Wesley Rehabilitation & Care Center
An Assessment and Recommendations for its Future

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EXECUTIVE SUMMARY

Wesley Rehabilitation and Care Center (Wesley) contracted with the Alaska Center for Rural Health, University of Alaska Anchorage (ACRH), to perform an assessment and make recommendations for Wesley’s future. Specifically, the project would help the community determine:

- The future need for institutional long term care services in Seward;
- The optimal size for an institutional provider of long term care services in Seward;
- The optimal scope of services, and range of services, to be provided in Seward;
- The optimal relationship between a provider of long term care services and other health care providers in Seward and in other parts of southcentral Alaska;
- The best ways to actively involve Seward residents in planning for and supporting the use of local, long term care services.

Alaska is following the national trend to de-institutionalize services to the elderly and to provide them with increasing levels of support services within their home and community. Wesley is currently a 66 bed nursing home facility, with residents from all over the state. The facility has played, and continues to play, an important role in Alaska’s health care system. The organization has evolved over time according to the needs of the Alaskan people. This assessment is intended to help Wesley’s Board of Trustees plan for Wesley’s next change.

ACRH employed focus groups and key informant interviews for this project. This report describes the assessment process, results, analysis, and recommendations.

RECOMMENDATIONS

Long-term care beds

Recommendation One: Wesley does not need to provide bed space for people outside the Seward catchment area. Communities that are now a referral source for Wesley are moving quickly to provide their own assisted living and/or nursing home care.

Recommendation Two: Wesley should not add a wing(s) for individuals in the advanced stages of Alzheimer’s disease or related dementias. There is a tremendous need for this level of care in the state; however, the costs associated with providing this level of care are high and reimbursement for the service is currently inadequate.

Range of Services

Recommendation Three
Wesley should incorporate and consider the following characteristics in their facility:
- safety, homey environment, atmosphere, privacy;
- quality staffing (including an on-staff psychiatrist and nurses trained in mental health), quality care; and
- separation of dementia patients.

**Recommendation Four**
Wesley should incorporate and consider the following services in their facility:
- More intensive physical therapy and other rehabilitation services, massage therapy, herbal medicines;
- Activities such as crafts, computers and daily exercise;
- Transportation services; and
- Provision of assisted living units.

**Recommendation Five**
Wesley should seek formal and informal ways to develop respite care and expanded home health care in the greater Seward community.

*Relationship to Providence Seward Medical Center*

**Recommendation Six** An ideal definition of co-location for Wesley and the Seward Medical Center includes close physical proximity and shared management and services.

**Recommendation Seven** Barriers to implementing the shared management and services with Providence Seward Medical Center can be overcome through communication and working towards a common goal. Leaders of the two organizations should meet in-person, identify common goals, and create a vision and plan for achieving those goals.

*Financing*

**Recommendation Eight:** Wesley should rebuild their facility instead of remodeling the existing structure.

**Recommendation Nine:** The primary funding source is a municipal bond. City support, and possible subsidization, is likely to manifest when the community sees open collaboration and thoughtful planning between Wesley and the Seward Providence Medical Center.

**Recommendation Ten:** Wesley should develop a strategic plan for its future before pursuing more inquiries into funding venues.
I. BACKGROUND/INTRODUCTION

A. Trend Towards Community-Based Long-Term Care Services

Alaska's aging population is growing. In a report commissioned by the Alaska Commission on Aging, seniors, as a percent of the population, will grow from 8% to 20% by 2025.

Numerous studies have demonstrated that clients with long-term care needs prefer to remain at home and in their community, close to their families and familiar social network. Indeed, the "Ladd Report", (commissioned in 1995 by the Department of Administration) as well as Alaska Commission on Aging, are consistent with those studies. They support the national trend to de-institutionalize services to the elderly and to provide them with increasing levels of support services within their home and community. The Ladd Report recommended that the state establish a moratorium on nursing home construction, until the development of home and community-based services could be established as a priority of long-term care program development. A two year moratorium was subsequently instituted by the Alaska Legislature.

Technically, the moratorium has been lifted. However, currently proposed Certificate of Need regulations for long-term care support the development of community-based services. These draft regulations, introduced in March 2001, require that new long-term care beds be matched by assisted living beds and adult day care beds, and that there also be available in the community respite care, personal care assistant, and care coordination services.

B. History of the Facility (from 2000 Annual Meeting Report)

Wesley Rehabilitation & Care Center (Wesley) has a history dating back to the 1940s. In 1946, the Women's Division of the United Methodist Church signed an agreement with the Alaska Dept of Health to operate a Tuberculosis Sanatorium. The oldest portion of Wesley was originally the residence for nurses who worked at the Sanatorium. Wesley continued to treat Tuberculosis patients into the 1960s, although they shifted from in-patient to outpatient services.

In 1967, Wesley transitioned to accept nursing home patients, the mentally ill, and persons suffering from developmental disabilities. Patients were transferred from Morningside Psychiatric Hospital in Portland, Oregon and Harborview Developmental Center in Valdez, Alaska. Two upgrades, one in 1968 and another in 1972, increased the bed capacity to 66.

During the past 25 years, Wesley has admitted a broad range of residents. They provide nursing care and rehabilitation therapy. Approximately half of their current residents suffer from Alzheimer's and other dementias. Others suffer from post-trauma, polio, multiple sclerosis and cancer.
Wesley maintains a close relationship with the Women's Division of the United Methodist Church, which owns the building and property. They are a Mission Agency under the General Board of Global Ministries of the United Methodist Church. Wesley is incorporated and governed by a nine member Board of Trustees.

II. PURPOSE OF THE ASSESSMENT

Wesley Rehabilitation & Care Center (Wesley) is now a relatively old facility. Its Board of Trustees contacted the Alaska Center for Rural Health in December 2000 to discuss a community needs assessment project. The project would help the community of Seward and Wesley's board in planning the facility's future. Specifically, the project would help the community determine:

- The future need for institutional long term care services in Seward;
- The optimal size for an institutional provider of long term care services in Seward;
- The optimal scope of services, and range of services, to be provided in Seward;
- The optimal relationship between a provider of long term care services and other health care providers in Seward and in other parts of southcentral Alaska;
- The best ways to actively involve Seward residents in planning for and supporting the use of local, long term care services.

In subsequent communications between ACRH and Wesley, the Wesley board president requested a review of financing options for a renovation or construction of a new building. While this was not included in the original scope of work, ACRH staff agreed to conduct phone interviews on Wesley's behalf. A summary of those findings are in Appendix X.

III. METHODOLOGY

A. Future Demand for Institutional Long Term Care at Wesley & Optimal Size

ACRH staff used primary and secondary data sources to determine future demand for Wesley's nursing home beds. First, staff reviewed the Long Term Care Services Survey and Recommendations for Change to Alaska Long Term Care Certificate of Need Regulations report from Information Insights. This report documented the range of long term care services available in each region of the state, and provided nursing home occupancy rates for April 2000.

Separately, ACRH staff contacted each region of the state from which Wesley residents (over the past three years) have migrated. To confirm long term care services currently available or planned for the next 3-5 years, ACRH staff called long term care providers, senior centers, or health care providers in each of those regions. In those calls, ACRH clarified what long term care services were currently available, and learned what new services were planned. Those calls included structured interview questions (see Appendix X) that were reviewed and approved by David Pierce, Coordinator of the Certificate of Need program for the State of Alaska. The results of those calls are discussed in the Results section on page X.
B. Relationship to other health and social service providers in the area

As part of its strategic planning, Wesley sought community input on how to maximize relationships with other health care providers in the area. Specifically, they wanted to learn community perceptions of the relationship between Wesley and the Seward Medical Center, and to gain community input on how the facilities should relate. ACRH staff used key informant interviews to collect this information.

In the continuum of qualitative assessment techniques, key informant interviews are generally more subjective than surveys or focus groups. They are conducted by a trained interviewer in a one-on-one environment with a set of standardized questions. The informants themselves are selected because of their experience with a problem or situation. The objectivity of the interviewer and the ability to compare answers across different interviewees is key to the method's success. The inherent subjectivity of the method makes it difficult to know the accuracy of the obtained data, but is useful in developing an understanding of attitudes around a particular problem or situation. They should be used as sources of information about what the observer has not or cannot experience as well as a source of explanation for events the observer has actually witnessed. Their insights can prove particularly useful in helping an observer understand what is happening. They are analyzed via thematic content analysis, conducted by a qualitative researcher who did not participate in the interviews. In this process, comments are manually clustered into areas of common interest or concern.

In partnership with the Wesley board, ACRH developed questions in three subject areas:
• Quality of Care / Range of Services
• Co-location
• Financing (explained in Section D)

They also developed a list of interviewees, including Seward residents, Wesley board members and key staff, Seward health care providers, and Administrators of Providence Medical System.

The ACRH site visit team interviewed people during their visit and used the same questions for phone interviews upon their return. Separately, they interviewed all board members, Wesley's administrator, medical director, and nurse practitioner. A total of 31 individuals participated in the interviews. The board/staff responses were analyzed separately from the community responses. Full reports of the results, both for the community and Wesley board, are included in Appendix X and Appendix X.

C. Optimal Scope and Range of Services

The Alaska Center for Rural Health employed two assessment methods, key informant interviews and focus groups, to determine what services Seward residents seek in long-term care, and what factors go into their selection of long-term care. This input is intended to assist Wesley in planning how to modify or improve the facility and its operations.
In this project, ACRH conducted four focus groups\(^1\), two with the Seward Senior Center, one with Wesley residents and family members, and one with Wesley staff. The Alaska Native group was not convened. Efforts were made to conduct a focus group with Seward residents who use assisted living services inside Seward and a focus group with Seward residents who use assisted living services outside Seward. Unfortunately, there were not enough people in either group for full focus groups. Instead, ACRH did meet individually with three residents of assisted living and one owner of an assisted living home in Seward, and asked the same focus group questions. And ACRH staff identified a former Seward resident in Anchorage-based assisted living. A family member participated in a phone interview with the same focus group questions. All of these individual comments are included in the focus group analysis. The questions and report are provided in Appendix X.

The second assessment method was structured key informant interviews. Of the nine questions in the instrument (see Section B above), three questions delved into quality of care/range of services issues. 31 people responded.

D. Financing Opportunities for Construction or Remodel

Not part of the original project, ACRH staff and the Wesley board president added this component. ACRH staff saw a relationship between the community of Seward’s “ownership” of Wesley’s success and their potential support of a City bond or other municipal financial support. The Wesley board president requested that inquiries be made with potential funding sources to ascertain the most appropriate option for Wesley.

ACRH staff used key informant interview questions to get a sense of the community’s willingness to financially support Wesley— and to probe them for other financing options. In addition, they contacted the most frequently mentioned lenders and inquired about opportunities for Wesley.

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\(^1\) Focus groups are informal, small group discussions designed to obtain in-depth qualitative information on a defined area of interest. The overall goal of any focus group is to reveal the participants’ perception about the topics for discussion. To better ensure a highly interactive flow of conversation, participants should be relatively homogenous and not be inhibited about talking in the group.

Ranging in size from 5 – 10 people, each session lasts about 90 minutes. The conversation is usually restricted to 3-5 related topics, with the moderator facilitating and guiding the conversation. They are analyzed via thematic content analysis, similar to the key informant interviews.
IV. RESULTS

A. Bed Need/Demand

**Recommendation:** Wesley does not need to provide bed space for people outside the Seward catchment area. Communities that are now a referral source for Wesley are moving quickly to provide their own assisted living and/or nursing home care.

The *Long Term Care Services Survey and Recommendations for Change to Alaska Long Term Care Certificate of Need Regulations* report (November 2000) from Information Insights reviewed nursing home occupancy statewide in light of demographic trends. It demonstrated that the state has not yet reached its goal of providing community-based services in many of regions of the state. Looking at nursing home care, the report balanced the shift towards deinstitutionalization with the "aging" of Alaska. The Department of Labor projects the proportion of people aged 65 and older will increase from 5.3% (1998) to 11.9% in 2018.

The Information Insights report recommended that nursing home occupancy should be at or above 80%. On a statewide basis, the occupancy rate is 82%, suggesting an adequate supply of nursing home beds. However, the distribution is not equitable in all areas of the state. Anchorage has 330 nursing home beds, while several parts of the state do not have any nursing home beds, including the Mat-Su, Interior region, and Southwest region. Concurrently, the report showed that Wesley is one of three Alaskan nursing homes with an April 2000 occupancy below 80% (48%). Wesley's occupancy has been below 50% for the past three years.

For this project, ACRH staff reviewed a list of Wesley's residents for the past three years, a total of 95 people. Data were organized by community of origin. 67% of Wesley's residents for that time period are from outside the Seward area (64/95). If those communities were not going to add or expand nursing home capacity, Wesley might consider maintaining beds for them, and factor in people from those areas when planning a facility remodel or new construction. Thus, in an effort to gain a more accurate understanding of future bed need, ACRH staff contacted organizations in the regions from where residents originated. Those communities/organizations and their expressed plans for the provision or expansion of assisted living or nursing home services are shown below in Table 1.

<table>
<thead>
<tr>
<th>Community/ Region</th>
<th>Organization</th>
<th>Residents in past 3 Years</th>
<th>Plan to add or expand LTC services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seward service area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anchorage/Eagle River/ Chugiak</td>
<td>Chugiak Sr Ctr – Tom Davis</td>
<td>24</td>
<td>Assisted living</td>
</tr>
<tr>
<td></td>
<td>Anchorage – Lisa Wolf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenai/Soldotna</td>
<td>Dennis Murray</td>
<td>14</td>
<td>Assisted living</td>
</tr>
</tbody>
</table>

TABLE 1: Provision or Expansion of Residential Long-Term Care Services

Assessment for Wesley Rehabilitation & Care Center
Alaska Center for Rural Health
May 29, 2001
<table>
<thead>
<tr>
<th>Location</th>
<th>Provider</th>
<th>Capacity</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethel/St. Mary's/Aniak</td>
<td>Yukon-Kuskokwim Health Corporation</td>
<td>10</td>
<td>Assisted living Nursing home</td>
</tr>
<tr>
<td>Fairbanks/Kalskag</td>
<td>Tanana Chiefs Conference Denali Center</td>
<td>6</td>
<td>Assisted living Nursing home</td>
</tr>
<tr>
<td>Palmer, Wasilla</td>
<td>Wasilla Sr. Center Valley Hospital Assn</td>
<td>2</td>
<td>Assisted living Nursing home</td>
</tr>
<tr>
<td>Nelson Lagoon</td>
<td>Eastern Aleutian Tribes, Inc.</td>
<td>2</td>
<td>Assisted living Nursing home</td>
</tr>
<tr>
<td>Kodiak</td>
<td>Kodiak Medical Center</td>
<td>1</td>
<td>Assisted living</td>
</tr>
<tr>
<td>Nome</td>
<td>Norton Sound Health Corporation</td>
<td>1</td>
<td>Nursing home</td>
</tr>
<tr>
<td>Kotzebue</td>
<td>Maniilaq Association</td>
<td>1</td>
<td>Nursing home</td>
</tr>
<tr>
<td>Valdez</td>
<td>N/A</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Outside Alaska</td>
<td>N/A</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Of the respondents, Eastern Aleutian Tribes, Inc. is the only healthcare provider/region that is not planning to add or expand residential long-term care services. It is reasonable to suggest that every region reporting the *intent* to provide residential services may not successfully secure the capital necessary for construction. However, comments made during phone interviews clearly indicate sufficient political will and planning efforts to support their development. While it may not happen as fast as local residents want, residential long-term care services in the interviewed regions of rural Alaska are highly likely to be developed and expanded.

**Developing a Specialty: Care for Individuals with advanced Alzheimer’s**

**Recommendation:** Wesley should not add a wing(s) for individuals in the advanced stages of Alzheimer’s disease or related dementias. There is a tremendous need for this level of care in the state; however, the cost associated with providing this level of care is quite high and reimbursement is currently inadequate.

A separate but related issue is residential long-term care services for patients that have Alzheimer’s and related dementias. 44% (42/95) of Wesley’s residents of the past three years suffer from dementia as well as physical limitations. In several examples, these individuals have advanced Alzheimer’s and migrated to Wesley from dementia units in other facilities across the state. Either family members, or the facilities themselves, recommended the client move to Wesley. As a result, Wesley’s staff have developed a reputation for providing excellent care to a high needs, underserved population.

In the regional phone interviews, respondents articulated their current and proposed services for residents with Alzheimer’s and related dementias. In most cases, respondents either provide services for this population, or they plan to develop that capacity. However, *none of them* (except those who already have Dementia or Special Needs Units) described plans for designing a Dementia Unit or articulated an understanding of the staffing and programmatic demands associated with caring for this population.

Assessment for Wesley Rehabilitation & Care Center
Alaska Center for Rural Health
May 29, 2001
ACRH staff spoke with staff at the Alaska Alzheimer’s Association and Alaska Commission on Aging to better understand Alaska’s need and capacity to provide care to individuals with advanced Alzheimer’s. From these conversations, it appears that Pioneer Homes and other residential facilities are fairly well-equipped to care for patients with mild dementia or the early stages of Alzheimer’s. However, families often keep their loved ones home at this stage. The situation is quite different in the more advanced stages. People’s needs escalate beyond what family members can provide, and residential care is sought. Residential providers thus see higher demand for the highest level of care. More than one nursing home explained that they evaluate potential residents to ensure they will be able to provide appropriate care and to ascertain how the individual will fit into the Dementia or Special Needs Unit. The waiting list for individuals with advanced Alzheimer’s is often six months or longer. Given how resource intensive it is to care for people at this stage, and that Alzheimer’s is not a Medicaid covered service, residential options are not likely to improve in the near future.

B. Relationship to other health and social service providers in the area
As Wesley plans for its future, the role of the Seward Medical Center is inextricably entwined in the discussion. Pressure from the state and other parties for these facilities to combine is strong. The State of Alaska’s proposed Certificate of Need regulations require the facilities to “co-locate”, although this term is not officially defined anywhere. The hospital will reap financial advantages in a shared cost report, as some costs can be borne by the more consistent nursing home residents. This is extremely important to anyone depending on the hospital for care. The hospital loses money every year and its financial viability is in question.

To complicate matters, Wesley has a mixed history with the Seward Medical Center. For several years, the facilities shared an administrator. That individual was compensated as a “full time” administrator for each facility, and collected two paychecks. When the hospital’s financial situation deteriorated, the City of Seward gave Providence Health System of Alaska a management contract for the hospital. Providence’s move into the community coincided with the Wesley administrator’s departure. Providence also instituted some changes in service provision, including the controversial removal of birthing services and introduction of the heli-pad. The facilities’ previously amicable relationship dissolved as their shared administrator departed. Wesley was forced to identify new management and develop a relationship with a new neighbor.

For this component of the project, ACRH staff developed three questions for key informants. They focus on creating a definition of “co-location”, determining the advantages and disadvantages of “co-location” for the community, and recommending how barriers to “co-location” may be overcome. The questions, and the corresponding analysis of responses, is described in the remainder of this section.
Recommendation: An ideal definition of co-location for Wesley and the Seward Medical Center includes close physical proximity and shared management and services.

Participants reported the following:
- The advantages of co-location include improved quality and availability of services, greater financial viability, and improved public perception.
- The disadvantages of co-location may be some loss of autonomy and decision making power.
- Barriers to implementing a co-location can be overcome through communication and working towards a common goal.

1. How would you define co-location for Wesley and the Seward Medical Center?

Close physical proximity of facilities
Participants approve of the current close proximity between the Wesley facility and the hospital, and many support even closer co-habitation. "Having the facilities next door to each other is adequate, though it would be better if they were closer." The close proximity is convenient for the Wesley facility because Providence provides physicians and services (i.e., physical therapy) to Wesley clients. "It's a good physical security for seniors knowing the hospital is right there."

One participant suggested building a hallway or walkway between the two facilities so patients on a gurney could be wheeled between the two. "I remember an incident where an emergency care patient had to be wheeled through slush and snow. It was not a good situation!"

Shared management and services
Although participants differed regarding what degree of co-location is ideal for Wesley and the Seward Medical Center, they all agreed some level of collaboration is necessary for both organizations to remain viable and successful in the delivery of health care. "The facilities need to co-locate to survive."

Many participants felt sharing management and services was the most ideal setup for Wesley and the hospital. "We have to move in the direction of one administrator, one accounting department, one laundry service." Specifically, participants suggested Wesley and the hospital share services such as nursing, food services, billing, medical records, and laundry.

Shared management might include having common goals, sharing administration and staff, and/or having one health care council or board. Currently there are three boards in Seward: Providence, Wesley, and SeaView. Participants discussed options regarding collaboration between these boards. One said there needs to be more occurring than just attending each other's board meetings. "We need to ask: 'How can communication between the boards be facilitated?'" Another said Wesley has a well-intended, delightful
but information is not transmitted well and there are communication issues." A suggestion was made for a new board that includes local people and experts from "far away."

Several participants supported Providence in a leadership role in co-locating with Wesley. One suggested Providence manage both Wesley and the hospital in order to improve the quality and cohesiveness between the organizations. However, this individual also cautioned that the facilities need to make money in order for Providence to stay in Seward. "If Providence left, it would be bad that they were running both facilities." Another participant pointed out that Providence is flexible and open toward defining a new relationship with Wesley. "I don't think Wesley staff understands the hospital's efforts towards collaboration."

Further suggestions were offered regarding co-location. One participant suggested Wesley and the hospital have two different cost structures, but then come together for the cost report. Another said, "The definition of 'co-location' should take the three entities—nursing home, hospital, and city—and make a new non-profit organization."

A number of participants felt it may not be ideal for Wesley and the Seward Medical Center to share management. "We need to remember long-term care is not the same as primary care." These participants said remaining independent is important to both organizations. "I like the autonomy of my organization. Wesley probably wants to keep their autonomy as well." However, participants agreed it is important for some degree of collaboration to take place.

2. What are the advantages and disadvantages to the community of co-location?

Improved quality of services
The most frequently mentioned advantage of co-location is the improved quality and availability of services. Sharing resources could enable both organizations to maximize service potential. "They can be not only viable, but "state of the art." Participants said if Wesley co-located with the hospital they could offer more services, provide the community with more comprehensive medical care, and offer more training to staff members. "There could be a synergy in health care if both sides buried the past and entered the future as a team." One participant said co-location is common in small communities around the state. "Co-location is the answer to be able to maintain both facilities in our community."

Financial security
Co-location could also ensure the financial security and viability of Wesley and the hospital. "They are both spread thin with dollars going to "bricks and mortar" rather than services." Co-location would safeguard against the loss of services or even the loss of the organizations themselves. "If we don't combine them, we could lose both of them. The community would have nothing then." Anything that would make Wesley and the hospital more financially sound would ensure that services continue to be offered in Seward.
Improved public perception
Participants said the community's opinion of Wesley is mixed. In general, nursing homes are not desirable places for old people to go. "Wesley has tended to take people with mental health problems—not just happy, friendly, old people—so Wesley has become a place people don’t want to go." Thus, co-locating with the hospital would change the way Wesley is perceived by the community.

Collaboration between facilities
Wesley can improve its services and programs by collaborating and working together with other facilities. Collaboration would enhance the continuum of services and reduce economic strain. One participant suggested creating an "umbrella organization" to administer funding to Seward facilities, such as to the hospital, Wesley, and Spring Creek Correctional facility. "It seems like we’re all competing for funding." In particular, participants wanted to see Wesley work together with the mental health clinicians at SeaView. "If WRCC continues to admit people with psychiatric disabilities, I would like to see them partnered with us."

Disadvantages
Participants cited a loss of autonomy and decision making power as the key disadvantage to co-locating Wesley with the hospital. "People may not be willing to become a "smaller fish" in a bigger pond." One participant said management at Providence is questionable and could possibly make Wesley less stable. However, another said Wesley seemed to be less collaborative than other organizations in the community, so co-location might reduce the overall quality of both organizations. "The disadvantage is that an organization is only as good as its weakest link." In addition, dealing with Providence politics and high turnover rate could be difficult for Wesley, and could negatively impact staff morale.

Other
Other possible disadvantages include the displacement of positions and an added need for resources to accomplish the co-location. One participant said a worst case scenario was for Providence to manage both facilities, and then to leave in 10 years. "We are a ‘home rule community,’ but the City doesn’t want the headache of managing long-term care."

3. What are the primary barriers to implementing the co-location and how can these barriers be overcome?

Communication problems was the single most mentioned barrier to implementing co-location. "We need to get the parties together to talk, with no hidden agendas and no power plays." Participants cited a historical lack of communication between Providence and Wesley boards. One participant said a start would be to narrow the focus of board discussions. "I think you need to limit those meetings to the ‘powers that be’ of those three organizations as opposed to having a health consortium where all are invited." Another suggested overcoming communication barriers by bringing in a facilitator--
agreed on by all parties—from outside Seward. “All players have to be agreeable towards the process, purpose, and outcome.”

Participants said it will be a challenge to get Wesley and the hospital to agree on common goals, such as philosophical goals, medical staff management standards, admission decisions, staff training, clear lines of authority, and financial goals. “Seward residents understand that we have to be creative and have to define what will work for us. We have to let go of...our past and work together in new ways.” One participant mentioned that the primary barrier to successful co-location was Wesley’s desire for autonomy, which was not keeping the community’s best interest in mind. “Wesley’s biggest fear is being “gobbled up” and I think it is short-sighted of them.”

It should be noted that a number of participants felt Wesley and the hospital currently have a good working relationship. “I think the two facilities already have a good working relationship.” One participant said Wesley has good contact with the medical doctors and has adequate medical care, but the doctors have a heavy load. This individual suggested Wesley get a medical doctor who deals in geriatrics to take a load off the Providence medical doctors. “Overall, I think the patients are really cared for there; I don’t see any real problems.”

C. Optimal Scope and Range of Services

ACRH staff employed focus groups and key informant interviews for this section. Specifically, Wesley sought input on services to add and how the facility could be updated to attract new residents. In the process, participants also discussed what services they seek in the community, independent of who provided them.

Focus groups with elders, Wesley staff and Wesley residents discussed what factors and characteristics people seek in long-term care. Their responses paint a community picture, and coincide with what people seek when selecting a community of residence. Key informant interviews with community members echoed many of these issues, and they are incorporated here.

**Recommendation:** Wesley should incorporate and consider the following characteristics in their facility:
- safety, homey environment, atmosphere, privacy;
- quality staffing (including an on-staff psychiatrist and nurses trained in mental health), quality care; and
- separation of dementia patients.

**Recommendation:** Wesley should incorporate and consider the following services in their facility:
- More intensive physical therapy and other rehabilitation services, massage therapy, herbal medicines;
- Activities such as crafts, computers and daily exercise;
- Transportation services; and
- Provision of assisted living units.
Recommendation: Wesley should seek formal and informal ways to develop respite care and expanded home health care in the greater Seward community.

Cost / Affordability
Cost was mentioned most frequently as a major factor in choosing long-term care. “If you can’t afford a particular place, there is no way you are going to get into it.” Participants said cost issues are the most difficult for “in-between” people—those who are not bankrupt, but can’t afford the care they want. In some instances, long-term care patients and their families have to use up their savings before they can receive aid for long-term care. “I object to having to be desperate or bankrupt to qualify for services.” One participant said wives in particular often have to support their husbands who need services, which drains their resources so they don’t have enough for themselves.

Participants said Medicare often does not pay enough for services. For example, transporting patients by helicopter and ambulance is very costly. “Our local hospital can do a lot, but Medicare only pays a portion of the costs.” Since the ambulance service must accept what Medicare pays, the Seward EMS services invariably ends up suffering the loss. “The way it works, if a person has Medicare, we bill a certain amount and then we have to pick up the difference. We absorb these extra costs.”

Safety
Several participants listed safety as a top priority when selecting long-term care. “If they fall, I want to know they won’t hurt themselves on the furniture.” One participant said facilities need a safe environment outside where residents can be independent. This participant described a facility in Oregon that had a high wire fence with locked gates. Each day a gentleman with Alzheimer’s disease put on his coat and cap and walked around the building. “There was a walk that went around the building, all enclosed, totally safe.”

Close to families
An ideal long-term care facility is situated close to family members and friends. “It is important for families to maintain connection with whoever is in the nursing home.” In particular, participants mentioned wanting to be near their grandchildren: “I want to be a “grandma” and have a greater say in how they are raised.” And, “it has been more wonderful being a grandparent than being a parent. The kids are always happy to see you since you don’t see them very often.”

Participants said it is important to be near friends as well. If the long-term facility is situated in a convenient location, friends are more likely to visit. One individual said it is more difficult to make friends when you get older, so keeping these friends is especially important. “It’s important to be able to talk to your friends since your children may only visit once a week.”

Assessment for Wesley Rehabilitation & Care Center
Alaska Center for Rural Health
May 29, 2001

16
“Homey” environment
Long-term care facilities should be comfortable and “homey,” not sterile and formal. Participants said rooms should be large and have a table or desk, an easy chair, a TV, plenty of storage, nice bedding, and extra chairs for visitors. “A good window with a view would be nice too.” One participant described an area in Anchorage that has condominiums for elderly people. It has a craft room, library, exercise room, church services, and a kitchen that provides meals for people who don’t want to cook. In general, participants said residents want to feel like they are living in a home, not a hospital. “It doesn’t matter how you look at it, most of the time it’s the last place you will be going. So it should be more like a home. It should be a very caring, delicate time.”

Good “atmosphere”
An ideal long-term care facility is clean, cheerful, warm, and well lit. “Atmosphere in a nursing home is important.” Participants said the rooms should be well insulated against noise, and the facility in general should be quiet. “I wouldn’t want a place that was blaring with music or a place where children came and made too much noise or were obnoxious.”

Services offered
The type of services offered in long-term care is of top priority. In particular, a number of participants sought services geared toward rehabilitation, such as physical therapy services. “My mother was a stroke victim. After she got out of the hospital, she needed extensive therapy.” In other cases, participants favored services geared toward Native American culture. One participant described a nursing home that had sweat lodges and ceremonies. “I think we need to bring some of that in here.” Another said, “It’s a difficult thing to do, being away from your people, your language, your food and your culture and being put here. We do the best we can with what we have, but I thing we can do better for the Native people.”

Offer more alternative and specialized therapies
Services can be improved at Wesley by offering more structured and expanded forms of alternative and specialized therapies, such as physical therapy, occupational therapy, orthopedic rehabilitation, post-stroke care, massage therapy, and herbal medicines. One participant suggested Wesley hire an activities director who can provide stimulating activities. “When I worked...in another nursing home facility we had art activities, recreational programs, music groups, and lots of activities going on.”

The ideal long-term care facility would have special areas for activities such as crafts, computers, and daily exercises. “Recreation directors would be good.” The facility should also have a common area where people can socialize.

Good staffing
The quality and friendliness of staff members was mentioned frequently as a major factor in choosing long-term care. Participants currently living in long-term care spoke fondly of their caregivers, describing them as courteous, conscientious, and personable. “I like the people.” Having a sufficient number of staff members was also mentioned as
a priority. "We wanted there to be someone around 24 hours, seven days a week—people who could care for him [his father] and help him."

Staff members should be well trained and know how to deal with daily tasks, such as bathing and feeding residents. In one instance, a family moved their elderly mother from Wesley to a facility in Anchorage so she would be closer to them. However, a week later they brought her back. "At the new place...they wanted to give her a feeding tube to save time. At Wesley, they took the time to feed her in a normal way even though it took more time."

In general, nursing homes tend to have poor reputations. "We've all heard the horror stories of what goes on in other nursing homes around the country." Several long-term care providers said staff members at their facilities make a great effort to treat residents with kindness and respect. "[W]e deal with the patients like human beings. We deal with them like we would our own parents in a caring helping way." Another said the nursing staff are excellent at his/her facility. "They're not just here for the paycheck. They are all very intelligent and it makes a big difference when they are hands-on all the time."

Participants said working in a nursing home is difficult and often requires heavy lifting and unpleasant tasks. Finding quality staff, especially medical staff, is a challenge. "Sometimes I feel like there are just not enough staff here to take care of people the way we should be able to." In particular, participants identified a shortage of nurses and CNAs. There is currently a CNA program in Seward, which helps, but there continues to be a shortage. "We advertise for help in Seward, but can't find people because of the low salaries."

Long-term care facilities also find it difficult to keep physicians in Seward. "I know Wesley lacks a full-time physician. That's an important need. I think the community or state needs to consider financing a full-time physician."

Privacy
Privacy is important to participants when considering long-term care. In nursing homes and other long-term care facilities, patients are frequently required to share rooms. "I don't think any of us want to share rooms." Another said, "I have seen that this one thing is important to many people, to have that privacy." One participant described an instance where a woman lost three roommates over a five month period. "It was devastating to her...It's one thing if the neighbor dies, but if it's someone you are living with, that's a lot different."

Quality of care
Quality of care is a critical factor when choosing long-term care. A facility should have adequate medical equipment, and one participant said it should be close to a hospital. "Quality care would put my children's mind at ease as well."
Separate from Alzheimer's patients
Participants agreed that, in an ideal long-term care facility, Alzheimer's and dementia patients would be separate from other patients, either in an independent wing or in a different facility altogether. Several participants complained that Alzheimer’s patients frequently violate the privacy of others and get into their belongings. “For people who don't have Alzheimer's, it can be very disturbing...” Apparently Wesley is the only long-term care facility in Seward that takes mentally challenged individuals. One participant said these patients can frighten people, especially children. He/she described working at a convalescent center in the 70s where a patient stole scarves and cut them up. “I got used to these people and their habits, but for someone coming from outside it’s different.”

Participants stressed that, even if separated, Alzheimer’s and dementia patients should be as well cared for as other residents. “They have the right to be there.” Participants felt these patients would likely be more comfortable on a separate wing where they had a place of their own, away from the general public. “Maybe have a park, some place where they can go outside and play in the dirt, be out in the sun.” One participant described a psychiatrist who is actively pushing for a special unit for dementia patients, not so much for the comfort of the other residents, but so the dementia patients can be provided for as well. “It's important for everyone to get attention.”

Long-Term Care Services in the Community
In addition to the services and atmosphere proposed for an ideal long-term care facility, many participants listed the services needed in the Seward community.

- Offer different levels of care
Offering more levels of care would improve long-term care services in Seward. Additional levels might include respite care and other short-term care. “If families go out of town, they have nowhere to take a loved one. Respite day care is a real need in this community.” Participants also suggested offering more transitional and home health care services for people “on the edge of needing care.” One participant encouraged Wesley to continually assess how well clients are functioning in order to help them move on. “WRCC is not treating people as if they are in transition, but rather as if they are people who are there to stay indefinitely.”

One participant noted that Wesley provides a “Meals on Wheels” service, but suggested they provide some other form of weekly or daily contact with people. Another suggested Wesley get a van to give clients more contact with the community, which would also help break down the wall that currently stands between WRCC and the Seward community.

- Other
Other ways WRCC can improve long-term care services include: providing more transportation services for seniors (i.e. for shopping trips and appointments); providing staff members with more training on dementia; hiring a psychiatrist; providing skilled nursing in mental health; providing individual nursing plans for the elderly (like the
Individual Education Plans used in education); hiring more staff members; and renovating the current facility so it has more space and includes a locked dementia unit. “This has been an issue because people can walk out the door—it’s a safety issue.”

Support for assisted living units
Participants support the addition of assisted living units in the Wesley facility. “The combination of assisted living and skilled nursing units is excellent.” Participants gave a number of reasons assisted living units would benefit the community:

- They would expand the range of services in the community, filling the gap in service provision. “There is a gap between people in the home and in institutions.”
- They would enable more sick elderly residents to remain in the community, and for more seniors to retire in Seward. “We don’t want people to have to go to Anchorage for care.”
- They would provide easier access to care. “If you get them [seniors] as ‘assisted living’ residents, they may stay for skilled nursing.”
- It would be a cheaper form of care for residents who do not need a high level of care.

Words of Caution
A number of participants were cautious about supporting assisted living units, stating that certain issues need to be considered first, such as programmatic and space/layout issues. Several participants said the decision to build assisted living units depends on the needs of the community and the clients. One said, if the other two assisted living homes are full and individuals are on waiting lists, additional assisted living units would be a good idea. Another said, “We have to ask what the needs are for the people currently being served.”

Suggestions for assisted living units
Participants made a number of suggestions for the new assisted living facility. These include:

- Hire a home health nurse who can give medications and make sure patients are healthy. “Someone checking in on patients is important in an assisted living facility.”
- Offer some form of respite care. “What do people do with their parents here in Seward if they need a break for a trip to Anchorage?”
- Offer adult day care.

D. Financing for Construction or Remodel
   i. Rebuild versus Remodel

| Recommendation: Wesley should rebuild their facility instead of remodeling the existing structure. |
Most respondents support rebuilding instead of remodeling or renovating the WRCC facility, but question the feasibility of funding, and identified a number of precursors which should occur first.

Most of the participants were in favor of replacing instead of remodeling the facility. "It was good 30 years ago, but not today. It is not a reflection of the care; the staff do the best they can with what they have; it's the structure of the facility itself." Rebuilding would allow the facility to expand and add new features and technologies, enabling them to be better prepared for delivering care into the future. "A rebuild worked well for Providence, and it would do well for WRCC's reputation." One participant suggested connecting the hospital and the WRCC building, "I think it would be a mistake to not connect the two if it were rebuilt."

Participants commented on the current state of the Wesley building. "There are now four buckets in the hallways catching water." Another said several bathrooms are not wheelchair accessible, and the elevator is "downright scary." "I got stuck in it once, and once a patient got stuck." The rehabilitation department at Wesley is located in a tiny room, and the layout of the floors in the building is not conducive for intermingling between the residents; activities are sometimes split on the floors.

Although most support rebuilding the WRCC facility, participants realize it would be expensive and question the feasibility of funding. "Funding is extremely problematic for us. The bottom line is if WRCC doesn't have all the pieces in place, they shouldn't do it."

However, participants stated that the following would need to take place first: the demonstration of need and economic feasibility; the redefinition of mission, function, and goals; and the establishment of a clear plan and common governance in which the decision is shared. "WRCC needs the support of the community and board to make it work."

On the other hand, some participants felt that a facility renovation was more appropriate. One said, although the building is old, it is sufficient, stating that it is more important to spend dollars on therapies and activities for patients. "More money needs to be earmarked for this type of thing." Another said a total rebuild would displace the clients, forcing them to leave Seward. "What would you do with them in the meantime?"

**ii. Financing for Construction**

**Recommendation:** The primary funding source is a municipal bond. City support, and possible subsidization, is likely to manifest when the community sees open collaboration and thoughtful planning between Wesley and the Seward Providence Medical Center.

- Top funding options for renovating or rebuilding the WRCC facility include state, city (bond and sales tax), and federal dollars, including grants.
The State was mentioned most frequently as a possible source of funding. One participant said WRCC needs to be accessible for everyone, so lobbying the State seemed reasonable. "It has to meet the needs of the people." Another said there should be state funding available that is associated with Medicaid and Medicare.

Securing funds through the City, with a bond or city sales tax, was also mentioned frequently as a source of funding. However, a number of participants were skeptical about the willingness and ability of the community to chip in for a new facility. "People in Seward won’t be supportive when it comes to funding." Participants said community members would be more willing to invest in a new facility if WRCC provided services to a high percentage of locals, offered a wider range of services, and/or if the City owned the WRCC building, thus giving locals a financial stake in it. "It may be a pipe dream, but it should be a possibility."

Federal dollars is another possible source of funding. One participant, citing the influential power of Alaska’s senators, suggested going to the feds with a creative idea showing that the community is together on the idea. "Senator Stevens is bright, but we need to help him find a way to help us." Another participant said, "WRCC is Methodist; President Bush would most certainly support the rebuild."

Participants also suggested securing grant money to fund the WRCC building. "There should be some grant money out there. People just need to look for it."

Other suggestions for funding include the Alaska Commission on Aging, oil companies, and IHS funds.

**Other Financing Options**

ACRH staff contacted four lending agencies to discuss funding options for a remodel or rebuild of the Wesley facility. As a religiously affiliated nursing home, Wesley suffers many barriers in accessing capital. ACRH staff made many calls on behalf of Wesley, but the effort was not exhaustive or conclusive. Also, the manner in which Wesley plans to transform itself, as an institution and as a community member, may create new funding opportunities.

**Recommendation:** Wesley should develop a strategic plan for its future before pursuing more inquiries into funding venues.

Alaska Industrial Development Export Authority (AIDEA)

As explained on their website, the primary goal of AIDEA is to encourage economic growth and diversification. AIDEA does provide loans to Alaskan enterprises. AIDEA is not a direct lender, but through the Loan Participation Program, AIDEA purchases a portion of a loan that is sponsored and originated by an eligible financial institution. In most cases the interest rate on the AIDEA portion of the loan is slightly lower than the rate on the bank's portion. The term of the AIDEA portion of the loan can also exceed the term of the bank portion. This can result in lower scheduled payments for the borrower.
In a phone interview with a lender at AIDEA, ACRH staff learned that AIDEA does not provide loans to religious organizations. Because of Wesley's affiliation with the Methodist church, they would not qualify for support from AIDEA.

Alaska Housing Finance Corporation (AHFC)  www.ahfc.state.ak.us
AHFC is a self-supporting public corporation, and housing is its primary mission. AHFC has several loan programs, none of which support medical model housing or skilled nursing. However, the Multi-family, Congregate and Special Needs Loan Program supports assisted living units. They provide loans to purchase, rehabilitate, refinance or provide the long-term financing for construction of affordable low- to moderate-income rental housing. Eligible housing includes multi-family, senior, physically and developmentally disabled, emergency shelter, traditional and congregate.

In a conversation with Steve Ashman of AHFC, ACRH staff learned that AHFC uses census data to estimate demand for assisted living units in any region. Seward already has 11 assisted living units and he believes this is a sufficient volume. However, AHFC does not include Moose Pass, Hope, or Cooper Landing in this number. By adding these communities, Seward could qualify for loan funds for additional assisted living units.

United Methodist Development Fund  www.gbgm-umc.org
AIDEA staff suggested that ACRH staff contact the United Methodist Development Fund to identify funding opportunities for Wesley. ACRH staff did contact the headquarters in New York City. This organization provides funding to churches, not nursing homes. Staff did suggest ACRH contact the Lutheran World Federation, which is a relatively wealthy lending institution.

Lutheran World Federation – Evangelical Lutheran Church of US
ACRH staff contacted the U.S. affiliate of the Lutheran World Federation. The Evangelical Lutheran Church of the United States does not provide grants. They do provide loan funds for affiliated organizations; however, Wesley is not an affiliate. Staff suggested ACRH contact the United Methodist Association.

United Methodist Association  www.umassociation.org
ACRH staff spoke with Misty Strawser (mstrawser@umassociation.org) at the United Methodist Association (937-227-9494) in Dayton, OH. This organization does not provide funding, but they can help people. Misty explained that she has access to a network of people who raise funds for nursing facilities. She has posted a request on an internal listserv and will contact ACRH staff with whatever she learns. Misty also suggested that Wesley pursue private foundations and individual donors for support.

V. CONCLUSION
Wesley has played, and continues to play, an important role in Alaska's health care system. The organization has evolved over time according to the needs of the Alaskan people. From tuberculosis patients to psychiatric and former ICF-MC patients to nursing
home patients, from in-patient to out-patient to in-patient again, Wesley has been flexible and resourceful. And now, as Wesley enters the 21st century, it is once again time to look at the health "landscape" and reconsider strategic direction.

At the state level, there is a growing trend away from institutional care and towards community-based care. This trend is supported in legislation and funding. Regional health care systems seek to expand their ability to provide long-term care, and this will reduce the burden on Wesley.

Concurrently, Wesley's primary community, Seward, is in need. The local medical center is struggling for survival, as evidenced by its financial situation and chronic staff turnover. Residents seek a range of long-term care services, including respite, hospice, and expanded home health services. Moreover, the community is in dire need of an overarching collaboration on health – civic-minded community members who look at the overall health needs of the community rather than a particular slice of it. Seward enjoys an impressive range of health and social services, but they lack a common thread to weave them together.

Wesley Rehabilitation and Care Center is poised for change. Wesley's Board of Trustees face an important challenge: They need to downsize, while expanding the range of services offered. More important than this challenge, however, is the unique opportunity for Wesley to pull Seward's health leaders together, especially the Medical Center, to develop a shared vision and plan for the provision of health care services. Wesley may well have the integral role in the transformation of health care in Seward.