

RESIDENT COUNCIL HANDBOOK

**Resident Councils of Washington
Sharon McIntyre, Executive Director**

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Dedication

To all those who work and labor long hours
in long-term care and who "treat people as if they
were what they ought to be and help them to
become what they are capable of being..."

—Johann W. von Goethe

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Foreword

*The goal of this project is simple and singular:
To create opportunities for residents of long-term-care facilities
and homes to make and execute meaningful decisions.*

A resident council is one way to create decision-making opportunities for residents. We hope this book helps you think about and actually develop or enhance your own resident council.

Just as each long-term-care facility is unique and just as each individual resident in such a facility is unique, it logically follows that each resident council should also be unique. In preparing this book, in order to fully understand the great variability in resident councils, we interviewed residents of many types of long-term-care settings concerning their needs, desires and preferences for operating in groups. Some settings had well-established resident councils; some had brand new councils; still others operated very informal discussion groups. Each was different. All were successful because each helped create opportunities for residents to make and execute meaningful decisions and because the residents directed them.

In addition to resident interviews, we talked with key long-term-care staff members in various long-term-care settings. Some staff members had many years of experience; some had few or none. All had one trait in common: the successful staff members were those who followed the directions of the residents. We found that fundamental to the success of any council are staff members with the ability to balance the need to accomplish set tasks with the crucial need to design a resident council process that truly empowers the residents. Process balanced with Task equals Success.

A group of vital long-term-care players in the community convened as an advisory board, providing important insights in developing the fundamental direction of this work. Included on the board were an ombudsman, state long-term-care surveyors, state and area Agency on Aging administration staff, and representatives from AARP and other advocacy groups.

This book attempts to lead individuals through a series of thoughtful discussions that include probing questions. The questions are designed to open new areas of dialogue between residents and staff in long-term-care settings. Such discussions can lead to a more thorough understanding of the needs of residents. We anticipate that these discussions will help facilitate resident-driven decisions.

In preparing this work, we realize that individuals come to long-term care from a variety of educational, professional and life experiences. We also recognize that staff, residents, and sometimes a combination of both, will use this book. Some of the material may be familiar; some of it is new. Key concepts are emphasized throughout by means of purposeful repetition.

Section 1: *Why a Resident Council?* — discusses the need to understand the overall impact of autonomy and empowerment on the wellbeing of long-term-care residents. This chapter directs discussion about complex elements and players in the long-term-care setting. The focus is on how a resident council may create opportunities for residents to make and execute meaningful decisions.

Section 2: *Beginning and Operating a Resident Council* — provides the fundamental pieces to consider in developing a new council or revitalizing an existing council. It addresses concrete areas fundamental to the implementation or enhancement of resident councils, such as planning, by-laws, resources, room settings and frequency of council meetings.

Section 3: *Roles of a Resident Council* — reviews the many players who interact in the long-term-care setting resident council. The chapter focuses on residents and designated staff facilitators. It also discusses how actions and interactions of all the players (residents, staff, administration, ombudsman, family and community) can affect the success of a resident council.

Finally,

Section 4: *Nuts and Bolts (Building from the Foundation)* — offers practical ideas for marketing and promoting your council and its work. There are tips in organizing your council, from choosing a meeting place and evaluating your resources to handy advice for setting up and maintaining a council operation. You'll also receive recommendations for selecting officers and advisory boards as well as reviewing programs. To top off this section is a trouble-shooting aid answering those frequently asked questions.

In the Appendix are several supplemental pieces to help you carry out the requirements of beginning or enhancing a resident council. You'll find forms you can copy and use, as well as explanations of techniques that will help you in your work.



Acknowledgements

The Resident Councils of Washington wish to thank everyone who contributed to make this work a reality.

First and foremost, we thank the residents who participated in interviews. Their candid discussions assured the honesty and applicability of the final drafts. Anonymity was promised to these residents. However, we know who you are and thank you.

Thanks to the numerous staff members who took time from hectic schedules to talk about what elements have worked and not worked in their individual resident councils. Staff were key in identifying critical how-to components of this work. Again, staff members were promised anonymity. We thank each contributing staff member.

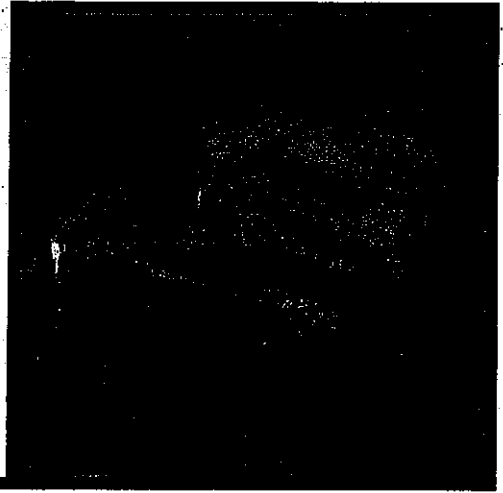
Many thanks are due to the individuals who served on community advisory groups. These individuals, together having well over 100 years of experience in various aspects of long-term care, were invaluable in setting a philosophical foundation for this work.

Special thanks for the financing of this project go to several people and groups. Huge thanks go to Doris Eason, funding member of Citizens for the Improvement of Nursing Homes for a generous contribution from CINH. More thanks to DD Gore, who can always be counted on for encouragement, enthusiasm and belief — no matter how challenging the circumstances. And a sincere thank you is extended to the American Association of Retired Persons (AARP) who believed in this project and showed steadfast support through funding.

—Sharon McIntyre, Executive Director
Resident Councils of Washington



Section 1: Why a Resident Council?



What I Want To Know Is...

If you are reading this book, you most likely are thinking about developing such a council. Perhaps you are attempting to re-invigorate a lapsed council. Possibly, you are concerned about the operations of the present council. Whatever the reasons, the most important point is that you are thinking about resident councils, and therefore you are thinking about residents. Above all else, obvious as it may seem, resident councils are about residents. The needs and desires of residents should drive resident councils.

The term resident council has become confusing over the years. Many questions arise regarding exactly what is a resident council and what should it do? Many myths have been spawned about the why of their operations. Individual interpretations and expectations regarding resident council work and roles may have added to the confusion.

Let's clear up some of the myths by keeping a few key points in mind:

1. No federal, state or local statutes cover the convening of or operations of resident councils.
2. No magic combination of by-laws, election of officers or utilization of Robert's Rules of Order exists that will guarantee one hundred percent successful operation of a resident council.
3. The needs and desires of residents must be attended to regarding the development, operations and evolution of a resident council to ensure success.

What is a resident council and what does it do?

The primary purpose of a resident council is to create opportunities for residents to execute meaningful decisions. It is essential for residents to define and control all aspects of a resident council.

A resident council is a group of residents with a purpose. These residents (with or without the help of staff) identify a common need or widely held desire and take action. Resident councils have the potential to evolve into any number of forms and adopt any combination of functions, any of which are correct if they are desired by residents.

Example: A resident council can be as sophisticated as a PTA with officers, directors and committees, or as simple as a group convening to make a decision on meals. It is a forum for communication among residents - simple or complex.

Example: One council may be operating solely with the goal of solving problems or issues that arise in the facility. Another may be operating as a vehicle to get resident input in designing group discussions or inviting speakers to council meetings.

Resident councils have the potential to empower, inform, stimulate and build resident coalitions and consensus. The strength of an effective resident council is having a flexible operating process which can quickly adapt to new resident participants and their interests.

The resident council process is never finished

Resident councils should regularly evaluate their processes and directions to ensure being aligned with shifting resident needs and interests.

Effective resident councils are a working combination of equitable process, task selection and task completion. However, often the process of bringing residents together to discuss issues, ideas and concerns is more important than the outcome of the discussion. It is the discussion itself which begins the process of resident empowerment and group confidence building. Residents begin to feel positive about their abilities to change things. They begin to feel good about themselves. People who feel good about themselves can do anything.

Council's impact on autonomy and empowerment

When the question is asked, "Do we need a resident council?" the initial reaction may be, "Of course we do. What a question!"

All right, then, ask three questions:

1. Do we legally need one?
2. Do we need one for operational reasons?
3. Do we need one on ethical grounds?

Let's address them one at a time.

Do we legally need a resident council?

Most states do not require a long-term-care facility to have a resident council. Some states do, however, require that a facility have a formal grievance process or forum in which residents may express issues, concerns or ideas. In many settings, a council of residents is used to fulfill the state grievance statute or requirement.

However, no stipulation exists that compels formation of a resident council developed by residents as the sole means of fulfilling a state statute. Residents councils are neither mandated nor are they limited by any formal statute.

Similarly, no law or statute prohibits residents, like private citizens anywhere, from forming private organizations such as resident councils. In fact, it is a constitutional right. Furthermore, the 1987 Omnibus Budget Reconciliation Act (OBRA '87), acting under recommendations of the Institute of Medicine, included for the first time in federal law the "right of residents to organize and participate in groups in the facility."

Do we need a resident council for operational reasons?

In management terms, a resident council might enhance a facility by offering to residents and staff the benefits of problem solving; facility, resident and staff communications; and empowerment for residents (raising self-esteem through opportunities for decision-making).

When successfully implemented, the actual benefits of a resident council far outweigh any administrative costs. In fact, the resources spent on a resident council are actually an investment that provides both short-term gains and long-term dividends in the wellbeing of residents.

Do we need a resident council on ethical grounds?

Ethically speaking, the need to provide residents with the opportunity to make and execute meaningful decisions is critical to their emotional, psychological, and

ultimately, their physical wellbeing. Knowing this, it may actually benefit residents to be able to make decisions, that is, to be empowered. A resident council is one of the ways to do this.

Offering residents the opportunity to participate in a resident council would seem to be a sound method to provide residents with the benefits that occur from experiencing autonomy, the ability to make decisions and accept the responsibility for them.

What a resident council does for the spirit of a resident

Resident councils are first and foremost for residents. Other players may benefit from the presence of such a council, but the residents come first. Everyone in a long-term-care facility must be very clear as to the purpose of forming a resident council. Always ask who the resident council is designed to serve.

Consider the following: Is a resident council being established because...

...someone read about how great they are and how well they work in other facilities?

...someone believes it is the only means for residents to contribute to maintaining their autonomy?

...a state surveyor suggested it?

...residents' family members suggested it?

...an administrator read about them working well somewhere else?

...it is in the staff facilitator's job description?

Those questions should all be answered with a firm No. The question of why a resident council is being established should have only one answer - to serve the residents.

Residents come to long-term care facilities under varying circumstances. Many come because of diminishing physical or cognitive abilities. Some battle chronic conditions, others experience periodic acute conditions. Some are elderly, others are younger and disabled. Many come for short stays, others for the balance of their years. Some come following a critical medical event and hospitalization. A few transfer from one care facility because of fiscal conditions or declining (or improving) physical or cognitive health.

A few residents plan and personally select their long-term-care setting. Mercifully, fewer are being tricked into facilities by families or guardians who are worn out physically or who have run out of money.

Residents come to care facilities with vastly differing life experiences, including education, work/career, community volunteerism, religious affiliation, and family life. Therefore, they come with differing expectations — medical care, recreation,

home setting and conveniences. They also come with a wide range of expectations as to the role they will adopt — guest, patient or family member.

It would follow that when the reality of long-term care fails to meet expectations, there follows disappointment, frustration and conflict.

Many who come to long-term care are undergoing a series of losses. The most apparent losses are external — loss of physical or cognitive functioning, loss of a life-long home, or loss of personal possessions. The

less apparent internal losses can be equally or more devastating — loss of identity, self-worth, autonomy, sense of future and choice. Individuals who have suffered multiple external and internal losses often will become clinically depressed, necessitating immediate psychological intervention. Others suffering the same losses will become tenacious — holding fast and protecting whatever identity, self-worth, autonomy or choice remains.

You Should Know

Staff members shouldn't express surprise when an issue they consider routine (i.e., switching the resident's bath day) becomes a major confrontation encompassing care staff, family members and an ombudsman. The choice of the bath day may be the only area in which the resident feels any control.

Understanding the Culture of a Residence

In western culture autonomy is treasured. In many cultures, the ability to work for the benefit of all is highly prized, but Americans value autonomy. Americans rarely question the ability to freely make decisions about the way to conduct their lives.

However, in some long-term-care facilities the limits of residents' autonomy may depend on the ability of staff to carry out those decisions. Decision-making that lacks a means to execute the decision is empty, no decision at all. The ability to follow through provides individuals with feelings of power. Those who feel empowered also have a sense of control over their lives. In turn, a sense of control is the basis for self-esteem.

Therefore, it would seem reasonable that the culture of a residence depends upon the operation of administrators, owners and operators, with staff, in concert with residents, their families and the community. All these elements working together combine to form the character of a facility.

Under the auspices of the Omnibus Budget Reconciliation Act of 1987 (OBRA

'87) legislation and ensuing regulations and guidelines generated new standards in the area of autonomy, quality of care, resident rights and quality of life. In addition, OBRA '87 led to more outcome-oriented survey tools that emphasize gathering information directly by observing and interviewing residents. Surveyors started asking residents about their needs, desires and ability to make and enact choices.

Administration

The typical long-term-care facility is operated under very strict rules and regulations. Administrators walk a fine line between legal compliance, medical necessity and fiscal viability. How fine that line is determined by the physical facilities and the number and case mix of residents.

Administrators, owners and operators want satisfied residents, staff and family members. Administrators are more than ever aware of business needs — fiscal, legal and operational. Many join trade associations that require continuing education to keep up with professional changes. Others have strong corporate machines that support specific needs within a facility.

The administrator's role advocating a specific philosophy of care is strategic. Administrators set the tone, establish policy and enforce the rules; senior staff closely follows their example. If administrators are willing to support staff members who actively enforce resident-center policies, staff can make resident-centered decision-making a reality. Administrators have found that residents who have a say in the operation of their facilities tend to be more satisfied with their care. Investment and support of resident rights would therefore seem to be not only a moral obligation, sometimes a legal necessity, but a solid business decision.

Staff

Staff, like residents, are a heterogeneous group. Nursing, social work, dietary, housekeeping, maintenance and administration staff come to long-term-care facilities from widely varying backgrounds. Not only do staff need to deal with residents, but they need to maintain relationship with other staff, all the while balancing the expectations of care delivery with respect for residents' rights.

As the administrator sets the tone for an entire facility, so the supervisors set the

interpretation of policies within their departments or on specific floors, wards or wings of a facility. Staff members are human, yet they must work within the parameters of legal, fiscal

You Should Know

Truly protecting residents' rights means that you never do anything to or for a resident without their express permission.

and medical requirements. Many times they work with reduced numbers and limited information. But mostly they work hard and with great dedication.

While the majority of long-term-care staff competently deliver daily medical care, some may be inadequately trained to address the complex psycho-social aspect of aging.

Staff members operate at the resident level where they can make a difference in the ability of residents to make decisions. For true decision making to occur, not only

do residents need opportunities, but they need a means to execute them. Staff are at the forefront of protecting residents' rights. Therefore, they need all the training and support necessary to fulfill that function. It is the responsibility of a long-term-care facility to instill in staff members the values and priorities of resident rights issues, in accordance with national and state levels.

You Should Know

Staff members raised in different ways may have different views on how to deliver care, that is, how to help residents. Being aware of cross-cultural complexities may avoid misunderstandings. As an example, in many Asian cultures, not to help and do for an elderly resident is tantamount to disrespect.

Families

By the time some residents enter a long-term-care facility, their families are emotionally stretched to the limit. Most want what is best for their aging relative, but most have no idea what is best. Additionally, family members often carry enormous amounts of guilt. They often feel, as many others do, that they can handle anything, given enough will power. Many have been caring for a family member for months, or even years, before finally seeking a care facility. It is often possible that the final placement of a loved one is viewed by many families as a personal failure.

Many family care providers emerge from the much-publicized sandwich generation. These are caregivers caught in the middle of caring for elderly family members while raising young children. Some caregivers are elderly themselves, an aging man caring for his aging wife, or vice versa. And some caregivers are forced to deal with admission and long-term-care issues by phone or through infrequent visits.

Family members, like residents and staff, are heterogeneous. They come endowed with a variety of personal life experiences and values, as well as personal expectations of long-term care and what it should provide for their family. By the time the decision is made, the family of an incoming resident may be stressed out and scared. Few feel they have the information necessary to make sound decisions. Most are making decisions in the midst of a crisis situation.

Ombudsman

An ombudsman usually believes the best solution to conflict is one that deals with the problem at the lowest possible level. If a concern occurs between a staff member and resident, it is best to resolve it at the staff/resident level, rather than progressing to the next level of authority.

In most successful facilities, the ombudsman is accepted as integral to the team, acting as a skilled advocate for residents and as a vital resource for the facility. While

in some areas, an ombudsman is considered a troublemaker, in reality an ombudsman is well-trained, well-supervised and dedicated to protecting the rights of residents.

You Should Know

An ombudsman can fall prey to the disease of best intentions: paternalism. If an ombudsman starts to know what is best for the resident, contact the county or regional ombudsman.

Community

The more visible and active a long-term-care facility is in the community, the more the community can serve as a resource. Making connections with community service groups — businesses, churches and schools — is invaluable. Too many facilities fail to recognize that they have something special to contribute to the community. Providing meeting space and volunteer opportunities is key. Involving residents in charitable and school undertakings is often an untapped community resource.

Don't wait for organizations to come to you to ask what is needed. Be proactive. Go to them. It is amazing what resources turn up simply because someone asked.

In summary, the culture of a long-term-care facility plays a leading role in the development of a resident council. Understanding that each player may have a different agenda or a different method for reaching specific goals can aid in putting together a plan that will always keep the needs and wishes of residents as the driving force.

Benefits of a resident council and what helps it succeed

The most direct, and most important, benefits of a resident council are to the residents themselves. Those who participate are provided the opportunities to exercise decision-making skills. The ability to make decisions about one's life leads to feelings of control, and hence self-confidence.

Even residents who choose not to participate may benefit, simply by knowing that a system is in place for self-expression and decision-making on their behalf.

Administrators benefit by having an idea of what residents deem important to them. This helps in administrative decisions that affect residents.

Staff members benefit by having a venue to clear up misunderstandings that otherwise might spread by means of gossip. Staff also can obtain a distinct picture of how residents feel about certain matters, thus assisting them in providing daily care.

Family members benefit by having a means of clarifying reports from residents about their care. Resident council reports that are passed on to family members make them feel like they are taking an important part in the care of their loved one.

What is the future of resident councils?

Speculation is not all that can be done when discussing the future of aging in America. Demographics are moving to more aged people in the population, and families still provide the majority of long-term care in this country. The demand for long-term care facilities will continue to grow. What is not known is how long this trend will continue. Moreover, given the demand and the composition of the aging population — the very consumer-savvy baby boomers — one can only guess at the types and settings for future long-term care. Additional speculation revolves around how well funding will continue for long-term care, both private and public.

Finally, in this imperfect world, even with the best planning available, the need for empowerment for residents in institutional settings will continue.

NOTES

"The process itself is the actuality."

Alfred North Whitehead

Section 2: Beginning and Operating A Resident Council



In Section 1, the need for a resident council was explored. When you determine that a council is necessary, for whatever reasons — legal, operational or ethical — it is clear that such a council offers residents a venue to air their concerns and it provides a boost to self-esteem by asking residents to take part in decision-making that affects the facility.

Now that you have decided to establish a resident council, what can you do to make it a reality? The key to building any resident council is establishing a strong foundation which supports the concept of creating an environment which provides opportunities for residents to make and execute meaningful decisions about their own lives. And not just any council will do, only the most appropriate council to meet the needs of your particular facility.

Before any efforts begin, take a moment to reflect on the greatest barrier to establishing a council: resistance to change. A quick review shows that residents, staff and administration may not be resistant to the concept of the council itself, but merely resistant to the idea of change.

Reaction to change: overcoming resistance

The greatest challenge in dealing with a new idea (such as starting or re-vitalizing a resident council) is dealing with people's natural reluctance to change. Whether this is a completely new concept or an addition to an on-going process, change is change. And some people just don't like to change anything.

Recognizing that reluctance as well as recognizing that people react differently to change will help you better understand what is happening as the council process is developed.

Just what are some of the reactions to change you may face? And how can you deal with them?

The Enthusiastic Change. Residents are excited by the challenge of a resident council, exhilarated at the prospect of a new adventure. Such an undertaking breaks

You Should Know

Slow down the enthusiastic. Help them put on the brakes and move cautiously.

up their everyday existence and makes their hearts beat faster. Some individuals experience a lifetime of change and love it. They relish challenge, tolerate a high

degree of unrest, are flexible and easily adapt to new circumstances. They have energy to burn and their optimism is infectious. Such individuals have little tolerance for those who test the waters of change more slowly.

The Guarded Change. Residents break into a cold sweat, dreading any idea that carries a stigma of *new* or *different*. To them anything new equates with unrest and it doesn't matter whether or not that change is beneficial to them. Any change signals

You Should Know

Give the wary time to process the change and get used to what's happening.

departure from the familiar, the comfortable and the expected. Those who have experienced a lifetime of change often feel they have paid their dues and want no more change.

Change may threaten their lifestyle and the pace of their existence. Since they feel threatened, these people need to feel some sense of control of the changes. Most importantly they need time to privately process the proposed change.

The No Way Change. A few individuals view change with dread, which shows itself with equal parts of antipathy and sarcasm. Their attitudes may originate from a fear of failure or from pessimistic predictions of "not making a difference." Either way, the results are total inaction or active obstruction, setting up the blocks that may delay a group's action.

You Should Know

Let resisters vent their feelings.

LISTEN to them.

ASK questions about their concerns.

ENCOURAGE them to answer.

Sometimes these obstacles give a project time to reconsider and can result in the collapse of the project. Other times, they stimulate debate and bring out productive discussion.

By the time people have reached their senior years, they realize that change is going to happen. Some want to believe that change will make a difference in their lives, but verbally hedge their bets. Others take a fatalistic view that nothing will ever change for the good. By recognizing attitudinal differences, a resident council can come closer to reality.

You Should Know

Keep in mind that the establishment of a resident council is not an end, but a process — a means to an end. The goal is to provide residents with the opportunities to make meaningful decisions and to carry them out.

Acknowledge the needs and desires of individuals. Recognize their differences. Give them time to deal with the change in their own way. You might bring residents together to discuss their attitudes and help each other deal with them. This can be a critical step in establishing or revitalizing a resident council because it is a fundamental step toward resident empowerment — to listen and acknowledge their views.

Never assume you know what residents want. You have to ask.

Data Gathering The need: interviews and surveys

Finding out what residents want is a large task, but one that is manageable when broken into small steps. Here are some possible steps:

1. Decide what you need to know about residents' and staff opinions about a council.
2. Determine the best method to gather data: interview, survey, group discussion, or mix.
3. Design questions that will provide the information you need. Don't lead into the answers you want to hear.
4. Implement the data gathering plan — send out and collect the surveys.
5. Analyze the results to find out what it all means.
6. Select the role that best suits your resident council.
7. Explore your resources: people, funds, materials, space.

Questions

Getting to know and understand the needs of the residents in your facility through formal methods is useful whether beginning a new resident council or talking the pulse of an existing one. The task of asking questions, recording the answers and acting on the feedback builds crucial trust among resident council members, other residents, and staff.

If no council exists, a staff facilitator with other staff members (or a group of up to five residents) may decide what questions to ask residents. Brainstorm a list of possible questions and select the ones that fit best.

If a council exists, a sub-group may be formed to work with the facilitator to develop questions. All questions should be simple and direct, striking at the core issues which concern residents.

Two types of questions typically are used to gather information: close-end and open-end.

Close-end

These require either a Yes or No answer and sometimes provide the participant with pre-determined responses (multiple choice). Close-end questions offer little flexibility and are best utilized to get an initial response indicating interest or to confirm findings from other methods. Notice the likely responses to the questions below:

1. Do you like liver?
YES NO *(Circle one)*
2. If you answered Yes, how often would like to have liver served in the dining room?
DAILY TWICE/WEEK WEEKLY MONTHLY *(Circle one)*

Close-end questions are easier to administer and quicker to analyze, but provide little detail regarding individual responses. Nor do they offer an opportunity to probe for further detail. Close-end questions work well when administering large surveys. They also can be helpful in developing and refining questions to use in group discussions or individual interviews.

For example, asking a series of close-end questions about activities (*Do you enjoy Sunday organ concerts? Do you enjoy the quilting circle?*) would result in indications of interests. A list of potential activities might do the same. (*Organ concerts, Quilting, Gardening, etc. — check one*).

Open-end Questions

Open-end questions do not pre-suppose an answer. They provide colorful, useful detail, as well as explanations for the way individuals think. Each participant determines the scope of the answer.

Sample Questions:

1. *How do you spend your leisure time?*
2. *Tell about your favorite trip.*
3. *What do you like best about living here?*
4. *What do you like least about living here?*

Open-end questions work well in group discussions and in individual interviews. However, they are time consuming to administer and to analyze.

When gathering information for a resident council, you might consider mixing questions, using both open- and close-end questions.

Leading Questions

1. *When would you like a resident council to meet?* (Pre-supposes that others want the council and all that is left is to determine the best meeting time.)
2. *How do you like your liver?* (Pre-supposes that you like it at all.)

Leading questions may be offensive or viewed as condescending to participants, who may withdraw from further participation. A better method of questioning would be in a series of questions:

1. *Do you know what a resident council is? (Yes or No)*
2. *If yes, are you interested in helping to develop a resident council? (Yes or No)*
3. *What would be a good time to set up a planning meeting? (NOTE: not an actual meeting, just a planning session.)*

MORNING

AFTERNOON

EVENING

Logical progression to the questions assures complete understanding.

Use of scaled answers also can produce leading questions. This form usually involves a scale:

How satisfied are you with your ability to choose your meals?

Very satisfied Somewhat satisfied Satisfied Unsatisfied Very unsatisfied.

You Should Know

Questions that may lead the participant to a specific answer — leading questions — presume that you already know the best or right answer.

~

Some questions subtly assume that participants are confident of their abilities to choose. The working of the question leads participants to a foregone conclusion. Take

a moment to consider the different answers elicited by the following questions:

Are you satisfied with your ability to choose your meals? (YES or NO)

or *How do you feel about your ability to choose your meals?*

Two-partners

When asking close-end questions, make sure you ask only one question at a time. For instance, do not ask: *Are you satisfied with the choice and taste of lunches here? (YES or NO)* Instead ask two questions: *Are you satisfied with the choice of lunches? Are you satisfied with the taste of lunches?*

Survey questions are confusing enough for older people without adding further confusion. Be aware that older adults will usually select middle of a scale when given

You Should Know

Designing questions to find out what people truly think is an art. Be clear about what you need to know. Use clear, simple language (keep it short). Ask only the most critical questions that you already know the best or right answer.

~

scaled options. Combine scaled questions with open-end questions that allows the participant to explain the choice. You may find the scaled response and the explanations are worlds apart.

Oral Interviews

In determining the needs and wants of residents, you may choose to present some general questions within either a formal or an informal discussion. Such questions can serve as a means of determining the range of concerns that residents can then prioritize. Let them talk, although it may take awhile for them to feel comfortable talking with you. Listen carefully to their answers as well as their examples. Examples often disclose the way people really feel about an issue. Listen too for tones of voice and unspoken feelings.

The key to using oral interview questions and answers is to find out what residents care most about. Here are some examples to think about. The initial questions

indicate the general subject you are probing. The secondary questions are offered as alternative ways to phrase your questions.

1. On a daily basis, what ideas, issues or concerns are priorities for residents?

What is most important in your life at this facility?

What three things make you feel good about living at this facility?

What three things make your life more difficult at this facility?

[Probe. Ask for examples. Use phrases such as:

Can you tell me more about that... or: Can you give me an example...]

2. How are those ideas, issues or concerns presently addressed?

You just told me that _____ is important to you (or makes you feel good/difficult). How do you deal with this situation when it comes up?

[Probe. Ask for more information. Listen carefully. Do not interrupt.

If you discover a resident is misinformed or unaware of certain facts, wait until after the interview to provide the information.]

3. Are residents satisfied with the present system of addressing their ideas, issues and concerns?

Are you satisfied with the way your concerns are presently addressed?

How do you wish your concerns were addressed?

[Probe. Ask for examples. Listen. If you need to provide information, do so after the interview. Separate the data gathering process from any grievance process. Focus on the information you are receiving.]

4. Given a free hand, what would residents like to see happen in their facility?

If you could wave a magic wand, what would you like to see happen here?

What is the first concern you would address on behalf of residents?

[Probe. Ask for examples. This is an opportunity for residents to dream. Listen for content; listen for themes. What are they really expressing in their answers, the desire for more choice, more control over their lives, or simply more activities?]

Sample Questions

Modify them to fit your particular needs.

1. *What ideas, issues and/or concerns are priorities for residents on a daily basis?*

2. *How are those ideas, issues and/or concerns presently addressed?*

3. *Are residents satisfied with the present system of addressing ideas, issues and/or concerns?* _____

4. *Given a free hand, what would residents like to see happen in their facility?*

5. *List three ideas, issues and/or concerns that you have about this facility.*

6. *Prioritize them. Place numbers in front of them to denote the most important (1) and least important (3).* _____

7. *How are these issues presently addressed? (Refer to your numbers.)*

8. *Are your concerns answered to your satisfaction? Explain.*

9. *Given a free hand, what would you like to see happen to address residents' concerns?* _____

Just as important as asking the right questions is asking in a manner and form that makes the resident comfortable in answering honestly (not feeling threatened, coerced or confused). Here are four methods you may want to consider: surveys, focus groups, individual interviews, a mix of all three.

Surveys

Surveys are questions administered to large groups of individuals in order to understand their thoughts, ideas and feelings about certain issues. Surveys can be either self-administered (handed out and filled in by participants) or administered by someone who asks the participant questions and records the responses.

Self-administered written surveys should be short, concise and easy to read. If a survey is too long or too detailed, individuals tend not to respond. Large surveys are best utilized with close-end questions (those requiring a simple check mark or a yes/no answer).

When considering self-administered surveys, take into consideration levels of education and literacy, familiarity with language, cohort comfort level and cognitive ability of potential respondents. If a majority of respondents cannot read well, if English is not their first language, or if they are unable to comprehend the questions easily, you may want to have the surveys administered by another person.

Be aware that while many of the staff taking the survey may be young enough to be used to answering survey questions, many older individuals are uncomfortable taking "tests."

One of the benefits of a written survey is that it is easy to administer and analyze the data.

You Should Know

Consider using native speakers to administer the questionnaire to residents who speak that language. Also consider the comparative costs between training a native speaker over investing in written translations.

Focus Groups

Focus groups are simply discussions among a number of individuals discussing a set of predetermined questions. The best discussions come from small groups (five or six) where everyone can be heard. The process does not necessitate bringing the group to any kind of agreement or consensus. The emphasis must be on gathering ideas and feelings — from everyone.

In a focus group, a facilitator (staff member, resident, or other) states each

questions and allows the group to discuss their views for a limited time period. The facilitator takes notes, recording all responses. Sometimes a tape recorder is used to record the discussion. The facilitator neither participates in the discussion nor shares views. Facilitators are neutral so as not to prejudice any group responses. It is inappropriate to attempt to quantify responses obtained through group discussions.

Discussion times must be limited to an hour or so. In that time three or four open-ended questions could be well covered. Again, open-end questions work best (questions that cannot be answered simply with a yes or no).

Information gathered from focus groups is rich in detail. While this method tends to be time-consuming to analyze, the results are more powerful than those gathered through the survey method alone.

Individual Interviews

One-on-one interviews with residents produce the greatest volume and most bountiful details of any of the data gathering methods. The interviewer can ask open-end questions and immediately probe for detail. Survey methods and group discussions don't always allow time for in-depth probes of responses.

Interviews are time-consuming. Furthermore, the detailed data may be difficult to analyze and can contain more answers than were asked for. Additionally, finding a good cross section of residents in a very large facility may be a challenge. Choice of respondents may be determined according to people capable and willing to participate, thereby eliminating those who are incapacitated or unwilling to participate.

While it may be difficult to find representative participants to be interviewed, this method will offer, by far, more detail than any other method.

Mix

Whether or not to use one or more of the above methods of data gathering will be determined by the size of the facility and the amount of available staff and time. You can measure the benefits of each method and weigh the difficulties before matching them to your facility.

You may wish to circulate a simple survey to all residents (to be certain everyone is given a chance to respond), then follow up with selected open-ended interviews with certain residents you feel to be representative. You may also add a group discussion to validate the results you have obtained.

Likewise, you may choose to circulate a survey to help determine the questions you will ask in a focus group. The follow-up group discussion also can be used to validate the data discovered through surveys.

Any mixture of these methods will be helpful to provide you with the information you need to be absolutely certain of the direction your facility will take and

determine the role of a resident council.

Remember to consider levels of education and cognitive abilities when choosing methods of data gathering.

The Facilitator

Depending on resources, a staff facilitator can conduct the questioning or administer surveys. This method is quickest. Understand, however, that residents may be reticent about answering questions asked by a staff member.

Residents, with proper training, can easily conduct information gathering, thus adding an element of empowerment to all residents. However, residents may not be forthcoming with another resident.

An outside facilitator may be obtained to conduct the interviews and discussions. This works well if that individual can quickly establish trust with the residents. An outsider, who has the advantage of being neither staff nor resident, can conduct the survey, present findings and be gone.

Administration considerations of cost and time for training must be considered in choosing the best person to facilitate these questions. Each facility must decide what works best in their given situation.

Whoever conducts the surveys, interviews and discussions must be trained to be neutral in questioning and confidential with data. Residents must trust the person who facilitates, and the facilitator must show the greatest respect to the residents.

Analysis of Data

You've conducted your discussions, administered a survey, held interviews — gathered data. Now the information must be put together and analyzed for trends and priorities. Following are discussions of the survey questions presented earlier in this chapter. You may find these discussions useful if you choose to use any of the earlier questions.

1. On a daily basis, what ideas or concerns are priorities for residents?

What trends emerge from responses? Even if different subject areas were addressed, do you see any common themes? For example, are residents most concerned about meals (timing, frequency, food quality)? or call bells (30-minute waits)? or courtesy of staff? or privacy? or roommates? Each of these areas is complex. Probe each area to help discover the real problem.

Be aware that residents often may be dissatisfied with the amount of control or decision-making ability they have in their lives rather than these issues themselves.

2. *How are those ideas, issues or concerns presently addressed?*

Does the facility have a system for dealing with new activities or for dealing with grievances? Is there a distinction or hierarchy between what is considered a complaint and what would constitute a grievance? If a procedure is in place for dealing with issues, yet residents cannot identify it, you may want to consider a major education activity for residents.

Use what residents tell you about what they know and what they think. Be certain you have a balanced response that represents all of the residents.

3. *Are residents satisfied with the present system of addressing their ideas, issues and concerns?*

If residents are dissatisfied, do they mention issues of communication, time, courtesy or access to the process? Try to identify common themes as well as aspects of an issue that lie at the heart of the outward problem.

Ask yourself if residents have means of airing their concerns before other residents. Do methods presently exist which support residents meeting to discuss their issues? Do residents have any opportunity to meet regularly? or only during a crisis? Are residents' concerns discussed reactively (in response to a specific problem) or proactively (in an attempt to avoid a problem or its escalation)? Are residents meeting on their own? In an organized group? Does the facility provide space or other resources to facilitate their meetings?

The importance of these questions lies in discovering several sub-issues. How aware are residents of activities of the facility? Does their dissatisfaction emanate from negative feelings regarding the process, frustration due to lack of knowledge, or lack of an actual system?

Just how would residents want to conduct their discussion process? How will this affect administration and staff?

4. *Given a free hand, what would residents like to see happen in their facility?*

Answers to this question will open up all kinds of opportunities for a facility. They may confirm some plans already in the works, or they may negate such plans.

Note the wishes and dreams of residents. How do they coincide with the wishes and dreams of the facility administration?

You Should Know

Review survey material from the position of the residents. That helps analysis become empowerment

When the voices of residents have been heard and recorded, and when it has been decided to establish a resident council, the work begins. The first task is to select the role that the council will play in the operation of the facility.

Which theme will be followed for your resident council? What is the primary concern of residents?

- Resident autonomy
- Grievance procedure
- Internal communications
- Special interest education
- Internal problem solving
- Active planning activities
- Groups to oversee projects
- Fundraising

Residents may choose to write their own Mission Statement, thus stimulating a discussion aimed at clarifying the purpose of the council and what it aims to accomplish.

While some councils may determine their main role is to deal with residents' grievances, others may determine their role is to provide information and education within the facility. The role is determined by the needs identified through the data gathering process. Following are some ideas successfully adopted by other resident councils as their missions.

Grievances

When a council identifies the lack of residents' autonomy as high priority issue, it will develop a strong grievance committee. If the council chooses to be the formal grievance committee, it can also work to support the work of a formal committee. The council then can work closely with administration and staff by continuing to conduct surveys to identify specific areas of decision making that are causing residents' dissatisfaction.

Moreover, the council may become the group charged with helping design new staff or administration policies and procedures that enhance residents' autonomy.

Such a council can evolve into a key information-gathering unit. In addition, it can help by evaluating the results of any new interventions. This type of continuous feedback is known to administrators as a valuable part of Continuous Quality Improvement (CQI).

Be aware there often is a distinction between actual grievances and the grievance procedure. Resident councils often fail to find out what is the basis for a resident's

You Should Know

Every long-term-care facility needs a formal grievance procedure. By law in many states, such a procedure is required. A formal grievance procedure should be written out and known to exist by administration, staff, family and residents. It should be easily accessible, easy to understand, and faithfully enforced.

concern. Is a resident unhappy about the procedure due to issues of accessibility, confidentiality or fear of retribution? Is a resident dissatisfied with the seemingly arbitrary nature of the grievance procedure? Is a resident dissatisfied with the lack of response or an

unnaturally long response time? Is a resident dissatisfied with the final response? Or does a resident's issue center more on the informality of the process or a general lack of understanding, resulting in increased levels of frustration?

A resident council, when not designing or redesigning a formal grievance procedure, often acts as the conduit through which resident grievances are publicly aired. While some residents prefer to handle complaints in a confidential manner, many prefer the open form of the council. Often complaining residents are relieved to hear "me too" from other council members.

Resident councils may also choose to prioritize specific complaints with a global facility impact. Placing the full weight of the council behind an issue lends additional credibility.

Information

Good information is based on two elements: availability and understanding. Available good information is what decisions are based on. *Available* information is necessary to make good decisions. *Good* information includes all available options as well as providing full understanding of the consequences of each option.

Information is captured by the brain, held for a short term, then either forgotten or passed into long-term memory. Information not continually accessed, or processed only once, tends to diminish. Information is lost when too much is presented at once: for instance, packets, flyers, and folders presented during the admission process. Information is processed differently by individuals under stress. Time constraints place stress on individuals to make decisions without considering all possible information and consequences of actions.

Information Questions

Modify them to fit your particular needs.

- Are residents concerned about what is being communicated or the manner in which it is communicated?

- Are residents satisfied with the type of information provided by the facility? Is it relevant?

- Are residents satisfied with the amount of information provided (too much or too little or all at once)?

- Are residents satisfied with the scope of information provided?

- Does the facility provide both summary and in-depth information?

- Are residents satisfied with the methods by which information is disseminated? Is important information provided by personal memo or letter or only on a bulletin board? Is information announced only once over an intercom system?

- Are residents satisfied with the timeliness of information? Do they have adequate time to process information and make decisions?

A resident council is an excellent forum in which to address issues concerning content and methods of communication. This forum acts as a catalyst for the dissemination of information, plus it can prioritize issues. A council can help brainstorm alternative methods of disseminating information, possibly overlapping in some ways.

A council might undertake the task of determining which methods of communication residents find most helpful — for instance, a breakfast place card listing the day's activities.

A council can also serve as an evaluator to measure any changes in levels of resident satisfaction.

Education

People never stop learning. Whether in elementary school, in a new job, in a new town or in a new place, information must be gathered, processed and acted upon. Then the results must be evaluated and a decision made either to continue to utilize useful methods or disregard them. Cognitive learning means that information is obtained, processed, and utilized in daily activities.

As in any long-term-care facility, there are sets of rules, policies and procedures to learn. Residents navigating such a confusion, especially under stressful conditions, often end up frustrated. In addition, residents of long-term care have special needs in understanding complex issues that may have a direct impact on their lives — such things as advanced directives and living wills. Staying well also makes preventative health issues crucial.

Subsequent to identifying resident education as a priority is the matter of recognizing issues of concern. Areas often identified by residents include: resident rights, health (foot care, diet, smoking, exercise), living wills, advance directives, Social Security and estate planning. The residents of an education-driven facility must identify and prioritize areas of interest and provide workshops or other education sessions. Residents will attend only sessions that are meaningful to them.

Problem Solving

Problem solving is an art, especially when problems affect a large number of individuals who all must be satisfied. In effective problem solving, everyone involved agrees beforehand on...

- ...the purpose, goal and desired outcome of the problem, and
- ...the process through which the problem will be addressed.

Issues that often sabotage problem solving are those involving private agendas in public forums and a lack of a formalized process for the group to make decisions.

Individuals who fail to work toward the "public good" usually harbor private agendas. You'll recognize those who have a personal grudge that is introduced no matter what the proposed topic, or those who have a personal grievance that is re-addressed at every meeting.

As a first step to problem solving, the group must formally decide what they want as the outcome. Then they need to focus throughout the process on that goal. Secondly, the group needs a formal process to make decisions.

Guidelines might include: no shouting, wait to be heard, one person speaks at a time. A procedural guideline might require a two-thirds majority of members or a group consensus (where all agree. Consensus implies acceptance of the decision even though it may not be considered the best solution.)

The process of problem solving is key to its success. The process by which a council identifies and adopts guidelines is critical to the autonomy and empowerment of residents. Residents will begin to make decisions and act upon them; this is empowerment, which instills increasing confidence in residents regarding their abilities to tackle increasingly larger and more complex issues.

Activities

Free time in a long-term-care facility is at a premium. Depending upon the acuity level of care, facilities vary as to the amount of actual free time available to individuals. Many have very rigid activity schedules; some may have little or no formal planning of activities.

Activities Questions

1. Are residents satisfied with existing activities?
2. Are residents satisfied with the timing of activities
(day, hour, weekend, evenings, etc.)?
3. Are residents satisfied with the variety offered?
4. Are residents satisfied with the frequency of activities?
5. Would residents want certain activities offered daily?
6. What activities would residents suggest be added?
7. What activities would residents suggest be eliminated?

An activities council must identify key players, such as an activity director, and work closely to bring about desired results. With the increasing professional status of activity directors, a fuller understanding of residents' needs has emerged. Directors are anxious to coordinate with residents to design programs to fit their needs.

Residents can become aware of activity costs and help prioritize those activities. Activities require constant evaluation and modification.

It is suggested that a council survey residents every three to six months to evaluate levels of resident satisfaction with activities. After a new activity has been introduced, wait for two to four weeks before surveying for reaction. A follow-up survey allows for fine-tuning new activities as well as gauging residents' satisfaction.

Special projects

Project management is probably one of the most rewarding and most complex areas a resident council could elect as a priority. Most ad hoc projects are rewarding because they are focused and usually, even with long-term projects, have a distinct beginning and end. Additionally, special projects often require the multiple skills of residents, facilitating their meaningful involvement.

Special projects that may be adopted by a council include: rummage sales, charity drives, new resident orientation (welcome wagons), community outreach, community service projects, and the operation of facility stores.

Special events might include monthly birthday parties, holiday activities or outings. Other on-going efforts might include sunshine committees or resident check-on committees.

Project management's key is breaking a large event into smaller segments. It is also necessary to identify resources: people, money and material.

Special events and projects are wonderful ways to include new residents in facility activities. It is also a great way to involve special talents and skills of residents. Due to the very focused nature of such projects, it is easy to explain individual roles and responsibilities.

Fundraising

Immediately upon determining to undertake fundraising as a resident council focus — and before collecting any money — determine...

...how money will be handled (receipt, bank account, facility record keeping, etc.) and have a procedure in place.

...who will handle funds (residents, staff, a combination, etc.)

Fundraising becomes more simple and less stressful if the above issues are faced honestly and head-on. A written procedure must be in place and enforced.

Identify Resource Needs

- What is the purpose of the activity and timeline for completion?
- What is the organizational structure? (How many committees are needed? How is information communicated?)
- Where will funds come from?
- How will material be obtained?
- Who is responsible for what?
- How are decisions made? (What can a committee chair decide? What must be brought back to the group?)
- Who functions as staff contacts?
- How will the project be evaluated?

Another important element of fundraising is the need for people. Consider such things as resident commitment, availability of staff time and the potential need for volunteers (family, community members and other outsiders) to help make the process successful.

Discussion

While most resident councils do not tend to select discussion forums as priority areas, they do tend to use a community forum method to conduct business.

A community forum is a currently fashionable method utilized by politicians, the media, or neighborhood associations in an attempt to understand what constituents are thinking. It is often used as a data gathering forum, bringing together diverse elements within a community and helping to build community connections. Community forums are actually much better at disseminating information than in gathering it. Because of the size, true discussion rarely occurs. In addition, many individuals feel uncomfortable discussing their views in front of a large group. Conflict often occurs between issues and the informal process to discuss them.

Resident councils may elect to sponsor a number of small, special interest groups in place of a large community forum. Small groups of residents having similar specialized interests (fund development, legislation, activity planning, for instance) have excellent results in satisfying residents of their ability to participate. In contrast, large diverse groups of residents have less success with a discussion format and tend to feel unsatisfied with their level of participation.

Evaluation and adjustments

How many purposes can a resident council have at any time? If you identify a number of interest areas from data gathering and analysis, it may be helpful to prioritize these areas. Even then, you may be asking: should a council have more than one purpose?

Given the purpose, what then should be the level of participation of residents? Who should participate? What are their perspectives, views, capabilities and capacities? A solid evaluation of information data should provide clues.

Purposes

Many resident councils elect to work on one or two issues at a time. This allows the council to retain a strong focus.

Identify any constraints that may exist when selecting a multiple focus. Some may be imaginary (*the state would never allow that*) or based on tradition (*we've never done that before*). You may have to balance some resource limitations, but the remaining barriers usually are easily addressed and removed.

Whatever you choose, residents must have a stake in the outcome. If you are just beginning a council, it may be best to begin with a single purpose and develop additional areas as the council grows in expertise and confidence.

Resident participation

Another important consideration is to determine the resident resource within the facility — their numbers, capabilities and capacities.

The number of residents willing to participate is as important as the total number of residents in the facility. While starting or resurrecting a council with a small core of dedicated residents is common, so is the continuing development of council participants. There is no threshold that a council can achieve and say, "We've succeeded." Don't ask if five council members are enough or if ten or twenty would be better. The only magic number comes from...

- ...adhering to the resident-driven concept of autonomous decision-making and

- ...assuring that access to the council is open to all residents.

Residents will come and go, given issues of interest, personal capacity and accessibility. The purpose of the council is to assure a process, not guarantee numbers. Periodic recruitment should still be paramount to securing the council's future.

Multiple Objectives Questions

- Do the multiple identified areas fall into any type of pattern?
- Do some of the areas fall into a natural sequence? Are they complementary (fundraising for resident activities and planning activities)?
- Does any single area have overwhelming support that is easily identified as a resident priority?
- Do advantages exist in starting with a time-limited, sharply focused area of interest?
- Do resource constraints (people, money, time) exist which limit the council's ability to tackle numerous objectives simultaneously?

Resident mix

A shifting mix of residents, especially in short-term residents, makes for challenging recruitment. Large numbers of short-term residents have little or no interest in long-term outcomes. However, their interest may be sparked by short-term projects completed during their stay. These short-stay residents may bring new perspectives to councils.

Another contributing element to complex demographics in long-term care is the increasing number of young disabled residents. Most may contemplate a twenty-plus years' stay and offer a perspective very different from either the short- or long-stay older resident. Residents from differing generations have different priorities. One cohort may count the Great Depression and World War II as major event that shaped their lives, while another may hold the Vietnam War as a seminal element in their lives. A resident council needs to recognize the views of all constituents.

Capabilities

Every person entering a facility carries a lifetime of experiences, talents, tastes and skills. Staff is often surprised to find that Resident A was a school principal for thirty years; Resident B is an artist; Resident C owned a thriving business; or Resident C was a bank officer. Society often overlooks lifetime achievements of individuals once they begin to lose their independence.

The development of a skills bank for a council offers a wealth of resident resources, such as bookkeeping, project tracking, dealing with disruptive residents, acting as a roving member-at-large.

Don't ignore the strengths, experiences and skills of residents as you consider their diminished physical and cognitive capabilities.

Capacity

Probably the most volatile issue in all long-term care is the question of resident capacity, a resident's cognitive ability to participate in a resident council. While diminishing physical capabilities are often ameliorated through technology, cognitive capabilities aren't.

While all residents should be given the opportunity to participate in a resident council, the reality of a situation may be far from easy to enact. Two components regarding participation must be confronted:

1. Residents' reactions to individuals with cognitive deficits, and
2. Staff skills in dealing with individuals with cognitive deficits.

Look closely at all data gathered through whatever means — interview, focus group or survey — and probe it for all the information you can pull out. Now it's time to take the plunge into organizing and setting the goals for your resident council.

Try something. It doesn't have to be perfect the first time. You know when, where and how your residents wish to establish their council. Follow their lead. Allow yourself time to assess all the resources around and fine tune the council as it progresses. Keep it flexible, keep it accessible, and keep it simple.

NOTES

*"Success is having ten honeydew melons
and eating only the top half of each one"*

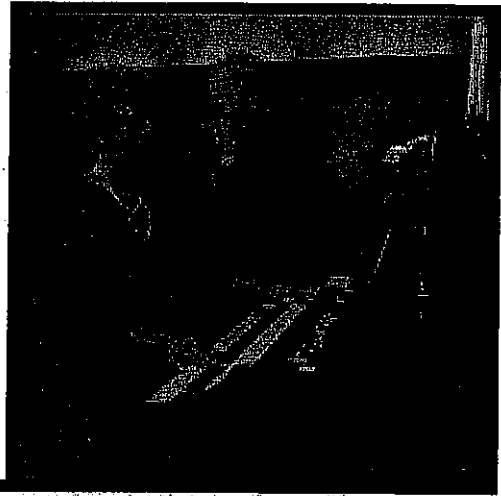
Barbara Streisand

NOTES

*"To live is to change, and to be perfect
is to have changed often"*

John Henry Newman

Section 3: Roles of a Resident Council



In the workings of resident councils, it is vital to understand how the players in various long-term-care settings can influence the implementation and development of a council. Following are overviews of the council roles: residents, staff facilitators, administration, ombudsman, resident families, and the community.

Residents

What role do residents play on the council? The residents *are* the council. Residents operate the council. Residents make the decisions. Residents should control the contributions made by other players.

Residents will meet and take up concerns of the facility and individuals as they are presented. Residents will discuss, fact find, come up with alternatives, and select a means of action.

Residents need to understand the function of the facilitator, what support they can expect (coordinating space, placing announcements, typing minutes), the level of authority to act (whose voice is used at meetings), and limitations. They also need to be aware of the pledge of confidentiality with the facilitator and other staff.

Staff Facilitator

A resident council may choose to be coached by a staff facilitator. This is a member of the staff who has agreed to oversee the resident council. Ordinarily, the facilitator is assigned to the job by the administrator.

The job description of a facilitator is "to make easier, to help forward an action or process, to assist the progress of a person or group." A facilitator creates the environment and enthusiasm that allows things to happen. Facilitating is not "doing for" but "helping get done."

Facilitating is the subtle creation of circumstances that nurture meaningful resident decision making, encouraging residents to believe in themselves. Possible duties: reserve meeting space, announce upcoming events and meetings, assure privacy and confidentiality, type agendas, record and type minutes of meetings, distribute minutes, locate needed resources, and become invisible. Build the facilitator role with an eye on constant growth for both the role and the mission of the council.

As a facilitator, you will find a great opportunity to enhance the lives of residents of your facility. You can be the catalyst to resident empowerment. You will find many helpful ideas in this book on ways to secure information from residents and other key players in your facility. Because this book is designed as a guide through the processes of learning, interaction and results, it demands that you think and reflect, not just act. You'll also find many helpful guidelines to interpreting, discussing and adapting the experience of others in developing your own missions, goals and operating procedures. All, of course, must be sanctioned by the residents.

Your chief mission in the council should be the continuous enhancement of resident autonomy. This means ensuring that residents have choices and the capacity to enact their choices.

What should be clear is that facilitating a resident council is not the same as organizing any meeting. Since you are charged with enhancing the lives of individuals who reside in your facility, you must use the council as the vehicle. Strangely, you are neither the driver of the vehicle, nor even a passenger. You may "change the oil, fill up the gas tank and check the tires," but you are not invited on the trip. To carry the analogy one more step, you might receive a postcard from the resident-travelers. Your job is to make sure the vehicle operates safely so that residents can go wherever they wish.

If you are a process-oriented person, you should not have problems with these concepts. However, if you are a task-oriented person, you may be tempted to intervene, be part of the action. It is difficult for task-oriented people to stand back and allow the council to evolve at its own pace.

Likewise, others involved in peripheral council activity may be tempted to jump in and "do." Occasionally an administrator, anxious to see progress, will attempt to interfere with council activities. Part of your job is to see that this doesn't happen.

Take a serious inventory of your working methods. Can you help educate others about the needs of the council to be autonomous? Can you stand in the background and watch residents get credit for the achievements of the council? Can you be content with fixing the vehicle, then quietly waving to the residents as they drive off?

To be an effective agent of empowerment, you must have the trust of the council members. Trust is built through respect for the process that residents choose

to follow. Trust is also built upon respect for the confidential nature of proceedings. When an ethical conflict arises between your professional obligations, regulatory mandate and confidentiality, you must walk the line of advisor, not director. How you deal with issues that cross the line into regulatory non-compliance or even illegal activity determines your trust level. While allegations of resident abuse or staff theft may seem clear-cut, how you deal with the transfer of data to administration or other authorities is not.

Your relationship with the council depends on how you balance professional ethics and confidentiality. It may be possible that your council will direct you to action that will fulfill both of your responsibilities.

The role of facilitator depends upon the mission of the council, its history, administrative support, and the facility itself. You may or may not have a written job description as facilitator. It is beneficial to have a written document to define your responsibilities. Negotiating the job description is an ideal way to start building a strong working relationship between facilitator and council. The document should be reviewed annually or whenever a leadership change occurs.

The facilitator needs to fully understand the expectations of the council, especially the parameters of the role. The facilitator must state up front what issues (health and safety, for instance) will trigger an automatic report to administration.

Staff

All staff members must understand the role of the council. It must respect the council's decision to adopt an advocacy or planning role, an education or grievance operation. Staff must understand the psycho-social aspects of aging in order to appropriately support the resident council.

Staff must fully understand how the council operates to empower the residents. Not only do residents need the opportunity to make meaningful decisions through the council, they also need to have the freedom to execute those decisions. Staff are at the forefront of protecting and guaranteeing those freedoms.

Training regarding residents' rights, empowerment and psycho-social aspects of aging and loss can assure that staff members clearly understand the concept of residents' empowerment.

Staff must also recognize the need for council confidentiality. Staff must develop a hands-off policy regarding council meetings, unless invited. The ultimate goal of the council is to make resident decisions. The staff's responsibility is to see that these decisions are executed.

Administration

The administrator influences the development of a resident council. The administrator sets the tone and operating philosophy of the facility. Ideas supported by administration will tend to be supported by staff.

If the administrator strongly supports the resident council, staff will follow. The administrator is a linchpin in determining how well a council evolves in its intended purpose. If the administrator views the council process as an investment in residents and as a process with the potential to effect change, then the council will flourish.

The roles of the administrator are multiple: informational, advisory, facilitating and conducting. The administrator may be either directly involved with a council, as is more likely in a small or moderate-size facility, or indirectly involved, working through a staff facilitator.

A key responsibility of an administrator is be sure that staff is fully informed of the purpose, role and responsibilities of the council. The administrator must maintain clear lines of communication between the council and departmental staff.

In the advisory role, the administrator can assist council by providing insight into potential impact of pending decisions.

The administrator can function as a resource for the council, both in terms of internal assistance and community contacts. Through an administrator's professional and civic activities, an invaluable link to the community can be attained that will assist a council in its operational procedures.

The best an administrator can do to support the council is to understand fully how it works, supply the council members with good information and respect the actions of the council. Residents easily understand and appreciate sincere support from an administrator, which fosters trust and leads to a strong working relationship between residents and administration.

In return for full support, an administrator must be kept informed of the council's activities, in an open and honest fashion. The administrator must also be made aware of potential problems that could impact the operation of the facility or the health and safety of residents.

Ombudsman

An ombudsman shares roles with all members of the long-term-care facility and community. That is, the role is to support and empower the residents. While an ombudsman has a critical statutory role regarding resident rights and the facility, there is no legal role with the council.

When a council decides not to deal with resident rights and grievances as part of its mission, an ombudsman becomes a valuable resource. How and to what extent a council chooses to work with an ombudsman is based upon the council's mission.

If resident rights and grievances are part of the council's mission, the ombudsman is even a more valuable resource. The ombudsman role is critical to the overall health of long-term care.

An ombudsman usually is an interested member of the community who serves as primary consultant to a council on a number of issues. The ombudsman may also act as a conduit for reaching out to other key resources in the community.

Any role adopted by the ombudsman for the council should not impede, distract or conflict with the statutory role of an ombudsman within the facility.

An administrator may not participate in a mediation role with a resident council. A true mediator must not have an interest in the outcome of the mediation.

Family

Family members of residents participate in a number of roles. They may advocate for and support the individual needs of the residents, protect their health and safety, act as intermediaries between the residents and facility staff and administration. Sometimes a family member can be a watchdog to ensure timely, appropriate and complete care for a resident.

Family members can share their roles with staff to support and empower all residents of the facility. However, they often face a conflict between balancing the autonomy of their resident with what may be perceived as the safety or liability of the facility.

Most family members have a deep emotional investment in the placement of family members. They also may have financial concerns.

Family members may be invited to attend a council meeting or report to it. However, they must remember they are guests and not members of the council. The purpose of such meetings is to include family members in action that will result in empowerment of residents.

The resident council must not be construed as a substitute for a strong family support network. Residents require the love of their families. Family members, in turn, can serve as advisors or key consultants to the council.

Family members also have key contacts in the community and may assist the council when called upon.

When family members wish to establish their own forum, a family council may be formed. Family members decide upon the mission and purpose of such councils.

then, like resident councils, decide upon the operating philosophies and composition of the group. Such a family council may have administrative support. However, it must remain separate from the resident council. Administrators who understand the benefits of family councils are their strongest supporters.

Community

It is important to understand the needs of residents are the same as the needs for the rest of the community. The interests of the resident do not stop at the door of a long-term care facility. Residents who have been active before in community affairs may want to stay in touch with organizations, fraternal groups, legislators, or business leaders. The resident council can be the vehicle by which residents stay connected.

The council may seek speakers from the community for council meetings, interface with community groups to provide volunteer assistance, adopt a community group or nonprofit for a charity project or connect with youth or young adult groups to help with specific projects.

The community can provide a vital link to keep residents connected by giving councils positive projects which make them feel useful and responsible. Some individual resident volunteers may grow from these connections. Residents may individually become ombudsmen, tutors, legislative volunteers, or guest speakers.

The community could be defined as the local hometown, a neighborhood, the Veterans community, or state or federal organizations that specialize in serving elders. Resident councils connect with whichever interest groups they choose.

In Washington State residents can connect with the Resident Councils of Washington, a statewide consumer-centered advocacy group that meets specific needs of residents statewide. Or a resident council can connect with the American Association of Retired Person (AARP), the State Senior Citizens lobby, or the National Citizens Coalition of Nursing Home Reform. These groups provide a catalyst for resident participation. Service organizations would be delighted to provide education and speakers to facilities, as well as recruit residents as volunteers. In turn, the resident council may benefit by a reciprocal agreement and inherit new volunteers.

NOTES

*" Old age..a good and pleasant time. It is true you are shouldered off the stage,
but then you are given such a comfortable front stall as spectator,
and if you have really played your part,
you are more content to sit down and watch."*

Jane E. Harrison

NOTES

[illegible]

“There are two classes of people in the world: those who constantly divide the people of the world into two classes and those who do not.”

Robert Benchley

Section 4: Nuts and Bolts (Building from The Foundation)



Marketing/Promotion

The term “marketing” as used here simply means knowing who you want to talk to and how to reach them.

In promoting your council and its activities, several methods are available. Of course, if you have all the money in the world, you can hire someone to do this for you. However, there are simple ways to get out the word.

First, determine your message and its purpose. Then determine who needs to know this and who may want to know — who needs to be in the loop. Your message ought to sell the council. That is, the message should highlight the work of the council and its benefits.

What sells a resident council? Here are some ideas:

- Ownership: the autonomy of the members
- Follow-through: the actions of the council that result
- Support: who favors the council? Administration, staff, families, community, health care associates
- Interest: the ideas and activities that draw a crowd
- Meeting time (length of sessions, time of day): awareness of members’ time
- Food and refreshments: social considerations
- Self-esteem, help, interest; programs that offer personal encouragement
- Recognition: the need to make a difference

Use any of these messages to draw attention to your group and build support for it. Then plan how your message can reach your intended audience. Try some of these media:

- **Staff meetings:** a simple announcement of upcoming events
- **Staff meetings:** a council representative to act as liaison
- **Newsletters:** an activity that involves members in production and benefits
- **Direct mail:** fliers and brochures distributed directly to members and potential members
- **Sandwich boards:** arranged to draw attention and situated where they'll be seen regularly
- **Calendar:** prepared a month ahead of time to highlight activities and meetings
- **Displays:** of all variety on bulletin boards and message centers
- **Internet Web sites:** available at no cost to keep members current and attract new members
- **Flow sheets:** indicating work and interest surveys, activities
- **Minutes:** prepared for wide circulation with exciting text and contents
- **Press releases:** publicize the news of your council, installation of officers, upcoming events, special speakers and programs, major issues under discussion, major council decisions made. In order to become news, "major" decisions must be those affecting large groups of people. And don't forget to always coordinate press releases with the resident publicity director. (See sample press release in Appendix B.)

Now that you have the tools to spread the news about your council, seek out artistic people (writers, artists, graphic designers, musicians, dramatists, etc.) to help you prepare the message. Make a noise, a show, a display of what's going on. Your message should have no problem reaching all who need to hear, see, or feel it.

Organization

To begin organizing a resident council, a number of basics must be put into place, including location and resources. Since many decisions will be made, an organizational plenary committee may be needed at the start.

Location

Room — Find a room that is comfortable, private, easy to locate, small enough for intimacy and large enough to hold all members.

Acoustics — A very small room with good sound may not need microphones. However, make microphones available for any group that may need hearing assistance (find someone who knows how to operate them, or train someone).

Visual Aids — Use chalk boards, VCR tapes, films, display boards prolifically. A picture is worth a thousand words.

Room Arrangement — Determine the purpose of a meeting and arrange seating to comply. If a speaker is planned, set up seating so that all can see and hear easily. If discussions are planned, circle the chairs, put them close enough together for easy conversation. If a table is necessary, find one that will seat everyone around it comfortably.

Resources

Tape Recorders — Use tape recorders to back up written minutes and provide catching up for absent members. Appoint someone to operate the recorders and dub tapes, if necessary.

Large Print Agenda/Minutes — Always use print large enough for mature eyes to read easily. Minutes and agenda should always be prepared with type no smaller than 12 point. A 14 point size is even better.

Hearing Equipment — Special hearing phones should be available for all meetings, whether a table discussion or an entertainment program.

Recording Tools — Do you need pens and paper for meetings? Will your group require handouts for follow-up work? Can you use large tablets to record in-session work? And don't forget the adhesive tape to display that work on the walls (always determining whether walls will take tape without damage).

Recognition Items — Lay in a supply of name tags (big ones) and tent signs for official meetings.

Miscellaneous Tools — Markers, thumbtacks, staples, paper clips, scissors, rubber bands, sticky notes, and all those little items we're always looking for. Do you have a Tool Box of them handy at each meeting, just in case? Treat it like a First Aid Box and keep it handy.

Operating Structure

Rules of the resident council must be established at the outset and followed as closely as possible without fracture. However, flexibility must be built in so that allowances are made for change and growth.

Agenda — Set up a format for the council agenda, determining arrangement of events and time limits. Answer the following questions: Who determines the business to come before the council? Who actually draws up the agenda? Are there matters that must be discussed? must not be discussed? Who receives the agenda, and when? Is your agenda posted publicly? (Find a sample agenda in Appendix B.)

Bylaws — Are they necessary? A long list of do's and don'ts may just get in the way of a small amicable council. The lack of such a list may be a detriment. What is included? Look at bylaws of other groups to get ideas. (Adapt the sample shown in Appendix B or write your own.)

Minutes — Design a format for minutes that fits the work of your council. Keep it as simple as possible, but inclusive enough to record necessary information. Do you really need to know who offers motions and who seconds them? Do you require a record of meeting time and place? Do you need to record all participants of discussion leading up to decisions, or just the pros and cons of such discussions? Can you compile a list of those in attendance? Do you need to? When designing minutes, look ahead to how these minutes will be used, then set up your minutes to fill that need. See Appendix B for sample minutes.

Response to Residents — Since a residents council serves as a liaison between residents and administration, how do you plan to respond to questions, requests, and suggestions from residents? Will you take such queries only from members? Will you require the attendance of anyone making such a query? Will you respond in writing?

Response to Administration — Since a residents council serves as a liaison between administration and residents, how do you plan to respond to questions, requests, and suggestions from administration or staff? What is the time frame for handling such queries? What is the form for such responses? Will you invite representatives, department heads, or staff to attend meetings to receive a verbal response or will you answer in writing?

Parliamentary Procedure — Many groups adopt Roberts Rules of Order in carrying on council proceedings. Will you need that formality? Or can you adopt a set of procedural rules that will accommodate your council's particular needs? Keep meeting procedure as simple as possible:

- Speakers ask to be heard.
- Everyone else listens respectfully.
- Limit the time a speaker has the floor.

The presiding officer has the last word and acknowledges those who wish to speak.

When voting is necessary, a simple aye or nay vote should do. If there is a question, ask for a show of hands.

Protocol (for officers) — Meet all attendees at the door. Station someone to extend a greeting and handshake, help with wheelchairs, provide name tags and direct to seating. Start the meeting on time, and end it on time. Have audio-visual equipment in place and working before the meeting begins. Recognize everyone attending, not just "special guests." Listen to all concerns.

Protocol (for attendees) — Wear a name tag, if offered. Greet other participants, especially new members and guests. Arrive on time. Confine chatting during meeting business and activities. Participate in discussions, but do not monopolize the floor. Listen to others who are speaking.

People

Officers — How many officers do you need, really need? Keep your slate of officers small enough to cover the work, and large enough to offer work to any who wish to participate. (See Appendix B for a sample slate of officers and committee heads.)

Committees — Permanent and ad hoc committees offer interested parties a venue for participation. Such committees also contribute to the council's work.

Advisory Boards — Will you have an in-house advisory board—a group of residents, staff and administration to help you with the work of your council? Will you establish a community advisory board to assist with activities and events?

Evaluation/Follow-up

The responsibility of the resident council is to nurture relationships within the facility in order to enhance the lives of residents. To retain the aura of nurture and growth, programs need to be reviewed and participants need to be recognized.

Program Review — "The ideal way to review a program operation is to seclude those involved in a retreat setting and look over all aspects of the program. The seclusion can be an exotic out-of-the-way resort or a facility meeting room with a closed door.

The review should be conducted in a structured way, covering all aspects of the program and all of those involved. Open discussion is encouraged through small groups that report their findings to the larger group.

Ideally, a leader should be brought in from the community — someone who can conduct an impartial inquiry and an unbiased examination. Co-leaders could be the council president and the facility administrator.

An air of informality and congeniality is helpful, using casual dress, unceremonious seating, snack-type refreshments, and a relaxed atmosphere. Participants must understand they are there to sit back and look over the activities and the results of the council. What worked? What didn't work? Why?

If re-structuring is necessary, save it for another time. A program review should be a time of dreaming plans as well as a retrospect of the past. Tread lightly.

Volunteer Recognition — Because a resident council is a volunteer group, participants need to be recognized publicly for their work and their dedication. Certificates, plaques and special awards may be obtained to recognize special workers in the group. Luncheons, special teas, or other celebratory occasions may be held for just such purposes, on some kind of regular basis: monthly, bi-monthly, or annually.

Articles in resident newsletters and community newspapers are also a way to recognize special people, their accomplishments, and events. When offering such articles, always coordinate with the resident's publicity director.

Frequently Asked Questions: Trouble-shooting

Do we need officers?

Many small groups discover after a few meetings that a high-end structure isn't necessary. Informal small-group meetings may bring about the desired results.

What are the alternatives?

Small residences don't always require a full council organization. They may do well with an ombudsman or a small review committee. On the other hand, a large facility may require a larger, more structured council than the one currently operating.

Should staff be involved in the council?

The answer lies in the individual council. Staff involvement of any kind reduces the exclusivity of the residents. However, since staff is involved in daily operations, the council may find it helpful to include some staff members in regular meetings. If the time arrives for a closed session (for residents only), that can be specified. Use your staff to enhance your style of living; that's what they're there for.

Should an ombudsman be invited?

An ombudsman is an impartial operative who can mediate a problem and come up with a fair solution. If an ombudsman is available, by all means use them whenever needed. There is no charge. However, realize the difference between a problem the council should solve and one that requires outside help. An ombudsman can be an invaluable resource for county, state or federal resources which are provided by the local ombudsman office.

Should the public be invited?

How much public are you talking about? Many councils eagerly invite the public to special meetings with informational speakers. Many councils invite families to attend meetings. You may find it awkward to invite "the public" to attend working meetings where discussions may veer away from "the public's" business.

What are resident rights?

Resident Rights are clearly defined in a document found in Appendix B.

How do we deal with the overly assertive, aggressive or controlling resident?

Gently but firmly. This is where organizational rules of procedure can back-up the council officers. Most aggressive people require attention. Make time to listen, listen, listen, as long as it takes for that person to state their case. More than once,

that person will finally hear themselves and reach their own solution. Another method is to provide that person with certain responsibilities that are entirely their own.

Remember you are dealing with people — people who have led a variety of lives before you met them, people who held sway in their own environment before they met you, people facing the shrinking years that accompany age and illness. Learn as much as you can about every single individual; dig into as much of their history as they'll offer; and respect each person as the unique individual they are.

Are there guidelines for the establishment of a resident council?

Every facility is different; they have their unique residents with unique and different backgrounds and personalities. Therefore there are no hard and fast guidelines for setting up a resident/family council. Part of the problem is that staff wants to do for residents or they find it easy to do for. Therefore councils usually fail as residents become mere figureheads. The staff needs to empower residents with the tools to function, and by providing help during meetings, if needed. A resident council is a group of residents with a purpose. These residents with or without the help of staff identify a common need or widely held desire and take action. A resident council can be as sophisticated as a PTA with a full slate of officers or as simple as a group convening to make a decision on meals. It is a forum for communication among residents — whether it is simple or complex.

To summarize the guidelines:

- Survey the residents through focus groups or interviews
- Select the role your council plays in the operation of the facility
 - Which is the theme?
 - What is the primary concern of residents?
- Identify resident autonomy, grievance procedure, internal communication, special interest education, internal problem solving, involvement in planning activities, groups to oversee projects, fundraising? (Some councils may determine their main role is to deal with residents' grievances. Others may determine their role is to provide information and education within the facility. The role should be determined by the needs identified through the data gathering process.)

The numbers of residents participating is as important as the total number of residents in the facility. While starting or resurrecting a council with a small core of dedicated residents is common, so is the continuing development of council participants.

Is a staff facilitator necessary?

A resident council may choose to be coached by a staff facilitator. This is a member of the facility staff who has agreed to oversee the resident council. The job is to make easier, help forward an action or process, or to assist the progress of a person or group. The staff facilitator helps the council do for itself.

What are some other tools which help with the success of the council?

To answer this questions requires answers by the council to the following questions.

- When is the meeting? Is it the same time each month? Is it short enough to hold attention?
- Is it publicized — on the calendar, sandwich board, on flow charts?
- Where is it? Is it private? Can people hear? Is there a microphone?
- How is the room arranged? Is it in a circle or u-shaped to encourage participation?
- How many are there? Is everyone just wheeled in or are residents encouraged by their background experience or interest in involvement?
- What is the agenda? Is it written? Does the meeting start and end on time?
- Is it meeting resident needs? Are the grievances answered in a timely fashion?
- Are minutes taken? Are they distributed without individual's names for privacy?
- Are there bylaws to give direction to the council? Is the council taken seriously by the staff? Is it supported by the administrator?

How can a resident council help ensure resident rights?

Research has discovered that what people fear most about entering a residential care facility is the potential of limited choice, privacy, independence and control. Some have lived years with their own routines and possessions and now are living in an environment where personal choice, privacy and independence (taken for granted in our own home) is compromised in the name of efficiency and organization. How can a resident council, as individuals and as a group, make a difference?

What are bylaws and do we need them?

Bylaws are written guidelines for the purpose of group and how it functions. One rule of thumb is to keep the guidelines simple, clear and in a language all

residents understand. Bylaws differ from facility to facility but should include the following:

- The name of the group
- The purpose
- Membership criteria — who belongs
- Officers, titles, responsibilities, terms of office
- Nominations and election procedures
- Names and functions of standing committees (committees which help the organization function with the help of the membership)
- Management of funds or treasury
- Procedure for amending bylaws

(For sample bylaws, see Appendix B.)

Are we required to have a resident council?

If you are asking if you are required by federal or state law, the answer is no. You are not required to have a council. However the facility is required to provide private space and help to facilitate a resident council. The resident council, however organized, is important. Whether you have a huge council or just a handful of members, it may be your only venue for residents to have dialogue with each other and the administration. Residents need to be a part of the decision-making of their home. The more they take part and the better educated they are about changes, the fewer grievances a facility will have. Surveyors or licensers (in assisted living or boarding homes) usually ask to see minutes of meetings to check on how the needs and interests of residents are being met. Questions or complaints not resolved in a timely fashion or which recur over and over raise a red flag for the watchdogs. They ought to know why these issues are not resolved.

It is important that residents have ownership in their home. Stripped of so much, it is a great tool for them to regain back at the very least, self determination.

How do family councils fit into the resident council?

Family councils should be autonomous but there could be a liaison from the resident council to the family council and vice versa. Family council could complement resident council activities as volunteers and resource contacts. Facilities specializing in Alzheimer's disease generally don't have a formal resident council, but family members benefit from meeting and advocating on behalf of their loved ones.

Who decides on council funds?

A resident council may want to establish its own treasury; may want to have a bank account to deposit funds. It is their right to establish procedures for the development of their accounts. The funds, raised by the council activities, should be spent with the permission and design of the council.

Are resident councils required to have a board of directors?

How the council operates is totally determined by the council. They may decide they don't want formal leadership. They may want to share the responsibility or change the leader each meeting. By-laws and boards help the council with its organization and direction. Sometimes, however, groups have few or no leaders or are intimidated by job titles. Some residents will say, "I have no desire to be an officer; I have done that. I just come to participate."

What is the makeup of a board of directors?

Generally, resident councils have a president, vice president and secretary. Some have a past president, president, vice president, secretary and treasurer. Other may add board members who could become committee chairs. The answer depends on the sophistication of your resident council.

How long are terms of office?

It is a good idea to have specified terms of office. The resident then knows the expectations and may not want to be an officer indefinitely. Restrictions also allow new people to train for leadership roles. Terms should be outlined in the by-laws.

How often do councils meet?

This should be determined by the council. However most meet once a month, same time, same place. Committees meet more frequently and report back to the council.

What kinds of numbers do we need to establish a council?

Resident councils come in all sizes, as small as 5 or 6, as large or larger than 50. The important part is that the facility has a means for residents to communicate needs. The resident council is a great forum and should be open to all who wish to participate.

Should resident council minutes be posted?

Council minutes should be available to all residents. Posting is not the best method because of protecting the privacy of residents. If posted, names should not be included. Outlining questions and answers or turning the minutes into a mini-newsletter may be the solution.

How can residents be motivated to attend the council meetings?

Evaluate your meetings. Do they start and end on time? Do you have an agenda? Is the room conducive to meetings? Is there a good speaker system? People may not attend because they can't hear see or know when or what the meeting is about. Are meetings just complaint sessions? Are grievances resolved? Are questions answered in a timely fashion? Does the council meeting meet the needs of residents?

NOTES

*"You cannot define talent.
All you can do is build a greenhouse and see if it grows."*

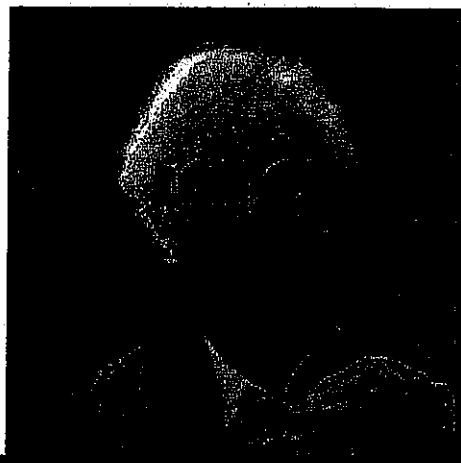
William P. Steven

NOTES

*"Success is nothing more than doing what you can do well;
and doing well whatever you do, without a thought of fame."*

Henry Wadsworth Longfellow

Appendix

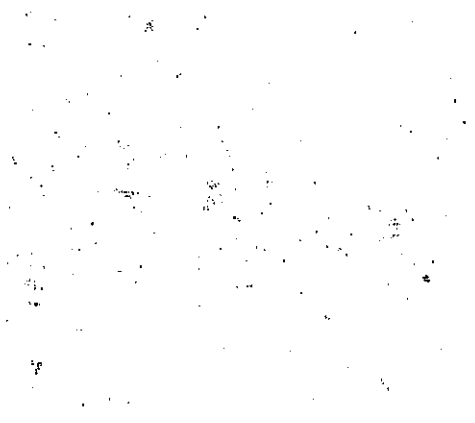


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Appendix A:

Autonomy in Long-term Care Evaluation Techniques

Autonomy in Long-term Care

In the book, *Everyday Ethics: Resolving Dilemmas in Nursing Home Life* (Springer Publishing Co., 1989, \$44.95), authors Rosalie A. Kane and Arthur L. Caplan ask the question, "What kind of place is a nursing home?" We expand that question to ask, "What kind of places are an assisted living facility, adult family home, board and care home, and retirement community?"

Long-term-care facilities continue to occupy a confusing role in society. They are a mix, in varying degrees, of hospital care, hospitality milieu and home. Many long-term-care settings subscribe to the medical model of care, that is, a model adapted from traditional hospital settings. The driving care philosophy is, "We know what's best. Cooperate and you will become well again."

The medical model is a setting "where residents must seek permission from a health care professional to undertake even the most mundane activities," say Kane and Caplan. It is often a highly restrictive and regimented environment where resident decision-making and empowerment are swiftly subordinated by medical necessity and the "patient" role.

In contrast, these authors write that many long-term-care facilities can be viewed "...as an apartment complex or hotel" where individuals live together "less by choice than of necessity." In such settings, staff is driven by the concept of making life enjoyable and comfortable for the "guest."

A majority of individuals understand the role of *medical patient* or *hotel guest* and its accompanying behaviors. Few long-term-care settings are either patient or guest oriented. More often they are a mix, and therein lies the confusion. Residents wonder when and in which circumstances they are a *patient* and when a *guest*. Too often, for the sake of expedience, residents are treated like *patients* all the time.

Added to the confusion of patient and guest is the philosophy that a long-term-care facility is truly a resident's *home*. Critically, in western society, the concept of home resides in an emotional context that includes issues of privacy, autonomy and doors that lock. In our homes we come and go as we please, stay up as we please, sleep when we please, and eat when we please. No one enters our homes without permission. We decorate our homes to demonstrate our personal preference; we surround ourselves with objects, colors and textures that we find comforting.

In practical application, some care facilities are more successful than others in applying the concept of home. They tend to be more consistent in enforcing the concept and are more welcoming of innovative interpretations of the idea of home.

Most residents, facing a mix of care philosophies, will be confused at the start but eventually arrive at some workable system for coping with the environment and

staff. They adapt to the setting and attempt to assume an appropriate role — patient, guest, or consumer. Nevertheless, rarely is the contradiction between the resident's expectations of long-term care and the realities resolved.

Evaluation Techniques

There is only one thing worse than investing great amounts of energy and resources in a project that fails; that is not knowing why it failed. Was the failure due to poor timing, lack of resources, lack of purpose, lack of consensus, bad planning or inability to follow the plans?

Conversely, knowing why some activities succeed is equally important. The evaluation process helps the council to keep tabs on what works and what doesn't work—and why. Sound evaluation allows councils to identify and correct problems before they become insurmountable.

Contrary to popular notions, the evaluation process actually starts at the beginning of an activity rather than at the end. Know that there are two parts to a project: the actual goals of the activity and the process needed to accomplish them.

The two parts of evaluation ask:

1. How close did you come to attaining your goals?
2. How closely did you follow your plan?

Evaluation provides invaluable lessons about how to improve the council's ability to act both efficiently and effectively. Think of evaluation as a road map. You are taking a trip; you need to be able to navigate effectively. To do that, you need a map (to plan) and road signs (to evaluate).

Questions for planning:

- Where are we going?
- What do we want to accomplish?
- How will we know when we've accomplished our purpose?

Questions for evaluation:

- How was our trip? (How effectively did you do what you set out to do?)
- Did the travelers enjoy the trip? (Did residents feel included in the process?)

- Did we take the most direct route? (Did residents feel the project proceeded as planned?)
- Did we make any wrong turns? (Did residents feel respected and empowered?)
- If we were to take this trip again, could we do it better or faster? (What did residents like best and least?)
- Would we want to? (Ask for suggestions to make things happen differently next time.)

At the beginning of the resident council process, whether starting a new one, re-establishing an old council, or fine-tuning an existing council, you need to identify a clear purpose (resident advocacy, education, special project, garden planting, discussion groups, fundraising projects). Then you need to build a plan to make it happen. Finally, you must implement that plan.

At the beginning, you must ask: how will we know when we've accomplished our goal? or how will we know that we've actually acted as the voice of the residents?

The simplest way is to use those road signs. Determine the direction you travel, how far you'll go each day, where you'll stay and when you have reached your destination. If the goal is to plant a garden, you might set up landmarks as follows:

GOAL: Plant and maintain a garden for the enjoyment and recreation of residents.

STEPS:

1. Locate a suitable plot of land.
2. Obtain permission to use the land.
3. Determine who will plant and maintain the garden.
4. Identify any costs and how they'll be paid.
5. Plan what the garden will look like.
6. Obtain tools to work in the garden.
7. Obtain seeds, seedlings or plants.
8. Plant the garden.
9. Maintain the garden for a period of at least one year.

Evaluation Questions?

How will you know when you've accomplished your goal?

When the harvest begins. Or by September 1 (a specific date that seems appropriate).

How will you know if the residents enjoy it?

Ask them.

How will you know if the participants enjoyed the process?

Ask them.

Time Element

Time intervals for evaluation are determined by the project. Is this a three-week, three-month or three-year project? You may want to plan evaluation at the close of a short project. You may plan ahead for long-term projects and arrange for follow-up with new leaders and members. To do this, you'll need a written evaluation process in place.

Try to keep the evaluation process brief. A strung-out method of chewing over why a project worked or didn't work can be disheartening for residents. If you feel the council is straying in its deliberations, take members back to the map and re-check the goals.

Do not allow the evaluation task to out-shine the actual project. Evaluation should never take as long as the project itself.

Who Evaluates?

Evaluation surveys are conducted much the same as information gathering surveys. Either the facilitator or another selected individual can collect information through written surveys, personal interviews or small focus groups.

Select interested individuals to the project for one level of response. Select disinterested individuals for another level of response. Both may be helpful to the evaluation process.

If your project involves the community or other outsiders, be sure to interview them for their responses.

Using Evaluation Information

What do you do with the information you have gathered through the evaluation process?

If you have uncovered strengths and weaknesses of a project, you can use them to adjust the goals of future projects. If the goals were not successfully reached, was it because of over-extended resources, lack of consensus, or lack of interest? If the project went awry, was the time line too short, or were communications between council and residents (or administration) limited? Knowing where the weaknesses lie allows you to focus energy and resources more accurately on the next project.

Be absolutely certain to include residents in the evaluation process. This should be a tool that will keep the council focused on its primary purpose. It should also create opportunities for residents to make and execute meaningful decisions.

Appendix B: Sample Documents

Agenda

Minutes

Bylaws

Press Release

Slate of Officers

Committees

Recognition Certificate

Sample Agenda

Date, time (beginning and ending)

Place (of resident council meeting)

Welcome and Introductions

Pledge of Allegiance

Minutes and Correspondence

Officer Reports (President, Secretary, Treasurer)

Committee Reports

Old Business

New Business

Guest Speaker or Special Issue

Resident Concerns

Adjournment

Social Time



(Date, Time, Place of resident council meeting)

Welcome and Introductions

The meeting was called to order by *President Smith* at 1:30 p.m.

Present: *(names of officers and members)*

Minutes and Correspondence

The minutes were approved as distributed.

Correspondence included a letter from Happy Elementary thanking the resident council for their donation of decorations for their annual carnival and a letter inviting our resident council to participate in senior days in our local community.

Officers' Reports

President Davis reported he was invited to participate in Happy's board of directors meeting scheduled August 5 to give a report on the needs of the council. The list (see attached) was discussed and prioritized according to fiscal impact.

Treasurer Smith reported that since our fundraiser (selling hot dogs) we have \$511 in our treasury.

Secretary Jones - no report

Committee Reports

Welcoming Committee reported we have 6 new residents since last meeting. There will be a write-up in our newsletter next month about them. They have been introduced to our board and are looking forward to joining our next meeting.

Dietary Committee is pleased to announce the Dietitian will be a guest speaker at our next meeting and we have made progress changing the hour of our breakfast

Sunshine Committee announced that Bill Butte is better and will be home from the hospital soon but we have Sally Sound who we need to send a card. She is recuperating at Happy Hospital.

Old Business

Building remodeling — Administrator Johnson reported that the suggestion for carpeting from the residents have been taken into consideration and that they are shopping for a few aquariums for the sitting room.

The idea generated from the last meeting regarding a suggestion box is being pursued by the maintenance dept. as to size and location.

New Business

Election

The election is coming up and we want to be informed. It was moved, seconded and passed that we invite our candidates to Happy Home on September 22 for dialogue. It was suggested we invite other homes to join us. Mary Martin agreed to work with the President on the logistics.

Guest Speaker

Terry Thompson was introduced as our guest speaker. Terry is the President of the local Alzheimer's organization. A copy of her speech is available at the front desk and will be published in our newsletter.

Other Concerns

Concerns included: the number of new aides and the apparent lack of training. DNS Debbie will attend our next meeting to discuss.

Adjournment

The meeting was adjourned at 2:30 p.m. for a nice social of ice tea and cookies.

Respectfully submitted,

Lorraine Larson, secretary

I. Name

The name of our resident council shall be _____.

II. Purpose

The purpose of our resident council is: *to provide a tool from which residents can communicate their needs and interests in the affairs of their home*

III. Membership

Every resident is a member of the _____ resident council. Each resident can vote. (Please note: some councils have representative council... members from each wing, building or floor who make up the council. This structure needs to be developed before the bylaws are written.

IV. Officers and their duties

Officers of the council shall be:

- President (Chair) — shall preside over all meetings
- Vice President (Vice Chair) — presides in the absence of the president
- Secretary — shall take minutes and write correspondence as directed by the council
- Treasurer — responsible for all financial business of the council

You Should Know

Many facilities have a difficult time recruiting residents for officer positions. Other suggestions include: co-chairs or co-presidents, sharing the leadership role each month. Developing a standard agenda with wording spelled out for each item will facilitate ease for the presiding officer. Eventually the leader will add their own personality and may not need the written outline.

Be creative with these responsibilities. Make the jobs fun.

V. Committees

The council shall have the following committees as needed:

Executive (officers and board members or committee chairs)

Purpose: to give direction and organization to the council

Welcoming

Purpose: to greet new members and orient them to the facility

Sunshine

Purpose: to prepare greeting cards for residents in the hospital, those who have birthdays etc.

Food

Purpose: to serve as a liaison between dietary services and the residents for suggestions and improvements

Grievance

Purpose: to serve as a sounding board for grievances; to follow up on complaints with administrator or ombudsman

VI. Elections

Elections (of officers/representatives) shall be held every _____
(date, month)

VII. Meetings

Meetings will be held every _____
(be specific, date, day, time, location).

If you have tiers, such as executive meetings or committees meetings, list date, day, time and location for those as well.

VIII. Amendments:

Amendments may be made to the bylaws at any regular or special meeting of the council by vote providing amendments are announced at least a month before vote

IX. Rules of Order:

Each meeting should be conducted according to written agenda. (Rules could follow Robert's Rules of Order or be determined by the group.)

Sample Press Release

Resident Councils of Washington

220 E. Canyon View Road
Belfair Washington 98528-9597
Telephone: (360) 275-8000
e-mail: rcwexec@aol.com

Ima B. Cellor
Marketing Director
111-555-1234

FOR IMMEDIATE RELEASE (Before July 1)

How To Write a Press Release

A press release is usually submitted on letterhead paper, if appropriate. The format consists of wide margins, double-spaced clear type. Do NOT use all caps. Start copy on the first page about half-way down. Be sure to show the phone number and name of the contact person in the upper right hand corner.

Show the release date and subject headline.

Keep it brief. Two pages are usually enough. Keep paragraphs short — two or three lines. Check closely for spelling and punctuation. Make writing clear, simple and neat.

Use newsworthy topics such as: promotions or staff changes, new activities, a new schedule, new location, events, new projects.

Credit the announcement to the head of your organization (*according to Director Mae E. West*). Do not credit the announcement to *an unidentified source*.

Accompanying photos usually help, if you have them. Most publications like headshot photos of individuals and close-in shots of group activities.

Send your press release to the correct address and contact person. Call ahead of time to learn this information, as well as their needs. Some news media prefer a fact sheet.

Be pleasant, clear, businesslike and brief. Close your release with contact information, if appropriate (To register, call 111-555-4321).

##

Past President/ Chair

Assists the President/Chair, as requested

President

Presides at all meetings

Acts as the official speaker and delegate

Conducts/facilitates good orderly meeting using
parliamentary procedures

Coordinates the council activities and strategic plan

Coordinates with committees

Serves as a liaison between management and the councils

Vice President

Fills in for the President when they are unable to fill their duties

(Many facilities may not have a vice president. If they do, the VP has a significant responsibility as chair of a committee, such as dietary or grievance.)

Secretary

Keeps written record or minutes of all meetings

Writes correspondence as needed

Treasurer

Keeps record of funds generated and dispersed separate from the
facility from other facility funds

Sample Committees

Grievance

This committee handles complaints through discussion before contacting administration; educates residents as to proper procedures for grievances

Sunshine

This committee keeps track of those in the hospital or ill; sends get-well, sympathy or other special cards; acts as a liaison between residents and family in illness and death issues

Welcoming/Hospitality

This committee provides an orientation to residents by residents; provides a big brother or sister, invite and accompanies new resident to events

Special Event or Activities

This committee works with the activity department in planning or suggesting ideas for future events or activities...themes, entertainment, food and evaluation

Other committees can be organized such as:

Legislative, Building, Nursing Care, Education, Spiritual...all is up to the unique interests of the residents

RESIDENT COUNCILS
OF WASHINGTON
220 E Canyon View Rd
Belfair, WA 98528-9597

Certificate of Recognition

Certificate of Recognition

(name of recipient)

for Resident Involvement & Services
(or whatever achievement desired)

This 9th day of November, 2000

Sharon McIntyre, Director



Residents' Rights

All U.S. citizens have rights guaranteed under the U.S. constitution and the Bill of Rights. Federal law specifically guarantees everyone a dignified existence, self-determination, communication with and access to persons and services inside and outside our home, and indeed this is the philosophy of the Resident Councils of Washington. Many in facilities where 50% or more of the residents have some degree of mental impairment and many are forgetful and sometimes confused as to their needs or wants. Residents who are completely unable to participate in their own care are dependent on their family or friends to help with decisions. Maybe you as a resident council need to invite the family member or friend to a resident council meeting to share a life review. As a council you can help be a watchdog for your friends.

Knowing your rights is important; discussing those rights at a resident council might help. For example the right to make choices — selecting what to wear, receiving a choice in main meals, choosing activities and deciding how to spend your time. The resident council can help others and the staff plan activities that are of interest to you, give input as to special meals. One home dietitian reported that she had not thought of serving baked potatoes until it came up at a resident council meeting.

The federal law requires facilities to provide residents with “reasonable accommodation of needs.” This means the activities should meet a variety of needs, and food should be prepared to meet individual tastes. However, the staff is not going to know what your needs and interests are unless you, your family member, or your advocate lets them know. The advocate might be the resident or family council.

How about the right to security for possessions? Each resident has the right to retain and use their personal possessions as space and health regulations permit. How can the resident council help? How about establishing a neighborhood watch for your friends. This has worked successfully in many facilities. You are helping protect your friends' rights and you are helping the facility provide a more secure environment.

While we have the right to raise concerns, no one likes to be a tattletale and many fear retaliation. Raising concerns is essential to good care. The resident council could be the tool to receiving better care. You, as a resident council, should identify problems before they escalate.

Resident councils should be the medium to produce dialogue and open communication between residents, family, staff and the community. Maybe a problem exists merely because of a lack of information. Invite your staff or family member to your meeting. Dialogue with them. Maybe you feel your space is being violated by another resident. Maybe the staff doesn't know that this behavior happens in the middle of the night. Share your concern; help others understand the nature of the problem; be an advocate for others.

Other detailed questions — refer to your local or state ombudsman.

You can make a difference.

NOTES

[illegible]

"Success is knowing how to get along with people."

Theodore Roosevelt

NOTES

[illegible]

Have I not for more than sixty years got enough to eat and escaped being eaten?"
