OBJECTIVES
Know and understand:
• The characteristics of the nursing-home population
• Risk factors for admission to a nursing home
• The requirements of the Omnibus Budget Reconciliation Act of 1987
• The physician’s clinical, ethical, and legal responsibilities to nursing-home residents

TOPICS COVERED
• The Nursing-Home Population
• Nursing-Home Availability and Financing
• Staffing Patterns
• Factors Associated with Placement
• The Interface of Acute and Long-term Care
• Quality Issues
• Medical Care Issues
• Physician Practice in the Nursing Home
• The Role of the Medical Director

THE NURSING-HOME POPULATION
(1 of 2)

| Impairment in decision-making | 81% |
| Need assistance with 3+ ADLs   | 75% |
| Need assistance with 1–2 ADLs  | 22% |
| Dementia                      | 50%–70% |
| Orientation and/or memory problems | 66% |

THE NURSING-HOME POPULATION
(2 of 2)

| Communication problems | 60% |
| Bowel or bladder incontinence | 40–60% |
| Visual impairment        | 39% |
| Hearing impairment       | 36% |
| Behavioral problems      | 33%+ |
| Depression               | 20–25% |

DEMOGRAPHICS (1 of 2)

Almost half are ≥85 years
The majority are women, widowed, with limited social supports
**DEMOGRAPHICS (2 of 2)**

- Black Americans 65–74 years of age are more likely than white Americans to be admitted to a nursing home.
- Hispanic Americans, Asian Americans, and Native Americans are under-represented despite higher disability rates.

The percentage of black residents approaches the percentage in the general population.

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**NURSING-HOME BEDS AVAILABLE**

- 15,850 homes
- 1.7 million beds
- 2.5 million discharges
- 1.3 million residents
- Beds per home:
  - Average 107
  - 6% have 200+

About half of all nursing homes (56%) are part of a chain.

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**POSTACUTE CARE IN NURSING HOMES**

- Response to declining length of hospital stays and higher care needs of older adults.
- Integrates features of acute medical care, long-term-care nursing, and rehabilitation.
- Availability of services varies by locale:
  - Dialysis
  - Post-operative care
  - Orthopedic care
  - Rehabilitative care
  - Ventilators
  - Wound care

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**LENGTH OF NURSING-HOME STAY**

- <30 days: 10%
- 30-90 days: 9.5%
- >90 days: 80%
- >3 years: 10%

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**FUNDING OF NURSING-HOME CARE**

- Now $122 billion
- Public spending = 63%; private = 37%

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**MEDICARE PAYMENTS FOR NURSING-HOME CARE**

- Predicated on patient’s functional needs and rehabilitative potential to help recovery from acute illness or injury.
- Gains in function must be carefully documented to ensure reimbursement for rehabilitative services.
- Requires 3-day qualifying hospital stay.
- Pays in full first 20 days in skilled nursing facility.
- Days 21–100 require co-payment.
STAFFING ISSUES — NURSES
• Higher quality of care correlates with:
  ➢ Total nursing hours
  ➢ Ratio of RNs to other nursing staff
• Turnover rates are >50% per year for RNs and LPNs
• High turnover rates are associated with increased rates of hospitalization for nursing-home residents

STAFFING ISSUES — PHYSICIANS
• The typical nursing-home physician:
  ➢ Primary care internist or family practitioner
  ➢ Devotes ≤ 2 hours/week to nursing-home care
• The perception:
  ➢ Excessive regulations and paperwork
  ➢ Limited reimbursement
  ➢ Undesirability of long-term-care environment
• The reality:
  Challenging and fulfilling work requiring excellent clinical skills and sensitivity to a variety of ethical, legal, and interdisciplinary issues

STAFFING ISSUES — “CULTURE”
• Closed-staff model may improve care by facilitating interdisciplinary communication and treatment
• Some evidence suggests lower hospitalization rates in nursing homes that employ a limited number of committed doctors
• In one study, quality of drug use in nursing homes correlated with enhanced nurse-doctor communication and regular interdisciplinary team discussions

FACTORS ASSOCIATED WITH NURSING-HOME PLACEMENT
• Increasing age
• Low income and low social activity
• Poor family supports (especially lack of spouse and children)
• Accepting attitude toward nursing homes
• Cognitive and functional impairment

INTERFACE OF ACUTE AND LONG-TERM CARE (1 of 2)
• Most nursing-home residents are admitted from an acute-care hospital
• Nursing-home residents have high rates of hospitalization, most commonly due to infection
• NPs and PAs working in concert with a primary care physician as a team:
  ➢ Can often provide more intense care than in hospitals
  ➢ Often reduce hospitalization rates while maintaining cost neutrality

INTERFACE OF ACUTE AND LONG-TERM CARE (2 of 2)
Suboptimal information transfer is common:
  ➢ Missing or illegible transfer summaries
  ➢ Omission of prescribed medications
  ➢ Advance directives not documented
  ➢ Psychosocial issues and behavior problems not reported
THE OMNIBUS BUDGET RECONCILIATION ACT (OBRA)
• Passed in 1987 to set training guidelines and minimum staffing requirements for nursing homes
• Bolstered residents’ rights:
  ➢ Limited use of restraints
  ➢ Limited use of psychoactive medications
• Initiated the Minimum Data Set (MDS)
• Requires documentation of the need for all medications, particularly psychoactive agents

MEDICATION REGULATION (1 of 2)
• OBRA requires monthly evaluation of medications by a pharmacist
• Medications must be reviewed at regular intervals and include no unnecessary drugs
• Unnecessary drugs are defined as those given:
  ➢ In excessive doses
  ➢ For excessive periods of time
  ➢ Without adequate monitoring
  ➢ Without adequate indications for use
  ➢ In the presence of adverse consequences indicating the need for dose reduction or discontinuation

MEDICATION REGULATION (2 of 2)
• OBRA requires that clinical documentation demonstrate the indication for all medications, especially psychoactive drugs
• For psychoactive medications, gradual dose reductions are mandated unless a clinical contraindication exists and is documented in the medical record

THE MINIMUM DATA SET (MDS)
• Periodic comprehensive clinical assessment of all residents
• Used to compile nursing facility quality measures such as pain, pressure ulcers, weight loss, depression, rates of vaccination and restraint use
• Identification of current or potential problem triggers review of diagnostic and therapeutic protocols

LEGISLATION IN THE NURSING HOME
• Each federal regulation for long-term care is given a tag number, often called “F-Tags”
• Adherence to regulations is assessed by mandatory site visit surveys every 15 months, where facility procedures, quality of care, and quality of life are reviewed
• Failure to meet regulatory standards for care is cited in a “deficiency”
• Penalties are imposed related to nature and severity of deficiency
• National set of quality indicators based on MDS allows facilities to compare their performance to local and national norms (www.cms.hhs.gov)

CHALLENGES IN NURSING-HOME MEDICAL CARE (1 of 2)
• Heterogeneity of residents, necessitating individualized approaches to care
• Atypical and subtle presentation of illness
• Limited access to biotechnology
• Dependence on nonphysicians for patient evaluation
• High prevalence of cognitive impairment
CHALLENGES IN NURSING-HOME MEDICAL CARE (2 of 2)

- The need to involve families in care plans and provide educational and psychosocial support for families
- Ethical and legal concerns, such as end-of-life care, feeding, hydration, and resident rights
- Intense regulatory oversight (eg, patients receiving more than 9 medications are often flagged by state survey teams)

ENHANCING SATISFACTION WITH NURSING-HOME PRACTICE

- Schedule and structure visits to benefit from efficiencies and to become better integrated into the health care team
- Act in concert with NPs and PAs
- Document the rationale for each medication and intervention, to protect against potential scrutiny
- Hold frequent discussions with the facility’s consultant pharmacist

THE PHYSICIAN’S RESPONSIBILITIES (1 of 3)

- Comprehensive admission assessment, including history and physical examination, and review of available medical records
- Development of a care plan in concert with other team members, the resident, and the family that is consistent with the resident’s needs and goals
- Periodic monitoring of chronic health problems at appropriate intervals, using diagnostic testing, consultation, and interventions as warranted

THE PHYSICIAN’S RESPONSIBILITIES (2 of 3)

- Prompt and thorough assessment of acute medical problems or change in function, instituting change in the medical treatment plan as indicated
- Communication with interdisciplinary team members, the resident, and the family concerning new diagnoses and treatment plans
- Periodic review of all medications, in concert with the consultant pharmacist, with regard to ongoing need, side effects, appropriate laboratory monitoring, and potential interactions

THE PHYSICIAN’S RESPONSIBILITIES (3 of 3)

- Optimization of quality of life and function, with special attention to cognition, mobility, falls, skin integrity, nutrition, and continence
- Determination of each resident’s decision-making capacity and assistance in establishing advance directives
- Physical attendance to each resident, with documentation in the medical record in accordance with all state and federal guidelines

QUALITY OF MEDICAL CARE IN NURSING HOMES

- Strategies for enhancing quality of care:
  - Specific consultation services (eg, efforts to reduce falls)
  - Interactive educational programs for physicians and nursing staff
  - Discussions with residents about their preferences for care (eg, advance directives)
**ROLE OF THE MEDICAL DIRECTOR**

- Influences the quality of physician practice by:
  - Setting quality standards and specific policies and procedures in concert with medical staff
  - Ensuring compliance with government guidelines
  - Working with the administrator and director of nursing to foster effective team care and appropriate continuing staff education
- Certification is offered by the American Medical Directors Association (www.amda.com)
- Every skilled-nursing facility must designate a licensed physician to serve as Medical Director (F501)

**SUMMARY**

- There are 15,850 nursing homes in the United States with 1.3 million residents
- Nursing-home care has evolved dramatically in recent years
- Federal law requires periodic comprehensive assessment of all residents
- Medical care of nursing-home residents is challenging and fulfilling because it demands excellent clinical skills and sensitivity to a variety of ethical, legal, and interdisciplinary issues

**CASE 1 (1 of 3)**

- A 78-year-old woman requires admission to a nursing facility after hospitalization for bilateral Colles' fractures sustained in a fall.
- Her daughter is concerned about the quality of care at the nursing home. She plans to look at the CMS Web site for the publicly reported nursing-home quality measures available on Nursing Home Compare.

**CASE 1 (2 of 3)**

Which of the following information is found on Nursing Home Compare?

- (A) Information on any healthcare facility that is licensed at the state level
- (B) Information about quality measures beyond the assessment data that nursing homes routinely collect
- (C) Information about quality measures based on care provided to an individual resident
- (D) Information that allows identification of nursing homes that provide above average or much above average care

**CASE 1 (3 of 3)**

Which of the following information is found on Nursing Home Compare?

- (A) Information on any healthcare facility that is licensed at the state level
- (B) Information about quality measures beyond the assessment data that nursing homes routinely collect
- (C) Information about quality measures based on care provided to an individual resident
- (D) Information that allows identification of nursing homes that provide above average or much above average care

**QUESTION 1 (1 of 2)**

Which of the following is true regarding how the nursing-home population has changed since 1985?

- (A) The number of residents has increased.
- (B) Among adults ≥85 yr old, men now outnumber women.
- (C) The level of disability has declined.
- (D) The number of admissions has increased.
QUESTION 1 (2 of 2)
Which of the following is true regarding how the nursing-home population has changed since 1985?

(A) The number of residents has increased.
(B) Among adults ≥85 yr old, men now outnumber women.
(C) The level of disability has declined.
(D) The number of admissions has increased.

QUESTION 2 (1 of 2)
Which of the following is the most common nonpharmacologic intervention for urinary incontinence in nursing-home residents?

(A) Briefs or pads
(B) Toileting program
(C) Indwelling catheter
(D) External catheter

QUESTION 2 (2 of 2)
Which of the following is the most common nonpharmacologic intervention for urinary incontinence in nursing-home residents?

(A) Briefs or pads
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(D) External catheter

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