

Testimony on Eden Alternative™
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Masonic Village at Elizabethtown
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Years ago nursing homes were modeled after hospitals and staff focused on medical and nursing tasks. Nursing home residents were called "patients" or even "guests" and treated as temporary visitors in a clinical setting. Care was focused on treatments for ailments/diseases.

The three main reasons then and now, why people enter a nursing home are:

1. Immobility – from a stroke or Parkinson's disease, severe arthritis or end-stage disease that affects a person's ability to do activities of daily living.....feeding oneself, toileting, dressing, bathing, etc
2. Incontinence of bowel or bladder with an inability to care for oneself when an accident occurs
3. Cognitive Impairment – dementia related to Alzheimers Disease, Multi-infarct dementia, Pick's disease, etc. Usually someone with mild dementia does not need 24/7 (24 hours/day, 7 days/week) care. It is usually when symptoms begin to affect their safety awareness that round the clock care is needed. For example – they forget they have the stove on, or leave home and don't know where they are going, or no longer recognize that a red light means stop.

In the early 1990's when Dr. William Thomas assessed what was occurring in nursing homes, he found that treatment was pretty good in nursing homes – diabetes was well managed, heart disease was well controlled and generally the medical model of treatment was alive and well. He found 3 plagues that can't be treated with a pill – loneliness, helplessness and boredom.

Loneliness is defined as the pain you feel when you want, but cannot have, companionship.

Helplessness is defined as the pain we feel when we always receive care and never give care.

Boredom is the pain we feel when our lives lack variety and spontaneity.

Close your eyes for a moment and think about your life. When do you feel the best about yourself? Like you really make a difference in this world?

It is when you are helping someone else. That is basic human nature. People feel best about themselves when they are helping someone else, making a difference, being needed by others.

Think again about the reasons people enter a nursing home – immobility, incontinence and cognitive impairment. They need considerable help with their activities of daily living, are often unable to engage in the hobbies and activities they once did, and have often outlived their friends and family. So, it is no wonder they feel lonely, helpless and bored.

Dr. Thomas described antidotes to plagues. Loneliness is treated with loving companionship. Helplessness is addressed by providing opportunities to give care to others and boredom can be “cured” with an environment that creates variety and spontaneity.

Dr. Thomas warns that although the Eden Alternative™ highlights the inclusion of animals, plants and children it should not be considered just a “fur and feathers” program. IT IS ALL ABOUT RELATIONSHIPS. Animals, children, and plants are tools to help build relationships. It is about getting to know each resident and staff well enough to identify the gifts they have to contribute to the neighborhood and then finding a way they can contribute.

At the Masonic Village in Elizabethtown, our Eden Alternative™ journey began in 1998 with a mission and values statement consistent with our organizational mission and values. “We are committed to growing the Eden Alternative™ philosophy. Together we will journey with our residents, families and community to provide the opportunity for companionship, spontaneity, and the ability to provide care.” Our Eden Values are to:

1. Harvest the talents of staff, residents, families and community
2. Nurture the human spirit
3. Offer opportunity of daily interactions with children, animals and plants.

We had a resident with severe pain and impaired movement of the shoulder. Therapy worked with him a long time, but it was not fun and was painful to do shoulder therapy. However, the man’s neighborhood had a dog (Daisy) which inspired an idea. John’s “job” was to exercise Daisy several times a week for 15 minutes by throwing the tennis ball down the hall for her to retrieve. It is amazing how much movement you can get in a frozen shoulder when you are not in “therapy.” This simple story demonstrates how all three plagues were addressed by one activity.

Sometimes you have to involve more than one resident and combine their abilities to get one task done. For example a resident who is paralyzed but cognitively intact cannot physically change the paper in the bird cage or perhaps water a plant. However, she can remember it is Thursday and tell a cognitively impaired resident who is able to use arms and legs that it is time to change the paper or water the plant. Together they can both care for birds or water the plants.

One of our residents, Leonard, was an avid gardener. We gave him a plot of dirt, some seeds and a special set of tools made by the Occupational Therapy Department and every day he would go out and weed the garden. One year he grew tomatoes and would go out to pick some in the evenings. Staff would bring in bacon and make BLT’s for the entire

neighborhood. Those evenings were special because one of their own “neighbors” grew the tomatoes.

The next year Leonard grew the most beautiful flowers. Another resident (Pauline) had recently lost her husband and was very depressed. She had not been able to get involved in anything, but used to like ceramics. The social worker asked her if she would consider making ceramic vases for the dining room tables so we could put Leonard’s flowers in them for mealtime centerpieces. She didn’t miss a ceramics class until all the vases were finished. Another resident (Marjory) had a gift for flower arranging, so when Leonard picked his flowers, Marjory arranged them in Pauline’s vases and the whole dining room was transformed by using the talents of the residents. They weren’t bored because their “work” had meaning and contributed something – it made a difference to the entire neighborhood. There are hundreds of stories like this at all Eden Alternative homes.

In terms of measurable outcomes, the most dramatic for us is our turnover. In an industry with turnover 40- 80%, we were blessed to have a turnover of only 26% in 1997 prior to our Eden Journey. By 2007 our turnover had dropped over 50% to 12.7%.

Another significant drop was in the Quality Measure “Prevalence of Little or No Activity.” As we became more individually resident focused we began to find more creative activities for residents to become involved with as mentioned in some of the stories above. Comparing current quality measures to state and national benchmarks we have fewer restraints, tube-feeding, weight loss and urinary tract infections and incontinence as well. This is particularly significant when you take into account our demographic data that shows we have significantly older residents than state and national benchmarks and many more at end-of-life.

It’s truly not the destination, it’s the Eden journey that is so meaningful.... As relationships are built and strengthened among residents, staff, family and communities.

Masonic Village at Elizabethtown

FACILITY CHARACTERISTICS COMPARISONS

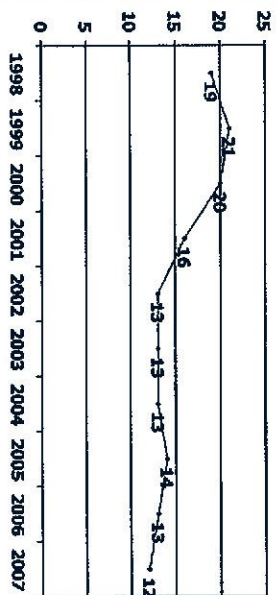
Characteristic	Masonic Village	Pennsylvania Benchmark	National Benchmark
Male	29%	30%	32%
Female	71%	70%	68%
75-84 years old	35%	33%	31%
85 + years old	56%	46%	41%
Hospice	9%	5%	4%
End-stage disease (6 months or less to live)	15%	3%	3%
No discharge potential	83%	58%	62%

Quality Measures

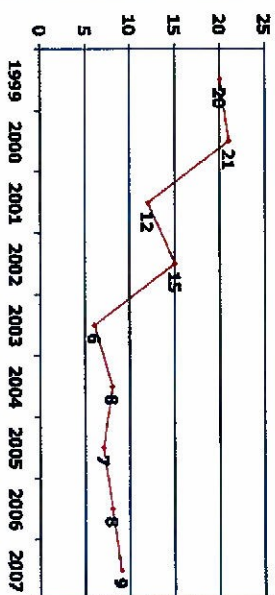
Quality Measure	Masonic Village	Pennsylvania Benchmark	National Benchmark
Residents who lose too much weight	5%	11%	10%
Prevalence of tube feeding	2%	6%	7%
Prevalence of occasional or frequent incontinence without a toileting plan	29%	59%	46%
Residents with UTI	5%	9%	10%
Prevalence of little or no activity	5%	5%	7%
Residents who were physically restrained	0%	3%	5%

Updated: 5/7/08

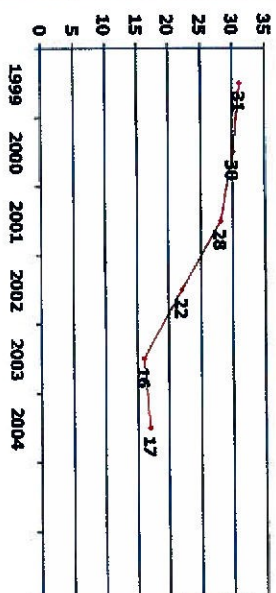
Staff Turnover



Incidence of Decline in ROM



Prevalence of Symptoms of Depression



2005 – No longer a quality indicator for CMS

Prevalence of Little or No Activity

