HOLYOKE SOLDIERS' HOME COALITION
POSITION PAPER ON
RECOMMENDATION TO RETAIN AND EMPOWER THE BOARD OF TRUSTEES

PURPOSE

To provide a summary from the Holyoke Soldiers' Home Coalition ("The Coalition") in support of our recommendations for legislation to: (1) retain the Boards of Trustees at both Soldiers' Homes, (2) include an open and transparent process for the nomination and selection of future trustees and chairperson and to (3) enhance the board's authority and autonomy.

DISCUSSION

1. The need for a Governing Body is established by Federal Code and current Massachusetts General Law.

-- **FEDERAL CODE- Code of Federal Regulations** is the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

Title 42 - Public Health
--- Section 483 is Requirements for Long Term Care Facilities
---§ 483.70 Administration.
----(d) ***Governing body.***
(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility, and.
(2) The governing body appoints the administrator who is:
(i) Licensed by the State, where licensing is required;
(ii) Responsible for management of the facility; and
(iii) Reports to and is accountable to the governing body.

Title 38 - Pensions, Bonuses, and Veterans' Relief
CHAPTER I - DEPARTMENT OF VETERANS AFFAIRS
PART 51 - PER DIEM FOR NURSING HOME, DOMICILIARY, OR ADULT DAY HEALTH CARE OF VETERANS IN STATE HOMES
§ 51.210 Administration.
(a) ***Governing body.***
(1) The State must have a governing body, or designated person functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and
(2) The governing body or State official with oversight for the facility appoints the administrator who is -
(i) Licensed by the State where licensing is required; and
(ii) Responsible for operation and management of the facility.

-- **MASSACHUSETTS GENERAL LAW**

> **Chapter 6- Chapter 6: THE GOVERNOR, LIEUTENANT GOVERNOR AND COUNCIL, CERTAIN OFFICERS UNDER THE GOVERNOR AND COUNCIL, AND STATE LIBRARY**
> Section 71: Board of trustees of Soldier's Home in Holyoke; powers and duties
> Section 71. The board of trustees of the Soldiers' Home in Holyoke shall manage and control the Soldiers' Home in Holyoke and all property, real and personal, of the commonwealth that is occupied or used by the home. In the management and control of the home, the board of trustees shall: (i) adopt reasonable rules and regulations governing outpatient treatment at, admission to and hospitalization in the home; and (ii) appoint a superintendent….
> The proposed legislation repeals this section, thereby dissolves the board of trustees.

2. **Appointment of trustees and the chairperson**. The board of trustees is the face and voice of the community. The Coalition advocates for an open and transparent process to appoint diverse and professional trustees through the creation of a nominating committee which would identify, vet, and recommend qualified candidates to the governor. This committee could include members of the legislature, the Commissioner of Veteran Services, Veteran Service Officers, family members, health experts, etc. We further recommend that the members of the board select the chairperson.

3. **Enhanced authority and autonomy.** The Coalition further recommends that the board of trustees be allowed to establish the budget requirements for the safe and efficient operation of the home, to include staffing levels in all departments, as well as to meet operations and maintenance requirements.

   During the period 2016-2019, with an inflation rate of 2% per year and increases in salary of another 2% per year the home required a 4% budget increase to stay even. In 2017 the budget was cut by 4.1%, in 2018 the increase was 1.7% and in 2019 the home was level funded. The result over that three-year period was an actual decrease of 14.4%. These cuts were despite the well documented unsafe staffing levels at the home.

   During the March 2020 board of trustee meeting, a trustee questioned "why the Soldiers' Home is asking for only a 1% increase in its annual budget for next year." We interpret this to mean that the trustees have not been involved in establishing the budget for the facility.

   We observe that trustees of state universities and community colleges are ***required*** to submit annual budget requirement and can set their own rates. Section 22 of Chapter 115A states: "each such board shall: (a) cause to be prepared and submit to the secretary and the council estimates of maintenance and capital outlay budgets for the institution under its authority; it goes on to state:

   "…the local board of trustees of a community college shall annually submit a report detailing estimates of maintenance, capital outlay budgets and proposed property acquisitions for the institution under its authority to the house and senate committees on ways and means, the

secretary of administration and finance and the commissioner of capital asset management and maintenance…"

This process is used in other states, for example, Chapter 119 of New Hampshire Statute reads: "The board shall file with the secretary of state, the fiscal committee of the general court, and the commissioner of administrative services, on or before October 1, a report to the legislature, setting forth the operations and condition of the home, a detailed account of all moneys received and expended on its behalf since the last report, an estimate of the amount of money required for its uses before the meeting of the next legislature, and such other matters and recommendations as they shall think its interests require."

It is time that the trustees of the Soldiers' Homes be provided the same opportunity as trustees of community colleges and state universities, and boards in other states, to submit their funding requirements to the executive branch and the legislature to ensure safe care to Veterans.

CONCLUSIONS AND RECOMMENDATIONS

In summary, we have provided the legal and functional background for our recommendations to the Joint Committee on Veteran and Federal Affairs. We anticipate that the two bills that have been filed, which will eliminate the board of trustees and have other significant impact on Veteran care, will soon come before the Joint Committee for a hearing.

The Coalition recommends the retention of the board of trustees as the governing body for the homes, and that enhancements be made to the existing law to provide for broad community involvement in the nomination and vetting of future trustees, that the board chose their chairperson, and that the board is given an active role in establishing the required level of funding to ensure that safe and quality care is provided to our Veterans as we transition into the Soldiers' Home of the Future.

We solicit your support of our recommendations as presented.

We thank you for being provided this opportunity to speak before the board and am available to answer questions at this time or at any time in the future.

POSITION PAPER
ON
RECOMMENDATION TO TRANSITION FROM MEDICAL MODEL
TO PERSON DIRECTED CARE

SUMMARY

This position paper outlines our Coalition's support of a design of both the Soldiers' Home in Holyoke and the Soldiers' Home in Chelsea facilities that is consistent with the Department of Veterans Affairs "Small House" concept for long term care. The small house concept is based upon the Green House Project which opened its first home in 2003, with the intention of transforming the culture of long-term care. We propose that the state plan now to budget for the resources and staffing necessary to transition from the current Medical Model of care to a Person-Directed Model of care in anticipation of the new construction of the Soldiers' Home in Holyoke.

DISCUSSION

There are three recognized models in long-term care:

- The **"Medical Model**" which "puts all of the control over the lives of the residents in the hands of the medical personnel"…"all aspects of daily life, such as bed and meal times are controlled by the medical professionals with little consideration of the impact on the residents."

- The "**Person-Centered**" Care model, in which the residents are better informed and have some choice within existing routines. The preferences of the residents are considered when creating the plan of care. But overall, the majority of the power remains with the health care professional

- The "**Person-Directed**" Care model empowers the individual to direct their own care. It gives more control to the resident by enabling self-determination, freedom, choice, and autonomy. Staff members organize their schedule to meet the needs of the residents. Residents can choose when to wake in the morning and have a breakfast of their choice, when they want it.

Without a well thought out and executed plan to transition from the Medical Model to the Person-Directed Model, the construction of the $400 million Small House facility in Holyoke will provide an improved physical living environment, but it will not result in the desired improvement in the both quality of life and quality of care that is associated in the person-directed model.

The Green House model reworks the traditional hierarchy that exists in nursing homes with a self-managed work team. A new position, the **Shahbaz**,(Universal worker) a certified nursing assistant (CNA) with an additional 128 hours of training in topics such as food preparation, cardiopulmonary resuscitation (CPR) and team building, coordinates care with the other members of the care team. In addition to traditional health-related responsibilities, they perform tasks such as grocery shopping, cooking, and cleaning. The Shahbaz has a consistent assignment which develops relationships in a homelike atmosphere. The Shahbaz "knows" his/her resident leading to increased resident satisfaction and better outcomes.

We anticipate that it will be a challenge to properly staff the new Soldiers' Home in Holyoke using the traditional model. This will be exacerbated by attempting to implement the Green House Model. We know of no training program in Massachusetts to train Shahbaz to perform the duties as depicted in the Green House Model. Some possibilities could include establishing a certification program at community colleges especially those near the Soldiers' Homes, such as Holyoke Community College and Springfield Technical Community College. This matter could be addressed with the Department of Higher Education and the Secretary of Labor and Workforce Development to possibly establish programs under the Training Workforce Options program.

A new position description would have to be developed and approved, hopefully in collaboration with the Unions. Duties of housekeeping and culinary staff may be diminished by expanding CNA duties to that of the Shahbaz, which includes meal preparation and light housekeeping.
Leaders must be trained and traditional barriers to change such as apathy, fear, and resistance to change must be overcome. Staff and leadership may believe that nothing is wrong with the system and the attitude of "we have always done it this way" may prevail.

CONCLUSIONS AND RECOMMENDATIONS

Our Coalition brings this matter to your attention now and we recommend appropriate study, inter-agency coordination, benchmarking visits and other measures resulting in implementation of a culture change program at both homes. We recommend the process be started now to conduct the necessary research and coordination to best position the new Soldiers' Home in Holyoke to a person-directed care model. This will maximize the quality of life and care for residents at the Soldiers' Homes, and to ensure the new facilities are utilized as designed. Additionally, the hiring of administrators with experience in the small house concept would facilitate this transition. As we have tragically learned, leadership matters.

NOTE: Information on the small house model was extracted from two main source documents, as follows:

1. Culture Change in Skilled Nursing, published June 21, 2021, originally published by the Journal of Housing for the Elderly in 2019 By Lori Gonzalez and Lisa Rill.
   https://claudepeppercenter.fsu.edu/culture-change-in-skilled-nursing/

2. Culture Change in Long Term Care-by Cynthia Holzer MD,CMD, AGSF
   https://pogoe.org/sites/default/files/Culture%20Change%20in%20Long-Term%20Care.pdf
   www.pioneernetwork.net

POSITION PAPER
ON
RECOMMENDATION TO PLACE HOLYOKE & CHELSEA HOMES UNDER DPH

PURPOSE

To provide a summary from the Holyoke Soldiers' Home Coalition ("The Coalition") in support of our recommendations for legislation to place the two state veterans' home (Holyoke and Chelsea) under the Department of Public Health Bureau of Hospitals.

DISCUSSION

- **Expertise.** The Department of Veterans' Services (DVS) does not have the mission, expertise, staff, or resources to oversee long-term care for veterans, many of whom have acute and chronic health care conditions.

> -- On the question, itself, of oversight, *Law Insider* defines a state oversight agency as that state agency that operates, licenses or certifies an applicable facility or provider agency. It also notes that oversight means the periodic surveillance to determine continuing compliance with the appropriate standards.
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> -- The mission statement of DVS is to advocate for veterans and their family members and to direct emergency financial assistance. DPH's mission and oversight responsibilities is clearly in health care. It oversees four multi-specialty hospitals, which provide acute and chronic medical care, including for COVID-19 and special populations.
>
> -- DVS, compared to DPH, was ill-prepared and not ready for the COVID-19 pandemic.
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> --- The fatality rate of the two veteran homes in Massachusetts was 9 times higher than at the four DPH-operated hospitals.
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> --- 26 percent of the veterans under the care of DVS lost their lives.
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> --- DVS has historically not invested in adequate staffing, substantive training, or resources for the Soldiers' Home in Holyoke (HLY). As cited in the Pearlstein investigation, Valenda Liptak noted upon her arrival as interim administrator in Holyoke, the facility did not have an accurate list of health care directives and healthcare proxies for each Veteran. Liptak further observed that Holyoke was "badly understaffed." Where there should have been 4 to 5 HPPD (health care provider hours per patient day), "they were not even at 1 HPPD."

- **Better Care.** Day-to-day bedside care for Veteran residents at the two state veteran homes would be improved under the oversight and supervision and leadership of medical experts within the Department of Public Health.

> -- DPH expertise in infection control and emergency management and preparedness would have served HLY superbly well before and during the pandemic. The Pearlstein investigation documented that HLY staff had no understanding of standard infection control procedures.

-- Despite legislation mandating electronic medical records in 2014, the two state veteran homes still do not have EMR. All four DPH hospitals have EMR.

-- DPH cross-sharing of clinical practices and oversight and licensure of hospitals and long-term care practices would substantially improve HLY staff abilities in providing care for veterans.

--- DPH inspects nursing homes in Massachusetts at least every 9-15 months to assess compliance with federal standards of care. This includes adequacy of staffing, quality of care, and cleanliness of facilities. Also, as necessary, DPH investigates complaints and serious incidents occurring within nursing homes.

-- DPH day-to-day oversight and its nursing home performance tool provides a much greater level of quality assurance and transparency than what is currently provided through an annual federal VA survey, a serious gap in accountability cited in investigations and in a federal Government Accountability Office (GAO) report.

- **DPH day-to-day accountability.** Our two state veteran homes cannot solely rely on an annual VA inspection process to provide accountability of quality care. Holyoke and Chelsea must be operated under the same rules and regulations that govern state nursing homes and must be inspected regularly and held to the same required rigorous standards that all other long-term care facilities follow.

-- A concerning report issued in 2019 by the GAO found shortfalls in the inspection process for these state-operated facilities. GAO concluded in 2019 that "VA does not have complete information on all failures to meet quality standards at SVHs [State Veterans Homes] and cannot track this information to identify trends in quality across these homes." In addition, VA does not share quality of care information about state-run facilities on its website, GAO reported.

-- Although VA has implemented some of GAO's recommendations, it still does not exercise the kind of oversight that is carried out by other federal entities with jurisdiction over civilian nursing homes that participate in Medicare and Medicaid. To illustrate: the Centers for Medicare and Medicaid Services (CMS), unlike the VA, post quality of care information about civilian nursing homes that participate in these two Federal financing programs on its website, "CareCompare."

-- During the pandemic, the fatality rate in state veterans' homes was at least double that of veterans' homes operated directly by the Federal government, according to an investigative report by the news agency, Politico. As further noted by Politico, the inspection process for these state-operated facilities reportedly remains very decentralized: some states reportedly do not hold state veterans' homes to the same standards that apply to other nursing homes, while other states rely on private companies "with mixed records" to run these veterans' facilities. In addition, there reportedly is no VA requirement that the top official at each state veterans' home be selected based on merit.

-- DPH hospital governance includes a board of trustees with members of various medical backgrounds and expertise in serving the population of patients/residents at each hospital. By state law, they are required to make rules and regulations for the proper management and governance of each state hospital.

--- Of note: The Trustees of the Tewksbury hospital requires one trustee visit the hospital at least once a week.

- **Chain of Command with Clinical Experience.** The chain of command currently or under proposed legislation would not streamline or expedite communication between the veteran homes and the governor and, worse, would not assure medical expertise at the governance levels.

-- Current chain of command: Superintendent to Assistant Sec. Veterans' Homes at DVS – SecDVS to Sec EOHHS to Governor

--- Note: Assistant Sec. Veterans' Homes and Sec DVS do not have medical credentials.

-- Sen. Rush and Rep. Campbell legislation would establish the following chain of command: Superintendent to Assistant Sec. of Veteran Homes at DVS – SecDVS – Governor.

-- A DPH chain of command would be as follows: Superintendent to DPH Commissioner to Sec EOHHS to Governor.

--- Of note: the most recent DPH Commissioner was Monica Bharel, a physician with over 20 years of clinical experience. The Bureau of Hospitals acting director is Valenda Liptak, RN, who intimately understands HLY, and is a well-respected and season health care professional with clinical experience and knowledge.

- Several states operate state veterans' homes under a Department of Health or Human Services model or separate health care governance structure, including Alaska, Colorado, New York, Maine, Montana, New Hampshire, New Mexico, Rhode Island, Vermont, Wyoming, and West Virginia. It works in other states; it will work here, too.

-- HLY staff will continue to care for veterans regardless of the chain of command structure, but they will benefit from being in a DPH environment of clinical practice and expertise with 24/7 access to the best health care practices within our state. Currently, DVS cannot seamlessly provide this environment.

- **Veterans Services' involvement will still be key.** The DVS Secretary should and must serve an important leadership function in advocating for veterans under the care of our state. The Trustees should always include the DVS Secretary at all meetings and the state should consider numerous models in other states where the DVS Secretary is an ex officio member of the Trustees.

CONCLUSIONS AND RECOMMENDATIONS

- DVS should remain as an agency that advocates for and assists veterans with obtaining the benefits they have earned. However, DVS is clearly not a health care agency.

- DVS has an important role to play in ensuring that all veterans are treated with dignity, compassion, and respect as an individual and that military service is honored. That is a permanent and enduring mission and would not change when the homes are under a DPH chain of command. Veterans enter HLY as people who need skilled nursing care. They are admitted to HLY because of this need; not because of any military service connection, which the federal Veterans Health Administration still requires, regardless of their admission to a state veterans' home, to treat and to ensure they are receiving care. HLY is first and foremost a long-term care facility that also happens to treat veterans. HLY interaction with VHA will continue seamlessly (and, in fact, should be greater) under a DPH model of day-to-day oversight.

-- The care teams at the two homes would benefit greatly under DPH. DPH coordinates programs and policies to address specific diseases and conditions and offers health care services to vulnerable populations. Staff at the two homes would be equal partners in a DPH network of care professionals. DPH is 24/7 health care: it licenses health professionals, healthcare facilities and a variety of businesses that impact public health. It operates the state laboratory and four public health hospitals. It manages vital records including birth, marriage, and death records. It educates people about public health issues and works closely with local boards of health and community partners to identify and solve public health problems.

> -- **Important questions:** To meet the expectations and recommendations to improve the delivery of care as identified in the various investigations following the outbreak of COVID-19 at the two veteran homes, is our Commonwealth prepared to create a new health care agency that mirrors DPH today? With more bureaucracy? Is our Commonwealth prepared to hire more administrative FTE to properly manage and resource the two state veterans' homes under DVS?

- The Department of Public Health today is already prepared. It provides the key response network for preparedness, emergency management and is postured to handle health care disasters to include a pandemic – with direct links to their federal counterparts and the CDC. The best way to prevent another infectious disease outbreak from occurring is to place the veteran homes under the agency best prepared to prepare, develop and execute its mission, and that is DPH.

In summation, our Coalition supports the creation of a Commission to study the Executive Office of Health and Human Services. We also believe that the Commission should address the proper alignment of the two state veterans' homes. It is our emphatic conclusion that the Soldiers' Home in Holyoke and the Soldiers' Home in Chelsea must be managed day-to-day by health care experts with direct oversight by a health care agency, which in Massachusetts is the Department of Public Health.