

2013 Annual Report

Commission on State Veterans Nursing Homes

Introduction

This report is the sixth Annual Report of the Commission on State Veterans Nursing Homes and we are pleased to report again that we find the state veterans nursing homes to be in excellent shape. This report will detail the progress made in the last year in terms of resident care, finances of the homes, capital improvements at the facilities, and recommendations of the Commission. First, however, some background information about the homes may be helpful to persons not familiar with the homes.

Colorado has five veterans nursing homes, four operated by the state Department of Human Services, Division of State Veterans Nursing Homes, and one of which is part of a local hospital district (Walsenburg). The official names of the homes are as follows, although this report uses the commonly used, shortened names of the homes:

Bruce McCandless Colorado State Veterans Nursing Home, Florence

Colorado State Veterans Nursing Home at Fitzsimmons, Aurora

Colorado State Veterans Nursing Home, Rifle

Colorado State Veterans Nursing Center at Homelake

Colorado State Veterans Nursing Home, Walsenburg

Legislation enacted by the Colorado General Assembly in 2007 created a seven member Commission, appointed by the Governor and confirmed by the Senate. Three of the members represent the veterans community and four bring expertise in various sectors of nursing home operations. The statutes set out the following as the functions of the Commission:

- Advise the Office of State Veterans Nursing Homes and each of the individual homes;
- Provide continuity, predictability, and stability in the operation of the homes;
- Provide guidance to future administrators at the homes based on the collective institutional memory of the board of commissioners. (Section 26-1402(2), C.R.S.)

The legislation directs the Commission to obtain information on topics of importance to the successful operation of the homes – the financial status of the homes, the progress of capital construction projects, issues of resident care as reported in surveys conducted by outside agencies, consultant reports, and reports from the division and the state Department of Human Services, and other resources. The Commission has direct access to the consulting contractor working with the homes and the Commission received oral and written reports from this resource at each of its meetings.

Several other sources of information are available to the Commission. Commission members have visited the veterans nursing homes numerous times in order to meet the administrators and the staff, to talk with the residents and their families, and to see firsthand the progress of capital construction projects. This year the information included the implementation of the electronic health records project. The Commission met six times in 2013 to complete its work.

The legislation requires that the Board of Commissioners prepare an annual report of issues and recommendations to be submitted to the Governor and to the Executive Director of the Department of Human Services and that an electronic version of the report be furnished to the Colorado Board of Veteran's Affairs and to the following legislative committees: the Senate Committee on Health and Human Services; the House Committee on Public Health Care and Human Services; and the House and Senate Committees on State, Veterans, and Military Affairs.

This report details the Commission's review of topics discussed at the meetings this year. First, of greatest importance are the measures of quality of care provided by the homes, followed by the census and financial status of the homes, the electronic health records project, the ongoing capital construction and controlled maintenance projects, developments in culture change at the homes, and the possible domiciliary at Fitzsimons.

Measures of Quality

The Commission has essentially three ways of measuring quality of care at the state veterans nursing homes and we receive reports at each meeting concerning these measurements. First, the VA and the state Department of Public Health and Environment each conduct annual surveys at the homes. Further, prior to these surveys, the consultants go to the homes for pre-surveys, designed to find areas that need correction before the VA or state surveyors come to the home. The pre-surveys and the actual survey results are reviewed at Commission meetings.

This fall the VA surveys at Homelake and Florence were excellent. Florence received no deficiencies, meeting all of the VA standards. Homelake had three standards not met and one standard provisionally met. Fitzsimons had a serious deficiency in its state survey due to problems cited with the electronic health records. This problem was mitigated by the home also keeping paper records.

A “dashboard” report is provided at each meeting by the consultants using a national model called MyInnerView. The homes report data on 13 factors, clinical and administrative, that affect quality. Clinical areas are residents without falls, without use of restraints, without unintended weight loss/gain, without use of anti psychotics, without urinary catheters, and without acquired pressure ulcers. Non clinical or administrative areas are nurse and CNA stability, and nurses and CNAs without absenteeism and without turnover, and, finally, occupancy. The division and the homes have also agreed to targets for each of these areas such as the target for residents without falls set at 88 percent and residents without anti psychotics at 95 percent.

For the division as a whole, most areas cited above have been considered stable, meeting the standards set out by My InnerView and the division. One area needing improvement is residents without falls. The homes, with the help of the consultants, are working in several ways to deal with this issue. For example, there are many reasons or causes that result in residents falling and there is no simple, one-time method of eliminating their occurrence. The prevention methods suggested and being put into practice should help and will be given continued consideration by the Commission.

A third effort in improving quality stems from the efforts of the homes in seeking national recognition through the Quality Awards Initiative Recognition Awards program of the American Health Care Association and the National Center for Assisted Living. The program set goals this year to reduce hospital readmissions by 15 percent, to increase staff stability by 15 percent, to increase customer satisfaction to 90 percent, and to reduce use of anti psychotic medications by 15 percent.

This year Rifle received a Tier III award for achieving three goals: for reducing the use of anti psychotic medications, for staff stability, and for customer satisfaction. Homelake also received a Tier III award for reducing hospital readmission, reducing the use of anti psychotics, and increasing customer satisfaction. Fitzsimons received a Tier II award for two incentive goals – reducing the use of anti psychotic medications and for customer satisfaction. These are prestigious awards given for meeting or exceeding the benchmarks cited above.

We would also note that Florence is implementing a plan toward achieving the Silver Level Quality Award and plans to send their intent to apply in November, 2014. Homelake sent its intent to reapply for the Bronze Quality Award this past November.

Census and Financial Reports

As has been the pattern in recent years four of the homes – Fitzsimons, Florence, Homelake and Walsenburg – continue to show strong numbers in their census of residents. Rifle is lagging but they too show slow but steady progress with increasing census. The latest numbers available are for November, 2013 and report the following actual numbers and the percent of occupancy at each home.

	<u>Average Monthly Census*</u>	<u>Percent Occupancy*</u>
Fitzsimons	175	97 %
Florence	92	88 %
Homelake		
Nursing Home	48	80 %
Domiciliary	40	80 %
Rifle	70	79 %
Walsenburg	108	90 %
Totals**	493	89 %

*Numbers rounded

**Excludes Homelake Domiciliary

The other concern in the above numbers is the domiciliary at Homelake which has not fully recovered after the remodeling project was completed two years ago. This facility, located on the campus of the nursing home, had 40 residential units occupied out of the 48 total units. The census for the domiciliary has gradually increased and, given the attractive living space offered in the units, the Commission believes that the gradual upswing in the census will be maintained.

The Homelake domiciliary is important to the adjacent veterans nursing home in several respects. It provides the entire facility with a continuum of care allowing movement between the two programs as the care needs of the residents change. Occupancy at the domiciliary allows the residents to remain independent while still being monitored and having the resources needed for medical, transportation, and meal preparation and medication services. Further, the domiciliary is a primary source of referrals for nursing home admissions for the veterans nursing home, thus being a source of financial importance to the nursing home.

The financial report for the homes continues to be strong. All homes made a profit during the first four months of the present fiscal year. The net operating profit for all homes and for the division was over \$1.1 million (\$ 1,176,695) for the period ending October 31. This number reflects the expenses taken out for depreciation, interest expense and bond/note cost.

Electronic Health Records

The largest project for the division and the homes this year is the undertaking of electronic health records (EHR) at all of the homes. Nursing homes are not required to implement EHR under the federal Affordable Care Act but the Commission is in agreement that the system will have significant benefits for our veterans nursing homes and for the state division. Among the benefits we see are the following:

- Records will be easily and accurately transferred from a doctor's office or a hospital to the nursing home, if necessary, or back to a hospital, for example.
- Nurses notes at a home will be easier to read.
- Physician orders will be easier to read and will have a reduced chance of misinterpretation.
- Indicators of quality (e.g., when falls occur or use of antipsychotic medications) may be more easily tracked.
- The time now taken for manual paperwork will be reduced.
- The homes and the division will have a great amount of data that can be used for analysis of problem areas that need to be resolved, such as possible over reliance on restraints or the extent of use of certain medications.

There is a cost involved in the purchase of computer hardware and software. The estimated price tag for the entire system is \$1.5 million. In addition, due to a number of reasons, the original consultant contract was not renewed and the division is in the process of issuing a new RFP to secure a new vendor to finish the installation and complete the staff training. The scheduled completion of the system is expected in the fall, 2014.

Capital Improvements and Controlled Maintenance

As directed by statute the Commission follows with great interest the progress of capital construction and controlled maintenance at the veterans homes by meeting regularly with the nursing home administrators and by visits to the nursing homes. We also receive updates from the division administrators including the division project manager, Kevin Ross.

Capital construction projects are generally described as projects driven to meet the program needs of the facility, notably additions and renovation projects that affect the operations of the homes. Controlled maintenance projects basically fix things that are broken. Both types of projects continued in 2013. This year there were approximately \$18 million of capital and controlled maintenance projects in place. The amount budgeted for controlled maintenance was just below \$1.0 million, monies dedicated for replacement and upgrades of infrastructure and for equipment needing repair.

Funding for projects of both types comes from VA grants, the 505 central fund of the division, and other sources including donations and funds from the state historical society. The division continues to aggressively pursue funding sources to address the problems of

infrastructure and controlled maintenance. State general fund appropriations have not been available for most of the projects at the homes.

For capital construction, the final touches of landscaping were completed at Rifle for its remodeling project. Rifle was the last of the four homes to receive a major renovation involving almost the entire facility. The total project cost was \$5.1 million with \$2.5 million coming from a VA construction grant, the remainder from the 505 central fund and from donations of citizens interested in the future of the home.

Another significant capital construction project is at Fitzsimons, with parts of the project completed and other parts underway. The heating, air conditioning and life safety components have been completed and work is ongoing on the interior renovation on flooring and walls. The family rooms are refurbished. The major component of the project is the upgrade of the dining and food service on each floor. The dining rooms have upgraded finishes and furniture. A new wall will separate the heritage locked unit from the general population and a new dining room will be provided for the heritage unit. This is a \$3.1 million project, \$2.0 from the VA and the remainder from the 505 fund.

As an example of the competition with other states for VA funding, the division has two programs submitted that, it is hoped, will be included on the VA priority list for the coming year. The VA share of project costs is 65 percent, the state share of 35 percent from the 505 fund. At Florence the fund request is for just over \$1 million and at Homelake the request is for \$1.3 million. The competition for the VA match comes from 20 states that have fulfilled the requirements for VA to consider their applications.

The projects largely address replacement needs. They are for security, interior renovation, food service upgrades – much needed at Homelake – and air conditioning at Homelake. There are also some hazardous materials that need to be addressed. At Florence the projects include security and utility infrastructure improvements.

The Homelake Cemetery

An issue not directly related to the core mission of the veterans nursing homes relates to the veterans cemetery on the campus at Homelake. The General Assembly appropriated just under \$100,000 last year for work on the master plan and Phase 1 construction drawings. Site testing has been completed. The Department of Human Services will report on its progress on the first part of the project to the next legislative session. Phase 1 will provide 73 grave and cremation sites by July 1, 2014. The finished project, after completion of Phase 2, will provide a projected 619 such sites. The Commission also notes its appreciation for volunteers from the area who contributed to the project by clearing land, removing debris, and improving roads at the cemetery site.

Culture Change

With the addition of Rifle this year, all four of the state operated veterans nursing homes are now certified in the Eden Alternative registry of nursing homes. These are homes that embrace the concepts of culture change. This commitment is important to all involved in the nursing homes – residents, their families, the staff and the administration. The state can be proud in the willingness of the homes to undertake the ideas of the Eden Alternative in what has been called a journey, not a destination.

What culture change advocates is a shift from institutional models of care to person-directed values and practices. These values and practices put the resident first by recognizing each person's unique needs, preferences and desires. The values include choice, dignity, respect, self-determination and purposeful living. The ultimate goal of culture change is to have better outcomes and quality of life for all involved, including the persons giving as well as those receiving care.

The vision of the Eden Alternative is to eliminate loneliness, helplessness and boredom, the conditions that are seen as the bulk of suffering of persons living in institutional settings. The Eden Alternative sets out four steps -- "milestones" -- on a journey that is an ultimate goal but never completely reached. In Milestone 1, the word "path" refers to how the development of the setting is a never ending journey. Progress involves small steps taken over time, with new skills being mastered in incorporated into the organization. Nationwide, only eight state veterans nursing homes have been recognized as Eden certified four of these in Colorado.

Milestone 1 has been achieved and the Colorado veterans homes have taken up the challenge of working toward Milestone 2. This milestone involves leadership commitment to spreading culture change throughout the organization and preparing everyone to take a more active role in the initiatives for change. In other words, acceptance into the Eden Alternative registry is a fine first step but the next step is to have the concepts of culture change fully accepted and incorporated into the daily life and culture of the homes. The Commission looks forward to assisting and encouraging the homes in their pursuit of this next part of their journey.

Domiciliary at Fitzsimons

When the land for the Fitzsimons home and domiciliary was transferred to the state, part of the agreement with the Department of Human Services was that the state would provide programs for homeless veterans. The department, over the last ten years, has been engaged in

trying to build the domiciliary. As is well known, however, the overall economy and thus the state's financial situation in the last decade has been uncertain and, in many years, critical. The original design planning, the state studies, and the estimated cost of construction for the state contribution to the project need to be updated. Construction costs would be paid by 65 percent VA funding and 35 percent state match.

The first step required by the VA to get the project moving is for the state to complete a new study addressing a number of questions. Where are the veterans, including the homeless veterans, located? What services are needed and where are they needed? What are the best ways of furnishing the services? These and other questions need to be answered, with the additional factor of making projections for over the next five, ten, and twenty years. Furthermore, programming for homeless veterans at the Fitzsimons campus needs to be carefully planned, with consideration given to how an additional facility will affect the residents, their families, the staff and administration.

The Commission supports moving forward with the RFP for the study as described above. The cost of the study is not to exceed \$175,000. The RFP will be released in a few months and the study may take up to eight months to complete. George Cassidy, Veterans Service Officer for Denver, estimates the number of homeless veterans in Denver to be as high as 900 and a recent physical count reported the number at 680 homeless veterans. No matter which number is used, these are substantial numbers. The study will help determine what will be the most beneficial programs for homeless veterans in the Denver area.

To a great extent, Mr. Cassidy said the homeless are veterans from the Viet Nam era at an age group of around 65 and who need to retire after having spent over 40 years on the streets. These demographics present challenges for the planning programs for this group as well as for the domiciliary at Fitzsimons that would be part of the nursing home campus. The types of programs and the extent of services that can reasonably be offered for this population will be difficult to estimate. A well constructed RFP is critical to the planning for the domiciliary at Fitzsimons, a project the Commission hopes can get underway as soon as possible.