



Massachusetts PATRIOT

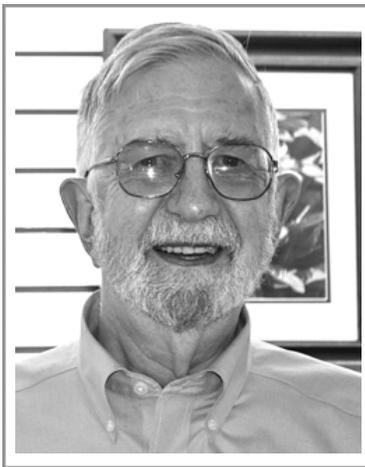
Massachusetts Life Care Residents' Association (MLCRA) Summer 2015

The Residents' Advocate---Management's Friend

The President's Message:

Understanding Important Issues at MLCRA Member Communities *by Will Holton*

For some time many MLCRA members have wondered how practices and problems vary among our member communities. Now I have taken a more personal approach by sending short surveys on two common concerns to Resident Association presidents and MLCRA represent-



Will Holton

tatives. I chose to start with looking into the use of assistive devices and the gift funds for employees that take the place of tipping.

This message reports on the information

received from 12 MLCRA communities on the use of walkers, rolling walkers, wheelchairs, and scooters by Independent Living (IL) residents. This issue is important because these assistive devices are a consequence of the aging of our communities' populations in recent years. Longer-term residents in the older CCRCs are more likely to need support for getting around and most communities seem to be admitting more people in their 80s or 90s who already use assistive devices.

The results of the survey are reported in summary form with some representative direct quotes. The communities are identified only as **larger** or **smaller**, with the dividing line set at between 200 and 250 residents.

Assistive Devices in Massachusetts CCRCs

“How much of an increase have you seen in the use of assistive devices?”

In *smaller communities* (less than 250 residents) all respondents reported increases in the percentage of IL residents using assistive devices of some kind. Several said that 10 or more years ago there were only a few who even used canes. One community has seen more assistive devices, including with newer residents who tend to be older. The estimates of usage rates for assistive devices now ranged from 10 to 20% up to 45 to 55%. One respondent noted that there are long distances between some apartments and the community center, noting: “In the past two or three years there has been a significant increase, especially in the use of electric scooters.” Most smaller communities had only one or two “scooters” and others had none although there were no reports of these (*cont'd on p. 2*)

MLCRA Holds Annual Meeting

(*Report on p. 3*)



Photo collage by Marvin Ungar

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powered vehicles being forbidden. One manager said she hoped no residents would want to use scooters.

Larger communities (more than 200 residents) all reported seeing increases in the use of assistive devices. One respondent reported a "modest increase." In one community there has been "a tremendous increase in the past three years with about 40% using them now, including about eight motorized vehicles. In another place "now a very large percentage of residents use canes, walkers, or wheelchairs. There are a few scooters, but they are not allowed in the dining room." A larger community reported "There has been a terrifying increase of walkers. Better than 50%." One report said that the "use of assistive devices is encouraged and supported." Another community echoed this sentiment and added that "some residents have a long way to go to activity areas and walkers and battery run carts are a common sight."

"Are you experiencing an increase in residents needing to be escorted within the community by paid caregivers, or by family and friends?"

In some *smaller communities* the escorting of residents by caregivers was not thought to be significant or much of a problem. One respondent reported "It (escorting residents) does not appear to be the case. Hard to tell when it is family." Less than 10% of residents in one community were thought to have "some caregiver help," and a few residents who

recently died had caregivers. One respondent said "Yes, about 10% of our residents are escorted to and from meals, both with walkers and wheelchairs." In another smaller community "probably 10% to 15% are escorted and a few IL residents seldom leave their apartments." In another smaller community it was noted that both some longer-term residents and newer residents are escorted in the building.

In *larger communities* the trend is similar. In one place the respondent observed: "Yes, more people are being escorted to the dining room." In another community, "(there is) an increase in our residents service staff helping residents to and from the dining room and other places where resident activities occur." Another larger community has also seen "an increase of outside help as residents age." In one community: "There is a marked increase in the number of residents requiring caregivers. There are some who need 24-hour care while others just need part-time caregivers. All wheelchair users require caregivers to travel through the facility."

"What problems, if any, have there been because of the use of assistive devices?"

In *smaller communities* the reports ranged from experiencing serious problems with the use of assistive devices down to only minor concerns. In a smaller community there are backups in halls before dinner. In one small community no one is now using a powered wheelchair and there are no problems with walkers but "Several years ago there was one case of a resident carelessly driving an electric wheelchair." One respondent said: "The devices do not present a traffic problem because only a very few have meals in the common area. But when residents with walkers congregate in the public area at times, it does present a frail elderly picture of the facility to a visitor or potential resident." One respondent said that there are backups in halls before meals. In another (*cont'd on p. 8*)

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community the respondent wrote: "They sometimes block passage" especially in resident-run events when there are no staff to "valet" assistive devices. In one community the response was "They are all over the place!" Another smaller community sees traffic jams with assistive device users getting into elevators or pushing through to the dining room; there a resident was pushed down twice, causing broken bones and long recoveries.

In three **larger communities** the respondents reported no problems with assistive devices. One larger community had seen a problem with motorized wheelchairs and walkers when "there are too many of them." That community had held practices on how to get out of public areas with assistive devices in case of emergency situations. In another community "scooters are a problem and users are generally not allowed to travel alone to prevent accidents."

"How is the 'parking' of these devices handled at meal times, etc.?"

In most **smaller communities** staff members "valet" assistive devices to designated areas in hallways or special rooms. Usually the devices are returned by a staff member when they are requested. In one community the dining room servers take walkers to a closet or tuck them under a counter. In another smaller community "waitstaff want to line up walkers and rolling walkers in the hallway, but some residents try to keep devices near their tables and that makes it hard for staff members to get around."

In one **larger community** with five dining rooms, staff members use different spaces for parking in each case. One respondent wrote: "If there is no safe storage place near the dining table the serving staff will take the device out of the dining area to a safe area." In another larger community assistive devices are not allowed in the dining room but "wheelchairs may be used in place of chairs at the dining tables."

In **smaller communities** one respondent reported: The energy and atmosphere have changed and outside trips and activities are often cancelled because too

few have signed up; less than half of the residents drive cars today; a drop of at least 25% from five years ago."

In one **larger community**, "the residents and staff recognize the importance of assistive devices and there has not been a problem with their use." In another place the respondent commented, "All policies are clear and supportive." Another community has widened the spaces between seats in the large event space so people can put walkers in front of them.

Conclusions and Implications for Future Policies:

It is clear that our CCRCs have aging populations because long-term residents live long lives and marketing bring in older and sometimes frail or memory-impaired residents. Sociological research and observations indicate that IL residents are often reluctant to move into assisted- or nursing- care settings in their communities. This upends the original meaning of "aging in place" that stressed the availability of advanced care in the community. The results reported here show that daily life in CCRCs may be adversely affected as residents become more frail. I feel that the sense of community is undermined when fewer neighbors can participate fully in activities because of their declining physical and cognitive ability over time.

Changing policies, with Management and Residents Associations cooperating, could improve on the emerging situation caused by aging populations. Marketing could more actively recruit younger and more fit people by changing the approaches that are used. Managers could be more proactive in a gentle way when it would be best to move residents to assisted or nursing settings. Safety should be the central consideration for policies on assistive devices, especially for scooters. MLCRA may want to make recommendations on these matters. ●