

Challenging Behaviors Workgroup & Committee Meeting
Greater Hartford Legal Assistance
Meeting Minutes
4-30-04

Workgroup Members in Attendance: Teresa Cusano, LTCOP; Michael Michalski, LTCOP; Maggie Ewald, LTCOP; Eugene Hickey, IOL; Cristina MacGillis, LTCOP; Laurel Wood, MedOptions; Theresa Velenzas, LTCOP; Waldo Klein, UCONN; Michele Parsons, DSS/CHCPE; Karyl Lee Hall, GHLA; Jan Van Tassel, Legal Rights Project; Jennifer Glick, DHMAS; Lynn MacLean, Apple HC; Bob Burke, Athena HC; Lynn Noyes, DSS; Ruth Barbour, Haven Health Care.

Workgroup Members not in Attendance: Valerie Bryant, DPH; Toni Fatone, CAHCF; Rick Brown, CAHCF; Paul Miller, CMS; Mag Morelli, CANPFA; Nancy March, IOL; Casey McGannon, AA; Lee-Ann Boatwright, DHMAS; Sharon Ciarlo, DHMAS; Julie Robison, IOL; Cindy Gruman, IOL.

Teresa Cusano opened by acknowledging the absence of members due to legislative activities and other commitments. The group also welcomed Ruth Barbour, VP for Clinical Services, representing Haven Health Care.

A legislative update followed with discussion of the following:

- The Proposal regarding changes in the patient's bill of rights - the provision regarding notice and restraint use may be lost, however, language supporting a resident's right to be visited by advocates and others as desired has passed in the Senate and is on the House calendar.
- There is an effort underway to continue with the proposal expanding the services of the LTCOP to Assisted Living. Teresa Cusano explained that most Ombudsman programs at the national level already handle Assisted Living, but noted opposition from CALA. She further noted that the LTCOP would be unable to perform the new duties without adequate staff. Senator Prague proposed this bill in part due to an AARP study that revealed the need for LTCOP services in Assisted Living. This bill has passed the Senate and is on the House calendar. The LTCOP will most likely be available to residents of "congregate" Assisted Living first and then as resources permit, the private sector as well. Teresa Cusano stressed that the role of the LTCOP will be resident directed advocacy as it is in other settings.
- The bill regarding rate reimbursement has been signed by the Governor, however Windsor Hall will still close. Windsor Hall's closure will greatly affect residents because the facility did have a progressive program for residents with Alzheimer's and mental illness. The future of Atrium Plaza is undetermined.
- The COP bill regarding the rights of conserved individuals has passed the Senate.

Committee Discussions and Reports

Care and Case study Committee update: Lynn MacLean

The group discussed the conference/training for Fall 2004. The materials/information that will be available should include; a comprehensive resource guide for providers; guidelines for LTC facilities to help identify residents with potential to develop behaviors; guidelines for facilities to use in troubleshooting and care planning proactively. The goal is to put together two protocols, one on suicidal ideation, and another on aggressive behaviors. Both should include "what to do" when residents return from the hospital (CIC, RCP, etc).

In addition, discussion centered on the question of how to share limited resources with facilities to assist them in the process of determining how best to address a resident's needs. Does hospitalization help? When is it appropriate to consider a transfer? Can we develop sample case studies, resources guides or forms to assist facilities?

Comments from the group regarding additional topics for discussion included concern that geriatric psychiatric units are often reluctant to take residents who require heavy medical care.

J. Glick commented that work is being done to find a major speaker for the conference. There will be small groups for providers to explore best practices for interventions based on situation, primary diagnosis, etc.

Policy and Regulations Committee update: Eugene Hickey

The group's discussion began with an effort to clarify "what behaviors are we most concerned with?" What policy models exist elsewhere in the country? What regulations pertain to those models? How accessible/appropriate is Connecticut's information (W-10, public health code, QI survey results, etc). The group feels strongly that solid data is needed to accurately address these issues.

Other topics of discussion included concern that what is viewed as "problem behavior" is subjective.

Questions raised include:

What are best practices in CT? Can Braceland offer any information? Suggestion to look at the Alzheimer's Resource Center was discussed. Also, there is still no standard definition of a "behavioral unit". Should there be one?

With respect to regulation and enforcement, what assistance is available to educate providers? Is it possible to get any opinions from CMS regarding Connecticut's oversight and enforcement process, i.e., are current regulations over-enforced?

Lastly, legislative advocacy was noted to be a key component for this committee. For instance, what is the status of the legislative workgroup? Teresa Cusano commented that the bill creating a task force may be resurrected, but would allow for only limited representation. Members of the group are informing legislators that we already have a group that is functioning well and working on the broader scope of this issue.

The group also discussed hosting a legislative breakfast to involve constituents and consumers and meet with legislators. The consensus is that this is an important step in engaging legislators in the process.

Regarding best practices, Teresa Cusano commented that there is a very good book from the Geriatric Education Center of Michigan that addresses environment, care, etc. Also, Waldo Klein is working on a study of Alzheimer's units and perhaps Braceland has additional information that would be helpful.

Eugene Hickey closed by summarizing the committees' goals which include clarification of regulatory information hosting the legislative breakfast.

Training Committee Update: Jennifer Glick

Much of the group's discussion centered on planning a conference for providers in October. Some possible locations including Middlesex Community College were discussed. Speakers would be sought from the Alzheimer's Association. J. Glick reported the committee would be in contact with Dr. Morrison and possibly a second speaker. Breaking the Bonds is going to help with sponsorship. The ability to offer CEUs is being explored. The target audience is facility Social Workers, CNAs, and Directors of Nursing. CNAs will be invited at no charge.

Additional topics included ways to positively influence in-servicing in facilities and make them more effective, committee review and suggestions for training curriculum for CNAs and nursing students.

The group would like to explore certifications and standardized approaches for policies dealing with "challenging behaviors" in CT. J. Glick reports that a literature review will likely be done by an intern from St. Joseph's College.

With respect to CEUs, Waldo Klein suggested a sponsorship by NASW, CT Chapter. Eugene Hickey wants to talk about somehow involving Admissions Coordinators due to their role in assessing residents prior to and/or during admission.

Maggie Ewald commented that the in-servicing trainings in many facilities could be improved and perhaps the group could also think about the actual format of trainings as well as the curriculum. How could the trainings be structured to better ensure efficacy.

Teresa Cusano commented that she and Cristina MacGillis met with Representative Peggy Sayers regarding nursing related training and she is very interested in putting together proposals for next year. She may also be able to help us with ways to educate legislators of needed changes. It would always be beneficial to get the legislators to meet with residents in their districts to hear first hand of the importance of well-trained staff.

Laurel Wood reported that Med Options is available as a resource for in-services on crisis intervention, etc. Michael Michalski reported that the LTCOP is already utilizing a "team approach" to resolving crisis situations. This cooperative approach between the LTCOP, providers, and other agencies and programs has resulted in successes already.

In closing, Teresa Cusano urged workgroup members to read and comment on committee minutes posted on our web site and post questions as needed. Regarding communication of workgroup/committee members and various departments or agencies, Teresa suggests contacting the workgroup member representing the respective agencies (i.e., for regulatory questions, contact Valerie Bryant at DPH). In addition, a great deal of resource information is already posted on the workgroup web site.

Future Meeting Dates*

The next meeting of the Care & Case Discussion Committee will be held at the Donnelly Bldg on 5/11/04 at 9a.m.

The next meeting of the Training Committee will be at 25 Sigourney Street on 5/20/04 at 9a.m.

The next meeting of the Policy and Planning Committee will be at CAHCF on 5/19/04 at 9a.m.

The next meeting of the full Workgroup on Challenging Behaviors will be on September 9, 2004 at 9a.m. at 25 Sigourney Street (DSS Central Office).

*Please note meeting dates have been updated and amended.

Submitted by:
Jennifer Keyes
Program Consultant
LTCOP

Draft minutes/jk/4-30-04