The Tohono O’odham Nursing Care Authority

Archie Hendricks Sr Skilled Nursing Facility
The Tohono O’odham Hospice
Desert Pathways
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The Tohono O'odham Nation is a federally-recognized tribe that includes approximately 28,000 members occupying tribal lands in Southwestern Arizona.
The Nation is the second largest reservation in Arizona in both population and geographical size, with a land base of 2.8 million acres and 4,460 square miles, approximately the size of the State of Connecticut. Its four non-contiguous segments total more than 2.8 million acres at an elevation of 2,674 feet.
Creating an entity that will succeed – the Tohono O’odham Nursing Care Authority (TONCA)

- TONCA was envisioned as an entity that on behalf of the Nation would have the ability and flexibility necessary to successfully develop and operate AHSSNF (and other elder programs).
- TONCA received its tribal charter in 1998.
- TONCA’s first goal: bringing elders home from off Reservation nursing facilities to the Nation’s SNF.
TONCA’s Governing Board

- The role of TONCA’s governing board was and is critical to the successful operation of all TONCA programs.
- The Board of Directors is composed of experienced members with business and health experience with a mix of ages.
- TONCA’s board views itself as the policy making entity and delegates to the professional staff the day to day operation of AHSSNF.
TONCA as an entity reflects the belief in self determination and as a governing board reflects the concept of tribal sovereignty.

The right of the Tribe to govern itself and to develop the necessary programs and services to support its people is in part a reflection of self determination.

By developing its programs and services, TONCA is effective in exercising its right of sovereignty.
“It shall be the mission of the TONCA to take a leadership roles in providing a continuum of care and services designed to enhance the physical, spiritual, emotional, social and intellectual qualities of life for aging O’odham and other members of the Nation in need of care.”
Beginning with a committed group of champions, the idea of an O’odham nursing home was born. The goal was and continues, ‘to bring our elders home.’ Many years of planning, development and subsequent tribal support lead to the building of the AHSSNF. The first resident was admitted November 2002.
The Evolution TONCA's Programs

- Sustainability:
  - Critical to the success that AHSSNF has experienced, is the Tribe’s commitment to stable on-going financial support.
  - The board established a competent management team to lead the day to day operations.
  - Employment of tribal members is critical to TONCA’s sustainability and mission.
In order for AHSSNF to be truly an O’odham facility, it requires the knowledge and experience of tribal members so that O’odham Himdag (way of life) and traditions are present.

The O’odham language is used and heard throughout the facility and programs.

To insure tribal employment, TONCA supports a variety of training and education programs to train staff.

Importantly, staff housing was built on site to house more than 34 direct care employees and their families.
The board monitors performance through on site visits, reports, benchmarking, inspections and first hand conversations with members, residents and staff.

The TONCA board meets with the staff to solicit policy and planning input.

Regular monthly reports to the board from the managers contributes to ongoing communications.
The approach the board and management selected to develop the necessary programs at AHSSF was quite straightforward:

Develop a strong foundation and build on that foundation.
To accomplish this foundational approach four key areas were identified.

- All residents are treated with dignity and respect with recognition of their culture and heritage,
- develop systems and standardized processes in all departments and services,
- training (education) of managers and staff to work as a team,
- sound nursing and fiscal practices.

Upon this foundation, the services provided by AHSSNF evolved.
The evolution of services built on this foundation that has been described permitted the next step which was to become a Medicare Certified facility.

The Medicare application and certification process took approximately one year to complete.

In addition to completion of the required paperwork, the Centers for Medicaid and Medicare conduct an on site inspection.

CMS then conducts the on site inspection each year going forward following certification.
Current services at AHSSNF include chronic long term care, short term post hospital care, dementia care, rehabilitation, wound care, respite care, emergency shelter and hospice care.

- In order to be positioned to provide these services effectively, each service area was broken down into its key components or elements.
- Staff then received and participated in additional training and education and where appropriate certification.
For example, in order to provide post hospital care, all RNs and LPNs must be able to start, monitor and remove IVs. While some staff had recent experience many did not.

In order to develop this capability, AHSSNF contracted with an urban hospital to conduct on site training (with follow up refresher classes during the year).

This is now a competency requirement for any RN/LPN on staff.
Integration of services.

- As noted, to provide a successful health care program, facility services must be integrated.
- To accomplish this process, new services were added only after the necessary systems they would need were put into place.
- This was followed by training & a trial period so as to assure the system worked as well as the necessary staff skills and expertise were in place.
Thus, for example, wound care was instituted after an RN became wound care certified and after staff received training.

Staff began with minor wounds and the program has evolved to today’s level of providing complex wound care utilizing sophisticated wound care software to monitor and document care.

Physical and Occupational Therapy were added and integrated into the care program.

This followed a similar pattern with therapy staff working with all departments to explain and train them on the role and function of therapy.
Therapy was integrated and works with nursing, restorative care, activities and dietary.

The results of the preceding process has been that TONCA reached its goals of:

- bringing elders home to a culturally sensitive environment where we can speak our language, eat our food and be around our community.
- And importantly, receive the highest quality of care and quality of life at AHSSNF.
The Tohono O’odham Hospice Desert Pathways

• Keeping the preceding approach to our mission and services in mind, elders at the AHSSNF and in the community had been receiving modest hospice services from a non tribal provider.
• It was evident that the provider in addition to not fulfilling the Medicare requirements for hospice care, was not culturally aware or sensitive to O’odham traditions.
• While the members experiences were not poor, the quality of the hospice service was not good.
At the same time, staff began to look at three areas as it related to hospice.

- First, what was the resident or member’s feelings and thoughts about hospice care and,
- Second, how many folks would likely use a hospice service (needs assessment).
- Third, what were the Medicare requirements for hospice care within the tribal context.
Tohono O’odham Hospice

- Staff began a dialogue with the TONCA board regarding hospice care and the idea emerged of creating a Tohono O’odham Hospice.
- An internal proposal was prepared which outlined the need, obstacles, opportunities, etc., of TONCA sponsoring a hospice program.
- The proposal resulted in a feasibility study followed by the agreement that staff should move forward and develop the Tohono O’odham Hospice.
The board approved an initial start up budget with a goal that the program would break even within three to four years. (We learned from our research that it takes quite some time for the hospice concept to be embraced by community members.)

The AHSSNF administrator would act as the Hospice administrator and a former AHSSNF RN would take over as the RN Manager (now an ANP) of the Hospice. Additional staff would follow.

Phase one of the Hospice program included submitting the necessary documentation to secure Medicare Certification.
Phase two was developing job descriptions, polices and procedures, contracts for services (pharmacy, DME, lab, etc.). Setting up the required advisory group, volunteer training, documentation, etc.

Phase three was establishing the operations by admitting our first ‘patient’ to the Tohono O’odham Hospice.

From that point forward the program evolved and by the end of the first year it was inspected and received Medicare approval.
However, all was not perfect. After start up and community education, we continued to find a reluctance to use Hospice (not as predicted) on a broader basis.

This in part came from the underlying cultural belief by some that thinking, planning or discussing death, will result in ‘summoning death’ to you.

Even though we had done a good job of discussing the program with tribal members (and many were using the service), this belief became more and more of a barrier to the program for others.
Enter Desert Pathways. We learned that a more effective approach may be to create a palliative care program as somewhat of a gate keeper to the Hospice Program.

Desert Pathways was designed to ‘assist community members down the uncertain pathways’ that arise when dealing with a serious illness.’
Desert Pathways was developed and opened to the community.

Through the extensive efforts of the Hospice Nurse Manager and subsequently a community education staff person, Desert Pathways became an accepted program by community members.

Of equal importance, as Desert Pathways grew and evolved, we experienced an equal growth and evolution of the Tohono O’odham Hospice.
Desert Pathways Continued

- As a lesson learned, it would have been more effective to begin with the Desert Pathways program and then introduce the Hospice program to the community.
- Funding. Desert Pathways was initiated through Tribal funding and subsequently received a Robert Wood Johnson grant as a result of the efforts of the TONCA chair, Frances Stout.
It is anticipated that through client/patient use of Desert Pathways and Hospice, the expense of operating both of these programs will be covered by the income from the Hospice program.
TONCA continues to fulfill its mission in part through its planning and development of new programs and services.

The newest program scheduled for opening in the Fall of 2012 is the elder assisted living residence.

The assisted living residence will be home to twelve elder members.

The assisted living program follows the program development model discussed earlier in this presentation.
New Programs, Services and Updates.

- However, while an assisted living feasibility study was completed by staff, it was also first hand experience which validated the need for assisted living.

- The experience: after more than 9 years of nursing home operations, it had become evident that a number of the elder residents of the nursing home while unable to live independently for many reasons, were also not in need of the level of care provided in a skilled nursing facility.
Thus, staff identified multiple elders who were clearly candidates for assisted living.

This validation and the confirmation of the feasibility study lead to the planning and development of the assisted living project.

Importantly, the state of Arizona reimburses tribes for assisted living provided under the state’s Medicaid program on reservation lands.

With the preceding in mind, staff and board moved forward to develop the project, scheduled for a Fall 2012 opening.
Construction of the elder assisted living residence was accomplished through tribal funds generated in part through the efficient operations of the other TONCA programs and through strategic investment of resources.

Operationally, the project will operate close to break even as a result in part of co-locating the assisted living next to the nursing facility and hospice offices.
Conclusion

- The programs and services that the TONCA has developed has resulted in providing health and human services to hundreds of O’odham on the Nation’s lands.
- Importantly, they are receiving care of the highest quality in a culturally sensitive and familiar setting.
- They are living the O’odham Himdag.