

Presidential Ponderings - October 2024

For the last forty years or so, retirement communities like Londonderry Village have struggled with issues related to “keeping our residents safe”. We have not been able to fully define “what is safety”, nor have we been able to settle on whether or not folks really want to be safe! Those of us with health care backgrounds often tend to come to this issue with a certain amount of paternalism...we want the best for our residents, we believe in the dictum of “doing no harm”, and we also seek absolute safety as a way to prevent costly lawsuits.

Forty years ago, it was not only legal to put a physical restraint on a nursing home resident...it was also the “gold standard” for care. Nursing homes tied folks to their wheelchairs to prevent them from trying to get up and walk (where they might fall and injure themselves). It was how we kept our residents “safe”. It wasn’t until the 1990’s that it became abundantly clear that restraints caused more harm than good.

For many years retirement communities screened their applicants for safety concerns. If an applicant had conditions which made it difficult to independently evacuate their living unit in a fire, in many cases their applications were denied. It has only been in the last 20 years or so that communities have come to realize that they were inadvertently discriminating against folks with disabilities. The more enlightened approach, today, is to allow folks to make their own decisions about safety risks.

We still have many safety-related issues to consider. Many of them are related to level of care transfers. When is a resident not safe in their home, and in need of a transfer to a higher level of care? What if they can’t manage their medications properly? What if they are too weak to prepare meals or clean their homes? What if they become hoarders? What if their cognition declines to the point where they forget to bathe on a regular basis, or they get lost while walking around the campus? What if they are unaware of their own incontinence? What if they frequently press their Emergency Response button because they need help walking to the bathroom?

Going forward, we need to re-evaluate our safety policies because all of the scenarios I just listed are happening here. We will seek to design policies that allow residents to assume reasonable risks, but which also provide clear guidelines for when care level transfers are absolutely needed so that residents get the care they both need and deserve.



*Thanks for Listening,
Jeff Shireman, President*