The Veterans Voice

The Newsletter of the New Hampshire Veterans Home, Fall/Winter 2008

Culture Change: Transforming the New Hampshire Veterans Home

When Anne Howe, RNC, MSN, introduces herself as "Director of Resident Care Services," it's often a conversation stopper—until she adds the subtitle, "Director of Nursing," and then people nod their heads up and down. But Anne keeps introducing herself as Director of Resident Care Services because, she says, "It's an uphill battle and we're going to win. At the Veterans Home we are working to move away from the strictly clinical model of nursing. We want to integrate many disciplines into the care of each resident. After all, if you focus only on the clinical, you can lose a person's soul—you watch their joy of living disappear."

This transformation, or "culture change" movement, affects everything: from the time residents get up (or choose to sleep in) to the foods they eat, the activities they participate in, and the type of housing in which they live. "It's been a tug-of-war," Howe says, "because traditional nursing home regulations have been at odds with resident-centered care."

At NHVH the disciplines of nursing, social work, recreation, dietary, and rehabilitation are being integrated into what we call "the Care Team." The Care Team focuses on **the whole person,** not just the effects of a stroke, the damaged lungs, or elevated blood sugar. Howe adds, "People trust us when they bring a loved one to our Home. Most of the time it will be their last home, so we have a huge responsibility to make it a habitat for living—not a waiting room for death. We need to address all the parts—not just the physical parts—that make a person a human being."

The good news is that traditional nursing home regulations are beginning to change. Homes for elders are placing decision-making powers where they should be: in the hands of the residents. Nursing homes with long corridors of identical rooms, shared bathrooms, and regimented schedules that were designed for the convenience of staff—not for the comfort of residents—are being renovated or rebuilt to create "neighborhoods" (similar to LEDU, our Life Enhancement Dementia Unit) and "households," where single rooms, private bathrooms, small "family" dining areas, and unobtrusive nurses' workstations create an environment that says "home," not just "home-like."

In a recent column in the Boulder City News, Gary Bermeosolo, administrator of the Nevada State Veterans Home-Boulder City, said "Both the Department of Veterans Affairs and the Centers for Medicaid and Medicare, two agencies charged with regulating care in nursing homes, are embracing cultural change and, in fact, are considering dramatic changes to their regulations to encourage it."

He adds, *"Think about how you live in your own home and realize that this is what most nursing home residents really want and what our cultural change is all about."*

Howe is a member of the New Hampshire Veterans Home Master Plan Committee. "We are going to be proactive about our future," she says. "We are looking at the challenges that will need to be addressed in the next 20 to 25 years and we are making sure our recommendations are consistent with culture change. We have always been a place where our staff cares deeply about our residents; now we are raising the bar even higher. We say it and we mean it: this is our residents' home—we just work in it."

Read about Dave Clark and how Care Teams work. See page 5...

Wearing Purple: Walking the Tightrope between "Caring" and "Treatment"

by Barry E. Conway, Commandant

As I walk through the rooms and hallways of the New Hampshire Veterans Home I often think of "Warning," the wonderful poem by Jenny Joseph which begins, "When I am an old woman I shall wear purple."

How often do we label someone "eccentric" or "odd" when they are just fully enjoying who they are and discovering who they may become? A member of our staff recently told me about her friend, Debbie, who was a high school teacher for nearly 20 years. Debbie always went to bed early because she had to be up before dawn and at school for her students. Her life was very structured around schedules, correcting papers, preparing exams. This June she retired and her life changed. Now she stays up late—sometimes till 2:00 AM or later—and wakes up whenever her body tells her to; no more alarm clocks jarring her out of a deep sleep. She eats whenever she feels like it, works in her gardens, and plans "adventures" with her friends.

Although most of our residents have complex medical conditions and need nursing care, they are not unlike Debbie. They've worked, raised families, served their country. Now is their chance to wear purple.

Resident centered care isn't meant to be a tug of war between quality of care and quality of life. It can be, of course, for many valid reasons. But resident centered care is about respect, honoring a resident's wishes, listening to his or her ideas, remembering all he or she went through in order to be able to wear purple.

Dr. Allen Power, Assistant Medical Director and Eden Alternative Mentor at St. John's Home in Rochester, New York, wrote an essay a few years ago called "Making nursing homes more homey, residents like family." In the article he says, "Caring is holistic and helps a person to grow. Treatment can stifle growth and fulfillment by regimenting one's life."

In this issue of Veterans Voices we are focusing on our Care Teams. These women and men find a balance every day between treatment and care. There are many regulations and responsibilities, medications to be dispensed, therapy to be scheduled, paperwork to be completed, diets to be followed, and more. But as you will learn in the following pages, the resident is not only at the center of the care team, he or she is the "boss" of the care team.

It's a lesson we all need to learn well, because someday it will be our turn to wear purple.

The poem "Warning" by Jenny Joseph begins with the lines:

"When I am an old woman I shall wear purple
With a red hat which doesn't go, and doesn't suit me.
And I shall spend my pension on brandy and summer gloves
And satin sandals, and say we've no money for butter.
I shall sit down on the pavement when I'm tired
And gobble up samples in shops and press alarm bells
And run my stick along the public railings
And make up for the sobriety of my youth...."

Excerpts from "I" Care Plans are similar because they also celebrate the humanity and the indomitable spirit of our residents.

"Walking is important to me. I want to walk around the perimeter of Veterans Home three times a day...."

"Even though I'm supposed to eat pureed food, I want to eat scallops at a restaurant in Laconia..."

"I want to learn how to use a digital camera...."

"I want to sleep late and skip breakfast...."

"I want to go to activities and I might say no if you ask me, but please keep asking me..."

"I want to find a way to reconnect with my daughter...."

"I want to learn how to feed myself even though I've had a stroke...."

"I want to have time to paint every day and I want to read books about painting...."

"I often feel lonely and want to keep busy..."

"I feel like an ambassador here. I keep telling everyone shame on you if you don't get involved because there is so much to do at NHVH. I will keep reminding others to stay busy in order to keep their minds sharp..."

"I hope to return to the community one day..."

"This is a big place with lots of people, but you can still feel alone. When you stop and speak to me it gives me a lift which I can pass on to others..."

Our residents wouldn't be here if they didn't need 24-hour nursing care, but we must remember that *they are people--not medical conditions*--and this part of their life can be uniquely happy and meaningful. Our job is to support them in every way we can.

Staff Profiles

Anne Howe, RNC, MSN
Director of Resident Care Programs

Anne Howe walks a tightrope every day. "Balancing Quality of Care and Quality of Life is the toughest thing I do," she says. "And it's what I'm most proud of. You have to juggle schedules with flexibility, staff-directed care with resident-centered care. As professional caregivers we are taught to be scrupulous about Quality of Care tasks: administering medication, monitoring diet, taking vital signs, and much more. But to a resident, Quality of Life is much more than a series of tasks. Changing the culture of an institution to the Culture of Home is a challenge because you don't want the Quality of Care to suffer. When we won the Quality of Life Award in 2007 it felt like a lifetime achievement to me; when we strike a balance, everybody wins."

Anne has worked at the Veterans Home for fourteen years and for her there is no "typical" day. She wears many hats: "I spend a lot of time in meetings," she says. "Sometimes I'm a problem solver, a consultant, or a facilitator. Communicating the needs of residents and staff and figuring out how those needs will be met within the Veterans Home community is always challenging, sometimes frustrating, and usually rewarding. I negotiate, pass on information, and follow through. I learn new things every day."

Anne also represents the Veterans Home through her involvement with many other organizations. She has served on the Advisory Board of the State of New Hampshire's Office of Long Term Care Ombudsman; Tilton School's Board of Trustees and Master Plan Committee; LRGHealthcare's Behavioral Health Community Strategic Planning Committee; and the New Hampshire Chapter of the National Association of Directors of Nursing Administration/Long Term Care. She is a strong supporter of the New Hampshire Chapter of the Alzheimer's Association and a participant in the annual Alzheimer's Memory Walk.

In today's fiscal climate, she sees herself as the keeper of the faith. "Budget cuts are frustrating and discouraging," she says. "I keep asking myself: how can we move forward when budgets are frozen? But I guess I am an eternal optimist. I won't let budget freezes deter me. I keep planning 'as if' and believing that eventually we will get to where we need to be."

Anne is leading the transformation of the Veterans Home culture from a medical/institutional model to one based on residents' choice. "I am a teacher at heart," she says. "I try to be the foundation that supports everyone else. I want to promote the Mission of the Veterans Home by developing strong leadership—leadership that's at the front line, not just dictated from above. I want to make sure we keep the residents as our main focus; we must remember who we are serving and lay the groundwork to make sure it continues. I want this to be my legacy—creating and nurturing a vision of caring for the people who are here now and for those who will come in the future."

Thomas Heald, MSW
Administrator III

Tom Heald has worked at the New Hampshire Veterans Home for four and a half years and in eldercare services for 25 years. As an administrator, he supervises the Nursing, Social Work, and Therapeutic Recreation programs in the Tarr and Welch neighborhoods. He provides leadership, support, and direction to the interdisciplinary team that is assembled to meet the needs of the residents. "We have a bio-psycho-social perspective," he explains, "Each discipline retains its identity and expertise, but we work in collaboration."

"Our job is to help other human beings work through the challenges they face with dignity and respect," Tom Heald reflects. "One of our key guiding principles is to help make the New Hampshire

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Veterans Home a place that promotes optimum human growth for all who live and work here."

Heald explains that when a new resident is admitted to the Home, he or she may arrive in a weakened condition. "After all, some people say, 'this is a nursing home. People come here to die'—so we challenge people to have a full life while they are here, have fun, focus on abilities and adapt to long term care. Residents may even redefine themselves. We promote rehabilitation and restorative health. Our recreation therapy programs focus on discovering and building our residents' strengths. We don't want a person to become just an object of care. By encouraging an interdisciplinary approach, we remind ourselves to focus on the whole person. When we do this—and it's always an uphill battle—we can redefine long term care."

"In order for a resident to have a meaningful long term care experience," Heald continues, "we want to identify and nurture that person's strengths. We talk with them, observe them, and spend time with family members. It's wonderful when we can find something like music or art or writing or photography that a resident can become immersed in. Each person is unique. Each person has enormous potential, and when you don't have to mow the lawn, do the laundry, go grocery shopping, clean the house, shovel snow, or do other errands, there are wonderful opportunities to unleash that potential and transform one's life."

Heald underscores the need to stay focused on the NHVH mission. "It's critical to keep our programs headed in the right direction," he says. "There are setbacks—life is like that—but we always have to remind ourselves not to throw in the towel. It's important to be patient, have faith in the process, and focus on Quality of Life. It's a continuous labor of love to be the kind of place we say we are, but as long as we remind ourselves that the residents are our focus, we'll be okay."

Tom's days tend to jump between activities with residents and meetings with staff. He runs a Reminisce Group with residents each week, leads meetings of the Recreation and Social Work staffs, attends Admissions Committee, Safety Committee and Leadership Team meetings, and participates in Nursing Team meetings. He also coordinates Intergenerational Programs for the Veterans Home.

He started the regular Quality of Life meetings which include residents and staff. He says, "The Quality of Life meetings give us a chance to create dialog in a setting where everyone is on an equal footing. In Q of L meetings anyone can bring up anything; nobody's views are 'wrong' and we remind ourselves that we are all on this journey together."

Michelle Pelletier, RN BC
Assistant Director of Nursing;
LEDU Program Manager

Michelle Pelletier is a strong voice for resident-centered care. "I like to think of myself as a coach and a facilitator," she says. "I want to be the vision keeper for our dementia program."

Michelle has worked at the Veterans Home for three years and her days are filled with meetings—Nurse Manager meetings, Program meetings, Admission meetings, and more. "LEDU (the Life Enhancement Dementia Unit) was created before I came," she explains, "and it has a very strong foundation. Sometime's it's easy to lose sight of the big picture, so it's my job to keep everyone on the same page. I am not a dictator in the meetings I facilitate, but I have a definite point of view. Everyone on our team has very good skills and a solid knowledge base. We can all be more successful and residents will be happier if we empower staff to come together and use those individual skills to achieve a common goal."

As the Veterans Home transforms its culture from a medical/institutional model to one based on residents' choice, Michelle loves talking about "I" Care Plans. She says, "Long term care traditionally meant doing what people thought was best for residents—waking them up to take their vital signs, directing them to bathe on a specific schedule, following a rigid medication schedule, and more. The 'I' Care Plan concept puts the resident in the driver's seat. The resident tells the provider what he or she thinks is best. After all, it makes sense. If a resident is directing his or her own care, compliance and outcomes will always be better because the voice of the resident is being heard and listened to."

She adds, "I always remind the staff that this place is the residents' home. If a resident is resistant to something, we need to go with the flow. We don't need to reorient people to our reality; we need to step into theirs."

Looking to the future, Michelle hopes her biggest work-related accomplishment will be her success in running "the best dementia unit there is." She says, "I hope people will want to come to LEDU because of our great outcomes. I would take a great deal of pride in that."

Dave Clark and the Resident-Directed "I" Care Plan

The easiest way to explain Care Planning is to see how it works for a real person.

Dave Clark (above, with Physical Therapist Craig Walton) is a Vietnam veteran and a NHVH resident who has survived battlefield injuries, a heart attack, and two strokes. Dave was born on September 28, 1945 in Concord. As a young man, he wanted to go to the Massachusetts Institute of Technology; he dreamed of becoming an astronaut.

His plans and his life changed in 1965, when he was drafted and began serving in the US Army. In November 1967 he was shipped to Vietnam. He doesn't like to talk about the day in February 1968 when he was transporting a truckload of reinforcements. His truck was hit by enemy fire and the troops he was carrying were all killed. He joined a small group of Marines in a firefight and he was hit. Four of the Marines carried him to an aid station. "They saved my life," he says, and he was helicoptered out to a hospital in Germany. He'd been badly injured, and then spent the next two years in hospitals in Seattle, Washington; Washington, DC; Fort Dix, New Jersey; and Manchester, New Hampshire.

Dave's life has been filled with challenges: his parents split up when he was three and a half years old and he was placed in an orphanage; he grew up in at least eight foster homes; he was married for nine years, but then his wife died; he lost his job because of health problems; he had a heart attack in 1997, then a stroke in 2003 which paralyzed his right side, and another stroke in 2008 which left him unable to move any part of his body below his neck.

But every time you ask Dave how he is, he always says, "Groovy," and the "GROOVY" license plate on the back of his wheelchair reminds the world of his positive attitude. Recently he said, "I thought I was finished after the last stroke, but the staff and the residents here were wonderful, and I got help immediately. I decided I wasn't going to give up."

Dave couldn't eat by himself, couldn't go anywhere by himself, and couldn't write by himself, and writing is very important to him. Dave's Care Plan team mobilized multidisciplinary resources to give him the support he needed.

Care plans used to be written in the third person. Some examples are: "She has dysphagia and her foods should be pureed." "He tends to isolate himself from others and needs to be encouraged to participate in group activities…." The "old" Care Plans tended to treat people as objects of care: we should do this for someone…or we should do that…all with the best intentions, but not with the resident's wishes first and foremost.

At the Veterans Home it is now the resident who "writes" the Care Plan, setting goals and making his or her wishes clear. Interestingly—but not surprisingly—the "I" Care plans are usually far more successful—although it's sometimes hard for staff

who have spent years caring for people to get used to this new concept. The "I" Care plan is an outline of a resident's goals and wishes. The resident articulates his or her wishes and the Care Team partners with the resident to accomplish as much as possible. Because the Care Plan is directed by the resident, he or she is more motivated to comply with the Plan and the results are generally much more successful.

Dave's Care Team—*and every NHVH resident's Care Team*—consists of the Veterans Home's Medical Director and representatives from Nursing, Social Work, Dietary, Recreation, and Rehabilitation Services. The members of the team carefully document cognitive patterns, communication, vision, mood/behavior, psychosocial wellbeing, physical functioning, continence, disease diagnosis, health conditions, oral/nutritional, dental, skin, activity, medications, special treatments, and potential for discharge to home or another facility.

Jonna Prendiville, ARNP, the Home's MDS Coordinator, says, "Preparing a resident's Care Plan takes many hours of combined effort and we do it regularly: the resident's initial assessment is made within 21 days of admission then quarterly thereafter, unless special circumstances arise."

Dave's medical condition changed dramatically after his 2008 stroke, but he didn't give up and neither did his Care Team. Little by little, he made it clear that he wanted to regain some level of independence. However, Dave was totally dependent at first. Dietary staff helped feed him every meal. Nursing met his very complex medical needs. He didn't want to be stuck in bed in his room, so Physical Therapist Craig Walton got him a special wheelchair that he could "drive" with his chin. Craig taught Dave how to use his chair and soon he was involved in activities again. Recreation staff began teaching him how to use voice-activated software to be able to write again.

One day this summer Dave got some feeling back in his left hand—the one that was paralyzed by the 2008 stroke. With Dave's motivation and extensive help from physical therapy, he has regained the use of his left arm. He doesn't need the chin-controlled wheelchair anymore—just a regular wheelchair that he propels with his left arm. He goes to art class three days a week and paints watercolors with the hand that was paralyzed just a few months ago.

"I want to stand up and pivot from my wheelchair to my bed..."
Dave Clark, Vietnam vet and NHVH Resident

NHVH Physical Therapist Craig Walton (left) helps Dave Clark practice getting up from his wheelchair and standing.

Dave also began getting some sensation back in his left leg and decided to go to physical therapy three times a day. Recently, for the first time in almost seven months, he kicked a beach ball in "Move It or Lose It," an exercise program for residents. His current goal is to be able to stand up and pivot from his wheelchair to his bed—and back.

Dave is also vice-president of the Resident Council and he has a girlfriend, Mary Tucker, who works for a local healthcare organization. Dave wanted to take Mary on a lunch date, so the Veterans Home van took him to Applebee's, where he and Mary enjoyed some special time together.

Dave is determined to get back the full use of his left side again and his Care Team will do everything they can to help him—just as they do for every resident at the Veterans Home.

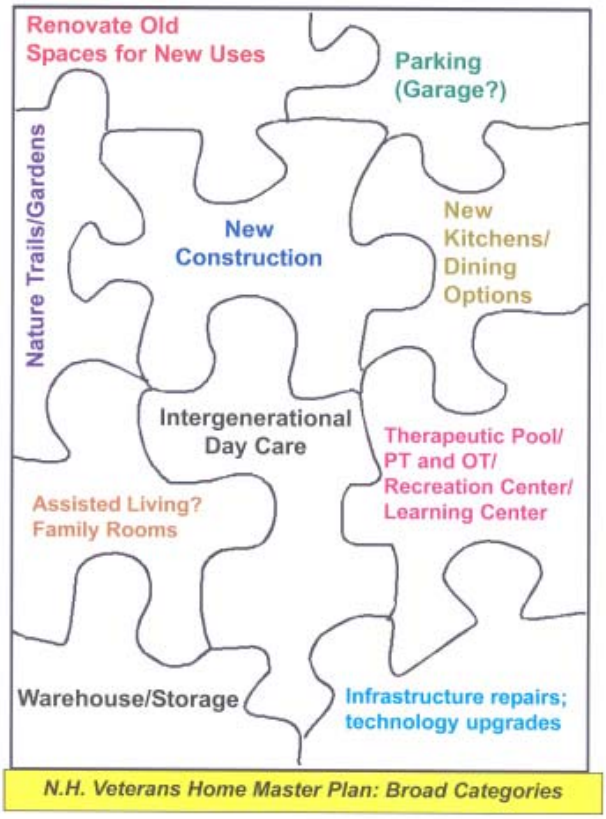
NHVH Physical Therapist Craig Walton, PT Aide Pam DeCosta, and LNA Carole Sibulkin with Dave Clark (seated) after succesfully practicing pivoting in his room at the Veterans Home.

A Note from Admissions

If you would like to receive information about the New Hampshire Veterans Home or make an appointment for a tour, please contact Ellen Douville or Shirley Ray, Admissions Coordinators, at (603) 527-4400.

Master Plan Update

Since the early spring of 2008 the New Hampshire Veterans Home has been working on the creation of a Master Plan that will help us meet the needs of the next generation of veterans who need long-term care.



N.H. Veterans Home Master Plan: Broad Categories

The Master Plan Committee meets each month and has talked with several architectural/master planning firms to learn about what goes into a Master Plan. We have sent surveys to family members, residents, and staff. We've talked with a representative from the NH State Veterans Council and will be listening to a group of our own Vietnam-era veterans. We are inviting our staff to share their vision for the Veterans Home's future with us.

We are seeking funding for the Plan, and hope to complete the work within a year from the time we receive funds. Throughout the process we want to hear from all of our constituents. *Our job right now is to listen to your ideas. We believe that every idea has merit.*

We are committed to working under the umbrella of our Mission; at the same time we want to be responsible stewards of our present and future residents, our buildings, and our land.

Please help us by sharing your ideas with us. You may contact the co-chairs of our Master Planning Committee: Jackie Bonafide, Program Information Officer (jackie.bonafide@nhvh.nh.gov) or Garry Naughton, Director of Operations (garry.naughton@nhvh.nh.gov). You can also reach them by phone at (603) 527-4400.

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Governor Lynch & Executive Council Meet at NHVH on October 8th

Governor John Lynch and members of the Executive Council held their October 8 Meeting at the New Hampshire Veterans Home. Pictured are (left to right) Executive Councilors John D. Shea and Beverly A. Hollingworth, NHVH Commandant Barry Conway, Gov. John H. Lynch, Executive Councilors Raymond J. Wieczorek, Raymond S. Burton, and Debora Pignatelli.

Every year the Governor and each of the councilors choose to locate one meeting outside of the State House. This year Gov. Lynch chose to hold the Oct. 8 meeting at the Veterans Home because, he said, "The New Hampshire Veterans Home does an outstanding job of providing the care our veterans need and deserve. Bringing the Governor and Council Meeting to the Veterans Home is a great way to honor the sacrifice of our veterans and to highlight the outstanding work that is being done there."