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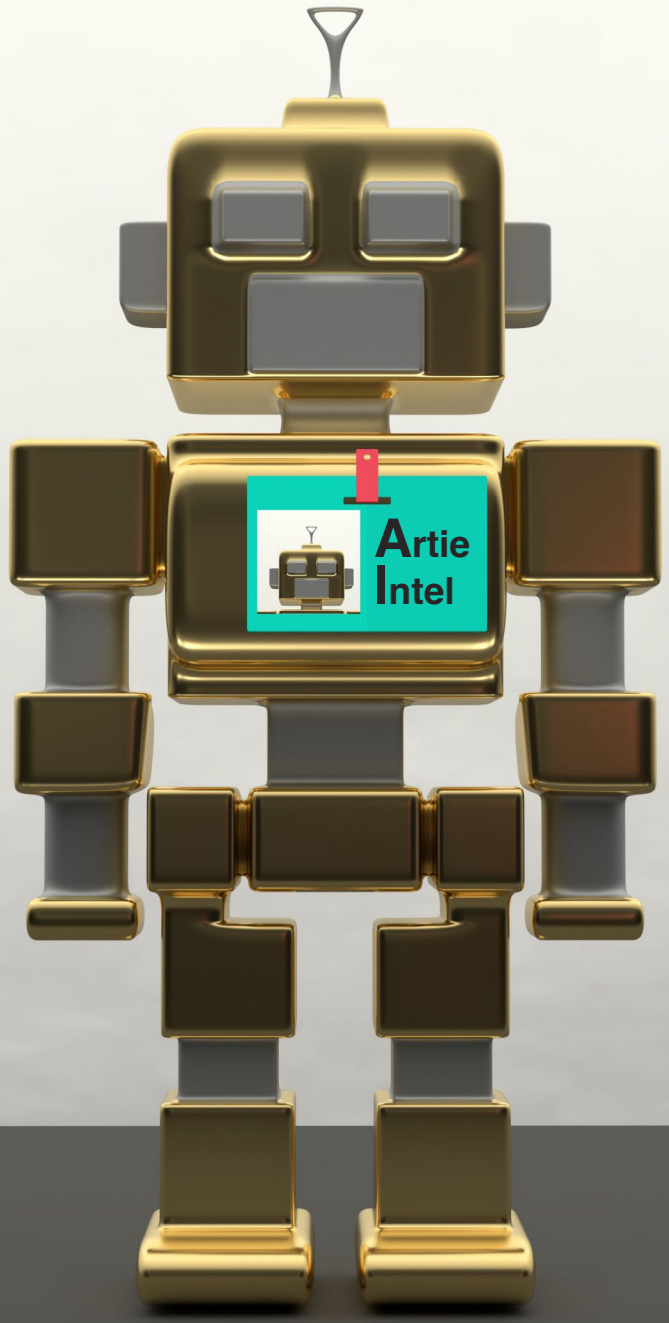

Will robotics and AI transform care?

ALSO IN THIS ISSUE:

From caregiver to care receiver • The Marketing Guru • Data-driven decision making in healthcare
Saving a nursing home, the hard way • Be the best version of the leader in you
Crisis, stress, and aging • Why your team needs a push


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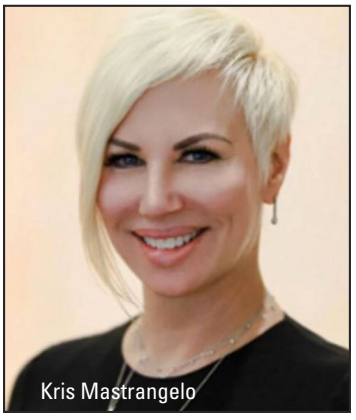
Part I: Top 6 reasons for data driven

by Kris Mastrangelo, OTR/L, MBA, LNHA

In 1993, upon graduating with a Master's in business administration from Salem State University, my studies were deeply influenced by Dr. W. Edwards Deming's teachings. Deming, a statistician and quality management pioneer underscored the critical role of data in fostering continuous improvement–a principle I sought to apply within the healthcare industry. At the time, leveraging data in healthcare was a nascent concept, challenged by the data's limited availability.

Fast forward to the present, and the significance of data in enhancing healthcare delivery, particularly in the nursing home sector, has become indisputably clear. This article aims to highlight the transformative power of data-driven decision-making in improving operational efficiency and patient care in nursing homes.


Kris Mastrangelo

1. Proactive insights

Data equips nursing home administrators and other healthcare organization leaders with the insights needed to oversee facility operations and patient care comprehensively. It enables the proactive identification of operational trends and potential issues, facilitating strategic interventions and future planning.

CQI initiatives fueled by data analysis can lead to tangible improvements in patient safety, satisfaction, and overall quality of care.

2. Enhanced patient care

Central to Dr. Deming's philosophy is the concept of continuous quality improvement (CQI), which emphasizes the systematic analysis of data to identify areas for enhancement and implement targeted interventions. In nursing homes, CQI initiatives fueled by data analysis can lead to tangible improvements in patient safety, satisfaction, and overall quality of care. By collecting and analyzing data on key performance indicators such as falls, medication errors, and infection rates, facilities can pinpoint areas requiring intervention and implement evidence-based practices to drive positive outcomes.

3. Optimized resource allocation

Data analytics is crucial in identifying opportunities for efficiency and cost savings, thereby ensuring that resources are allocated effectively to provide high-quality care within budgetary constraints.

4. Operational efficiency

Analyzing data related to staffing, supply utilization, and workflows helps administrators make informed decisions that optimize operational processes, improve clinical outcomes, and ensure financial sustainability.

5. Regulatory compliance

With the nursing home industry being highly regulated, data analytics supports compliance monitoring, risk identification, and the implementation of corrective actions to meet regulatory standards.

6. Risk management

Data analytics empowers nursing homes to proactively manage risks associated with regulatory compliance, patient safety, and financial operations, minimizing liabilities, and protecting an organization's reputation.

Given the benefits of data-driven decision-making, it is vital to ensure the integrity of the data used (avoiding the "garbage in, garbage out" pitfall) and identify reliable and accurate tools. KBH, Inc. uses Hopforce's PDPM Analytics because it is at the forefront of simplifying data visualization and decision-making in the nursing home industry. It features a user-friendly interface that allows for easy selection and customization of critical metrics such as ADC, revenue, and case mix group. The platform's dynamic graphs adjust in real-time based on user-selected metrics and time frames, offering immediate insights.

The next issue's article will focus on the foundation of a successful data-driven approach which lies in two critical components: data integrity and strategic software selection.

Kris Mastrangelo, OTR, MBA, NHA, is a nationally-recognized authority of Medicare issues. She is a regular contributer to the New England Administrator.
Contact Kris : kristenbharmony@gmail.com

Notes from an optimist?

Now I'm not so sure

The current situation in healthcare delivery throughout the United States is bad, and among long term care providers the situation is grim. And this is from an optimist.

Unavoidable facts

There is a shrinking supply of nursing homes, and the available workforce is constrained.

Sector advocacy groups are describing occupancy as "stabilizing," but this is an artifact of sampling and not descriptive of across-the-board reality. Those nursing centers serving the preferred 10% of the hospital discharges which are Medicare Part A or managed-care beneficiaries, with coverage several times higher than Medicaid beneficiaries, will continue to survive, although they too are having difficulty finding and retaining workers. The $600-per-day Medicare Part A beneficiary doesn't help the SNF if it can't staff the admission. Meanwhile, Medicaid beneficiaries continue to make up the bulk of occupancy and utilization for chronic long-term care, and serving this population causes providers to lose money–hour after hour, day after day, week after week. Things will not get any better as Medicare Part C (the mislabeled "Medicare Advantage" programs) continues to exert downward pressure on payments.


Irving L. Stackpole

The recent public health tridemic of resurgent COVID, RSV, and seasonal flu has created a surge in demand and utilization at hospitals, exacerbating the already constipated discharge functions at most. Progressively more hospitals are having difficulty discharging patients because of unavailable nursing home placements or home care visits.

Who's the optimist?

Into this Dickensian scene we hear a growing chorus of optimists describing how, because of the leading-edge baby boomers, demand is going to skyrocket. Only a year ago, I anticipated that the surging demand from the aging baby boom population would require the adaptive reuse of everything from Motel 6s to college dormitories. Now I'm not so sure.

Qualitatively, the baby boom population will not accept or tolerate conditions such as exist in most nursing centers in the United States. Just as this cohort has redefined every phase of life through which its 64 million members have traveled, it will redefine and therefore quantitatively change all our historically reliable indexes and algorithms for calculating utilization. Qualitative rejection will fundamentally disrupt models of quantitative demand.

The benchmark inflection point for demand in long-term care is 85 years of age. This may get extended by a year or two as the benefits associated with better, healthier lifestyle choices become manifest. By the year 2030, demand for long-term care supports and services will be significantly increasing, but now I am convinced that the quantitative demand for nursing centers will not grow proportionate to the overall population because of the qualitative rejection of the decrepit, unfit for purpose product that we call nursing homes.

If not this, then WHAT?

How will demand be fulfilled? Not by hiring lots of amenable domestic & foreign workers, even though at least one national private duty home care provider has said this is its plan. Unless there is a surge, even a doubling, of the unemployment rate, and a sudden reversal of nationalistic, xenophobic tendencies, there will not be a sufficient low-wage workforce to meet the needs. In fact, there probably isn't now. The demand from 2030 forward will have to be met by a creative, patchwork quilt of family and nonprofessional caregivers, mutual support group,s and ambient technologies.

Without a doubt, nobody in the United States wakes up in the morning in 2024 and says, "Great! I'm moving into a nursing home today!" Do we really think that this will change in the next six years?

Is there hope for REAL change?

There is a sophisticated planning model called Critical Junctures that has been used to predict when and how governments and populations reject the status quo and make massive, pivotal change. Looking for a glimmer of hope, I studied these models last year and wrote about them, believing that the long-term care jalopy in the United States would soon break down completely, thereby approaching a critical juncture. Now I'm not so sure.

Nursing homes continue to close, home care agencies are unable to staff shifts, social service agencies cannot keep up with demand, community hospitals are operating at a loss, patients that should be discharged from hospitals to nursing care are sent home without care and, in an absolutely punitive, "don't distract me with the facts" approach, the Biden administration appears ready to implement staffing requirements which will further crush the sector.

I thought I had seen the worst. Now I am not so sure.

Irving Stackpole is president of Stackpole & Associates, a marketing, market research and training firm at www.StackpoleAssociates.com. He can be reached for consultations directly at: istackpole@stackpoleassociates.com or at +1-617-719-9530.

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Make way for the robots

by Yuval Malinsky

Robots are slowly being integrated into the workflow of nursing homes, assisted living facilities, and CCRCs. The basic feature that all the robots below share is their ability to autonomously navigate through buildings. Following are existing applications of robots and what is in the pipeline.

Dining hall service robots

You may have already been served by a robot at a restaurant. The shortage of dining staff in long term care and senior living has brought robots to dining halls. Robots bring drinks and meals from the kitchen to residents' tables where the server takes them off the robot and places them on the table for each resident. Robots are also used to carry the removed dishes after the meal, back to the kitchen. There are several players in this category: Bear Robotics with Servi+ (https://www.bearrobotics.ai/servi-plus), and Pudu with the Bellabot are used in a number of CCRCs. Prices range from $16,000 to $20,000 plus maintenance and other fees.

Robots for cleaning and disinfection

The Pudu CC1 can sweep, scrub, and mop floors as well as vacuum carpets at 10,000 sq. ft. to 18,000 sq. ft. per hour according to the manufacturer. The docking station is used for charging the batteries and for automatic water filling and drainage. The robot generates detailed reports about the areas it cleaned. The price starts from $24,000 plus maintenance and other fees.

Pudu's Puductor 2 robot is used for disinfection. It incorporates UV light and ultrasonic dry mist to disinfect the air. It can work for 6 hours and disinfect between 12 to 15 x 200 sq. ft. rooms.

Reception, virtual visits, and telehealth

Temi robots are used for greeting visitors and for guiding them to locations in the building. Temi robots, among others, are also used for conducting telehealth visits where the provider sends the robot to the resident's room and remotely controls it during the visit. Vigorous Mind offers temi robots for virtual visits by families. Family members schedule virtual visits through a website and get a Zoom link. At the time of the meeting, the robot launches itself to the resident's room and when the family members click on the Zoom link, they appear on the robot screen.

The family members can remotely move the robot towards their loved one, tilt and swivel the screen, and then chat, view family albums, play games, or listen to music together. At the end of the visit, the robot returns to its charging station where it can automatically be disinfected by UV light in a special robot disinfection cabinet. Vigorous Mind offers the robots with the website for $1,100 per month with initial setup, programming, and training for $3,500. The disinfection cabinet is sold for $8,900 plus $125/month for maintenance.

Entertainment and resident engagement

A number of robots have been tested for engaging residents. Vigorous Mind offers a temi with music that can be played in public areas or for each resident based on their favorite music. A client of Vigorous Mind uses temi to lead residents in a Mass. Sing-along sessions may also be conducted without an activity person. A social robot that has gained some traction with seniors at home is ElliQ from Intuition Robotics. Placed on a table or the bedside, it engages seniors in conversation, tells jokes, plays games, trivia, exercises, music, and performs other functions. It costs $250 to get started plus $40/month per user.

Delivery

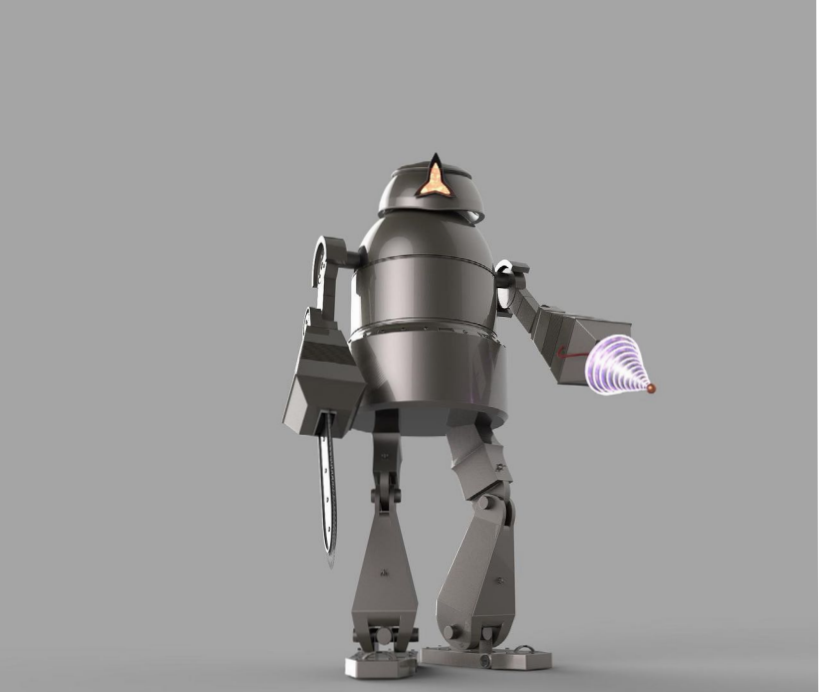
Labrador Systems is expected to launch its Labrador Retriever robot, which can be used for delivery. The robot has two shelves that can adapt their heights based on whether the resident is in bed or on a wheelchair to deliver trays with food, packages, cloths etc. Other robots (such as temi) can deliver drinks, small packages, or mail.

Health and safety applications

Many companies are developing health and safety robot applications, but those require clinical trials (and in some cases regulation by the FDA) and therefore take longer to release. Vigorous Mind is developing a fall detection application where the temi robot with an infra-red camera and artificial intelligence will patrol the rooms at night and alert staff when a resident is on the floor or is trying to get out of bed. Staff will be able to see if a resident fell or is trying to get out of bed through the robot video camera and communicate with the resident.

I believe that the role of robots in long-term care will grow significantly in the years to come, but robots are not going to replace staff. They are going to assist staff in performing time-consuming tasks and in turning nursing homes into a place that people don't dread coming to. Robots will play an important role in improving residents' quality of life by keeping them connected to their families and friends, by engaging them in personalized brain stimulating activities such as trivia, brain games, and card games, by playing personalized music and reading to them, and by connecting them to their own past through reminiscence activities. Robots will also engage residents in physical activities and in rehab, and they will help in keeping them safe by reducing falls and agitation.

Yuval Malinsky is the founder and CEO of Vigorous Mind, Inc. a Massachusetts company that develops robot applications for long-term care and senior living. He is the principal investigator in several robot-related research projects to improve quality of life for older adults in nursing homes funded by the National Institutes on Aging. Yuval Malinsky taught a graduate course on emerging technologies in healthcare at Northeastern University and was a mentor at the MIT Venture Mentoring Service for five years.



Attack of the killer robots

Artificial Intelligence is rejecting medically necessary long term care coverage

by Amani Kmeid, Esq.
Associate at Foley & Lardner LLP

Nearly every day we utilize artificial intelligence (AI). Whether the navigation system on your smart phone using traffic updates to find the best route, or the "Recommended" tab on your favorite streaming account suggesting your next television show, AI is an unavoidable, but often welcome addition.

As time has passed, AI has embedded itself in most industries. The most notable recent explosion of AI is ChatGPT and its uses in the communication and research sectors. Similar to Amazon's Alexa and Google Home, ChatGPT is an interactive AI system that does the thinking for you. And while less impressive than talking robots, AI has been available in areas like the energy and systems sectors for some time. For example, AI in "smart homes" enables thermostats to monitor occupancy patterns and preferred temperatures to create energy-efficient and cost-effective responsive ecosystems. AI has also been used to track traffic patterns for collision avoidance and coordinate dispatch of emergency response services.

Medicare advantages… or disadvantages?

Introduced by Congress in 2003, Medicare Advantage (MA) plans currently provide coverage for 31 million people, just over half of all Medicare eligible persons. MA is funded by the U.S. Medicare program but is administered by private health insurers like Humana and UnitedHealth Care. It should come as no surprise then that Medicare spends 6% more on MA payments to these private insurers than under regular Medicare. This equated to an excess spending of roughly $27 billion more in 2023 alone for MA plans.

While the immediate appeal of MA to new subscribers is largely the lower up-front costs and fees associated with medical care and pharmacy visits, MA patients may pay the ulti-

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Artificial intelligence

Leveraging data for the future

by Seth Wilson, CLA

Artificial intelligence (AI) might be one of the bright lights in the coming year for its potential to reduce inefficiencies, streamline processes, and reduce employee burnout. Long-term, it could revolutionize care delivery along with research and drug discoveries. But what is AI and what should health care leaders and organizations know and do?

AI is a broad term applied to many applications involving computers, software, and devices that work to mimic human intelligence. AI can involve computer science, mathematics, statistics, and other fields.

Throughout health care, AI is rapidly being deployed in a variety of use cases such as revenue cycle applications, patient information, chatbots, scheduling, data analytics/predictive analytics, medical notes and documentation, and much more. But AI applications are dependent on data.

Leveraging data

You've heard of ChatGPT, right? It is considered generative AI, or AI that can create text, images, and other content often in response to prompts. It is based on "large language models" (LLMs). These LLMs have absorbed more data than we as individuals could ever process. Moreover, LLMs can be trained on an organization's specific data, securely and privately. Then, we can ask the LLM questions and receive responses in a conversational way. That is ChatGPT, which is one example of leveraging data.

AI can also be deployed to increase efficiencies and automate any number of processes within the revenue cycle. For example, it can standardize processes and reduce workload for employees. AI can also be used with patient- or resident-related tasks. By leveraging predictive analytics, organizations can better understand the factors surrounding each patient to prevent falls, reduce the exacerbation of illnesses, and more.

Now consider other practical applications in your business related to where your data is housed. Many businesses have data that live in a variety of disparate sources such as a combination of files, on-premise databases, and third-party-hosted software-as-a-service (SaaS) solutions. Application developers have already started developing AI capabilities in their products that allow users to see generated insights or to prompt the AI and receive responses. One example of this is Microsoft Copilot, which has access to data within the Microsoft 365 environment. Insights are limited to the data that the particular AI can access.

Whether leveraging AI or human analysts, migrating disparate data into a centralized, structured format, like an Azure SQL database or Fabric Data Lakehouse, creates enterprise value by allowing businesses to better harness the power of their data. In these formats, data becomes more accessible, trustworthy, and more easily transformed to insights to support decision making. A robust data infrastructure also facilitates data governance and data management, which are foundational components of a data strategy.

Let's look at an example: You're a senior care organization that has at least half a dozen systems used to capture and store data for resident census, medical records, employee records, time and attendance, scheduling, and financial information. You've migrating the data from these core systems into a single cloud storage database using automated data flows and pipelines making it available for improved reporting and analytics.

Previously, you had dozens of manual reports run from each of these separate systems and then sent those across your organization as attachments to emails, perhaps as manually prepared Word and Excel reports, too. Now, with the data being centralized and structured, your reporting has been automated and you can deliver key data and insights to an array of your leaders from executives and administrators to department heads. Going forward, you have also positioned your organization to leverage AI to ask questions of that data and receive insights beyond what is available in the custom reports and dashboards. Your data is now ripe and ready to be harvested.

Data as the new oil

Some say data is the new oil, and that doesn't just apply to large tech companies looking to harvest as much as they can to refine and sell. Every business owner is resting upon their own oil field and should be considering their strategy to refine it in ways that yield value. That value may come in the form of improved financial performance, operational performance, or (even better) care delivery.

That said, one of the larger issues to keep in mind is that AI does not yet have a statutory or legal construct, meaning the landscape is wide open for a host of lawsuits (copyright infringement, patient rights, privacy violations, and more). Organizations should employ strong guidelines and process checks when implementing AI. Further, those creating or adopting AI must also work to protect against inherent bias of its outputs, while also addressing cybersecurity risks, and overseeing how AI is applied.

The bottom line: AI should augment and support individual and organizational decision-making, not supplant it. AI will continue to evolve, utilization will increase, and those that are successful in doing so will have a competitive advantage. Most organizations start along their AI journey by developing a formal data strategy and implementation roadmap, which is a critical step to manage both the cost and risks.

Seth Wilson is a principal with CLA (CliftonLarsonAllen) in the Worcester, MA office. He serves senior living and care clients across the country, particularly assisting them develop and implement their digital and data strategies.

Kris B Harmony™

Knowledge | Inspiration | Motivation

Get To Know KrisBHarmony, LLC.

Kris, a nationally recognized keynote speaker, boasts over 32 years in the healthcare industry, specializing in compliance, operations, reimbursement,regulations, and survey within the acute and post-acute health care sectors.

A Tufts University alumna with an Occupational Therapist degree, Kris further honed her expertise with a Master's in Business Administration from Salem State University and a Nursing Home Administrator's License. Kris is the proud founder of Harmony Healthcare International, Inc. (HHI), which she led for 23 years. Now, Kris is at the helm of KrisBHarmony, LLC, continuing her impactful journey. As a mother of four, Kris champions a balance of work and well-being and committed to clean living, a healthy lifestyle, and supplements this by practicing yoga.

KrisBHarmony, LLC.is a private company providing Keynote Speaking, Consulting, Education, Advocacy, and Media.

"The Wow Factor"

Kris speaks on a range of global topics from leadership, entrepreneurship, and healthcare to more specific sessions on team building, scaling a business, brain health, health and wellness, work life balance, rules, regulations, advocacy, and a whole lot more!

Kris's quick pace and high-energy stage presence are electrifying. She is the perfect speaker to open any event and "wake up"; audiences. Just as well, Kris is the ideal speaker to powerfully close an event, leaving audiences with a lingering impression of "wow".

Mission

The mission of KrisBHarmony, LLC, is to advocate for changes in laws, policies, and societal behaviors via identifying, documenting, educating, and sharing the stories of others.

KBH specializes in facilitating constructive dialogue, identifying complex issues, and problem-solving solutions to improve systemic issues that directly impact an equity in living. By showcasing real life experiences and connecting the dots to systemic causes, KBH facilitates communication and understanding of the opportunity to improve lives.

The goal of the KBH Series, is to Inspire, Educate, and Motivate individuals so they too, can have an impact on what really matters to them. KBH strives to create a world where the laws and policies reflect the collective wisdom gained from diverse experiences, varying geographical areas, and multiple age groups, with the end result of a more interconnected and harmonious life.

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From caregiver to care receiver

by Jim Brennan

It was my distinct pleasure to be the administrator of the Mary Lyon Nursing Home in Hampden, MA in the 1970s when nursing homes were still discovering their rightful place in society. This was a time when nursing homes were viewed by the media and the public as merely places for the elderly to go to die.

During my tenure, I focused on changing the perception of nursing homes to places where the elderly continue living. During this time, I wrote an article, "Grandmom moved," that stated the simple fact that Grandmom once lived at 10 Elm Street, but now lives at 210 Maple Street (the address of the healthcare facility). Grandmom is still the loving, fun person she always was; she merely changed her mailing address.

Never did I imagine that one day, following a most satisfying life as a healthcare lecturer throughout America, that I would be living in a healthcare facility. Following what was diagnosed as a mild heart attack, but not life threatening, the hospital recommended my continuing care would be best served in a nursing facility. My life's story now continues from that perspective.

At age 90, I have lost the strength in my legs to even stand. I am now bed-bound and require others to give me the activities of daily living care I require. After authoring health care books and lecturing administrators and nurses on quality caring concepts, my life is now basically in the hands of others. Considering my experience, I sincerely believe I know quality care when I experience it.

In this facility in which I'm experiencing my remaining days, I am receiving outstanding loving and compassionate care from many on the staff. However, I must admit that words like compassion and dignity are sadly missing in the care I'm receiving from some aides.

I offer the following as an example of caring/not caring with dignity. I am no longer able to control my bowel movements and now wear briefs. Recently an aide mentioned she would be changing my diaper, not my briefs. Even though I understood her, I considered it undignified (at age 90) to relate to me as a baby, needing my diapers changed. The loss of my personal dignity is compounded because I require an individual to clean my butt periodically.

I have a large picture on my wall showing me as one of the things that have distinguished me as a unique individual. I was the first mascot at St Joseph's College (now University) in Philadelphia. The Hawk, now a seven decade-long tradition has been named by the NCAA as the top mascot tradition in the country. The character has served as the inspiration for mascots nationwide.

I share this phase of my life, not because I need the praise and acknowledgment for me personally, I want the staff to learn I am a unique individual, like everyone for whom they are caring. It is my hope that while giving care, they will attempt to learn something unique about those in their care. They could ask residents to share personal anecdotes such as their favorite game as a child, the favorite memory of their parents, or their favorite vacation.

My sense of humor still survives. I'm constantly asking riddles to the friendly staff, while ignoring the not so friendly. I want to be friends with everyone, not just a few.

A very good and personal, long-time friend, Joyce Simard. called on her background as a social worker to initiate a program that would revive and keep alive the spirit of individuals during their last years of life. She called her program Namaste Care.

Joyce's initiative took on a life of its own. After teaching her concepts throughout America, she was invited to teach in several countries around the globe, most recently in China. Now Namaste Care International continues to spread Joyce's thoughts.

I encourage healthcare people to consider purchasing, reading, and implementing Joyce's book/concept, "End-of-life Namaste Care for People with Dementia" available at Health Professions Press and from Amazon.

Jim Brennan is a retired nursing home administrator, former ACHCA regional governor and author of two books about the industry. He presently resides at Linda Manor Skilled Nursing & Rehabilitation in Massachusetts.

Saving a nursing home, the hard way

by Edison Beaumont

According to Founding Father Benjamin Franklin, "in this world nothing can be said to be certain, except death and taxes." Had nursing homes existed in the early days of our republic, the bespectacled inventor, statesman, and all-around Renaissance man surely would have added the phrase "inadequate Medicaid reimbursement" to his list of certainties.

For those of us who toil in the profession of long-term care, we have become accustomed to the gap that exists between what it costs us to provide quality resident care, and what Medicaid is willing to pay, but since the advent of COVID, we've witnessed that gap become wider and deeper than Vermont's Quechee Gorge.

As a result of increased costs in utilities, liability insurance, employee health insurance, food, and staffing, especially if you operate in a state with mandated staffing patterns, your business is likely hanging on by its fingernails.

Nursing homes are closing all over the country, and New England is no different. COVID reared its ugly head in 2020, and nearly 50 New England nursing homes have closed, with many others being sold or filing for bankruptcy.

Linn Health and Rehabilitation in East Providence, part of Aldersbridge Communities, a Rhode Island-based not-for-profit, has been transparent about its financial struggles, and has received local, regional, and even national media coverage. Linn is an 84-bed licensed facility that had been operating at 74 beds after converting 10 shared rooms to singles in its short-term rehab program.

When the state of RI mandated 3.81 hours of staffing per resident per day, Linn supplemented its staff with agency personnel to meet the regulation. The increased spending pushed the average cost per day soaring to over $400, with a Medicaid per diem that hovered around $255.

You don't need Einstein to figure out that any organization would soon be under water based on that equation.

After months of appealing to the state for increased funding (Rhode Island law requires a re-base of the Medicaid rate every three years based on increased costs, but the state chose to ignore the statute when the re-array was required in 2015, 2018, and 2021), it was increasingly clear that any financial help would be too little too late, and that Linn would need a different strategy to survive. (The re-array will take place 10/1/2024, but early indications are that the increase may be spread over the next several years.)

Aldersbridge operates three affordable assisted living communities in the state, with lengthy waitlists for admission. A plan was hatched to convert half of the nursing home to assisted living memory care, which would mitigate most of the financial loss.

The organization decided to create the new program while remaining open, converting double rooms to studio apartments as they became available. Two ambitious goals were set: Accomplish the transition without evicting current residents or laying off staff.

With cashflow reaching a critical juncture, the organization used the media to appeal for charitable contributions. It worked. Board members, families of residents, and even complete strangers who followed the story responded with donations large and small.

The nursing home staff identified current residents with a dementia diagnosis who required the assistance of one caregiver and built that into the admission criteria for the new program. To date, state casework-

Continued on page 17

The NEW ENGLAND ALLIANCE

UPCOMING EVENTS

Spring Regional Conference
In conjunction with District One ACHCA
Newport Harbor Hotel and Marina
May 22 to 24, 2024

Fall Regional Conference at Portland Regency Hotel & Spa
September 25 to 27, 2024

FROM THE DISTRICT ONE DIRECTOR
Angela Perry, PhD, LNHA, FACHCA

Think about people you have encountered during your professional career that made you wonder how they got into leadership positions. What qualities and characteristics helped them achieve the "Leader I do want to be like" award? Now reflect on a leader that made a positive impact in your professional career. What qualities and characteristics made them stand out to you in a positive way and why?

You are always being watched. Will you be able to say you have done all you can, what is right, and what is ethical?

Below are a few tips to add to your leadership toolbox to support you on your journey of success!

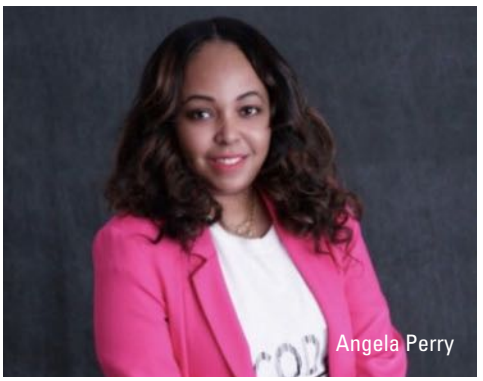
Take the assessment quiz, "How good are your leadership skills?" Go to: mindtools.com/pages/article/newLDR_50.htm

For each statement (18 total), you will click the button in the column that best describes you as Not at All, Rarely, Sometimes, Often, or Very Often. Please answer as you actually are (rather than how you think you should be). When you are finished, click the "Calculate My Total" button at the bottom of the test.

Note that the quiz will require you to register for individualized feedback. This assessment has not been validated and is intended for illustrative purposes only. It is just one of many that help you evaluate your abilities in a wide range of important career skills.

Score 18-34

You need to work hard on your leadership skills. The good news is that if you use more of these skills at work, at home, and in the community, you'll be a real asset to the people around you. You can do it–and now is a great time to start!


Angela Perry

Score 35-52

You're doing OK as a leader, but you have the potential to do much better. While you've built the foundation of effective leadership, this is your opportunity to improve your skills, and become the best you can be. Examine the areas where you lost points and determine what you can do to develop skills in these areas.

Score 53-90

Excellent! You're well on your way to becoming a good leader. However, you can never be too good at leadership or too experienced, so look at the areas where you didn't score maximum points, and figure out what you can do to improve your performance.

There are many leadership skills and competencies that, when combined and applied, go toward making you an effective leader. You can develop each of these skills within yourself.

Five traits of successful leaders

1. Confident and positive leaders inspire and empower their people. Celebrate and make the most of your own strengths, first.
2. Emotionally intelligent leaders stay in control. Develop your emotional intelligence to manage your own and other people's feelings better.
3. Transformational leaders motivate. Create a compelling vision of the future and motivate your people to deliver it.
4. Successful leaders "walk the talk." Lead by example and with integrity.
5. Effective leaders help their people to shine. Carry out Training Needs Assessments to find out what skills your team needs to be successful.

Leadership musts

Understand your role within the Governance hierarchy.

1. Read your handbook: It's the way that you will govern the facility.
2. Recognition: Learn your staff by name and develop staff appreciation/employee excellence committees. There are many opportunities to tap into your internal cultural infrastructure. Perhaps revamp general orientation, preceptor program, and retain surveys. Make it intentional and fun, which will lead to everlasting memories.
3. Engagement: Have frequent meetings with your team individually, in small focus groups, and in big groups, including senior leaders, frontline staff, and family/resident councils
4. Transparency as needed to dispel myths and encourage confidence when executing a directive
5. Accountability: Regardless of position, title, background, education, etc.

Continued on page 18

Crisis, Stress, and Aging

by Sheldon Ornstein, Ed.D, RN, LNHA

An 89-year-old woman told her daughter, "Please don't hide the truth from me. At my age I can cope with just about anything. It's the uncertainty that I can't understand."

Crisis and stressful situations occur throughout life but are thought to be more devastating in the later years when one may begin experiencing a slowing and/or decline in mental reserve. Therefore, whenever a crisis is coupled with cumulative stress, it tends to stretch the limits of one's coping capacity. What can emerge is helplessness, lack of self-control, and eventually, dependence on others.

According to the research, "Stressful situations, however, do not always precipitate a crisis."

There are those who may have developed, through a lifetime of coping and stress, a tolerance for it. There are others who will be thrown into crisis mode by small changes in their lives. It has been well researched that the main factor of how a crisis can negatively affect an elderly individual's self-esteem, is the concept known as "perception." They may misperceive the crisis as huge and insurmountable, while in reality, the magnitude of the event turns out to be rather small. A crisis, according to the research, may constitute a temporary disruption in one's coping capacity, whereas stress may be prolonged. Crisis, common to the aged, may include: loss of a significant loved one, persistent mental discomfort, or unrelieved pain due to a chronic illness or injury.

Current research highlights another form of stress identified as "hassling." Elderly individuals appear able to cope with daily hassles, even in combination with a stressful related life event. Hassling can create severe psychological problems when living becomes uncontrollable.

If the individual tries to manage by using inappropriate coping skills, it can result in an injury with all its unintended consequences. The uncertainty of an oncoming illness and its possible outcomes can be debilitating and serious enough to warrant hospitalization. Even a common everyday hassle can contribute to a physical health problem. Examples could be a flu infection leaving the elder bedridden for an indefinite period, or a temporary memory disturbance. As the crisis advances and confusion reaches its peak, an incident of major proportions appears inevitable. According to Funk & Wagnalls, the term hassle is defined as "persistent arguments, squabbles or harassments." As used in gerontological studies, hassle is defined as "an everyday irritant involving relationships, maintenance of home, finances, and just generally, daily life." The researchers Burk & Martin state, "Old persons experience hassles frequently which may produce further stress than for younger persons." The researcher Selye offers a "recipe" for good stress:

1. Seek your own stress level which fits you best.
2. Choose your own goals, not one imposed by others.
3. Practice altruistic egoism by looking out for self while being necessary to others and earning good will.

The following recommendations are for maintaining a continuous healthy mental and physical growth free of debilities. How? By avoiding stressful experiences that can become a crisis of major proportions. Try practicing any one of the eight possibilities listed, and whenever you sense an oncoming stress-related issue, try one of the suggestions.

1. Encourage healthy practices and fitness participation by being aware of signs of an oncoming bodily issue or illness.
2. Involve self in events that are charitable and purposeful.
3. Be aware of self and others regarding private as well as public commitments and follow through.
4. Practice patience and tolerance with others, especially for those who are unable to do so.
5. Support worthwhile suggestions and proposed civic projects that are beneficial to many as well as self.
6. Be generous with personal assistance to those with different held values and culture by offering opportunities for further improvement.
7. Protect, through speech and action, one's good name particularly where falsehoods are leveled at others and self. Then proceed accordingly.
8. Pursue requests for aid of those less fortunate, those who are in severe discomfort, whether physically and/or financially, etc.

In 1959 Dr. Sheldon Ornstein received his nursing diploma from the Mills-Bellevue Schools of Nursing becoming a registered professional nurse. He continued to earn several degrees including a Post Masters Certificate in Gerontology from Yeshiva University in 1979 and a Doctor of Education in Nursing Organization from Columbia University in 1997. He began his clinical career as head nurse on a rehabilitation unit, and nurse educator providing in-service education and clinical instruction for Nursing students and colleagues alike. He taught at several colleges and was an adjunct professor at Hunter College. Over the course of a 50+ year career, he held the position of Director of Nursing Services in long term care facilities before retiring in September of 2010 as Distinguished Lecturer/Associate Professor in the Department of Nursing at Lehman College, CUNY in the Bronx.

Did you know eagles need to be pushed? It's true.

It turns out, the American bald eagle, the symbol of American strength, resilience, independence, and most of all freedom, are not born that way. In fact, to get started on their path to greatness, many of them need to be pushed.

Eagles are incredible birds. Both males and females will fly great distances (together) to find the strongest and softest material they can to build their nests, thereby ensuring their babies (called eaglets) have the safest and most comfortable home environment possible. Then, as soon as the eaglets are hatched, the mother eagle begins to do the unthinkable. She starts tearing apart the nest, right out from underneath the baby eagles.

Animal researchers believe this is the mother's way of signaling to the young eaglets that their nest is nothing more than a temporary habitat and they will eventually have to leave that nest and start a life on their own. Of course, like many of us, baby eagles are hesitant, and maybe a bit too scared to leave the nest on their own. They will cling to anything to keep from having to leave.

To those of us who have kids or were kids, does this sound familiar?

The mother eagle, however, knowing how lazy and stubborn eaglets can get, will eventually take matters into her own hands, or wings as it were, by pushing the baby eaglets out of the nest and forcing them to fly–or not fly.

A common question I get as a management development coach is "How do you get CNAs to chart every day?" Or "How do you get housekeepers to clean every room?" Or, more generally, "How do you get this generation to work?"

The answer is simple, but not easy. Like

eaglets, they need to be pushed. Of course, managing, like mothering, is messy, and most managers are simply not up to it. Which is why, in many senior care organizations that I am familiar with, the people who wield the most power are the staff, not the managers.

An eagle would not tolerate this behavior, and neither should you. The reason, however, has nothing to do with you (the manager) or your overflowing workload. It has everything to do with the individual being pushed.

Now I know many of us do not have a memory that goes far enough back, but if it could, you would remember when you first stated working, you too needed to be pushed. I know I did.

As always, I hope I made you think and smile.

Ralph Peterson of The Core Fourteen works with senior care organizations on leadership training, Quality Awards and QAPI.. To learn more call or text Ralph directly: (914) 656-0190

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Tameryn Campbell, President & CEO, Masonic Health System, Inc./The Overlook in Charton, MA

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Richard Gamache, CEO Aldersbridge Communities

Patricia Raskin, M. Ed, is an award winning radio producer business owner and leader. She has recently presented webinars and onsite workshops for Aldersbridge Communities, Mass-ALA, RIALA, and the New England Alliance.

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AI is calling the shots on coverage

Continued from page 7

mate price down the line when their long-term care claim is flatly denied.[1] In fact, in 2019, top MA plans denied 13% of pre-authorization requests that followed Medicare rules, and denied payments and reimbursement of 18% of claims that met coverage and billing rules. Appeals are growing but difficult to obtain by design. Since one in five MA beneficiaries ends up in a skilled nursing facility (SNFs) at some point, the chance of this occurring to you are not as remote as it may seem at the outset.

Using AI to deny coverage for MA claims

For the health care sector, the question is no longer when AI will be used, but rather, how. Already we are seeing the relief AI can provide to the great strain on health care professionals. From automating admin tasks and transcribing patient notes to surgery-assisted robots and smart diagnostic testing, the possibilities are truly endless. But what happens if, and when, AI in health care takes it too far?

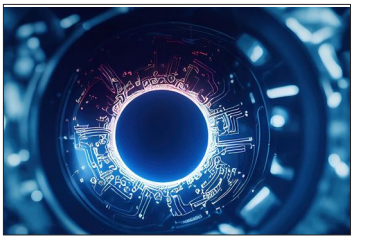
The latest trend for AI in healthcare is assessing a patient's diagnosis, age, living situation, and physical function to identify previously treated individuals with similar circumstances and generate a predicted assessment of patient care based on the pool of identified like cases. One such tool is nH Predict, which generates an assessment of patient mobility and cognitive capacity to predict the estimated length of stay needed in a care facility.[2] nH Predict, a tool with an alleged 90% error rate, is also the subject of several class action lawsuits.[3]

Both Humana[4] and UnitedHealthcare[5], in administering MA coverage, utilize nH Predict to determine the maximum length of stay a patient could need, and then uses this guestimate to deny further coverage beyond that estimation. The named plaintiffs in these cases were:

1. Patient A: A 91-year old male who was denied coverage after 2.5 weeks of in patient physical therapy before being denied further coverage. Patient spent an estimated $168,000 out of pocket for 1 year of in-patient care.
2. Patient B: A 74-year-old male who was denied coverage after 20 days. Patient spent an estimated $70,000 out-of-pocket for 10 months of in-patient care. Patient passed away months later.
3. Patient C: An 86-year-old female who was denied coverage after 2 weeks. Patient spent an uncalculated amount of damages out-of-pocket to date but was moved from SNF to SNF before being moved home due to cost.
4. Patient D: An elderly male with a myriad of illnesses who was denied coverage after the fact, while moving from emergency room to long SNF and back again. Patient spent an estimated $24,000 out-of-pocket, which will increase with ongoing care.

MA patients have spent their lives paying into Medicare, only to be abandoned when they truly need it. For most, they must choose between exhausting their life savings, racking up medical debt, burdening their family members, or foregoing treatment all together. The patients most vulnerable are left with few viable options.

Recognizing these issues, Federal Medicare officials proposed new rules in December 2023 which would prevent MA insurers from denying coverage "based on internal, proprietary, or external clinical criteria not found in traditional Medicare coverage policies." The hope is that this will prevent the black-box denials plans have charged AI with making, without considering the individual circumstances of each patient or the medical advice of trained medical professionals.



There needs to be transparency, accountability, and oversight in the ongoing growth of AI in healthcare. And where MA beneficiaries are concerned, there is a real lack in "advantage" that needs to be addressed and remedied.

[1]Gretchen Morgenson, "Deny, deny, deny': By rejecting claims, Medicare Advantage plans threaten rural hospitals and patients, say CEOs," October 31, 2023.

[2]Casey Ross and Bob Herman, "Denied by AI: How Medicare Advantage plans use algorithms to cut off care for seniors in need," March 13, 2023. https://www.statnews.com/2023/03/13/medicare-advantage-plans-denial-artificial-intelligence/

[3]Beth Mole, "Humana also using AI tool with 90% error rate to deny care, lawsuit claims," December 13, 2023. https://arstechnica.com/science/2023/12/humana-also-using-ai-tool-with-90-error-rate-to-deny-care-lawsuit-claims/#:~:text=Humana%2C%20one%20the%20nation's%20largest,the%20company's%20Medicare%20Advantage%20plans; Brendan Pierson, "Lawsuit claims UnitedHealth AI wrongfully denies elderly extended care," November 14, 2023. https://www.reuters.com/legal/lawsuit-claims-unitedhealth-ai-wrongfully-denies-elderly-extended-care-2023-11-14/

[4]Barrows et al v. Humana, Inc., 3:23-CV-00654

[5]The Estate of Gene B. LOKKEN and The Estate of Dale Henry Tetzloff, individually and on behalf of all others similarly situated, Plaintiffs, v. UNITEDHEALTH GROUP, INC., Unitedhealthcare, Inc., Navihealth, Inc., and Does 1-50, inclusive, Defendants., 2023 WL 9549666

Saving a nursing home

Continued from page 11

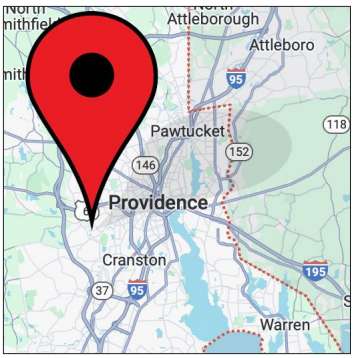
ers have assessed 14 residents and approved them all to continue residing at Linn, in the soon-to-be-licensed assisted living memory care.

A workforce grant was obtained to cover the cost for CNAs to be trained as medication technicians, allowing them to continue working on the same floor, with the same residents. Extensive training is underway, focused on caring for people who live with dementia.

Regular meetings are held with all shifts, residents, and their family members, to update everyone on weekly progress. The target date to operate the new program is early April, and the biggest obstacle, as you might have guessed, are the flaming hoops of regulation that the organization is required to jump through.

Change is hard. For a building that opened in 1978, with some staff members who started back in those early years, and others who are all part of SEIU 1199, the shift in routines is seismic. The alternatives, however, are not palatable to anyone. Out-of-state for-profits have inquired regularly about buying the building. Sometimes they just show up in person, like a sales call. Others contact board members discreetly. Aldersbridge is not interested in selling or closing. Reinventing itself in real time, by attrition, without evicting residents or cutting jobs seems to be a daunting challenge, but it is the path they have chosen.

The financial impact won't be realized in full until months from now, but for the residents who remain living there, and the staff members who will keep their jobs, the effort is well worth it.



Rebirth of the RI Chapter

by W. Bruce Glass, MBA, FACHCA

For some time, several New England ACHCA chapters have been inactive. Struggling with financial woes, ownership changes, and loss of facilities, the prospects appeared dim for Vermont, New Hampshire, and Rhode Island.

But happily, there is a positive stirring. New Hampshire, which has had its ups and downs, is showing signs of rebirth. Even more encouraging, Rhode Island is experiencing a dramatic revival.

The first of what is hoped will be many chapter meetings is scheduled for Wednesday, April 17 at the Iron Works Tavern in Warwick. With food, raffles, and an educational program, members should share an enjoyable and informative evening.

District Director Angela Perry has been invited to install the new officers.

For further information, contact Cheryl Picard at cpicard@thrc.asci.com.

SEEKING YOUR CONTENT

Please share your wisdom and expertise in *New England Administrator*.

The journal is sent quarterly to 1,100 senior care professionals in the six-state New England region and is published by District One of the ACHCA.

Send queries to
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The District One Director

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Write a career statement

A career statement is a purposeful proclamation of being intentional throughout your stepping stones to evolve to the next level of your journey. As they say in healthcare, "If it isn't written, it didn't happen." Due to the hustle of each passing day, we may become passive and sidetracked with our professional goals. Writing down your career statement will assist you with understanding your passion that has a purpose. It is similar to an evaluation of strategy approach that is often used in various quality strategic planning projects.

Get credentialed or licensed

Credentialing or licensure programs may add value to enhance your portfolio and redefine your skill sets while attracting a wide range of opportunities; It is not always necessary, so do not get discouraged.

Examples of noteworthy programs you can seek out include:

ACHCA LNHA and/or ALF Certification, which provides visible and tangible evidence of public accountability for the efficient delivery of quality health care. Eligibility requirements can be found in the ACHCA Professional Certification Handbook.

Certificate in Executive Healthcare Quality and Financial Management, which offers skills to enhance leadership, resource allocation, and quality in healthcare organizations.

National Association for Healthcare Quality offers The Certified Professional in Healthcare degree or certificate programs in clinical and non-clinical healthcare disciplines to enhance healthcare quality/competency.

Six Sigma Certification & Training Classes provide methodology based and focused statistical analysis on process performance, process improvement, and metrics.

Good luck being the best version of the leader in you.

EDITORIAL

Sometimes we actually need more regulation

by W. Bruce Glass, MBA, FACHCA

In January, privately-owned Stewart Healthcare, operator of several Massachusetts hospitals, teetered on the verge of collapse. Last autumn, Rhode Island faced a similar crisis with CharterCare, operator of three hospitals and a nursing home. Less publicized, but equally devastating, is the rash of serious problems with new private equity nursing homes in Connecticut, Rhode Island, and Massachusetts.

In each case, corporate policies led to major care issues, and ultimately, financial disaster. Why was this allowed to happen? Each state has an oversight board which is meant to vet new health care ownership. In all too many cases, this system has been totally inadequate. The cost to consumers, providers, patients, and government clearly shows that major changes are required, and soon.

On the federal level, President Biden promised action against private equity ownership, but to date no such action has been taken. Authorities must be given the power to prevent repeats of these and other such crises–and they must use it.

No one in a profession crushed by regulations would normally advocate for additional regulations, but these are not ordinary times. State legislators must take prompt action to tighten control of prospective operators, especially private equity firms for all of our sakes.

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