University Adds Master’s In Seniors Housing Program

George Mason University, Fairfax, Va., has added a master’s degree to its assisted living seniors housing administration program.

The new master’s of science in Seniors Housing Administration program will begin in fall 2010.

“Just as the Cornell School of Hotel Administration set the standard for the hospitality industry, we want to set the standard moving forward for seniors housing,” says Andrew Carle, director of the university’s assisted living/seniors housing administration program. “The first of 78 million baby boomers will turn 65 next year, and their interest and expectations for retirement housing will be high.”

The nation’s growing aging population will need some type of seniors housing or long term care, and those communities will need executives trained in seniors housing. Currently, there are 50,000 active adult, assisted living, seniors housing, and continuing care retirement communities in the country. With the National Institute on Aging estimating that one of

AHCA/NCAL Creates Health Care Reform Web Resource Center

How does the new health care reform legislation impact your assisted living business? Implementation of many of the provisions in the Patient Protection and Affordable Health Care Act will unfold over the next several years, as new regulations are necessary to implement most provisions.

AHCA/NCAL has created a Health Care Reform Web page to provide exhaustive analysis, issue-based materials, and a timeline of relevant effective dates. The Web page will be updated regularly. NCAL has placed a link on its home page at NCAL.org. Here are few updates:

Employee Health Insurance Mandates

Many members have expressed concern about employer health insurance mandates. While many of the details are still to be determined through regulations, it is important to know that

Congressman Visits Edina, Minn., Community

Congressman Erik Paulsen (R-Minn.) visited the Parkinson’s Specialty Care Residence, an assisted living facility in Edina, Minn., during the recent congressional recess in April. The congressman toured the residence guided by Operations Director Sandee Horton. Parkinson’s Specialty Care offers a homelike atmosphere that has been adapted to meet the needs and challenges of individuals living with Parkinson’s disease.

In addition to learning about the residence and its programs, Rep. Paulsen was briefed by Patti Cullen, president and chief executive officer of Care Providers of Minnesota.

In Vermont, Rep. Peter Welch (D-Vt.) toured Pillsbury Manor at Allendwood, an assisted living residence located in South Burlington, Vt. After
Long Term Care Insurance Enables Claimants To Reside In Assisted Living Communities

A study tracking how people used long term care (LTC) insurance benefits found that a major impact of having LTC insurance is claimants’ ability to exercise preferences for alternatives to nursing facility care.

The study, titled “Private Long Term Care Insurance: Value to Claimants and Implications for Long-term Care Financing,” was recently published online by the Gerontological Society of America.

Researchers took a random sample from 10 LTC insurance companies of 1,474 individuals receiving benefits. The individuals were interviewed in person by a trained nurse and then by telephone every four months for a 28-month period. About 96 percent of those filing claims were approved for payment. At baseline, 37 percent received home care, 23 percent assisted living, 14 percent were in a nursing facility, and 26 percent had not yet begun receiving care.

Researchers found that only 20 percent of those studied ever received nursing facility care over the 28-month period. Also, “despite the oft-cited preferences of the elderly individuals to remain at home with paid services if required, LTC insurance claimants frequently chose assisted living rather than paid home care or nursing home care.”

The study found that claimants with the most severe disabilities resided in nursing facilities and the least disabled in assisted living settings. However, nursing facility and assisted living residents studied had comparable levels of cognitive impairment (64 percent and 63 percent, respectively), significantly greater than paid home care users (28 percent). Based on 3,604 person-waves of data, nursing home residents had the highest average monthly cost ($5,561), and assisted living residents had the lowest average monthly cost ($2,653), while those who received care at home spent $3,601 on average.

The overwhelming majority were satisfied with their service providers, including nursing facility providers, although nursing facility residents were less highly satisfied than assisted living residents or paid home care users.

Master’s Program

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ey every five people in the United States will be over the age of 65 by 2030, demand for seniors housing executives will grow.

“The industry is projected to double to more than 100,000 communities housing 5 million seniors in the next two decades,” says P.J. Maddox, chair of George Mason’s Department of Health Administration and Policy. “We expect executive positions in the field to be among the fastest growing career paths in the U.S.”

The new master’s degree expands George Mason’s Assisted Living/Seniors Housing Administration program, which was established in 2001. Since then, more than 300 undergraduate and professional certificate program students have completed coursework that included internships at more than 60 housing communities. The program is under the College of Health and Human Services. The master’s degree will offer coursework in assisted living management and operations, as well as classes such as introduction to assistive technology. Applications are being accepted for fall study until July 1, 2010. Additional information is available at http://assistedliving.gmu.edu.

Web Resource Center

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these provisions do not take effect until 2014. An initial review of AHCA/NCAL members indicates that many already provide health care coverage, which puts you in a good position relative to the upcoming mandates. Rather than try to oversimplify a complex issue, in the coming months AHCA/NCAL will begin offering comprehensive and easy-to-understand materials, plus informational Webinars.

Workforce Issues

Several provisions in the law address chronic workforce issues. The law includes a demonstration project to provide further training opportunities for direct care workers employed in long term care settings.

Community Living Services And Supports

Though the real-world impact is largely unknown, the cash benefits of the Community Living Assistance Services and Supports program could be used to defray the costs of assisted living or nursing facility care. AHCA/NCAL will watch this closely, as it has the potential to become another entitlement program.
American/British Geriatric Societies Update Falls Prevention Guidelines For Elderly

The American Geriatrics Society (AGS) and the British Geriatrics Society recently updated their falls prevention guidelines, which include recommended interventions and a section applicable to seniors living in long term care settings. The latest guidelines evaluate and consider evidence that has been published since 2001, when AGS issued its previous set of guidelines. The latest guidelines include interventions that are rated on the strength of published studies.

“Numerous studies have found that several types of interventions are effective at reducing the incidence of falls,” says Mary Tinetti, MD, of Yale University Medical School and a leading expert on falls among the elderly. “While we know that prevention can work, we need to do more to ensure that all seniors actually get screened for falls and, if necessary, receive appropriate interventions to prevent falls.”

The guidelines recommend a multifactorial fall risk assessment for all older adults who have had a fall, who have been identified as having gait and balance problems, or who report difficulties with gait or balance. Included in the guidelines is a diagram that provides health care professionals with a step-by-step process for evaluating and implementing interventions. AGS calls this diagram an algorithm. Links to general and specific recommendations are inserted at each step in the algorithm.

The recommendations are accompanied by a letter that indicates the strength of the recommendation. The recommendations are graded using the U.S. Preventive Services Task Force Rating System, which uses a five-letter scale. The rating system is: A=strong recommendation that the clinicians provide the intervention to eligible patients; B=recommendation that clinicians provide this intervention to eligible patients; C=no recommendation for or against the routine provision of the intervention is made; D=recommendation against routinely providing the intervention to asymptomatic patients; and I=evidence is insufficient to recommend for or against routinely providing the intervention.

A section in the guidelines applies to long term care. Within that section is a “strong” recommendation regarding supplements for people residing in long term care settings who are suspected of or proven to have Vitamin D deficiency. The guidelines recommend that long term care settings offer Vitamin D supplements of at least 800 international units (IU) per day to individuals with a deficiency. In addition, Vitamin D supplements of at least 800 IU per day should be considered in older persons residing in long term care settings who have abnormal gaits or balance or who are otherwise at increased risk for falls.

The guidelines are available online at www.AmericanGeriatrics.org/education/cp_index.shtml.

Congressman Visits Edina, Minn., Community

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touring the community, he met with 50 residents and answered their questions about how the new health care reform law would impact them. Deborah Lemery, RN, administrator for Pillsbury Manor and NCAL’s Vermont state leader, thanked Rep. Welch for spending more than an hour answering residents’ questions and concerns about the health care reform law.

If you would like to host a facility tour with your member of congress, contact Matt Smyth, AHCA/NCAL’s director of grassroots and member advocacy, at (202) 898-2817.
Employees Need Direct Supervisors To Show Appreciation

Employees who feel appreciated are far more likely to be committed to the work they do. Key in honoring and rewarding employees is the skill of direct supervisors. When direct supervisors know the art of recognition and appreciation, they recognize employee talents, give credit when credit is due, listen to new ideas, and frequently say a specific personalized “thank you.” Such approaches are well-known to create a strong, vibrant workforce. Employees will then go beyond just doing their day-to-day job and instead invest attentive, creative, and passionate energy.

It’s important to know what your employees really think. Detailed data on employee satisfaction are key. If a large percentage of your staff rate the level of appreciation by leadership as only “good” or even as “poor,” you can drill down in the data and analyze leadership activities in this area. National data show us that 42 percent of the day shift gave their direct supervisor an “Excellent” score for regularly showing appreciation for a job well done. On the evening shift, 35 percent rated the supervisor as “Excellent,” and on the night shift, 31 percent (based on assisted living employee satisfaction surveys conducted by My InnerView in 2009).

NCAL’s data partner, My InnerView, can help you collect the evidence-based data you need for a clear and accurate picture of what your customers and employees really think. Knowing where your customers and employees think you excel,

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Employees on day shift report more appreciation from direct supervisor

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How direct supervisor regularly shows appreciation for job well done

Responses of “Excellent” to “Rate this facility on how your direct supervisor regularly shows you appreciation for a job well done” categorized by job shift.

Source: Assisted Living Employee Satisfaction Surveys conducted in 2009 by My InnerView
Light Therapy Enhances Lives Of Residents With Dementia

Aegis Living has developed a wellness program that uses light therapy to enhance the lives of residents with dementia. The new program, Life-Enhancing Light Therapy, has been instituted in the dementia care wing of the Aegis of Bellevue, Wash., a brand-new senior living community that opened in February 2010.

Light therapy is used to treat seasonal affective disorder (SAD), depression, and certain other conditions by exposing people to light from a device that simulates the sun. A Dutch study examining the use of bright light and melatonin on elderly people with dementia in assisted care communities showed modest improvement in mood and cognition and reduced sleep disruptions.

Aegis developed its non-pharmacological program based on research and in conjunction with the University of Washington Medical School and Bastyr University, Kenmore, Wash. The light therapy includes:

- A dawn simulator placed in the 18 memory care apartments, programmed to simulate sunrise for one hour prior to the resident’s waking time and during sunset;
- Specialized lighting in the dining area for 30 minutes a day and a gradual decrease in light throughout the day to help reset melatonin levels and eliminate irregular sleeping patterns;
- Regular outdoor exposure using clear umbrellas for less than sunny days, which will provide residents benefits from natural light, fresh air, and light exercise; and
- A nutritional plan developed in partnership with Bastyr University created to incorporate antioxidants, healthy fats, and B vitamins to work in conjunction with the light therapy to reduce the effects of depression.

Claudia Finkelstein, MD, a senior faculty member at the University of Washington’s School of Medicine and longevity program director for Aegis Living, will measure the effects of the light therapy on residents. Results of her study will determine if the light therapy is implemented in other Aegis communities, says Jennifer Hall, Aegis’ director of marketing, based in Redmond, Wash.

Light from light boxes is different from indoor lighting. The intensity of light is measured in lux. Light boxes for light therapy usually produce between 2,500 and 10,000 lux, with 10,000 lux being typical. In contrast, the lighting in an average room in the evening is less than 400 lux, while a bright sunny day may register 100,000 lux, according to the Mayo Clinic. Typically for treatment of SAD, doctors recommend that patients sit near or work in front of a light box, without looking directly at the light box, for blocks of time, ranging from 30 minutes to two hours.

Dawn simulators are a smaller device that can be placed on a nightstand. The simulator is turned on in the morning and gradually increases the light intensity, up to 300 lux, for 30 to 90 minutes prior to waking, according to the Mayo Clinic.

The Mayo Clinic recommends consulting with a physician, mental health provider, or pharmacist before administering light therapy or purchasing light boxes.

For more information, check these resources:

- Mayo Clinic: www.mayoclinic.com, Keyword search: Light Therapy
- The Center for Light Treatment and Biological Treatment, Columbia University Medical Center, Department of Psychiatry, New York: www.cumc.columbia.edu/dept/pi/cs/cltbr.html, phone: (212) 305-6001
Imagine the leading professionals in long term care all together in one place. Stop imagining. Start planning.

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Details and easy online registration at www.AHCAconvention.org and www.NCALconvention.org.

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• Choose from dozens of specialized education sessions on major topics in long term care.
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• Administrators, CEOs of multi and regional facilities, Directors of Nursing and Assisted Living staff, learn while networking with your peers... there's something for everyone!

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Meet face-to-face with the industry’s top vendors, build business relationships, and discover cost-cutting solutions — all in one location!

NEW! Meet Up Sessions Help You Network with Peers
Sharing information and contacts is now easier than ever during our NEW Meet Up sessions, to be held in the Expo Hall. Network with peers around issues of interest to you.

Gala Dinner with Celebrity Entertainment
Enjoy an evening of unforgettable music with pop music legend Frankie Valli & the Four Seasons!

Back by Popular Demand — NCAL Day!
Join us on Sunday, October 10th for the fourth annual NCAL Day. Two value-added learning tracks — Leadership and Workforce will highlight this bonus day of programming. Bruce Himelstein, Senior Vice President of Sales & Marketing for the Ritz-Carlton will give the Keynote address.

2010 Is The Year To Attend!
There’s never been a better opportunity to learn, network, and ensure your continued success in the long term care profession.

Thought-Provoking Keynote Speakers
Opening General Session
Join Bob Beckel and Cal Thomas (above), USA Syndicated columnists of Common Ground. This duo will discuss Finding Common Ground in Healthcare.

Closing General Session
Hear Chester Elton author of The Carrot Principle, and The 24-Carrot Manager, inspire his audience with the “power to motivate and energize employees.”
Caregivers, Family Can Help Physicians Identify Unsafe Drivers With Dementia, Guidelines Say

New guidelines recommend that caregivers and family members play a role in determining when an individual with mild forms of dementia should stop driving.

The American Academy of Neurology has issued new guidelines for physicians to use to determine when to instruct their patients to stop driving. However, based on studies, the guidelines also recommend that caregivers and family members help physicians identify warning signs in their patients.

“While patients with mild dementia, as a group, are higher-risk drivers, more recent studies report that as many as 76 percent are still able to pass an on-road driving test and can safely drive,” says Donald Iverson, MD, of the Humboldt Neurological Medical Group, Eureka, Calif., and lead author of the guidelines. “Faced with these facts, we needed to provide guidelines for doctors caring for these patients to identify those people at higher risk of unsafe driving, without unnecessarily restricting those who are safe drivers.”

The guidelines recommend that physicians use the Clinical Dementia Rating (CDR) scale to help identify people with dementia who are at an increased risk of unsafe driving. However, the CDR scale should be used in conjunction with information from caregivers.

A study found that caregivers who rate a patient’s driving as “marginal” or “unsafe” were often proven correct when the patient took an on-road driving test. On the other hand, patients who deemed their own driving “safe” were not necessarily accurate in their own assessments.

Caregivers and family members play a role in identifying warning signs from unsafe drivers with dementia. These include:

- Decreased miles being driven;
- Collisions;
- Moving violations;
- Avoiding certain driving situations such as driving at night or in the rain; and
- Aggressive or impulsive personality traits.

“It is important that the decision to stop driving be directed by a doctor who is trained and experienced in working with people with dementia and their family,” says Iverson. Physicians need to be aware that assessments involve more than one source of information, and in some cases, a dementia care specialist may be needed, he says.

For more information, visit the American Academy of Neurology at www.aan.com, and search for “Practice Parameter Update: Evaluation and Management of Driving Risk in Dementia.”

Yoga Helps Seniors Adjust To Assisted Living Setting

Researchers found assisted living residents who participated in yoga classes exhibited improved sleep quality and decreased depression.

The Journal of Nursing Research recently published results of a study conducted by researchers at Fooyin University’s School of Nursing, Taiwan. The study aimed to test the effects of a six-month yoga exercise program in improving sleep quality and decreasing depression in transitional frail elders living in assisted living communities.

A sample of 69 elderly assisted living community residents was divided randomly into yoga exercise classes and a control group at the same location. Fifty-five participants completed the study. The intervention was implemented on three small groups that were led by two instructors three times per week, at 70 minutes per practice session, for 24 weeks. The outcome measures of sleep quality and depression state were examined at baseline, at week 12, and at week 24.

After six months of performing yoga exercise, participants’ overall sleep quality had significantly improved, whereas depression, sleep disturbances, and daytime dysfunction had decreased significantly.

The researchers concluded that yoga should be incorporated into assisted living or any long term care facility activity program to improve sleep quality and decrease depression in seniors residing in those settings.
and where you have opportunities to improve, gives you the advantage you need to raise the bar of excellence.

On a national level, this partnership is helping us build the first assisted living customer and employee satisfaction database of its kind so this profession can tell its story—instead of having others tell it for us. By being part of the largest database on satisfaction in senior care, you can help the profession prove the great value it provides to this nation’s families and taxpayers, impact policy, and tell the story of quality care and service. This initiative allows assisted living to do just that by strengthening its unified voice through feedback from those that matter most—your customers and your employees.

If you are not yet a participant in NCAL’s Quality Initiative, we encourage you to learn how easy and affordable it is to join other assisted living communities across the nation. To learn more, contact My InnerView’s Jason Stevens at (866) 873-8093 or visit www.myinnerview.com.

Your suggestions and feedback about NCAL Focus are welcome. Contact Lisa Gelhaus by e-mail (lgelhaus@ncal.org), by phone (202-898-2825), or by writing to the address above.