

*Why aren't they called Doctor's Homes?
or
The Role of the Physician in the Nursing
Home*

Mary Ann Forcica MD
Kathleen Walsh, DO
Division of Geriatric Medicine
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Format of visit

- Opening seminar – quick review of NH facts (30 min)
- “Hands on” experience(60 min)
 - Separate into teams: 2 students/team
 - Preceptor assigns each team a patient
 - Medication review from chart
 - Conversation with resident about medications
 - Plenary session debrief about medication issues (30 min)

History of Nursing Homes

- Sporadic mention of homes for the aged from 1100 – mid 1800s
 - Often housed either with the poor or the insane
- 1850s (and after the Civil War)
 - Hospitals for the Chronically Ill
 - Religious Groups, often for widows
 - Ralston House 1877
- Social Security Act led to increase
- Little regulation until Medicare 1963, and major revision in 1987
 - Inspections
 - Open access reports
- American Medical Directors Association- 1978
 - Training, certificates, journal

Nursing Homes

Demographics of Facilities

- Corporate structure
 - 65% for-profit(proprietary)
 - 25% non profit
 - 10% government
 - 56% part of a chain
- Size
 - Average 107 beds
 - 8% have >200 beds
- Stay – average approx 2 yrs
 - Short stay(<90 days) 25%
 - 1 year – 50%
 - 20 will stay > 5 years

Payor Mix

- Medicaid 48%
- Private pay 38%
 - Out of pocket 31%
 - Private insurance 5%
 - 2% other private funds
- Medicare 12 %
 - Each episode of illness –21 days fully covered, increasing co-pays up to 90 days of care
- Other 2%

Nursing Homes

Demographics of Residents

- Age: approx half >85 yrs of age
- Social: women – 72%, widowed 60%
- Underrepresentation of minorities
- Functional impairments:
 - 75% require help with more than 2 ADLs
 - 50% have bladder or bowel incontinence
 - Dementia most common diagnosis- 50-70%
- Frequency of readmission within 30 days increasing (27% in a 1988 study)
- Annual death rates increasing (21% in 1985)

Nursing Homes Administrative Structure

- **NH Administrator**
 - Background in nursing, social work, business
 - Licensure in PA
- **Director of Nursing**
 - Head nurses on each unit
- **Director of Admissions**
 - Often dual role for facility social worker
- **Medical Director**
 - Often practices in the facility as well

Admissions

- Rehabilitation patients
 - Skilled services
 - PT/OT/Speech
 - Nursing
 - Wound care
 - Medicare prime payer
- Long stay (custodial) care
 - Private pay/Medicaid payers

Members of Health Care Team

- Nurses, physicians, social workers, therapists (PT, OT, Speech), dietitians, pharmacists, chaplains
- Plan of care – central planning document
 - Derived from a nationally standardized, periodic assessment of patient- Minimum Data Set (MDS)
 - Needs of patient also drive reimbursement

Technology available in the NH

- **Nursing assessments**
- Therapy assessments
- Wound care team/consultants
- Hospice consultants
- Psychiatry consultation
- Venipuncture with lab services(might not be every day)
- Specimen for culture
- X rays, ultrasounds(including bladder u/s)
- Medication delivery (but may be once/day)
- Variable: Intravenous fluids/medications, TPN

Physician requirements

- See newly admitted patients within 72 hrs
- Subsequent visits every 30 days for 3 months, then every 60 days
- Review medications 'periodically'
- Provide acute care
 - Additional visits
 - NP/PA surrogate
 - ER

Role of physician

- Comprehensive admission assessment
 - History, physical exam, review of records
- In cooperation with team, patient, family, development of plan of care
- Periodic monitoring of chronic problems
- Prompt assessment of acute medical problems
- Communication with patient, team, family
- Periodic review of medications
- Documentation of care in accordance with state and federal guidelines and recommendations

Staffing patterns

- RN 1:50; required present 8hrs/day
 - (acute hospitals 1:5-8)
- CNA 1:8-10
- Increasing problems with staff turnover
 - Temporary (agency) staff 30-50% of shifts

Searching for Quality

- Best parameter is staffing levels
- Access through Nursing Home Compare
 - Medicare website
 - www.medicare.gov/NHcompare
 - Data on size, latest deficiencies not all that useful, and staffing patterns with regional and national norms

Nursing Homes and/or Skilled Nursing Facilities
for residents needing short or long stay

Nursing Staff Hours Per Resident Per Day,
is the average daily hours worked by the nurses or nursing assistants divided by total
number of residents. The amount of care given to each resident varies.

	58TH STREET PRESBYTERIAN HOME	State Average in Pennsylvania	National Average
Number of Residents	58	128.5	95.2
Licensed Nursing Staff:			
Registered Nurses Hours	1 hour 37 minutes	36 minutes	30 minutes
Licensed Practical Nurses/L icensed Vocation al Nurses Hours	+ 36 minutes	+ 48 minutes	+ 48 minutes
Total Number of Licensed Nursing Staff Hours	= 2 hours 13 minutes	= 1 hour 24 minutes	= 1 hour 18 minutes
Certified Nursing Assistants Hours	3 hours 20 minutes	2 hours 12 minutes	2 hours 18 minutes

NH Compare

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	PENN CENTER FOR REHABILITATION	State Average in Pennsylvania	National Average
Number of Residents	114	128.5	95.2
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Ethical Issues in NH Care

- Utility of feeding tubes
- End of life care
 - Transfer directives
 - Advance Directives
- Family conflict
- Role of preventive care

Transitions of care problems

- Illegible transfer notes
- Lack of documentation of Advance Directives
- Inaccurate next of kin information
- Failure to disclose behavioral issues
- Unrealistic treatment orders

What to Observe in a NH

- Cleanliness
- Odors
- What staff are doing
- What patients are doing
- Medication carts
- Lighting
- Restraints

Common Medication Issues

- Polypharmacy
- Overuse of psychoactive drugs
- Contraindications
- Other?