



THE FUTURE OF NURSING HOMES IN NEW YORK STATE

**RESULTS OF TWO ROUNDTABLE DISCUSSIONS:
December 15, 2007 and March 20, 2008**

LONG TERM CARE COMMUNITY COALITION

242 West 30th Street, Suite 306

New York, NY 10001

www.nursinghome411.org • www.ltccc.org • www.assisted-living411.org

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INTRODUCTION

The Problem

What will happen to those individuals who either cannot or do not want to be cared for in their home and who will need nursing home care in the future?

As consumers prefer to receive long term care in less restrictive settings, long term care policy in New York State, as throughout the country, has focused more and more on removing the bias toward institutionalization by putting more public funds into home- and community-based long term care. However, because these policy changes generally must be “budget-neutral” (i.e., not result in an increase in overall costs) an increase in resources dedicated to home- and community-based services will necessarily mean a decrease in resources dedicated to nursing home care. In addition to deep concerns over the depletion of funding resources to support those who will need or desire nursing home care, this trend will likely result in a concurrent shift in both regulatory oversight and public focus. Regulators are, already, increasingly being called upon to address care issues in non-institutional settings while at the same time being faced with budget restraints that are unlikely to provide for the manpower necessary to keep up with all of the different settings. This means that nursing home residents and their needs may be even further marginalized.

Bringing Together Policy Makers

In order to begin to discuss ways to make sure that the needs of future nursing home residents are met, LTCCC, with support from the New York Community Trust, sponsored two roundtable discussions, entitled “The Future of Nursing Homes in New York State,” on Dec. 13, 2007 and Mar. 20, 2008.

To make this dialogue meaningful, participation in the roundtables was on an invitation-only basis, with 16 individuals participating and with a professional facilitator leading the discussions. The goal was to bring together representatives from the principal stakeholder groups—consumers, providers and direct care workers—as well as leaders from government and New York’s philanthropic community. The participants included the Director of the State Office for the Aging, the Deputy Commissioner of the Office of Long Term Care, the Assistant Deputy Secretary for Health and Human Services from the Governor’s Office, the chair of the state Assembly’s Health Committee, four nursing home providers (including a for-profit upstate provider), two foundation program officers, two consumer representatives (in addition to two staff



members of LTCCC), two representatives of direct care workers, a nursing home consultant and a state policy researcher. (Please refer to the appendix for a list of participants.)

Preparing for the First Roundtable

A survey was sent to all participants asking them to rate the challenges to meeting the needs of future nursing home residents in terms of their priorities for discussion at the roundtables. (Please refer to the appendix for the survey results.) We planned the first roundtable discussion using this information.

In addition, to make sure that all participants were well-briefed on the issues and prepared for our discussion, we dedicated four months (July to November 2007) to collecting information on the issues that were to be discussed, with particular emphasis on how they applied to New York State. Each participant was sent a packet of information on general New York State demographics related to long term care; statistics specific to New York's current nursing home populations; data on New York nursing home quality of care and life; New York nursing home accessibility statistics, New York nursing home financial issues (including reimbursement, costs of nursing home care and state of the industry); and long term care alternatives. (This information has been posted on our website. Please go to www.ltccc.org for a copy of the materials. In addition, we included some particularly interesting newspaper articles that document challenges to the nursing home industry and dimensions of aging, nursing home care and residents.

THE BACKGROUND INFORMATION INDICATED THAT NEW YORK NURSING HOMES AND THE PEOPLE WHO MAY NEED THEM IN THE FUTURE ARE IN TROUBLE. SPECIFICALLY, THE DATA INDICATED THAT:

- *The need for nursing home care may grow as New Yorkers get older, poorer, sicker and more disabled.*
- *Nursing homes will be called upon to do more as our population becomes more racially and ethnically diverse.*
- *Some consumers may want a congregate setting with social interaction as an alternative to being isolated in their homes.*

However,

- State funds are being earmarked more and more for home- and community-based care as consumer's desire less restrictive settings.
- The nursing home industry is facing financial challenges.
- Current nursing home quality is weak in some areas.
- Nursing shortages and turnover rates are growing.
- Currently, staffing is very low in comparison to studies of resident needs and outcomes.

- Although occupancy rates are dropping, accessibility for New Yorkers is still a problem in some areas. (The state’s overall nursing home occupancy rate is still amongst the highest in the nation).

The First Roundtable Discussion: Identifying the Issues

The first roundtable focused on the responses to the following questions through the use of two small group break out sessions and full group discussion:

- What is the future of nursing homes in New York State?
- What are the greatest concerns or challenges for nursing homes in New York State?
- What are the best developments or trends that may deal with the concern or challenge?
- Who in New York will need nursing home care in the future?
- How will their needs be met?



Participants were charged with identifying current challenges confronting New York State’s nursing homes and were encouraged to think about how various sectors, i.e., government agencies, philanthropies, providers and consumer organizations, may begin to meet these challenges.

THE THREE MAIN THEMES THAT EMERGED FROM THIS IN-DEPTH FIRST DISCUSSION WERE:

- 1. Culture change or person-directed care can deliver what consumers want.*
- 2. Multiple workplace issues pose significant challenges to the nursing home industry.*
- 3. Multiple financing issues must be addressed.*

Theme One: Encouraging culture change

The following ideas were presented:

- Encourage or develop creative leadership that embraces change.
 - Incentives to encourage nursing home leaders to take risks must be provided in order to help providers shift away from a tendency to simply meet minimum standards.
 - The government should value quality of life improvement in addition to resident safety.
- Provide providers and consumers with education on person-directed care in nursing homes.
- Develop accurate measurements of resident and family satisfaction.
- Empower residents and families to urge nursing homes across the state to actively engage in culture change.

Theme Two: Solving workplace issues

The following ideas were presented:

- Empower direct-care workers to make more decisions about their residents' care so they can be more responsive to the individual needs of residents on a day to day basis.



- Provide workers with improved pay and benefits
- Utilize advanced technology to improve the workplace.
- Re-design work descriptions to provide workers with more opportunities for meaningful, less-repetitive work.
- Improve worker satisfaction and lower their risk of on-the-job accidents.

Theme Three: Making sure nursing homes will be able to meet the needs of future residents

The following ideas were presented:

- Evaluate and provide concrete action steps on the issue of the aging infrastructure.
- Ensure that New York adequately funds appropriate nursing home care.
- Make sure that nursing homes in New York State do not become class-separated, with special services for private paying and Medicare eligible residents.

Preparing for the Second Roundtable

Prior to the second roundtable, all participants were asked to fill out a form listing a series of ideas they had for taking action based upon the ideas identified at the first roundtable discussion. In addition, in order not to “reinvent wheels,” participants were given data collected on activities already undertaken by New York State and other states on solving the identified issues (see our website for this material). Thus, action steps could build on these as well.

The Second Roundtable Discussion: Identifying Solutions

At the roundtable itself, the group was given a list of the ideas for possible action steps (taken from the first roundtable) for each of the three themes identified: culture change or person-directed care can deliver what consumers want; multiple workplace issues pose significant challenges to the nursing home industry; and multiple financing issues must be addressed.

Theme one: Encouraging culture change

The participants discussed the fact that despite growing evidence of the benefits of adopting a model of person-directed care in the nursing home setting, the vast majority of nursing homes in New York State are not engaging in substantive culture change initiatives. The group discussed a number of reasons why this might be so (e.g., lack of creative leadership in the nursing home industry, fear on the part of providers to take risks, lack of consumer empowerment to demand change, lack of reliable and valid measures of consumer satisfaction) and then brainstormed about how we might make culture change a reality in all or most nursing homes in New York State by describing actual steps and actions that should be taken.



Action Steps: Fostering creative and innovative leadership in the nursing home industry, and encouraging providers to take risks

The State could consider:

- Working with national accreditation bodies to identify and establish professional training/teaching programs for nursing home leaders to give providers the skills needed to be creative and then using these as criteria for accreditation.
- Funding annual regional rewards for innovative leaders and practices in nursing homes.
- Using civil money penalty¹ (CMP) funds and funds earmarked for pay-for-performance initiatives to educate providers about the costs and benefits of culture change.
- Developing a certification program for nursing home community coordinators (coordinators are responsible for the communities or neighborhoods in culture change facilities) and requiring that potential community coordinators have a certain leadership skills such as staff empowerment, coaching, development and mentoring.
- Ensuring that preparatory materials and examinations for nursing home administrator licensure highlight dimensions of culture change and empowering leadership styles, e.g., by emphasizing competency in strategic human resource management.
- Fund projects instituting culture change that make the business case for instituting culture change and evaluate culture change.
- Protecting those nursing homes that have active culture change initiatives from cuts in Medicaid and Medicare reimbursement.
- Publicly recognizing innovative leaders and their nursing homes in government websites.
- Using pay-for-performance funds to encourage providers to institute culture change pilot programs in their nursing homes.



- Training surveyors and funding conferences that promote dialogue between innovative leaders and nursing home regulators so that surveyors understand what culture change is and providers learn how to comply with regulations as they develop culture change.

¹ Civil money penalty (CMP) funds are levied against nursing homes that have violated minimum standards of care. By law, CMP funds must be put into a trust fund and may be used only to help improve the quality of nursing home care.

- Reorient surveyors to new styles of nursing home leadership.
- Empower the Board of Nursing Home Administrators to sponsor creative leadership/culture change events.
- Mandate “change thinking,” alternative decision-making models and lessons from industry and the military on decentralized models of decision-making in nursing home administrator licensure preparation.

Funders could consider funding:

- The development of professional training/teaching programs for nursing home leaders.
- Regional awards for innovative leaders and practices in nursing homes.
- Conferences that promote dialogue between innovative leaders and nursing home regulators.
- Funding projects that make the business case for instituting culture change.



Providers and their associations could consider:

- Creating peer mentor programs for new nursing home leaders.
- Creating workshops on leadership training and culture change for all levels of nursing home staff, including both professional and paraprofessional workers for their members.
- Providing training to their members on how to use focus groups to identify issues of concern and areas relating to consumer and worker satisfaction.
- Encouraging their members to include a culture change component in board development.
- Training their members on how to: problem solve, resolve conflicts, improve communication and build teams.

Action Steps: Encouraging valid and reliable measures of consumer satisfaction

The State could consider:

- Funding research to develop such measures for both the cognitively competent and impaired population.
- Requiring that any satisfaction measurement tools be standardized to enable comparisons across different nursing home facilities and regions.
- Using data from the reliable, valid and standardized consumer satisfaction tools for pay-for-performance reimbursement.
- Training surveyors on the need to look at consumer and family satisfaction.
- Require resident satisfaction measurements in character and competency review for change of ownership and new establishments across all provider types.

Funders could consider:

- Funding projects for the development of such tools.
- Funding projects that train nursing home staff in how to use resident focus groups to identify issues of concern and areas of resident and family satisfaction.

Action Steps: Encouraging the empowerment of the general public, nursing home residents and their families

The State could consider:

- Using its website to educate the public about nursing home culture change and their rights as long-term care consumers so that they come to expect and demand positive changes in the marketplace. The site could also highlight culture change movements in the state (e.g., while making sure that these facilities are actually providing a new culture).
- Funding projects whose goal is to empower consumers.
- Involving residents and family members in training of regulators.
- Sending survey results to families.



Funders could consider:

- Funding projects whose goal is to empower consumers.
- Funding ads publicizing the concept of culture change.
- Funding projects that bring residents and family members from different nursing homes together to discuss culture change.

Providers and provider associations, through conferences and consultations, could consider helping their members:

- Incorporate residents’ concerns into their individualized care plans and their care experience.
- Define and shape consumer involvement and participation on an individual basis and at the facility level.
- Encourage projects where residents and families define for themselves their role in implementing culture change efforts.
- Involve nursing home residents and their families in the decision-making processes of culture change projects.
- Invite residents and their families to discuss with nursing home leadership and staff their personal experiences with long-term care.
- Involve residents and family members in quality improvement projects.
- Use areas of concern raised by residents and family members in identifying quality improvement projects.

Consumer organizations could consider:

- Developing projects for educating the public about nursing home culture change and their rights as long-term care consumers so that they come to expect and demand positive changes in the marketplace.
- Developing projects that target discharge planners and consumers before they need nursing home care.
- Developing projects that facilitate the “opening up” of the nursing home through the use of blogs or “You Tube-like” videos demonstrating culture change.

*Visit LTCCC’s
nursinghome411.org website
for culture change
information and resource for
the public.*

Theme Two: Solving workplace issues

Action Steps: Empowering the nursing home workforce

The State could consider:

- Funding proposals for developing training for nursing home administrators, directors of nursing (DONs) and other senior management on ways to help direct care workers become part of the decision-making process, on decentralized models of decision making and specific training for community coordinators.
- Giving “Best Practice” awards to nursing homes that utilize models of decentralized decision making.
- Hosting conferences for nursing home administrators and boards addressing the theme of alternate models of decision making.
- Funding projects that make the business case supporting the use of decentralized decision making models to nursing home administrators, boards and owners.



- Collecting current data on the workforce.
- Increasing staff training on how to care for the difficult resident and leadership skills.
- Develop webinars for direct care leaders and staff.
- Equalizing pay and benefits across settings.
- Training surveyors to look at worker satisfaction.
- Supporting Taft-Hartley training funds.

Funders could consider funding:

- Projects that develop training for nursing home administrators, DONs and other senior management on ways to help direct care workers become part of the decision-making process, on decentralized models of decision making and specific training for community coordinators.
- Projects that make business cases supporting the use of decentralized decision-making models to nursing home administrators, boards and owners.
- Projects that demonstrate the costs of staff turnover.

- Projects that find ways to better disseminate of research findings and ways to practically apply them.
- Projects that help to build relationships between workers and residents/families.

Providers and their associations, through conferences and consultations, could consider helping their members:

- Encourage nursing home staff to participate in team-based efforts while providing replacement staff to allow for participation in team activities and while rewarding participants with an extra day off or other benefits to encourage participation.
- Develop ways of permitting time for teams of direct-care staff to identify options for change and discuss methods to implement these changes.
- Utilize measures of staff satisfaction to identify strengths and demonstrate areas of concern within the nursing home.
- Provide training for workers at all levels of the nursing home on problem solving, conflict resolution, communication techniques and team building.
- Provide training for workers on how to participate in care-plan meetings and quality improvement projects.
- Involve direct-care workers in resident care-plan meetings and quality improvement projects.
- Institute team unit meetings to help workers' decide their own assignments and work load.
- Encourage learning through peer mentoring by developing materials to facilitate this.
- Develop opportunities for workers to advance.



Action Steps: Improving nursing home workers' pay and benefits

The State could consider:

- Collecting a workforce minimum data set to:
 - Regularly assess progress in workforce improvement and
 - Identify regions and sub-regions with workforce shortages.
- Setting regional standards for pay and benefits based on levels of reimbursement rates.
- Ensuring that health insurance expansions and economic security policy are specific to health care employment.
- Funding scholarships or low-cost loan programs to attract students into the nursing home field.
- Establishing standards for “universal workers” that include education modules that could enable workers to progress to higher job-levels.
- Supporting collaboration between the Department of Health and Department of Labor to conduct workforce demonstrations that look for specific regional projects to improve the nursing home workforce.
- Blending funding that is earmarked for health-related issues with funding for direct-care workforce.
- Developing and sponsoring an advanced certification course for certified nursing assistants (CNAs).

- Relating the completion of a CNA advanced certification course with pay enhancement.
- Providing more funding for pre-licensed practical nurse (LPN) programs to support LPN tuition assistance through the Boards of Education.
- Bringing the issue of pay and benefits of direct care workers to the DOH's state reimbursement group.

Funders could consider funding:

- Scholarships or low-cost loan programs to attract students into the nursing home field.

Providers and their associations could consider:

- Providing workers with extra supports, such as:
 - Pro bono legal services.
 - Child day care.
 - Transportation services.
- Promoting the use of coaching supervision methods among all levels of nursing home staff.
- Consolidating training of direct-care staff and linking with a workforce specialist to support new workers in overcoming barriers that may interfere with work.
- Building the personal satisfaction of direct-care staff by educating residents in how to recognize and thank direct-care staff.
- Raising the pay of any CNA who completes a CNA advanced certification course successfully.
- Promoting job descriptions that do not focus on completing tasks.

Consumer organizations could consider:

- Collaborating with professional and civic organizations to conduct a public campaign surrounding the value of nursing professions.
- Urging boards of education to publicize nursing home work early in the educational system.

Action Steps: Fostering opportunities for more interesting, less repetitive work for nursing home staff and risk reduction for accidents

The State could consider:

- Creating a “one-stop” center and link for employers that potential employees could access to find healthcare jobs. Work with the Workforce Investment Act funded job centers.

Providers and their associations could consider:

- Enabling staff to build relationships with nursing home residents and their family members.
- Creating opportunities for nursing home workers to advance professionally.
- Creating opportunities for workers to work across varying sites of care.
- Developing additional training to help direct-care workers successfully deal with difficult residents.
- Evaluating existing job descriptions to ensure that tasks (e.g., nursing-related, managerial) are balanced with regular interaction with residents and participation in decision-making teams.

Theme Three: Making sure nursing homes will be able to meet the needs of future residents

Action Steps: Addressing the aging infrastructure of nursing homes

The State should consider:

- Supporting collaborations among the Department of Health, designers, architects and providers that could ensure that construction of new facilities employs maximally-efficient design elements that reduce operational costs and improve quality of care (e.g., home-like design elements, wiring for new technology, adequate elevators to facilitate the flow of residents and staff in multi-story facilities, shorter hallways so that residents may ambulate easily).
- Making sure that Medicaid caps on construction are undated annually.
- Leveraging other social goods, such as alternative energy, cutting-edge technology and architectural or design elements, with net capital reimbursement to individual nursing homes.

- Ensuring that capital costs are reasonably related to both efficiency and capital design factors to promote economically viable nursing home entities.
- Encouraging providers to invest in energy alternatives and new technology in the nursing home to decrease capital expenditures and inefficiency.
- Ensuring system-wide implementation of electronic medical record (EMR) systems by 2012.
- Creating an “ideal nursing home” that has minimum percentages set aside for private rooms and other resident spaces.
 - Inserting these standards in the CON process and criteria.
 - Issuing a state-wide bond at four percent instead of allowing nursing homes to finance these standards on their own, thereby potentially saving the state millions of dollars in interest payments.
- Approving CON applications using criteria that very strictly adhere to the goals of encouraging cutting-edge technology, efficient design elements and ample spaces for resident recreation, activities and dining.

Providers and their associations should consider:

- Investing in energy alternatives and new technology in the nursing home to decrease capital expenditures and inefficiency.
- Implementing electronic medical record (EMR) systems in their facilities by 2010.
- Taking steps to reduce the institutional feel of nursing homes by incorporating new design elements into furnishings in nursing homes and residents’ living spaces (e.g., home-like décor).

Action Steps: Ensuring that adequate nursing home resources are available for future resident populations

The State should consider:

- Supporting research on current and future efficiency models.
- Supporting research on the actual costs of nursing home care.
- Clarifying nursing home reimbursement methodology so that the various sectors and the general public may understand it.

- Partnering with the State University of New York (SUNY) and City University of New York (CUNY) to clarify reimbursement methodology and make it publically understandable.
- Engaging in a regional approach to health planning by pooling community resources to help meet the needs of nursing homes and residents.
- Enacting legislation that requires that five percent of nursing homes' annual spending be tied into quality improvement by 2015.
 - Establishing a definition for "quality."
- Undergoing an independent and objective review of what the State derived from investments made in the nursing home workforce recruitment and retention funds.
 - What did the state get for its investment?
 - What lessons were learned?
 - Add additional criteria before similar investments are made in the future by utilizing existing measures such as nursing home workforce data.
- Develop a statewide capital investment strategy.
- Set up an interactive way for residents/families to comment on character and competency reviews.
- Developing a way to pool community resources for projects to encourage a more regional approach to health planning.
- Eliminate the for-profit nursing homes or equalize the Medicaid ratio and permissible private pay charges.
- Work to encourage the federal government to permit savings from decreased rates of Hospitalization (Medicare savings) to be used to improve nursing homes through Medicaid.

Funders should consider:

- Supporting research the actual costs of nursing home care.
- Supporting research on how to build efficient nursing homes.

Consumer organizations should consider:

- Researching the actual costs of nursing home care.

Action Steps: Making Nursing Homes a More Attractive Alternative

The State should consider:

- Allowing aging homes that do not invest in infrastructure improvement and health information technology (e.g., electronic medical records) within the next five years to close in an orderly fashion.

Providers and their associations should consider:

- Educating communities about the value and roles of nursing homes so that they may understand why home care may not be a reasonable or less expensive alternative for those with highly specialized long-term care needs.
- Continuing active campaigning with SEIU-1199 to shed light on the evolving nature of nursing homes and escalating needs of residents.

Consumer organizations should consider:

- Educating communities about the value and roles of nursing homes so that they may understand why home care may not be a reasonable or less expensive alternative for those with highly specialized long-term care needs.

Acknowledgements

The Roundtable Participants

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Michael Burgess, Director, New York State Office for the Aging

Donna Case McAleer, CEO and President, Elant Inc.

Beth Finkel, Manager, NY State Programs and Services, AARP

Richard Gottfried, Assemblymember, Chairman of Health Committee, NY State Assembly

Alene Hokenstad, Project Director, Division of Policy Analysis, United Hospital Fund

Mark Kator, President and Chief Executive Officer, Isabella Geriatric Center, Inc

Mark Kissinger, Deputy Commissioner, Office of Long Term Care, NY State Department of Health

Mary Jane Koren, Asst. Vice President, Quality of Care for Frail Elders, The Commonwealth Fund

Geoffrey Lieberman, Executive Director, Coalition of Institutionalized Aged and Disabled

Len McNally, Program Director, Health and People with Special Needs, NY Community Trust

Richard Molloy, Executive Director, Long Term Care Community Coalition

Carol Rodat, New York Policy Director, Paraprofessional Healthcare Institute

Cynthia Rudder, Director of Special Projects, Long Term Care Community Coalition

Jay Sackman, Jay M. Sackman Consulting Services

Art Webb, President and CEO, Village Care of New York

Ann Wyatt, Consultant

Tony Yang-Lewis, Administrator, Cobble Hill Health Center

Project Staff

Cynthia Rudder, Director of Special Projects

Richard Molloy, Executive Director

Sun Young Lee, Public Policy Intern

Camilla Benedicto, Public Policy Intern

Sara Rosenberg, Project Coordinator

Wendy Child, Meeting Facilitator