

New Generations

Fall 2016



Photo taken during the Region 6 Annual Provider Meeting

<http://health.mo.gov/seniors/nursinghomes/providerinfo.php>

Through the Times... Part III

By Barbara Primm

In two previous articles, I recounted personal career experiences and the many changes in long-term care in Missouri. From the nursing home fires that brought about Missouri's first nursing home regulations to my early long-term care experience at the county "poor farm," I have a long trail of memories.

One memory centers on the implementation of OBRA, the Omnibus Reconciliation Act of 1987, and attending multiple trainings to understand the act.

I strongly believe that it is our professional responsibility to educate ourselves and our staffs. Education and communication are the cornerstones to successful practice. Though I am semi-retired, I still attend the Department of Health and Senior Service update meetings and education offerings required to maintain my Missouri nursing home administrator's license and my ANCC certification as a gerontological nurse. I still work in several capacities with several organizations. I believe it is a matter of either get in or get out. You cannot hold yourself up as a professional without doing the work to maintain that status.

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A publication of the Section
for Long-Term Care
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Back to OBRA....In one regard Missouri was ahead of the game because we had mandatory CNA training already in place. I mentioned in the last article that I was part of the CNA curriculum committee that met in 1980 and 1981. The statute implementing that curriculum was effective in 1982.

Not everyone in our “long-term care industry,” as people were beginning to call it at that time, took OBRA ‘87 seriously. One administrator said, “Don’t worry; it will all blow over in a year.” She was mortified when the statement of deficiencies for the first OBRA inspection was over 150 pages.

I have always taken changes in laws, regulations and procedures very seriously. In my 26 years as director of nursing, I have not always been happy with survey outcomes. However, I think keeping abreast of changes and trends in the industry is a trademark of a professional. At Loch Haven, we called it “staying on the cutting edge.” We don’t believe that all change is improvement, but you have to be open to the possibility at all times.

When President Ronald Reagan signed in OBRA ‘87 into law, it was the first major revision of the federal standards for nursing home care since the 1965 creation of Medicare and Medicaid.

How many times now have you heard “attain and maintain her highest practicable physical, mental, and psychosocial well-being?” That statement came from OBRA ‘87, which created a national minimum set of standards of care and rights for people living in certified nursing facilities.

Before OBRA we discussed the rights of residents, and then those rights became law. OBRA formalized how we all want to be treated. Resident

and family councils came into being. Care plans took on new significance.

Many of my experiences relate to the changes in the approach to resident rights. One resident, whom I will call Rachel to protect her privacy, stands out. Rachel’s family brought her for admission after she had been found wandering on a country road late at night. We did not have a dementia care neighborhood yet. Rachel rarely communicated verbally, but she was ambulatory. She would not lie down in her bed. For napping and night time sleep, Rachel always wandered to a day room that had a sofa. We were concerned that she slept on the sofa rather than in her own bed. Then, in discussion with her sister, we learned that after Rachel was widowed, she always slept on the sofa in her home. We contacted DHSS and discussed the situation from a residents’ rights standpoint. A sofa was purchased and placed in her room to replace the bed. Rachel slept there for the rest of her years with us. Prior to the residents’ rights emphasis, we would have felt we had to provide a bed.

HOW DID OBRA '87 COME ABOUT?

The federal Nursing Home Reform Act became law because of growing public concern with the poor quality of care in too many nursing homes and the concerted advocacy of groups like the National Citizens Coalition for Nursing Home Reform, now known as the National Consumer Voice for Quality Long-Term Care. (www.consumervoice.org) It is wise for us to keep tabs on its concerns and be proactive in addressing them.

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OBRA has changed nursing home residents' lives across America. No one knows better than those of us working in the "industry" that improvements still need to be made. But we have seen improved care planning, antipsychotic drug use decline, a reduction in physical restraint use, and growing emphasis on a resident's right to choose.

In my next article I will focus on the many changes that have occurred in the Culture Change movement and my experiences with some of them.

2016 Annual Provider Meeting Active Shooter Training

The Section for Long term Care Regulation held the Annual Provider meetings throughout Missouri again this year. Representatives from the Missouri State Highway Patrol presented important information about preparing for the possibility of an Active Shooter situation in a LTC facility. Officers from the respective troops throughout Missouri attended each provider meeting to share critical information, encourage providers to consider the possibility, and start the process of thinking about a plan. During each Provider Meeting, Troopers shared personal experiences of Active Shooter situations in Missouri and Nationwide. Information shared included videos, stories, and question and answer sessions. Provider evaluations across the state showed the information was well received and valuable. You may view a video that was presented during the meeting on the DHSS SLCR Blog site at <http://blogs.mo.gov/health-ltc/>. Please search for 2016 Annual Provider Meeting. The video is in the Active Shooter Presentation.

Language

By Sam Plaster

The culture change movement challenges us to consider the impact of our language. I apparently have developed a bit of a reputation in this area. On several occasions, I've heard someone say "facility" and then look at me and say, "Sorry Sam!"

Oftentimes, when I'm involved in conversations about residents' assessments and care planning, I hear, "We want to learn about who the resident 'used to be.'" Facts are gathered about the person's past, such as occupations or hobbies.

It dawned on me that the issue is more than words and the impact they have. To say a person's life experiences represent who they "used to be" reveals a subtle prejudice.

I used to ride a tricycle, go to elementary school, and play baseball. I've worked in a slaughter house, shops and prisons. I am at a different place in life now and don't do any of those things anymore. As I progress through life, new experiences or circumstances don't change who I am; they contribute to who I am. If I am fortunate enough to live to 100, I will still be me.

The individuals we serve deserve to be recognized as who they really are, not as people with an illness or disability who used to be somebody else.



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New Generations is electronically published quarterly by the Section for Long-Term Care Regulation, P.O. Box 570, Jefferson City, MO, 65102. Suggestions for future articles may be sent to Leslie.Sebastian@health.mo.gov, or you may call (573) 526-8514.

