



## The Role of Resident Care Director

Melody Moore, RN, BSN

After more than a year as Director of Resident Care at Pine Run Lakeview in Doylestown, PA, I have learned that the “title” encompasses more tasks than I ever imagined.

### Interacting with Residents

A director of resident care must forge relationships with residents, but this doesn't happen overnight. My role as director is only as good as what I know about my residents: not just their names and diagnoses lists, but also their accomplishments, fears, humor styles, hobbies, and activities and daily routines that maintain quality in their lives. Toward this goal, I meet each day with 4 or 5 residents of our 107-bed assisted living (AL) facility in a predetermined “private visit.” These visits are quick, usually no more than 15 minutes. I visit, ask questions, inquire about health and social concerns, and listen to whatever subject is of interest to the resident. The residents are not always aware that my visit is intentional, but I really want to catch up on how they are feeling, how they view the care they receive, or how their activities are progressing. These private resident rounds often help solve small problems before they become large ones.

Annual assessments of each resident are required by the Pennsylvania Department of Public Welfare to capture the physical and mobility needs, medical conditions, and psychosocial aspects of each resident. These assessments are also required each time a resident's condition changes significantly. Social services, activities, resident care, housekeeping, and all caregivers are encouraged to offer input during these assessments. From this assessment, a support plan (also required by state regulations) is created that ensures individualized and quality care and identifies the staff who are responsible for meeting particular resident needs. Families and residents are invited to attend the support plan meetings to validate our assessments and review the plans. As residents age in place, the support plan is updated to reflect changes or additions that may be required to meet care management issues. These support plans, which I regularly update and make accessible, are excellent tools for enhancing communication between all segments of care staff.



At a daily “stand-up” resident care staff meeting at Pine Run Lakeview in Doylestown, PA are (left to right): Deneen Dry, LPN; Kate Gilbert, Admissions Coordinator; Melody Moore, Director of Resident Care; Joyce Wiley, Resident Care Assistant; Nicole Pitman, Resident Care Coordinator; Karen Ruff, LPN; and Jackie Jackson, Resident Care Assistant.

At Pine Run Lakeview we have three levels of care and a specialized, secured dementia unit with two levels of care. Working with resident assistants and licensed nursing staff, I review the physical, medical, and social requirements of our residents and use an assessment tool to calculate a level-of-care status. This tool attempts to critique the services provided and calibrate the amount of staff time needed to provide quality care. The decision to increase the level of care for a resident (thus incurring additional cost per day) is made with much forethought. The resident's status is monitored for at

least 3 weeks to ensure that a decline is not just an acute illness or a reversible change. Physical and occupational therapists are consulted in the hope that deteriorations in ambulation, hygiene, or other activities of daily living (ADLs) can be reversed. Once a decline is established, we notify families of the increased level of care.

### Interacting with Families

I devote a lot of time to families either on the phone or face to face. Most families are supportive and provide input that can have a major influence on individualizing care for the resident. Likewise, providing support, knowledge, and empathy toward the family often makes the difference in their acceptance of the facility as a new home for their aging loved ones. My role also allows me to be a liaison between resident, family members, and physicians to communicate questions and concerns. Small problems can be solved or misunderstandings resolved through this communication.

### Interacting with Staff

As resident care director, I lead the licensed nursing staff and the resident assistants staff, who continually amaze, humble, and inspire me. Our daily “stand-up” meeting occurs mid-morning with all resident care staff on duty, the administrator, the directors of admissions and social services, the activities director, and me. Staff provide reports, share information about residents, and discuss challenges or problems. By sharing ideas and brainstorming, they work as a team to find solutions that aren't always immediate but are often “in progress.” The

resident assistants are catalysts for change in how we care for our residents—challenging me to meet their expectations in promoting independence and dignity for each resident. As part of the “stand-up,” we pass the “chocolate bowl” to help us keep a “sweet” perspective on what we do each day for others.

### Access to Healthcare Professionals

The Lakeview administrative team meets weekly to discuss how we are meeting the needs of our residents and their families. These supportive meetings are directed at goal setting and compliance with state regulations.

Lakeview is fortunate to be owned by Doylestown Hospital, a relationship that greatly expands our resources and allows me to contact staff physicians about resident medication problems, medical concerns, psychiatric issues, or behavioral problems. In addition to the hospital’s medical staff, there are experts to provide geriatric psychiatry, hospice care, wound care, and social and spiritual care of elders. Several physicians from the Doylestown community schedule medical “rounds” with our residents, during which I report medical concerns, changes in conditions, laboratory data, and other pertinent information about the residents.

My administrator has been instrumental in forming networks of professionals involved in senior care servic-

es, and I belong to a local AL consortium group. Local administrators and resident care directors meet quarterly to discuss state regulations and the challenges of compliance. The consortium provides education within our communities on elder abuse, disaster preparedness, and political issues that concern our residents. Membership has allowed me to express ideas, seek solutions within diverse groups, and share frustrations on how to effectively work within the healthcare system. Our company also encourages participation in state and national organizations for AL professionals. Conferences offered by these organizations provide education, networking, and a platform for discussions with peers.

Just as the healthcare system in our country is evolving, so is the role of the resident care director in AL. This role has become increasingly challenging. Staying informed on both professional and political levels is urgent to ensure that the opinions of those of us who work directly with elders are heard. We must be able to change, grow, expand our roles, and use all available resources to provide optimum care. As a direct-care worker and future leader in the AL profession, I look forward to meeting the challenges we face. **ALC**

**Melody Moore, RN, BSN, is the Director of Resident Care, Pine Run Lakeview, Doylestown, PA.**

# Calendar of Events



Meeting Organizer Conference Name	Dates and Location	Contact Information
2007 Joint Conference of the American Society on Aging (ASA) and the National Council on Aging (NCOA)	March 3-10 Chicago, IL	<a href="http://www.agingconference.org/asav2/conf/jc/jc07/index.cfm">www.agingconference.org/asav2/conf/jc/jc07/index.cfm</a> 415-974-9675
Life Services Network 2007 Annual Convention & Exhibition	March 28-30 Chicago, IL	<a href="http://www.lsn.org/2007convention">www.lsn.org/2007convention</a> 630-325-6170
American Medical Directors Association (AMDA) 30th Annual Symposium	March 29-Apr 1 Hollywood, FL	<a href="http://www.amda.com/education/annsym2007/index.cfm">www.amda.com/education/annsym2007/index.cfm</a> 800-876-2635
National Association of Professional Geriatric Care Managers (GCM)	April 12-15 Boston, MA	<a href="http://www.caremanager.org/cde.cfm?event=129970">www.caremanager.org/cde.cfm?event=129970</a> 520-881-8008
American Geriatrics Society (AGS) 2007 Annual Scientific Meeting	May 2-6 Seattle, WA	<a href="http://www.americangeriatrics.org/news/meeting/index.shtml">www.americangeriatrics.org/news/meeting/index.shtml</a>
The Assisted Living Federation of America (ALFA) 2007 Conference & Expo	May 15-17 Dallas, TX	<a href="http://www.alfaconferenceandexpo.com/index.shtml">www.alfaconferenceandexpo.com/index.shtml</a>
American Society of Consultant Pharmacists (ASCP) Geriatrics '07	May 21-23 Hollywood, FL	<a href="http://www.ascp.com/education/meetings/2007/midyear/">www.ascp.com/education/meetings/2007/midyear/</a>
National Association Directors of Nursing Administration/Long Term Care (NADONA/LTC)	June 23-27 Las Vegas, NV	<a href="http://www.nadona.org">www.nadona.org</a> 800-222-0539