

THEY GAVE US THEIR BEST ~ NOW, THEY DESERVE OUR BEST!



The Changing Face of Long Term Care

The Long Term Care Coalition

ILLINOIS COUNCIL ON LONG TERM CARE
ILLINOIS HEALTH CARE ASSOCIATION
LIFE SERVICES NETWORK





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The Changing Face of Long Term Care – Executive Overview

What should we provide to our nursing home residents, who fought for our freedom, built our communities, sacrificed for our families, and gave us all a better life to live?

Now, at their time of need, they deserve:

The Best Care: Clinical Expertise for the New Century of Care

Nursing home residents have far more complex medical needs than a decade ago. We should fully implement and support the new MDS person-centered clinical assessment program, which emphasizes restorative and rehabilitative care, specialized Alzheimer's services, ventilator technology, and other high skilled specialized care.

The Best Environment to Live In: Capital Modernization and Conversion

There is a revolutionary new understanding of the role of environment on a person's quality of life and recuperation. We should modernize an aging infrastructure and convert old institutional models to today's person-centered architecture – personalized private rooms, "neighborhood" design, and integrated community based services to reduce isolation, promote social involvement, and encourage self-actualization. We should include nursing homes in state bonding programs and in the state's capital budget.

The Best Caregivers: Staff Advancement and Empowerment

Our seniors need and deserve well-trained, committed and dedicated caregivers. We should improve and expand the quality of bedside caregiving with increased recruitment, career advancement and specialized training of staff through consistent assignments, mentoring programs, career ladders, leadership training for nurses, medication technician education programs, and targeted nursing scholarships for long term care.

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The Best Support: Food, Clothing, Shelter and Security

Today's increasing innovation and 21st century medical care in nursing rehabilitation facilities can only continue to flourish on a bedrock of the basics:

- We need to recognize this century's costs in nutrition, infection control, technology and security by updating Medicaid support rates, currently funded at last century's cost levels.
- To provide the basics consistently, caregivers need predictable payments without erratic delays.
- We need to reduce insurance costs for both care providers and the state by giving nursing homes the same liability protections that hospitals and doctors just received.

The Best Ideas: Incentives for Innovation

Today's seniors had a vision for our future. We should do the same for them. We should establish pilot projects and seed grants for programs that promote pioneer practices, culture change, resident centered care, staff empowerment, family involvement, specialized care units, and innovative customer services.

The Best Approach: An Efficient Spectrum of Senior Services

Today's seniors want to live as independently as possible for as long as possible. In today's changing face of long term care, more than 40% of nursing home residents go home or to another community care setting. Unfortunately, the home and community based service system for seniors in Illinois is extremely fragmented, overlapping, and compartmentalized, without an effective after-care program. Home and community-based service options must be paired with independent living, assisted living and skilled nursing care options in a seamless spectrum, so that seniors, no matter where they live, have access to an essential set of cost-efficient services. Funding for home and community based services needs to be increased, but not at the expense of quality restorative and rehabilitative care for nursing home residents.



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Best Care: Clinical Expertise for the New Century of Care

Overview:

Nursing home residents have far more complex medical needs than a decade ago. We should fully implement and support the new MDS person-centered clinical assessment program, which emphasizes restorative and rehabilitative care, specialized Alzheimer's services, ventilator technology, and other high skilled specialized care. Because of previous state fiscal policies, this has become the single most important issue facing Illinois citizens living in today's nursing rehabilitation facilities.

The Challenge:

- The system for assessing and funding the care needs of 21st Century nursing home residents has relied on an outdated system that recognizes the level of care provided between 1978 and 1993.
- Nursing home residents today receive far more medically complex care in comparison to the medical conditions that were being treated in 1993.
- Reimbursement for the cost of wages, increased therapy, nursing staff, medical technology and supplies has been frozen at 1999 cost levels.
- **As a result, Illinois has both an inadequate evaluation of the real 21st Century medical conditions of today's nursing home residents and an insufficient recognition of the 21st Century costs of medical care.**

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The Long Term Care Coalition Solution:

Fully fund the new MDS Patient Evaluation System

- During the 2006 legislative session lawmakers approved the national MDS resident care evaluation system and subsequent reimbursement.
- The new system will be phased in beginning January 1, 2007, along with first-year funding of \$30 million.
- Together, we must all push forward for full MDS implementation and funding over the next four years, through fiscal year 2011.
- Full funding of the MDS will cost Illinois about \$100 million each year for the next 4 years.
- These funds will be matched with federal funds to create the \$800 million necessary to finally address the treatment needs of seniors in nursing homes.

Questions:

Why is the cost so high to meet the challenges outlined here?

- The real complex issues of senior medical care have been cumulatively ignored for nearly 15 years. The old system froze the assessment of patient medical conditions at 1993 levels and medical costs at 1999 levels.
- Therefore we have an antiquated reimbursement formula with no adjustment for the modern transformation of the medical care needs of today's nursing home residents or the costs of today's sophisticated delivery of medical care.
- These contributing factors have caused complex care for seniors to be severely under-funded for years on a compounding basis.

What is this new system?

The national MDS assessment tool ensures that a detailed, comprehensive look at the medical needs of today's resident is completed. This individualized and objective review gives long term care doctors, therapists, nurses, certified nurse aides and others involved in care delivery the information they need to custom tailor a health care plan for every resident – and get fairly reimbursed for delivering that care. Both Medicare and nearly half of the states in the nation use an MDS-based reimbursement tool for assessing Medicaid nursing home residents and paying for the true costs of their care.

A clinical team from the statewide coalition of the Illinois Council on Long Term Care, Illinois Health Care Association and Life Services Network of Illinois worked with clinical experts from the Illinois Department of Healthcare and Family Services to craft an MDS system that specifically works for Illinois nursing home residents. Since the MDS assessment focuses exclusively on the needs of residents and is tied directly to the costs of their medical care, reimbursement is tied directly to the care of the resident.

According to a 2005 national survey of Medicaid reimbursement rates conducted by the healthcare accounting consulting firm BDO Seidman, Illinois ranked 34th out of the 36 states reporting data for the most recent year of 2002. The average total daily cost per resident in Illinois was \$126.50, with an average reimbursement of \$98.25 – covering only 78% of actual costs. Full implementation and funding of the national MDS tool would bring Illinois in line with the rest of the nation.

How many seniors will this affect?

The medical care of 78,000 residents living in more than 800 Illinois nursing homes depends on full implementation and funding of the MDS. Residents today bring more complex healthcare challenges to a nursing rehabilitation facility, as the trend toward Alzheimer's services, ventilator use, and restorative and rehabilitative therapy continues to increase.

By 2030, after all the Baby Boomers born from 1946 to 1964 have turned 65 (most of us), more than 71 million senior citizens will be living in the United States, according to the U.S. Census Bureau. More than 40 percent of people over the age of 65 will require nursing facility services at some point in their lives. Nursing rehabilitation facilities serve as the essential safety net for the entire continuum of senior services. We are there when you need us.

In the short term, the fiscal numbers may sound daunting. But we can take up the challenge of the future by fully implementing and funding the MDS. If we don't, it's akin to being penny-wise and pound-foolish with the essential medical care of Illinois seniors.



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The Best Environment to Live In: Capital Modernization and Conversion

Overview:

There is a revolutionary new understanding of the role of environment on a person's quality of life and recuperation. We should modernize an aging infrastructure and convert old institutional models to today's person-centered architecture – personalized private rooms, "neighborhood" design, and integrated community-based services to reduce isolation, promote social involvement, and encourage self-actualization.

The Challenge:

- The majority of today's nursing homes were built in the 1970's and 1980's.
- At that time, the federal and state regulations and codes for nursing homes emphasized that nursing homes should resemble "mini-hospitals" - sterile, clinical, fire-safe, and institutional.
- Now, numerous studies have confirmed the emotional impact and psychological effects on healing in a more life-enhancing, person-centered environment.
- Architectural design efforts of the past ten years have revolutionized construction and renovation projects to encourage individualization, privacy, and social involvement.
- Environment changes not only improve the facility residents' quality of life, but effective re-tooling of existing space and resources can also expand needed community senior services, particularly in rural areas that do not now have these home and community senior services available.
- Many of these needed infrastructure and environmental changes are beyond the financial capability of facilities that rely on Medicaid reimbursement.

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The Long Term Care Coalition Solution:

- 1. Establish a \$100 million state bonding program for nursing rehabilitation facilities to modernize, upgrade and convert aging, institutional structures into more downsized “neighborhood” cluster models of modern, private, people-friendly living environments.**

The bonding program would provide a line of credit for low-interest loans. Another approach is to amortize any modernization projects in the nursing home Medicaid capital reimbursement rate over five years rather than the current thirty. The advantage to the state is that the funding is federally matched. Similar programs have been successful in Minnesota, Iowa, North Dakota, Nebraska, Ohio and Wisconsin.

- 2. Include \$100 million in the state capital budget for grants to 100 nursing homes to convert old nursing home bedrooms to other community services needed by the elderly.**

The grants would be managed through the Illinois Department of Public Health under the authority of the Older Adult Services Advisory Committee established by Senate Bill 2880. Another method other states have used is to “buy back” licensed beds, as long as the funding is used for service conversion or upgrading to private rooms. This method could also be channeled through the nursing home capital reimbursement rate, allowing for increased federal matching funds.

Questions:

Do you have some successful models of environmental change in nursing homes?

Architectural design efforts of the past ten years have not only emphasized cosmetic changes in the environments that surround us, but a truly revolutionary approach to encourage individualization, privacy, and social involvement. Among the more well-known examples are:

Neighborhood Clusters – Some Illinois nursing homes have divided their buildings into smaller resident communities or “neighborhoods,” each with its own group of permanently assigned staff, team leader, staffing schedule, activity program, and living areas. In some cases, these nursing facilities have converted previous bedrooms into new family rooms, dining areas and activity settings to promote the residents' quality of life. Residents often choose the names for these neighborhoods, such as “Garden Path” or “Ocean View,” and decorate these areas according to the chosen themes. Some nursing facilities have “households” with private resident rooms that surround a

comfortable living room and dining room area with its own kitchen. By developing smaller living areas, these innovative facilities are able to make the residents' living environments less institutional and more like a real home, creating a real sense of community.

The Eden Alternative – The central theme of the Eden Alternative is creating a "Human Habitat" in which a typical "medical model" nursing home setting is transformed into a nurturing, home-like environment. This model encourages the use of dogs, cats, birds, plants, children and gardens to make the residents' living environments less hospital-like and more comfortable. Walking into an "Edenized" home, you might hear the conversation of children, watch the flight of finches in an aviary, be greeted by a friendly Golden Retriever and smell vegetable soup being prepared in a resident kitchen area. The residents take an active role in caring for the pets and greenery, feeling a sense of meaningful contribution. Community involvement is a key component in creating this "Human Habitat," with several local groups stopping by to enjoy quality time with the elderly.

The Green House Project – Under the "Green House" model, providers are making the nursing home over from scratch, with the goal of giving residents more privacy and control over their lives. "Green Houses" are freestanding homes, housing no more than 10 people, which are inconspicuously integrated into residential communities. They are designed to look exactly like a real home, with no nurses' stations or medication carts. Residents sleep in private bedrooms, share family-style meals and have more freedom than in traditional nursing homes. The residents fill these houses with their own furniture, art and decorations, making them their own personalized settings. Staff enable these seniors to create their own daily schedules, waking up when they want to, eating their meals at their own choosing, making their own decisions regarding bathing, and going to be bed when they decide it is best. In a "Green House," you might see the residents planting flowers, enjoying an outdoor barbecue, baking cookies, or listening to a staff member playing the piano. The Green House Project is just one of the more progressive and promising models for the future of long term care, creating not just a "home-like" environment, but a real home.

Using Nursing Homes to Provide Other Community Services - With the increase in other home and community-based services for the elderly, such as home health, home care services, assisted living facilities, supportive living facilities and retirement centers, fewer people are "living" in nursing homes. Over 40% of all nursing home patients leave the nursing home in less than three months for home or another community care setting. On any one day, over 20% of the nursing home bedrooms in Illinois could be used for other purposes to provide more varied and needed support services for the elderly in communities where those programs are not available. Among those services could be:

- Assisted living
- Supportive living
- Home health
- Adult day services

- Home delivered meals
- Senior assisted transportation
- Outpatient therapy

All of the medical, nursing, therapy, dietary, activity, and environmental resources for these services already exist within the nursing home. Re-tooling to provide these services would not be like setting up another costly separate program with its own administrative and facility overhead. Re-tooling existing but underutilized resources within the nursing home would not only maximize existing medical and residential resources, but also provide needed senior services in communities that currently are not able to support freestanding senior services.

This conversion concept was an integral part of the efforts of Senate Bill 2880, passed by the legislature two years ago to encourage a balanced continuum of senior services by increasing home and community based services. SB 2880 has already established the mechanism within the Department of Public Health for grants to nursing homes to convert existing resources and expand the range of senior services in the community. All that remains is for that program to be funded.



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The Best Caregivers: Staff Advancement and Empowerment

Overview:

Our seniors need and deserve well-trained, committed and empowered caregivers. We should improve and expand the quality of bedside caregiving with increased recruitment, career advancement and specialized training of staff through consistent assignments, mentoring programs, career ladders, leadership training for nurses, medication technician education programs, and targeted nursing scholarships for long term care nurses.

Our nurses and caregivers are at the very heart of the relationship of care, and we need to advance, empower and support these dedicated individuals. We need to break down the barriers that prevent more people, caring people, competent people, and trained people from coming into long term care. The worker shortages in long term care make this the time to act.

The Staffing Challenges:

Staffing in Illinois

- Providing medical and personal care is labor intensive. Seventy percent of all long term care expenses are employment-related.
- Illinois has 70,000 dedicated, faithful and competent professionals and caregivers who work in nursing rehabilitation facilities caring for our parents and grandparents.
- These are special people who work in nursing rehabilitation facilities not because it is just a job, but because it is what life is all about.

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Qualified Nurses Are Scarce

- We are in the midst of a decade-long national shortage of nurses and declining enrollment in nursing schools.
- A survey by the American Health Care Association revealed an immediate need nationally for 14,000 additional nurses in nursing homes.
- The average age of nurses in long term care is over 50 years old.

The stress of the long term care environment contributes to staff turnover

- Staff turnover rates of 50% for nurses and 100% for nursing assistants are common both within Illinois and nationally.
- Recruitment costs are estimated to be \$2,700 to \$4,000 to replace a certified nursing assistant and \$10,000 to replace a registered nurse.
- Without a stable, competent and experienced staff who know their residents, care is not individualized and clinical outcomes for patients are less than optimal.

There is a relationship between Medicaid reimbursement rates and staffing

- A national study by the Services Employees International Union (SEIU) found a direct correlation between a state's Medicaid rates to nursing homes and the wages paid to long term care employees.
- Illinois has one of the lowest Medicaid rates in the country, and correspondingly one of the lowest wage rates for healthcare employees in the country.
- When people talk about cost containment in healthcare, they need to realize that there is a corresponding direct human cost.

The Long Term Care Coalition Solutions:

- 1. Illinois should establish pilot grant programs of \$25 million through the Departments of Public Health and Healthcare and Family Services for proven research-based approaches for employee retention in healthcare:**
 - ❖ **consistent staff assignments with the same residents**
 - ❖ **peer mentoring and group support programs for new front-line caregivers**
 - ❖ **team leadership skills training for nurses**

Consistent assignments have been shown to be the most effective approach in improving patient outcomes and reducing staff turnover. Consistent assignment (sometimes called primary or permanent assignment) is defined as the same caregivers consistently caring for the same residents (85% of their shifts) every time they are on duty. The opposite of consistent assignment is the hospital-based practice of rotating the assignment of caregivers from one unit to another. Consistent assignments allow caregivers to know their residents personally and comprehensively, to know their medical care needs, their personal preferences, and their changes from day to day.

Peer mentoring and new employee support groups: The highest turnover in healthcare happens in the first six months. Studies by the University of Illinois and Turner and Stone have demonstrated that the most effective approaches in retaining employees those first six months is a peer mentoring program and a regular new employee support group.

Peer mentoring partners a new employee with an experienced employee for a specified period of internship, to help a new employee "learn the ropes," and reduce the isolating feeling of "being on your own" in a new environment.

A new employee group support program provides regular weekly group meetings for new employees with their mentors and/or a supervisor to share their concerns and experiences in learning a new job.

Leadership training for nurses: In long term care, nurses are the direct supervisors of a team of nursing assistants in their care areas. But nurses in long term care have not traditionally been educated to be leaders, nor are their jobs designed around leadership roles and responsibilities. But supervisors they are, and good supervisors are what they need to be.

Research-based models of leadership training that can be implemented right in the facility provide more education, practice, feedback and support for nurses in becoming leaders and care team builders. Such programs increase morale and retention both among the nursing assistants, having better supervisors, and nurses, with confidence to be better team leaders.

2. The Illinois Department of Public Health should complete its initial work in developing a Career Ladder for certified nursing assistants.

Certified Nursing Assistants (CNAs) are the backbone of caregiving in long term care, and do 80% of the personal bedside care of residents. Many nursing assistants enter the long term care field with the dream of eventually becoming nurses. However, the system allows for few opportunities for increased education or professional advancement without quitting a job and going to school full-time for a year or two. Most nursing assistants cannot afford to do that and still support a family. While there are many effective career ladder models for nursing assistants, none of them are state-

certified like the current state nursing assistant certification process. Consequently a career ladder in one organization may not be recognized in another.

A state-certified career ladder would formalize established standards of training and be recognized in every nursing home around the state. Twelve other states have established nursing assistant career ladders. Five years ago, the legislature mandated that IDPH develop such a career ladder; the planning is still going on.

Once developed, this program would provide opportunities for nursing assistants to receive advanced training, provide better resident care, and enable lower-wage workers to reach higher levels in their profession with increased pay and status. This type of career ladder program helps nursing assistants see their jobs not as a "dead-end" but as a catalyst toward advancement, respect and achievement, particularly for lower wage minority workers who might normally not have a chance for career advancement.

By developing a career ladder program, long term care facilities in Illinois would be able to increase employee expertise, provide better patient care, reward dedicated caregivers and help fulfill employee dreams of professional advancement.

3. Dedicate 20% of existing nursing scholarships for nurses entering long term care.

To encourage more people to choose nursing as a career opportunity, the State of Illinois provides nursing scholarships funded from existing licensing fees and fines. These scholarships are administered through the nursing schools, and tend to be directed toward the more "exciting" careers in nursing, not the direct bedside care of elderly patients.

The legislature has modified the scholarship program in the past, by allocating a percentage of scholarships for Licensed Practice Nurses (LPNs). To ensure a future for bedside nurses dedicated to the care of the elderly, the legislature should dedicate 20% of existing nursing scholarship for nurses willing to work in long term care for three years. There will be no additional cost to the state for this program.

4. The legislature should establish a Medication Aide Education Program.

Medication Aides perform the task of administering routine medications to residents in nursing homes after a rigorous formal education and certification process. Sixty percent of states currently have Medication Aides with consistent patient safety, including all the states surrounding Illinois. The national Nurse Licensing Model for state licensing laws include medication aides as part of its recommended standards.

The goal of creating a medication aide program in Illinois is not to minimize the role of nurses, but to shift a technical task to trained assistive personnel, allowing nurses more

time to focus on their professional responsibilities of resident assessment, direct nursing care, supervising the plan of care, leading and teaching the care team, and interfacing with families and other healthcare professionals.

As in 30 other states, a medication aide program in Illinois would free up nurses for better patient assessment and treatment, while providing another opportunity for career advancement for lower-wage workers.

Questions:

Will these approaches solve all the problems of worker shortages in healthcare?

The roots of the problem of worker shortage in healthcare are deep and nationwide. They will not be solved overnight. Government programs won't do it alone, and healthcare facilities can't do it alone. But, working in partnership, there are proven approaches that can:

- increase employment opportunities for people interested in the caring professions as a life career;
- retain good employees and reduce turnover;
- give them the best possible training opportunities; and
- advance them as they progress in knowledge and experience.

There is no single magic solution to attracting and retaining competent and dedicated healthcare workers. But by utilizing research-based creative solutions for facilitating career opportunities in long term care, providing the necessary training and support, and opening up career advancement possibilities, together we lay a strong foundation for ensuring that we have a stable healthcare work force both now and in the future.

The caregiving professionals we encourage today will care for us tomorrow. A stable healthcare workforce is good for patient care, good for employees and good for our local economies.



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The Best Support: Food, Shelter and Security

Overview:

Today's increasing innovation and 21st century medical care in nursing rehabilitation facilities can only continue to flourish on a bedrock of the basics:

- A reimbursement system that recognizes this century's costs for nutrition, infection control, technology and security by updating Medicaid support rates, currently funded at last century's cost levels.
- A predictable payment system without erratic delays.
- A level-playing field for nursing homes in the medical malpractice arena, thereby reducing insurance costs for both care providers and the state.

The Challenge:

Food, Shelter and Security

- Nursing homes have several core responsibilities for meeting residents' basic health and quality of life needs, including making sure residents are well-nourished; using technology to provide the highest quality of care; preventing the spread of infectious diseases; and ensuring that residents are safe and secure.
- These basic needs are reflected in the support component of the Medicaid nursing home rate, which is currently frozen at 1999 cost levels.

Consistent, Predictable Payments

- Nursing rehabilitation facilities provide medical care, therapy, food, shelter and security 24/7.
- The need to care for residents never stops, unlike the state's payment method, which erratically slows payments for up to six or seven months after dates of services.

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- As devastating as payment slowdowns are to care providers, one of the worst elements is the erratic unpredictability of payments. A provider may get one monthly check and then, without warning, nothing for two to three months.
- These unacceptable state payment practices make providing for current resident needs continually problematic and costly, and make consistent planning for the future impossible.

Additional Legal Liability

- Liability insurance has skyrocketed by over 200% statewide. In some areas of the state liability insurance premiums have gone up over 1,000%.
- One of the causes for the rise in liability insurance is that nursing homes carry additional legal liability that doctors, hospitals and other healthcare providers do not have.
- The Healing Arts Malpractice Act sets review criteria and standards of proof in healthcare cases for doctors and other healthcare providers, but not for nursing homes.
- The single greatest cause of unnecessary lawsuits in the nursing home field is a 1979 provision in the Nursing Home Care Act that awards ALL legal fees associated with a case, regardless of the size of the settlement. The constant threat in any settlement discussion in a nursing home case is not punitive damages, but the threat of a continuing, unrestricted run-up of attorney's fees.

The Long Term Care Coalition Solution:

1. Recognize this century's costs in food, shelter and security for residents.

Update the support component of the nursing home Medicaid rate from 1999 cost levels to 2005 with \$116 million [\$58 million state General Revenue Funds (GRF) and \$58 million federal match].

2. Provide the funding for resident criminal background checks.

Recent unfunded legislation called for police background checks, fingerprinting and additional security precautions for all 100,000 nursing home residents, at a cost of \$10 million. To cover these new costs, we recommend a one-time \$10 million pass-through on the next support rate (\$5 million GRF and \$5 million federal match).

3. Establish consistent, reliable payments for healthcare providers.

A payment delay of no more than 60 days for healthcare providers should be enacted into law, with interest rate penalties for any single monthly payment that is greater than 35 days later than the previous monthly payment. The interest rate penalties cover the costs of borrowing when payments become erratic.

4. Allow nursing homes to receive the same fair legal treatment as doctors, hospitals and all other healthcare providers by adding nursing rehabilitation facilities to the Healing Arts Malpractice Act and making attorney's fees proportional to the settlement.

Nursing homes are not asking for special treatment or exemptions from liability. They only want to be treated fairly and not be handicapped with extra liability provisions. Nursing homes should be added to the Healing Arts Malpractice Act and afforded the same legal protections recently provided by the legislature to doctors and hospitals.

Place attorney's fees for nursing home cases on a level playing field with all other medical liability cases by amending Section 3-602 of the Nursing Home Care Act to provide legal fees proportionate to the settlement, based on fair judicial review.

Questions:

What is so important about changing the Nursing Home Care Act on attorney's fees?

Compared with other medical practitioners, nursing homes also operate under a particular liability provision of the Nursing Home Care Act. The single greatest cause of unnecessary lawsuits in the nursing home field is a 1979 provision (Section 3-602) of the Nursing Home Care Act, which awards all legal fees associated with a case to the plaintiff's attorneys, regardless of the size of the settlement. This provides no incentive for a plaintiff's attorney to negotiate a settlement for the client, since the longer the case drags on, the greater the legal fees. In one case, *Bertini vs. Villa Scalabrini*, the plaintiff's attorney refused to settle. In the trial, the plaintiff was awarded \$3,000 – and the attorney – unknown to the jury – was awarded \$120,000 for winning the case.

The requested change would not put a cap on settlements or attorney's fees, but merely make them subject to fair judicial review based on the size of the final client settlement.

Is there anything new going on in the areas of nutrition, infection control and resident security?

There are many exciting changes going on in how nursing homes take care of the basics of life. Here are some notable examples of how nursing homes are creatively meeting these important care needs in the 21st century:

- **Making sure residents are well-nourished:** Recent national studies have demonstrated the critical role nutrition plays in the healing process. Many Illinois nursing homes have abandoned the traditional, "hospital-like" tray service to offer residents a variety of delicious food choices through buffet and restaurant-style dining. Residents can choose from several tempting options including soups, salads, entrees and desserts. A typical resident meal might involve a bowl of vegetable soup, chicken breast with gravy, seasoned mashed potatoes, and New York cheesecake with strawberry sauce. Some residents want to choose food items for themselves, while others appreciate receiving wait service from the staff. Being able to make their own choices augments the residents' desire to eat and adds to their enjoyment of life. Many dining rooms feature soft music, flowers on the table, tablecloths, and fine china to create a comfortable setting. Through these creative dining programs, residents are socializing more, gaining weight, and improving their physical well-being through the increased consumption of healthy and good-tasting foods.
- **Using technology to provide the highest quality of care:** Today's nursing homes provide many forms of advanced medical care that used to be exclusively provided in hospitals. This high-level medical care requires state-of-the-art technology, including ventilators, pressure-reducing beds, dialysis machines, IV units, chemotherapy equipment, heart monitors, and Nautilus equipment for physical rehabilitation. In addition, facilities use computer systems for a variety of medical-related functions, including resident assessments and care planning. Some facilities have set up computer labs for residents to use the Internet, send and receive e-mails, and participate in other computer-related recreational pursuits. Indeed, technology serves as the foundation for how care is being provided in today's long term care facilities.
- **Preventing the spread of infectious diseases:** In the 21st century, long term care facilities are having to fight "superbugs" like they never had to before, including serious infections like MRSA, VRSA, newer strains of influenza, flesh-eating disease, and a return of tuberculosis. Many of the regular antibiotics that were used years ago are no longer effective, making this specialized treatment very difficult. Patients who used to stay in the hospital with their infectious diseases are instead now coming to nursing homes for their extended care. Hundreds of today's nursing home residents require strict isolation procedures, involving patients staying in private isolation rooms; special protective clothing such as masks, gowns and gloves; reverse air-flow ventilation techniques and precautionary housekeeping and laundry procedures for infectious disease.
- **Ensuring that residents are safe and secure:** Long term care facilities are dedicated to maximizing the safety and security of each resident. Creating a safe

environment includes such interventions as having an alarm system in place on an Alzheimer's special care unit for residents who might wander away from the building; instituting a comprehensive fall prevention program, with all staff paying close attention to frail residents who are at risk of accidents; using color contrast and intensified light throughout a facility to help residents with vision problems navigate their environments safely; and installing "state-of-the-art" sprinkler systems to protect residents from fires.

Recently, the Illinois nursing home community worked hand-in-hand with the Attorney General's office, the Governor's office, resident care advocates and other state associations to develop the nation's first criminal background check regulations for *nursing home residents*. These regulations require facilities to run criminal background checks on every current and new nursing home resident, and work with the Illinois Department of Public Health and the State Police to develop care plans of safety for any person who is an identified offender. With these new regulations, Illinois nursing homes are taking the national lead in making sure that resident safety and security are optimized. However, the legislative mandate for criminal background checks and fingerprinting of all 100,000 nursing home residents was unfunded.



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The Best Ideas: Incentives for Innovation

Overview:

Today's seniors had a vision for our future. We should do the same for them. We should establish pilot projects and seed grants for programs that promote pioneer practices, culture change, resident-centered care, staff empowerment, family involvement, specialized care units, and innovative customer services.

The Challenge:

- When nursing homes were created by the Medicare Act of 1965, the intended model for nursing homes was to be "mini-hospitals," built and operated on a medical model of care.
- Over the years, we have learned that a person's well-being encompasses so much more than good medical care.
- Relationships, choice, control over personal decisions, social involvement, courage in the face of adversity, a feeling of purpose, and being able to contribute to others are all necessary elements of a person's recuperation and healthy lifestyle.
- Nursing homes have come to realize that the strict hospital medical model over time can cure the body, but kill the spirit.
- In response, there has been a revolution of the spirit in long term care. Many different models are being tried to enhance the ability of people to lead involved and meaningful lives, even in the midst of medical problems.

The Long Term Care Coalition

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- It was the dreams and struggles of our parents and grandparents that have made life meaningful for us. It is now our job to create a life-giving environment to make life meaningful for them in their later years.

The Long Term Care Coalition Solution:

The Illinois legislature should allocate \$20 million to fund the Innovations in Long Term Care Grant Program sponsored by the Department of Public Health.

- Innovation is needed to address the changing needs and preferences of today's educated consumer.
- Four years ago, the Illinois legislature established an Innovations in Long Term Care grant program within the Illinois Department of Public Health to encourage innovative pilot projects and provide seed grants for programs that promote pioneer practices, culture change, person-centered care, staff empowerment, specialized care units, and innovative customer services.
- Unfortunately the grant program is essentially unfunded, and no grants have been awarded in the past four years. The Illinois legislature should invest \$20 million to finance this important program to encourage progressive, forward-thinking innovation for the seniors in Illinois.

Questions:

Are there really many new and innovative ideas about resident care delivery out there?

There is a revolution of innovation blossoming throughout the long term care profession. Illinois nursing home professionals have implemented a wide variety of "Pioneer Practices" to create more home-like and comfortable settings for the customers they serve, and create a "life worth living." The focus of these efforts is to change the culture of these facilities from the basic provision of health care services and the staff's completion of daily tasks, to enhancing residents' quality of life by providing increased opportunities for choice and control in a freer and more home-like environment.

Here are some of the ways that Illinois nursing home professionals are creating culture change and a life-enriching environment for elderly Illinois citizens:

Giving Residents Control Over Their Daily Lives – Culture change facilities are enabling residents to retain more control over their lives by allowing them to create their own daily schedules, get up out of bed when they want to, eat their meals at their own choosing, make their own decisions surrounding bathing, and go to bed when they

decide it's best. Instead of having to comply with the *staff's schedules*, residents now have greater flexibility in how they wish to conduct their own daily activities.

Provide Residents More Options During Mealtimes – Residents at culture change facilities have many more options regarding when and how they enjoy their meals. Facilities are expanding their mealtime hours and scheduling, so that residents have a larger window of opportunity for when they can sit down to breakfast, lunch and dinner. Some facilities have put buffet and family-style dining programs into place, offering residents a wider selection of food options. In addition, they may have opportunities for more snacks during the day at unit-based kitchens, or from food carts brought in by the staff.

Offering Flexibility for Bathing – In a traditional nursing home, residents are bathed based on schedules and methods selected by the staff. Culture change facilities have offered more options for the bathing activity, allowing residents to decide on hours and frequency of bathing. Additionally, residents have more bathing options, including showering standing up, taking a sponge bath at the sink, or receiving a towel bath in bed. Some facilities have transformed their hospital-like shower rooms into more comfortable, spa-like environments.

Having Permanently Assigned Staff – A crucial step in providing person-centered care is having permanently assigned staff, enabling employees to get to know the residents and learn their daily preferences. This use of permanent assignments enables staff members to provide a higher quality of care based on personal knowledge of each resident's individual needs.

Implementing Cross-Training for All Staff Levels – Some facilities are "cross-training" their staff in different disciplines to provide better resident care, such as activity assistants who are also trained as certified nursing assistants. These facilities are focusing more on a *team-based approach to care*, with less emphasis on specific, separated job responsibilities for staff members. In particular, cross-training has been effectively used in many facilities that serve persons with Alzheimer's and related dementias.

Empowering the Front-Line Staff – Many culture change facilities are taking steps to place more power and control in the hands of the front-line staff. This empowerment includes providing increased training opportunities; involving nursing assistants in the care planning process; having nursing assistants set their own schedules; and providing front-line staff more latitude in making their own decisions. Some facilities have made nursing assistants the team leaders for their smaller facility communities. In addition, facilities are looking at ways to reduce the number of costly administrative staff to hire more direct care, front-line workers to better meet resident needs.

Creating a Human Habitat – A central theme of the Eden Alternative (one culture change model of care) is creating a "Human Habitat" in which a typical "medical model" nursing home setting is transformed into a nurturing, home-like environment. This model

encourages the use of dogs, cats, birds, plants, children, and gardens to make a living environment less hospital-like and more comfortable. Involving the outside community is an integral part of creating this Human Habitat.

Encouraging Family Involvement – When a resident is admitted to a nursing home, the resident's family, in effect, is being admitted as well. Many Illinois nursing home professionals are creating programs to encourage families to become "partners in care" to enhance quality of life. Some of these innovative initiatives include family education meetings, special activity events, orientation programs, support groups, e-mail programs, mentoring programs, and spiritual ceremonies. Placing a relative in a nursing home can be a very difficult transition. Families appreciate the fact that these innovative facilities address not only their loved ones' needs, but their own emotional and psychological needs as well.

Focusing on Specialized Care – Many Illinois nursing homes are focusing their efforts on a few specialty care areas to better meet the needs of residents with specific diagnoses. They are creating special units and programs to provide cutting edge and holistic care to persons with such conditions as Alzheimer's disease, Parkinson's disease, respiratory problems, kidney failure and complex wounds. These special care programs often feature advanced staff training, progressive nursing interventions, individualized activity programs, therapeutic environments, and the involvement of specialty physicians to oversee the residents' progress.

Developing Innovative Customer Service Programs – Several Illinois long term care professionals are developing innovative customer service programs to enhance their residents' quality of life. These facilities are training staff members on hospitality principles, just like other service-oriented businesses such as restaurants and hotels. A few cutting edge facilities have concierge programs for residents to meet their unique needs, providing such individualized help as obtaining a meal from a favorite restaurant, ordering a gift for a relative's birthday, or arranging to participate in a museum tour with a local community group. Another customer service innovation is a family liaison director, usually a registered nurse, whose job involves communicating with families, visiting residents in the hospital, explaining complex medical procedures and conditions to families, and resolving any conflicts that might arise.

By implementing "culture change" programs, long term care professionals are achieving some impressive and meaningful outcomes, including:

Decreased Staff Turnover and Conflicts – Like many health care providers, nursing homes struggle with a high turnover of employees. Culture change homes report reduced staff turnover and conflicts, with staff becoming more satisfied with their jobs. Feeling like part of a facility team, these employees develop a stronger loyalty to the facility and are less likely to leave. Several facilities report a turnover of less than 10% since instituting culture change practices.

Improved Resident Health Outcomes – Particularly with permanent staff assignment, staff get to know the residents well and provide better care. They are able to manage pain better, reduce falls, handle conflicts more successfully, and help residents enjoy a higher level of health and well-being. A study by Bowers (2003) indicated that after implementing a consistent assignment system, there was:

- A 75% reduction in pressure sores
- An 18% decrease in mortality rates
- An 11% increase in discharges to home and other residential settings; and
- A 29% decrease in staff turnover.

Enhanced Resident and Family Satisfaction – Satisfaction levels increase greatly at facilities that create home-like environments and promote resident independence. Many culture change homes regularly collect satisfaction data that show dramatic improvements with these initiatives. Resident quality of life is greatly increased, providing comfort, joy and peace of mind to one of our state's most frail populations.

How do all these changes fit in with current requirements?

The Illinois Department of Public Health has trained its surveyors on culture change practices and fully supports those facilities that are working on these types of projects. According to a letter disseminated by the department, "IDPH is encouraging more facilities to consider implementation of these types of 'resident-centered' concepts, because that is the intent of the regulatory requirements. It is possible to change the concept of care in a facility while still being in compliance with nursing facility regulations."

Illinois is one of nine states nationwide that has its own Pioneer Culture Change Coalition. Hundreds of Illinois nursing home professionals are attending state conferences to learn more about how these types of culture change practices can benefit life at their facilities.

Illinois seniors have worked hard all their lives for our benefit, and deserve the best care possible during the later years of their lives. The state should invest in nurturing innovative programs that provide these elders with the highest quality of life. The state should provide financial incentives to those cutting edge facilities that develop progressive models of care.



The Changing Face of Long Term Care

THEY GAVE US THEIR BEST ~ NOW, THEY DESERVE OUR BEST!

The Best Approach: An Efficient Spectrum of Senior Services

Overview:

Today's seniors want to live as independently as possible for as long as possible. In today's changing face of long term care, more than 40% of nursing home residents go home or to another community care setting. Unfortunately, the home and community based service system for seniors in Illinois is extremely fragmented, overlapping, and compartmentalized, without an effective after-care program.

Home and community-based service options must be paired with independent living, assisted living and skilled nursing care options in a seamless spectrum, so that seniors, no matter where they live, have access to an essential set of cost-efficient services. Funding for home and community based services needs to be increased, **but not at the expense of quality restorative and rehabilitative care for nursing home residents.**

Nursing homes are no longer viewed as a destination, or the end of the spectrum. Instead, nursing homes are evolving into a "hub" of senior services, encompassing an interchanging variety of home, community, and facility-based options for care and rehabilitation.

The Challenge:

- Senior citizens today are vibrant, involved and knowledgeable.
- The first of the Baby Boomers just turned 60, and these rebel-minded spirits are not going to settle for the "rest home" image of a nursing home as their sole source of medical options.

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- State lawmakers, policymakers, senior advocates and long-term care representatives have already begun answering the question of how nursing rehabilitation facilities fit into the spectrum of care.
- In 2004, senior citizen policy stakeholders, including Illinois Health Care Association, Illinois Council on Long Term Care, and Life Services Network, crafted legislation intended to re-create the state's service system for older adults.
- The Act, known as the Older Adult Services Act (Senate Bill 2880), calls for "the transformation of Illinois' comprehensive system of older adult services from funding primarily a facility-based services delivery system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services."
- Simply put, SB 2880 calls for the integration of home- and community-based services with nursing homes – a continuum of care, with nursing rehabilitation facilities serving as the safety net for the entire continuum.
- The law calls for the expansion or implementation of services to seniors that allow them to stay in their home, including adult day services, case management, community re-integration, counseling and education, family caregiver support, home-delivered or congregate meals, homemaker services, personal care, laundry services and medication reminders. However, the underlying importance of facility-based care programs is also a key part of the legislation.
- The nationwide trend is toward community-based services, but a nursing home's team of professionals will always be needed for the chronically ill, medically fragile or short-term rehabilitation resident.

The Long Term Care Coalition Solution:

1. Within the context of the Older Adult Services Act (SB 2880), establish an efficient spectrum of senior services.

The long term care profession supports the expansion of home and community based services to seniors as long as that expansion does not destroy the underlying long term care infrastructure. Nursing rehabilitation facilities provide an essential safety net in the care of seniors for rehabilitation after a severe medical event or to support them during the end of life stages. Funding for home and community based service expansion should not come from money already allocated to care for seniors in skilled nursing facilities. We have demonstrated our desire to work with home and community-based service providers to secure additional funds for this expansion of services.

2. Convert existing nursing home resources to support the spectrum of community services.

The long term care profession has been working for two years as active participants on the Older Adult Services Advisory Committee. As home and community-based services are increased, nursing homes need the ability to convert to other types of service delivery models.

As detailed in the Capital Modernization and Conversion chapter, start-up grants should be allocated to nursing homes for the conversion of multi-occupant bedrooms to private apartments or the conversion of existing rooms to an assisted living facility, supportive living facility, or an Alzheimer's wing.

Grants could also be used to convert unused nursing home space into a "hub" for community-based services such as adult day services, home-delivered meals, outpatient therapy, senior centers and senior transportation. All of the medical, nursing, therapy, dietary, activity and environmental resources for effective and cost-efficient community services already exist within the nursing home, particularly in communities where those community services don't now exist. Why not use existing nursing facility resources for the benefit of the entire community?

3. Establish a pilot project to study the effectiveness and cost-efficiency of a nursing facility after-care case management program.

This program would benefit seniors as it would help to ensure that someone returning to the community receives the necessary medical follow-up and support services to be able to stay in the community. The nursing facility professional responsible for a patient's recovery and rehabilitation is often the one who best knows that person's medical, medication and therapy needs, and the required living adaptations, to successfully remain in the community without expensive relapse or re-hospitalizations. Because of the ongoing increase in community based services, nearly 40% of all nursing rehabilitation facility residents now go home or into other community residential programs after recuperation and therapy treatment. Effective case management and integrated after-care programs will ensure that those numbers increase even more.