Good Morning. My name is Ann Wyatt, and I have been working in the field of long-term care for more than 40 years, early on as a licensed nursing home administrator, and in the years since in a variety of capacities related to program planning and quality improvement. I was a founding Board member of the Village Nursing Home in New York City, and have been on the Board of Isabella Geriatric Center for nearly 20 years. I am currently the Manager for Palliative and Residential Care at CaringKind, formerly the NYC Chapter of the Alzheimer's Association.

I am here today to talk about OBRA from the perspective of providers of service in long-term care. I want to start by saying that as someone who began as an administrator under the pre-OBRA regulations, there is absolutely no doubt in my mind that OBRA has given us an extraordinary vison and blueprint for providing high quality care to people in need of our services, a vision which remains if anything only more relevant and more important than it did at its inception.

Over these 30 years there have been many changes in the field of long-term care: people are living longer, often with several chronic conditions; advances have been made in treating a number of diseases and conditions, while new concerns have emerged; care practices have changed; there have been changes in the availability and variety of care options in the community; the role of rehabilitation in long-term care has been significantly enhanced; there is greatly increased attention to the essential role of cultural competence in the provision of services; there have been changes in equipment and environmental standards and design; the value of palliative care is slowly gaining attention; and the demographics of both those being served as well as the workforce is constantly shifting.

In the midst of all this change, it is OBRA's vision of care that is individualized, and that seeks to integrate quality of life with quality of care, that has carried us forward. By focusing on assessing and meeting the needs of individuals, OBRA keeps in the forefront the guiding principle behind all that we do, so that, even as the world around us changes, our commitment to the well-being of each and every person in our care remains a constant. It is not that good care was not a goal before OBRA, it is that OBRA provides a clear vision of what good care looks like. As I have been known to observe in some of our quality improvement meetings, we ought to be aspiring to more than not giving someone a bedsore while they are in our care. Whether someone needs short-term rehabilitation to recover from a hip fracture or long-term support because of a stroke or other chronic illness, research and experience consistently point to individualized care as essential to high quality.

At the same time as OBRA was gradually being implemented, a number of providers around the country began exploring new approaches to providing care. They did so because of dissatisfaction about the quality of care being offered, as well as the recognition that the quality of life for most residents left much to be desired. The term "culture change" arose when the people involved in these efforts recognized that in order to achieve the improvements they hoped for they would need to "change the culture" of their care environments. OBRA provided the perfect platform for this work. While many different models have emerged, what they all have in common is a focus on individualized care, with approaches that integrate quality of care with quality of life.

Why is it so important that individualized care and quality of life be incorporated into nursing home regulations? The simplest answer is, because we are caring for people, not diseases, not illnesses, not disabilities, not 'behaviors." While cancer, heart disease and stroke are common

late-life conditions, they do not affect any two people identically. The same is true for dementia: if you have met one person with dementia, you have met one person with dementia. Thus, responding effectively and appropriately to their care needs requires knowing as much as possible about someone's physical and psychosocial history and current circumstances as possible.

The story of Anthony and Sharon is a perfect illustration of this. Anthony came to his current nursing home with a diagnosis of dementia nearly five years ago, after spending time in other homes as well as in a psychiatric unit. His wife, Sharon, was extremely fearful he would be told to leave this home as well, because of the combativeness which had also been part of his history. Upon admission he was receiving several antipsychotic medications. Staff sat down with Sharon to learn more about Anthony, and discovered that prior to coming to them, it had been his custom to stay up until about 4 in the morning, have a snack, go to bed, sleep until about noon or later, and then have some breakfast. When was he combative? When staff tried to make him go to bed before he was ready, and when they tried to awaken him in the morning before he was ready. Upon discovering this information about Anthony, staff adjusted his care plan so that he could head to bed when he was ready, have a snack, and rise in the morning when he was ready, then be provided with breakfast. Once they did this, his combativeness almost completely disappeared and he has been off antipsychotics for years. His wife reported at the time, "I got my husband back, I got my life back." She travels an hour and a half from home to see him, but the peace of mind she now has makes that time well worth it. She told me recently that she now feels that if something were to happen to her, she knows Anthony would be well cared for. There is no higher accolade for a family member. I can tell you this story because Sharon, as she puts it, wants some good to come of their experience.

In another example, a woman with dementia was constantly getting into altercations with other residents; staff were spending a good deal of their time writing up these incidents. When they looked more deeply into the situation, they realized that the altercations were the result of her wanting to be given hugs, with other residents pushing her away when she approached them. Staff then started giving her the hugs she needed, and the altercations with other residents stopped.

Could these interventions have occurred before OBRA? Possibly, but they tended to be the exception rather than the rule. OBRA says, not only is this the rule, this is everything we hope for in high quality care.

What has been more problematic over these 30 years (and certainly in all the years before) are the reimbursement and survey systems that are intended to support and uphold the law. Both these systems have a significant impact on daily operations, and both are works in progress that have yet to match OBRA's care standards in vision, scope and effectiveness.

Simply put, there are too many homes providing sub-standard care. I am not suggesting that an enormous amount of work and thought have not gone into the survey and certification process, but I am saying we are not where we need to be. I will not belabor this point here, as others are addressing this problem throughout the morning.

However, I do need to speak a little about reimbursement. One of the ongoing quandaries about reimbursement is that while, at least in theory, reimbursement is based on what acceptable care should cost, pinning down what acceptable care costs is elusive, in no small

measure because it is based on current practice, which may or may not be best practice, and which in any case is constantly evolving. So, not easy.

An excellent example of how care standards can change is illustrated by the research conducted by Sue Anne Guilderman, a Nurse educator and researcher in Minnesota, who several years ago along with colleagues completed a study on falls. I was there at a Pioneer Conference presentation she gave, in which she discussed the fact that one of their major conclusions was that a lack of sleep often sets the stage for someone being more prone to falls. She said her next study would focus on sleep. More recently, I heard her present on the conclusions from her sleep study, in which she told the story of her attendance at an International Sleep Conference. At the conference, she described entering the room for one of the sessions in which the room was full almost totally of men in uniform. At first she thought she might be in the wrong room, but she verified that it was indeed the session she had planned to attend. What was discussed in that session was, what type of sleep deprivation was the most effective way of torturing someone. The answer: awaken someone every two hours. As we know, common practice in nursing homes for decades.

And of course, there is the question of what we are willing to pay for. This is certainly a state issue as well as a federal one, and I can think of no more concerning an example than wages and benefits for direct care staff. High turnover of staff makes truly individualized care almost impossible, and yet in much of the country wages for direct care staff are inadequate, and do not include healthcare and other benefits. If good care matters to us, we have to find a way to pay for good jobs.

Ironically, another area in need of attention with regard to reimbursement is end-of-life care. Much has been learned in recent years about the value and the practice of palliative and end-of-life care, and yet in my state it can be difficult to gain admission to a nursing home if your priority is palliative rather than rehabilitative care. I do NOT mean, however, that rehabilitative care should be less available---I remember the years when it was very difficult to get, and I would not at all want a return to those times.

In conclusion, I want only to say, OBRA works for residents, for families, for staff, and for providers. We have more work to do, we can always make improvements, and we have very serious enforcement and reimbursement issues to address. With OBRA, however, we have the great good fortune of having a vision, and a path, for the dignity and the quality that the people in our care so desperately need and deeply deserve. Thank you.