



Residents may be able to stay at a center longer, and trips to the ER may be avoided with a licensed nurse on hand.



Assisted Living Nurses Monitor Chronic Diseases

Amy E. Wayne

Whatever their title—resident care coordinator, customer care director, or wellness nurse—more licensed nurses are practicing in the assisted living setting than ever before. As assisted living providers expand their array of services from housekeeping and assistance with activities of daily living (ADLs) to management of residents' chronic medical conditions, the skills of a licensed nurse help to ensure not only the safety of residents but also their ability to remain in the residence.

But, wait...licensed nurses in assisted living? Doesn't that discredit the supposedly social model of care on which the assisted living profession was built? No, say researchers and providers. It is simply the result of the increased acuity of today's residents, resident and family preferences not to leave the home-like setting, and the ever-increasing pressure to maintain census.

What The Trend Means

Although the trend has been gathering steam in the past few years, many in the assisted living profession and the long term care research community say now is the time to consider how the role for nurses will evolve. Providers question how to meet the need for nurses while the nation suffers a well-documented national nurse shortage and whether such a staffing change would be affordable for resi-

dents. Further, they find assisted-living-specific training and support sparse for nurses new to the setting.

Researchers see the nurse's role in assisted living continuing to grow, but have reservations about the demands being placed on facilities to care for more chronically ill residents and how providers will balance residents' autonomy in the assisted living setting with their well-being. Nurse delegation programs, the consistency of states' Nurse Practice Acts with state regulations, and the use of unlicensed assistive personnel have also caught researchers' interest.

Despite these issues, nurses working in the assisted living setting today say the niche offers a unique opportunity in health care to practice holistically and see the true value of their work. "Nursing in assisted living is about getting to know the residents and developing a rapport with their families," says Cheryl Noonan, RN, who has worked for nine years at Country Meadows of West Shore in Mechanicsburg, Pa., and is now the assistant director of wellness. "As I see residents' conditions from start to finish, I get great satisfaction knowing that I have helped them."

Adapting The Social Model

Providers, assisted living nurses, and researchers agree that the purely social model for assisted living is in flux. The key driver, they say, is resident acuity and the increasing

Residents are staying longer in the assisted living setting, and providers are accommodating them by offering more services.

need to manage residents' multiple chronic medical conditions, which include congestive heart failure, hypertension, diabetes, and early-stage dementia.

"If assisted living is going to live up to its promise as an entirely different way of serving clients in a more pleasant environment, it must meet the health needs of its residents," says Rosalie Kane, with the University of Minnesota School of Public Health. "It doesn't spoil the social model to bring in a nurse."

Susan Reinhard, RN, co-director of the Rutgers University Center for State Health Policy, agrees, but says the assisted living nurse faces a challenge not found in other health care settings. "The nurse has to develop a comfortable balance between supporting the health and well-being of the resident and not taking on the medical model of care."

Another Take On Care Models

Bob DeMaria, administrator of Arleigh Burke, a 21-unit assisted living facility, and The Sylvestry, a 36-unit memory care facility, both in McLean, Va., sees the nurse in assisted living as more of a necessity. "Assisted living has had this embryonic thought that if we just provide assistance with some ADLs, that would be enough," he says. "But as we continue to extend life, we face the enigma of how to make sure the residents have quality to their life, and that includes staying on top of their condition and being attuned to sometimes imperceptible changes in that condition."

After more than 30 years in the long term care profession, DeMaria has always believed in a medical model for assisted living. "No one comes to a facility because the brochure shows a picture of a nice activity," he says. "Residents come because they have medical needs and are too old to care for themselves."

Further, he notes, residents are staying longer in the assisted living setting,

Preparing Nurses For The Assisted Living Setting

Once assisted living providers decide to hire a full-time licensed nurse, orienting the person to this unique health care setting is a challenge. Experience in a hospital or nursing facility is a good starting point, but the documentation, number of professional staff, and scope of care don't quite correlate to the assisted living setting. Neither does the assisted living setting's emphasis on resident independence and autonomy, says Loretta Kaes, RN, vice president of health services for Chelsea Senior Living. "Allowing residents to care for themselves takes more time, but their sense of accomplishment is greater by doing it themselves."

Identifying Environmental Differences

Orientation, say providers, includes changing the way a nurse processes information. "A nurse from a nursing facility may want to document each time someone sneezes," says Jennifer Drescher, regional director of operations for HCR Manor Care. "In assisted living, the nurse learns to adapt to a less intense environment." Drescher oversees 12 assisted living facilities for residents with dementia in Pennsylvania and Connecticut. Each building has a licensed nurse—called the residence service coordinator (RSC)—on duty at least 16 hours a day.

New nurses under Drescher shadow an experienced RSC for a few days. Together, they review state regulations and mandated assessment forms, but more important, develop an understanding of how to provide care in the homelike setting. It's important to remember, says

Drescher, that "we come to work where they live. They don't live where we work."

Laura Suarez, who develops training programs for San Diego-based Brighton Health Alliance, says assisted living is a "culture shock" for most acute-care nurses. Her orientation includes a review of state regulations and the Nurse Practice Act to ensure compliance, but also covers aging issues, assessments, and dementia. "I like to emphasize assessment," she says. "When it comes to quality of care, assessment is the critical skill."

In almost every other field of nursing, says Josh Allen, RN, executive director of the American Assisted Living Nurses Association (AALNA), specialized training and certification are available, but not in assisted living. To address the gap, AALNA holds its own seminars and partners with assisted living provider associations to reach a broader audience. "The biggest benefit," says Allen, "is getting 50 assisted living nurses together to talk about challenges and successes."

AALNA also publishes a newsletter, maintains a Web site at www.alnursing.org, and uses a list serve (an e-mail Q&A) to foster communication among members.

Training Gets Nurses Up To Speed

In Minnesota, members of Care Providers of Minnesota (CPM), a group representing about 400 long term care providers, found a similar dearth of training courses for assisted living nurses. According to Paula Forte, RN, director of professional development for CPM, standing- ➤



'If we take in residents that need the care of a nurse, we have a responsibility to provide one.'

and providers are accommodating that desire by offering more services. "RNs [registered nurses] and LPNs [licensed practical nurses] together providing those services are the ones who are going to allow that to happen," he says.

DeMaria also says he feels more secure knowing that his buildings are staffed with nurses around the clock. "Residents' conditions are not always going to change Monday through Friday on the day shift," he says, noting that Virginia's regulations do not require an onsite nursing presence for assisted living facilities.

A Marketing Asset

Other assisted living executives say the addition of a licensed nurse to the assisted living setting reassures residents and families and offers an advantage in the marketplace.

"Our residents and families like the comfort level of having a nurse in the building," says Gail Sheridan, vice president of health services for Bloomington, Minn.-based Tealwood Care Centers. In the eight assisted living buildings owned by Tealwood and located in Iowa, South Dakota, Nebraska, and Minnesota, six have licensed nurses on staff 24 hours a day. Part-time nurses are available in the other two residences.

Sheridan explains that the decision to add a nurse to a particular center is based on resident acuity. "If we take in residents that need the care of a nurse, we have a responsibility to provide one," she says, noting that staff also include certified aides who are trained by the nurse.

Nurses have always been on staff in Genesis Elder Care assisted living properties, and, within the past two years, the company has budgeted for a second in each building, says Margo Kunze, RN, clinical services manager for the Kennett Square, Pa.-based company's assisted living properties in New Jersey and Pennsylvania.

While she believes the nurse staffing

room-only attendance at a one-day seminar on state assisted living regulations convinced her that much more was needed in this area.

"The issue of the rules went to a deeper issue of what is the actual practice of nursing in assisted living," says Forte, who subsequently convened a task force of assisted living nurses to design a three-day course, "Managing Your Nursing Practice in Assisted Living."

The course, held for the first time in February and scheduled for a second run in August, didn't come about because the nurses were inadequate, says Forte. "Given the workforce shortage," she says, "we aren't going to easily find people whose background and experience match the demands of this job. We must develop the people we have."

Marie Manthey, author of "The Practice of Primary Nursing," kicked off the seminar's first day with a keynote address encouraging the nurses to take charge of their practice and actively manage relationships to find success. The day's agenda also included a discussion of Minnesota's Community Health Wheel, a national model for the community health nurse practice, and a review of several systems for success in the assisted living setting. The systems covered assessments, transition policy, service agreements, and triggers for reassessments.

"These are the four key junctures

gives her residences a leg up in the marketplace, she encourages residences to stay focused on the special qualities of an assisted living setting.

"I see a greater nursing presence for assisted living in the next 10 years," she says. "But it would be a shame to lose the nonclinical, less prescriptive environment that offers the bridge from home to nursing facility. If we abandon the social model to provide

in dealing with residents," says Forte. "Creating effective systems for each of these templates makes life easier."

Day two of the class focused on achieving success in medication management and delegation. Forte brought in representatives from the state's Board of Nursing to focus on how nurses train unlicensed staff, motivate staff, and manage personnel records. The third day covered communication styles, revenue and expenses, emergency preparedness, and quality assurance.

As for the program's success, Forte says the phone calls and e-mails continue to come in extolling the course's value and information. "People tell me it's the most important professional event they have participated in," she says.

Gail Sheridan, vice president of health services for Bloomington, Minn.-based Tealwood Care Centers, says all of her nurses, three housing managers, and one consultant attended the CPM course and found it valuable. "The class helped them put regulations into practice and build networks among the nurses," she says. "We want to feed that leadership development process so the nurses can mature as professionals in their facilities."



more clinical interventions, are we setting ourselves up for that?"

Nurses More Prevalent, But Not Required

In 1993, Catherine Hawes, a professor at Texas A&M University and noted long term care researcher, found in a study of traditional board and care homes in 10 states that 21 percent of the homes employed a licensed nurse

The approach to providing residents with a homelike setting that respects their choices, independence, and autonomy varies widely.



A Place To Practice The Art Of Nursing

Being a nurse in assisted living has been the highlight of my career,” says Jennifer Drescher, RN, regional director of operations for Toledo, Ohio-based HCR Manor Care. “I went to nursing school to learn to take care of people. In assisted living, you have the opportunity to do that.”

Nurses across the country extol the virtues of practicing in the assisted living setting. The pace is busy, and the rewards are many. Nurses in assisted living find the homelike environment a comfort to work in and the rapport with residents a benefit to the job. They also appreciate the autonomy of the position and the opportunity to provide care that takes into account the whole person, not just a medical condition.

“There is reward in seeing the same residents and developing a rapport with them and the family” that you don’t have in acute-care settings, says Cheryl Noonan, RN, assisted director of wellness at Country Meadows of West Shore. “You get to know and see the resolution of medical conditions,” she says.

Becoming A Family

Because the nurses are so involved in the residents’ lives, from daily activities to holiday celebrations, the nurse becomes close to family. “This

is the kind of nursing profession that’s important and where you can really make a difference,” says Jadwiga Glomska, LPN, a wellness nurse at Heritage at Clara Barton in Edison, N.J.

Many feel close enough to the family to attend funerals. “Nurses in [acute-care] settings may deal with a patient’s death, but in assisted living you become a bigger part of the resident’s life, and it is harder,” says Drescher, who often meets current and former employees at residents’ funerals.

Long term care researcher Susan Reinhard, RN, co-director of the Center for State Health Policy at Rutgers University, says assisted living nurses “see themselves as pioneers.” In focus groups Reinhard has coordinated, the nurses tell her they are “forging new roles in helping people live full lives.”

Josh Allen, RN, executive director of the American Assisted Living Nurses Association, says nurses in the assisted living setting experience the “fundamental umbrella of holistic care.” Unlike the hospital setting, he says, these nurses “see the whole nursing process they were taught in school: [to] assess, develop goals, plan interventions, and reevaluate. The nurse is involved in every aspect of a resident’s life and can really affect quality of life rather than just a medical problem.”

homelike setting that respects their choices, independence, and autonomy varies widely from state to state. Similarly, staff requirements vary, with only a handful of states mentioning the need for a licensed nurse to be employed under certain conditions. Most state regulations offer general guidance on the composition of staff in an assisted living facility, such as requiring “adequate licensed staff to meet the scheduled and unscheduled needs of residents.”

Although state regulations generally don’t require licensed nurses in assisted living, nursing care given in the setting is defined by each state’s Nurse Practice Act (NPA) and overseen by the state’s Board of Nursing.

Responsible for the protection of the public, the board ensures that nurses are educated and licensed and practicing ethically. While most NPAs don’t mention assisted living specifically, they do address care that can be given in a “home” environment, which includes the assisted living unit.

Responsibility, Liability

According to Reinhard, each NPA deals with consumer-directed care—for example, where the client is knowledgeable about his or her needs and can direct others to help meet those needs—in varying ways. Her 2001 paper, “Consumer Directed Care and Nurse Practice Acts,” defines two approaches distinguished by where authority and responsibility lie. The exemption approach holds the consumer liable for the care, even when the nurse has trained the consumer or an assistant. The delegation approach holds the nurse responsible for authorizing the delegation of a task to someone else but not the actual performance of the task.

The distinction is important because it defines to what degree nurses in assisted living must perform medical tasks or can delegate them to unlicensed assistive personnel (UAP). This is an area of state regulation, says Josh

at least part-time. Just six years later, Hawes, *et al.*’s national study of assisted living for the U.S. Department of Health and Human Services showed that 71 percent of assisted living facilities employed either an RN or LPN at least part-time, and 40 percent of the

facilities employed an RN full-time. Despite the increased presence of a licensed nurse on staff, state regulations are fairly silent on specific requirements. With regulation of assisted living at the state level, the approach to providing residents with a

'There is a shift away from providers hiring a "floor nurse" and seeing the nurse more as a supervisor.'

Allen, RN, executive director of the American Assisted Living Nurses Association (AALNA), where change has recently occurred. More states are looking at "allowing non-nursing staff to provide some forms of medical care under the supervision, training, and/or monitoring of a licensed nurse," says Allen, who is also corporate director of clinical services for San Diego-based Senior Resource Group, which manages assisted living properties in California, Arizona, and Oregon, with a total of 2,000 units.

The use of UAPs in the assisted living setting has been a topic of discussion among providers, state regulators, and researchers for some time. Last year, the Assisted Living Workgroup, a U.S. Senate-directed group of assisted living stakeholders charged with developing recommendations for quality in assisted living, supported the use of such staff with proper supervision and training, especially in the area of medication administration.

In many assisted living facilities, the training and supervision of UAPs is the responsibility of the staff nurse, says Allen, which causes liability concerns for some providers. "Delegation of some forms of medical care is a trend we expect to continue," he says.

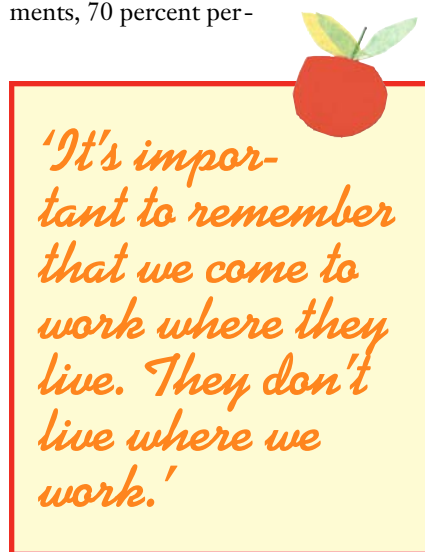
The Nurse's Added Value

Training UAPs is but one responsibility of the assisted living nurse, says Allen. Other key roles include performing resident assessments, monitoring resident health goals and interventions, developing service plans, managing medication, and being a resident advocate. To this list, nurses in the field add family liaison, coordinator of physicians' appointments and home health agency visits, health consultant, and confidant.

While the nurse's role varies greatly from facility to facility, Allen sees more providers utilizing the full breadth of the nursing talent. "There is a shift away from providers hiring a 'floor nurse' and seeing the nurse more as a

supervisor to reap the benefits of her expertise," he says.

According to AALNA data on nurse duties, 75 percent of RNs in assisted living do assessments on each shift, 44 percent assist with medications, 92 percent are on call after hours, and 60 percent perform blood-glucose tests. The LPN in assisted living is just as busy, with 86 percent doing assessments, 70 percent per-



forming CPR, 53 percent administering injections, and 84 percent on call after hours.

Noonan has seen her role transform as Allen describes. When she first came to Country Meadows of West Shore nine years ago, her duties were "more administrative," limited to medication administration and arranging doctor's appointments. "Now with more chronic illnesses to care for, I do more preadmission assessments, relationship building with provider partners, staffing, and family training," she says. Additionally, Noonan earned her certification as an assisted living administrator while at Country Meadows and has served as acting administrator.

Loretta Kaes, RN, vice president of health services for Chelsea Senior Living, calls the position a "huge responsibility." In many cases, she says, the licensed nurse in an assisted living

facility is the only medical professional onsite. "There's no one to back her up," she says. "The nurse has to make the decision to call 911 or the family. If the family doesn't act, it's up to her to stay on it to get the desired outcome." Kaes oversees 10 nurses in six facilities in New York and New Jersey.

Many administrators also appreciate the licensed nurse's ability to communicate with a resident's doctor in a common language of medical terms. "I have been surprised how happy the families and residents are with [our nurse] because of her ability to work with the doctors," says Judi Swinehart, executive director of Roseview Court, a 51-unit assisted living facility in Williamsport, Pa. "[The doctors] acknowledge her knowledge and act on it," says Swinehart, adding that her RN's rapport with pharmacists and other medical professionals benefits residents, too.

Comfort Factor For Families

Family communication also keeps the assisted living nurse busy. The transition from home to assisted living can be a major adjustment for family members, as well as the resident. The assisted living nurse can ease that transition for both parties.

"The family looks for a comfort level to know that their relative will be attended to medically and personally," says Jadwiga Glomska, LPN, a wellness nurse at Heritage at Clara Barton, an assisted living facility in Edison, N.J. "I am always available if the family needs help or advice," she says.

Glomska, along with her RN supervisor and home health agency staff, monitors as many as 80 residents with issues ranging from Parkinson's disease and diabetes to cardiac conditions and early-stage dementia. About half the residents, says Glomska, are independent; the rest need varying degrees of assistance. To be successful, Glomska relies on her background in subacute care. "The skills I learned in that setting are a big help to me and to the

residents,” she says. Family members can also be a key resource for assisted living nurses, says Laura Suarez, director of education for San Diego-based Brighton Health Alliance, which operates three residential care facilities for the elderly in California. “In many cases you are giving as much care to the family as the resident,” she says. Suarez, who has worked in assisted living since 1988, has counseled and trained family members in dementia care, disease-specific conditions, and transitional issues. “It’s more partnership than in other long term care settings,” she says.



Marketing Role Growing

One newer area of responsibility for the assisted living nurse is marketing. Given her understanding of regulatory and clinical issues, the assisted living nurse holds a valuable perspective on the admission of a potential resident. Her relationships with clinical professionals in the community also help promote the facility. The nurse’s presence with marketing staff in early conversations with prospective residents and family members, says Suarez, offers “reassurance” that if medical issues arise, they can be detected quickly.

Sheridan of Tealwood says many of her nurses didn’t anticipate their marketing role, but it is important. “The nurse in assisted living must build a relationship with the resident from the beginning.”

Noonan also has marketing responsibilities. When asked, she visits prospective clients with marketing staff. “I can do an initial assessment and really find out if the person is appropriate to come here,” she says, noting that the administrator and marketing staff value her opinion. “They turn to us for the medical aspect of a resident’s care.”

Among all these responsibilities, the nurse in the assisted living setting must find balance between the residents’ desire for independence and their need for medical monitoring and care. DeMaria, who runs assisted living facilities in Virginia, says nursing care must be delivered “surreptitiously.” Assisted living residents, he says, don’t like to admit they have medical problems and resist overly “medical approaches.”

Assessments May Save Lives

Many times, an assisted living nurse has made a crucial evaluation that has saved a resident’s life, allowed the individual to stay in the residence, or just avoided a trip to the hospital.

In a Chelsea Senior Living facility, a nurse on duty noticed that the left cheek of a resident with dementia was drooping. Though the resident’s vital signs were fine, the nurse consulted the family about taking her to

the emergency room. Because of the family's trust in the nurse, they agreed. Doctors at the hospital found a bleeding aortic aneurysm and operated in time to save her life. "That's the nurse you treasure," says Kaes, who related the story. "I could go on forever about nurses in assisted living who have made life-saving decisions," she says.

In California, Suarez also recounts times when the assisted living nurse made a vital medical decision for a resident. In one case, a resident who returned from the hospital after a fall continued to complain of pain. The assisted living nurse assessed the pain level as too high for the diagnosed condition, so before giving additional pain medication, she asked the doctor to order more extensive X-rays. In fact, the resident had a fractured bone.

"It is that prompt response to injury, illness, or change of condition that

may prevent trips to the emergency room," says Suarez.

Although all nurses' assessments in assisted living aren't life-saving decisions, they often make a difference in residents' health and well-being. The nurse who notices the early signs of dehydration, monitors medication usage for adverse effects (especially when the prescription is new), and knows how the symptoms of a urinary tract infection or pneumonia differ in the elderly can help residents maintain quality of life with early interventions.

"We've had residents with congestive heart failure that crept up so fast that if the nurse hadn't been there to pick up on it, the situation would have been bad," says Noonan.

Nurse Delegation Duties

Since the early 1980s, Oregon has been at the forefront of supporting

community-based care for the elderly. It was the first state in the nation to receive a Medicaid waiver to pay for community-based care. Its regulations and laws encourage the elderly to live outside of nursing facilities. In that context, says Cindy Hannum, administrator for the Office of Licensing and Quality of Care for Oregon's Department of Human Services, "we have encouraged assisted living facilities to allow people to age in place."

Oregon's NPA allows nurses to train unlicensed caregivers in a task and supply written instructions for the task. The nurse does not have to continually supervise the task and is not held liable for the performance of the task. Hannum, who oversees the standards of all long term care settings for



Oregon, also ensures that the state's regulations and laws provide strong support for the nurse delegation model.

"We make sure that public policy—regulations, requirements, and laws—goes in one direction."

Oregon's assisted living settings, she

says, generally care for residents who need custodial nursing services such as chronic disease management, assistance with ADLs, and dementia care. The state requires facilities to provide detailed disclosure statements on standardized forms that cover the scope of service, rate structure, and caregiver

and nurse staffing levels.

In Oregon, assisted living facilities are required to have licensed nurses on staff or on contract. The nurses' main responsibilities are resident assessments and staff training. "The principle is that they are assessing whether the resident needs a form of care and whether the caregiver can do the task," says Hannum, adding that the caregiver does not have to be a certified nurse assistant. "We believe in this nursing model as a way to help the caregiver maximize the resident's well-being and independence."



Wave Of The Future?

In the midst of the national nursing shortage, Hannum says nurse delegation makes the best use of a nurse's skill. "The greatest skill nurses have is their ability to assess and understand a condition," she says. "They don't have to be the one to perform the care."

Hannum points out that, depending on resident acuity, facilities have the flexibility to employ full-time nurses. Also, Oregon employs nurses who teach caregivers in smaller assisted living residences. Hannum's office also works closely with the Oregon Health Care Association and the Oregon Center for Assisted Living to develop nurse training materials.

Researcher Kane sees nurse delegation as a model to be considered for the future. "Given that we have a nursing shortage and predictions that it won't change in the next 10 years, I think we need to develop creative ways to add nursing to assisted living," she says. "And that doesn't mean using the nursing facility model of a director of nursing."

After developing and refining the nurse delegation model for nearly 25 years, Hannum sees it as the wave of the future. "Within assisted living, you can recognize the value of independence and choice and [still] address chronic disease management." ■