

## October 16<sup>th</sup>, AVPH

Palmer Pioneer Home 9:30 am

- Called to order
- Present: David, Jana, Gordon, Rosemary, Ron and Bob. Staff: Amanda, Josh (Emily arrives at 10:20)
- There was a short time allowed for members and staff to introduce themselves.
- First item: Josh Shaver the Palmer Administrator spoke about the home and some of its history. We discussed held beds and the process of balancing care vs staffing. We also discussed looking at all the pay options and that the holding of bed reduces income. We discussed the idea that the budget didn't really change but the division now has to earn the funds available. A question was asked about vacancies and the answer was it varied by season. In Palmer there is a rule requiring a percentage of vets to pioneers. Presently the home is 75% Veterans. So when vacancies exist first it is vets, then it is room specific by gender (shared bathrooms). So today if you are a female veteran getting a room would be no problem. Josh stated that there is a trend for more level 3 beds and expects that demand to increase. In Palmer the only dementia beds available are the 14 at the home. That has not changed in years so there isn't anyone filling that need in the community. Josh stated that he is considering converting another wing to level 3. He figured that there would be no or little cost to convert the wing. The problem is staffing. Josh spoke about VA inspection and how difficult that can be. Also related that the grounds are being serviced and care for by local gardening organization and that they are doing very well. Josh also talked about some of the other groups that are involved with the home. Some of the benefits at the Palmer home is thru partnerships the residents are able to attend the state fair as often as the like. Again the discussion turned to pay and the push to maximize revenues. Josh commended central office for doing a great job with the audit and the implementation of the process to maximize revenues. There was also a discussion about creating a form for pay information to verify a resident's ability to pay. There is a difference between inability and not wanting to pay. There is also an increased benefits from relationships with the VA Medical (home based primary care). Also due the homes relationship with the Alaska Veterans group Palmer has benefited and receives some attention from the VA traveling visiting service. The question is what we can do to expand services to access more funds.
- Election of chair. Rosemary nominated Bob Sivertsen and Ron 2<sup>nd</sup> Rosemary moved to close nomination and confirm by unanimously consent.

1030: Tour of AVPH

11:30: Directors Report

- Leadership meeting 3 weeks ago, goal to try and be more proactive as a team. Starting to look at where we want to be in 3-5 years.

- Conversations about mission, core values, level of services, etc.
- 6 core areas to focus on over the next 3-5 years
- 93% Occupancy rate (Building configurations often make this a challenge, hard to convert level 1 beds to level 2 or 3 beds, where there is more need in the community)
- Priority 1: Continuous Quality Improvement
  - Lost nurse consultant, and have then lost a lot of consistency between the homes
  - Looking at best practices and where we are going
  - AVP H has a great program, will be utilizing their program and building upon it.
  - Will be reviewing P&P
  - medication orders improvements, standardization of forms, etc
- Priority #3: Pharmacy
  - 14 day cycle fill: brand name drugs have special requirements for Medicaid part D, which is where this 14 day cycle fill comes from, because we cannot segregate based on payment type. There may be opportunities to revisit the 14 day cycle. Do not have any timelines of when any of this may change. Pharmacy will begin looking at this over the next year.
  - Pharmacy will be taking over the main contact with providers.
  - Looking at staffing needs
  - Quarterly chart reviews
  - Use based billing

13:00 Advisory Board Resident Council meeting:

- Bob- introduce the Board, discussed the function of the board
- All Board members introduce themselves to the Elders
- Dorathy: Food service, budget concerns, need to hire more experienced food services workers, currently do not have experienced people. Today we had spaghetti for lunch, don't know what the meat was but it wasn't ground beef.
- Elder, I have enjoyed every meal but I now have diabetes. I don't know how to manage the diabetes, Is there someone who can teach us more about diabetes and what I should be doing. I am also now anemic and don't know what to do about this as well.
- Ed Willis: Thank the board for supporting us through the budget fears of losing our home. We are grateful to not see our homes closed. We really appreciate all of the advocacy to save our home.
- Bob- the people throughout Alaska are supporting the homes
- Elder: I had to make a trip outside to be with ill wife. I went to a lot of different rest homes with her, this is far above and beyond anything in the lower 48. They all had terrible meals, accommodations were not good, you were an object to take care of and that was it. This is undoubtedly the best place here, it is a really good place to be.
- Janet: I love it here, the staff is great and they take good care of us. I wish I could make it easier on them. The food is really good.

- Amanda discusses continued training in dementia care, improvements with pharmacy services, recommendations for building repairs, etc. Will continue to advocate in Juneau for all of you.
- Dorathy: All of the other services are extemporary here, I would not move anywhere else. I have a person who takes care of my money (conservator), but they are not doing a good job. She has over 100 people that she works for. I am not pleased with this and would like to see the state hire more conservators. They are slipping in a lot of places where they shouldn't have to. They do not send any paperwork, so I don't have any idea what is happening with my money.
- Ron: We advocate for what the homes all need. The ACoA also advocate directly for all senior issues and Pioneer Homes, you are foremost in our minds when we talk with legislators.
- Elder: Ask legislators to stop doing special sessions, they should be paying us if they don't do their job in a timely manner.
- Amanda: I will be here every month, meeting with staff and elders. Please reach out to me with any concerns. You can reach me by phone or email or I can come out more often if needed. We just had a staff meeting, we had a lot of discussing about our mission, and we believe really strongly that this is a home. I know that it can be uncomfortable discussing life's final breath, we really want to know what you feedback and thoughts are for the mission.
- Gordon: I appreciate your concern about conservatorship. I don't know if we can do much about it, but you may want to reach out to your state representatives. Your lack of service is a very serious issue, they may be able to help you.
- Amanda: the board may be able to look at the number of residents served by the office of public assistance and see if there have been any problems.
- Bob- there are also other organizations like the Ombudsman that could help you will this.
- Rosemary: I expect that hospital care in the valley or somewhere nearby should be able to get that information to you.
- Closed the session at 1:33 because no one else wanted to speak.

#### 1345: Continued with Director's Report - Amanda

- Need to continue to make plans and strategies for when the legislature has forgot what happened when they started discussing closing homes
- Priority 2: Financial sustainability
  - Looking at our business plan
  - Improving processes and methodology for establishing rates
  - What are our costs, how much nursing staff time in each level of service
    - Have done a time study, did not get a lot of success with this
    - Tracking nursing/can staff for each shift to try and figure out a staffing ratio, to get a better idea of the cost of care
  - We know that our rates do not cover our costs, and we will likely never get there, but need to quantify nursing time cost.

- All homes are using a different scheduling software, looking at getting some scheduling software which allows us to run more reports, allows more flexibility for staff.
- We are also not consistent with rate increases and methodology. We should be able to put out a plan for multiple years because it makes planning easier for our elders,
- Bob- must be careful what rates increases are tied to, sometimes social security doesn't increase.
  - Amanda- looking at room and board, we charge \$579 for Medicaid recipients, this likely needs to increase as well. Working with office of rate review to get more cost based rates to become more accurate.
- Also looking at ways to increase reimbursement
- This is a major priority for us. We are fielding questions from legislators.
- Bob- can probably get labor costs to match the rate increase
- Rosemary, the sooner the better, this process takes a long time. It realistically takes 6-8 months to get a rate increase through.
- Bob- Would like to see partnership with Mental Health Trust to pay for a staffing study. There is no money to do this, should apply for a grant.
- Amanda- ask Trust to oversee the contract and an unbiased third party. A legislator may be able to make this request. When we lost 46 positions over the last 5 years, each home did this differently. Are the positions configured correctly? API cost 30,000 for their study. We would need the contractor to really go to each home and understand each home, I think it would potentially cost 200K.

#### Priority 4: staff training and development

- Continue with best practices and investing in our staff
- ADRD and Eden training for all staff regardless of position.
- Increase job satisfaction through training
  - Apprenticeship program, increasing access to this
  - Evaluating training tools
  - More collaboration with Alzheimer's

#### Priority 5: community outreach/engagement

- Community partners
- Working with state retirement and benefits
- Legislators

#### Priority 6:

- Maintenance , immediate and future needs
- 2 big priorities are the new roof in Palmer, seismic issues in Ketchikan. The other big project 800K request for the unit to become a dementia neighborhood in anchorage, would be a 9 bed neighborhood.

- Bob and Amanda working on a document to send to DOT about doing projects twice or projects not getting finished. We need to get these right the first time, so better knowledge on what the project is and better estimates. Low bidder often causing problems.

#### 2:45 Annual report

- Bob- every home has a section called challenges and they are all fairly common challenges. They are division wide budget issues, documentation requirements, etc. We should rearrange so that challenges are all together. Would shorten it and make it easier to understand in a shorter amount of time.
- Standardize the overview...etc. Put more info on square footage, beds, level of service etc.
- Better explanation of Eden or give it a reference
- Rosemary: Should we send to the governor? Do not know if it will actually get read by someone.
- Amanda: Do you want to provide a few specific recommendations to put forward? Do not want these to come from staff.
- Board Recommendations after challenge section:
- Gordon – consider adding deferred expenses
- Who is our audience: govt. and legislators, and legislative staff
- Mission:
  - Rosemary – can we soften it? Final days? Final stage, end of life?
  - Jana – Book: “The Conversation” and resources around end of life
  - Gordon, like final days
  - Ron, end of life? Life’s stages?
  - Rosemary – sounds old fashion
- Bob – recommendations:
  - Introduction?
    - Add a chart for waitlist
- Went through report page by page and discussed changes

#### 4:45 Meeting Adorned

## October 17<sup>th</sup>, APH

- Called to order
- Present: David, Jana, Gordon, Rosemary, Ron and Bob. Staff: Amanda, Rich, Emily

### 0830: Updates with Rich

- Census of 136, 32 open beds, 5 moving in in the next 30 days also losing a lot of residents right now making it hard to catch up and fill rooms
- Front door now locked at 6pm, making monitoring the door easier for our nursing. Keypad will be really helpful when it is installed.
- Bathroom remodel is now complete. We have been pleased with the bathrooms. Are requesting more funding to continue to upgrade more bathrooms. Cost per bathroom approx 35-40K. Was a complete gut job, everything is new. Allows people to be independent longer.
- Dish room floor is being done right now. 10 day project, using all disposable dishes until project is completed to minimize dishes.
- Big issue now is the main drain in the basement, has a foot long hole in it. Causing lots of backups and problems, the pharmacy is having a lot of problems with this. Will be getting emergency funding to get this fixed. Will likely cost 10-15K to fix.
- Pharmacy air intake: raised the air intake 20 feet, but we still have some issues with getting fumes in the pharmacy. There is no air circulation currently; we need to put in an air exchange system down there this winter.
- Dream project: Redesign the courtyard to make an open, safe, secure area for the memory care unit. 6 years ago, this would have cost 1 million.
- Staff: 187 (authorized, currently have 5 vacancies, 3 nurses, 1 activity, 1 front office)
- OSHA issues to correct: 6<sup>th</sup> floor ladders, safety rails, step height. Labeling containers properly

### 09:15

- Tour of APH

### 12:30 Resident council meeting

- Jean Kaufman: have been real pleased, lived here for 4 years. Medical van takes level 2/3 to medical appointments. Can level ones use this service as well, would be happy to pay for this service. Shopping tour every week, residents pay \$5 to be able to do this?
- Council president: Motto: "Elders in action." Staying busy in the home and the community. We have become a non-profit now. Just getting started with this, figuring out our committees and how we track everything. Should be able to get bigger donations and do more to help the home. It is a slow process, but we are looking forward to this change. Are thinking of different fund raisers, maybe try 1 or 2 larger events. We now have a development committee. Will also have a committee to decide how the money is spent. Trying to get more people involved.
- Fundraising: raffling off an afghan on Friday, if anyone is interested.

- Elder: I don't think it is right for resident counsel to give \$20 door price to someone attending a meeting.
- Elder: The happiest I have been in years, I love living here.
- Elder: This is my home and I am very happy here.
- Elder: Please advocate to the legislature that this place needs more money. There is a huge shortage of staff. For example, the exercise room is closed on weekends because there is no longer staff to keep it open. All of the facilities need more staff. Funds are too stringent. Working with individual legislators is extremely important.
- Bob encouraging all elders to reach out to their legislators to help increase awareness and advocacy.
- Elder: Will there be an increase in rates? Bob: Yes, at some point the rates will likely increase. This is all being evaluated.
- Elder: The \$200 allowance that someone gets on payment assistance has not changed over time, yet costs continue to increase. Would like to see this statutory stipend to potentially increase as well so people can pay for toiletries, etc.
- Elder: Movie and lunch outings have been cut back because of staff cuts, these have been missed.
- Elder: Have lost our "talking circle" due to a staff cut, this was a really nice thing to have a group to be able to get together and talk. Board suggested talking with Rich about making space available for residents to meet on a regular basis.
- Elder: Food choice of adding a vegetable is "interesting". Kitchen floor remodel will make life easier for them.
- Meeting from 1230-1, ended early due to low participation

#### 1:00 – Policy review with Emily

- New Policies for FY18: CNA Dementia Specialty Apprenticeship Policy and Procedure (P&P), Hazardous Drugs P&P, Intergenerational student living P&P,
- Recently updated P&P: 02.01 Employment, 02.10 Alcohol and Drug Free work place, 03.02 Pre-admission and level of service, 03.03 Admission and elder care, 03.04 Transfer and Discharge, 10.01 Collections
- P&P in progress in FY2018: 02.04 Employee work attendance, 02.05 Work performance-resident contracts, 03.01 Eligibility – application, 04.09 Restraints, General Pharmacy (10 policies)
- P&P to review update in FY2018: 1.04 Resident Rights and Rules, 01.05 Visitors, 4.03 Resident services Overview, 4.08 health Care Services, 2.02 License Certificate, 2.03 Education, 2.06 Employee health, 2.08 Social media, 2.09 Essential Employees, 3.05 Resident payments, Section 4 Nursing Services (12 P&P), section 5 Nursing Desk Reference (17 P&P), section Emergency (6 policies)
- P&P to review/update FY2019: Section 1 – General (6 P&P), Section 08- Infection Control (P&P), Section 02- Employees (10 P&P), Section 09- Provisional (7 P&P)

- New Policy needs: Donated funds (trusts), Payment Assistance, Resident Smoking/Alcohol/Marijuana, Resident property disposal

#### 245 – Goal setting

- Rates:
  - Need to establish what our costs are
  - How do we catch up? How much is reasonable to expect the state to subsidize
  - Putting together a long term plan making it easier for elders/families to plan
  - What are the resources of our private pay residents, how fast would we put people on payment assistance
  - Board working with resident councils to help them understand rate change methodology.
- Staffing survey/analysis
  - Really need a better understanding of staffing needs before having a long term plan around rates. This helps justify what we are doing, may need to re-class positions, etc.
  - Board to recommend that Mental Health Trust manage grant for staffing study to get unbiased results.
- Capital projects
  - In alignment with facilities that the lowest bid isn't the only thing to evaluate. When DOT takes over, there will still be some DHSS facilities to help manage some of the projects. Also need to look at best value.
  - Pioneer Homes currently has an exception to keep our maintenance staff and facilities separate from DOT.
  - Starting in January, all bids will be performance based value bids.
  - Want to start including Facilities (Mike) in some of the Advisory board meetings (quarterly and at face to face)
  - Consistent messaging
  - Consider having Mike write something for the annual report

#### 4:15 Wrap- Up

- Discussed possibly having elder's design a new logo, Advisory Board as judges. Possible spring time activity.
- Pleased with the direction of the division
- Appreciated the data driven approach
- Strategize session at next meeting
- First week of December? First Tuesday at 8. (December 5<sup>th</sup>)