

PROTECTING NURSING
HOME RESIDENTS

April 2005
Www.aanhr.org

Arkansas Advocates for Nursing Home Residents

*Celebrating our Tenth Year
1995—2005*



NEXT MEETING

Monday,
April 11, 2005

MEETING PLACE:

First Assembly of God
Church
4501 Burrow Road
North Little Rock
Directions to church
on page 8

10 a.m.

Meeting for Members,
Family and Friends of
Residents (Closed to
persons representing
the nursing home
industry).

11 a.m.

Public Meeting:
**David Moore, Presi-
dent Arkansas Bap-
tist Foundation**

12 noon

Bring a sack lunch.

AANHR's Mission:

**"To protect and im-
prove the quality of
care and life for
residents in
Arkansas nursing
homes"**

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

Conway (501) 327-3152 • Fairfield Bay (501) 884-6728
Little Rock (501) 225-4082

Note Well: AANHR will not meet in May!

David Moore to be AANHR's April Speaker

David Moore, President-Treasurer, Arkansas Baptist Foundation and Christian Ministry Services will answer the following questions (and more) in April:

What if someone told you he/she was going to put your organization in their will? What if you as an individual wanted to put an organization in your will? What would be the responsibility of the person desiring to leave his estate? What is the responsibility of an organization if someone says the group is in his/her will? What forms should be completed?

Mr. Moore has also been Adjunct Instructor in Business at the University of Arkansas at Little Rock since 2002. The class taught is Business Insurance and Estate Planning for upper-level business majors, most of whom wish to pass the DFP certification exam.

Everyone Needs a Living Will!

Headline news regarding removal of a feeding tube from Terry Schiavo, a brain-damaged Florida woman, should be a wake-up call that every adult, young and old, needs to have a living will. ***In particular, if your nursing home resident does not have a living will, the sooner she/he gets one, the better.*** Nursing homes, doctors and hospitals can give you a copy of a living will. They are simple to complete and you need witnesses, but a person must be cognitive to sign a living will. "...anyone over 18 can start to think about it. ***Disconnecting life support from a critically injured young person is an emotional issue which often leads to years of conflict when family members can't agree on what the patient would have wanted and there is no advance directive***". (1) For more information on advance directives, see page 3.

(1) *Aging Arkansas* August 2002, *Creating an Advance Directive* by Robert Bendiksen and Bernard Hammes



From the President's Desk

Nancy Allison

I have chosen a subject that may seem unpleasant, but it is critical that you are prepared for the possibility of dealing with this problem. You must understand and know your choices including how to protect yourself which you will find in the article about Advance Directives.

The recent news coverage about the young woman in Florida and her feeding tube prompted me to do some thinking, soul searching if you want to call it that, and do a little research on the subject of artificial nutrition and hydration. This is a reality we all could face with our loved ones or ourselves. I actually found all the information I needed in an AANHR Newsletter, November 1999. (*Excerpted from Choice in Dying, Washington D.C., www.choices.org*)

Fluids, alone or with limited amounts of nutrients, can be given intravenously for an indefinite period of time allowing patients who cannot digest food to live fairly normal lives. It can be used on a short-term basis until a patient recovers enough to eat normally or it can be used to sustain life to patients with irreversible neurological disorders. Patients with brain disease cannot complain when they feel full or unwell. The patient experiences no sensory rewards from the taste and texture of food and the patient has no control over quantity. Therefore feeding must be closely and professionally monitored.

Will withdrawal lead to a long and painful death? They state "No". For patients at the end of life, death normally occurs within 3 to 14 days after artificial nutrition and hydration is stopped. Reported observations of unconscious patients indicate that death is peaceful, slipping into a coma with no evidence of suffering. In some cases, the provision of artificial nutrition and hydration may prevent the development of the coma, or natural anesthesia.

Some people consider providing nourishment and fluids as an important act of care giving. Others consider it a medical treatment. Legally, artificial nutrition and hydration is considered a medical treatment that may be refused at the end of life. The provision of food and water will have great symbolic significance for some people and they will want nutrition and hydration supplied under all circumstances. If the symbolic significance exists for the patient, caregivers should respect the patient's wishes to continue treatment. If the symbolic importance of feeding exists for the family or caregivers, but not for the patient, the wishes of the patient must override all others. Because people have such different views, it is important that you take action

AANHR Tip

Don't assume the doctor will remember the advance directive for you or your loved one. Always take a copy of the living will to the hospital when your loved one is admitted; also give another copy to the doctor as a reminder. Often, advance directives cannot be found when they are needed. Keep copies in a safe place, NOT a safe deposit box.

Remember! There will be no AANHR meeting in May.



Cindy Young, ArGet Care Website, Was AANHR's February Speaker

www.ARGetCare.org

By Nancy Johnson

AANHR members at the March meeting saw a demonstration of a web-site which aims to provide care information from providers statewide.

The demonstration was provided by Cindy Williams of the Arkansas Department of Human Services, Division of Aging and Adult Services. The site is called Arkansas Get Care. By clicking on the above address one can easily find information about almost every kind of service imaginable. Even if you aren't sure what to look for, it is possible by answering a series of questions about yourself or the person for whom you are looking, to pinpoint services which may be helpful, whether in-home, institutional, or a community function. Listings include Transportation, Home-Delivered-Meals, Home Care, Senior Centers, Area Agencies on Aging, Social and recreational activities, and AANHR! This is a wonderful resource for all who have access to a computer. Please spread the word that this is available.

Advance Medical Directives Explained

By Dr. Chris Hackler
Aging Arkansas March 2005

If you had an accident or a stroke that left you permanently unconscious, would you want your doctors to keep you alive as long as possible with life support, such as breathing machines and feeding tubes? Who would you want to make this decision for you?

It is wise to think about such matters ahead of time and communicate your wishes to others in written documents called advance directives. There are two kinds of advance directives, both of which are legally recognized in Arkansas.

Living Will

A "living will" tells others how you want to be treated if you become terminally ill and can no longer make decisions or if you become permanently unconscious. A living will directs your doctors to withhold or to withdraw treatments that merely prolong the process of dying and are not necessary to keep you comfortable. Your doctors will still care for you and do what they can to keep you comfortable and free of pain.

One example of a type of treatment you

might wish to decline is cardiac resuscitation, or CPR. Your doctor can write a "do not resuscitate" order (DNR) that says you do not want to have CPR if your heart stops or you stop breathing.

It is not necessary to identify all of the kinds of treatments (surgery, dialysis and so on) that you wish to decline. ***There is one treatment, however, that you might want to specify: artificial nutrition and hydration.*** There is still some controversy about whether feeding tubes are counted as medical care. For that reason, you should explicitly state whether or not you want feeding tubes that prolong dying but are needed for comfort.

Power of Attorney

The second way you can influence your future medical care is by designating someone to make choices for you. The legislature recently authorized use of a durable power of attorney for health care (DPAHC). In this document, you can say whom you want to make decisions about your medical care when you are no longer able to make them. The person you choose can be anyone, and you can grant your health care agent (also called a proxy) the authority to make all health care decisions for you, not just those at the end of life.

There is one quirk in the DPAHC law you should know about: It specifically ex-

cludes end-of-life decisions. This was done to prevent your agent or proxy from overriding your living will. Thus it is important to have a living will along with the DPAHC. It is also important to specify in the DPAHC whether or not you want your proxy's authority to include end-of-life decisions.

When you make an advance directive, you will want to give copies of it to everyone who might be involved in your care: family members, doctors, lawyer and, most importantly, the person you choose as your proxy. Go over the directive and give your proxy a chance to ask questions and express doubts or concerns. Then you can be more confident that your proxy and your doctor will carry out your wishes.

One of the most important reasons for considering an advance directive is that it helps the ones you love to make difficult decisions and may leave them with fewer doubts and feelings of guilt. If you have clearly expressed your desire to forego procedures that prolong your dying it should be easier for those who love you to let you go. It could be one of your most meaningful gifts.

Dr. Hackler is professor and director, Division of Medical Humanities, University of Arkansas for Medical Sciences.

*AANHR would like to thank the following
People and companies for their continued support
Of our organization.*

In Gratitude

Emma Gene Buzick—Bella Vista, AR

Brandon Clark of Brandon Clark Law Firm—Little Rock, AR

Lisa Ferrell, Atty. at Law—Little Rock, AR

Elma Holder and Family—Yukon, OK

Nancy Johnson—Fairfield Bay

J. Michael Lewis—Pine Bluff, AR

Rod Lorenzen and Family—Little Rock, AR

Jerry and Mary Ann Miller—Hot Springs Village, AR

Jim and Lillian Porter—Little Rock, AR

Ed Sauer—Mena, AR

Tom and Sherry Shircliff—Sherwood, AR

Jack Wagoner, III, Atty. at Law—Little Rock, AR

In Memory

Virginia Cross—Little Rock—In memory of Tom Taggart

Chad Trammell of Nix, Patterson and Roach, L.L.P.—Texarkana, Texas—In memory of Ms. Gertrude Trotter

Chad Trammell of Nix, Patterson and Roach, L.L.P.—Texarkana, Texas—In memory of Ms. Nora Gordon

Special Thanks

Darren O'Quinn of the Law office of Darren O'Quinn for his generous provisions, donations, assistance and services over the years.

First Assembly of God in North Little Rock for providing a meeting room free of charge.

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Clark Mason of Hare Wynn Newell & Newton for financial and promotional support over the years.

Nursing Home Issues-Legislative Update

HB1250 - would repeal the requirement that Assisted Living Facilities obtain a Permit of Approval. This bill passed the House after being amended to apply only to counties with a population over 75,000 but it failed to pass the Senate Public Health committee. It is now dead. AANHR supported this bill because we oppose the principle of requiring permits of approval.

HB1442 - increases the minimum training requirements for CNAs from 75 to 90 hours. The 15 additional hours are to be devoted to instruction about Alzheimers Disease and related dementias. The bill passed both houses after Frank Broyles, UA Director of Athletics, testified about his wife's battle with Alzheimers. The discussion in the legislative committees centered entirely on the tragedy of Alzheimers, not on the need for increased training, but it worked. AANHR is very happy that CNAs will be given more hours of training. SB424 - allows CNAs who have worked in a nursing home for the minimum of one year and taken a training course of 100 hours to give some medications in a nursing home. They will not be allowed to give shots, narcotics, or PRN (given only as needed) medications. AANHR did not agree with this bill. The bill was strongly opposed by Arkansas Registered Nurses Association and the Arkansas Licenced Practical Nurses Association, but it passed anyway.

SB386 - allows old and sick criminals to serve out their sen-

tence in a home detention setting. Unfortunately this can also mean a nursing home. We are greatly disturbed by the problems this may cause.

HB1392 - the surveillance camera bill. Unfortunately this bill was amended to become acceptable to the Arkansas Health Care Association, the nursing home trade association. This gives the nursing homes many protections, including immunity from any use of the film in a civil lawsuit. Meanwhile it places many restrictions upon the resident and the family including getting prior permission, restrictions upon the use of the camera and any recordings, and making a hidden camera a criminal offense. Also failure to notify the facility of any suspected maltreatment within 24 hours would be a criminal offense. Although the passage of a bill allowing cameras to be placed in a loved one's room was AANHR's desire, we do not agree with this bill in its present form. At this time it has passed the House and goes now to the Senate Public Health Committee.

HB2577 - defines "direct-care staff" as CNAs and licensed nurses who provide direct hands-on care. This is a clarification which we wholeheartedly support. The bill also allows some leeway on the starting and ending of shifts for the purpose of counting the direct-care staff, something the nursing homes have been wanting. We do not oppose this. As of this writing no action has been taken on this bill.

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. A social worker or nurse will be available to answer questions and address concerns. 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>

You should also report complaints to the Attorney General's office! (OLTC no longer alerts that office to suspected criminal activity.)

The Arkansas Attorney General's office has a toll free number to investigate adult abuse and Medicaid fraud.

Please do not hesitate to call them.
TOLL FREE: **1-866-810-0016**
LITTLE ROCK LOCAL NUMBER:
682-7760

For additional assistance or a listening ear, call AANHR at (501) 327-3152 in Conway; (501) 884-6728 in Fairfield Bay; or (501) 225-4082 in Little Rock. For instructions on how to file a complaint, visit our website at www.aanhr.org or e-mail us at info@aanhr.org.

Your local **Ombudsman's** number should be posted in the nursing home. You may also call your local Area Agency on Aging to secure **the name and phone number** of the Ombudsman.

AANHR Sympathies

Billie Bice, honorary AANHR board member passed away on March 11, 2005. Billie had a heart for nursing home residents, and her dream was that “adopting” nursing home residents would become a common practice. AANHR extends its deepest sympathies to her many friends. The following poem makes us think of Billie.

**When I come to the end of the road
And the sun has set for me
I want no rites in a gloom filled room
Why cry for a soul set free?**

**Miss me a little...but not too long
And not with your head bowed low
Remember the love that we once shared
Miss me, but let me go.**

**For this is a journey that we all must take
And each must go alone
It's all part of the Master's plan
A step on the road to home.**

**When you are lonely and sick of heart
Go to the friends we know
And bury your sorrows in doing good deeds
Miss me...but let me go. Anonymous**

Adopt a nursing home resident!

Visit weekly or monthly.

Bring a gift, read to, or write letters for,

LISTEN TO,

VISIT WITH.

Be creative—spread sunshine!

Benefits of Volunteerism

By Savanna Knight*

Good friends are hard to find, harder to leave, and impossible to forget. Through my volunteer experience this statement becomes a reality for me every day. I have met countless nursing home residents on my journey as a nursing home volunteer. I see each and every one of these residents as my best friends and most-valued teachers. I have been involved in nursing homes since birth, when my mother worked at Greenhurst. When I was 7, my great-uncle, my pride and joy, became a resident in a nursing home. Now, at 16, I volunteer and work as a CNA at Greenhurst in Charleston, Arkansas. Recently I was crowned Miss Teen Lakes of the Northwest, and I will be competing for the title of Miss Teen Arkansas this summer. I now have the opportunity to spread the word of how I benefit from my life-long involvement with nursing home residents. A rather simple three-step process helped me find close friends, become mature, and set positive morals at a young age.

These 3 steps are care, listen, and learn.

Care

Caring for those who care for you is among one of the most important things for which God put us here on Earth. Care can mean different things. Actions such as having a watchful oversight are some of care's physical aspects. Then there are those things in your heart, such as having a concern or an interest, or a burning desire to care about someone.

Listen

Many residents are not blessed to have friends and family members to take time out to visit with them. It is easy to brighten someone's day by listening to them speak. These things may not be vital issues, but that does not mean they are not important to the person sharing them. I have found that my elderly friends love to tell stories about when they were younger, to brag on their grand-children, and talk about what they had for dinner. Someone who listens can make life worth living.

Learn

There is an endless amount of information you can learn from the elderly! Whether you find out what life was like in the 1930s or learn how to cure the common cold, you have learned something. I believe you will find that the most important lessons in life will be learned much simpler by listening to these warm, heartfelt stories. For example, a smile makes you live longer!

**This is the first in a series of articles Savanna will contribute to this newsletter.*

Strength in Numbers, AANHR needs you!!

Please take a moment to find out if you've renewed your AANHR membership. (Our fiscal year began on January 1, 2005. If you have not paid your dues since August 2004, then you are past due). We are so appreciative of people like you who support us because together we can make a difference.

- I wish to receive the AANHR newsletter
- \$15 per individual membership enclosed
- \$20 per family membership enclosed
- \$4 per student or CNA
- Waive dues because of financial hardship

Please make checks payable to:

AANHR P.O. Box 22421 Little Rock, AR 72221-2421

AANHR Officers and Board Members

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Vice President—Nancy Johnson, Fairfield Bay

Secretary—Catherine Donovan, Little Rock

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Honorary Board Members:

Jim and Faye Sandstrum, Pine Bluff.

AANHR Meeting Directions

(see map below)

First Assembly of God Church, 4501 Burrow Road, North Little Rock, Arkansas

From Little Rock, on Highway 67-167 take the west McCain Blvd. exit. Immediately after crossing the overpass, turn right (north) on Warden Road (the access road that parallels the divided highway and McCain Mall). Stay on Warden Road for three blocks.

Turn left on Commercial Street, the street with the Golden Corral restaurant on the corner. Commercial Street ends three blocks later at Burrow Road.

The church is at the end of Commercial Street and is easily recognized by three large crosses. Proceed ahead in the parking lot (do not turn right) past the crosses to the southwest corner of the building. Turn right on the narrow alley-like drive. Enter the door halfway down this side of the church. The meeting is in room 113 (immediately inside the entrance door).



Arkansas Advocates
For

Nursing Home Residents

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

*PROTECTING THE RIGHTS OF
NURSING HOME RESIDENTS FROM
FRAUD, ABUSE, AND NEGLECT*

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MAP TO MEETING