COLOR AND WARMTH FOR THE "GREY AREA"

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Those who are associated with nursing homes often have difficulty in defining them. They are included in a so-called "grey area" of care, somewhere between hospitalization and residential living.

Let's admit at once that a nursing home should not be a low-grade hospital. Some elaborate and excellent nursing homes do approach hospital-type care. But it is surely the hospital's role to provide such things as 24-hour nursing and medical supervision, laboratory and X-ray services, and operating rooms. It is the role of a rehabilitation hospital to offer prolonged maintenance physiotherapy.

On the other perimeter of the "grey area" are the various kinds of private living arrangements, including nursing care in one's own residence, or Independent living in a rooming house or in specially-constructed, often subsidized elderly persons' housing.

Most aging persons have a desire to go on living and living life to its fullest, with complete and independent participation in their community, enjoying all the prestige and dignity that they have earned. Any institutionalization, no matter how fine the facility may be, is an erosion of that independence. But sometimes the cost of providing care in the private home, rooming house or hostel is very difficult and for reasons of convenience and economy we gather people requiring such care together In the communal facility we call a nursing home.

First of All, a Home

Anything that is provided in a nursing home could theoretically be provided in the patient's own home. We use the word "home" to indicate a more permanent and warmer setting than a hospital. We have to recognize that the nursing home is in many cases the final permanent home of the resident and in nearly all cases a home for a considerable period. It must offer, if possible, all the rights, privileges and dignities of a home. It should offer the maximum of privacy with opportunities to entertain, freedom to act as independently as possible, consistent with the rights and privileges of others sharing the same facility, and consistent with the responsibilities of those in charge of assuring the safety of the resident.

This is a key to the two major faults I have seen in nursing homes:- the first, that some homes attempt to care for patients requiring skills and services beyond the scope of any nursing home, - the second, that many forget that this institution does in fact become the true home of the resident, and must be designed physically and functionally to play that role.

For Profit or Charity?

Nursing homes may be proprietary (operated as a means of livelihood) or nonproprietary (run by public religious or fraternal organizations), and they may be very large or very small.

The proprietary nursing home has been the most notorious and this is possibly because being the most numerous by far, and having been the most improvised and uncontrolled, it was inevitable that mismanagement would occur. Most of these institutions arose in the past 25 years and particularly in the last 15 years. Typically they have been operated in converted older private homes and started on a shoestring by enterprising individuals of varying motivation, with or without experience in the field. Proprietary homes have served a need which no one else was willing to meet. Most were greatly over-crowded almost of economic necessity, with very little government control and no program other than provision of basic bedside care. I believe that wilful maltreatment was extremely rare but neglect and ignorance were quite common.

With the increased welfare assistance to the aged, their collections became more certain and profit increased.

A non-proprietary home tended to be a large institution most commonly run by religious orders with a devoted staff, with accessible voluntary assistance but largely dedicated to loving, custodial care in the backwaters of the mainstream of active medical care.

In recent years both proprietary and nonproprietary homes have been shadowed by the emergence of new hospital facilities and new residential facilities for the elderly. Most recently they have begun to catch up with the other facilities, with the construction of new buildings specifically designed for modern nursing home care and living.

How to Select a Resident

Sometimes elderly persons are forced into nursing homes because no alternative exists. We should ease the admission of those requiring service to good nursing home facilities; but we should also assure that those who can and those who wish to and could continue outside the nursing home, have every opportunity to do so. The prerequisite is a full assessment of the patient's abilities and disabilities prior to admission, including if possible a complete assessment in hospital. Every attempt should be made to fully explore home care or the possibility of day centres, day hospitals, holiday admission to hospital to relieve next-of-kin the possibility of elderly persons' housing or residential accommodation, and foster homes. Some provision for holding accommodation during acute hospitalization might preserve an independent home life. Financial assistance might be all that is required to keep the person at home or in the residence of a relative.

It is easy to arrange such assessment for patients seeking welfare assistance. Or, if an assessment agency offers this service to private persons and earns a reputation for service it will be sought out by private individuals. The team approach is currently stressed in such assessments but occasionally the team approach can be overdone with all the emphasis going to the needs and rights and professional status of various members of the team, rather than directed to the needs of the patient. Generally the nurse (by that I mean Public Health Nurse) should be the primary patient contact, supported by welfare and social workers on the one side, and attending physician, hospital and agency medical staff on the other.

Licensing

The next important factor is the standard of service, and control. There may be certain standards set by associations of nursing homes, - a code of ethics, - and by the motivation of the group, particularly in religious and fraternal organizations. However, sonic formal control or licensing is essential. Generally speaking, nursing home institutions arc licensed by an agency of the provincial government.

The public look upon such a license as a guarantee of quality and government must accept this responsibility. A license must not merely denote that on an annual inspection specific physical standards were met. It is better if the licensing agencies can obtain an active liaison with till nursing homes rather than this kind of annual inspection. We need an atmosphere of consultation rather than inspection, involving the various disciplines such as medical, nursing, social work, dietetic, financial administrative, occupational therapy and physiotherapy.

The most important factor in licensing an institution is establishing the qualifications of the operator. For this reason all licenses must be non-transferrable and issued to a responsible individual or organization. Nursing homes are complex facilities and the operator must have the knowhow in administration of an institution of this type. He must understand the concept of illness and health problems in the aged or be prepared to delegate planning of such services to a competent person with sufficient freedom to carry out a proper program. Finally, the economic or financial responsibility of the operator must be such that he is capable of meeting desired standards. Nursing homes commenced on a shoestring must continually cut corners to exist.

A license must also ensure minimum standards in the physical plant. The proprietary homes in older residential houses with beds overcrowded into every room should not be tolerated. In recent years newly constructed nursing homes are providing wide hallways, wide doors, more private space, especially adapted bathroom facilities, recreation areas and easy entrances, - all leading to higher rates but giving much better value per dollar spent.

What Goes On Inside

And this brings us to the home in action.

The traditional nursing home stressed custodial care. The most convenient method of administering this was to the bed patient who stayed quietly in bed all day, received meals at the bedside and was sedated into unconsciousness during the night. The patient remained in bed clothes and dressing gown throughout the day.

I can recall a personal experience which convinced me of the unbelievable effect of inactivity. A number of years ago we closed a substandard nursing home and moved all the patients to other institutions. I had visited this home weekly for several years and I recall particularly two residents, one an elderly gentleman, the other a lady, both of whom never spoke a word or answered my questions, who were unkempt and untidy and whom I regarded as being senile. In both instances these people completely changed when I saw them in their new homes within one week. The gentleman told me of his days of professional soccer in Great Britain sixty years before and his employment as a railroad guard. The lady similarly spoke to me cheerfully and at length.

Ambulation and activity are the keys to good care of the aged. The patients should be encouraged to get up every day and to dress themselves, which requires more patience on the part of the attending staff. Ambulation decreases the tendency to incontinence.

The nursing and social factors are inseparable and complement each other right down the line. The inclusion of day facilities and a program of activity including games and hobbies, television, and even a quiet room for meditation, space for entertainment of visitors, uncrowded dining room facilities are essential Dining can become an activity, a social adventure rather than a mere necessity of sustenance. Mirrors around the home encourage the individual to take greater personal pride in his appearance. Visiting hours should be informal and the opportunity for the patient resident to go out visiting should he as liberal as possible, including weekend or weeklong holiday stays. Provision must be given to hold beds (to preserve the individual's "residence") during such absences.

Occupational therapy, guided by the skilled therapist and supervised by volunteers, is of value even to the watchers. For this reason it is often desirable to have it carried out in a general room rather than in a secluded hobby room.

One should not hesitate to think of evening school classes as an outlet for some patients. In some areas school boards will provide adult classes within the institution.

In some instances a nursing home can tie in with a sheltered workshop to offer gainful employment, or with guilds which allow residents to use their skills.

The key to operation of a nursing home is to remember that institutionalization results from a failure to maintain independent living. All our programs should be geared to preserve what we can of that independence.

The Awful First Day

"I am sure it is worse than the first day in school . . . You just don't know where to turn . . . Do you know, I sat in this room and just wondered where the bathroom was, and all the time it was right beside me . . ."

"Do you know, I think when I came here was the first time in my life I ever ate a meal when not one member of my family was near me . . ."

"I just wondered how I was going to get my hair done. They brought me in a hurry and I knew I looked a fright ... I tried to ask someone but my throat froze up and I could not make a sound . . ."

"Suddenly I remembered I left my address book behind ... I just felt cut right off . . ."

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