Chances are good that many of us will end up in a nursing home at some point in our lives. But unless things change, chances are slim that we’ll be happy to be there.

“Nursing homes are places none of us would want to live in,” says Christine Mueller, PhD, RN, FAAN. “Nor would we want our parents to live there.”

Mueller is working to change that. Associate professor and chair of the Adult and Gerontological Health Cooperative Unit, she brings much-valued nursing and clinical perspectives to a number of research collaborations aimed at improving both the “nursing” and the “home” aspects of nursing homes.

“Nursing homes are not real homes, and there aren’t very many nurses in them,” she says. “When people talk about quality in nursing homes, they’re really talking about a place where you can live fully, where you really feel at home. And they’re talking about making sure that bad things don’t happen to you—like falls, pressure ulcers, weight loss, or losing the ability to walk and do things for oneself. These things can be prevented with adequate care by registered nurses.”

The formula for success is simple, but profound: Nursing + Home = Quality.

Under the new paradigm, nursing home residents will—to the extent possible—be able to continue to live the life they’re used to.

IMPROVING NURSING CARE
Mueller currently serves as co-director of the Minnesota Hartford Center of Geriatric Nursing Excellence in the School of Nursing. The center is one of nine centers of Geriatric Nursing Excellence in the country and part of a national initiative to prepare professional nurses for leadership roles in improving the health of older adults.
In addition, she’s collaborating with researchers at Duke University to examine nurse practice acts nationwide to see how the scope of practice for RNs and LPNs correlates with quality of care in nursing homes. She’s also working with Robert Kane, MD, of the University of Minnesota School of Public Health and Greg Arling, PhD, of the Indiana University Center for Aging Research to develop quality measures for nursing homes.

CREATING A HOME
Mueller is actively involved in research aimed at improving the “home” part of the nursing home quality equation. This involves a radical culture change from traditional institutional care to individualized or “person-centered” care, which gives residents a substantial say in how their lives are configured.

That’s a big transformation. “Most nursing homes are very hierarchical—the administrator, the director of nursing, and then all the way down,” Mueller says. “The residents often have little or no say. They are at the mercy of the staff who tell them what to do, and the routines the staff put in place. That’s not home.”

Under the new paradigm, residents will take more initiative in directing their own care. “The goal is to ensure that, as much as possible, residents can continue to live the life they’re used to,” Mueller says. “That means residents decide when to get up, get dressed, go to lunch, have dinner, go to bed. If they’re used to starting their day with a cappuccino, then they should be able to have a cappuccino every morning in the nursing home, too.”

CHANGING ROLES
With more self-determination, residents retain their quality of life and dignity. For direct care staff like nursing assistants, the change in roles will bring new responsibilities that will require learning new skills. The role of registered nurses will change, too. They will function more like home health nurses than conventional nursing home RNs.

This transformation means that the director of nursing will also assume a new role. He or she will become more of a facilitator and coach than a supervisor and boss. “The director of nursing will need a broad knowledge of gerontological nursing as well as the skills to lead a complex organization,” Mueller says.

She and her colleagues are trying to identify the competencies that registered nurses and directors of nursing will need in these transformed nursing homes. The researchers are also attempting to discover how to bring about the paradigm shift and how to empower staff to lead the transition.

CURRENT IMPACT, FUTURE DIRECTIONS
Their work has already had an impact. The team developed 23 quality indicators for Minnesota nursing homes which are now used by staff to assess residents and the quality of care in every facility in the state. The indicators are also an essential element of the “Nursing Home Report Card,” created by the Minnesota Departments of Human Services and Health. This valuable tool for consumers has also led to healthy competition among facilities to provide better care.

Mueller and her colleagues recently submitted a proposal to evaluate an innovative pay-for-performance system developed for Minnesota nursing homes. In addition, she and her colleagues are developing specific quality indicators for dementia care.

Learn more about Minnesota’s Nursing Home Report Card and quality indicators at www.health.state.mn.us/nhreportcard.