Person-Directed Care Across the Continuum: Making Choices Available to Seniors and Families

Aging Summit VI

FINAL REPORT

FRIDAY, MAY 19, 2006
8:30 a.m. - 3:30 p.m. | The Plaza Hotel and Suites | Eau Claire, WI

The culture of aging services is changing. Join your colleagues in exploring environments where elders, individuals with disabilities, and those who work with them can thrive.

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The sixth annual Aging Summit convened on May 19, 2006 at the Plaza Hotel & Suites in Eau Claire, Wisconsin. One hundred and fifty people attended this year's event (see appendix N). The title and focus of the Aging Summit VI was *Person-Directed Care Across the Continuum: Making Choices Available to Seniors and Families.*

**Dr. Jennifer Johs-Artisensi: Welcome and Overview**

Dr. Jennifer Johs-Artisensi, Assistant Professor of Public Health Professions at the University of Wisconsin-Eau Claire, welcomed guests and provided an overview of the Aging Summit's major themes and topics that would be covered throughout the day. First, she discussed the demographics of the aging population in the Chippewa Valley and in Wisconsin. Dr. Johs-Artisensi also covered some of the changing trends in regard to the aging population, including the fact that consumers' expectations will be higher and that consumers will want their individual needs and wants met. In relation to this, the continuum of care will also need to change in order to adapt to the new realities of the aging population (see appendix H). She stressed that we will need to let go of the ways of the past and move from a historical business model of the continuum of care to a repositioned business model that includes community-based services, memory support and increased use of nursing expertise.

Dr. Johs-Artisensi also focused on person-directed care, which is part of the "culture change" movement that provides a new model of living and providing care, thereby changing institutions into personal communities. Person-directed care also exists when caregivers pay attention to individual wants and desires to help people find
meaning and value in life. As a result of person-directed care, consumers see improved health outcomes, satisfaction and quality of life. Employees (or the providers of person-directed care) also enjoy improved satisfaction in regard to their work, and as a result their job performance and retention also increases. Ultimately, person-directed care reduces health care costs. Included in the culture change movements that incorporate person-directed care are the Eden Alternative, the Pioneer Network, and Wellspring, each of which works to enforce person-directed care and its purpose by promoting life and growth versus death and declination. Finally, stressed Dr. Johs-Artisensi, that for culture change to really take hold we must come together to form a “culture of collaboration”. This would entail that all stakeholders work together with a shared vision of the future, with innovation and a person-directed approach for the well-being of each person serving as the common denominator.

John George: Culture Change—From Vision to Reality

John George is the Administrator of Saint John’s on the Lake, an elder care facility in Milwaukee, Wisconsin that has been dedicated to turning its hospital-like environment into a true home. Saint John’s on the Lake is the focus of “Almost Home”, a PBS film documentary that follows daily life within a long-term care facility, and offers an inside look at the lives of the residents, staff, and their families as they adjust to the changes associated with growing older. Under George’s leadership, Saint John’s on the Lake has reinvented its 135-year old medical model of care with a social model. The goal at Saint John’s on the Lake has been to transform the way people view nursing
homes—not as institutions of boredom and despair but as vibrant communities where residents can live rich and fulfilling lives.

Mr. George’s first “visions” of working with the elderly stemmed from his visits to the nursing home where his mother worked when he was a child, as well as the close relationship that he maintained with his grandparents in rural Wisconsin. After graduating from UW-Milwaukee, John took an entry-level position with Saint John’s on the Lake, and worked in various positions within the facility before earning his Master’s Degree and taking on the role of administrator. During the time he accepted the administrator position, members of the facility’s management team became involved with the Pioneer Network and also applied for and received a grant through the Retirement Research Foundation to renovate their outdated building and construct a system of culture change within the facility. Soon after, the PBS Series producers of Independent Lens began filming, and were given unlimited access while filming the facility’s residents and staff for the documentary in order to capture the true realities of daily life at Saint John’s on the Lake.

One of the first steps in adopting culture change within Saint John’s was to follow and modify the core values of the Pioneer Network. These principals and values are:

- We strive to create an environment that meets the physical, social, emotional, developmental and spiritual needs of individuals and community.
- We strive to promote growth and development for all.
- We strive to nurture the spirit as well as the mind and body.
- Risk-taking is a normal part of life and contributes to our growth.
• Each resident is entitled to make his/her own decisions and have freedom of choice to be as independent as possible.

• Each person in the Saint John’s community can and does make a difference.

• Each person is to be honored before the task ("Person First").

• Each person is to be known as an individual.

• Relationships between residents, family and staff are the foundation for the Saint John’s community.

Therefore, the facility was determined to eradicate the associations of the old medical model (residents feeling isolated, lacking choice, or individuality) and move toward the new model of person-directed care once the beginnings of culture change took hold within Saint John’s. The beginnings of culture change at Saint John’s centered around the staff forming a care-giving relationship with residents based on individualized care needs and personal desires. Residents and staff also designed schedules that reflected their personal needs and desires. Another element was that the work became relationship-centered, and staff were given consistent assignments. Also, decision making was as close to the resident as possible, and there became a sense of community and belonging within Saint John’s. Some of the outcomes and implications for the staff include a blending of work roles, which also eliminated departmental barriers. Non-nursing personnel became neighborhood team leaders within the facility, and the teams were more self-directed. The hiring process also became decentralized, and as a result, staffing patterns were more flexible.
During his presentation, John George categorized culture change into the “Three R’s” to explain how Saint John’s on the Lake approached its culture change movement. To easily describe culture change and its implementation at the facility, the “Three R’s” of Renewal, Re-organizing and Renovating reflected the three-pronged approach that George and the management team took during the implementation phase.

The first, Renewal (and personal transformation) described the changes that occurred with staff and residents. During this part of his presentation, George showed clips from the film that depicted how staff took more ownership in their work and began to adopt a care-taker approach to interacting with residents. For example, staff went from wearing uniforms to wearing their own clothing of choice, and residents were given choices in the food they wanted to eat. Although there was some resistance at first during this transformation stage, it resulted in greater meaning and sense of community among everyone at Saint John’s on the Lake.

The second “R” stands for “Re-organizing” the work. This was done by turning the hierarchy of power upside-down, blending work roles and implementing neighborhoods versus rotations. Re-organizing the work meant that staff would have to think critically, be empowered to make more work-related decisions on their own and that teamwork would be emphasized. For example, the decision was made to bring personal laundry service to each floor where residents live. The facility saved thousands in labor costs and missing laundry was no longer an issue. As a result, work became more gratifying for employees and residents were happier.

The last “R”, “Renovating” the physical environment to create homes required that rooms be updated and converted to single-resident rooms. Additionally, residents are
now allowed to choose what color they would like to have their rooms painted. Also, the entire facility fell under construction to update the physical space and to create “living” rooms, similar to what would be found in a residential home. “Real” looking kitchens were constructed in each dining room, and linen and china are used in these dining rooms to create a real feeling of home.

The results of the cultural changes at Saint John’s on the Lake have been reduced time dealing with complaints, increased revenue with a waiting list to get in to the facility, increased donations, increased time to spend with residents, reduced behavioral issues and disengagement, better state surveys and a higher level of nursing care. As previously stated, employees are happier, more confident in their work, and more engaged. And, residents are experiencing higher quality care that incorporates choice and comfort.

To end his presentation, John George gave the attendees an interactive activity to complete at their tables. His question was “What is your biggest fear about living in a nursing home the way they look today?” He then took questions from the audience.

**Audience Questions and Answers**

**Question:** Have you struggled with a lack of sufficient staff to fulfill an adequate staff/resident ratio?

**Answer:** Not at all. Currently we have 3 ½ CNAs for 26 residents, as well as a healthy ratio for LPNs, RNs, and homemaker staff.
Question: What other things have you done to enhance quality of life for residents?

Have pets been allowed to live with residents?

Answer: Employees and resident’s families currently bring their pets to Saint John’s for visits, although residents don’t have their own pets.

Question: How is it handled when a resident wants a particular type of food at a non-meal time?

Answer: We have a gentleman who told me that he was hungry at 2:00 in the afternoon and wanted eggs and bacon. I checked with a staff member to be sure that the ingredients were accessible, as everything had been put away from that morning. She called the kitchen to ask. By the time I got to the kitchen to make his food, the staff member in the kitchen had already begun cooking it.

Question: What is the percentage of residents on Medicaid at your facility?

Answer: 20%

Question: Does wage structure change when there are universal jobs?

Answer: We don’t know yet. Wage is a huge issue. As we hire and re-hire CNAs as homemakers, we will be exploring what it would entail to become an “employer of
choice" and pay several dollars more per hour than other employers in the area to attract and retain good employees.

Question: Can you give us an idea of where the energy comes from in your program?

Answer: Families give great encouragement and support. We often hear compliments from them saying that they think we are the best in long term care. As a result of hearing positive feedback, employees are enthusiastic...it's contagious, everyone is pitching in.

Question: Any more strategies for when you're at the "helm of change?" They say that "pioneers get more arrows".

Answer: We never make a change at Saint John's without checking with the state first—we have found that the state has been a great resource for us.

Question: In terms of staff buying in to culture change, have there been particular groups of employees who have bought in easier?

Answer: You will find, when implementing an initiative on such a large scale, that you may lose some staff...and that is not always a bad thing. We found that CNAs accepted culture change more quickly than management. In the first two years of implementation, 1/3 of the management staff left.
Dennis Harkins: We Are Never Too Old for Self-Determination—Integrating the Gifts of Elders, Families, Communities, and Human Services

After serving as the director of the Wisconsin Bureau of Developmental Disabilities, Dennis Harkins began his own consulting firm, A Simpler Way, Inc., which has a focus on leadership, organizational changes, and systems change based upon the concepts of self-determination and community membership. During his lunchtime address, Mr. Harkins discussed self-determination, which he described as a powerful and historic term. Former Milwaukee school teacher and Prime Minister of Israel, Golda Meir, described self-determination as “We want only that which is given naturally to all peoples of the world—to be masters of our own fate, in cooperation and friendship with others”.

Mr. Harkins then went on to discuss that in America, we are only beginning to realize how “…that which is given naturally to all peoples of the world” is given naturally to our elders when they encounter disability and frailty late in life. Across the country, and today in Wisconsin, we are continuing the work of enabling our elders who need support from our service systems to be masters of their own fate in cooperation with others. Self-determination refers to the self-determination movement that has created the momentum for this change, and can be an integral part of the redesign of our service system that enables elders in need of support (and often their family caregivers) to be full partners in deciding how the funding spent on their behalf is used.
According to Dennis Harkins, there are three essential elements of the redesign of services based upon self-determination:

1. The expertise of the system will allow:
   - A fair, equitable and adequate individual allocation of funding for each person;
   - Flexibility in defining how that funding may be used, in order to support the individuality and expertise of each person and family in helping maintain and create a life that makes sense to them; and,
   - An opportunity for individuals and families to receive unbiased assistance and support in planning, designing, choosing, purchasing, and monitoring the quality of the supports and services they need.

2. The expertise of individuals and families about how they wish to live will allow people who receive services to have authority over the allocation of service funding based upon their needs. That authority will allow them to purchase support where they want to live and where they want to spend their day from existing providers; act as employers of care assistants; and even develop and purchase needed support from non-traditional or new providers on their own or in combination with other individuals and families.

3. The expertise of communities will be deliberately sought by both the system, and by the individuals and families it serves, maintaining connections that individuals
and families bring, and thoughtfully adding life-enhancing relationships as appropriate.

With all of these elements in place, we will plant the seeds for, in the words of Justin Dart, “...a revolution that will empower every 21st Century American to live his or her God-given potential for self-determination, productivity, and quality of life,” regardless of age or disability.

**Sinnika Sanatala: Wisconsin Initiatives**

Sinnika Santala is the Administrator of the Division of Disability and Elder Services with the Department of Health and Family Services for the State of Wisconsin in Madison. During her presentation on Long-Term Care Reform in the state of Wisconsin, she discussed how Wisconsin’s over-65 and over-85 population will soon grow rapidly and how that will result in a need for long-term care reform. She stated that long-term care reform is needed to give people choices about where to live and the care that they receive, to streamline the system and simplify access and funding structure, prepare for the baby boom, promote wellness, promote individual planning and control and manage public costs in a wise manner.

In terms of bringing care under management, Ms. Santala talked about the Family Care and Partnership programs in Wisconsin. In 2000, the Family Care program began operation in Wisconsin. It is a “partially integrated” program that includes providing community based long-term care services to the target groups of elders, adults with physical disabilities, and adults with developmental disabilities. The Wisconsin
Partnership program, on the other hand, was implemented in 1996 and is a fully integrated program, including acute and primary care, that serves the two target groups of elders and adults with physical disabilities.

Sinnika Santala also discussed some current initiatives that include Intermediate Care Facility for the Mentally Retarded Restructuring which allows institutional funding to provide community support systems, a community relocation program which allows nursing home residents to be relocated to the community, Aging and Disability Resource Centers that support those with private resources in finding community care, and long-term care planning grants that allow partners to expand reform efforts. Ms. Santala focused specifically on the Aging and Disability Resource Centers (ADRC) of Wisconsin, and the current centers in place and the future expansion of centers across the state (see appendix L).
Panel Presentation: Best Practices in Western Wisconsin

Dianne Rhein, Regional Planner/Program Consultant, AgeAdvantage (moderator)

Gloria Vaughn, Community Services Supervisor, Barron County Office on Aging

Shirley Hoehn, Consumer

Joey Pettis, RN, Director of Nursing, Dove Healthcare

Linda Schmitt, Dietary Director, Dove Healthcare

Bethany Jacobson-Fleiger, Director, Grace Adult Day Services

Karen Bullock, CEO, Community Health Partnership

To find out what organizations in Western Wisconsin have been doing to address person-directed care, we invited panelists from Western Wisconsin to discuss examples of programs and/or projects that highlight “best practices” within their organizations.

Shirly Hoehn is an Eau Claire community member who told the story of her journey and transition from living with her husband in their own home to an assisted living facility after her husband’s illness. Ms. Hoehn lives at the Meadows at Otter Creek independent housing for seniors, and her husband Armond lives next door at Grace Willowbrook Assisted Living. Together, the facilities are a “continuum of care” campus. The Meadows at Otter Creek is a 36-unit independent living apartment complex for adults age 55 years or older, while Grace Willowbrook is a residential care apartment complex that provides a unique living arrangement that blends an independent apartment setting with
supportive services and care. Despite living side by side in two different residences, the Hoehn's are able to continue to love and support each other as they age.

Gloria Vaughn represented the Barron County Office on Aging, which also serves as one of the Aging and Disability Resource Centers in Wisconsin. Some of the current initiatives include falls prevention, medication management, and memory care, through the "Memory Care Connections" grant. The Memory Care initiative works to educate the public on the importance of early diagnosis of dementia and to perform early-intervention screenings in conjunction with the medical community.

Joey Pettis and Linda Schmitt represented Dove Healthcare, and discussed how the facility, under their leadership, was the first nursing home in Wisconsin to implement the Resident Choice Meal Plan as a result of culture change within the facility. At the center of Dove Healthcare's culture change movement was putting the resident at the center, and developing a community where individuals value and respect each other, and designing the long-term care community to include the resident, staff and their families. It also revolved around empowering each resident by giving him/her choices of when to wake up, when to eat, what to eat, where to eat, and to assist with menu planning. As a result, the facility has seen increased resident satisfaction, decreased turnover of staff, enhanced survey performance, and better financial performance.

Bethany Jacobson-Flieger is the director of Grace Adult Day Services in Eau Claire, Wisconsin. Bethany discussed the essential components of person-centered care, and
talked about the specific steps she took at Grace Adult Day Services to create a culture of person-centered care. Some examples were how she created a gourmet coffee bar and created more “cozy” conversation centers within the adult day center. By taking simple, inexpensive measures to create a more home-like atmosphere, and to include members in the planning process (asking them what they enjoy doing and then implementing those activities) she has noticed an increased level of satisfaction at Grace Adult Day Services.

Karen Bullock is the CEO of Community Health Partnership (CHP) in Eau Claire, Wisconsin. Some of the goals of CHP are to emphasize “members’ choice” in planning their own care. It also works to improve the quality of health care and service delivery while containing costs, reducing fragmentation of the health care delivery system, and increasing the ability of people to live in the community and to participate in decisions regarding their own health care. As a result, CHP has seen a reduction in polypharmacy, controlled hospitalizations and nursing home stays, increased immunization rates and dental services, and increased member satisfaction.

**Patricia Christopherson: Closing Summary**

Patricia Christopherson, Associate Dean Emerita of the College of Education and Human Sciences, provided the closing comments for the day. She summarized the thoughts and themes of the day, including culture change, person-directed care, and the best practices that were discussed by all presenters, including the panelists. Dr. Christopherson closed by thanking the audience for coming to the sixth annual Aging
Summit and for carrying the enthusiasm and energy from the Summit with them as they return to their jobs, homes, and communities.
Person-Directed Care Across the Continuum:
Making Choices Available to Seniors and Families

Aging Summit VI

The ongoing process of effecting a change in nursing home care from a medical to a social model is documented in the recent PBS film “Almost Home.” Using clips from the film, the administrator of Saint John’s on the Lake in Milwaukee, John George, will describe his vision of culture change and the obstacles he has encountered in realizing it. To learn more about person-directed care and our keynote speaker, go to www.almosthomedoc.org.

FRIDAY, MAY 19, 2006 | 8:30 a.m. - 3:30 p.m. | The Plaza Hotel and Suites | Eau Claire, WI

The culture of aging services is changing. Join your colleagues in exploring environments where elders, individuals with disabilities, and those who work with them can thrive.

www.uwec.edu/ce
Person-Directed Care Across the Continuum: Making Choices Available to Seniors and Families

John George is the Nursing Home Administrator at St. John's on the Lake, an elder care facility dedicated to turning its hospital-like environment into a true home. George is one of the culture change leaders at St. John's and has been involved with the Pioneer Network for four years. He started with the facility in 1993 after earning his degree in Health Information Administration from the University of Wisconsin-Milwaukee. George has held a variety of positions at St. John's over twelve years.

FRIDAY, MAY 19, 2006 | 8:30 a.m. - 3:30 p.m. | The Plaza Hotel and Suites | Eau Claire, Wisconsin

As the number of people with chronic care conditions increases, we are seeing creative new options through which individuals can get their health care and quality of life needs met. The continuum of care is ever expanding in the setting and programs through which care can be provided, such as home and community based services, adult family homes, assisted living and long-term care facilities. Recent trends have also supported further choices in the way services are provided, in that individuals are more able than ever to play a pivotal decision-making role in choosing options that will work best for them. By attending Aging Summit VI you will:

- Increase your understanding of the movement toward person-directed care in home, retirement and long-term care communities
- Learn about Wisconsin initiatives to make choices available to individuals, families and caregivers across the continuum of care
- Explore local and regional examples that promote person-directed care
- Network and share your ideas, knowledge, and challenges of implementing person-directed care

Who Should Attend:
Long-term care health and aging services professionals
Providers of independent, assisted living and retirement communities
Community leaders | Policy makers
Advocates for seniors

All those interested and concerned with person-directed care across the continuum

Planning Committee
Dr. Debra Jensen, Associate Professor of Nursing, UW-Eau Claire
Dr. Jennifer Johns-Artisens, Assistant Professor of Public Health Professions, UW-Eau Claire
Deanne Rhea, Regional Planner/Program Consultant, AgeAdvantage
Meredith Wolf, Outreach Coordinator, CHAI (Center for Health and Aging Services)
Joan Joy Bruce, Senior Health Care Administrator, UW-Eau Claire
Barbara J. Knight, Outreach Specialist, UW-Eau Claire Continuing Education

Aging Summit VI Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30-9 a.m.</td>
<td>Registration</td>
</tr>
<tr>
<td>9-9:15 a.m.</td>
<td>Welcome and Overview Dr. Jennifer Johns-Artisens, Public Health Professions, UW-Eau Claire</td>
</tr>
<tr>
<td>9:15-10:30 a.m.</td>
<td>Keynote Address Culture Change: From Vision to Reality John George, St. John's on the Lake</td>
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<tr>
<td>10:30-11:15 a.m.</td>
<td>Interactive Exchange with John George and Participants Dr. Debra Jensen - Moderator, UW-Eau Claire College of Nursing and Health Sciences</td>
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<tr>
<td>12:15-1:30 p.m.</td>
<td>Lunch &quot;You're Never Too Old for Self-Determination&quot; Dennis Jenkins</td>
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<tr>
<td>1:30-2 p.m.</td>
<td>Wisconsin Initiatives Stina Sonnen, Division of Aging and Elder Services</td>
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<tr>
<td>2-3:15 p.m.</td>
<td>Panel - Best Practices in Western Wisconsin Lizowne Patske - Moderator, AgeAdvantage Gloria Vought, Barron County Office on Aging Joey Petito, RN, Director of Nursing, Dowse Healthcare Bethann Jacobson-Rice, Grace Adult Day Services Paul Cook, Community Health Partnerships Sharilyn Hoehn, Consumer</td>
</tr>
<tr>
<td>3:15-3:30 p.m.</td>
<td>Evaluation and Summary Dr. Jennifer Johns-Artisens, Public Health Professions, UW-Eau Claire</td>
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Data and LEETion
May 19, 2006 | The Plaza Hotel & Suites | 1320 W. Clairemont Avenue | Eau Claire, WI | 715-836-3569; Fax 715-836-4823
Continuing Education Credit
To receive continuing education credit for this program, the participant must attend the entire program according to the evaluation form. This program has been reviewed by the American Home Care Association Commission on Accreditation. Participants in this program earn 3.00 hours of continuing education credit.

Social Workers: This program meets the Wisconsin Department of Regulatory Licensing requirements for continuing education for social workers, marriage and family therapists, and psychologists, as well as for other professionals who are licensed to practice social work, marriage and family therapy, and psychology. The program provides continuing education credit for the above professionals.

Program Fee: $40 includes tuition (which includes supplies, lunch, refreshments and transportation)

Accommodations
If you need an accommodation for a disability to fully participate in this program, or need this document in an alternative format, please contact Continuing Education at 715-836-3569 toll free 866-482-1445, or use the Wisconsin Relay System by dialing 711 or 715-836-3569 at least three weeks prior to the program.

TenderCare/In-Home Care: No referrals will be made (either for in-home care or senior housing) but students are encouraged to discuss options with in-home care providers. Checkbooks are accepted.

Please visit our website at www.uwec.edu for other educational opportunities.

4 Easy Ways to Register
MAIL Complete and mail registration form to: UW-Eau Claire Continuing Education PO. Box 4004, Eau Claire, WI 54702-4004
PHONE: 715-836-3563 or Toll Free: 1-866-893-2423
FAX: 715-836-5263 (Include payment information)
ONLINE: www.uwec.edu/co/reg.htm

Thank you.

Registration
Aging Summit VI | Friday, May 19, 2006 | 8:30 a.m. - 3:30 p.m. | The Plaza Hotel and Suites | Eau Claire, WI

Please enter the code found above your name on the mailing label here:

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Networking is an important aspect of a conference. May we include you in the roster provided with the conference materials?

Yes
No

Payment Information

In the willow, I must see
The spring in twigs and leaves,
And feel the glow of day.

I see the fairest, most
In every breeze that blows,
And feel the warmth of love.

Appeal of a Friend

All work and no play...
Appendix B

Aging Summit VI

Person-Directed Care Across the Continuum:
Making Choices Available to Seniors and Families

May 19, 2006
The Plaza Hotel and Suites, Eau Claire, Wisconsin

AGENDA

8:30-9:00 a.m. Registration

9:00-9:15 a.m. Welcome and Overview
Dr. Jennifer Johns-Artisensi, Assistant Professor of Public Health Professions, UW-Eau Claire

9:15-10:30 a.m. Keynote Address – Culture Change: From Vision to Reality
John George, Nursing Home Administrator, St. John’s on the Lake

10:30 -10:45 a.m. Break

10:45 a.m.-12:15 p.m. Interactive Exchange with John George and Participants
Dr. Debra Jansen – Moderator, UW-Eau Claire College of Nursing and Health Sciences

12:15-1:30 p.m. Lunch
Lunch Address – You’re Never Too Old for Self Determination
Dennis Harkins

1:30-2:00 p.m. Wisconsin Initiatives
Sinikka Santala, Administrator, Division of Disability and Elder Services, Department of Health and Family Services

2:00-3:15 p.m. Panel – Best Practices in Western Wisconsin
Dianne Rhein – Moderator, Regional Planner/Program Consultant, AgeAdvantAge
Gloria Vaughn, Community Services Supervisor, Barron County Office on Aging
Joey Pettis, RN, Director of Nursing, Dove Healthcare
Linda Schmitt, Dietary Director, Dove Healthcare
Bethany Jacobson-Fleiger, Director, Grace Adult Day Services
Paul Cook, Director of Business Development, Community Health Partnerships
Shirley Hoehn, Consumer

3:15-3:30 p.m. Evaluation and Summary
Patricia M. Christopherson, UW-Eau Claire Emerita, College of Education and Human Sciences

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Aging Summit VI Conference Objectives

- Increase your understanding of the movement toward person-directed care in home, retirement and long-term care communities

- Learn about Wisconsin initiatives to make choices available to individuals, families and caregivers across the continuum of care

- Explore local and regional examples that promote person-directed care

- Network and share your ideas, Knowledge and challenges of implementing person-directed care
Appendix D

Aging Summit VI Sponsors

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Area Agency on Aging
AgeAdvantage, Inc.
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Altoona, WI 54720
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715-836-3543

**Community Health Partnership**
2240 Eastridge Ct.
Eau Claire, WI 54701
Contact: Dean Mathwig
dmathwig@chpmail.net
715-858-7822

**Memory Care Connections**
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Menomonie, WI 54751
Contact: Carolyn Johnson, Director
715-232-4006

**Bronze Level Sponsor**

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3716 Country Dr.
Rhinelander, WI 54501
Contact: Richard Sicchio
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Appendix E

Aging Summit VI Planning Committee

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Lynda Brummer, Retired Director
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Appendix F

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David Obey (D-7) 202-225-3365
http://www.house.gov/obey/

Governor
Jim Doyle (D) 608-266-1212
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Commissions/Departments of Interest
Board on Aging and Long-Term Care
George Potaracke, Executive Director
608-266-8944

Health and Family Services
Helene Nelson, Secretary
608-266-1865

Insurance
Jorge Gomez, Commissioner
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Transportation
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District 91: Rep. Barbara Gronemus
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District 92: Rep. Terry Musser
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District 93: Rep. Robin Kreibich
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Appendix G

Aging Summit VI Keynote Speaker

John George
Administrator
St. John’s on the Lake
1840 N. Prospect Ave.
Milwaukee, WI 53202
414-831-6710
jgeorge@stjohnsmil.org

John George is the Nursing Home Administrator at St. John’s on the Lake, an elder care facility dedicated to turning its hospital-like environment into a true home. George is one of the culture change leaders at St. John’s and has been involved with the Pioneer Network for four years. He started with the facility in 1993 after earning his degree in Health Information Administration from the University of Wisconsin-Milwaukee. George has held a variety of positions at St. John’s over twelve years.

Saint John’s on the Lake is a premier retirement community offering gracious senior living for independent, active adults. Founded in 1868, they proudly carry on a rich tradition of providing the finest in residential services and continuing care. Saint John’s Communities, Inc. was founded in 1868 by a group of Episcopal churchwomen to provide shelter to needy parish members. Today they proudly carry on their legacy of service offering a full continuum of quality, compassionate residential and health care services to older adults. Their outstanding lakefront location presents the natural beauty of Lake Michigan. We are close to Milwaukee’s downtown theaters, museums, shops and restaurants, affording an impressive array of cultural and social opportunities. Their mission is to enrich the lives of older adults through gracious retirement living, spiritual growth, cultural and educational opportunities and health care services.
Appendix G
Aging Summit VI Speakers

Dennis Harkins
Consultant
A Simpler Way
5826 Bartlett Lane
Madison, WI 53711
Phone: 608-274-6014 Fax: 608-274-0237
dwharks@aol.com

Dennis Harkins has worked with and within Wisconsin’s long-term care system since 1972, when he helped develop the state’s first group home to help people return to our communities from state institutions. He served as a state consultant to the creation of the first county administered services for people with developmental disabilities; was a member of the state team that led to the development of the Community Options Program; and was the project manager for the development of Wisconsin’s first home and community-based services waiver, the Community Integration Program. After serving for 10 years as the Director of the Wisconsin Bureau of Developmental Disabilities, Mr. Harkins left state service in 1997 to begin his own consulting firm, A Simpler Way, Inc., which has a focus on leadership, organizational change, and systems change based upon the concepts of self-determination and community membership.

Dennis has 7 grandchildren. He and his wife Jane provide support for Jane’s father, who lives with them, and for Dennis’ father, who currently resides in a nursing/rehabilitation facility in Illinois.

Sinikka Santala
Administrator
Division of Disabilities and Elder Services
Wisconsin Department of Health and Family Services
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Sinikka Santala is the Administrator of the Division of Disability and Elder Services, the state agency that oversees a continuum of community-based and institutional services in aging, mental health, developmental disabilities, substance abuse, deaf and hard of hearing, blind and physical disabilities programs and the certification and licensing of over 40 different programs and facilities. The Division consists of a long-term support and mental health/alcohol and other drug abuse program areas with three state centers for individuals with developmental disabilities, two mental health institutes and two secure treatment facilities. The Division has over 4,600 staff and administers a budget of $1.9 billion.

Prior to her appointment as the Division Administrator, Ms. Santala served five years as the Administrator of the Division of Supportive Living at the Department of Health and Family Services, a state agency that was responsible for the oversight of community-based aging, mental health, developmental disabilities, substance abuse, deaf and hard of hearing, blind and physical disabilities programs as well as regulation of various programs and facilities. She also served as the Director of the Bureau of Community Mental Health in the Division of Supportive Living providing day to day direction to the mental health service system that provides services to 98,000 persons annually. She has also worked as the director of a national technical assistance center with the Department of Psychology at the University of Vermont that provided policy and program consultation to state and local mental health authorities in the United States as well as in Canada, Australia and New Zealand with the goal of integrating people with severe mental illness into community life and regular housing.

Ms. Santala has authored several articles on consumer involvement; community based service development and affordable housing and made numerous presentations on those issues in the United States and abroad. Ms. Santala was a lecturer for Trinity College of Vermont Program in Community Mental Health on Community Integration. She is a native of Finland with a Master of Science degree in Social Policy.
Appendix H

Person-Directed Care Across the Continuum: Making Choices Available to Seniors and Families
Aging Summit VI

Welcome and Overview
Jennifer Johns-Artisensi, Ph.D., M.P.H.
Assistant Professor, UW-Eau Claire
Health Care Administration Program
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The Age Wave is Coming...
Are you prepared?

Demographics

- In 2000, 1 in 8 was 65+
- "Elder Boom" begins in 2011
- By 2030, 1 in 5 will be 65+
- 85+ is fastest growing age group
- WI ranks 20th in the nation with % of 65+
- Chippewa Valley's 65+ is similar to the rest of the state:
  - Slightly less diversity, income education
  - Slightly more in nursing home placements
Appendix H

Changing Trends

- Only the oldest and sickest will enter "Nursing Homes"
- Consumer’s expectations will be higher
- Medical research will allow for greater disease prevention and delay onset of chronic illness
- Consumers will want their individual needs/wants met
- Tax policy may incentivize LTC insurance

Biotechnology discoveries
- Consumers will be better educated and will have greater access to information
- Demand for preventive and predictive healthcare will increase
- Access to quality care will be far from universal

Source: AHA/SA Services for Aging in America

Exercise

- Turn to the person next to you
- Tell them 2-3 things you like about your wallet or purse, and 1 or 2 things you dislike
- Reverse roles
- Discussion

Continuum of Care

- Good business ideas adapt to the realities of the present, anticipate the future... and let go of the ways of the past.
Appendix H

Person-Directed Care

- "Culture Change": Places for living and growing vs. declining and dying
  - Eden Alternative www.edenalt.com
  - Pioneer Network www.pionernetwork.net
  - Wellspring www.wellspringis.org
- A new model of living and providing care, changing institutions into personal communities
- Where caregivers pay attention to individual wants and desires and how they can help people find meaning value and joy in life. Leads to:
  - Improved health outcomes, satisfaction and quality of life among residents
  - Improved employee satisfaction, performance and retention
  - Reduces health care costs

So "Person-Directed Care" really is...

A CONVERSATION ABOUT

EXPECTING MORE

Pioneer Network's Values and Principles

- Know each person
- Each person can and does make a difference
- Relationship is the fundamental building block of a transformed culture
- Respond to spirit, as well as mind and body
- Risk taking is a normal part of life
- Put person before task
- All elders are entitled to self-determination wherever they live
- Community is the antidote to institutionalization
- Do unto others as you would have them do unto you — yes, the Golden Rule
- Promote the growth and development of all
- Shape and use the potential of the environment in all its aspects: physical, organizational, psycho/social/spiritual
- Practice self-examination, searching for new creativity and opportunities for doing better
- Recognize that culture change and transformation are not destinations but a journey, always a work in progress
A "Culture of Collaboration"

- ALL stakeholders working together
- Shared vision of the future
- There is a place for innovation in a person-directed approach
- *The well-being of each person should serve as our common denominator!*

(Handwritten note: "What can we do together that we cannot do individually?")
Culture Change: From Vision to Reality

John George
Saint John's On The Lake
Milwaukee

Background & Foundations

- First "visions" of work with the elderly: my background
- The beginnings of culture change at Saint John's
- Building a foundation
  - Board of Directors
  - President
  - Management
  - Staff buy-in

Principles and Values - Part 1

- We strive to create an environment that meets the physical, social, emotional, developmental and spiritual needs of individuals and community.
- We strive to promote growth and development for all.
- We strive to nurture the spirit as well as the mind and body.
- Risk taking is a normal part of life and contributes to our growth.
Principles and Values - Part 2

- Each resident is entitled to make his or her own decisions and have freedom of choice to be as independent as possible.
- Each person in the Saint John's community can and does make a difference.
- Each person is to be honored before the task. ("Person First")
- Each person is to be known as an individual.
- Relationships between residents, family and staff are the foundation for the Saint John's community.

The Old Medical Model: Resident Outcomes

- Sad, withdrawn
- Loss of privacy
- Isolated and deserted
- Loss of choice/too many rules
- Lack of interest, spiritless
- Low expectations/complacent

Beginnings of Culture Change: Some Buzzwords

- Person Centered Care
- Social Model of Care
- Person First
- Culture Change
Beginnings of Culture 
Change: Key Elements

- Staff enters into a care-giving relationship based upon individualized care needs and personal desires
- Residents and staff design schedules that reflect their personal needs and desires
- Work is relationship-centered, and staff have consistent assignments
- Decision making is as close to the resident as possible
- There is a sense of community and belonging

Beginnings of Culture
Change: Outcomes and Implications for Staff Development

- Blending of roles
- Elimination of departmental barriers
- Non-nursing personnel as neighborhood team-leaders
- Permanent neighborhood assignments
- Movement toward self-directed work teams
- Flexible staffing patterns
- Decentralizing the hiring process

Culture Change Made Easy

1. Renewal or Personal Transformation
2. Re-organizing the work
3. Renovating the Physical Environment to Create Home
1. Renewal and Personal Transformation

Video Clip:
"What is culture change?"
From Almost Home

2. Re-organizing The Work

- Permanent neighborhoods vs. rotations
- Thinking critically
- Turning the hierarchy of power upside down.
- Graying job descriptions
- Team Work
- Learning Circles
- Employee-driven decision making

2. Re-organizing The Work

Video Clips:
"Mr. Herrold at the Art Museum"
"Management Struggles"
From Almost Home
Appendix I

3. Renovating the Physical Environment to Create Home

Photos of physical changes made at Saint John's On The Lake in Milwaukee

Outcomes at Saint John's

[LUW-Madison Study by Dr. Barbara Bauers]
- Increased employee, resident, and family satisfaction levels
- Most important changes: own space
- Staff turnover rates:

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<tr>
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<tr>
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<td>37%</td>
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<tr>
<td>CNA</td>
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</tbody>
</table>

Outcomes at Saint John's

- Reduced time dealing with complaints
- Increased revenue with waiting list
- Increased donations
- Increased time with residents & employees
- Reduced behavioral issues and disengagement
- Better state surveys
- Higher level of nursing care

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Appendix I

Biggest Challenges

• Graying the lines of job descriptions
• Sustainability
• Relationships (deeper culture change)
• Backpedaling
• Celebrating accomplishments
• Keep Asking Questions
• Transferring culture change
Culture Change: From Vision to Reality
"Breakout Session"

Interactive Activity
Imagine this situation:

Interactive Activity
Question: What is your biggest fear about living in a nursing home they way they look today?

Task: Talk to your tablemates about your answers. Each person speaks for a maximum of two minutes.
Appendix I

Regulators and Culture Change

Video Clip:
"How to survive the state survey during culture change"

From Almost Home

Business & Culture Change: How much does culture change cost?
- Reduced CNA hours
- Increased RN hours
- Reduced homemaking and laundry hours
- Saving are $150,000 to $160,000 annually
- Between 2003 and 2005 total cost increased 3.2% to deliver care

Questions?
Outcomes at Saint John's

- Reduced time dealing with complaints
- Increased revenue with waiting list
- Increased donations
- Increased time with residents & employees
- Reduced behavioral issues and disengagement
- Better state surveys
- Higher level of nursing care

Biggest Challenges

- Graying the lines of job descriptions
- Sustainability
- Relationships (deeper culture change)
- Backpedaling
- Celebrating accomplishments
- Keep Asking Questions
- Transferring culture change

Additional Resources

www.almosthomedoc.org

www.pioneernetwork.net

www.aahsa.org

jgeorge@saintjohnsmilw.org
Almost Home, a film by Brad Lichtenstein and Lisa Gildehaus, rescues the real stories of aging from an exile of denial. A stunningly intimate documentary shot on location in a nursing home, Almost Home tells the unflinchingly honest stories of couples both bonded and divided by disability and dementia, children torn between caring for their parents and caring for their children, nursing assistants doing unsavory work for poverty wages and a visionary nursing home director committed to transforming his century-old hospital-like institution into a true home.
FROM THE FILMMAKERS

I guess I shouldn’t be surprised that we Americans are capable of pretending that we’ll never age. After all, I do the same. I don’t have plans for plastic surgery, nor do I have a medicine chest full of antiaging creams or extravagant vitamins. But I must admit that I fear being old and feeble just like the next person. Sure, if you have your health, it’s fine—a time to enjoy your collected experiences and knowledge. But if you don’t have your health—then what?

That’s why I made this film. First, to confront the reality of aging long before I arrive at whatever age is the tipping point from middle to old. Second, to explore the “then what?”

What are we, as a society, going to do with each other when age causes us to become more dependent?

After 14 months of filming and nine months of editing, I don’t know for sure. What I’ve learned is that the most important factor that affects our experience as older adults is the kinds of relationships we experience. Medicine may keep our bodies alive, but what makes us human is our ability to love, hate, desire and engage—to not be “written off.” Caring family and extraordinary friends will surround some of us when we are old. But many of us will not be so lucky. We’ll need the kind of care that St. John’s and others in the field strive to achieve.

But do you know what? It’s hard. I learned firsthand, filming countless meetings, long days and nights on the nursing home floor, and dozens of interviews. Care giving is an industry that modeled itself on the hospital. Chucking schedules, letting people eat when and what they want, getting rid of silly regulations all sounds great—but it is hard to do. Economic realities and system entrenchment makes it a grail of a goal. And beyond that, the majority of direct care workers get paid next to nothing. We’ll need more of them as the boomers age, and they’ll have more responsibility as we change the culture of long-term care. Is it really fair to ask someone to do our most important and intimate care for poverty wages?

Aging is hard. For ourselves. For our country. Making this film didn’t alleviate all my fears. And it didn’t make me magically in tune with my own aging. But it pushed me in that direction. And it made me realize that we cannot tolerate inhumane, institutional care. None of us deserves to be patronized, regimented or marginalized when we are old.

ALMOST HOME is just a movie. But a movie can be powerful. It can inspire us to change how we care for elders. It can help us trade denial for clear planning in our own lives. It can ignite our capacities for empathy by telling stories that reflect our own lives. If ALMOST HOME does any of this for you, then it will have been well worth the effort.

Thank you for watching.
THE FILM
The setting is St. John’s on the Lake, a continuing care retirement community in Milwaukee, Wisconsin. The drama is inherent in the lives of residents and staff—the real stories of lives touched by aging: couples both bonded and divided by disability, children torn between caring for their parents and caring for their children, nursing assistants doing emotionally demanding work for poverty wages, healthy elders fearful of moving to the “dreaded” nursing home, and a visionary nursing home director committed to changes that would mold these disparate lives into a nurturing community.

ALMOST HOME captures every nuance of the complex dynamics involved in transforming St. John’s from an institution based on efficient staff and compliant residents into a responsive and respectful “family” in which people invest one another’s lives with meaning. Filmmaker Brad Lichtenstein doesn’t oversimplify or sugarcoat. In the end, that approach gives the documentary a hopeful tone, because through the failures and frustrations, genuine caring continues to provide a guiding light.

People Who Appear in Almost Home

RESIDENTS
Lloyd Herrold
Edie Herrold
Arienne Balser
Ralph Nelson
Amy Polly Smith
Dolores Haig
Bob Haig (Dolores’s husband)
Mary Griffith

VISITORS
Edie Herrold Jr.
Amy Blumenthal (Arienne Balser’s daughter)

STAFF
John George, Administrator
Kathie Ellers, President
Nancy Tischer, Director of Nursing Education
Sharon Prusow, Director of Nursing
Renée Anderson, Director of Finance
Anna Jonas, R.N.
Erika Stoving, R.N.
Enchantra Cosey, C.N.A.
Yvonne Robinson, C.N.A.
Tamica Burris, C.N.A.
Jeraldine Cosey, C.N.A.
Marilyn Farssee, C.N.A.
Megan Hannan, Person First Consultant
BACKGROUND INFORMATION

According to projections by the U.S. Census Bureau, between now and 2030 the number of Americans aged 65 and older is expected to double, from about 36 million to 71.5 million (20 percent of the country’s total population). By 2050, the 65+ population will grow to 86.7 million.

The Health Insurance Association of America estimates that by 2020, 12 million older Americans will need long-term care. Most of those people do not have insurance that would cover such care.

As baby boomers have looked to place parents in care facilities and have contemplated their own eventual need for such facilities, some have begun to rethink and reshape traditional institutional models. St. John’s on the Lake, which is profiled in ALMOST HOME, is part of a larger movement implementing alternatives to traditional care. To find out more, you might look for information on these frequently cited projects and approaches:

- Action Pact
- Culture Change
- Eden Alternative
- Person-first care
- Person-centered care
- Pioneer Network
- Wellspring

Links to most of these initiatives can be found at www.pioneernetwork.net/index.cfm/fuseaction/Initiatives.DocList/CategoryPK/Articles.cfm.
THINKING MORE DEEPLY

Before Viewing
If you were looking for an ideal nursing home for yourself, what would you look for? Where would it be located? What kinds of services would it offer? What would your room look like? Who would be with you?

What are your concerns about aging? What do you fear the most and why?

Have you done any planning for a possible time in your life when you would not be able to care for yourself or care for a spouse? What do those plans include?

After Viewing
General
If you could have a conversation with anyone in ALMOST HOME, whom would you want to talk with and what would you want to talk about? Why?

Describe a moment in the film that touched your heart or that hit close to home. Did that moment change your thinking in any way or cause you to want to take action? If so, describe the change.

What did you learn from the film about aging or the experience of children who are dealing with aging parents?

Person-First Care
How is what you see in ALMOST HOME like or unlike nursing homes that you have been in or heard about? Would you want to live in St. John's? Why or why not? Would you want to work at St. John's? Why or why not?

What specific practices are being implemented at St. John's that you would like to see more nursing homes adopt? What do you think the impact of those practices is on the staff? What is the impact on the residents?

Administrator John George encourages his staff to approach residents as if they were family. What do you think he means by that? Is it different from approaching residents as a professional? If so, how? In your view, how does care change when caregivers know the values, accomplishments and experiences of the people in their care?

Finding Common Ground
• The administrators of the nursing home have asked the staff to create a "homelike" atmosphere. What do you think they mean by that? Does everyone share the same vision of what a home is like? How might an institution bridge the gap if they find that residents and staff members have different visions of "homelike"? What is your vision of "home"?

• Administrators acknowledge that most of the people who work at St. John's could never afford to be residents there. What kinds of difficulties do you think that situation creates? How might the socioeconomic class differences challenge attempts to create community?

• What extra challenges are added to the mix when residents (who at St. John's are all white) and CNAs (who at St. John's are predominantly black) come from different ethnic and racial backgrounds and neighborhoods? Might the community at large benefit from some of the strategies that St. John's uses to bridge the gaps between staff and residents? If so, what might people learn from the St. John's experience?

• There is no doubt that staff members care about (not just for) the residents of St. John's. So what is the source of the resistance to some of the suggestions and policy changes made by administrators? If you were running the facility, what would you do to overcome that resistance?
SUGGESTIONS FOR ACTION
Together with other audience members, brainstorm actions that you might take as an individual and that people might take as a group. If you need help getting started, you might begin your list with these suggestions:

- Investigate the approaches to care offered by the nursing homes and assisted living facilities in your community. Host a special screening of ALMOST HOME for policy makers and staff to begin a dialogue about how they might use some of the ideas in the film to improve the care they provide.

- Help staff and residents of nursing homes and assisted living facilities who are doing interesting things in your community to share their story. Invite them to speak at your school, civic group, church, club and so forth. Alert journalists to their work.

- Collect census information from your community to estimate how many nursing home beds, assisted living facilities and adult day-care spots will be needed by residents over the course of the next 20 to 30 years. Assess the number of facilities currently available. Convene a task force of stakeholders to make sure that the capacity of the facilities will meet the needs of those likely to require services.

- Many of the stresses brought on by disabilities associated with aging can be lessened by planning ahead and by making sure that everyone in your family understands your intentions. Gather family members to review plans for long-term care, medical decisions, finances and how decisions will be made should you become incapacitated. Be sure that all of your loved ones have taken care of the basics of estate planning, including having a valid will, health care proxy and durable power of attorney.

For additional outreach ideas, visit itvs.org, the website of Independent Television Service. For local information, check the website of your PBS station.

Before you leave this event, commit yourself to pursue one item from the brainstorm list.

RESOURCES FOR FURTHER STUDY AND ACTION
To Start
http://www.almosthomedomoc.org/ — The film’s website includes resources on understanding aging and dealing with related challenges and links to other organizations involved in developing person-centered care.

General Information and Advocacy
www.aarp.org — American Association of Retired Persons
www.owl-national.org — Older Women’s League
www.ncba-aged.org — National Caucus and Center on Black Aged
www.sagacrossroads.net — An online forum on science and policy related to aging hosted by the Alliance for Aging Research and the publishers of Science Magazine
www.empub.com/sandwichgen.shtml — Put together by a group of people who are caring for aging parents as well as for minor children; provides links to key resources for the “sandwich generation”

Nursing Homes and Person-Centered Care
www.nccnhr.org/ — National Citizens’ Coalition for Nursing Home Reform
www.aahsa.org — American Association of Homes and Services for the Aging; resources section includes links to a variety of institutions and projects exploring alternative models of care. The AAHSA also runs the Institute for the Future of Aging Services, a database of research projects related to care of the aging.

ALMOST HOME is a co-production of 371 Productions and Wisconsin Public Television, in association with Independent Television Service, with funding from the Corporation for Public Broadcasting. Major funding was provided by the Helen Bader Foundation, the Jacob and Valeria Langeloth Foundation, and the Faye McSeeth Foundation.

ITVS COMMUNITY is the national community engagement program of Independent Lens. ITVS Community works to leverage the unique and timely content of IL’s award-winning independent films to build stronger connections among leading organizations, local communities, and public television stations around key social issues and create more opportunities for civic engagement and positive social change.

ALMOST HOME WILL AIR NATIONALLY ON THE EMMY AWARD-WINNING SERIES INDEPENDENT LENS ON FEBRUARY 21, 2006 AT 10:00 PM. CHECK LOCAL LISTINGS.
Self-determination is a powerful and historic term. It was perhaps best described by a former Milwaukee school teacher, Golda Meir, who as an elder and Prime Minister of Israel said, "We want only that which is given naturally to all people's of the world – to be masters of our own fate, in cooperation and friendship with others."

In America, the world's foremost democracy, we are only beginning to realize how "... that which is given naturally to all peoples of the world" is given naturally to our elders when they encounter disability and frailty late in life. Across the country, and today in Wisconsin, we are continuing the work of enabling our elders who need support from our service systems to be masters of their own fate, in cooperation with others. Self-determination refers to the self-determination movement that has created the momentum for this change, and can be an integral part of the redesign of our service system that enables elders in need of support (and often their family caregivers) to be full partners in deciding how the funding spent on their behalf is used.

There are three essential elements of the redesign of services based upon self-determination:

1. The expertise of the system will allow:
   
   - a fair, equitable and adequate individual allocation of funding for each person;
   
   - flexibility in defining how that funding may be used, in order to support the individuality and expertise of each person and family in helping maintain and create a life that makes sense to them; and,
   
   - an opportunity for individuals and families to receive unbiased assistance and support in planning, designing, choosing, purchasing, and monitoring the quality of the supports and services they need.

2. The expertise of individuals and families about how they wish to live will allow people who receive services to have authority over the allocation of service funding based upon their needs. That authority will allow them to purchase support where they want to live and where they want to spend their day from existing providers; act as employers of care assistants; and even develop or purchase needed support from non-traditional or new providers on their own or in combination with other individuals or families.

3. The expertise of communities will be deliberately sought by both the system, and by the individuals and families it serves, maintaining connections that individuals and families bring, and thoughtfully adding life-enhancing relationships as appropriate.

With all these elements in place, we will plant the seeds for, in the words of Justin Dart, "... a revolution that will empower every 21st Century American to live his or her God given potential for self-determination, productivity, and quality of life," regardless of age or disability.

Dennis Harkins
A Simpler Way
dwharks@aol.com
May 19, 2006
Long-Term Care Reform

Aging Summit VI
Eau Claire, WI
May 19, 2006

Why Long-Term Care Reform?

- Give people choices about where to live and their care - not just institutions
- Streamline the system - simplify access and funding structure
- Prepare for the aging baby boom
- Promote wellness - prevent need for expensive care
- Promote individual planning and responsibility for future long-term needs
- Control and manage public costs smarter

Source: Division of Health Care Financing

Give People Choices

- Currently, Medicaid provides entitlement to nursing home care
- Currently, Medicaid has waiting lists for community long-term care options - except in Family Care pilot counties.
- Overwhelming preferences of consumers is for community care
- Wisconsin continues to rely heavily on institutions, compared to other states.

Source: Division of Health Care Financing

Lessons in Long-Term Care

- More than 65% of Medicaid costs are for people with long-term care needs.
- Family Care and Partnership have proven to be cost effective models for bringing care under management.
- Need strategies for moving to managed care faster.

Family Care

- Began operation in 2000
- A "partially integrated" program
- Operates under 1915 b/c waiver
- Includes three target groups:
  - Elders
  - Adults with physical disabilities
  - Adults with developmental disabilities
Appendix L

Wisconsin Partnership Program
- Began in 1996
- A fully integrated program
- Operates under an 1115/222 waiver
- Serves two target groups:
  - Elders
  - Adults with physical disabilities

Independent Evaluations of Family Care Program
- First Evaluation - September 2003, describes Family Care achievements in 2002, the third year of the program's operation.
- Second Evaluation - October 2005, describes Family Care achievements in 2003 and 2004, the fourth and fifth years of the program’s operations
- [Link to evaluation document](http://dhfs.wisconsin.gov/LTCare/pdf/FCIndepAssmt2005.pdf)

Program Results – Family Care
- Costs in comparison to fee-for-service counterparts:
  - Lower overall long-term care costs
  - $722 PMPE lower outside Milwaukee
  - $565 PMPE lower for frail elders in Milwaukee
  - Lower total Medicaid spending $452
  - Lower PMPE outside Milwaukee $55
  - Lower PMPE for frail elders in Milwaukee

Program Results – Family Care
- Consumers' outcomes:
  - Increasing rates of outcomes over 5 years
  - Better health and functioning than counterparts

Partnership Results
- Results for both costs and members:
  - Improved access to dental care
  - Reduced hospital admissions, lengths of stays and days
  - Reduced long-term nursing home stays
Appendix L

Current Initiatives

- ICF-MR Restructuring allows institutional funding to provide community supports.
- Community Relocation Initiative allows nursing home residents to relocate to the community.
- Aging and Disability Resource Centers support those with private resources in finding community care.
- Long-Term Care Planning Grants allow partners to expand reform efforts.

Long-Term Care Reform Goals

- Purchase results, not services or processes.
- Allow consumers and care managers flexibility to respond to individuals’ needs, preferences, and resources.
- Enable individuals to live in the most integrated setting suited to their needs and preferences.
- Reduce reliance on institutional and residential care.
- Include and support informal caregivers.

Implementing Statewide Reform

- Service delivery and costs will be managed through flexible, integrated, individualized managed care benefit system.
- Models include, but not limited to, Family Care and Partnership
- Financing will include capitated risk financing models with potential for innovative pay-for-performance models.

Implementing Statewide Reform

- State will contract with a reasonable, but limited, number of care management organizations (CMOs)
- Multiple care management organizations may serve a single geographic area
- CMOs must meet criteria for sufficiency of provider networks, financial management, reserve capabilities, etc.

Implementing Statewide Reform

- CMO service area will be multi-county, serving sufficient numbers of consumers to allow for cost-effective management of services and risks
- CMOs will be either private organizations, public-private partnerships, or multi-county consortia
- Reimbursement will be based on capitated, actuarially-sound rates

Implementing Statewide Reform

- Existing Community Options Program (COP) and Community Integrated Program (CIP) participants will be transitioned to the new integrated, risk-based model
- Recipients of Medicaid fee-for-service long-term care benefits and nursing home care will also be transitioned to the new model
- These transitions will allow State to avoid cost increases to counties and the Medicaid program, with potential to expand access for people waiting for community-based care
Appendix L

Implementing Statewide Reform

- CMOs must coordinate or integrate long-term care services with primary and acute medical care for consumers within the care management model.
- The minimum degree of integration will be the inclusion of a nurse to coordinate health care, such as within Family Care model.
- Inclusion of preventive, population-based health strategies are strongly encouraged.

Aging and Disability Resource Centers of Wisconsin

- Welcoming and convenient places for the general public to get information about long-term care.
- Offer a single entry point for publicly-funded long-term care services.
- Services are provided through the telephone or in visits to an individual's home.

Source: WI DHFS Family Care Resource Centers (October 2005)

Functions of an ADRC

Statutory and contractual
- OUTREACH AND MARKETING
- INFORMATION AND ASSISTANCE phone and web
- LONG-TERM CARE OPTIONS COUNSELING in person at home or center
- ELDERLY AND DISABILITY BENEFIT COUNSELING

ADRC Functions

- SHORT TERM CARE MGT eligibility delayed or denied
- FUNCTIONAL ELIGIBILITY screen
- FINANCIAL ELIGIBILITY thru ESS
- EMERGENCY REFERRAL at risk
- APS/ELDER ABUSE PREVENTION reporting, community collaboration, safety

ADRC Functions

- Organize prevention initiatives
- Advise students in transition: school to adult service/benefits
- Consultation before LTC admission, for relocation anc for discharge
ADRC in Managed Care

- Streamlined, timely eligibility
- Options counseling: managed care choices
- Enrollment assistance
- Dis-enrollment counseling

ACCOUNTABILITY FOR ACCESS
Karen Bullock (Karen Bullock is presenting in place of Paul Cook, who could not be with us today.)
Community Health Partnership Inc.
2240 EastRidge Ctr.
Eau Claire, WI 54701
715-838-2900
kbullock@chpmail.net

Currently the CEO of Community Health Partnership, Inc., Eau Claire, Wisconsin, Karen has an MS in Vocational Rehabilitation with over 30 years experience working with persons with a disability. While Executive Director of an independent living center, she wrote for and received grant funds for the feasibility study and startup of a Partnership integrated managed care program. She led the efforts to develop that program which in 1997 began enrolling both frail elders and adults with physical disabilities in a three-county area. She also orchestrated the separation of the program in 1999 into a standalone non-profit, Community Health Partnership, Inc., which has a current enrollment of over 800 members.

The Wisconsin Partnership Program (WPP) is an integrated health and long term care program for frail elderly and people with disabilities. The Partnership Program consists of several community-based organizations located in different geographical regions of Wisconsin. The goals of Partnership are to:
- Improve quality of health care and service delivery while containing costs;
- Reduce fragmentation and inefficiency in the existing health care delivery system; and
- Increase the ability of people to live in the community and participate in decisions regarding their own health care.

Shirley Hoehn
4880 Otteson Ln. Apt 205
Eau Claire, WI 54701

Shirley Hoehn, an Eau Claire senior citizen, worked for many years as a receptionist at First Federal Savings and Loan and is now retired. Shirley lives at The Meadows At Otter Creek independent housing for seniors, and her husband Armond lives next door at Grace Willowbrook Assisted Living. Shirley has 2 sons, and Armond has 3 daughters. Together they have 8 grandchildren and 5 great-grandchildren. Church and family are important to Shirley and Armond, and they sang together for many years in their church choir.

The Meadows at Otter Creek
4880 Otteson Ln.
Eau Claire, WI 54701
715-831-1068
http://www.firstlutheranfoundation.org/meadows_at_otter_creek.phtml (The Meadows)

Grace Willowbrook
4868 Otteson Ln.
Eau Claire, WI 54701
715-835-1429
http://wahsa.org/grace/willow.htm (Grace Willowbrook)

First Lutheran Foundation created a continuum of care campus at 4880 Otteson Lane on Eau Claire’s south side in 1998. The Meadows at Otter Creek, a 36-unit independent living apartment complex for adults 55 years of age or older serves as the centerpiece of the campus. The Meadows provides indoor mailboxes, underground parking, a well-equipped exercise room, a comfortable community room with large screen TV and piano, garden plots, and great camaraderie. First Lutheran Foundation has partnered with Grace Lutheran Foundation to provide assisted living services in an adjacent facility, Grace Willowbrook, a residential care apartment complex offering residents security, a sense of privacy, opportunities for socialization and lifestyle choice regarding health and personal care needs. This innovative program provides a unique living arrangement that blends an independent apartment setting with supportive services and care. A special needs housing facility is also part of the continuum of care campus. Additional land is available for further expansion.
Bethany Jacobson-Flieger
Grace Adult Day Services
2512 Spooner Avenue
Altoona, WI 54720
715-832-8811
bjacobson@graceluthfound.com

Bethany has been working with people who have care giving needs for twenty seven years. She has worked in a variety of care settings, including psychiatric hospitals, nursing homes, assisted living facilities and day programs. The greatest lesson she has learned is being taught how to listen by many strong, individualistic care receivers. Learning how to connect with people, and create programs that engage and energize the individual has been a continuous journey. In addition to her work for Grace Lutheran Foundation, Bethany also serves on the board of directors for the Wisconsin Adult Day Services Association, and is Vice-President of the board for The ARC-Eau Claire.

**Grace Adult Day Service-Eau Claire** serves adults with physical, cognitive and memory challenges. They have been actively implementing a person-centered focus in their program since the autumn of 2004. Beginning the process with a simple change in the placement of furniture, the team went on to recreate the entire focus of the activity program. Creating client questionnaires and holding listening sessions with clients and continuous employee training were the next steps. Grace Adult Day Services has begun a Café Corner with gourmet coffees and teas where friends gather, an aromatherapy program, relaxation groups, and other clubs which are based on client interest. The Grace ADS clients continue to teach the team members what is important to them every day.

**Joey Pettis**
Juzell (Joey) Pettis, RN, WOCN, CDON
Dove Healthcare Corporate Clinician
Dove Healthcare Nursing & Rehabilitation
1405 Truax Blvd, Eau Claire WI 54705
715-577-0045
jpettis@dovehealthcare.com

Joey is a national speaker and is instrumental in working with not only her own facilities but with other long-term care organizations to produce culture change to improve the quality of life for the elderly and disabled population.

Joey’s experience includes both staff and management positions in long-term care. For the past 20 years she has worked in long-term care management as a Director of Nursing and as a Consultant with responsibility for staff management and resident clinical care. Joey has extensive experience in developing and implementing quality assurance programs and is a Wound Ostomy Continence Nurse.

Joey received the Professional of the Year Shining Star award from the WHCA in 2002 and the Membership Volunteer of the Year Shining Star award from the WHCA in 2005.

Joey has over 30 years experience in long-term and acute care settings. Joey obtained an Associate Degree in Nursing from Anoka Ramsey Junior College in 1972 and a Bachelor of Science Degree in Health Care Administration from the University of Oklahoma in 1983.

**Dove Healthcare Nursing & Rehabilitation** was published in Provider Magazine for the work the facility has done in the area of dementia care with the creation of the Dove’s Nest. Dove Healthcare received the Facility of the Year Shining Star award from the WHCA in 2003.
Appendix M

_Linda Schmitt, CDM, CFPP_
Director of Dietary
Dove Healthcare Nursing & Rehabilitation
1405 Truax Blvd, Eau Claire WI 54703
715-579-4477
lschmitt@dovehealthcare.com

Dove Healthcare, under Linda’s leadership, was the first nursing home in Wisconsin to implement the Resident Choice Meal Plan as a result of culture change. Linda has worked with numerous facilities throughout Wisconsin helping them to develop their own individualized Resident Choice Meal Program.

Linda has worked in the food industry for over 30 years. She obtained an Associate Degree in Hotel Restaurant Management from the Chippewa Valley Technical College in 1976, a diploma from the Chippewa Valley Technical College in 1990 as a Dietary Manager and a diploma from the Chippewa Valley Technical College in 1996 as a Certified Food Protection Professional.

Linda has worked in long-term care for 20 years, 15 years as a Dietary Director. Linda received the Professional of the Year Shining Star award from the WHCA in 2005.

---

_Gloria Vaughn_
Barron County Office on Aging
330 E. LaSalle, Room 112
Barron, WI 54812
715-537-6244
gloria.vaughn@co.barron.wi.us

Gloria Vaughn trained as a social worker (CSW) has worked in both the county and state levels in Health and Human Services in Wisconsin and in the Wisconsin Technical College system. She is currently employed by Barron County Office on Aging as a Community Services Supervisor, a position she has held since 1998. She also supervises DAYBREAK, a dementia specific adult day program, and she recruits participants. Gloria provides caregiver support and outreach and memory screening to those concerned about memory problems. She also manages the Senior Bus system.

**DAYBREAK**, an adult day program in Barron County for people with Alzheimer’s and other dementia, specializes in adapting its program to fit each individual. Their person-centered approach encourages the participants to maintain independent behavior, and builds on each person’s individual needs and strengths. They provide a positive, supportive environment that is fail-free and helps every individual maintain a purpose for living and being there.
Dove Healthcare
NURSING & REHABILITATION

Joey Pettis RN, Director of Nurses
Linda Schmitt CDM, Director of Dietary
715-552-1030

Culture Change

• Putting the resident at the center
• Developing a community where
  – Individuals value and respect each other
  – The community includes resident, staff and families
• Empowering each member
• Remembering it is a journey

Beginning the Journey

• Commitment to leadership training
• Commitment to the Code of Conduct
• Customer Service Training
• Redesign of hiring and orientation process
• Development of a goal directed path
Code of Conduct

- Developed by the management team
- The way we live - setting the standard
- Bringing it to the staff
Code of Conduct and Customer Service Training

- It was an expectation
- It became evaluation related
- You could lose your job
- You could lose your opportunity for a raise

Dining Choices Program

Five Meal Plan

*Resident Choice Meal Plan*

- Empowering the resident
- Choices included:
  - When to get up
  - When to eat
  - What to eat
  - Where to eat
  - Assist with menu planning
Resident Choice Meal Plan

- Continental Breakfast
- Brunch
- Light Meal
- Dinner
- Evening Light Meal

Continental Breakfast  7-9 AM

Brunch and Light Meal

- Served at
  - 10:30 AM
  - 1:30 PM
- Grilling in the dining room
- Improved food quality
Resident Choice Meal Plan

- Continental Breakfast
- Brunch
- Light Meal
- Dinner
- Evening Light Meal

Dinner and Evening Light Meal

- Served at:
  - 4 PM
  - 6:30 PM
- Food available 24 hours

Resident Satisfaction

- Home cooking aroma
- Dietary staff/resident interaction
- Individualized improved sleep patterns
- Decreased:
  - noise and traffic
  - resident anxiety exhibited by less calling out and grabbing
- Increased time for:
  - activity
  - therapy
  - socialization
Planning! Planning! Planning!

• Don’t just jump in
• Have a plan
• Be sure the team is on board

Celebration

• Enhanced survey performance
• Better financial performance
• Improved customer satisfaction reports
• Census
• Quality indicator results
• Decreased leadership and staff turnover
Person-Centered Activity Resources

Bethany Jacobson-Flieger, Director
Grace Adult Day Services-Eau Claire
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715-832-8811
bjacobson@graceluthfound.com
www.graceluthfound.com
Person Centered Care
Eight Essential Components

1. Maintain and uphold the value of the person regardless of the level of dementia or other challenge.

2. Consider attempts to provide the core psychological needs (love, attachment, comfort, inclusion, occupation, and identity)

3. Promote positive health.

4. See “problem” behaviors as the desire for communication on the part of the person with dementia or other challenge.

5. See “problem” behaviors as an opportunity for communication on the part of the care partners

6. See all action as meaningful

7. Employ staff members who are emotionally available to the person with dementia or other challenge.

8. Contain elements of positive person work.

Language Changes Perceptions

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<tr>
<th>Starting Point</th>
<th>Destination</th>
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<tr>
<td>(Old Culture)</td>
<td>(New Culture)</td>
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<tr>
<td>Control</td>
<td>Accommodate</td>
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<tr>
<td>Problem Behavior</td>
<td>Characteristic</td>
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<td>React</td>
<td>Respond</td>
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<td>Correct</td>
<td>Connect</td>
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<td>Expect</td>
<td>Accept</td>
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<td>Victim</td>
<td>Individual</td>
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<td>Pacer</td>
<td>Individual (seeker, explorer)</td>
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<tr>
<td>Anxiety</td>
<td>Eagerness</td>
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<tr>
<td>Wandering</td>
<td>Exploring/ Excercising</td>
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</table>
Person Centered Activity Calendar Creation Worksheet
Answer these questions in relation to the interests expressed by clients through the 20 questions survey and personal interviews of our current clients. Each month, look at these questions and discuss with clients when planning the activity calendar.

1. What activities (chores, games, fun outings, housework etc) would our clients be interested in, both now, and earlier in their lives?

2. What kinds of things would they be doing as parents, farmers, working people, gardeners, friends, children?

3. Who would they do things with?

4. What things would they do related to the month or season?

5. How can we adapt these historical patterns to our activity program?

6. What themes could we develop that would related to the information that we have already discovered?

7. What clients have expressed interests or history with any of these particular activities?

8. Where could we go in the community that would help our clients relate to these experiences and interests?

9. What food related activities could we do that would relate to these experiences and interests?
10. What artistic or creative activities could we pursue that would related to these experiences and interests?
Grace Adult Day Services
Person Centered Activity Questionnaire

1. What are your favorite things to do at ADS?

2. What is the most fun?

3. What have been your favorite art or craft projects?

4. What is the most boring thing we do at ADS?

5. What is the most exciting thing you do here?

6. What do you look forward to the most when you come in the door?

7. What would you like us to change?

8. How can we make this a more comfortable place for you to come?

9. What else would you like to do here?

10. What hobbies or other interests would you like to pursue at ADS?

11. What do your friends like to do here?
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
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<td>Company/Institution</td>
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<td>13</td>
<td>Karen Bullock</td>
<td></td>
<td>Community Health Partnership Inc</td>
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<tr>
<td>14</td>
<td>Rebecca Busch</td>
<td>CFO</td>
<td>Spooner Health System</td>
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<td>15</td>
<td>Beth Cary</td>
<td>Food Service Supervisor</td>
<td>Norseland Nursing Home</td>
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<td>16</td>
<td>Patricia M Christopherson</td>
<td>retired</td>
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<td>17</td>
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<td>18</td>
<td>Virginia D Close</td>
<td>Regional Director</td>
<td>Regional Director</td>
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<td>19</td>
<td>Cassie Coach</td>
<td>Social Worker</td>
<td>American Lutheran Homes Inc</td>
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<tr>
<td>20</td>
<td>Becky Conway</td>
<td></td>
<td>Presbyterian Homes &amp; Services</td>
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<tr>
<td>21</td>
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<td>Spring Valley Health Care Center Inc</td>
</tr>
<tr>
<td>22</td>
<td>Michelle Fellom</td>
<td>Assistant Director</td>
<td>Good Shepherd Senior Apartments</td>
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<tr>
<td>23</td>
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<td></td>
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</tr>
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<td>24</td>
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Aging Summit VI: Person Directed Care Across the
The Plaza Hotel & Suites

N201-064
May 19, 2006 - May 19, 2006

Printed May 25, 2006
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PARTICIPANT LIST
Aging Summit VI: Person-Directed Care Across the
The Plaza Hotel & Suites

N201-064
May 19, 2006 - May 19, 2006

Appendix N

Printed May 25, 2006
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</table>
### PARTICIPANT LIST

#### Aging Summit VI: Person-Centered Care Across the Life Span

The Plaza Hotel & Suites

**N201-064**

May 19, 2006 - May 19, 2006

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**Printed May 25, 2006**

**Instructor(s): John George**

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<th>First Name</th>
<th>Title and Affiliation</th>
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## PARTICIPANT LIST

Aging Summit VI: Persons Diagnosed Care Across the
The Plaza Hotel & Suites

### N201-064

May 19, 2006 - May 19, 2006

Printed May 25, 2006

Instructor(s): John George

<table>
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<tr>
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Participant Count: 150