



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING
HOME RESIDENTS

February
2009

Conway (501) 450-9619 · Fairfield Bay (501) 884-6728
Conway (501) 450-7405

AANHR's Mission Statement:

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

Next Meeting February 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)



Rev. Edna Morgan to Speak About Healing Place Ministries at February 9th Meeting

At the AANHR meeting on February 9th, Rev. Edna Morgan will tell us how her organization helps elderly victims of crime and their families heal, assists them to exercise their legal rights, and advocates on their behalf when needed. She will also discuss how Healing Place Ministries is

reaching out to crime victims in long-term care facilities with education about the issues involved in prosecuting offenders and obtaining restitution.

The Healing Place Ministries in Pine Bluff, founded by Revs. David and Edna Morgan in 2003, is a non-profit retreat center that provides services to the community to enhance the mental, physical, and emotional health and well being of its citizens. Their Crime Victims' Advocacy Program, funded by the Department of Justice, serves victims (and their families) of homicide, elder abuse, robbery, burglary, consumer fraud, financial exploitation, identity theft, and domestic violence. "Elderly crime victims need emotional, spiritual and psychological support from their faith community's clergy and other volunteers to diminish the power of victimization," says Rev. Morgan, Crime Victims' Chaplain. Elderly crime victims are referred to Central Arkansas Legal Services, the Little Rock Police Department, the Prosecuting Attorney's Office, and the Attorney General's Reparations and Consumer Fraud Divisions. Further, the program educates victims about the VINES information system, helps them write impact statements, provides pastoral counseling when requested, and trains victim advocacy volunteers.

DID YOU KNOW?

The AANHR
Newsletter Is
Available Online
At aanhr.org



From the President's Desk Martha Deaver

A new year sometimes brings on reflections and goals assessments. To that end, I'd like to remind newsletter readers of AANHR's history. In 1995 several letters to the editor about poor conditions in nursing homes were printed in the Arkansas Democrat-Gazette. The writers contacted one another, met, and formed an advocacy group. Invitations to the first meeting in late 1995 went

to people in the nursing home industry, Office of Long Term Care, and family members. Officers were elected and the group continued to meet monthly.

Truthfully, there was much disagreement about the purpose and the function of the group. However, the mission of the group, to improve the quality of care and life for residents in Arkansas nursing homes, was never in doubt. All agreed that education of residents and family members about resident rights was paramount. However two factions arose as to how best to promote better care practices. There were those who felt that the way to improve care was to work with administrators and the Arkansas Health Care Association (AHCA) care models, such as a model nursing home. Others felt that regulations and policies needed to be changed and that working through the political process would be necessary. By the end of the first year this disagreement split the group. However a small number continued to meet monthly and with the help of the State Office of Volunteerism, wrote by-laws and incorporated Arkansas Advocates for Nursing Home Residents as a 501 -(c)-3 organization. Later Advocates for Nursing Home Residents, with the same Board of Directors, incorporated as a 501 -(c)-4 organization to allow active lobbying.

AANHR has attempted to educate residents and family members by being available for counseling, providing topical speakers at monthly meetings, speaking to senior citizen organizations and groups, by actively promoting Family Councils, and the publication of information regarding residents' rights and what constitutes good care. We continue to be active in the National Citizens' Coalition for Nursing Home Reform.

Our first Resident's Rights Rally was held in October of 2004 with good attendance and great publicity. This has been repeated annually since.

In June of 2005 we held our first CNA Recognition Banquet honoring thirty CNAs from around the state. This also has become an annual event.

On the legislative front we have been successful in setting minimum staffing ratios and requiring that direct-care staff on duty at any time be posted in plain sight on every hall. We have been unsuccessful in fighting tort reform. In 2005 we had high hopes for the passage of a bill allowing surveillance cameras in residents' rooms only to see the bill amended in such a way as to give all the rights to the nursing home and none to residents. It was defeated.

AANHR is beginning a new year advocating. Members sense improvement in care but hope to see much more, such as moving from institutional models to individual care.

Quapaw Quarter Family Council - An Example of a Highly Successful Family Council

The Family Council of Little Rock Nursing Center was originally formed in 1982. This was the first Family Council in the State of Arkansas. In 1987 Quapaw Family Council became incorporated at Little Rock Nursing Center (now Quapaw Quarter Nursing Center).

*The mission - to focus attention on problems of abuse and neglect and to promote a unified concern for the care and well-being of all residents.

*The Council's goal included stimulating the resident's social interest through individual contact and group functions, encouraging employee performance excellence through respect and appreciation, and fostering goodwill toward all service providers.

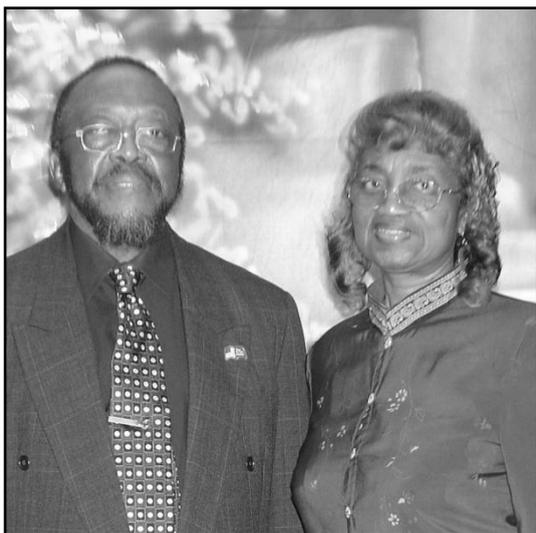
*Their primary function was to raise money to purchase clothing, personal aids (wheelchairs and walkers), dental care, beauty and barber shop products, and other items needed by residents that are not provided by the facility nor required by state or federal regulations. To meet those ends, they solicited donations of money and property from private individuals and businesses. They also raised money to pay for prescription drugs not covered by Medicaid at that time.

Area residents, representatives of human and social services agencies, state and local officials, religious and civic representatives, and organizations as well as relatives of the residents were original members. Those 25-30 members provided moral support and grief counseling for one another, and hosted seminars on legal aspects of guardianship and estate planning, etc. The activities and events included sharing special skill and crafts; sewing, mending, mixing and matching garments; reading and writing; facial care, cleaning fingernails and eye glasses; polishing shoes; transporting residents to doctor appointments, functions away from the facility, and hosting "Coffee and News". They worked out a staggered schedule to insure that Family Council members were patrolling the nursing home during all shifts to supervise the care of every resident.

In 1988, under the leadership of Mavis Posey, Quapaw Council's goal was helping organize Family Councils in as least 10 central Arkansas nursing homes and then branching out over the state. In 1988 and 1989 numerous presentations were given and the organization was recognized by then, Attorney General, Steve Clark for leadership in consumer education, protection, and help in efforts to clean up Arkansas homes.

From 1986 to 2001 the Family Council was recognized by Senator Dale Bumpers, State Representative Dr. William H. Townsend, Governor Bill Clinton, and Attorney General Steve Clark for the statewide development of family councils to assist in the improvement of nursing homes in the state. Mrs. Mavis Posey coined the phrase "MAKING NURSING HOMES BETTER . . . ONE MAY BE YOUR NEXT HOME."

Presently, as a result of the efforts of the original Family Council, many Family Councils have been developed statewide. Several of the original members are still active with Quapaw Family Council. Mrs. Posey remains as Presidents Emeritus, having passed the torch to other Presidents who rely on the experience and wisdom of the original members as they deal with new nursing home legislation and policy as it relates to ensuring quality care of residents of Quapaw Quarter Nursing Center.



AANHHR members, James Brooks and Lela Burns, also serve on the Quapaw Family Council Board



Quapaw Council Board Members

Cultural Change: Frequently Asked Questions

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/steeping, 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, DPI-I, 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 560224W. Medford, MA 02156

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

Website: www.manhr.org

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

Check out these useful websites: Memberofthefamily.net
aanhr.org
medicare.gov/NHCompare

AANHR Board Member Gary Melton Receives 2008 Royce Haigwood Award



Kathie Gately presents 2008 Royce Haigwood Award to Gary Melton



AANHR Members: Seated l-r Ann Pinney, Pat McGuire, Nancy Allison, Francis Walker. Standing are James Brooks, Jr. and Gary Melton . Not pictured is Julie Edwards, photographer.

AANHR members Nancy Allison, James Brooks, Jr., Julie Edwards, Pat McGuire, Gary Melton, Ann Pinney and Francis Walker attended the fourth Annual Arkansas Certified Volunteer LTC Ombudsman Recognition Banquet on December 5, 2008 at Ferncliff in Little Rock. Kathie Gately, Arkansas State Ombudsman, is to be commended for the selfless sacrifices she makes to ensure the success of the Certified Volunteer Ombudsman Program and her ever faithful encouragement and recognition of the outstanding volunteers. A volunteer's hands on, one-on-one rapport with a nursing home resident is invaluable to the resident and a blessed, rewarding experience for the volunteer.

Ombudsmen from Region II of the Area Agency on Aging, the White River AAA, under the direction of Peggy Parker and Debbie Blevins took home trophies for the Most Volunteers and the Most Volunteer Hours for 2008. Gary Melton, a Region II Certified Volunteer Ombudsman, from Searcy, took home the prestigious, Arkansas' Outstanding Volunteer Ombudsman of the Year - Royce Haigwood Award for 2008. Gary has been instrumental in building the volunteer ombudsman program in Region II, initially serving as Ombudsman Coordinator for the region. He received the Haigwood Award in part due to his success in initiating the inclusion of volunteer ombudsman outreach as part of student nurses' training at Harding University in Searcy. Gary is currently serving on the AANHR board of directors.

AANHR is appreciative of Gary's and all CVOs' efforts as a volunteer ombudsmen. Advocating for the elderly requires many hands and eyes. AANHR salutes CVOs' selfless service to our beloved nursing home residents.

"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

AANHR Special Thanks

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

- 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*.
 Brandon Clark of the Law Offices of Brandon Clark, PLLC, for ongoing support of AANHR activities.
 David Couch of The Law Offices of David A. Couch, PLLC, PA, for employing Brent Birch of One6 Media, LLC, to create and maintain AANHR's website.
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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.
 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.
 Hare Wynn Newell & Newton for financial and promotional support over the years.

AANHR Officers and Board Members

- President** - Martha Deaver, Conway
Vice President - Nancy Johnson, Fairfield Bay
Program Chairman - Nancy Allison, Conway
Secretary - Betty Buckta, Judsonia
Treasurer - Nancy Johnson, Fairfield Bay
Members of the Board: Nancy Allison, Conway; Martha Blount, Searcy; James Brooks, North Little Rock; Betty Buckta, Judsonia; Martha Deaver, Conway; Julie Edwards, Mabelvale; Nancy Johnson, Fairfield Bay; Gleason McGuire, Bryant; Pat McGuire, Alexander; Gary Melton, Searcy; Ann Pinney, Benton; Frances Walker, Benton.
Honorary Board Members: Jim and Faye Sandstrum, Searcy.
Newsletter Editors: Martha & Ernie Blount, Searcy

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:

<https://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx>

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, 2009.

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
135 Hillside Dr #112 Fairfield Bay AR 72088-4026

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:

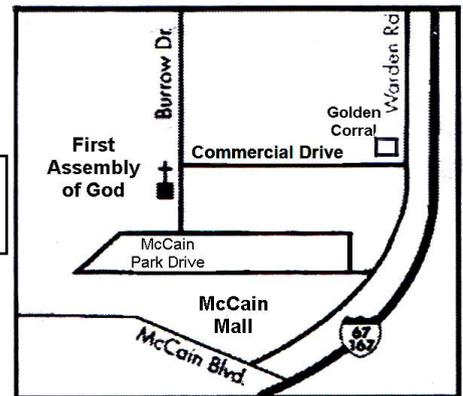
If you are on either I-30 or I-40, take Highway 67/167 North. Take exit #2 onto Landers Road. Stay in the left-hand lane, as you will be turning left and going under Highway 67/167 and enter Warden Road going southbound. As soon as you safely can, move into the right-hand lane, as you will be turning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

AANHR's Mission Statement:
"To protect and improve the quality of care and life for residents in Arkansas nursing homes."

Map To
Meeting



AANHR

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

www.aanhr.org

Address Correction Requested

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