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Tribal Nursing Homes:

Communicating with Your Governing Board

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Tribal Nursing Homes: Communicating with Your Governing Board

Introduction

Across Indian Country, tribal nursing homes provide quality long-term services and supports (LTSS) for American Indian and Alaska Native elders and people with disabilities that preserve connections to their communities. These nursing homes reflect their communities and differ in governance structure and size. Additionally, each home shares a common need to communicate effectively with their governing boards.

The relationship between administrators and the governing board allows for the exchange of information about the daily operations of the facility. In turn, the governing board uses this information to determine decisions about the facility’s operations, resource allocation, care services, and staffing. Administrators from the Anna John Resident Centered Care Community, Blackfeet Care Center, Carl T. Curtis Health Education Center, Morning Star Care Center, Oglala Sioux Nursing Home, Utuqqanaat Inaat, and White River Health Care Center and a board member from Tohono O’odham Nursing Care Authority shared their experiences working and communicating with their facilities’ governing boards. Administrators were interviewed over the phone and, in some cases, through iterative emails. This report is based on interviews with representatives from the eight nursing home facilities noted above.

Governing Board Overview

For the Anna John Resident Centered Care Community, Blackfeet Care Center, Carl T. Curtis Health Education Center, Morning Star Care Center, Oglala Sioux Nursing Home, Tohono O’odham, Utuqqanaat Inaat, and White River Health Care Center, the governing boards include tribal council members, community members, and individuals with specialized health care backgrounds. Table 1 provides an overview of the eight governing boards, including the boards’ composition, communication methods, meeting frequency, and Quality Improvement Organization (QIO) membership. This information offers a snapshot of how facility administrators engage boards and through which communication platforms the engagement happens. Additionally, the table reveals varying funding mechanisms that facilities manage to provide services to the community and how the facilities use data and reporting tools, like QIOs and the Medicare Nursing Home Compare.

Table 1. Nursing Home Governing Boards

Facility	Board Composition	Communication methods	Meeting Frequency	Funding	QIO Member/ Medicare Nursing Home Compare
Anna John Resident Centered Care Community Oneida Nation (WI)	Tribal council and an advisory board	Quarterly written report and semi-annual nursing home survey report	Weekly and monthly	Receives tribal contributions	<i>QIO: No</i> <i>Medicare Nursing Home Compare: Yes</i>



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Facility	Board Composition	Communication methods	Meeting Frequency	Funding	QIO Member/ Medicare Nursing Home Compare
Opened 1978 48 beds					
Blackfeet Care Center Blackfeet Nation (MT) Opened 1974 47 beds	Tribal Council's Health and Social Services Committee	Emails, phone calls, and oral and written reports	Monthly	Information not provided	<i>QIO: No</i> <i>Medicare Nursing Home Compare: No</i>
Carl T. Curtis Health Education Center Omaha Tribe of Nebraska (NE) Opened 1978 16 beds	Tribal Council	Emails, oral reports, and meetings, as needed	Strategic planning twice per year and state meetings quarterly	Third-party revenue and private pay	<i>QIO: No</i> <i>Medicare Nursing Home Compare: Yes</i>
Morning Star Care Center Eastern Shoshone Tribe (WY) Opened 1981 45 beds	Tribal Council's 6-member business council	Emails, oral reports, and meetings, as needed	Annually with meeting as needed	Information not provided	<i>QIO: No</i> <i>Medicare Nursing Home Compare: Yes</i>
Oglala Sioux Nursing Home Oglala Sioux Tribe (SD) Opened 2016 60 beds	5-member board	Oral reports and monthly meetings	Every other month	Information not provided	<i>QIO: No</i> <i>Medicare Nursing Home Compare: No</i>



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Facility	Board Composition	Communication methods	Meeting Frequency	Funding	QIO Member/ Medicare Nursing Home Compare
Tohono O’odham Nursing Care Authority Tohono O’odham Nation (AZ) Opened 2002 60 beds	5- to 7-member board	Oral and written reports and weekly meetings	Twice per month and annual meetings	Third-party revenue and private pay	<i>QIO:</i> Arizona QIO Health Services Advisory Group (HSAG) <i>Medicare Nursing Home Compare:</i> Yes
Utqqanaat Inaat Maniilaq Association (AK) Opened 2011 18 beds	11-member board	Oral and written reports and meetings every 2 months	Every other month	Information not provided	<i>QIO:</i> Mountain Pacific Organization <i>Medicare Nursing Home Compare:</i> No
White River Health Care Center Rosebud Sioux Tribe (SD) Opened 1974 52 beds	Information not provided	Oral reports and monthly meetings	Monthly	Information not provided	<i>QIO:</i> No <i>Medicare Nursing Home Compare:</i> Information not provided

Orientation and Training

As with any organization, orientation and training are necessary to help new members understand how an organization operates, including its leadership hierarchy. The leadership structure and tenure varies at each nursing home. Administrators said that board member turnover is one of their biggest challenges. Some, but not all tribal nursing homes conduct formal orientation programs for incoming board or tribal council members. Board members may find themselves making governing decisions immediately upon election or appointment. Some administrators report they provide education and training to new board members as the need arises. For example, the Anna John Resident Centered Care Community has a health liaison who is selected from the business committee by its members. After their



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liaison is selected, they receive more in-depth training and background information. The liaison then takes a lead role in educating the committee about nursing home issues.

Board turnover is a challenge for nursing homes, for which the Carl T. Curtis Health Education Center provides an example. The administrator said, “I think the biggest problem with the board is when the new ones come on, you try to orientate them, but there’s always that lag with the new council. And by the time they get good and they know the processes, sometimes they leave.... We have elections every year, and when they leave, they take all that information with them, and you just start over. I have no control over that, so we do the best we can with what we have here.”

Along with board turnover, each nursing home has its own governing structure. The Anna John Resident Centered Care Community and Carl T. Curtis Health Education Center administrators report directly to their tribal councils. In both communities, the tribal councils serve as the governing boards for the nursing home facilities. The Oglala Sioux Nursing Home and Utuqqanaat Inaat have boards of directors as their governing bodies. Their boards of directors are made up of community members or individuals with specialized health knowledge or qualifications. With its governing board, the Anna John Resident Centered Care Community has an advisory board that acts as a liaison to the community. Instead of governing boards, some tribal nursing homes use advisory groups that include people who are familiar with health care and long-term care issues, which ensures that those with expertise can dig more deeply into nursing facility operations.

A lack of expertise in nursing homes or health care can be another challenge for board members. Board members are elected to their tribal council; they serve on the boards and oversee their tribal nursing homes as just one of their many duties. The administrator from the Anna John Resident Centered Care Community described a challenge in working with tribally elected officials who act in their capacity as a member of the governing board for the facility. He shared, “You’re going to have some people in there that have excellent histories either running their own business or [in] management positions somewhere else. You’re also going to have some who may have never really held a management position.”

In some instances, board members may not have an extensive background or working knowledge about the nursing home facility. For the Anna John Resident Centered Care Community administrator, this lack of context means time must be reserved during update meetings to review the facility’s history and background. This review may also require additional time for further training. The Carl T. Curtis Health Education Center administrator said she would like to see one seat on its leadership board dedicated to health and wellness. However, this arrangement would require a change in Omaha Tribe of Nebraska’s Constitution. “[This] would let you vote on that person based on their experience and knowledge, rather than a popular vote,” she said. She added that this elected person could then act as a liaison with the rest of the leadership, educating and advising them about issues facing the nursing home. Only nursing home administrators and board members can determine the type, frequency, and intensity of orientation and trainings for their specific nursing homes. Based off these interviews, ongoing



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orientation and trainings appear to be necessary for administrators due to high turnover rates and different levels of experience of their past and current board members.

Communication Methods

Combining formal meetings and presentations with more informal communications—like one-on-one meetings, phone calls, and emails—enables tribal nursing homes to keep board and council members up-to-date on important issues, address emergent situations, and empower boards to make decisions. Depending on their board make-up, geographic conditions, and preference, tribal nursing home governing boards may meet formally, as frequently as once a week to as infrequently as twice a year. Additionally, tribal councils overseeing tribal nursing homes might not discuss nursing home business at all meetings.

The Anna John Resident Centered Care Community and the Blackfeet Care Center provide examples of differing communication methods. The Anna John Resident Centered Care Community administrator noted that lines of communication differ between the tribal council and advisory board. The tribal council requires quarterly reports and follows a formal chain of command that includes updates to the committee from the overall health director of any pressing issues. In contrast, communication with the advisory board is considered more informal. With the advisory board, the facility administrator can just pick up the phone and call the board members. Similarly, the administrator for the Blackfeet Care Center contacts its committee via emails or phone calls if the need is urgent. “If something is more critical or personal and can’t wait for the monthly meeting or needs to be private, a phone call or email is all that is needed.” Otherwise, communication is met at “a very basic level.”

Utuqqanaat Inaat’s board members are spread across a large geographic region that requires plane travel. As a result, the Utuqqanaat Inaat board meets every other month, but board members are welcome to visit anytime. Meetings cover quality of life and care issues and special initiatives, such as the expansion of the nursing home’s traditional foods program. The Utuqqanaat Inaat administrator also provides regular written reports detailing financial conditions and areas of clinical concern.

Nursing home administrators work closely with their governing board members on a wide range of issues. Most administrators concurred that their governing board members manage ongoing business details, like budgets and finances, that require timely and regular updates. Additionally, governing board members need to respond to unexpected issues on short notice when necessary. Providing formal and regular reports helps track the facility’s progress and establish documentation. According to one administrator, a good relationship with the board is critical “to keep them apprised of what’s going on, and that every facility has their own unique challenges and opportunities. When we have opportunities to do something for the elders, we bring [the board] along.”



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Quality Improvement Organization

A QIO is a group of organized health quality experts, clinicians, and consumers who improve the quality of care delivered to people with Medicare.¹ Additionally, QIOs encourage collaboration among members to support sharing effective practices and models of care. The Utuqqanaat Inaat administrator stated that, as a QIO member, the organization is a great resource. “They function for us as a way where we can get educated, as well as to make sure our policies and procedures are current.”

Most of the nursing home representatives were unable to clearly explain the benefits of being a QIO member. The Anna John Resident Centered Care Community administrator, for instance, noted that their operation is the only tribally operated facility in the state. Given the unique circumstance of this center, the administrator believes a QIO team may be unable to help with the facility’s unique needs. Administrators from the other facilities, however, are open to joining a QIO. The Morning Star Care Center is waiting for such opportunity. “I have been reading up on QIOs; we’re not familiar with them...myself and our governing board would probably want to look into [them] a little more,” the administrator said.

Medicare Nursing Home Compare

Medicare’s Nursing Home Compare is a tool developed by CMS to provide a cross-comparison of all nursing home facilities that are Medicare or Medicaid certified and provide skilled care. The tool compares facilities based on a five-star rating across health inspections, staffing, and quality measures. The information used to develop these ratings comes from required annual reporting and inspections conducted at and by each facility.²

Administrators from the Anna John Resident Centered Care Community, Carl T. Curtis Health Education Center, Oglala Sioux Nursing Home, and Utuqqanaat Inaat are aware of the Nursing Home Compare ratings. Some administrators gather the Nursing Home Compare ratings and make them available to their governing bodies as needed. A board member for Tohono O’odham Nursing Care Authority said, “We get those through the administrator, and, I suppose, if we wanted them directly, we could get them.”

Not all of the facilities use the ratings in planning discussions with their governing boards. The administrator from Utuqqanaat Inaat noted, “We are the only facility here in the region. The next closest facility is 200 miles away, and comparing with other facilities, per se, is a little different” than if there were more facilities in the area. As such, Utuqqanaat Inaat focuses on improving their own quality scores through annual surveys. The Carl T. Curtis Health Education Center is aware of the Nursing Home Compare website, but currently reports not having any ratings. This facility is not a designated skilled facility and does not bill Medicare, which makes it difficult to measure it to the Nursing Home Compare ratings, says the administrator.

¹ Quality Improvement Organizations program website: <http://qioprogram.org/>

² Nursing Home Compare website: <https://www.medicare.gov/nursinghomecompare/About/What-Is-NHC.html>



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For administrators at the Anna John Resident Centered Care Community and Morning Star Care Center, any changes with Nursing Home Compare ratings is shared with the governing board or business council. When it comes to the Morning Star Care Center, the administrator updates the business council “on everything that CMS puts out that’s required.” These updates are important for Morning Star Care Center, which experienced poor ratings under its former leadership. Now, the center is in the process of increasing its ratings toward a positive direction.

Board Responsibilities

Administrators reported that board members typically concentrate on top-level governance issues. These topics range from budgets to strategic planning and policy, rather than day-to-day operations or hiring. For most of these facilities, the governing board is not involved in daily operational issues or family or staff grievances. Strategic planning is handled by some tribal nursing home boards at regular meetings. Others hold special sessions to take a longer-term look at the facility.

Board members have powerful roles in the community and are effective ambassadors with other tribal leaders and community members. For example, as the administrator from Anna John Resident Centered Care Community surmised, if a family member was not admitted to the facility, a community member can take offense, see the denial as a personal slight, and bring it up to a board member. The board member will be able to explain that the facility may not have the services available to care for the family member, or that certain regulations prevent the facility from admitting her. The community liaison and advocate role is very important because nursing home regulations and standards are complicated and can be strict.

Ensuring that the governing board has the information it needs about the facility, including its history, reports, and the general background of the facility, will help board members be responsible and responsive. At the Tohono O’odham Nursing Care Authority, a board member summed up interactions with their tribal council’s oversight committees, saying, “We try to keep them informed of everything that’s going on because they, in turn, report to the council at large, and they let them know what we’re doing.” This context can help in planning and analyzing reporting requirements for quality improvements and funding opportunities, and the board members will be able to act as community liaisons on behalf of the facility in most settings, including to oversight committee members.

Conclusion

While long-term care provided by tribal nursing homes is not “one-size-fits-all,” the governing boards that oversee tribal nursing homes must be structured to fit the needs of their communities. The following key insights are based on the shared experiences from the Anna John Resident Centered Care Community, Blackfeet Care Center, Carl T. Curtis Health Education Center, Morning Star Care Center, Oglala Sioux Nursing Home, Tohono O’odham Nursing Care Authority, Utuqqanaat Inaat, and White River Health Care Center administrators.

- Educate board members about the nursing home’s mission and needs.



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- Establish methods of communication through regularly scheduled meetings and regular reporting.
- Designate a board member to be a community liaison.
- Identify quality improvement tools to track progress, like a QIO, Medicare Nursing Home Compare, or annual facility survey.

Nursing home administrators work within these complex systems to meet the needs of their residents, staff, and communities. When tribal nursing home administrators and their governing boards share common goals and work together, they improve the lives of the people they care for and their entire communities. “The biggest thing I would ever tell administrators in Indian Country is to try to have that open communication,” explained the administrator for Morning Star Care Center, who added that such engagement fosters growth and understanding with governing boards. Additionally, when the tribal council supports its nursing home, that backing creates opportunities. All the administrators of the facilities interviewed stressed that when the governing board understood the goals and needs of the facility, it benefits the entire community and elders. As the Carl T. Curtis Health Education Center administrator deemed, tribal nursing home facilities serve tribal members and try to give them a home away from home where they can hear their language, see their relatives, and stay on the reservation if needed.

Resources

Use these resources to learn more about strategies to effectively communicate with your board of directors and assist them with making governing decisions that help your facility succeed.

Organizational Resources

Resource	Description
<u>Uniting Nursing Homes in Tribal Excellence (U.N.I.T.E.)</u>	This organization of tribal nursing home administrators, board members, educators, and staff establishes best practices and provides training. <u>Contact U.N.I.T.E.</u> for technical support on caring for patients with dementia and Alzheimer’s disease. http://tribalnursinghomes.weebly.com/
<u>Quality Improvement Organization</u>	The Centers for Medicare & Medicaid Services (CMS) established the QIO to improve health quality at the local level. The program works to align CMS’ six quality strategy goals. http://qioprogram.org/
<u>Medicare Nursing Home Compare</u>	Nursing Home Compare allows nursing homes to be compared by measures of quality of care and staffing information for all 15,000 plus Medicare- and Medicaid-participating facilities. https://www.medicare.gov/NursingHomeCompare/search.html



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Toolkits

Resource	Description
<u>Building an Exceptional Board: Effective Practices for Health Care Governance</u>	<p>This report from the Center for Healthcare Governance covers topics like building and sustaining a proactive and interactive board culture and laying a foundation for effective decision-making through board meetings and information for governing.</p> <p>http://hsrc.maryland.gov/Documents/public-interest/HospitalGovernance/CtrHlthCareGovernance_2007.pdf</p>
<u>Health Center Program Governing Board Workbook</u>	<p>This publication from the National Association of Community Health Centers, while designed specifically for board members at health centers receiving Public Health Service Act grants, provides valuable, general information about board member roles and responsibilities, effective meetings, and strategic planning.</p> <p>http://www.lpca.net/main/uploads/File/Governance-Workbook-8-18.pdf</p>