managed by systems that rob residents, family members and those directly serving them of the opportunity to make timely decisions affecting the most basic aspects of everyday life.

The Administrator and Director of Nursing are universally acknowledged as the most powerful of brokers. In addition, we place a slew of middle managers--reinforced by assistant managers and supervisors—in charge of each area and function to ensure those assigned to them do what is supposed to be done when it is supposed to be done. Departmentalized silos typically arise as a result, with individual departments competing with one another and becoming isolated from the broader purpose of service.

We apparently don't believe caregivers possess the judgment required to make decisions within their own realms. So, we manage them through inflexible policies, protocols, regimented scheduling and quality improvement measurements, which they learn to adhere to in place of their own good judgment.

Put bluntly, "we" don't think "they" can do it. We're wrong. Across the country a growing number of progressive companies are being liberated by decentralized power and decision-making. It works, whereas, if we take stock of the past and present, it is obvious that reserved and centralized power hasn't done much for us.

Task Trumps Individual Needs

What truly is important of course, are the people in an organization. But we don't measure the value of meeting individual needs that otherwise collide with the daily regime. Nurse aides, for example, quickly learn an important measure of their work is whether routines are completed on time, like waking up residents in succession in seven-minute increments so everyone gets to breakfast within an hour. The aide is not evaluated on how residents are affected when pulled out of sweet dreams at 5:47 a.m. No one takes stock of the compassion and fellowship suppressed beneath the frantic rush to meet protocol. Rather, the measure is whether the job is completed on time. The aide's incentive is to depersonalize residents by reducing each to a seven-minute task.

We never bother to consider following individualized schedules so each resident can awaken naturally and pursue his or her own special interests throughout the day. If we caught an aide relaxing in an easy chair with a resident, holding hands and watching *Days of Our Lives*, she would be written up and counseled. We're too busy with assigned tasks like creating an MDS or charting progress notes. The artificial rush we

manufacture with schedules and protocols is an affront to what is a truly productive way of caring for human beings.

Nurse aides tell us they literally have to turn off a switch in their heads and dismiss the humanity of the resident they are serving before they can complete their wakeup routines on time to avoid the backlash that would come from management for taking proper time with each person. We can't fathom organizing ourselves around the premise that each resident has the right to make *all* their own daily life decisions like when to arise, when and what to eat, when and how to be bathed and what to do for the rest of the day. So we resist or minimize the enormity of it by making little changes (get a dog, organize a buffet or bring in plants) without changing the context of the organizational structure, values and operating systems.

The Nursing Home System Is Broken

Today's typical nursing home is crafted on the inherently divisive notion of "us" and "them." Deeply rooted ageism in society combined with an Industrial Age assembly line mentality have led "us" middle aged adults to create a system of dealing with "them," the alumni of active adulthood now turned frail and old. We seem to forget we feel about the same in our skin as we did when we were much younger, and that we will still feel much the same when we are old.

While our material needs change at different stages in our life, we are still the same person through childhood, adulthood and elderhood. We lose sense of that when designing the system for "them." Consequently, we put the system's perceived efficiencies ahead of what is best for the individual.

"We" become "them" with each passing of the baton of responsibility from frail elder to active adult, so in reality the nursing homes we create are ultimately for us. We would never purposely design a nursing home system like we have if we imagine ourselves in its care, where:

- We are viewed as a diagnosis rather than as a person.
- We are served within a militaristic organizational structure that values pursuit of task over warmth of human contact.
- We are housed in a depersonalized physical environment where the only choice in shared quarters is a bed near the window or one next to the bathroom.
- Privacy is found only by retreating into slumping and slumber. That is just the beginning of a long list of indignities endured throughout the day, every day by nursing home residents in nearly every town in the nation. The trickle of systems driven dehumanization has turned into a flood that is drowning our elders and their family members and eventually will engulf us as well.

Widgets and Warehouses – Industrial Age Thinking

Imagine the assembling of widgets as they proceed from one worker to the next along a factory assembly line, and you will see a strong relationship to the traditional nursing home model in America. The first worker attaches an electronic board, the next adds a spring, the third a switch, a fourth encases it all in a plastic shell and a fifth packages the widgets four to a box, 20 boxes to a case and stacks them into neat rows in a warehouse to await shipping to their final destinations.

Assembly line workers concentrate on their singular tasks. They rarely see the finished product and need not understand how their jobs relate to the whole. Employees work quickly to avoid falling behind and incurring the wrath of fellow workers up and down the line. Supervisors and quality control experts clutching clipboards scurry about in a very businesslike manner. Forklifts and carts with flashing lights and beepers weave their way around busy workstations, machinery and factory room accessories. The physical plant, stark in appearance, is designed not for aesthetics but to maximize worker efficiency and widget output. The aroma of industrial solvents

and lubricants hangs in the air.

Now imagine yourself in the typical T-shaped nursing home. Nurse aides rush from resident to resident, waking, toileting and bathing them. Nurses do assessments, pass out medications and attend to immediate needs. Dietary workers prepare scores of identical food trays in assembly line fashion. All individual tasks conform to the demands of a rigid and regimented system. Heaven help the worker who falls behind schedule.

Got a spill? Call housekeeping. Resident needs a pad change? Alert a nurse aide. Like widgets, residents by day's end have been hurriedly picked over by dozens of hands, each pair trained primarily for a specific task.

The physical environment is more akin to an office building or hospital than a home. Titanic nurses' stations guard entry to long, shiny tiled hallways illuminated by fluorescent lights and littered with med carts, mechanical lifts, wheelchairs, trash cans and dirty linen bins. Intercoms intrude on private thoughts. Call lights flash and beep. Metal carts go clickity-clack down hallways. The odor of disinfectant mixed with urine greets all who enter.

Residents share identical, uninspiring bedrooms lined up on either side of bustling hallways through which the whole world passes. Intimate conversations between family members are separated from roommates in cramped quarters by only a thin curtain. Few if any of the residents' personal items adorn the walls or nightstand. A herd-like mentality presides, with residents lined up to await entry to the dining hall and moved en masse to bingo games and other group activities. Much of the residents' day is spent parked near the nurses' stations or in other public spaces as if waiting to be shipped to their final destination.

What If It Were You?

Imagine *your* life lived in the public eye, sharing a semi-private room where your roommate's family comes in and crowds around his or her bed, trying in vain not to intrude on your turf. Chances are they are as uncomfortable as you are. Forced together like strangers in an elevator, you turn aside to avoid eye contact.

Hundreds of people walk by your bedroom door each day, often looking in as they brisk by. Your only escape from prying eyes is a small area in the corner of your room beyond their visual span. Your bedroom, shared with somebody you have never met prior to being admitted, is often entered by staff without knocking. Or, they knock and walk in without stopping to wait for your invitation to enter.

Throughout the nursing home, you relinquish control to authority figures. From the moment you are awakened until you are put to bed, they shuffle you from one situation or place to another within the confines of the day's schedule. Any resistance by you is met with patronizing but kind attempts to keep you in the flow. You pity the caregiver for her workload when she tells you they are short staffed. You fear your objections hold her up in her rush to meet schedule, so eventually you quit asserting yourself.

We must learn to see ourselves in the faces of elders if we are to cultivate the empathy needed to create a real home with them. Imagine yourself as a resident. What if it were *you*?

The System: Ill-Conceived From the Start

A textbook would provide a detailed and referenced account of the history of nursing homes, how they were started and where they went wrong. But this is not a textbook or technical paper. It is a guide to change. There already are texts on nursing home history, and most agree something went awry.

The traditional nursing home model was ill conceived from the start, yet we keep adding bandages year after year hoping to improve it. In addition, the federal government continues to increase regulatory oversight while simultaneously cutting reimbursement for services that already is below the cost of providing them. As they

have for years, they demand more for less because they have the power to do so. The result is a broken system. Even some of the most prominent industry leaders agree the system does not work, though some act as if it were only recently broken.

In an open letter to the President of the United States, Larry Minnix, President of the American Association of Homes and Services for the Aging says, "The transition from today's broken long-term care system to a new era of consumer centered care cannot morally be paved with a cutback, make-do, rationing strategy on the backs of the Greatest Generation – whose efforts brought us the freedom and prosperity we enjoy today."

This book is not about improving nursing homes. It is about overcoming them. When the foundation of a house is rotten, you don't waste time and resources by painting the porch. You rebuild. You start over. It's a fundamental principle.

We keep painting the porch and patching the roof of a failed system by investing in symptom correction. We don't get to the root causes. We treat inter-related issues like workforce turnover and clinical outcomes as isolated problems. We try to fix them with recycled programs on staff recruitment, education and retention, clinical protocols and measurements; the list goes on. But few people at the funding or policy level have identified the root of the problem and set out to change it.

The framework of the nursing home system itself must be replaced. Bad framework produces bad outcomes that can't be fixed by throwing money and education at the inevitable symptoms. Government and foundations spend millions every year on workforce development and clinical improvement programs. Yet cycle after cycle, turnover rates aren't reduced and outcomes do not significantly improve. In its December 2005 Report to Congressional Requesters on Nursing Homes, the Government Accountability Office told Congress the current approach is not working. But as with other similar diagnoses, they did not satisfactorily articulate why. Like others before them, they poke at symptoms.

Perhaps they just didn't talk to the right people. According to Mickus, Luz and Hogan in their article, "Voices From the Front," nurse aides say they leave because they are not valued by the organization, they have too many residents and can't provide quality care, their pay is too low and opportunities for job advancement are rare. But we have not listened. Workforce programs may improve recruitment, but the cycle of turnover does not improve. At best it is a vicious cycle.

Employee turnover alone costs the industry \$2.5 billion per year. Yet we don't think we can afford to change the system, according to Seavey in his article "The Cost of Frontline Turnover in LTC." If all the dollars spent chasing symptoms were aligned and redirected to creating a new framework for nursing homes, the transformation could dramatically improve the lives of elders and their caregivers now and for generations to come.

We can't afford, economically or morally, *not* to change the system. If we are to be true to our calling as care providers, we have a moral imperative to transform sterile, institutionalized nursing facilities into *real* homes where elders may live to their full potential to the end of their days. If we are to be true to ourselves as people, we are morally bound to overcome the present system. It is our future and our children's. And, if we can think beyond the next income statement or shareholders' report, we will understand that creating true homes for elders is good business. Giving customers what they truly want and deserve is always good business. Not just providers, but everyone – policy-makers, regulators, communities and families – must change. We providers must lead the change. We're the ones entrusted with the system, and only we, with support from others, can lead the change.

We, the authors, travel the United States and beyond to help guide long-term care organizations through the struggle and exhilaration that come with transforming institutions into true homes. Between the two of us, we have been in every state in the union and seen countless nursing facilities. We have learned we can walk into any nursing home in America and describe, almost down to the minute, how they do things. We can describe where the difficult relationships between departments lie, joke about

them to people who work there, and they laugh knowingly. We can do that within minutes after walking through their door for the first time, not because we are so smart, but because it is practically the same everywhere.

Some nursing homes have "hotelized" the lobby with chandeliers and nice furniture, but most still wake residents at the crack of dawn and, in assembly line fashion, pull them out of bed, clean, dress and set them into a wheelchair in the span of a few minutes. Many still line elders up at the dining hall. Once at the table they plop entrées shaped like ice-cream scoops onto plates under dusty rose insulated covers on plastic trays crowded with packaged condiments, liquid nutrients and medication Dixie cups. And they still park residents in half moon formations around the nurses' station where they sit slumped and dozing throughout the day because it's "where the action is."

Nobody wants to claim credit for the system as it now stands. In fact, if today's nursing home system were proposed as a new concept, it would be rejected as a bad idea. Still, there are a lot of people trying to hang on to it.

More and more care providers are trying earnestly to move on to something better, but they keep pulling the past into their vision of the future by building upon the current framework. We can't move forward unless we let go of what has failed us. We won't let go until we look it square in the eye with objective clarity and see it for what it is. Otherwise, we'll take too much of the old, failed system with us. At best, we'll improve it, but not overcome it.

People outside the long-term care industry have known all along the system is broken. That is why placing family members in nursing homes is so painful, and why so many elders say they would rather die than go to one. But only *now*, in the century after the system emerged, are we providers allowing ourselves to see how truly broken it is. In our hearts, we have known it all along. We just got indoctrinated and forgot.