

April
2007

Arkansas Advocates for Nursing Home Residents



Next Meeting April 9

MEETING

PLACE:

First Assembly of God
Church

4501 Burrow Road
North Little Rock
Directions to church
on back of Newsletter.

10:00 a.m.

Meeting for members,
family and friends of
residents (Closed to
persons representing
the nursing home
industry).

11:00 a.m.

Public Meeting
(see article at right)

Local NBC affiliate
KARK ran a story,
"Finding A Good
Nursing Home," on
February 14 featuring
AANHR members. The
news clip of this
segment is available
on DVD for use by
Family Councils etc.
by contacting AANHR.

We're on the web!
www.AANHR.org

Conway (501) 450-9619 · Fairfield Bay (501) 884-6728
Little Rock (501) 224-8431

AANHR's Mission Statement:

"To protect and improve the quality of care and life for residents in Arkansas nursing homes."

Speaker for April 9th AANHR Meeting:

KRIS BALDWIN,

Assistant Chief Administrator

Systems Change Grants

Department of Aging and Adult Services

Kris Baldwin has been a long time friend of AANHR and frequently attended our meetings when she was a social worker with the Office of Long Term Care. She then administered a successful program called "Passages" that was designed to help nursing home residents who qualify to move back home or find a more familiar living arrangement.

Kris, who is currently Assistant Chief Administrator with the division of Aging and Adult Services, will speak to AANHR about some new initiatives she administers. The Arkansas Division of Aging and Adult Services has received several Systems Change grants from the Centers for Medicare and Medicaid Services (CMS) to develop and enhance home and community-based services as an alternative to nursing home care. One of the grant initiatives is to develop Adult Family Homes for persons over 65 years that will be provided as a service through the ElderChoices waiver.

AANHR is interested in hiring a paid part-time Executive Director. If you would like information regarding job description, please contact Vice President Nancy Johnson at 501-884-6728 or President Nancy Allison at 501-327-3152.



From the President's Desk

Nancy Allison

During the past month a bill was introduced in the Arkansas General Assembly taking a step backward for Arkansas Nursing Homes. Since 1999 staffing information was posted on each hall, wing or corridor in nursing homes. This enabled residents, families and visitors, including the ombudsmen, to know who was on duty and who to ask for when assistance was needed. It gave residents a feeling of family when they knew the name of their caregiver on any given day. Family members were comfortable being able to call the nursing assistant by name and always knowing who to take their concerns or their praises to. What could be more important than a tool that improves relationships between family members and staff? And what is more important than the well being of the resident?

This new law will require the staff in the facility to sign in on a single, centrally located sheet. Family members and visitors will have no way of knowing who is on what hall without looking for and asking the first CNA they see. Many people I have spoken with say they regularly reference the hall, wing or corridor sign-in sheet. **When the signing in is changed to the central location, suggest that there be a way to post the names of the CNAs working each day on each hall. Let the administration know how important this has been to you. This change to a central location is being made for the convenience of the nursing home staff - remind them that it should be about the resident and the convenience of the family as well.**

Another benefit for the resident is consistent assignment of staff. This means the same caregivers (such as RNs, LPNs or CNAs) take care of the same residents every day. This encourages relationships between residents and caregivers and gives the resident a sense of family. It allows family members to get to know their loved ones' caregivers and share with them things that might have an important affect on how their loved one adjusts to life in a nursing home. Families gain a great deal of comfort realizing the caregivers know about likes and dislikes and personality traits. And while consistent assignments create happier residents, it also results in happier staff members, more effective teamwork and better care.

NASOP Conference in Little Rock April 20 through 24

AANHR is pleased to be one of the sponsors of the national training conference for the National Association of State Ombudsmen Program this year. Kathi Gately, Arkansas' State Ombudsman, successfully bid to bring the training conference to Little Rock. State ombudsmen from across the nation will converge on Little Rock Friday April 20. They will spend several days in training and also enjoying the sights of our capitol city and Arkansas style southern hospitality.

Welcome State Ombudsmen!!

Dina Tyler, Spokesperson for the Arkansas Dept. of Corrections

March Keynote Speaker



Members attending the AANHR March membership meeting were privileged to hear Dina Tyler tell about our state's correctional system. She was invited to speak to our members after concerns were raised about the possibility of convicted felons being paroled to nursing homes. Act 290, which allows for the possibility of prisoners who are terminally ill to be transferred to a nursing home, has been the law for many years.

Ms. Tyler assured members that a convict must be terminally ill to be considered for this program and that over the years very few have actually been admitted to nursing homes. At one time ANHR considered sponsoring a bill opposing the practice but after learning these facts, decided to simply monitor the situation instead.

Juvenile offenders ordinarily do not come under the Department of Corrections although offenders as young as 14 may be sentenced as adults.

Sexual crimes are classified according to the level of risk posed to the general public:

Level One: the offense involved the immediate family only

Level Two: those involved were related

Level Three: it involved someone within the community

Level Four: believed to be predators on the prowl for victims

Ms Tyler stated that the prison population in Arkansas nearly doubles every ten years which means that there is a need for 500 new beds every four years. Eighty percent of crime is tied to drugs. Although 90% of prisoners will serve out their time and be released back into the community, those who are not released age within the system and the need for medical care within the prison system has grown as well. Mental health care is also a large problem. The budget for health care within the correction system is \$44 million this year and a new facility will soon be opened to provide for prisoners with special needs. This also should help alleviate the possibility of placing prisoners in nursing homes.

AANHR members found Ms Tyler's presentation very interesting and informative.

"Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy."
Proverbs 31:8 NIV

Culture Change: Frequently Asked Questions

1 What is Culture Change?

Culture Change (also known as person-centered care or resident-directed care) transforms the long-term care medical model to one that nurtures the human spirit, as well as meeting medical needs. Goals of Culture Change:

- restore control over daily living to residents of long-term care facilities and those who work most closely with them;
- encourage a person-centered focus that respects the right of residents to make their own decisions;
- provide a familiar and hospitable environment, a supportive workplace and responsive, individualized care practices that focus on the needs and preferences of people, rather than those of the facility.

2 What is the history of the Culture Change Movement?

For the past few decades, a small group of early pioneers in the long-term care field have worked to fundamentally change the values, practices and culture of their organizations to create places for living and growing rather than for declining and dying. In 2000, these reform leaders from around the United States established the **Pioneer Network** (<http://www.pioneernetwork.net/>) as the umbrella organization for the Culture Change movement. In recent years, this movement has been expanded to include home and community-based services.

3 What are some of the benefits from Culture Change?

Resident benefits: improves physical and mental health (e.g. reduces depression and behavioral problems), reduces unanticipated weight loss, reduces mortality, etc.;

Staffing benefits: reduces employee turnover, eliminates temporary agency staffing and mandatory overtime, reduces workers' compensation claims/costs, etc.;

Additional benefits: significantly improves employee, resident, and family satisfaction; increases involvement with the outside community including children, students, clubs, and religious organizations, etc.

4 What are some examples of Culture Change approaches?

- Collaborative leadership style which opens lines of communication and nurtures human connections;
- Consistent team assignments to care for residents (see How does Culture Change affect nursing home staff?);
- Personalized care plans written in "I" format, encouraging residents to make decisions on all aspects of their care.
 - e.g. Instead of "ambulation 2X/day", a care plan would say, "I like to walk. My favorite times for walking are after lunch and dinner."
- Actively engaged families who are sought out for visits, family councils, care input, etc.
- Bereavement recognitions to acknowledge the death of a resident to other residents and staff.
- Care practices built around the preferences of the resident, including waking/sleeping, meals, bathing, etc.

5 How does Culture Change affect nursing home staff?

Relationships between staff and residents are at the heart of care. Systems and structures are developed to support these relationships by focusing on person-centered care, rather than task completion.

One Culture Change approach that honors those relationships is through consistent assignments in which teams of staff work together with groups of residents on an on-going basis, rather than rotating assignments.

6 Are Culture Change approaches in violation of CMS or state regulations?

The Centers for Medicare and Medicaid Services ("CMS") and the MA Department of Public Health ("DPH") are committed to working with facilities to find innovative ways to allow the implementation of Culture Change. The essence of Culture Change fulfills the mandate of the Nursing Home Reform Law (OBRA'87) by allowing nursing homes to be responsive to individual resident's needs and creating an environment in which residents thrive.

The following CMS Video Link discusses how Culture Change is consistent with existing federal regulations:

<http://www.pioneernetwork.net/research/cmsmov.wmv> (*media player is required to view this file*).

The MA Culture Change Coalition was initiated in mid-2005 to foster Culture Change in MA facilities. Participants in the Coalition include a wide-range of long-term care related organizations, such as the profit and not-for-profit nursing home industry associations, DPH, State Ombudsman's Office, CMS, MassPro, Alzheimer's Assoc., AARP, etc. The **Massachusetts Advocates for Nursing Home Reform** represents the families/advocates of nursing home residents in the Coalition.

7 What if a nursing home is unwilling to implement Culture Change?

It's important to acknowledge that it will take some time to achieve widespread Culture Change. It is expected that facilities ignoring the movement toward person-centered care will be at financial disadvantage with lower occupancy rates, higher CNA turnover costs, etc. It is therefore anticipated that market forces will eventually force those facilities to move toward Culture Change. Promoting education about Culture Change is essential to spreading Culture Change throughout the nursing home industry, and you can play an important role by educating yourself and others on the benefits of Culture Change.

8 If Culture Change is so good, why is there resistance to it?

Changes to any existing system can be difficult and carry with them a certain level of resistance. Changing from a long-accepted medical model creates additional questions and concerns on the part of professionals. Well-meaning professionals schooled in those medical practices now need to recognize that those methods may be causing harm to residents – this awareness can be very difficult to accept.

9 My facility has some Culture Change activities, but why hasn't overall care improved?

Some facilities fall into the trap of implementing Culture Change activities on a superficial level. What can be missed is the meaning behind those activities, even though the activities are positive - such as community involvement, memorial quilts, etc. True Culture Change involves a change in the attitude and philosophy of management and staff to be centered around the needs and well-being of the resident.

10 Is Culture Change expensive to implement?

Culture change is rooted in changes to management styles and staff attitudes which may involve consulting costs and other minor costs related to changes in services. However, these costs have been viewed as minimal and are offset by savings from a decrease in staff turnover rates and improvements in the well-being of the residents.

Furthermore, results from a study conducted by Marilyn Rantz, University of Missouri, reported that good-quality care in nursing homes actually costs less than poor quality care (March/April, 2003 Nursing Outlook). Rantz says the important point practitioners can take from this study is that well-run, quality health care can be achieved without high costs.

11 Will Culture Change work in a diverse, urban setting?

Culture Change has been successfully implemented in nursing homes in large cities with diverse demographics, as well as in small facilities in rural settings. Size and location are not the driving forces for implementing Culture Change, but the commitment of staff to the well-being of residents is.

Examples of successful Culture Change in two diverse nursing home settings:

- The Maine General Rehabilitation and Nursing Center in Glenridge, portrayed in the American Health Quality Association Culture Change documentary, is in a rural, close-knit community. The documentary, "Culture Change in Long-Term Care: A Case Study", can be obtained through the production company: ImageWorks 619-239-6161.
- Providence Mount St. Vincent, located Seattle, WA, has 215 skilled nursing beds and is one of the original Culture Change facilities in the country.

12 How widespread is Culture Change?

According to the Pioneer Network, a sampling of the rippling effect of the Culture Change movement, based on anecdotal reports, includes:

- Nine states (including MA) have formed culture change coalitions and many others are in varying stages of forming coalitions.
- There is a marked increase in long-term care facilities starting on the path to culture change.
- Several multi-facility organizations have committed to Culture Change, including Apple Health Care, Pinion Management, AGE Institute Holdings, Inc. and The Evangelical Lutheran Good Samaritan Society.

Additionally, Quality Improvement Organizations, as part of the Centers for Medicare and Medicaid Services, began a three-year initiative in August 2005 that utilizes Culture Change approaches and workforce development to bring improvements in resident care in 10-15% of nursing homes in each state. In Massachusetts, approximately 70 nursing homes (over 50% of which are corporate facilities) are participating in this initiative.

For additional information, contact:

Massachusetts Advocates for Nursing Home Reform

FOB 560224 W. Medford, MA 02156

E-mail: info@manhr.org Telephone #: 800-988-4450

Website: www.manhr.org

(FAQ reprinted from April, 2006 manhr.org newsletter)

3rd Annual AANHR CNA Appreciation Luncheon Coming Soon!

Plans are underway to honor CNAs on June 12 this year. More details to follow.

Public Notice

Arkansas Advocates for Nursing Home Residents are here to help with any problems you might face in dealing with nursing home care. As consumers, you need to know, there has not been a congressional report written in the past twenty years documenting that nursing home residents are being cared for and protected the way the federal laws require.

In order that you are better informed, we urge you to order GAO congressional reports illustrating the serious problems government investigators have found in nursing homes.

To receive the government studies free of charge either:

- ⊕ Telephone AANHR at (501) 450-9619
- ⊕ Go to our web site at <http://www.aanhr.org> and click on "Contact Us"

Volunteer Ombudsmen Needed

Regardless of whether or not you end up becoming a volunteer ombudsman, your knowledge will increase greatly by attending an ombudsman training session. Volunteer Ombudsman training takes only one day and can make an incredible difference in the life of a nursing home resident. A volunteer ombudsman is authorized to help the residents with any concerns. Protecting the resident's rights is a priority. The volunteer ombudsman is authorized to take complaints and report things they see that are questionable to their regional ombudsman, who can take steps to remedy the situation. A volunteer ombudsman can make a big difference brightening the life of a nursing home resident. After the day of training and a short orientation period one can become a Certified Ombudsman and can choose to be assigned to a specific nursing home where just two hours service per week is expected. If interested, please contact Martha Deaver at 501-450-7405; she will put you in touch with your regional ombudsman.

AANHR Videos for Loan

AANHR has several wonderful videos that we would like to loan for use at Family Council meetings, or to help any family member seeing to learn more about receiving good care of residents in nursing homes. If you cannot attend our monthly meetings in Little Rock, please contact one of the offices listed in this newsletter and make arrangements to have one of these helpful videos mailed to you. The videos are:

- ⊕ *Nursing Home Care Plans*
- ⊕ *The Importance of Nursing Home Family Councils*
- ⊕ *Bathing Without a Battle*

Consumer Reports

included its Nursing Home Quality Monitor in the September 2006 issue:

- Learn which homes in each state to consider and which to avoid.
- Learn which 12 nursing homes have been on all of the *Consumer Reports Watch Lists* since the first one appeared in 2000.
- Get unbiased *Consumers Reports* advice on how to choose a nursing home.
- What type of homes are likely to provide better care?
- What can family members do to find the best possible home for a loved one?

The Consumer Reports Nursing Home Quality Monitor, a national database of homes to choose and homes to avoid, became available free on August 6, 2006 at www.ConsumerReports.org/nursinghomes

AANHR Special Thanks

We extend our heartfelt thanks to the following people and groups who make our outreach possible:

Brian Reddick and Bob Edwards of Wilkes and McHugh for its financial assistance in the printing and mailing of AANHR's newsletter and other publications as well as financing the attendance of two board members to the annual NCCNHR conference.

Eric Wewers of The Law Offices of Eric Wewers, PLLC, for advising AANHR's Board of Directors.

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Todd Griffin of The Law Offices of Todd Griffin, PLLC, for advising AANHR's Board of Directors.

Jack Waggoner and Gene Ludwig for keeping AANHR supplied with copies of the book *DANGER ZONE*.

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First Assembly of God Church in North Little Rock for providing AANHR a meeting room.

Bob Davidson of The Law Offices of Bob Davidson, PLLC, for advising AANHR's Board of Directors.

Chad Trammel and Don Sorey of The Law Offices of Nix, Patterson and Roach for gift memorials and financial support.

AANHR Officers and Board Members

President - Nancy Allison, Conway

Vice President - Nancy Johnson, Fairfield Bay

Secretary - Open

Treasurer - Ralph Erwin, Little Rock

Members of the Board: James Brooks, North Little Rock; Betty Buckta, Judsonia; Ruth Dapremont, Conway; Martha Deaver, Conway; Gleason McGuire, Bryant.

Honorary Board Members: Jim and Faye Sandstrum, Pine Bluff.

Helpful/Important Numbers

The Office of Long Term Care (OLTC)

has a toll-free number for information, assistance and complaints for residents and family members:

1 - 800 - LTC - 4887 between 8 a.m. and 4:30 p.m. on weekdays.

You may also write to: Office of Long Term Care (OLTC) P.O. Box 8059, Slot 400 Little Rock, AR
72203-8059

OLTC website:

[Http://www.medicaid.state.ar.us/General/units/oltc/index.htm](http://www.medicaid.state.ar.us/General/units/oltc/index.htm)

You should also report complaints to the Arkansas Attorney General

Toll Free: 1 - 866 - 810 - 0016

Little Rock Local: 682 - 7760

For additional assistance or a listening ear, call AANHR at

(501) 450 - 9619 in Conway;

(501) 884 - 6728 in Fairfield Bay;

Visit our website at www.aanhr.org or e-mail us at Info@aanhr.org

Your local Ombudsman's number should be posted in a prominent place in the nursing home, preferably near the front entrance. You may also call your local Area Agency on Aging to secure the name and phone number of the Ombudsman.

The UALR Senior Justice Center can be reached at: 501 - 683 - 7153.

Strength in Numbers, AANHR Needs You!!

AANHR is a nonprofit organization run by non-paid volunteers dedicated to protecting and improving the quality of care and life for Arkansas residents in long term care facilities.

Won't you please lend your support to us by joining our organization? Your membership dues help to pay for our activities that support our mission statement. Memberships are available on a calendar year basis. Join now and you will be a member through December 31, 2007.

Name_____

Mailing address_____

City/State/Zip_____

Phone_____

Email_____

I wish to receive the AANHR newsletter.

\$15 per individual membership enclosed.

\$20 per family or corporate membership.

\$4 per student or CNA membership.

Waive dues because of financial hardship.

Please make checks payable to: AANHR and mail to PO
Box 22421, Little Rock, AR 72221.

Driving directions to First Assembly of God Church, 4501 Burrow Road, North Little Rock

Coming from the North:

When driving South on Highway 67/167, take exit #1 onto Warden Road. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Coming from East, West or South:

If you are on either I-30 or I-40, take Highway 67/167 North. Take exit #2 onto Landers Road. Stay in the left-hand lane, as you will be turning left and going under Highway 67/167 and enter Warden Road going southbound. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Commercial Drive terminates at the church. Proceed straight across Burrow Road into the church's parking lot and turn right at the far side of the building into the narrow alley-like drive.

The entry door is located about half-way down this side of the church and the meeting room (#113) is immediately inside the entrance door.



Arkansas Advocates
For
Nursing Home Residents

P.O. Box 22421 Little Rock, AR 72221-2421
www.aanhr.org

NON-PROFIT
ORGANIZATION
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