

**TESTIMONY  
OF**

**CHESTER E. PINTARELLI  
ADMINISTRATOR**

**IRON COUNTY, MICHIGAN**

**BEFORE THE  
NATIONAL ASSOCIATION OF COUNTIES  
WORKING GROUP ON HEALTH SYSTEM REFORM  
DECEMBER 3, 2008**

**Hello, my name is Chester E. Pintarelli, and I am the Administrator of the Iron County Medical Care Facility located in Iron County, Michigan. I have been in long-term care for more than 30-years, and have experienced many changes both in the regulatory and cultural areas. Iron County Medical Care Facility is a 200-bed skilled facility dually certified with Medicare and Medicaid. We also have a twenty-five apartment Assisted Living complex and an outpatient rehab facility, which are all part of our operations.**

**Personally, I have been President of the Michigan County Medical Care Facilities Council, and for the past twelve years, President of the National Association of County Health Facility Administrators, an affiliate of the National Association of Counties. I have been involved in working with Congress in addressing health related issues in the long-term care industry, including changes to the Federal Register in relation to the Hill-Burton Program. In addition to the above, I am also currently the Long-Term Care subcommittee Chairman under NACo's Health Steering Committee.**

## **INTRODUCTION:**

**Thank you for the opportunity to comment on the white paper regarding “Restoring the Partnership for American Health Counties in a 21<sup>st</sup> Century Health System” relative to long-term care.**

**Some areas I believe need consideration in the white paper, with respect to long-term care, include the following:**

- 1) Maintaining a Safety Net: We need to add, along with county hospital, county owned nursing homes.**
- 2) Health Workforce: Add one sentence to this section which reads – A large body of evidence supports the contribution of direct care staff, nurses and nursing assistants, to quality outcomes in long-term care.**
- 3) Long-Term Care: Nursing homes across the country need to continue to follow the path of county facilities, such as those in Michigan, that are on the cutting edge in leading the way in adopting person-centered care environments. This may include affiliation with the Eden Alternative, Pioneer Network, Action-Pact, or other culture change initiatives and support services. In the opinion of the Michigan County Medical Care Facilities Council, the re-design of the traditional nursing home model needs to include increased numbers of private rooms, neighborhoods, households, pets, small dining and living areas, accessible kitchens and laundry areas, and dedicated permanent staff. The Greenhouse, or similar models, should also be promoted as an option for providing a real home. These models serve approximately ten residents, who while enjoying the richness of life and benefits of a small home environment,**

concurrently experience the security of ongoing medical support and 24-hour nursing care. The option to remain home as long as possible, and maybe never leave, is a goal for many. With the onset of progressive dementia, repeated falls, new and complex co-morbid conditions, the lack of a true safety net to provide 24-hour continuous supervision in the home can become a frightening reality. The option for care and support in a nursing home must continue. Many residents who have experienced care and services being pieced together in their homes have found significant gaps in the best-laid plans. Concern for their own safety and increasing medical needs have added to the burden of their declining health. These same individuals often expressed overwhelming relief shortly after placement in a nursing home. They recognize the monumental changes that have taken place since their perceptions of nursing homes were formed decades ago, and wonder why they did not consider or take advantage of this option sooner.

Reform to the nursing home regulatory oversight system needs to be recognized and promoted. The current system is focused overwhelmingly on punishment, and not on quality improvement. Complex rules are enforced inconsistently and facilities may spend countless weeks and months focusing on a specific problem (possibly minor in nature) as cited by the survey team. This may take valuable time and resources away

**from other identified and far more pressing quality improvement initiatives. With survey teams focused on finding problems, even at the very best facilities, valuable resources are wasted that could be better spent in working collaboratively with nursing homes that need assistance, freeing up some oversight from nursing homes that have demonstrated high quality of care and positive resident outcomes year after year. We would support the development of a broad-based task force creating a national effort to take a completely new look at the entire survey process and boldly redesign a system that will truly foster high quality care and quality of life for residents.**

**Supported by the National Association of County Health Facility Administrators, Federal policies should encourage a regulatory system that is based on a collaborative effort to improve quality through use of best practices. Defining quality in a nursing home should be more than just an annual survey lasting 3-4 days a year. There needs to be a component that measures customer satisfaction rating through both the resident and families satisfaction with the care delivered.**

**A system of rewards with adequate funding for increased staffing, low staff turnover, reduced use of pool nursing, decreasing resident returns to hospitals, and culture change.**

