

# Re-evaluating elderly care facilities

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The thing people want most in life is to be independent. Often when a person becomes injured or reaches a certain age, the loss of independence becomes a difficult thing to give up.

That happened to me recently as I was already in a power wheelchair because of a broken leg that is tough to heal when I took a tumble out of the wheelchair and ended up on the pavement with a broken leg again and a broken shoulder.

I ended up in Sanford Hospital Fargo for treatment and then a decision on where to send me for physical therapy. The nursing homes in Bemidji were at full capacity so I ended up in a nursing home in Fargo.

Having written a "Northwoods Politics" blog a few years ago about the inadequacies of nursing homes to provide short-term rehabilitation services, I find myself in the very same situation in my tenure at the Fargo nursing home. It is clear that nursing homes need a new direction in preparing for a new wave of aging people, the baby boomers, who want to regain their independence as much as possible after suffering broken bones or having joint replacements.

The goal should be to give the patient the skills necessary to return to independent living in an atmosphere that is conducive to quick healing and recovery, the goal being to go home.

Unfortunately, many times that is not the case, perhaps starting at the federal level with nursing home policies accounted for by Medicare.

In my case, the nursing home I was at was just that, a nursing home. It had long-term and short-term

inhabitants. A giant kitchen serves both resident types, limiting menu choices. Turkey and chicken was the prevalent meal at lunch and dinner. Staff was also the same, with the same staff serving both areas.

There are also two people to a room, the old nursing home style, and each having to deal with each individual's choices over air conditioning or not, etc. My roommate preferred to sleep all day, getting up only for meals. Some staff tried to put me down for a nap every day while all I wanted was therapy to get home.

Therapy trends need to be changed. According to Medicare, reimbursement is for a certain number of hours per week of therapy. So one day I would have 15 or 20 minutes of therapy, followed by an hour of therapy the next day. This does not seem consistent.

And the days are so terribly long, since it is a nursing home, activities are limited and there's nothing to do. You subtract the hour and maybe a few minutes of therapy from the day and there is nothing to do. Often I just sat in the lobby watching the people come and go, or using my iPad to study something.

Because of my previous leg injury, a number of supports were already in my home; all I really needed from this nursing home was to show proficiency in sliding board transfers from wheelchair to bed and back. But it seemed there was a therapy program to keep me there for several weeks to a month rather than providing specific skills. I had to take matters in my own hands and when I finally saw a doctor, I had him put in the orders that I just needed to show sliding board techniques, and I was assigned a therapist who agreed with me.

In other words, I had to take matters into my own account, being aggressive in seeking goals to get me home. Perhaps doctor's orders issued earlier might have helped that. Also, the usual care conference, in which all principals get together to decide a program of action, should occur within days of admission. The whole time I was in the nursing home there was never a care conference.

Unfortunately, most people are not aware of the system enough to use the system as I was with my experiences over the last several years. Also, I will suggest pairing short-term rehabilitation with assisted-living facilities rather nursing homes. It seems that assisted living facilities are more active and people are trying to be as independent as possible. Matching that with short-term rehab would provide a source of activity for both groups. Locally, as a consumer of Neilson Place, I find that facility to be closely matched with what should be developing for future years. It is an exception.

In Beltrami County, the percentage of those people over age 65 is increasing at a greater rate than other --

age groups, and it is showing the beginning of the baby boomer retirement. Also, more older people are migrating into Beltrami County to retire to live at their lake home or buy one.

Sanford Health is also making a large investment in the community, taking over the North Country Regional Hospital, and its ancillaries. It shows that it's preparing the way for the need for increased health services. More resources are needed, such as assisted-living facilities and rehab facilities, plus the plethora of services in keeping seniors in their homes.

The fact that the community is also actively seeking a state operated veterans nursing home for northern Minnesota also shows interest in keeping Beltrami County ahead in provision of services for an aging population. It's also time for lawmakers to consider new trends and fund them accordingly. The nursing home model just isn't going to work anymore in trying to keep people in their homes. It was never designed to do that.

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