

Remarks by AHCA Chair Steve Chies, delivered at the Opening General Session of the AHCA/NCAL 55th Annual Convention and Exposition, October 4, 2004

Some of you might not recognize me. Here is a picture of me at last year's convention and now you see me today. Quite a transformation. I take modeling leadership very seriously, so when I talked last year about the need to push for this transformational leadership, I took my words to heart....I shaved my mustache. It may have been a symbolic gesture on my part, but I am serious about the need to revolutionize the ways and means by which we provide care and services to the elderly in America.

The AHCA Chair might use this opportunity to talk about the problems we face as a profession or about the association's recent accomplishments. And while there are many things of which AHCA/NCAL should be proud, I'd rather focus on you—our facility members—and on your accomplishments.

It's not often that you read a story in the newspaper that paints a positive picture of long term care facilities. While I like to think that's because we've been delivering quality long term care for so long that it's no longer news, I know that's not the case. The Media does not report on the car wreck that was avoided or a crime that didn't occur. For our profession, that's too bad, because there are some stories of great accomplishment just waiting to be told.

The News Journal—the major newspaper in Wilmington, Delaware—didn't report that the Green Valley Pavilion Nursing Home in Smyrna worked with the local quality improvement organization to reduce the number of patients with serious pain from 39% to 3% in one year.

The Indianapolis Star failed to cover a major healthcare news story—Heritage House, a nursing facility in Clinton, Indiana, improved its rate of testing patients for diabetes from 45% to 83%. This kind of testing is not recognized nationally as a quality indicator, yet still Heritage House worked with the quality improvement organization on a comprehensive diabetes intervention program.

I certainly don't remember reading about the Cedar Crest Nursing Centre in Cranston, Rhode Island, which reduced the rate of pressure ulcers in patients from almost 12% to 5% over just nine months.

And these examples only illustrate successes from the Department of Health and Human Services national Nursing Home Quality Initiative—a program that you all embraced long before other health professionals that now are lining up to participate. The information overwhelmingly shows a marked improvement nationwide on the major indicators of quality. I'm confident that soon-to-be-released NHQI data will further illustrate that providers everywhere are achieving the kinds of successes I've mentioned.

The transformation process doesn't stop at quality indicators. Providers nationwide and the state associations that represent them are embracing initiatives and activities that improve the quality of life for our patients and residents—and they have been doing it for years.

But quality is about more than achievement and success—especially in a long term care setting. Quality is a culture, and true quality improvement requires a cultural change.

About 10 years ago, the then leadership of AHCA began a journey to create a new vision and agenda for defining quality and finding means to improve quality in our facilities. I remember those discussions and the debate about the validity of that vision and direction. I recall thinking, “If we—as providers—don't define quality, then who will?” For too long, we have allowed government bureaucrats to define quality measurement on a subjective survey system that merely measures compliance with regulations.

We must choose whether we want to be part of the problem or part of the solution. When I look around our profession, I see people and organizations that have chosen to be part of a solution. Despite litigation and tort challenges...regardless of negative media attacks...irrespective of duplicitous public policy-makers...we stand among peers and colleagues who are the agents of culture change. Later in the week, we will honor 108 nursing homes, assisted living residences, and facilities for people with mental retardation and developmental disabilities as part of the AHCA/NCAL Quality Award program—which I'm proud to note was the brainchild of my colleague at Benedictine and former AHCA chair Dale Thompson. I won't preempt any of the recognition we will rain on these award-winning facilities, but suffice it to say they represent the best of the very best.

So how do we achieve culture change?

Change requires an “inside-out” process...remember the old joke about changing a light bulb? We can look to culture change movements already in place like the Pioneer Network, Eden Alternative, and the Greenhouse Project—initiatives that our profession is using to re-define long term care so that customer satisfaction and quality of life are paramount.

We will continue to explore the options of assisted living and “housing with service” models. Increasingly, people are moving toward these care options that emphasize self-directed care.

We should look to invest more in remodeling and redesigning facilities so that they are more customer-friendly and home-like, like many have been doing. When I go to meetings and talk with our peers and colleagues about their plans,

visions, and strategies, I hear a steady drum beat about providing amenities and services that better meet the demands of the market place. I hear about renovations to increase the number of private rooms. I see mini-suites with showers and other hotel like amenities. I hear about special dining options, Internet access services, and concierge services, just to name a few—all designed to provide new choices and services to our customers.

Many of you are deeply engrossed in culture change. Take Bob Wilson, CEO of Columbine Health Care, in Fort Collins, Colorado, for example. Bob has built a first-rate campus that offers the very best in customer service and patient and resident care. New technologies he has employed include built-in lift apparatus and bathing systems that reduce the need for patient transfer. His campus is all-inclusive so that virtually all of his patients' needs can be met on-site.

Jack Vetter, CEO of Vetter Health Services in Omaha, Nebraska, also has implemented a new facility model that deserves special recognition. Jack's facilities use "dignity in life" as their motto, and he and his staff do all they can to make their patients feel less like patients and more like people. The "Caring Households" model employed at Vetter's facilities creates a home-like setting, by using double-hung windows, carpeting, and oak trim in patients' rooms, as well as a living room and a country kitchen to be shared by groups of rooms for meals and socializing. Jack takes this model of care beyond the bricks and mortar and makes sure the ideas behind the caring household seep into the change in culture in his facilities. Like many of you, Bob and Jack are truly on the cutting edge of long term care, and you will see more of their facilities in a few minutes in our video.

Similar innovations are taking place in the field of assisted living. At Chelsea at Warren in New Jersey—one of three AHCA Step 1 Quality Award Winners—staff has taken resident transition to a new level. Recognizing the enormous emotional and physical tolls associated with moving to assisted living, Chelsea at Warren has implemented a buddy mentoring program, holds welcoming socials, and coordinates newcomer group meetings staffed by licensed social workers. This effort was spearheaded by Nicollette Merino, who serves on NCAL's board of directors.

At Arden Courts of Fair Oaks in Virginia—an assisted living facility comprised solely of Alzheimer's residents—Executive Director Colleen Walker and her staff make it a point to notice subtle changes in residents' conditions. The single-level structure of the building uses color-coded "houses" with specific décor and memory boxes located outside residents' apartments to act as visual cues. This caring community also features secured outside walking paths and seating areas.

When staff at Heritage Woods Assisted Living in Agawam, Massachusetts, noticed a high resident turnover rate, they made significant additions to the care

program so that the increasingly needs of the facility's residents were better met. The addition of a falls prevention program, new exercise programs, and improved assessments helped Heritage Woods cut their resident turnover in half over three years.

The heroes who care for the mentally retarded and developmentally disabled also are making great strides in quality improvement. Congratulations to AHCA Step 1 Quality winner Parkwood Developmental Center in Georgia for its accomplishments.

It makes good sense that we focus on changing the way we provide care, given the changes in long term care patients' needs. Since the creation of the skilled nursing facility prospective payment system, we have seen Medicare utilization rates double and even triple in some locations. We have seen the SNF role in the care delivery system change radically over the pre and post PPS change. Average lengths of stay have gone down, and median lengths of stays have plummeted. In Minnesota, the median length of stay is now estimated to be less than 50 days. The typical skilled nursing facility has seen a 10 and 20 fold increase in the number of admission and discharges from 10 years ago, with over half of our discharges going home. We have truly become the replacement for Med-Surg Wards for many acute care based providers.

At the same time, we have seen the restructuring of rehabilitation services, as many organizations have brought those services in-house. This trend has eased the pain of frozen or reduced Medicaid payments. Now if we could just get the three-day hospital stay requirement eliminated, we could see a new access to the Medicare benefit. We're continuing to work on that vision of change.

You all are changing the face of long term care. Our profession is filled with special people who possess unique moral compasses that keep them in this line of work. They need to be kind, caring, compassionate, dedicated, focused, self-assured, and passionate. Later in the week, at the Closing Session, we will honor a number of individuals who are part of the network of special people who work and volunteer in our profession. I hope that in your daily work you get the chance to interact with these heroes.

I recently had a chance to meet one of our heroes, Linda Glidewell, the CNA of the Year from Rossville Valley Manor in Rossville, Kansas. Linda exudes the caregiving characteristics and moral compass that we all should strive for. She gets up in the morning, excited about going to work and caring for her charges, always reminding herself how she would wish to be cared for were the roles reversed. But she even takes it a step further. She treats her patients like family, which they become to her. That sometimes means bringing in bake goods on special occasions, or coming in on her own time to take patients to the movies. There are countless heroes among us who, just like Linda, represent the best thing about long term care...our people.

Take for example the folks who are leading us into new territory—a group of 21 professionals who joined me several months ago at the first AHCA/NCAL symposia of long term care future leaders. Let me tell you, our patients and residents are in good hands, because the individuals who are assuming leadership roles in this profession are focused on the future, and I'm pleased that many members of the class of 2004 are here today.

The recent series of hurricanes that hit Florida and the South also has illustrated the strength of our workforce. We heard about nursing assistants who lost their homes, yet still came in to care for their residents and patients. Staff sleeping in dayrooms and therapy rooms, just to make certain that their charges were well cared for and long term care facilities opening up their doors to the members of their community that lost their homes.

Special people truly surround us.

Yet, this profession continues to be the subject of negative news coverage and consumer and congressional demagoguery. Who are these critics of long term care? What do they really know about the delivery of quality care? What are the self-appointed advocates who claim to want better care doing to actually advance the practice of long term care and support the efforts of Linda and her peers in the 25,000 long term care facilities in America? Instead of working with us to enact culture change, these folks are destroying her morale. Often too interested in headlines than in solutions, they have lost their direction—their moral compass—for whatever reason.

Regardless of the motivation, their actions create victims: they are our patients, residents, families and staff. At a recent meeting I attended with state bureaucrats, providers, and consumers, it occurred to me that at the core of our differences is our view of how to measure and improve quality and the views held by those outside of the profession. Those who are not involved with care giving ask the question, "Do you want to go to a nursing home?" Not surprisingly, nearly 100% of respondents say no. Nobody wants their health to decline to the point where they need assisted living or nursing facility care. And lawmakers and advocates are misguided when they use the response to that question as the catalyst for their policies and initiatives.

The question that they SHOULD be asking is, "If you had a health condition where you required 24-hour care or rehabilitation, what elements and attributes of care would you like the system to provide?" That's the kind of probing that leads to quality improvement. You need look no further than to the patient and resident satisfaction surveys many of us conduct to gauge if you're doing right by your patients: "Are you satisfied with the care?" and "Would you recommend this facility to others?" are common questions we ask, and consistently, we see scores at 85% to 90% levels. Soon a new AHCA/NCAL subcommittee will

provide us with data to help us understand the wants and demands of our customers.

Where I live in the Midwest, we know the signs of a gathering storm: low clouds, heavy winds, ominous darkness. So, you gather your loved ones, secure your property, and prepare for whatever is thrown at you. Most importantly, you are aware of the impending storm, and you put into place a plan of action to prevent the worst consequences.

Well, a storm is gathering and heading at America....it's the tidal wave of retiring Baby Boomers that will hit us starting in 2011—just seven short years away. Then, 10,000 Boomers will hit retirement age every day, for the next 20 years until there are 77 million of them – double what we see today!

And that's just a part of the storm.

Boomers will live longer. They will be healthier, require more medical procedures, and consume larger quantities of health care dollars than the elderly do today.

And that's **still** just part of the storm.

The workforce will shrink, because boomers had fewer children than did today's elderly and disabled. That means fewer workers to support more people needing care in various settings.

The challenge is huge, and it is the moral compass of the long term care profession that keeps us from running down into the shelter and waiting out the storm. Instead, we're attacking it head on, and we are seeking to be part of the solutions. That's why we need to show up, stand up, and speak up. Your lawmakers cannot fix the system if **we** who question our dedication, do not prescribe a solution and vision.

To all those lawmakers and so-called advocates who question our integrity, check this video out.

[video]

As you can see, you have much to be proud of.

A good friend and colleague once said to me, "You are so lucky to be working in such a noble profession." He went on to say, "We get to get up in the morning and go to work caring for elderly and disabled individuals who could not exist if we didn't show up." He was right. That's a pretty powerful realization, with weighty responsibilities....caring for over 2 million patients and residents. But I know you all are up to the challenge. Leaders in a noble profession need to be advocates for the people for whom we are responsible. If not us, then who will speak up?

Now I want to introduce to you a gentleman who I believe will guide the profession's efforts as we strive to make the case for the future needs of our patients and residents. Hal Daub brings to AHCA/NCAL a strong sense of the kind of political muscle that will be needed if we are to successfully prescribe to the Congress and the Administration the necessary reforms that must take place to enable us to provide quality care services. A successful businessman, four-term congressman from Nebraska, two-term mayor of Omaha, and chairman of the Federal Social Security Advisory Board—not to mention his passion for social and health policy—Hal is ready and able to organize and win our battles in the United States Capitol. Please join me in welcoming the new AHCA/NCAL President and CEO, Hal Daub.