

Annual Report, 2016

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 Public Health Care and Human Services

Member of the State Board of Veterans Affairs

January, 2017

Commission on Veterans Community Living Centers

(Statutory positions in parenthesis, C.R.S. 26-12-402)

Kathleen N. Dunemn, Ph.D., Chair

Veteran, Professor of Nursing, University of Northern Colorado
(Practicing clinical experience in nursing homes)

Karren E. Kowalski, Ph.D. , Vice Chair

President and CEO, Colorado Center for Nursing Excellence
(Veteran)

Cheryl A. Kruschke, Ed.D., Secretary

Associate Professor, Loretto Heights School of Nursing, Rueckert-Hartman College of Health Professions, Regis University
(Expertise in nursing home operations and experience in multi-facility management)

Anne K. Meier

Colorado State Long-term Ombudsman, Disability Law Center, Denver
(Ombudsman)

Ruth E. Minnema

Clinical Administrator, Shalom Park, Aurora
(Expertise in nursing home operations and nursing home administrator at the time of appointment; experience in financial operations of a nursing home)

William L. Robinson

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

Richard E. Young

(Veteran)

Stan Elofson, Board Administrator

Commission on Veterans Community Living Centers
Tenth Floor, 1575 Sherman Street
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January 1, 2017

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

Members of the State Board of Veteran's Affairs

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

The 2016 Annual Report of the Commission on Veterans Community Living Centers is attached for your review.

The Commission on Veterans Community Living Centers was created by statute to provide continuity, predictability and stability in the operation of the homes, and to advise the Division Office and each of the communities with its recommendations. The Commission meets six times a year. At these meetings, the Commission routinely receives updates on issues of interest, such as, quality of care, survey results, census and financial conditions of each of the communities. The Commission then discusses this information with the Division Office and, as needed, makes recommendations.

During 2016, the Commission visited and held a meeting at each of the four veterans' communities. The purpose of holding the meetings at each of the Veterans Community Living Centers was for the Commission members to have the opportunity to interact and have personal communication with the residents, staff and Veterans Community Living Center leadership. At each of the four communities, in addition to staff and veterans' community leadership, there were one or more residents attending the Commission meetings. Feedback regarding the holding of open Commission meetings on-site was very positive. Due to the success of the on-site meetings during 2016, the Commission plans to visit and hold meetings at each of the four Veterans Community Living Centers during 2017.

Kathleen N. Dunemnn, PhD, APRN, CNM, Chair
Colonel (Retired) US Army
Commission on Veterans Community Living Centers

Annual Report 2016

Commission on Veterans Community Living Centers

Introduction

Colorado has five Veterans Community Living Centers, four operated by the state Department of Human Services, more specifically the Division of Veterans Community Living Centers (Division), and one that is part of a local hospital district located in Walsenburg. The official names and the locations of the centers are as follows but this report will use the commonly used names, which is by location:

- Bruce McCandless Colorado Veterans Community Living Center, Florence
- Colorado Veterans Community Living Center at Fitzsimons, Aurora
- Colorado Veterans Community Living Center at Homelake
- Colorado Veterans Community Living Center at Rifle
- Spanish Peaks Veterans Community Living Center, Walsenburg

The Colorado General Assembly enacted legislation in 2007 to create a seven-member commission, now titled the Commission on Veterans Community Living Centers (Commission), with the following duties assigned under the Colorado statutes:

Advise the Division of Veterans Community Living Centers and each of the individual homes, including

- the completion of the Fitzsimons State Veterans Community Living Center to provide a continuum of resident care options (HB 16-1397);
- 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 26-12-402 (2), C.R.S.)

The Commission is also directed to “Endeavor to ensure that the highest quality of care is being provided at the veterans centers and that the financial status of the veterans centers is maintained at a sound level.”

The Commission is a seven-member board appointed by the Governor with different backgrounds and areas of expertise that relate to the operation of the centers. Three appointees are veterans, one of whom is the designee of the state Board of Veterans Affairs who serves as liaison to that Board. Three appointees must have expertise in nursing home operations with one person being a nursing home administrator at the time of appointment with experience in the financial operations of nursing homes, another person having practicing clinical experience in nursing homes, and the third person having experience in multi-facility management of nursing homes. The final appointee is from the Office of the State Long-Term Care Ombudsman or a local ombudsman recommended by the State Ombudsman.

The Commission has taken a new approach this year by visiting the four state veterans community living centers: Florence in February; Fitzsimons in April; Rifle in June; and Homelake in November. These visits gave our members the opportunity to meet and hear directly

from residents, the staff and the administrators and to tour the facilities to better understand the present and future needs at each location. The Commission wanted to assure the residents of its commitment to their well being. The Commission was impressed by the professionalism of the staff and the care and attention given to the residents. The range of activities offered to residents, the quality of the meals and the availability of food options, including snack bars, also impressed the Commission.

Comments from the residents during the visits were exceptionally positive; a veteran at Rifle commented that “although [the center] is not home, it is as close to home as you could ever get. I truly love the center.” Many others concurred with this statement. Part of the reason for this sentiment may be found in a comment of Barbara Grossman, Nursing Home Administrator at Rifle, who said she sees the center as unique in nursing homes by fostering camaraderie among the residents that is perhaps something the veterans have missed since their leaving the service. This atmosphere differentiates this center from the private nursing homes where Ms. Grossman had been an administrator.

The Commission held two other meetings in Denver during 2016 . Topics covered at both meetings included the resident census, the financial condition of the centers, reports of the annual surveys by the federal Veterans Administration (VA) and the state Department of Public Health and Environment, the marketing outreach by the Division and other matters outlined in this report.

Census and Financial Reports

The centers and the Division are classified as enterprise institutions. The census becomes the principal driver of revenue at each center. The primary revenue streams for operating the centers are Medicaid, VA reimbursement and private pay from some residents. The state Board of Veterans Affairs and gifts and donations fund a variety of improvements that directly benefit the lives of the residents, but are not used for operating costs.

It is therefore a matter of great importance that the financial viability of the centers be closely followed by the Commission, beginning with the census numbers. The year 2016 began under difficult circumstances with Fitzsimons, Florence and Homelake all under quarantine with norovirus outbreaks that prohibited new admissions for two to three months. The second half of the year, however, showed a turnaround in census numbers. Average census totals for each of the state centers in January 2016 compared with the average for September to December 2016 are as follows:

Location	January 2016 Census	Average Census (September – December 2016)
Fitzsimons	161	164
Florence	79	87
Homelake Skilled Nursing Domiciliary	47 33	49 37
Rifle	67	71
Total	387	408

The end of fiscal year, June 30, 2016, showed net operating losses at three of the centers – Florence, Homelake and Rifle – and a profit at Fitzsimons. The total net loss for the Division was \$3,233,697 for the fiscal year 2016, including the pension expenses recorded for the General Accounting Standards Board (GASB), as discussed below. The current fiscal year shows improvement with a net profit of \$321,680 for the three-month period of July through September. The financial goal for the current fiscal year is for each center to have a profit of three percent or better.

The loss of over \$3.2 million was in large measure due to the requirements of GASB 68 in accounting for pension liability. State entities in Colorado, as cost sharing employers, participate in a defined benefit retirement plan for which they are now required to record their proportionate share of unfunded pension liabilities in their financial statements. For the veterans centers the recorded pension expense was over \$2.9 million as a non-cash operating expense. Subtracting this loss from the total, the Division loss would have been less than \$300,000.

Marketing

The Division has undertaken an initiative to improve the census and increase the presence and knowledge about the centers within the state. This effort has resulted in the increases in the census numbers seen in the last six months. One of the significant marketing approaches is the building of relationships with physicians and hospital discharge personnel and in reaching out to veteran's organizations. Along with personal visits to individuals and organizations, written information that contains the positive feedback about the centers from families, spouses and residents has been prepared.

The outreach through the many speaking engagements has been successful in educating veterans and active duty service members about the centers. What has been found is that, first, people know nothing about the centers, or, second, they thought the centers were VA homes, or, third, they thought the centers are a place of last resort. The meetings with referral sources are focused on communicating the excellent care provided at our centers, the camaraderie with fellow veterans and the beautiful environment at each of the homes. Commission members have requested that they participate in future educational presentations throughout the state.

Quality Improvement by the Division

The Commission is in full support of a new initiative of the Division that is providing staff education, training and coaching in building the competencies of the staff and in meeting the regulatory demands, including the annual surveys, of the centers. The Division staff is visiting each center eleven times a year, spending at least two days a month at each center, to provide educational services and to build a curriculum for staff competencies. The use of in-house capabilities has had very beneficial effects.

Taking as an example the annual surveys of the state Department of Public Health and Environment and the VA, the change in approach is to create a continual readiness program with the goal of providing a continuing higher level of service to the residents. The annual survey can provide a snapshot of a center but the lives of residents will be improved by the regular training of the staff.

The Division staff is collaborating with the teams at each center in preparing for the surveys, in coaching the staff in their interactions with surveyors, and in creating the corrective action plans following the

surveys. The plan is to provide a pathway for growth for staff members so they will be prepared to assume leadership roles when other staff members leave.

Rapid changes are occurring in long term care. Staff training consisting of videos from ten years ago is not sufficient education for present day needs. The educational effort in progress is centered on evidence-based practice, asking questions, such as: Is there a better way of assisting residents? What is the evidence for providing the best care? What new practices can we adopt? An important component is for the staff to have knowledge of how to take care of residents as they first enter the centers. These are some of the issues being addressed in this educational enterprise.

One further notes that is a sidebar to this project. The centers and the Division staff are preparing an inventory of equipment at the centers, listing the equipment by the year purchased, in order to start budgeting for replacement in a systematic manner, not just when emergencies occur. Outdated equipment and equipment that had been subject to recall or that is intended for home residential use will be replaced. Supplies with expired dates are being removed.

One other development to be mentioned is a “cross pollination” effort to use the expertise at one home to assist a second one. In one case, Rifle needed assistance in filling the vacant dietitian position and Fitzsimons provided this coverage. When the position was filled at Rifle, dietitians from Fitzsimons spent additional days in orienting the new person and continued their follow up with phone conversations. This approach of using our own resources will be taken in additional areas including pharmacy and social work.

Problems of Staffing and Actions Taken

Difficult problems of staffing of registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs) face administrators of all health care facilities. This is true not only in Colorado but in many other areas of the country. Fitzsimons, Florence and Rifle all experienced nursing shortages at some point during the year and predictions are that the demand for nurses will increase in coming years. The Colorado Center for Nursing Excellence reported several reasons for the nursing shortage, one being that the number and percentage of nurses reaching retirement age is greater than the number of nursing graduates. The report continued by stating that Colorado, with its growing population, must develop its own capacity to meet the needs of our residents as the state can no longer rely on other states to fill the profession as other areas also face nursing shortages.

At Fitzsimons, the Commission was told that the nursing and CNA staffing is incredibly competitive between hospitals, rehab facilities and nursing homes in the Denver area. The good news in September was that Fitzsimons was then fully staffed. Rifle is faced with competition for staff with the expansion of the private nursing facility literally next door and a new nursing home and assisted living facilities in Grand Junction, 40 miles away. LPN positions have been “nearly impossible” to fill at all of the centers.

The Commission is continuing to look at incentives to recruit, and then to retain, the nursing workforce by financial incentives or by creating ladders for advancement in the profession. One step that has been taken is the establishment of a CNA training program at Rifle. The program is a ten-week course at the center under the supervision of the Staff Development Coordinator. The results are that two participants completed their training in June 2016 and seven more became fully licensed CNAs in October 2016. The third class of ten students began their training in October 2016. Each session is capped at ten students but interest is great enough that other applicants have been turned away. The additional

CNAs at Rifle will allow the center to open up more beds in the memory care unit which has had a waiting list for admissions.

The 75 Percent Rule

The Commission has taken an active role in advocating a change in a regulation of the VA that requires that 75 percent of the residents at our homes be veterans and that no more than 25 percent may be veterans' spouses, widows or Gold Star parents, the latter being parents whose children died while serving in the military. The 75 percent requirement is a condition for the homes to receive per diem payments from the VA.

The Commission supports a rule change to lower the 75 percent threshold to permit more family members to reside in the homes provided, of course, with an assurance that no veteran would ever be turned away from admission to a center. Another approach could be for the centers to request a waiver of the rule, based on demonstrated need such as having a waiting list of qualified family members.

The Commission favors this recommendation for change for two reasons. First most of the centers have had wait lists in the past and Homelake currently has such a list with 23 spouses or other qualified family members. Many on this list could be admitted at once if the rule were changed or have a waiver granted. Beds are available at Homelake, both in the skilled nursing facility and in the domiciliary with the home's census being around 80 percent capacity.

A second reason for advocating a change in the rule is in the unfortunate turning away of individuals who would cause the census to be in violation of the regulation. There have been times when a home could not admit the spouse of a veteran who had wanted to live with his or her spouse because the home would then be out of compliance with the rule. The centers are very vigilant in maintaining compliance with the 75 percent rule and no doubt have lost potential residents when they could not admit an otherwise qualified family member. In these circumstances the applicant to our home might very well need to find an alternative nursing home at our loss.

Homelake Cemetery

Maintenance of the veteran's cemetery on the campus of the Homelake Veterans Community Living Center should be a state responsibility, not an expense borne by the central fund of the Division. Personnel from the Homelake center have been doing the lawn care, tree trimming, and the resetting of grave stones, some of which date back to the veterans of the Civil War. Homelake has also been paying the water bill for the cemetery grounds which are extensive.

The Commission is strongly convinced that the upkeep of the cemetery, and the expenses incurred, should be considered a valid state responsibility, not one paid, in effect, by the residents of the four state veterans centers. It is also a doubtful expenditure use of moneys received from the VA, Medicaid and Medicare which are intended to be used for living residents in our centers, and not intended for cemetery upkeep. A total annual appropriation from the General Fund of \$38,560 is estimated to cover the cost of maintenance of the cemetery and the Commission encourages the Department of Human Services to seek these funds.

Legislation in 2016 – Fitzsimons Expansion

The Commission commends the General Assembly for legislation enacted in 2016 that will directly benefit veterans in Colorado. House Bill 16-1397 concerns the completion of the Fitzsimons Veterans Community Living Center in order to provide options for continuum of care at that campus. The Commission has a role under this legislation to “Advise the office... and veterans community living centers...including the completion of the Fitzsimons Veterans Community Living Center in Aurora.” The bill further states that the Department “shall seek input, as appropriate, from the (Commission), the state Board of Veterans Affairs, and a statewide coalition of veterans organizations.”

The legislation directs the Department of Human Services to work expeditiously to develop the vacant land north and south of the present center with the project to be exclusively for veterans or qualifying family members of veterans. The options include, but are not limited to, domiciliary and assisted living, transitional housing, permanent supportive housing, and any other residential or supportive services as needed or beneficial. Quarterly reports to the appropriate legislative committees are required.

A Fitzsimons Advisory Group of ten stakeholders, including Mr. Robinson of the Commission, representatives of veterans’ organizations and community leaders from the area, was appointed to follow these studies and to offer suggestions to the consultants. The life of this committee ended in mid-November 2016, after two consulting groups had submitted their reports. The Commission was concerned that the stakeholders continue to have a voice after the advisory group was scheduled to be disbanded and the group will be continued into 2017. The Commission also recommends that residents and staff at Fitzsimons be consulted on plans for expansion.

Advanced Practice Registered Nurses (APRNs)

The possible use of APRNs at the veterans centers was discussed in some detail in the 2015 Annual Report of the Commission and the Commission again points to the advantages of their appointment at the centers. The scope of practice of APRNs in Colorado “may include, but is not limited to, acts of advanced assessment, diagnosis, treating, prescribing, ordering, selecting, administering, and dispensing diagnostic and therapeutic measures.” Prescribing medicine is permitted if the APRN has been granted that authority by the state Board of Nursing.

The 2015 Annual Report advocated for the collection of data on matters such as the frequency of hospitalization of residents and the treatment stemming from hospitalizations, the appropriate actions based on lab results, and the frequency of physician visits at the centers. The case for consideration of hiring APRNs is in recognition of the shortage of medical doctors in at least some of the rural areas of the state. When these vacancies occur at the veterans centers, the Commission recommends the collection of data as noted to determine the possible advantages of hiring APRNs to fill these positions. With the VA granting APRNs the ability to practice to their full education and training in VA centers, it makes sense for Colorado to consider this approach. The final rule came down on December 13, 2016.

Employee Recognition

The Commission recognizes the accomplishments of two outstanding administrators at Rifle -- Barbara Grossman, Nursing Home Administrator, and Jane Joyslin, Staff Development Coordinator -- to whom the Department of Human Services awarded the Elevation Award for outstanding performance. Ms. Grossman is largely responsible for the increase in the census at Rifle that has resulted in that home

becoming profitable for the first time in many years. Ms. Joyslin developed and is the administrator of the important and successful CNA training program at Rifle.

Issues and Recommendations

Staffing. One of the most critical issues facing the Veterans Community Living Centers is the staffing of nurses at all levels -- RNs, LPNs and CNAs. There is a nationwide shortage of these professionals and Colorado is no exception in this problem. There is tough competition from other health care providers for nursing staff at all levels at every one of the veterans centers.

Recommendation. The Commission encourages the Human Resources Division of the Department of Human Services to address salary issues applicable to the recruitment and retention of the nursing staff. Further, we support the division successful CNA training program at Rifle and that it explore ways other than salaries to benefit nursing professionals, e.g., employee recognition, time allowed from work for further education, and tuition assistance or loan forgiveness programs.

Homelake Cemetery. The veteran's cemetery at Homelake is an expansive area with some of the gravestones going back to 1891. The Homelake veterans center has been paying for the maintenance of the cemetery out of operational funds.

Recommendation. The Commission recommends that the General Assembly appropriate an amount of \$38,560 per year for maintenance of the Homelake cemetery. This appropriation would recognize that the cemetery is a state responsibility, not one that the residents of the veterans centers should bear. A state appropriation would honor the service of the veterans buried there.

75 Percent Rule. The Commission has taken a lead role in seeking relief in a rule of the VA that a minimum of 75 percent of the residents at a veterans center be veterans and that no more than 25 percent may be spouses, widows or Gold Star parents of veterans. The 75 percent requirement must be met as a condition for the centers to receive VA per diem payments. Our veterans centers have had wait lists for qualified family members to be admitted – Homelake has 23 people on its current list – and beds are available. There have been instances in which a spouse of a veteran could not be admitted as the home would then be out of compliance with this regulation.

Recommendation. The Commission recommended a rule change to lower the threshold in a manner that would permit more qualified family members to reside in the homes, with the assurance that no veteran would be turned away. This recommendation was forwarded to the Department of Human Services and to the Governor who then contacted members of the Colorado Congressional delegation. The members of Congress have responded favorably to this matter and corrective action is expected to be considered by the Congress in 2017.

The Fitzsimons Expansion Project. The General Assembly included a role for the Commission in the enactment of House Bill 16-1397, concerning the completion of the Fitzsimons campus to provide options for continuum of care. The Commission is to “Advise the office...[on] the completion of the Fitzsimons veterans community living center in Aurora.” Further, the Department of Human Services is to “...seek input, as appropriate, from the Commission...”

Recommendation. The expertise and decades of experience of Commission members in the planning of the design and programmatic aspects of nursing homes and related functions would serve the Department well in the development of the Fitzsimons campus. The Commission requests that it be involved in the various stages of the expansion project as the project moves forward. We also suggest that other individuals need to be involved, including residents and staff members at Fitzsimons.

Quality Improvement. A new initiative of the Division dedicates its staff for education, training and coaching for personnel at the veterans centers. Two Division staff members visit the centers at least two days a month to work with the homes on a training program. A standard curriculum for staff competencies is being developed and attention is placed on meeting the regulatory demands, including surveys, on a continual readiness basis, not just before the surveyors arrive. The Commission has no specific recommendations except to acknowledge that this is a vital program that we wholeheartedly support.

Advanced Practice Registered Nurses (APRNs). The Commission renews its recommendation in its 2015 Annual Report that APRNs be considered as an addition to the present arrangements for medical care at the veterans centers. Such appointments would be based on data collected on resident care about clinical practices, hospitalizations, and physician visits. When physician vacancies occur, especially in rural areas experiencing a shortage of physicians, these data could help to determine possible advantages of using APRNs to fill these positions.