

ANNUAL REPORT 2014

Commission on Veterans Community Living Centers

Submitted to

The Honorable John W. Hickenlooper, Governor, State of Colorado

Reggie Bicha, Executive Director, Colorado Department of Human Services

Members of the Colorado Senate:

Committee on State, Veterans and Military Affairs

Committee on Health and Human Services

Members of the Colorado House of Representatives:

Committee on State, Veterans and Military Affairs

Committee on Health, Insurance and Environment

December 2014

Commission on Veterans Community Living Centers

(Statutory qualifications in parentheses)

James C. Bobick, Chair

(Veteran and designee of the State Board of Veterans Affairs)

Kathleen Dunemn, Ph.D., Vice Chair

Veteran; Professor of Nursing, University of Northern Colorado; member, State Board of Veterans Affairs

(Practicing clinical experience in nursing homes)

Nancy Lee Ferrier, Secretary

Long-Term Care Ombudsman, Denver Regional Council of Governments

(Ombudsman)

Lewis H. Entz

Farmer and retired State Senator

(Veteran)

Karren Kowalski, Ph.D.

President and CEO, Colorado Center for Nursing Excellence

(Veteran)

Justin Martinez

Nursing Home Administrator, Solterra Senior Living, Castle Rock

(Expertise in nursing home operations, current nursing home administrator experienced in nursing home financial operations)

Vacant position

(Expertise in nursing home operations, experience in multi-facility management of nursing homes)

Commission on State Veterans Nursing Homes
Ground Level, 1575 Sherman Street
Denver, CO 80203

Letter of Transmittal

December 12, 2014

The Honorable John W. Hickenlooper, Governor
State of Colorado
State Capitol Building
Denver, CO 80203

Mr. Reggie Bicha, Executive Director
Colorado Department of Human Services
1575 Sherman Street
Denver, CO 80203

Members of the Senate Committee on Health and Human Services; the House Committee on Health, Insurance and Environment; and the Senate and House Committees on State, Veterans and Military Affairs

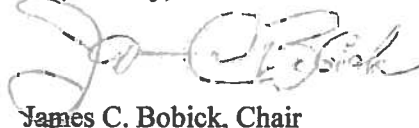
Dear Governor Hickenlooper, Mr. Bicha, and Committee Members:

As required by statute, the 2014 Annual Report of the Commission on State and Veterans Nursing Homes is submitted for your review. It was my honor to chair the Commission this year and I am pleased to report on the numerous important issues addressed by the Commission in 2014.

Commission members continue to demonstrate great interest in achieving the successful operation of the state veterans nursing homes. We believe you will find in this report that the veterans nursing homes have completed a successful year. Members of the Commission appreciate the excellent professional work of the many parties involved in this enterprise.

Speaking for all members of the Commission, it has been our privilege to serve on a commission of importance to the veterans and other residents of the homes, to their families, and to the citizens of the State. We look forward to again working with and assisting these constituencies in 2015.

Respectfully,

A handwritten signature in dark ink, appearing to read "James C. Bobick", written over a light blue circular stamp.

James C. Bobick, Chair

2014 Annual Report

Commission on Veterans Community Living Centers

Introduction

This report is the seventh Annual Report of the Commission on the Veterans Community Living Centers and the first under our new name. The Commission was created by legislation in 2007 under the title "Commission on State and Veterans Nursing Homes" and legislation in 2014 changed the name of the Commission and adopted similar name changes for the four state veterans community living centers. The fifth community is part of the Huerfano County Hospital District in Walsenburg and, by action of the local board, the name of this community was changed to veterans community living center. The state communities are operated by the Colorado Department of Human Services, Division of Veterans Community Living Centers. The facilities are now known as:

Bruce McCandless Veterans Community Living Center, Florence

Veterans Community Living Center at Fitzsimons

Veterans Community Living Center, Rifle

Veterans Community Living Center at Homelake

Spanish Peaks Veterans Community Living Center, Walsenburg

The Commission believes the change to "community living centers" better reflects the mission to the veterans and their families. We provide our residents a community in which to live as productive a life as possible, not a home in which to linger and die. The communities represent the shared values of the residents who have served their country. The staff at each community, the division staff and our Commission is committed to the goals of serving our veterans with respect and dignity.

The remainder of the 2007 legislation remains unchanged. The Commission has seven members, one a designee who serves as liaison to the state Board of Veterans Affairs, two veterans, a nursing home ombudsman, and three persons with expertise in different phases of the operation of nursing homes. All members are appointed by the Governor and are subject to confirmation by the Colorado Senate.

The duties of the Commission are:

- Advise the division of State Veterans Community Living Centers and each of the individual communities;
- Provide continuity, predictability, and stability in the operation of the communities;
- Provide guidance to future administrators at the communities based on the collective institutional memory of the board of commissioners. (Section 26-12-402 (2), C.R.S.)

The Commission is required to prepare an annual report of issues and recommendations from the board to be submitted to the Governor and to the Executive Director of the state Department of Human Services. In addition, an electronic version of the report is to be furnished to the Colorado Board of Veteran's Affairs and to the following committees of the Colorado General Assembly; the Senate Committee on Health and Human Services; the House Committee on Health, Insurance and Environment; and the House and Senate Committees on State, Veterans, and Military Affairs.

The Commission met five times in 2014. Reports were received from the division on the financial condition of the communities, the census at each community, the status of surveys by the VA and the state Department of Public Health and Environment, and other matters of concern to the communities and the division. The private consulting firm employed by the state Department of Human Services visits each of the communities on a regular basis and reports at each meeting on their findings and recommendations pertaining to the communities. The community administrators report on a regular basis on the activities, opportunities and plans for each community. With reliance on these and other resources, the Commission believes that it can submit an informed, accurate report not only on our work but also on the performance of the communities.

Quality of Care

The division and the communities have established 13 measures or benchmarks of quality of care, with target goals which the communities strive to meet. The success in meeting these goals are reported to the Commission as "dashboard measurements." Six of the benchmarks pertain directly to resident care and seven are important measures that relate to staffing at the communities and to the occupancy rate at the communities. The benchmarks and the targets follow:

Residents without falls – Division target is 88 %
Residents without anti psychotics – target 95 %

Residents without acquired catheters – target 93 %
Residents without abnormal weight loss/gain – target 98 %
Residents without pressure ulcers – target 98 %
Residents without physical restraints – target 98 %

Nurses without absenteeism – target 98 %
CNAs without absenteeism – target 98 %
Nurse stability – target 75 %
CNA stability – target 63 %
Nurses without turnover – target 98 %
CNAs without turnover – target 98 %
Occupancy – target 91 %

These standards have been set high for the communities to attain. The consulting firm under contract with the division, VIVAGE Quality Health Partners, reports at every meeting on how well the communities are doing in meeting these benchmarks. Two areas in particular that have received considerable attention this year are the prevention of falls and the reduction of use of anti psychotic medications. In both these areas the consultants have engaged the staff in education and training. An example in the prevention of falls is a specialized service called the Guardian Keeper program in which staff persons are on assigned rounds of every 15 minutes to check on those residents who are at high risk of falling. These checks are to make sure that the residents who are at the highest risk of falls have their needs met in anticipation of their doing something on their own that could lead to their falling. The dashboard measurement of resident falls for the division has been in the range of 80 percent, with the target set at 88 percent.

Education and training are key parts of reducing the use of anti psychotic medications used in controlling aggressive behavior. In order to reduce the use of medications the staff needs to consider alternative approaches rather than to think first of medications. This requires an individualized approach and an understanding of each resident so that residents are not being harmed by either the over-use or, for that matter, the under-use of medications.

The chief medical officer for the state Department of Human Services has been working with every community, going through every resident record, asking “Why is this resident on this medication; are other interventions possible?” The goal is to make sure that the medications are appropriate so that residents are not being harmed either when they need, or do not need, anti psychotic medications. In the use of anti psychotics the standard has been set high at 95 percent non-usage while the dashboard reports have been in the range of 88 to 90 percent for the division as a whole.

In general, we find that the communities are in conformity with the other benchmarks, usually within a few points of the targets, sometimes exceeding the targets. In particular, the categories directly related to resident care – residents without catheters, without pressure ulcers, without physical restraints, without abnormal weight gain/loss – have been reported most frequently as stable areas.

The benchmarks that pertain to staffing -- nurses and CNAs absenteeism, stability, and turnover -- are areas that have shown some volatility. A relatively few resignations or instances of absenteeism can, for example, place a community some distance from the established benchmarks. The Commission has found nothing that would be considered alarming in the swings of personnel issues as the communities have largely been within acceptable range of these benchmarks.

Another way of looking at quality of care offered by each community are the results of the annual surveys conducted by the VA and the state Department of Public Health and Environment. Both surveys are unannounced and may occur at any time between nine and fifteen months after the last survey. The VA surveys in 2014 reported that all standards were met at all of the state communities, with zero deficiencies noted.

The state survey lists 175 possible quality inspection tags and 76 possible life safety tags. The state survey results show that the number of deficiencies for the veterans communities ranged between four and seven, below the state average for all facilities in Colorado of 8.9 deficiencies or "tags." Deficiencies at the veterans communities in 2014 were in three categories: "D" involving one resident (10 tags); "E" for an incident occurring more than one time (9 tags); and "F" for numerous incidents (4 tags). No tags were given for the most severe level of deficiencies – "G", "H" and "I" – where actual harm to residents would be found. Following the surveys, all of the state communities submitted their plans of correction to the state Department of Public Health and Environment and were deemed to be in compliance.

Another measurement of the quality of care is the certification of the state communities in the long-term care Eden Registry. The Commission has reported previously on the success at all of the communities in having attained inclusion in this registry, meaning that they have embraced the Eden philosophy and are actively implementing culture change. The communities are working toward the higher levels of achievement under the Eden philosophy and its vision for the communities – to eliminate loneliness, hopelessness, boredom and to recognize resident dignity, respect, self-determination and purposeful living.

Financials and Census

All of the communities are financially sound. Each community was profitable this year and the division, as a whole, made a net profit, after depreciation and bond/note costs, of \$3.4 million. The census for the division has been running an average of 88 percent occupancy, just under the benchmark goal of 91 percent. The one community that has been lagging in its census is Rifle which has been in the mid- 70 percent of occupancy. For the other homes, the census remained strong with the October, 2014 report showing 88 percent occupancy at Florence, 90 percent at Fitzsimons, and 92 percent at Homelake.

Rifle continues to work on improving its census but several factors contribute to this situation. Rifle is somewhat isolated from a population center of significant size, Grand Junction being the closest city but still about 50 miles away. The distance factor for the entire western slope makes it difficult for many families to visit their loved ones if they reside in Rifle. The regional hospital district has a nursing home literally next door to the Rifle community, so referrals from the hospital are typically made to the hospital district facility rather than to the veteran's community. There is actually a wait list for admission to Rifle but the VA requires that at least 75 percent of the census be veterans. The wait list consists primarily of veteran's spouses and Gold Star parents.

These are some of the challenges facing Rifle. The Rifle administration, the division and our Commission are working on ways to help this community prosper. To the credit of this community, it has made a profit and has not had to rely on the other communities for financial support.

Electronic Health Records

An ongoing effort is the implementation of electronic health records at all of the communities and with connectivity to the division. At this time the system is in place and running at Florence, to be followed by Homelake in January and by Rifle and Fitzsimmons around March 1. The program is designed to handle both the business and clinical care aspects of the operation. Training on both is critical for the success of the program and the division is pleased with this work by the private vendor selected to install the system. Employees at the communities have adapted to the system due to the successful training sessions presented by the vendor, the division staff and the trained staff at the communities.

There are many advantages to the use of electronic health records. There are efficiencies gained in recording staff notes. Errors may be prevented due to misreading of handwritten medical orders and time is saved in not having to manually record various operations at the facilities. There will be a great deal of data not previously available that can be used to analyze

problems on a system wide basis, such as when and where residents had falls or what measures are being taken with residents who exhibit behavioral problems.

Another project underway is a survey contracted with a private consulting firm which is known as the future needs project. This project addresses a number of issues, seeking to make projections for five, ten and twenty years out for future needs of our veterans, male and female. The survey will answer a number of questions: Where are the veterans now living? How many veterans are homeless? What are their ages? What services will be needed? How can these services be provided?

The survey of the present veterans and the projections for the future will serve as the baseline for a possible expansion of services at Fitzsimons and for consideration of other future needs. A study of this type is required by the VA before funds can be allocated for an expansion project, in this case an addition at the Fitzsimons campus. The survey is expected to be completed by the end of the year.

Changes in Staffing

This year saw some staffing changes at the highest levels at Fitzsimons and at the division level. A new nursing home administrator was hired at Fitzsimons but this person was there for only a few weeks before he found that this position was not a good fit for him. He resigned and a new administrator is now at this community. At about the same time the administrator resigned, the assistant administrator also left thus creating two top level administrative openings. Both positions have been filled and the Commission is confident the Fitzsimons is being well served with these leadership changes.

Another person, the director of the division, resigned after a short tenure in this position. In order to provide continuity, Viki Manley, Director of the Office of Community Access and Independence in the Department of Human Services, is also serving as Acting Director of the division. This arrangement will continue until decisions on a new director are developed.

Construction Projects

With the major renovation of Rifle completed last year, the physical plant of all of the communities are now in resident friendly condition. This statement also applies to Walsenburg which completed a \$4 million renovation project last year. There are, however, ongoing needs that continue to be addressed. Fitzsimons is close to 15 years old and an interior renovation project of just over \$1 million is nearing completion. Kitchen renovations of \$500,000 each are in progress at Rifle and Homelake. Smaller replacement upgrades and repairs of equipment,

under the heading of controlled maintenance, always need attention. The most sensible policy is to keep ahead of these repairs and needed improvements.

The ultimate use of available land for expansion of Fitzsimons is a major priority. Our contracted study will provide significant data needed for the specific design and construction requirements for a domiciliary to provide continuity of care on this campus. However, the future needs project is not limited to Fitzsimons. The project covers the entire state, endeavoring to find where programs are needed, how can we enhance our current programs, and what priorities should be our primary focus.

Our members are honored to serve on the Commission. Through concerted efforts and continuous fact finding, the State of Colorado is and will continue to provide superior services to meet the needs of our veterans and their families. This, above all, is our ultimate goal.