

Illinois Family Council Conference Call Minutes

February 27, 2007, 7:00-8:00 PM CST

Topic: Nursing Home Staff Roles: What They Are and What They Mean For Family Members

Speaker: Gale Arrieta, Director of Nursing, St. Francis Nursing and Rehab Center

Moderated by: Alicia Loucks, Illinois Citizens for Better Care

With support From: The National Citizens Coalition for Nursing Home Reform

Gale Arrieta:

- St. Francis is 124 bed skilled rehabilitation
 - Fed by St. Francis Hospital
 - Most residents are from community (Evanston)
- Long-term care rules mandate skilled nursing homes to have an Administrator, MDS Coordinator, Director of Nursing, Social Services Director, and Dietician.
 - Administrator – runs business aspect of nursing home. In charge of budget. Ensures facility follows state and federal long-term care rules.
 - Director of Nursing (DON) – manages nursing department
 - MDS (care plan) Coordinator – directs the plan of care for every resident, and sends information to public aid.
 - Social Services Director – makes sure psychosocial needs are met, does discharge planning
 - Dietitian – monitors residents' weight, directs operation of dietary department
 - This team reviews plan of care every quarter (care plan meeting)
- Most effective ways to address issues is within the department
 - Go up the chain of command
 - CNA → Charge Nurse → DON
- Has an open door policy
 - Has increased census
 - Helps resolve problems
 - Increases level of communication with families
- Do not have functioning family council; believes this is due to their (administrator and DON) open door policy

Family Council Question and Answer:

Family Member 1:

- How typical is your staffing – the division of labor among nursing staff. How typical is the division of labor?

Gale:

- We went from 2.5 to 3.1 nursing hours
- St. Francis is owned and operated by the Sisters of the Resurrection
- Typical staffing for their long-term care facilities.

Family Member 2:

- How do you define nursing hours (2.5 to 3.1)?

Gale:

- It is a figure of how many residents we have in the building, how many shifts we need to take care of a particular resident.
- We staff the building according to census.

Family Member 2:

- How does that correspond to direct one-on-one service that a resident can expect to receive from staff members?

Gale:

- There are 2.9 nursing hours per patient per day.
- Residents will probably receive more CNA time than nurse time.

Family Member 3:

- How can we verify that CNAs are certified by IL,
- How can we verify that the facility is training them on how to take care of patients.

Gale:

- There are many CNA schools.
 - Are 4-6 weeks long.
- After the school, they are put on a list to take the state test.
 - Do background check
 - Each facility also does a background check, and drug test.
 - Then added to Nurse Aide Registry.
 - No one with a criminal background is on the Nurse Aide Registry.
- Each facility should have an orientation program for new graduate CNAs.
- Individuals can go on the Nurse Aide Registry to look up staff.
<http://www.idph.state.il.us/nar/home.htm>
- Every facility is required to do 12 hours of continuing education credits per year for CNAs.

Family Member 4:

- Successfully advocated to have staff posting broken down by wings.
- Also list names of who is working where – helpful for family members to find staff
- Does your facility have a book to tell aides particulars about residents (when to get them up, etc.)?

Gale:

- In each residents closet, “the CNA care plan” for the particular resident.
 - what I have done for the resident,
 - what I need to do for the resident. Does he use a cane? Does he use a wheelchair?
 - CNAs are required to document in the book if they gave a bath, how much did they eat, how did they sleep, etc.

Family Member 5:

- Care Plan Book sounds wonderful. Is something like this mandated?
- What is the Nurse Aide Registry website?

Alicia:

- This is not mandated by law, but is something that family members can advocate for.
<http://www.idph.state.il.us/nar/home.htm>

Family Member 6:

- Are the 12 CEU (continuing education units) hours on the job training or classroom training?
- Many homes use agency nurses; are they required to meet the same standards?

Gale:

- Agency nurses and agency CNAs are required to meet the same standards, get the same education.
- An agency nurse is a nurse that is called when there is a staff shortage. This person is not dedicated to the facility at all. I do not use agency nurses.
- In my facility, we have specific orientation classes, and specific people to do them.

Family Member 7:

- What's the recourse if training is not being done for CNAs? Is there training for the supervisor to observe the patients?

Gale:

- I would suggest meeting with the administrator, the activity director, and ask them to show you what the training is, what the activities are. They should be able to show you how they train their staff, and show you papers that they have trained their staff.
- Make a list of the things that are bothering you, and take them to the administrator and the DON.
- If the responses are not what you think they should be, your next recourse would be your ombudsman. Your ombudsman is your best advocate; he/she is the resident and the resident's family's representative. In Chicago, they work for the city of Chicago. You can also call the IL Department of Public Health (IDPH)

Alicia:

- Putting things in writing is very powerful.

Family Council Share: What is Your Family Council Doing?

Family Member 8:

- Two challenges:
 - Concern that ID badges are not always worn, and when worn, are not always visible. We brought this to the attention of the administrator, who took it up with the DON, and the DON replied to the Family Council in writing. Now, all nursing assistants and nurses have to have a visible ID, and if they don't, they are verbally warned the first time and disciplinary

action follows for a second offense. We need to stay on top of this to make sure it is working.

- Cultural differences between staff and residents can make communication difficult. The home is trying to hire more bilingual staff.
- Gale: Are you using the ombudsman? You should find out who your ombudsman is. This is part of their job.
- Alicia: It is a good idea to CC the ombudsman so that they have the information in writing about the issues that you are working on.

Family Member 9:

- What is a surveyor, and when a new person comes to a nursing home, is the family told about the comment forms to report good and bad things?
 - Gale: A surveyor is a nurse or a nutritionist from the IL Department of Public Health who look at the way things are, and give hints (tags) for improvement. Signs have to be posted in an unobstructed place throughout the building on every floor – with information on how to contact the ombudsman and the Department of Public Health.
 - Alicia: Family councils are important because they can share information about how to file complaints, etc.

Family Member 10:

- Notes that many family councils seem to be on the wavelength
 - Also talked about staff ID tags being worn, visible, and uniform
- Comment and concern form has been implemented

Family Member 11:

- Submits written report prior to every care plan meeting.
 - Becomes agenda for care plan meeting.
- Keeps log of what she witnessed, something could become problem