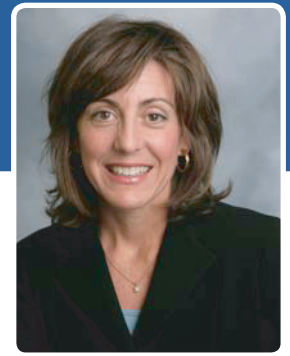




# Risk Manager's Notebook

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## TRACKING TRENDS IN LONG TERM CARE

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Long-term care is changing dramatically to meet the demands and needs of people who are living longer, healthier lives. Life expectancy at birth today in the U.S. is 78, up from 47 in 1900 and 68 in 1950. Today's 65 year old seniors are projected to live on average to 84.

Some observers say 70 is the new 50, so Independent Living and Continuing Care Retirement Communities are offering a wider array of ways for residents to continue active lifestyles. At the far end of the spectrum, more people are living into their nineties with crippling diseases, dementia, and a variety of conditions that require specialized care. This is driving changes in Assisted Living (ALF) and Skilled Nursing (SNF) facilities that providers must make in order to stay competitive. How are leaders in the caring professions responding to the explosive growth in the elderly population that's just beginning as the Baby Boomers become Senior Citizens? Let's focus on facilities, services, standards, and education.

### Facilities

The emphasis today is on inviting, homelike surroundings versus the clinical atmosphere of so many facilities. For example, Assisted Living and Skilled Nursing units are being designed with bookcase dividers in double rooms for privacy and to create individual environments that reflect the interests and personalities of residents. Flat screen TVs are increasingly common in residents' rooms. Many ALFs have computer stations, libraries, and community rooms where residents can socialize. The objective of facility design and remodeling today is to give residents privacy, dignity, and the opportunity to engage in stimulating activities – in other words, to de-institutionalize long-term care. Home Care is emerging as an alternative to Assisted Living facilities.

Most seniors desire to stay in their homes as long as possible. Ability to do so depends on the cognitive and socio-demographic status of the individual. For those who can manage the basic activities of daily living, Home Care is the least expensive option. There are no facility costs and in most cases, overnight services are not required. Visiting nurses can change dressings, administer IVs, and provide other routine care in from one to four hours a day.

Hospice services also are provided in some cases for patients at home. Facility operators can tap into the Home Care market by adding these services. The proliferation of outpatient facilities including walk-in clinics also is allowing many elderly people to stay in their own homes instead of moving into retirement homes. This is affecting the market for ALFs. Extraordinary growth in the senior population over the next few years will keep the demand strong for all types of long-term care facilities. However, demand will be limited by the trend of seniors to stay at home and the growing availability of Home Care services. This means that facility operators who create more inviting, homelike environments will be the winners, and operators who cling to the institutional model will be the losers.

### Services

The trend in services today is toward a more resident-directed approach to long-term care. Residents are being invited to participate in developing their Plan of Care. This depends, of course, on the acuity level of the individual resident, but care givers are finding that consulting residents on their care plan gives them greater confidence in care-givers and facilities. At the same time, it ties in with the new design of homelike facilities and the de-institutionalizing of long-term care generally.

Care givers at all levels are getting involved with individual residents on a personal basis. Certified Nursing Assistants (CNA) and Personal Care Attendants (PCA) are being encouraged to respond directly to the concerns of patients



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instead of always applying uniform mandates from the Administrator or Director of Nursing to every situation. Facilities are finding that giving CNAs more responsibility builds morale, improves the individual resident's attitude toward the facility, and reduces costly staff turnover.

Another important trend is that Nurse Practitioners are replacing primary physicians in monitoring and caring for residents in ALFs and SNFs. Nurse Practitioners are well trained to take on these responsibilities. Using them to supervise primary care will help alleviate the shortage of physicians who practice in this sector and save the cost of sending patients to hospitals for conditions that can be treated in the facilities. NPs also will become more involved in counseling patients and families as they assume responsibility for primary care. We expect to see an increasing number of Nurses who train to become Gerontological Nurse Practitioners. Another significant trend is the use of Interdisciplinary Teams (IDT) in elder care. Teams can be relatively small, consisting of the MD, the NP, and the RN. However, in some cases the team includes the pharmacist, social worker, physical therapist, and registered dietician. The team approach is a way for facilities to manage and improve the quality of care especially in nursing homes.

In my early days as a nurse, I was sometimes overwhelmed by the responsibility of managing a patient's care alone. When a single person is in charge, there are too many opportunities for error. Applying the Interdisciplinary approach to nursing homes has been a major step forward.

### **Standards**

We expect the growing involvement of government in health-care at all levels will lead to greater regulation of facilities and more rigorous standards of care to prevent abuses or neglect in long-term care facilities. The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare and Medicaid, along with State and local health departments, will tighten oversight of the long-term care profession including operation of nursing homes and assisted living facilities. Quality of care measurement and monitoring of SNFs and ALFs will increase through the Health Care Facilities Administration. The HCFA Online Survey Certification and Reporting system of OSCAR surveys will closely track provider performance and increase deficiency reporting. OSCAR deficiency data is retained and tracked historically. Greater regulatory oversight will put pressure on facilities to

improve the quality of care for long-stay nursing home residents, sub-acute care residents in nursing homes and assisted living facilities, and assisted living and personal care residents. Along with higher standards of care, seniors will have much greater access to information. The Internet – through websites such as [www.nursinghomecompare.com](http://www.nursinghomecompare.com) – enables Seniors to evaluate the various facilities in their communities and make decisions. The extraordinary availability of information through the Internet will stimulate, inspire, and motivate facilities to be more competitive in meeting the higher standards of care expected over the next few years.

### **Education**

The importance of education for healthcare professionals at all levels cannot be overstated. Demand for healthcare will



*"There's no doubt nurses who reach out to patients with caring hands and warm hearts help patients get better."*

escalate over the next few years, but the supply of physicians won't keep up. The Association of American Medical Colleges predicts a shortage of 150,000 medical doctors in the next 15 years. The looming shortage of physicians underscores the need for more Nurse Practitioners. Unfortunately, there are long waiting lists at many nursing schools. Given the extension of medical services under the healthcare reform law to millions of Americans not previously covered, a major national priority will be to create more schools of nursing and continuing education programs. Programs that enable nurses to become Nurse Practitioners or to be certified in specialist categories will be especially important to the long-term care profession. The Nurse Practitioner can take the place of the physician in many long-term care situations, so it's critical to provide existing and aspiring nurses educational opportunities to advance their professional qualifications.

In my visits to long-term care facilities of all kinds across the country, I am inspired by the dedicated professionals who serve the aging. We need constantly to improve the educational opportunities for them to advance along with constantly improving facilities, services, and standards of care. Please share your ideas. You can reach me by email at [sbugg@uni-ter.com](mailto:sbugg@uni-ter.com)

