

# The Journey to Now, and Our Mission

March 16, 2020




*Retired biology professor and nature center founder, Jack Wills, and artist/entrepreneur, Wren Owens, moved from rural NY to a peaceful lake community in PA mid-December of 2018 excited to begin a more simple, relaxing life during Jack's "twilight years." At 75 in 2018, his knees were not what they used to be and working a 501-c-3 wildlife sanctuary as well as an alpaca farm with Wren had become too physically difficult, and good, reliable help for the farm was hard to find. Jack's remaining as active as possible was important to both of them. Wren bought a home in PA and invited Jack to join her.*

Unfortunately, Christmas day Jack twisted his knee and landed in the local hospital with "a hairline fracture of the left tibia." During the nine months of all efforts to get out of "the system," the pair continued to employ the use of *The Close-Knit Carebook*™ Wren created back in 2014 to help with the on-again-off-again caregiving needs Jack had.

They talked a lot together and Wren took copious notes of what they both experienced and witnessed in every hospital, L-TACH (Long-Term Acute Care Hospital) and skilled nursing facility they entered. Awe-struck by what they experienced together they vowed to share what they learned with anyone interested in knowing about it, so people could work together and things could be improved for both care receivers, and caregivers.

When it became evident that Jack just might not make it home with her that last summer, Wren made a solemn promise to do all possible to make sure some serious reform is put in place in the United States and everywhere else, *as soon as possible*.

This next piece of information is not easy to share, and it won't be easy for most to read and take in, but here goes...



Right now, wherever you are, whatever day, night, hour, minute or second it is, someone is suffering immeasurable pain and anguish quietly (and some not so quietly). Most are alone.

Try as the nurses and aids may, given the frequent under-staffing and unsustainable schedules they have to work with, most cannot fully, consistently meet the needs of their patients adequately. Many of these patients are completely unable to speak or convey the pain they endure, or the complex needs they have. They are inevitably left sitting in their own excrement and denied human dignity. They are sometimes left sitting alone, as an example, in a chair in the dining room for hours until someone comes to get them, talk to them and take them somewhere else - like their room.


Many of the infirmed, if not all, are lonely, scared, becoming depressed and despondent. They lose hope. They are developing painful, life-threatening bed sores and biding time, waiting for what they are sure is the inevitable, and many have no certainty of what's "next" for them. Will they die alone? Where will they "go?" Who will be with them? Is there more? Their minds grow more expansive and ethereal, while their bodies diminish.

Fellow human beings: People are dying needlessly, and sooner than they would if they were actually receiving the humane and responsible care and comforting everyone should receive from their fellow humans in a hospital or nursing facility. Our institutions are, largely, under-staffed and their aids (nursing assistants, particularly) are under paid; so, the employee turnover is great due to burnout and better paying job opportunities they need to go after and take. This leads to the horrible situations going on RIGHT NOW in a local hospital or nursing facility near you.

***There is a way to change all this.***

*Close-Knit for Life!*<sup>™</sup> is dedicated to taking these issues to Washington and wherever else necessary to help law makers and all our leaders thoroughly understand the reality of what we are faced with.

*It's not just the number of available beds in a hospital or nursing facility that we need to look at and improve. It's the number of nurses and aids, and the amount of living wages each life-saving certified nurse's aid and advocating/caregiving family member or friend receives.*




CNAs receive between \$7 to \$12 per hour on average, which is as much as or below what the cook in a fast-food establishment makes. Some employees are paid that same amount or as much as \$15 per hour to flip burgers or take orders at the counter.

“Lay people” such as family members or friends rarely receive any compensation at all...usually zero, for the most part. For those that do receive anything from Medicaid or a local hospital (which does happen on occasion in rare situations), said pay fairs about as well as other minimum wage earners maybe, or less.

You see, caregivers who love their “patients” and are the most devoted and attentive, care the most about the person needing assistance, and spend the most time with the people they know so well are, it seems, expected to throw their lives into that alone and sacrifice their own autonomy, freedoms, personal income and financial opportunities to make a decent living and pay their own way in the world. They, like anyone else, want to be able to grow and strengthen themselves, be treated with respect (not pity) and develop some credit or buy a house of their own. Because they are pulled out of “the work force” when they opt to step up and pitch in to take care of their loved one (even though they are working every bit as hard as most everyone else around them), they can’t advance their lives or make a decent wage. They aren’t receiving any sort of tangible, monetary or value-based appreciation for their devotion with some balance. They won’t be able to, either, unless they make the opposite decision and abandon the person they love to “the system,” or to aids from a professional agency or nursing home... a person that doesn’t know their loved one, isn’t being paid fairly for the job to begin with and will be gone in no time only to be replaced by, yet, another person with the same issues, which will send that person off to another income source in short order, too.

People who step up to be caregivers and advocates for friends or family members have hearts that couldn’t bear the thought of leaving their loved one to experience anything like that. They can’t imagine fully, but have a suspicion of, the guilt they would feel for “walking away.” So, they stay... often for years – not just days or weeks... and many, many “wither on the vine.” As does the U.S. economy because of this. Imagine what it could be without this handicap.

These two primary issues I’ve just highlighted here are at the core of the problems we face today. **Under-staffing and low pay to caregivers.**



Worse, this is causing a loss of hundreds of billions of dollars to our economy in lost wages and lost financial independence for all those heart-centered, caring women and men who work so tirelessly to try to help the people sitting before them needing care in an absolutely unsustainable “solitary caregiver” model. Ironically, all while the “system” is simultaneously creating over 650 billion dollars a year in "*administrative waste*."


Let's ask the big question: **Why not send those "waste funds" to the vitally important, hard-working caregivers for our sick, wounded, vulnerable and elderly?**

Our healthcare system is being abused by, at the very least, a wee bit of insurance fraud via monetarily insatiable "administrations" that bill insurance companies for care and services for insured patients and then don't provide adequate aids and caregiving attention to those very same patients, even breaking mandates that give them very clear rules, laws, “guidelines” or all of the above.

Administrative personnel will say there is not a way to fix or stop this. They've claimed it's just not possible for any aid or nurse to see each of their assigned patients *according to a particular state's mandate of “within every two-hour maximum period of time” - but that is not the truth.*

Hospitals and nursing facilities, for the most part, need to apply some multiplication and division along with the addition of more aids. They won't have any problem doing so when they finally decide to do that logical math and attract a higher caliber candidate for a better paying career with an entry level \$20 take home rate of pay to start. They will, then, discover that not only are their employees happier and doing a better and more efficient, conscientious job every day, their patients are actually getting better, faster, and leaving to go back to their homes sooner. This, then, makes room for new patients with new insurance to keep them busy and developing an honorable, stellar reputation.

Let's not even get into how these same problems deleteriously affect the respiratory therapists and other specializing health industry employees. Re-read the above and apply the same. They will speak about it in the shadows but not in the open because if they do, they say they fear they will lose their jobs. Even a number of hospital doctors have been bullied and coerced down to near slave servitude to these mega-corporate medical institutions and conglomerates. It is disgraceful and killing our people – quite literally.



The owners, shareholders and administrators of the hospitals and nursing facilities don't want to hire more nurses and aids or pay higher wages to caregiving staff because it will cost them PROFITS. Walking away from the well-worn routine would take money directly out of some peoples' pockets.

**Another painful thing to have discovered is this:**


Since their present staffs cannot meet all the needs of all of the patients they take into their facilities, and they don't want to dedicate more funding toward better and more physicians, specialists, therapists, nurses and aids and paying them a wage commiserate with being *life-savers*, they employ another quiet, subtle and pretty much overlooked or even hidden tactic for keeping the coffer numbers up while keeping at least the appearance of all being "status quo."

They either experience any number of deaths which, of course, naturally free up bed space for new patients with fresh insurance for their facility, or they discharge patients before they are really stable enough to leave. It wouldn't help their present modus operandi to forgo some of the very comfortable income they've become so accustomed to in order to move more money over to the salaries and wages department for the caregivers instead, or to increase the number of caregivers to patients for optimum care that actually heals people instead of hastening their deaths.

These choices that the administrators and even some nurses and doctors make...well, let's call it what it is directly – these *manipulations*, might or definitely will end the patient's life, or land him or her right back in an E.R. or ICU in a hospital within hours, days or weeks of discharge from any level of rehab or nursing facility, but at least that gets them out of their bed so they can admit and log into their books a *new patient with more money, assets or via a nice insurance policy*. This starts the whole insurance process over again.

*Then, the next time that same patient is discharged out of an ICU or major hospital to which they had to be sent by ambulance or other emergency transportation service due to the severe and inevitable set-back they experienced by being released too soon, neglected all along, or too sick to begin with, they are sent back down to an L-TACH or skilled nursing facility.* The cycle continues, round and round and round again.

You see, many people have insurance plan "certificates" that set their health care coverage to the full or highest rate of pay allowable for each of all the



various services provided which are covered by the plan and that these facilities can bill the insurance companies for.

All of the above may be a bit confusing, so let me explain another simple but HUGE piece of information that was discovered during a conversation with a major insurance payor during the summer of 2019. This is what illuminated everything. It may even be a eureka moment for you.


It's not the insurance companies that are pushing patients out of beds too soon. It's the care facilities themselves. Can you see why now? No one is saying every one or every place does this all the time, but it is happening a lot, and most everywhere.

Jack Wills experienced much of this described circle of insanity, via seven hospitals, three skilled nursing facilities, nine ambulance rides and three helicopter life-flights over a nine-month period of time - all from an original injury of a "hairline fracture of the left tibia."

This was a man who, yes, had chronic health issues over much of his senior life, but he was always active and a former athlete/runner with a "heart the size of a Clydesdale." At seventy-five he remained mobile, coherent and lucid, able to walk with a cane, dress and groom himself, cook and feed himself, pay his bills, drive, shop, put all his medications together and remembered to take them all when he was supposed to. He may have been physically slowing down but he was functioning – until that "twist" of fate. Had he received the most base-level, responsible and respectful caregiving by the majority of all those institutions he went through instead of by the minority, he'd have healed up enough to get to go home and live out his last days or years with his best friend and dogs, enjoying his new lake community and visiting with others he cared about and loved. His passing September 1st, 2019 didn't have to happen when it did. But it did – because of all the sort of experiences shared with you here in this document.

Isn't this interesting to learn? It was quite an eye-opener when first unraveled.

The insurance companies invest heavily into researching all the hospitals and nursing facilities across the nation. These are the healthcare providers that send them bills for services rendered to insured patients. This is so the insurance companies can garner how much time it takes for this or that illness or disease, etc., on average, to heal up or heal at least enough to be declared a success and indicate advancement of the patient to home or a mid-way facility which is




usually a step down from the high-end and most expensive hospitals and L-TACHs. They don't want to be paying out funds at the highest bracket any longer than absolutely necessary. Who can blame them? If they didn't investigate all this and set limits and cite averages with current data and comparison studies for justification of payouts, can you imagine how much worse some of these healthcare facilities would be performing with this scheme? *Who is overseeing them?* Follow the money.

If a healthcare provider still has a patient (like Jack) past a certain number of days or weeks, with the same problems or worse - and the patient is still having to receive the same level of treatments and care, *and* the insurance company is still being billed for full rate for full services while the man isn't getting seen or even touched much and certainly not any better, *the healthcare provider – depending on the type of insurance the patient has and what it dictates - must negotiate a significantly lower rate for everything with the insurance company: for the bed, the room, services, therapies, care, all equipment and procedures, everything.* None of this would be occurring if proper, responsible and humane care were being administered to begin with. Some places are doing so, but many others are *not*.

Let's continue and dig just a wee bit deeper: If the hospital or nursing facility administration "times" everything just right while keeping the details of the patient's insurance certificate terms top of mind, or even on a simple notepad, such as certain possible procedures, therapies, medications, treatments and calendar dates - and gets that person *out* of their facility prior to that up and coming mandatory pay rate reduction negotiation date (we could call it their "D-Day" for "Discharge-Day" or "other word that starts with a 'D' day"), they can put a fresh, newly-admitted patient into that same room - and for all their services at the full rates, resetting the clock, so to speak, because it's then with a *new patient*, and maximizing income for "the same room" at that facility. Otherwise, they'd start "losing money" from that "D-Day" forward. Never mind that they're losing money because they are not interested in putting more money into their services and employees so that more patients can actually get well altogether, or well enough to go home for the tens or hundreds of thousands of dollars per patient they are receiving through their doors.

Now you have it...The sad, disappointing truth Jack and Wren discovered on what turned out to be, literally, the last leg of their journey on earth together:



**Human beings have been turned into cash cows by the corporate healthcare system and institutions of healing that used to be centered on and focused on PEOPLE, saving lives and improving the quality of life for every human being they encounter under whatever circumstances. Right now, money takes first priority over humanity in too many places... Except to the patients who ultimately are the fodder for the grinder; and the caregivers who wind up being, effectively, the “forgotten slaves.”**


The “powers that be” behind these machinations will continue this until we, the people, via strong leadership and our Constitutionally empowered government, make it illegal for them to continue doing so.

They will keep this operation rolling on as it has for years until the federal and state governments put a permanent end to it with laws that dictate a definitive, humane, ideal and respectable number of nurses and aids to provide thorough attentive, generous and responsible care for the number of patients in hospital and nursing facility beds on any given day. Say, two aids for every three or four patients would be helpful. This would allow for those two aids to go all the way into a room together to see a patient and attend to all their needs, including simple social interaction and light conversation with the patient once every hour for fifteen minutes at a time. No more walks down the hall to *just look in through the door to see if they can tell if a patient is alive or dead*, needs anything or is just sleeping, etc. This really goes on, folks. It really does – EVERY DAY, ALL THE TIME, ALL ACROSS OUR NATION IN EVERY STATE AND CITY, COUNTY AND TOWN.

The cruelty will continue – for both caregivers *and* patients – until caregivers can attend to (not just take a peek at) the patients they are assigned to for at least 15 minutes every one to one and a half hours or more frequently during their shift (every single one of their assigned patients, which shouldn’t be more than four *at most*).

The suffering will continue until every medical facility employee providing any personal care to any patient, such as an aid, is receiving no less than \$20 per hour take home pay and until every nurse is receiving no less than \$50 per hour with a similar pay increase scale for all others charged with putting their hands-on people and caring for their vital needs and so much more. It makes no sense at all that the people who are charged with saving lives and handling the most intimate and personal of human needs and functions are poorly paid and shamelessly treated with passive-disrespect.





Here's what is on the horizon for us all now. Every bit of this will change. All of it can improve if we focus on it, work together, share our experiences, put them in writing, demand the reform, get the laws changed and, better yet, get them codified.


In the meantime, we each can do our part in doing all we can to keep our loved ones out of hospitals and nursing facilities in whatever ways we can for as long and as much as we can.

### *The Close-Knit Carebook™ helps.*

*Close-Knit for Life!*™ has a plan and tools for helping people: (a) form their own *home caregiving teams*, (b) stay out of "overwhelm," (c) have and keep at hand all the information their practitioners and physicians need and want to see or have access to; and (d) organize details to support and maintain their loved ones' life of dignity and independence at home.

PLEASE ACCEPT YOUR PLACE IN THIS COMMUNITY if you haven't already signed on when you arrived to this website. This way, you can receive the upcoming *Close-Knit for Life!*™ newsletter, helpful tips and tools, polls and surveys to participate in. We're even launching a podcast and online radio show soon, so "stay tuned" for *Close-Knit America!*

Next, HELP YOURSELF and YOUR LOVED ONES FIND CALM AMIDST THE CHAOS with managing yours and your family's good health at home.



**DOWNLOAD** and immediately begin using *The Close-Knit Carebook™* system - Your Personal Home Healthcare Assistant.

You will find the digital downloads on the “Close-Knit Closet” page on this website. Given what our country and the world is presently experiencing with the Coronavirus (Covid-19) pandemic, you may receive all 53 files in nine different color-coded groups and consisting of over a hundred pages of unique, user-friendly forms and checklists as a gift today at no charge through April 1st, 2020. Make contact if you can’t locate any of the following color-groupings of files for some reason: You should find Blue, Crimson, Bronze, Green, Violet, Burnt Sienna, Teal, Olive, and Slate.

This is a *Close-Knit for Life!*™ contribution toward helping us all with the initiatives so important to the short and long-term health and happiness of our people.

In closing, fellow human beings and lovers of life, God and America, always remember to

*Love Living... Get Close-Knit!*

Wren Owens

Founder/CEO

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