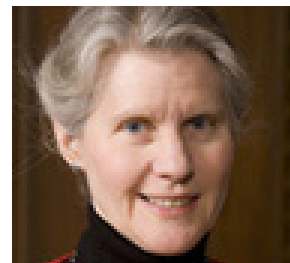


**2006 Annual Report**  
**Picker/Commonwealth Program on**  
**Quality of Care for Frail Elders**

The Picker/Commonwealth Fund Program on Quality of Care for Frail Elders aims to improve the quality of nursing home care across the United States. It does so by the following:

- Identifying, evaluating, and spreading models of “resident-centered care,” or care delivered in accordance with the needs and desires of the people who live in nursing homes.
- Equipping nursing home operators to lead transformation.
- Promoting policy options that support resident-centered care.



**Mary Jane Koren, M.D.**  
Assistant Vice President



Many hospitalizations of nursing home residents are avoidable. But with the appropriate clinical resources—including registered nurses present around the clock—medical problems can be identified and addressed early on. The Commonwealth Fund is supporting an effort by the New York State Department of Health to develop a payment system that rewards facilities that improve their management of at-risk or acutely ill residents.

In hospitals, good care is paramount. But in nursing homes, offering good care is only half the picture; equally important is providing a good place to live. Despite passage of the Nursing Home Reform Act in 1987, which underscored the importance of quality of life and the preservation of residents’ rights, there are still serious concerns about quality at the nation’s 16,000 nursing homes. Staff shortages and high turnover rates exacerbate quality problems.

A grassroots movement proposes a radical departure from the traditional nursing home model—in effect a total “culture change”—that aims to improve the lives the frail older adults who live in such facilities. Proponents of culture change believe long-term care residents can and

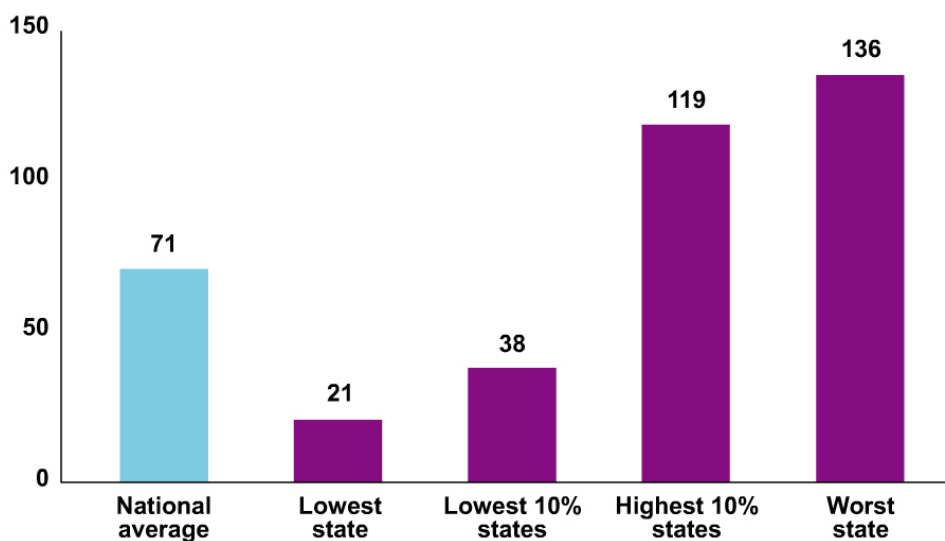
should direct their own lives. They recommend replacing institutional units with households of small groups of residents and staff.

Resident-centered care requires a fundamental shift from thinking of nursing homes as institutions where frail elders must live, to conceiving them as residences that also provide health services. A growing body of evidence is revealing that nursing homes that have undergone culture change—such as those following the Wellspring, Eden Alternative, or Green House models—are not only better for the people who live and work there, but they are also economically viable alternatives to more traditional facilities.<sup>1</sup>

With Fund support, Rosalie Kane, Ph.D., of the University of Minnesota evaluated the first operational Green House nursing home in Tupelo, Miss., where the residents are mainly Medicaid beneficiaries. The evaluation offered conclusive evidence that small group homes (for six to 10 residents) operated according to the principles of home care, rather than the acute care practices that have shaped the industry, can have positive outcomes for both residents and staff. In a Green House, each elder enjoys a private room or unit, which they decorate with their own belongings. There is easy access to all areas of the house, and residents are free from the limitations of an institutional schedule—sleeping, eating, and engaging in activities as they choose.

### **Turnover rates for certified nursing aides are high in U.S. nursing homes.**

Termination rates for established positions (2002)



Data: 2002 American Health Care Association Survey of Nursing Staff Vacancy and Turnover in Nursing Homes (AHCA 2002).

Source: Commonwealth Fund Commission on a High Performance Health System.

Compared with residents of traditional nursing homes, those living in Green Houses reported a significantly better quality of life. Moreover, rates of turnover among nursing assistants have dropped to nearly zero—a tribute to the team-based approach to decision-making, which empowers frontline staff in Green Houses to manage their responsibilities as they see best. These homes' performance on federal inspections has also been outstanding.

This good news has generated considerable interest in the Green House model. More than 145 organizations attended a Fund-sponsored Green House workshop in 2006; more than 20 homes are in active development; and four Green House sites have recently opened. In addition, data from Kane's evaluation informed the decision by the Centers for Medicare and Medicaid Services (CMS) to include work related to organizational redesign in the agency's next contract with the Quality Improvement Organizations.<sup>2</sup>

Because of high real estate costs or other constraints, some nursing home providers may be unable to build Green Houses. But there are other structural improvements that providers can make to improve residents' quality of life. One such improvement is increasing the number of private rooms. Fund-supported research by Margaret Calkins, Ph.D., an architect and gerontologist with the IDEAS Institute, revealed that while construction costs may be higher for single rooms than for double-bedded rooms, enhanced revenue from private rooms quickly offsets these upfront costs.<sup>3</sup> More important, homes with a high proportion of private rooms are attractive to residents and their families, giving such facilities a competitive edge in the marketplace. Calkins also found unexpected efficiencies related to single-room housing.

Nursing home culture change can be accomplished through channels other than physical reconstruction. The Pioneer Network, an organization that has spearheaded the culture change movement since 1997, is reaching out to providers across the country to offer training, practical tools and resources, and a shared community for those trying to transform their facility. Last year, with Fund support, the group offered "Pioneer Institutes" in Chicago, Denver, New York, and Portland, Ore., to teach providers about resident-centered care.

The Pioneer Network also held a Fund-sponsored symposium in Orlando for frontline nursing home staff—nurse assistants and other staff who provide daily hands-on care. Participants talked about how they have been involved with culture change, shared lessons, and learned how to become agents of change in their own facilities. The Pioneer Network participates in a number of long-term care policymaking advisory groups and is working closely with the Medicare Quality Improvement Organizations.

As popular as the Pioneer Institutes have been, many nursing home administrators are unable to attend. Many, furthermore, desire step-by-step guidance on putting into practice culture change concepts, such as empowering staff, as well as on meeting federal regulations and passing annual inspections. Stephen Shields, president and CEO of the Meadowlark Hills retirement community in Manhattan, Kan., and LaVrene Norton, president of ActionPact, a culture change consultant group, created a comprehensive set of resources to help nursing home leaders enact culture change. Developed with support from the Fund, the Sunflower Foundation, and the Kansas Department of Health, this culture change



**Christine K. Cassel, M.D.**  
Member, Commission on a High Performance Health System

Dr. Cassel, the president and CEO of the American Board of Internal Medicine and the ABIM Foundation, is a leading expert in geriatric medicine, medical ethics, and quality of care.

“toolkit” was released at the August 2006 Pioneer Network conference.<sup>4</sup> For the first time, all the elements of nursing home management have been tied to the concepts of resident-centered care. Included in the toolkit is a book on long-term care leadership, *Pursuing the Sunbeam*; a policy and procedures manual tied to federal nursing home requirements; a human resources system; and a quality improvement process. Approximately 150 toolkits were purchased in their first month of availability.

Consumers can be an important catalyst for quality improvement in the nursing home industry. But in order to exert their influence, consumers need reliable information about quality standards and the actual performance of individual nursing homes. A Fund-supported nursing home guide published in the September 2006 issue of *Consumer Reports* identifies the best and worst nursing homes in each state and offers tips for evaluating homes.<sup>5</sup> The “Nursing Home Quality Monitor,” available online as an interactive state map, also indicates whether a home is state-owned, for-profit, or nonprofit, and whether it is part of a chain or independently owned. *Consumer Reports* found that nonprofit homes are more likely to provide good care than are for-profits, and independently run homes are more likely to provide good care than chains.

An accompanying investigative report, “Nursing Homes: Business As Usual,” by Trudy Lieberman, director of the Center for Consumer Health Choices, was a wake-up call for the 12 nursing homes that were cited for poor care by *Consumer Reports* for five years in a row. It also captured the attention of the state agencies responsible for monitoring quality of care in these facilities.

Several other Fund-supported projects provide consumers with information needed to press for better care. Eric Carlson, J.D., of the National Senior Citizens Law Center, wrote the consumer guide, [\*20 Common Nursing Home Problems and How to Solve Them\*](#), which several state ombudsman programs, including those in New York and Oregon, have ordered for their staff. Following the guide’s publication, Carlson was interviewed for a *Wall Street Journal* article on long-term care.<sup>6</sup>

With Fund support, Charles Phillips, of the Texas A&M University System Health Science Center, and the National Citizen’s Coalition for Nursing Home Reform surveyed consumer advocacy groups to gauge awareness of nursing home culture change. The survey revealed that consumer awareness of the movement has grown, though many people still have doubts about the industry’s capacity to effect significant change, especially in the for-profit sector.

Culture change often requires seed money. Cynthia Rudder, Ph.D., executive director of the Long Term Care Community Coalition, and Charlene Harrington, Ph.D., of the University of California, San Francisco, investigated how states have been using the often sizable



**Charlene Harrington,  
Ph.D.**  
University of California,  
San Francisco

funds that accumulate from federal and state civil monetary penalties and fines imposed on nursing homes for providing poor care.<sup>7</sup> The Fund-supported researchers found that several states are using the funds to sponsor culture change projects: for example, Maryland supported a Wellspring alliance, while Kansas helped fund development of the culture change toolkit described above. The majority of states, however are not using the penalty funds in such constructive ways, and some states have not collected any penalties at all.

Rudder and Harrington's study has led to several important changes. In New York, the findings helped convince policymakers to pass a bill authorizing the collection and release of civil penalties to support nursing home innovation. CMS, meanwhile, has begun to track penalty funds levied on behalf of the federal government.

From all of the evidence, it appears that the culture change movement is gaining momentum. Nursing home trade associations are realizing that their members can no longer do "business as usual." CMS and consumer advocacy groups are actively promoting resident-centered care. Researchers are becoming interested in measuring the impact of culture change.

But much work remains. Policymakers are, as yet, largely unaware of the movement, and the vast majority of nursing homes have yet to initiate systematic change. In the coming year, the Picker/Commonwealth Fund Program on Quality of Care for Frail Elders will work to raise the visibility of culture change among all those with a stake in long-term care. In the process, it will play an important role in making resident-centered care a reality in many more nursing homes.

## Notes

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<sup>1</sup> For further information on these models, see the Wellspring Web site, <http://www.wellspringis.org/>; and the Eden Alternative/Green House Web site, <http://www.edenalt.com/>.

<sup>2</sup> J. Rabig, W. Thomas, R. A. Kane et al., "[Radical Redesign of Nursing Homes: Applying the Green House Concept in Tupelo, MS](#)," *The Gerontologist*, Aug. 2006 46(4):533–39.

<sup>3</sup> M. Calkins, draft manuscript prepared for The Commonwealth Fund, Aug. 2006.

<sup>4</sup> Toolkits may be ordered either from the Pioneer Network at [www.pioneernetwork.net](http://www.pioneernetwork.net) or ActionPact at [www.culturechangenow.com](http://www.culturechangenow.com).

<sup>5</sup> [http://www.consumerreports.org/cro/health-fitness/nursing-home-guide/0608\\_nursing-home-guide.htm](http://www.consumerreports.org/cro/health-fitness/nursing-home-guide/0608_nursing-home-guide.htm).

<sup>6</sup> K. Greene, "New Resources Aim for Caregivers of Older Patients," *Wall Street Journal*, June 27, 2006, p. D2.

<sup>7</sup> T. Tsoukalas, C. Rudder, R. J. Mollot et al., "[The Collection and Use of Funds From Civil Money Penalties and Fines From Nursing Homes](#)," *The Gerontologist*, Dec. 2006 46(6):759–71.