

M I N U T E S

SPECIAL COMMITTEE ON SOCIAL AND REHABILITATION INSTITUTIONS

November 7, 1975

Members Present

Representative Roy Ehrlich, Chairman
Senator John W. Crofoot, Vice-Chairman
Senator Bob Madden
Representative Lloyd Buzzi
Representative James Cubit
Representative Ken Francisco
Representative Jim Lawing
Representative Bill Wisdom
Representative Ray Zajic

Staff Present

John Schott, Legislative Research Department
Norman Furse, Revisor of Statutes' Office

Conferees

Mr. Dwight Metzler, Secretary, State Department of Health and Environment
Mr. Robert Harder, Secretary, State Department of Social and Rehabilitation Services
Dr. Lowell Wiese, Director of Health, State Department of Health and Environment
Dr. Marjorie Stith, Project Director, Research and Information Exchange: Care of the Aged (REICA)

Meeting was called to order by Chairman Roy Ehrlich, at 10:00 a.m., in Room 519-S of the State House. At that time he called upon Mr. Dwight Metzler, Secretary, Department of Health and Environment, for his presentation concerning adult care homes in Kansas. Mr. Metzler responded by distributing to the Committee an adult care home action plan, jointly submitted by both he and Dr. Robert Harder, Secretary, State Department of Social and Rehabilitation Services. (See Attachment 1). Mr. Metzler read and discussed that portion of the report which concerned the Department of Health and Environment and then responded to questions.

Mr. Metzler was asked to describe the conditions at the homes which were reinspected by the Department of Health and Environment subsequent to the inspection conducted by the Attorney General's Office. Mr. Metzler began to summarize the various homes and the problems which were found. However, due to time constraints, it was requested that this material be provided in summary form to the Committee as soon as possible.

In response to a question from the Committee, Mr. Metzler pointed out that approximately 70 adult care homes are inspected by local authorities for licensure purposes, and that the Department of Health and Environment is requesting matching money to provide financial support for some of the services which local health departments provide relative to such licensure inspection.

Next to appear before the Committee was Dr. Lowell Weise, who described his activities relative to the reinspection of several of these adult care homes. He explained the various activities involved in the reinspection of several of the adult care homes which had been previously inspected by the Attorney General.

Dr. Robert Harder, Secretary, Department of Social and Rehabilitation Services, next appeared before the Committee to discuss those sections of the joint statement which related to the Department of Social and Rehabilitation Services. Following his presentation there was some discussion with Dr. Harder and Mr. Metzler relative to the employment of five "generalists" for the purpose of making unannounced visits to nursing homes. It was Mr. Metzler's position that trained professionals with experience in adult care home operations would be more appropriate as opposed to the hiring of five individuals without specific professional background and training. He felt that employment of additional nurse surveyors for the purpose of making licensure and certification inspections would be more effective than the employment of five generalists.

Following this discussion, Dr. Weise distributed to the Committee a memorandum in response to paragraph D of a letter from the staff dated 10/29/75, relative to the training of adult care home aides. (See Attachment 2).

The Chairman then thanked Dr. Harder and Mr. Metzler for the presentation. In response to a question from the Committee Dr. Harder distributed information showing those adult care homes which have closed during the past year and the reasons for such closing. (See Attachment 3).

In response to a question from a member concerning patient's rights in adult care homes, Dr. Harder pointed out that in the state hospitals, the patients' bill of rights is posted at a central location, that the bill of rights and an explanation of its provisions are given to patients upon entering the hospital and are made available to patients or guardians.

Following additional limited discussion the meeting was adjourned until 1:15 p.m.

Afternoon Session

The afternoon session was dedicated primarily to considering the final committee report relative to Proposal No. 64 - Selected Social and Rehabilitative Facilities.

The first item for consideration was the granting of a temporary adult care home administrator's license for the purpose of keeping an adult care home in operation until a permanent administrator is employed. Following extensive discussion of this matter, it was moved and seconded that the Revisor of Statutes Office draft a Committee bill for review which would provide for the appointment of a temporary administrator by the owner, board of directors, or receiver of an adult care home, and such individual, in order to receive a temporary license, must be approved by the Department of Health and Environment. Such a temporary administrators license would be effective for 60 days, with two additional renewals of the temporary license for a maximum total of 180 days. Following the limited discussion, the motion carried.

The second matter brought before the Committee for consideration related to the education and training of adult care home aides. Dr. Marjorie Stith appeared briefly and outlined her thoughts on the subject. Two representatives of area adult care homes attended the meeting and provided informal input on this matter. Following extensive discussion, it was moved and seconded that the Committee report contain the statement that the Committee recognizes the need for aide training and that since the Department of Health and Environment has the responsibility for the development of an effective aide training program, the Committee defer specific action until the program developed by the Department of Health and Environment has been presented. Following limited discussion, the motion carried. Representative Francisco wished to be recorded as voting "no".

The third matter for consideration concerned the fining system discussed by Mr. Metzler which would stimulate and encourage compliance with the rules and regulations promulgated by the Department of Health and Environment relative to adult care homes. Following considerable discussion on this matter it was moved and seconded that the Revisor of Statutes' Office draft a Committee bill for review which would establish a fining system to be implemented by the Department of Health and Environment relative to rules and regulations promulgated for adult care homes. The bill is also to contain a specific provision which states that if an appeal to a fine is taken to the district court, and the action of the department of Health and Environment is supported by the record as a whole, the fine set by the Department must be maintained and not subject to enhancement or diminishment by the District Court. If the action of the Department is sustained, the District Court has the authority to add to the fine the costs of the litigation, including a reasonable attorney fee for the state. The losing party must pay all attorney's fees. The Committee requested

that the maximum allowable fine be left blank at this time and that the provision be made in the bill for all proceeds from the fining system be credited to the general fund of the State of Kansas. Following extensive discussion of this matter, the motion carried.

The fourth matter before the Committee was the classification of adult care homes. After limited discussion of this matter, there was felt that any such classification would deserve extensive study. As a result of this, it was moved and seconded that this matter be tabled. Motion carried.

The Committee then turned its attention to the draft report concerning Proposal No. 48 - Surplus Institutions. Following discussion of this matter with Dr. Harder, it was moved and seconded that the recommendation of the Committee relative to the Southeast Kansas Tuberculosis Hospital be that unless the Department of Social and Rehabilitation Services can develop by the end of the next legislative session a practical, feasible, hospital-type program for the use of the SEKTH which has the approval of both the Governor and legislature, that the facility be sold. Following limited discussion, the motion carried.

The Committee felt that additional time would be needed to conduct its affairs. As a result, the Committee has scheduled the days of November 20 and 21 for completing its interim business. The meeting is to begin at 10:00 a.m. on November 20.

It was moved and seconded that the minutes from the October 15, 16 and 17 be approved. Motion carried.

There being no further business, the meeting was adjourned.

Prepared by John S. Schott

Approved by Committee on:

Date

ACTION PLAN FOR THE CARE
OF THE ELDERLY IN NURSING HOMES
IN KANSAS

Submitted to the
Special Committee on SRS Institutions
November 7, 1975

Submitted by
The State Department of Health and Environment
Dwight Metzler, Secretary

and

The State Department of Social and Rehabilitation Services
Robert Harder, Secretary

A. AN OVERVIEW

This interim report on the care of the aged in Kansas Nursing Homes is offered at this time as a dispassionate analysis of the existing situation as it relates to nursing home operations within the state. It was, in part, precipitated by a report from the Attorney General's office which in its turn was reflecting a national concern with nursing home operations. The value of that report was to cause us at this time to define in more detail for the SRS Committee the exact operations of the Departments of Social and Rehabilitation Services and Health and Environment relative to nursing home operations.

In July of 1975 the Attorney General's office requested the Departments to provide names of nursing homes deemed by the Departments to be sub-optimal. From this list eight were chosen and investigated and that agency's report is based on that limited sampling. It does not represent the typical Kansas nursing home operation, nor do we believe that it was intended in any sense as a blanket indictment of an entire industry.

Of the eight homes investigated, several were already identified as only marginal operations; in fact, two of them were scheduled for reinspection, and as it turned out, for decertification, before the initiation of any outside investigation.

B. NORMAL PROCEDURES AND RESPONSIBILITIES OF THE DEPARTMENTS

The Department of Health and Environment is solely responsible for the licensing of nursing homes (K.S.A. 39-932). It has the additional responsibility to certify to Social and Rehabilitation Services that facilities which wish to do so are qualified to participate in Federal programs. The certification process is basically that of assuring the adequacy of facilities, although this adequacy, must, of course, be related to quality of care. The Department of Social and Rehabilitation Services has the responsibility for assuring the quality of care of Title XIX patients through its periodic medical review inspections and such quality is, of course, related to facilities (K.S.A. Chapter 39, Article 7). In that sense alone is there any overlap of function, and this is desirable for it looks at the problem twice, each from a slightly different perspective.

The Department of Health and Environment inspections for the purpose of licensure are annual. Inspections for certification are also annual and, where possible, coincident with licensure inspections. In most cases the licensure and certification inspections are out of synchronization, so that the facility is actually inspected twice by Health and Environment during a twelve-month period. In addition to this, there are follow-up inspections to insure progress made on plans of correction, and there are a number of simple unscheduled visits by both state and local health authorities. The Department of Social and Rehabilitation Services, through its periodic medical review teams, inspects each facility yearly to insure that Title XIX patients are receiving the care required in accordance with their medical needs.

C. CORRECTIVE ACTIONS

The Departments have recognized the complexity of the issues which have arisen with the burgeoning of the nursing home industry from the viewpoints of consumers, providers and taxpayers. We continually re-evaluate the adequacy of our operation and the rules and regulations and make changes as appropriate. Since this review of operations and regulations is a process and never an accomplished and finished fact, considering the dynamics of the nursing home industry, there is no point in time at which further constructive change may not be appropriate.

1. The Department of Health and Environment will assume responsibility for coordination of all nursing home training efforts.
2. A nursing home ombudsman position has been approved for Social and Rehabilitation Services. One of his primary responsibilities will be investigation of personal needs accounts.
3. The Department of Health and Environment will insure that every certified nursing home in operation on May 30, 1976, will have a licensed nurse and administrator.
4. The Department of Health and Environment has proposed to the Special Committee on SRS Institutions a system of fines and receivership to encourage compliance as an alternative to closure of homes.
5. The Department of Health and Environment will complete its revision of State Licensing Regulations which was begun in fall of 1974 and submit them for review and adopt them by June 30, 1976.
6. The Department of Health and Environment will work towards the coordination of all inspections so that state licensing, fire and periodic medical reviews are accomplished simultaneously.
7. The Departments of Health and Environment and Social and Rehabilitation Services will, by January 30, 1976, combine the training session for their respective inspection team and conduct joint training in overlapping areas.
8. The Department of Health and Environment will expand its inspection staff by six with the approval of two inspectors in the 1977 budget, doubling the Department's inspection capability over October 1975.
9. A joint inspection team from the Departments of Health and Environment and Social and Rehabilitation Services has reinspected all eight facilities investigated by the Attorney General. Action will be taken to insure deficiencies are corrected or facilities are terminated as a nursing home.

10. The Department of Health and Environment in coordination with the Department of Social and Rehabilitation Services and with cooperation of the nursing home industry will develop and recommend a state standard for nursing home medical records by July 1, 1976.
11. The Department of Health and Environment will stimulate and encourage the development of an Aide Training Program with the objective of training 500 aides by January 1, 1977.
12. The Department of Health and Environment and the Department of Social and Rehabilitation Services, working together with the Department of Education, the Nursing Home Industry and an educational institution, will cause the development of a state approved Aide Training Program by July 1, 1976, to be used in inservice training in nursing homes.
13. The Department of Social and Rehabilitation Services will expand its Periodic Medical Inspection staff by more than one hundred percent with the approval of the sixteen additional staff requested in the fiscal year 1977 budget.
14. The Department of Social and Rehabilitation Services will increase its capability to conduct medical audits by two hundred percent effective July 1, 1976, with the approval of two accountants in the proposed fiscal year 1977 budget.
15. Effective May 1, 1976, the Department of Social and Rehabilitation Services will obtain balance sheets and revenue statements on nursing home operations enabling the department to justify Title XIX reimbursements.
16. The Department of Social and Rehabilitation Services will review personal needs funds of Medicaid recipients during periodic medical inspections conducted on and after November 10, 1975.
17. The Department of Social and Rehabilitation Services will suggest possible amendments to the legislature by January 1, 1976, for its proposed rules and regulations which will require each nursing home participating in the Title XIX program to post a certification certificate for public review.
18. The Department of Social and Rehabilitation Services in coordination with the Department of Health and Environment and the Nursing Home Industry will establish criteria, policies and guidelines for the use of consultants in nursing home operations.
19. The Department of Social and Rehabilitation Services, by January 1, 1976, will review payment policies for physician services provided Title XIX recipients in nursing homes to eliminate any financial burden upon physicians for these services.

D. PROBLEMS IDENTIFIED AND CORRECTIVE ACTIONS TAKEN

The problems identified in the Attorney General's report had been recognized by the Departments of Health and Environment and Social and Rehabilitation Services.

1. The Department of Health and Environment had budgeted for additional survey and inspection staff.
2. The Department of Social and Rehabilitation Services had budgeted for additional periodic medical review staff and accountants for nursing home audits.
3. The Department of Social and Rehabilitation Services' regulations effective March 1972 prohibit supplementation.
4. The Department of Social and Rehabilitation Services' nursing home claims forms state that fraud and misrepresentation is subject to criminal penalty.
5. The Department of Health and Environment inspection staff all meet minimum federal standards for education and training prior to conducting surveys.
6. The Department of Social and Rehabilitation Services has conducted 40 nursing home audits since September 1974.
7. The Department of Social and Rehabilitation Services submitted on July 1, 1975, proposed rules and regulations requiring revenue statements and balance sheets from nursing homes.
8. Training of nursing home consultants was begun October 1975 by the Kansas Pharmaceutical Association which conducted a training session for nursing home administrators, staff, and pharmacist consultants.
9. The Department of Health and Environment has since June 1974 aggressively enforced adult care licensing and certification regulations.

A. Adult Care Home Licensures

Jan. 1, 1974	Homes 433	Beds 22,146
July 31, 1975	Homes 367	Beds 23,039
Sept. 30, 1975	Homes 363	Beds 22,948

B. Certifications to SRS of Nursing Homes

March 18, 1975 (certified)	ICF's 312 SNF 55	Sept. 30, 1975 (not certified)	19% of the 86 homes reinspected 25% of the 20 homes reinspected
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10. The Department of Health and Environment will request additional administrative staff to manage the inspection and training programs for nursing homes.

The Departments of Social and Rehabilitation Services and Health and Environment have integrated their efforts wherever possible. This has resulted in the Departments functioning together in a smoothly coordinated fashion. A program of inspections for licensing and certification efforts of the Departments of Social and Rehabilitation Services and Health and Environment is successful. It is an ongoing effort which is continually responsive to the need for adjustment and change.

The Departments of Health and Environment and Social and Rehabilitation Services fully recognize their responsibility for the aged of Kansas. The problems of management of a health care delivery system, such as the nursing home industry, can only be resolved through cooperative efforts of all the concerned parties, the controlling agencies, the providers, the people being cared for, their families and their representatives.

DEPARTMENT OF HEALTH AND ENVIRONMENT

MEMORANDUM

To: Dwight F. Metzler, Secretary of Health and Environment

From: Lowell M. Wiese, M. D., Director of Health

Subject: Response to Paragraph D of John Schott's Letter
to you of 10-29-75

A. The Department has no direct legal responsibility in the area of training for adult care home aides at present, though we are proposing to assume certain responsibilities (#1, page 3 of Action Plan for the Care of the Elderly in Nursing Homes in Kansas).

B. The various nursing associations have, between November 1973 and November 1975, offered 29 programs of an educational nature which would be appropriate for adult care home aides. The majority of these programs were given in several locations throughout the state so as to facilitate maximal attendance.

C. The Department has formed an Advisory Committee for developing criteria for approval of a medication aide training course. The initial meeting was held June 19, 1975 and criteria developed by August 18, 1975. These criteria were given to the Kansas Nursing Home Association, The Kansas Professional Nursing Home Administrators Association, and Dodge City Community College. Courses are being developed by these groups in accordance with our criteria, and should be ready for review by the Advisory Committee during this month.

D. The Research and Information Exchange - Care of the Aged (RIECA) Project received funding for the period of September 1, 1974 through December 31, 1975 in order to address the issue of education -- training of nursing home personnel. The project is currently directed by Marjorie Smith in conjunction with the Department of Family and Child Development, Kansas State University. One of the outcomes of this project was the development of a coordinating body made up of representatives from various nursing home groups, educational institutions, and state agencies. Currently this coordinating body is beginning efforts to identify educational needs to both develop nursing home aides that meet current needs as well as on-going educational programs for improving and specializing the skills of aides already working in the nursing home field. The long range objective would be

Dwight F. Metzler
November 6, 1975
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to develop a Kansas plan for coordinating educational programs for all personnel in the nursing home field.

LMW:js

CLOSED ADULT CARE HOMES

<u>MONTH</u>	<u>COUNTY</u>	<u>NAME OF HOME</u>	<u>CAPACITY</u>	<u>CLASS</u>	<u>REASON FOR CLOSING</u>
Jan., 1974	Finney	Shadylawn Care Home	21	IPCH	Life Safety Code
	Marion	Bethesda Home for the Aged	67	INCH	Licensed by hospital section
	Miami	Moraine Rest Home	20	IPCH	Life Safety Code
Feb., 1974	McPherson	Schmidt's Home	17	IPCH	Life Safety Code
	Labette	Lamm's Boarding Care Home	6	BCH	Life Safety Code
March, 1974	Shawnee	Bonnie's Boarding Care Home	9	BCH	Life Safety Code
	Shawnee	Shawnee County Convalescent Home	52	IPCH	Life Safety Code
	Sherman	Leavitt Rest Home	3	IPCH	Life Safety Code
April, 1974	Montgomery	Coffeyville Extended Care Center	50	SNH	Became part of Hospital
	Thomas	Levant Home	56	IPCH	Life Safety Code
May, 1974	Dickinson	Coffman Home	22	IPCH	Life Safety Code
	Sedgwick	Golden Age Convalescent Home	3	IPCH	Life Safety Code
June, 1974	Butler	Watson Home	16	IPCH	Life Safety Code
	Sedgwick	Lawrence Care Home	10	IPCH	Life Safety Code
	Sedgwick	Stinnett's Care Home	14	BCH	Life Safety Code
	Wilson	Barker Boarding Home	6	BH	Life Safety Code
July, 1974	Barton	Hoisington Rest Home	25	IPCH	Life Safety Code
	Clay	Medford Manor	40	INCH	Life Safety Code
	Douglas	Baldwin Rest Home	14	IPCH	Life Safety Code
	McPherson	Marquette Rest Home	9	IPCH	Life Safety Code
	Miami	Peak Rest Home	17	IPCH	Life Safety Code
	Sedgwick	Haworth Personal Care Home	10	IPCH	Life Safety Code
	Sedgwick	Mrs. Burgess Care Home	4	IPCH	Life Safety Code

<u>MO.</u>	<u>COUNTY</u>	<u>NAME OF HOME</u>	<u>CAPACITY</u>	<u>CLASS</u>	<u>REASON FOR CLOSING</u>
July, 1974	Sedgwick	Ora's Home	5	IPCH	Life Safety Code
continued	Sedgwick	Sun Glow Care Home	20	IPCH	Life Safety Code
Aug., 1974	Labette	Good Samaritan Center	62	IPCH	Life Safety Code
	Montgomery	Lenon Rest Home	42	IPCH	Life Safety Code
	Osborne	Burger Home	17	BCH	Life Safety Code
	Osage	West Haven Rest Home	70	IPCH	Life Safety Code
	Sedgwick	Guy's Care Home	22	IPCH	Life Safety Code
Sept., 1974	Crawford	Shields Cottage	17	IPCH	Life Safety Code
	Crawford	Shields Home	15	IPCH	Life Safety Code
	Crawford	Werberger Rest Home	9	IPCH	Life Safety Code
	Crawford	Wilfred's Care Home	12	IPCH	Life Safety Code
	Harvey	Country View Rest Home	13	IPCH	Life Safety Code
	McPherson	Westblade Care Home	13	IPCH	Life Safety Code
	Riley	Winfrey Rest Home	7	IPCH	Life Safety Code
	Sedgwick	Trimbles South Terrace Drive Home	10	IPCH	Life Safety Code
Oct., 1974	Chautauqua	King's Rest Home	15	IPCH	Life Safety Code
	Chautauqua	Sedan Rest Home	27	IPCH	Life Safety Code
	Cherokee	Hillcrest	35	IPCH	Life Safety Code
	Crawford	Mills Home	28	IPCH	Life Safety Code
	Doniphan	Douglas Home	15	IPCH	Life Safety Code
	Miami	Paola Rest Home	14	IPCH	Life Safety Code
	Reno	Rayl Way Personal Care Home	16	IPCH	Life Safety Code
	Shawnee	Highland Hills Home	18	IPCH	Life Safety Code
Nov., 1974	Kingman	Miller's Rest Home	25	IPCH	Life Safety Code
	McPherson	Hickory Manor Personal Care Home	20	IPCH	Life Safety Code
	Sedgwick	Hamlin Home for Aged Ladies	10	PCH	Life Safety Code
	Sedgwick	Lessman Care Home	10	IPCH	Life Safety Code

<u>MONTH</u>	<u>COUNTY</u>	<u>NAME OF HOME</u>	<u>CAPACITY</u>	<u>CLASS</u>	<u>REASON FOR CLOSING</u>	
Dec., 1974	Montgomery	Happy Acres	16	BCH	Life Safety Code	
	Osborne	Cozy Corner Home	41	IPCH	Life Safety Code	
	Osborne	The Pioneers	19	IPCH	Life Safety Code	
	Saline	Smith Boarding Home	19	BCH	Life Safety Code	
	Sedgwick	Maple Villa	9	IPCH	Life Safety Code	
	Sedgwick	McDonald Home	20	IPCH	Life Safety Code	
	Sedgwick	Riverside Homes, Inc.	25	IPCH	Life Safety Code	
	Sedgwick	Yvonne Care Home	9	IPCH	Life Safety Code	
	Jan., 1975	Allen	McAtee Nursing Home	60	INCH	Life Safety Code
		Chautauqua	Capps Personal Care Home	17	IPCH	Life Safety Code
Cheyenne		The O'Leary Home	24	IPCH	Life Safety Code	
Dickinson		Herington Rest Home	18	BCH	Life Safety Code	
Geary		Johnson Personal Care Home	17	IPCH	Life Safety Code	
McPherson		Unruh Personal Care Home	16	IPCH	Life Safety Code	
Montgomery		Kretzer's Personal Care Home	15	IPCH	Life Safety Code	
Rawlins		Taylor Rest Home	15	IPCH	Life Safety Code	
Republic		Bates Rest Home	15	IPCH	Life Safety Code	
Shawnee		Buschbom Personal Care Home	36	IPCH	Life Safety Code	
Sedgwick		Ideal Adult Boarding Home	21	BCH	Life Safety Code	
Sedgwick		Pleasant Rest Home	9	IPCH	Life Safety Code	
Feb., 1975		Cheyenne	Miller K. Home	14	IPCH	Life Safety Code
	Pottawatomie	Day's Rest Home	5	IPCH	Life Safety Code	
	Pottawatomie	Mary's Care Home	6	IPCH	Life Safety Code	
	Rush	Nekoma Rest Home	7	IPCH	Life Safety Code	
	Shawnee	McCrite Care Home #1	10	BCH	Life Safety Code	
	Sedgwick	Frisco's Retreat	9	IPCH	Life Safety Code	
	March, 1975	Montgomery	Rockwell Personal Care Home	13	IPCH	Life Safety Code

<u>MO</u>	<u>COUNTY</u>	<u>NAME OF HOME</u>	<u>CAPACITY</u>	<u>CLASS</u>	<u>REASON FOR CLOSING</u>
March, 1975 continued	Shawnee	Sheltered Living, Inc.	14	BCH	Life Safety Code
April, 1975	Geary	Rest Haven	6	BCH	Life Safety Code
	Jackson	Hubener Rest Home	21	IPCH	Life Safety Code
	Jefferson	Elm Home	19	IPCH	Life Safety Code
	Kearny	Pioneer Boarding Home	22	BCH	Life Safety Code
	Miami	Phifer Rest Home	17	IPCH	Life Safety Code
	Mitchell	Jones Home	8	BCH	Life Safety Code
	Nemaha	White Way Rest Home	23	IPCH	Life Safety Code
	Neosho	Deeper Life Manor	60	INCH	Life Safety Code
	Phillips	Borum Gentle Care Home	15	BCH	Life Safety Code
	Shawnee	Hickey Hospitality Home	16	BCH	Life Safety Code
	Shawnee	Sarah Fuqua Home	11	IPCH	Life Safety Code
	Sumner	Conway Rest Home	12	IPCH	Life Safety Code
May, 1975	Cowley	Darrah Rest Home	25	IPCH	Life Safety Code
	Crawford	Ranch Rest Home	26	INCH	Life Safety Code
	Lyon	Hillcrest Rest Home	18	IPCH	Life Safety Code
	Rush	LaCrosse Rest Home	36	IPCH	Life Safety Code
	Sedgwick	Akers Care Home	20	IPCH	Life Safety Code
	Sedgwick	Evelyn's Care Home	10	IPCH	Life Safety Code
	Sedgwick	Fuller's Care Home	10	IPCH	Life Safety Code
June, 1975	Woodson	Barbara's Home	10	IPCH	Life Safety Code
July, 1975	Cherokee	Greenlawn Rest Home	17	IPCH	Life Safety Code
	Cherokee	Owens Boarding Home	14	BCH	Life Safety Code
	Kiowa	Ford Memorial	12	IPCH	Life Safety Code
Aug., 1975	Cherokee	Barker Rest Home	21	IPCH	Life Safety Code
Sept 1975	Ottawa	Crestview Nursing Home	82	INCH	Life Safety Code
	Sedgwick	Lusk Care Home	20	IPCH	Life Safety Code
	Kiowa	Siesta Home #2	6	BCH	Life Safety Code
	Pratt	Siesta Home #4	20	IPCH	Life Safety Code

Total

105 Homes

2,134 Beds

4

FOR: The Special Committee on Social and Rehabilitation Services Institutions
Representative Roy Ehrlich, Chairman
PRESENTED BY: Dr. Marjorie Stith, Project Director, Research and Information
Exchange: Care of the Aged (RIECA)
Dennis Lofgren, Project Coordinator, RIECA

Our presentation today deals specifically with training for nursing home personnel. There is no prescribed, required Basic Training program for nurse aides in nursing homes; therefore, untrained aides are hired and in many instances find the work difficult and unrewarding, resulting in poor job performance and high turn-over. The community problem we are addressing, in its broadest conception, concerns quality care for residents in long-term care facilities, which is a direct function of the skills and understandings of the nursing home personnel.

The Department of Family and Child Development has been dealing with the nursing home situation for the past year through a project funded by the Kansas Regional Medical Program titled Research and Information Exchange: Care of the Aged (RIECA). From our work comes the following findings: 1) the availability of educational programming for nursing home personnel is fragmented; what may be available in one section of Kansas may not be available in other sections; 2) no standardization; significant variation in quality and content exists among training opportunities offered; 3) no means for evaluation; the impact of the instruction given is rarely known; 4) no system of planning throughout the state; the most characteristic feature of what is offered and where it is offered is randomness, which results in omissions of important emphases and unwise use of resources (See Part I of RIECA Position Paper).

We have approached the training problem, from the point of view that the people most affected by it be enlisted in the conception and implementation of the solution. This is in contrast to simply imposing a tailor-made program which might have little chance of being operationalized. While nurse aide education/training is needed, there are at present, a number of different opinions which must be reconciled if training is to be planned and required. The Coordinating Body (CB), a concept proposed through the RIECA Project, is the beginning of such a cooperative undertaking. The Coordinating Body is made up of representatives of associations, agencies, and institutions concerned with the planning, delivery and use of training. If training for aides is to be required (and it should be), there must be some consensus among diverse groups, which is the reason for the formation of the Coordinating Body. This is the best guarantee for utilization of a training program, and insurance of relevance and availability of the training programs to the employees.

Our approach to the nursing home issues led us to a number of conclusions. Nurse aide training is only a part of the picture; a total training system must be addressed. In order to make better use of available education/training resources coordination is essential. Better training will be done if the conception of plans is a cooperative effort of the people most affected by such training. This means the involvement of diverse groups with strong interests. This Coordinating Body, already formed, is to be composed of representatives assigned by their organizations and designated by the RIECA Project staff into one of the seven cluster groups: (1) associations of professional nursing home administrators; (2) educational institutions; (3) government agencies; (4) consumers; (5) medical and allied health professionals; (6) Health Systems Agencies; and the (7) Legislature.

Our work this year has been directed at involving these groups in discussion

and planning together. Progress has been made. Representatives from these groups agree that training for aides is necessary, but there is still not total agreement on content, timing, and delivery system. Nor is there total agreement on how resources can be coordinated for most efficient use, or the best approach to training for the total nursing home team. Efforts are underway to attain that agreement.

The Coordinating Body is first a forum for discussion and recommendations; and then a vehicle for implementation through coordination of existing resources, with the option of seeking new resources where they are needed.

Our discussion today deals with training for employment. Nurse aides are now employed without training. This means a lack of job skills, a lack of personal satisfaction, and a high turn-over. Training will lead to better wages and more job satisfaction and opportunities for advancement, and thus will also mean personal development. Aides trained for their jobs will obviously mean better care for the resident, so the aging citizens of Kansas will profit.

In the nursing home 43% of the employees are designated as nurse aides. According to the Moss Report (Nurses in Nursing Homes; the Heavy Burden) most of these are low-income adult women, many black, with little formal education. On a national level only half of them are high school graduates. They are usually paid at the minimum wage and there is little hope for advancement, either through promotion or wage increase. One study (1972), to dramatize, the importance of these poor wages, reported data showing 38% of the aides naming themselves as the main support of their households. The turn-over rate for aides is 75% per year.

If we are to maximize the potential contribution of this group of women to themselves and the community, training is imperative. Specific training is necessary to 1) equip the aide to do her job adequately; 2) provide a career ladder approach which would allow movement into other training programs and health related jobs, e.g.: Medication Aide, LPN, RN; 3) make legitimate higher wages based on greater ability; 4) give the nursing home aide a new image of herself and her job, resulting in feelings of dignity and worth and job satisfaction. She needs skills, better wages, and the possibility for upward mobility.

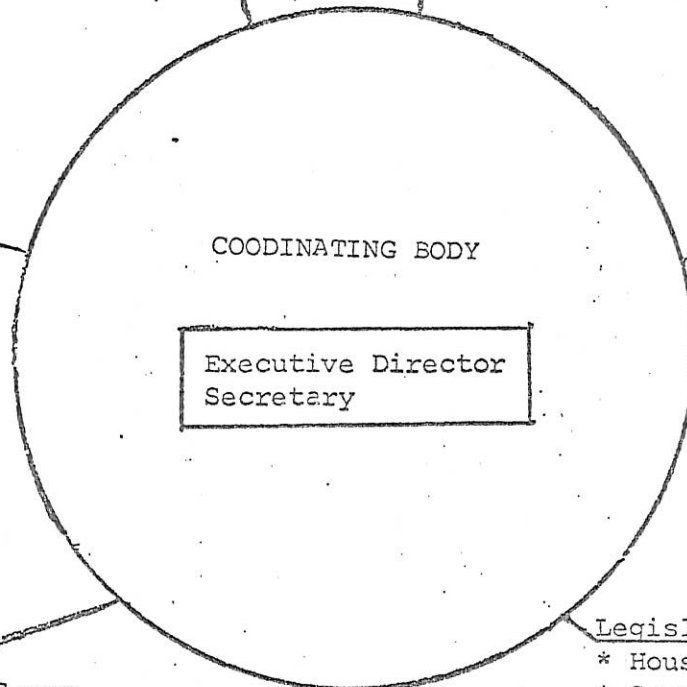
There is at present no plan on which nursing home administrators, state agency personnel and consumers totally agree in regard to a Basic Training program (content, delivery, timing) for this significant employee group. Since 80% to 90% of all direct care contacts with residents in long-term care facilities are made by aides, it is necessary that consensus on such a training plan be reached. Unless the aide acquires certain behavior and attitude skills, has the opportunity for satisfaction in her job and dignity in her work, it is unlikely that she will be able to give competent care, which includes according dignity and respect to the residents with whom she works.

Nursing Home Professional Organizations

- * American College of Nursing Home Administrators
- * Kansas Association of Homes for Aging
- * Kansas Nursing Home Association
- * Kansas Professional Nursing Home Administrators Association

Consumers

- * American Association of Retired Persons
- * Gray Panthers Association
- * Kansas Citizens Council on Aging
- * Kansans for the Improvement of Nursing Homes
- * National Retired Teachers Association
- * Families of Residents



COORDINATING BODY

Executive Director
Secretary

Government Agencies

- * Dept. of Education
- * Dept. of Health and Environment
- * Dept. of Social and Rehabilitation Services
- * Kansas Regional Medical Program

Legislature

- * House member
- * Senate member
- * Legislator 'at large'

Health Systems Agency

Regions I, II, III, IV

Education

- * Community Colleges
- * Professional Schools
- * Universities
- * Vo-Tech Schools

Medical and Allied Health Professionals

- Physicians
- LPN's
- Mental Health Professionals
- Nurses
- Therapists
- Related Health Organizations

FOR: The Special Committee on Social and Rehabilitation Services Institutions
Representative Roy Ehrlich, Chairman

PRESENTED BY: Dr. Marjorie Stith, Project Director, Research and Information
Exchange: Care of the Aged (RIECA)
Dennis Lofgren, Project Coordinator, RIECA

GUIDELINES FOR A TRAINING SYSTEM

The HEW guidelines concerning the possibility of training medication aides is one more facet which makes basic nurse aide training imperative. This requirement for Basic Training may very well arise from the Department of Health and Environment regulations. Or such a requirement could come from legislative action. Such basic training should be:

I. Concentrated

It must be completed within a definite time frame. This could vary from three to six weeks - or even longer. It could come before a person is hired, but in most instances will occur during early employment, completed no later than three months after the person is hired. If the training is spread over too long a time period, it loses its impact. However, enough time must be spent in the training process to allow interpretation and internalization of the principles and skills and understandings being dealt with. The matter of relevancy is a fact to be dealt with in the timing of training. A person who is on the job, may find training far more relevant than a person who is being trained before she is on the job, who may have no idea of the job requirements in which she will find herself. Until she is on the job, she may not have a clear perception of requirements of the job she is considering.

The training should be "in place" by the end of the second week of employment. During the first two weeks, the nursing home aides should have planned orientation sessions and come to a decision about whether or not she wishes to remain on the job and enroll in the training course when it becomes available to her.

II. Specific

The course must include specific content covering physical care, social-psychological-emotional concerns of the residents, understanding of the aging process, relationships with residents and staff. Such content can lead to skill and attitude competencies (physical care and relationship competencies). This content is qualitatively different from that usually planned for the hospital aide. This is another reason to plan for post-employment training of the nursing home nurse aides.

III. Progressive

A training system should encompass plans for allowing the aide to advance to greater degrees of competency and higher levels of professional identity:
Basic Aid, Medication Aide; LPN; RN

IV. Available

Training should be near the home-work base of the aide and at such times of the day that both aides and potential aides can take advantage of it.

V. Team Centered

Training of nursing home aides must also be seen in the larger context of the total nursing home staff. There are three groups that a system of training must speak to in addition to the nurse aide:

- nursing home administrators
- other professionals who provide nursing home services yet we do not have adequate understanding of the geriatric resident.
- other paraprofessionals in addition to the aides; janitors, food service personnel of the long-term facility.

All of these personnel can contribute to the growth-health milieu of the long term care facility if they have an understanding of the process of aging. This is the basis for a team approach to care which will result in the highest quality conditions for the resident.

To summarize, an education/training system must take into consideration the following principles, but could very well be implemented by degrees, giving attention to one employee segment at a time.

TRAINING SYSTEM

General Principles which govern the conception of this plan:

- I. A broad approach to education/training is essential:
 - A. Continuing as well as beginning training for each employee; formal and informal educational input;
 - B. Various training tracts: e.g.: nurse aides; dietetic or dietary personnel; administrators;
 - C. Specific training in geriatrics for professionals needed in nursing homes, trained in other disciplines, e.g.: nursing, social work, recreation;
 - D. Best use of total available resources; including coordination and lack of duplication: education; mental health; professional associations; state agencies;
 - E. Training planned toward a career ladder approach with articulation from one level to another: e.g., Basic Aide to Medication Aide, to LPN.
- II. An education/training plan must give attention to essential elements:
 - A. Goals to be reached or competencies to be attained -- Desired behaviors and attitudes;
 - B. Content to be mastered in order to attain these goals;
 - C. Method of teaching in order to motivate students to internalize; materials and therefore adopt desired behaviors and attitudes;
 - D. Teacher qualifications including mastery of materials to be taught, understanding of the learning process, and understanding and acceptance of student to be taught;
 - E. Evaluation of results of training to employees and to resident care;
- III. Consideration must be given to important training parameters:
 - A. Training should be offered at a time and place as to be available for the persons it is intended for (target audiences) at or near home-base for aides, particularly;
 - B. Training should include both classroom work and clinical experience under supervision;

- C. Length of training time should allow for fullest impact on trainee;
 - D. Training should be timed in employees career in such a manner as to make the greatest impact on building competencies desired;
 - E. Training should be sequenced in a meaningful pattern and should provide for a wide variety of skills and understandings;
 - F. Costs of training must be provided for: original cost and costs of increased wages to trained persons.
- IV. A viable education/training program must grow out of the concerns and cooperative efforts of a number of groups with varying goals:
- Families of residents;
 - Owners of nursing homes;
 - Administration of nursing homes;
 - Medical and Allied health professionals;
 - Consumers in general;
 - Other professional groups: e.g. nutritionist

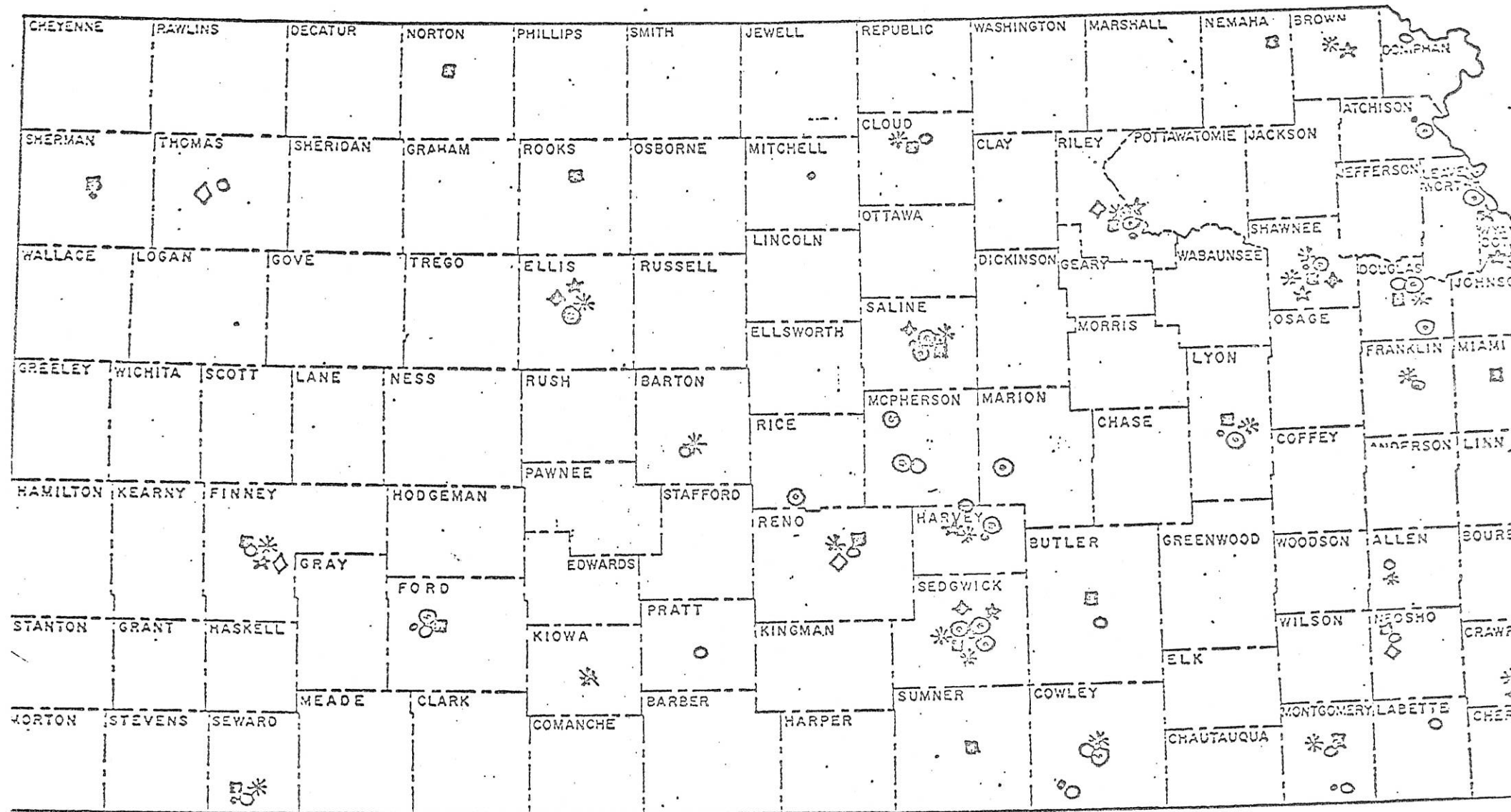
CONTENT AND DELIVERY PLAN

This section of the paper deals with suggestions for a delivery plan for education/training. The training institution for the nurse aide, particularly, could be the vocational technical school or community college. This delivery system is already in place and has experimented with varied curriculum and programs of varied length. So far, the system has dealt with only a small percentage of the necessary number of trained personnel. In 1974-75, 694 nurse aides were graduated from vocational technical school programs. This is less than 9% of the total number of aides now at work in nursing homes in Kansas. The plan we are suggesting is that we take the training, modified to meet the particular needs of employees in nursing homes to the home-work base of the employed aides, rather than expecting the potential aide to uproot herself from her home and family for a period of training for a job that she may find herself unable to perform when she takes such a job.

For training other employee groups, it may be more feasible to make use of other existing systems already in place: professional organizations, state agencies, continuing education courses, mental health centers.

The following outline attempts to operationalize the preceding principles in an education/training system for nursing home personnel, beginning with nurse aides.

EDUCATIONAL AND TRAINING FACILITIES IN KANSAS

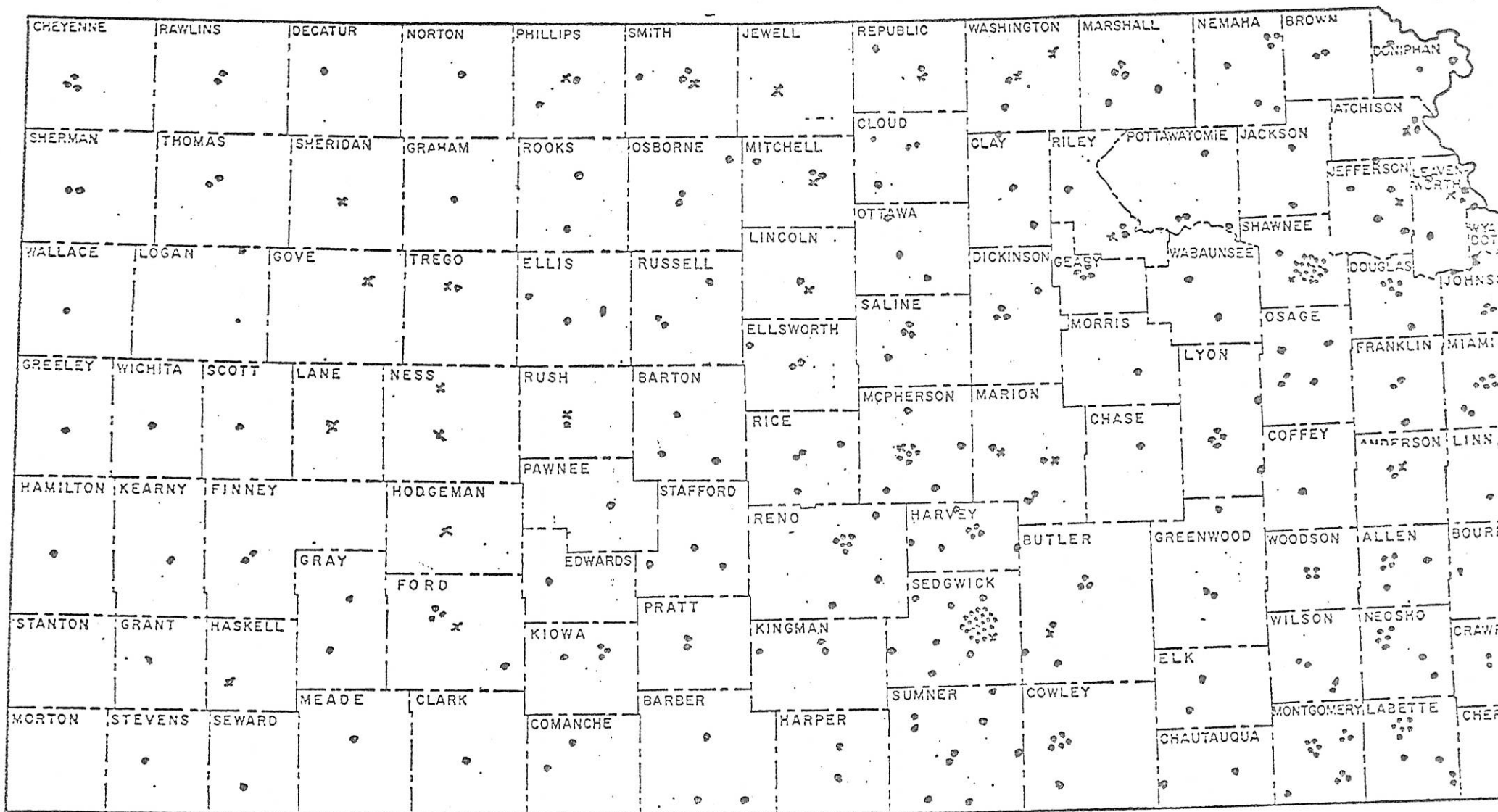


KEY:

- Area Vocational Technical Schools
- Four-year Colleges and Universities
- Community and private two year colleges
- Statewide Continuing Education Network

- * Community Mental Health Centers
- ◆ Health Services/Educational Activities Office
- * Area Agencies on Aging Offices
- ◆ KSU Extension Administrative Units

ADULT CARE FACILITIES IN KANSAS



KEY:

• Adult Care Homes

x Hospitals with long term beds (over 15)