

Pioneer

Home

Review

3/11 - 4/15/99

9/98 APH

Forget regulations.  
Step out of the box.  
Remove the box.  
Develop around Front lines.

Front lines- clear responsibility of ALL the staff for ALL the residents.

'Educare' (educate) means "to lead out"

Compartments: Educate

Inform

Involve

Inspire

See change happen - don't just inform!!

Culture change is an on-going process, a continuing process of growth not a program to be installed for once and for all

Culture change is "not a destination but a journey"

Culture change is always "a work in progress"

Practice self-evaluation, probing and asking questions, always searching for how it can be done better.

Keys to valuing and respecting residents:

- Beginning decision making as close to the resident as is possible
- Putting the "person before the task"
- Accepting risk taking as a normal part of adult life
- Enjoy residents as "unique individuals"
- Seek to respond to spirit as well as mind and body needs

Keys to valuing and promoting potential of residents and staff:

- Building teams so the talents of all staff can be utilized for the benefit of the residents and for their own satisfaction
- Seeking growth and development of residents and staff
- Promoting creativity in staff, residents and families
- Restraint FREE management
- Identifying strengths in staff, residents and families and building on them
- Make the most of individual growth and development

Commonalities in Culture Change:

- It is anchored in identified values, principles and practice
- Certain issues and experiences are common to the process of culture change:
- Leadership: must be a CHANGE-MAKER at the top, as well as some staff members throughout the organization committed to change

## WHERE ARE WE?

Look at the list of things we have accomplished!!!

- Transitioned from Nursing to Assisted Living Model
- Overlapping team structure with members from all disciplines of Home
- Developed Vision: A team committed to creating a caring environment that enriches the lives of our residents and staff, and reaches out to Alaska's ADRD community
- Vision/Mission/Dementia Training -Home Wide
- Re-defined quality of care with focus on "24 hours in the life of the resident"
- On-going emphasis on resident focus as opposed to "task" orientation
- Dismantled IDT and implemented on-going care conferences involving the teams and family
- Changed all PDQs for caregivers with emphasis on team development and resident focus.
- Flattened management changing role to one of mentorship and team support
- Evolving towards self-directed teams
- On-going cross training of team members interdepartmentally (examples rotations in pharmacy, PT and Specialty Services)
- Development of team facilitator positions
- Enhancing professional development of team members by including them in hospital care conferences post hospitalization
- Involvement of team members in new resident interview process
- Networking with Alzheimers' Association. Includes on-going on site trainings plus rotation of care team members through that agency in near future
- Care team member introduction to other out reach agencies by visitation at sites (has already started for some staff members)
- Development of palliative care program/hospice training
- Development of team support group in progress
- Family educational outreach meetings once a month
- Development of "life review" in process of determining individualized quality of care
- Development of Life Stations on Special Care Units
- Introduction of / beginning process of development of Eden Alternative
- Validation Therapy program development within next 6 months as target for entire APH team.
- Increased care team member involvement in outside educational seminars
- Changed role for Licensed Support Staff members
- Enhanced Communications Home-wide with E-mail
- Developed team resource stations
- Development and usage of selection matrix as tool for hiring by teams
- Unscheduled Leave policy re-written by Interdepartmental committee

- Developing clinics with holistic approach vs medical model
- Medication administration by certified nurse aides. Training and implementation
- Development of policy of for medication administration which incorporates QA factors
- Just began on-going classes by pharmacy. First class to include Insulin administration, diabetes, blood sugars, hypoglycemia/care related issues and symptoms. Second class: Coumadin and related care issues. Third class is pain management. On-going classes according to team needs and requests. Will be done by-monthly
- Empowered South Side Team members to cross train with other teams to facilitate team process, self-direction and resident focused care as opposed to task orientation. Began week of 8-10.
- On-going monthly educational calendar. Future goal to have team members teaching classes
- Have developed outreach resources: geriatric psychiatrist, home health, rehab, OT, hospice, skin integrity specialist, OT, hospice, skin integrity specialist
- Beginning stage of environmental re-engineering to include physical factors and environmental factors appropriate for elders and residents with dementia related diagnosis
- Implementation of "Family Nights" on units
- Pet therapy program development
- Development of "Back to Work Program"
- Starting 9-1-98 Implementation of new employee orientation program
- Development of "At a Glance" resource books which reflect P&P for Assisted Living philosophy and statutes.
- Implementation of scheduled quarterly review for individualized resident living plans
- Alzheimers' Association on site trainings to begin 8-26-98. First classes emphasize communications with persons with dementia diagnosis with a focus on socialization, activities and how to create an activity out of a task or ADL
- Development of risk management program and on-going safety committee meetings held monthly
- Team member level of care committee which meets weekly
- Creation of two Special Care Units and currently planning the creation of the third special care unit
- Three team members from South Side to begin training for certification in exercise therapy

When our changes and structure were described it was evident that there was much fear and resistance. Even nurses who said they were very "open" had difficulties with certified nurse aide administration. It was as if they couldn't even contemplate it. They talked about empowerment and restraint free management but in the next breath wanted to control exactly what curriculums etc. were taught.

They were very curious about the overlapping shift structure but stated there would be too many disruptions in peoples' lives to implement this. Once again this is a group that touts "resident focused care".

As far as team structure I'm not sure their definition of team. Non of the facilities described interdepartmental teams such as ours. They were astounded by the flattening of management! I'm sure we would be considered "radical". The interesting thing is that they all wanted to know "how to do it" and had hope that it was possible. One place in Rochester, New York asked Leslie and I to come in as consultants. Many wanted to visit Alaska.

I was amazed when I actually outlined all we have done. We really have come a LONG way. Yes, change is on-going but we've made some big leaps one step at a time.

John, wish you could have been there. Leslie and I both mentioned it several times. You could have experienced just how far we have come! I know I'm repeating myself but I truly was astounded.

These Pioneers have been working on the change in the Nursing home culture since 1976. (or there abouts). The reason there has not been more forward movement is because although change in philosophy has been touted, actual radical structural change has not occurred. If nothing changes- **NO CHANGES!!!!**

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**NEW SUGGESTIONS:**

- Create "neighborhoods" as opposed to Units
- Regularly scheduled community meetings which involves residents and staff on ALL neighborhoods
- Fine tune 24 hours in the life of a resident. Develop QA to track
- Continue to promote resident focused environment. Continue process of UN-learning task orientation
- Strengthen and implement "Life Review" program
- Move towards restraint free environment
- Drop certified nurse aide label (ie Team member)
- Begin Eden Alternative training and program development
- Validation therapy within next six months
- Creation of third Special Care Unit
- Develop restraint free management concept which enhances creativity of teams
- Goal of one team/family care conference per week per neighborhood
- Incorporate "nightengale" philosophy of fresh air, out of doors, sunlight
- On-going staff development by education and diversity in opportunities to stretch professionally
- Unification of APH Home as a solid Team where everybody makes a difference

How do you create a HOME in a bus station? You can't. Reduce the scale of the neighborhoods you are creating. Choice is not meaningful if distance too large, elevators involved etc. There exists a loss of choice and control with larger scale neighborhoods. Continue development of appropriate environmental factors

- Offer regularly scheduled staff support groups. (grief/loss/dementia care issues)
  - Team focus, Team focus, Team focus... we've only just begun
  - Develop employee recognition. A sense of appreciation every day
  - Democratization of decision making with no supervisor model
  - Continue to re-learn and implement evolving new roles of managers as teachers, support and mentors
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- Empower team members by establishing P&Ps that incorporate protocols ...  
Example " If this happens... this is what you do.
  - Educate teams on positive problem solving process and communications

We need to recognize that a big piece of empowerment is not only a shared and reinforced vision but having the information they need to do their job.  
Education and POSITIVE mentorship

### Summary of Meeting of Pioneers in Nursing Home Culture Change:

The paradigm has shifted in regards to what "quality of life" is.

Philosophy radically different from traditional nursing model.

#### See Quality of Life Ethos

- Champion the belief that residents can grow, learn and develop as long as they are alive.
- Develop a resident community that empowers our elders in their relationship to the facility and to the world around them.
- Touch the hearts, minds and spirits of residents so together we can forge a positive shared reality which draws them from confusion to orientation.
- Challenge negative stereotypes of age and disability by relating to residents as members of a community of elders with a valuable legacy of wisdom and experience.
- Enrich the resident's environment by infusing daily life with beauty, meaning, learning, joy and pleasure.
- Assist residents to function at their highest possible level despite physical, psychosocial or spiritual disability, loss or needs.
- Protect daily living skills and cognitive function by engaging residents with honesty, respect and encouraging choices in their daily life.
- Teach resident's rights and advocate for these within the facility.
- Nurture residents with warmth and closeness of our friendship.
- Connect residents to their past and future by building a meaningful life in their present.

Written by The Live Oak Group.

All presentations solid in regards to new view of quality of life. Choice, regaining sense of control and purpose, combating loneliness, helplessness and boredom were key issues discussed. The Eden Alternative "restores diversity socially and biologically, brings richness, spontaneity and greater normalcy to daily life".

Decision making starts closest to the resident.

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Philosophy was powerful and right on, however, groups were barely in the beginning phases of actual culture change. Concepts in care changed, adding enriching programs changed but no significant structural changes evident. I was amazed at how far ahead of the game we are here. Leslie and I were surrounded constantly by people asking us "how do you do change". They wanted a blue print on how to make change happen.

January 11, 1999

Dear Senator Ward

Wilma died Saturday night. She and my mother-in-law Margaret had known each other for 50 years. They met when they both had civil service jobs at Elemndorf sometime in the 40's. I first met Wilma in 1975 She lived in a small house by the airport. To say that Wilma never threw anything away would be an understatement. I looked around her house and knew somewhere in one of the many stacks of newspapers was probably the first one ever delivered to her doorstep. She was going to read them all when she got the chance. What a good-hearted person she always was. When you met her you knew she was a true Alaskan and the first one to come to anyone's aid.

Wilma never had any reason to fear anyone until she was 70 years old and she tried to help someone who wanted to hurt her. She was brutally attacked and had to be hospitalized. A lot of things changed that night Wilma lost her trust. The police officer who worked the case was so disgusted he quit the force after the man was sent to prison. Wilma moved into the Anchorage Pioneer's Home in 1997. It was to be a safe haven where she could live out the remainder of her life secure.

In April my mother-in-law moved to Chugiak. I went to get Wilma from the Pioneer Home to surprise Margaret. I was the one who got the surprise. I was told Wilma now had a public guardian and I had to have her permission to take her out of the home. I called the public guardian she said I could not take Wilma out of the home. Wilma had paid companions to take her where ever she wanted to go. I felt like Wilma had become State property. So I started taking my mother-in-law to Anchorage to see her friend of 50 years.

On the first visit Wilma was up walking around the two of them held hands and strolled around. The second time I took her to see Wilma she was tied to a chair and a man was walking around in her room. I escorted the man out of the room. I left the two old friends alone to talk about whatever an 80 year old and 83 year old talk about. When one is almost blind and both have their own varying degree of dementia.

When I returned Margaret said "Kathy you know I can't see, Wilma was uncomfortable so I put pillows all around her." Will you see if I did it right? I viewed the loving care one old friend had given the other. Wilma was surrounded with small plastic diapers - Margaret thought they were pillows. "Did I do it right she asked apprehensively"? Both of them were looking at me for a reply. "Yes Margaret you did a wonderful job."

I went to see Wilma on Thanksgiving Day. Behind the closed doors of gardenview she sat tied to a reclining chair in her room. She had a wanderguard attached to her ankle, a small device designed to sound an alarm should she get near an exit. For a brief moment it flashed through my mind "are prisoners under house arrest treated in this manner".  
**NO! I think not.**

Christmas days visit found Wilma still tied to the recliner in her room. New Years Day still tied to the recliner but sitting staring at me like a zombie. This frail little old lady was also given tranquilizers.

The holidays were causing a staff shortage even greater then normal. Wilma had been found in her room tied to her recliner with a man lying on top of her. The man was a patient transferred from Harborview. No one knew how many hours he had been there because the door was closed.

There would only be one more episode the same man I had escorted out of her room again was found sitting in her room with the door closed. I know in my heart she had to have felt terror.

I am asking for this 21st legislative session to pass a "Wilma's Law." Legislation that protects all of our Senior Citizens in assisted living homes from physical and chemical restraints. Legislation that does not allow frail elderly persons to be victimized. Intact licensing regulations that are equal to skilled nursing home licensing.

It will only be then that Wilma will truly be free from the ties that bound her.

Respectively submitted,

*Kathleen Emmons RN, C.*

Kathleen Emmons RN, C.  
P.O. Box 770416  
Eagle River, Alaska 99577

## TESTIMONY FOR THE SENATE STATE AFFAIRS HEARING ON THE ANCHORAGE PIONEERS' HOME

For the Record, Mr. Chairman, I am Lisa Caress-Beu. My mother has been a resident of the Anchorage Pioneer Home since 1994.

I would like to thank you, Senator Ward for calling for this hearing. I have provided your office with documents from the record files of the Anchorage Pioneer Home that show my mother has suffered 52 falls in the last 2 years. I have documents showing a dozen medication errors that occurred in my mother's care in the last year. Fortunately none of these medication errors have resulted in permanent damage to my mother, as far as we know. I was never notified when these errors occurred and neither was her physician. Since I have repeatedly voiced concerns about both CNAs administering medications and staffing shortages, I'd like to read the information from one of these documents - This report references a day that my mother did not receive her 2 o'clock heart medication.

The report asks- "What contributed most to this situation? The response reads: Neither days or evenings shifts gave med- maybe because hall was short-staffed-there was staff on duty at this time. Communication failure among those working day shift".

I have 4 medication error reports for 1998 that show that my mother did not receive her afternoon heart medication until the night shift came on and caught the error. I have reports from three different days that show that she did not receive any of her morning medications at all. I have one that shows that she did not receive an anti-seizure medication at all for 4 continuous days. I have another that shows that she was double dosed on her heart medication. All these errors were the result of CNAs administering my mother's medications. All of the errors were caught by a licensed or registered nurse. I have asked that my mother's medications only be administered by a licensed or registered nurse and have been given reassurances that the CNAs have been properly trained in this task. I now know that my concerns are well justified.

Deputy Director Alison Elgee references the medication administration concerns of families in her March 8, 1999 letter to the Long Term Task Force Chairs about the Public Forum held at the Pioneer Home in January. She says the family concerns are about whether the pharmacy is filling expired prescriptions or whether physicians are prescribing new medications without discontinuing present medication. I assure you that is not the cause for my concern. Perhaps Ms. Elgee needs to do more research with families to find out the real causes for their anxiety. I have provided Commissioner Poe the documents that outline these medication errors and falls, He certainly has my permission to make them available to her.

The Pioneer Homes say they are no longer a medical model-they are focusing on the psychosocial aspect of care-If the medical needs of these residents are not profound, why do they require an in-house pharmacy? These people are frail and many are ill and it is time that the Pioneer Homes Systems wake up to that reality. Provide them with beautiful surroundings if you can afford it - but not at the expense of their very real medical needs

Currently the Dept. of Administration is requesting funds to add at least 60 CNA positions statewide to the Pioneers' Homes, I strongly recommend that some of these funds be dedicated to hire more Registered Nurses rather than exclusively CNA's ! As the documents that I have provided to Senator Ward show, CNAs cannot consistently administer medications safely. These employees should not be put in the position to do things that they are not properly trained for and residents should not be put at risk because the Pioneers' Homes do not allocate funds properly to ensure the resident's needs are being met competently. It is unfair to residents to make promises of appropriate care and then not provide it.

I have provided you Senator Ward, with documents that make reference to the fact that my mother used the call cord, received no response and attempted to move by herself and experienced a fall. She was then reminded that she should WAIT until the staff got there to help her. How long can a resident wait when they have incontinence problems. How long have residents having chest pains waited for help to come. How many residents have died because "help" did not arrive in time? After a CNA responds to a call cord in an emergency, how long does it take to locate one RN on duty at night in a home for 228 residents?

This can not be allowed to continue. AARP has designated 1999 as the National Year of the Older Person - Hopefully Alaska will not look like the "idiot cousin in the attic " to the rest of the nation in our treatment of our elderly! I beseech the Legislature to say "NO MORE DENIAL OF THE PROBLEMS" and see that the Dept of Administration no longer be allowed to run the homes without being fully and competently staffed with trained professionals and their assistants.

*60 E.N.A.s*

March 10, 1999

### Legislative hearing

I am a registered nurse in the State of Alaska I also am certified through the American credential center in Gerontology. I have worked at the Anchorage pioneer's home for 6 years from 1989 to 1996. Contrary to popular belief I was not nor have I ever been a disgruntled employee. As far as I know I have always had excellent evaluations. I resigned from my RN II position at the Anchorage pioneer home in 1996. I resigned because I did not agree with the direction the home was going in and I would not participate in a program where certified nurses aides were giving medications. I did not believe it would be a safe environment for residents of pioneer home.

*as* Registered Nurses ~~w~~e work within our scope of practice. Our first and foremost duty is to be an advocate and protect the people in our care no matter what the setting. Be it Skilled Nursing, facilities Assisted Living homes, clinics, hospitals, Doctors office, schools anywhere there is a person requiring our skills. The Scope of Practice is followed.

Licensed Practical Nurses also have a Scope of Practice they must adhere to. It is recognized when the licensed practical nurse works in a team relationship with the Registered nurse, the licensed practical nurse contributes significantly to each aspect of a process. However, the final responsibility for the process and its application remains with the Registered nurse.

Certified nursing assistants are Unlicensed Assistive personnel (uap's) these are individuals who are not authorized to perform nursing acts or tasks that are regulated by the Board of Nursing except pursuant to legal delegation by a nurse. The Registered Nurse is responsible for the management and provision of all care that a Resident receives under the RN's supervision or direction. The scope of nursing practice permits an RN to assign tasks to UAP's. UAP's refers to health care workers who are NOT licensed to perform nursing tasks through they may be certified or trained.

Certified Nursing Assistants are continually placed in peccary's positions by the administration of the anchorage pioneers home. They are forced to administer medications with only 8 hours of training. Many Certified nurse aides do not want this responsibility.

*Medical Need:  
60 E.N.A.s*

Certified Nursing assistants are illegally giving medications at the Anchorage pioneer. Registered nurses at the home are not delegating this duty. The administration is. Three Licensed practical nurses have just been promoted with raises to assisted living coordinator position. These positions were pervasively held by Registered nurses. Licensed practical nurses have been placed in position of authority over Registered Nurses. A license dictates authority not a position or promotion.

Registered Nurses have been subject to harassment and degradation when they have spoken out on issues related to the safety of persons in trusted in their care. When medication error reports are made out by Registered nurses they are counseled by the administration. The Pioneer Home administration does not have the right to dictate to a Registered nurse not follow the guidelines of the Board of Nursing.

Registered nurses were given letters of instruction. Leslie Brundridge (who has also gotten a promotion and raise) presented them. Two licensed Practical Nurses. Registered nurses were told "They make out to many medication errors". "They have written up medication errors while there was still time to fix the problem". "Documenting fixable errors and letting them slide is not helpful behavior".

We are the nurses that voted for you and Fran Ulmer because we were assured you would not allow this to continue. The Certified nurses aides in Anchorage stood up and spoke out to Lt. Governor Fran Ulmer while she campaigned. Lt. Governor Ulmer told certified nurse aides she had no knowledge of what was going on at the Pioneer Home. Nothing could be done until after the election.

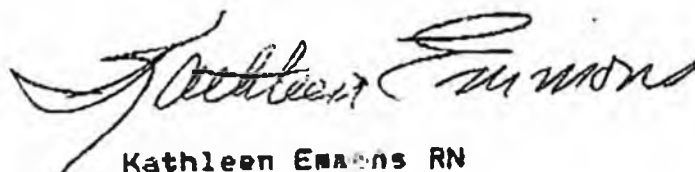
It is beyond my comprehension. Why Registered Nurses are continual treat with disrespect pressured to not follow their scope of practice

March 24, 1998

To Nancy Bourne DNS  
From Kathleen Emmons

Nancy

As you know I do not approve of the Assisted Living changes. I do not want to be held legally responsible for CNA medication administration. Nor do I want to be the only RN in the building for 240 residents. My concern is for the welfare of residents. I have accepted a position at Providence Medical Center. So it is with deep regret that I am submitting my resignation to you. It will be effective on April 6, 1996 at 2300 hours.



Kathleen Emmons RN

## DEPARTMENT OF ADMINISTRATION REQUEST FOR PERSONNEL ACTION

EMPLOYEE'S FULL NAME: <b>Kathleen Emmons</b>		SOCIAL SECURITY NUMBER: <b>565-70-7598</b>	EFFECTIVE DATE: <b>4/6/96</b>
EMPLOYEE'S DIVISION: <b>Senior Services</b>		SUPERVISOR'S SIGNATURE: <i>[Signature]</i>	SUPERVISOR'S NAME: <b>Nancy Bourne</b>
FROM: <b>Nurse 11</b>		TO/OR NEW:	
POSITION TITLE		POSITION CONTROL NUMBER	
<b>02-7579</b>		<b>15</b>	
RANGE/STEP		LOCATION/DUTY STATION	
<b>Anchorage Pioneers' Home</b>		<b>APR 12 1996</b>	
ACCOUNT(S) CHARGED		ACCOUNT(S) CHARGED	
<b>02740410</b>		<b>02740410</b>	
CC	LC (if used)	CC	LC (if used)

See the Department of Administration Supervisor's Manual for list of attachments to be included with this Request for Personnel Action.

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|---|---|
| <p style="text-align: center;"><b>TYPE OF ACTION</b></p> <p><i>EEO: H</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Probationary Full-time Appointment</li> <li><input type="checkbox"/> Probationary Part-time Appointment</li> <li><input type="checkbox"/> Partially Exempt/Exempt Appointment</li> <li><input type="checkbox"/> Nonpermanent Appointment</li> <li><input type="checkbox"/> Separation/Appointment (Part-time to Full-time or Nonpermanent to Permanent or vice versa)</li> <li><input type="checkbox"/> Promotion</li> <li><input type="checkbox"/> Demotion</li> <li><input type="checkbox"/> Salary Increase</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Separation</li> <li><input type="checkbox"/> Dismissal</li> <li><input type="checkbox"/> Transfer to _____</li> <li><input type="checkbox"/> Retirement</li> <li><input type="checkbox"/> To Leave Without Pay</li> <li><input type="checkbox"/> Return from Leave Without Pay</li> <li><input type="checkbox"/> Layoff</li> <li><input type="checkbox"/> Return from Layoff</li> <li><input type="checkbox"/> Change in Accounts Charged</li> <li><input type="checkbox"/> Other</li> </ul> |
|---|---|

**COMPLETE BOTTOM HALF OF THIS FORM UPON LAYOFF, LEAVE WITHOUT PAY, OR SEPARATION FROM STATE SERVICE**

REASON FOR RESIGNATION: PLEASE SEE RESIGNATION LETTER  
ATTACHED. Letter not attached 04/10/96

Is the employee leaving in good standing?  Yes  No

- ALL EMPLOYEES:**
- All personnel evaluation reports on all staff for whom I have evaluation responsibility are prepared.
  - I (will) (have) surrendered; all equipment, keys, identification badges or cards, elevator pass cards, corporate charge cards, notary commission, parking stickers, etc., which were entrusted to me during my employment.
  - I (will) (have) clear(ed) all matters pertaining to petty cash funds and travel expenditures (TR books, travel advances, field warrants, relocation expenses) with appropriate personnel.
  - I have completed the SBS annuity refund and tax forms.

- FOR PERMANENT, PROBATIONARY, PARTIALLY EXEMPT, EXEMPT, AND EXCLUDED EMPLOYEES:**
- I have been informed of health and/or life insurance continuation rights.
  - I have completed the Division of Retirement and Benefits form 02-1808, PEHS Notification of Termination, if applicable.
  - I have contacted the Deferred Compensation office, if applicable.

MAIL FINAL PAYCHECK TO:	PERMANENT MAILING ADDRESS (TO BE USED FOR SBS, RETIREMENT, W-2 AND DEFERRED COMPENSATION INFORMATION)
<i>OK</i>	<i>chad</i>
ADDRESS OR P.O. BOX <b>16617 DAVIS ST</b>	ADDRESS OR P.O. BOX <b>Carol Keenan P.O. Box 770916</b>
CITY STATE ZIP <b>EAGLE RIVER AK 99577</b>	CITY STATE ZIP <b>Eagle River AK 99577</b>
EMPLOYEE'S SIGNATURE <i>Kathleen A Emmons</i>	DATE <b>4-11-96</b>
SUPERVISOR'S SIGNATURE <i>Nancy Bourne</i>	DATE <b>4-12-96</b>

REMARKS: