

Compliance and Clinical Issues Related to Increasing Acuity Levels in Assisted Living

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Objectives

- Develop and maintain strong sense of caring for the aged in social setting.
- Ongoing education to families and residents regarding philosophy of care.
- Define the needs and expectations of residents and families to form a shared responsibility and partnership leading to acceptable outcomes and satisfaction.
- Resident choice and compliance.
- Map out clinical course of chronic illness.

Operational

- Acceptance of change in philosophy
- Be certain of who and what you can care for and what you can not.
- Do not be afraid to say "We can not provide that level of care".
- Families and residents expectations should be based in reality and managed appropriately.
- Manage basic set of core principals that everyone can follow.

Operational

- Everyone on the same page
- Let regulations be your guide
- Provide necessary resources to care for the acuity
- Look at the budget
- Creative staffing
- Coordination of quality care

Maintaining Presence

- How do we provide higher levels of care and not look like a nursing home?
- What services can we provide that are unique and manageable with existing resources?
- What are best practices for communicating our benefits to the prospective residents?

In house events

- Social Occasions
- Blending wheelchair & assistive equipment to ambulate
- Atmosphere of acceptance and tolerance



Surviving in the Clinical Corner



Clinical Corner: Programs

- Nurse/ED develop strong ongoing relationships not only with practitioners but vendor companies as well.
- Nursing in tandem with marketing
- Negotiate services that will include all residents, including dementia.
- Weekly exercise programs for Assisted Living and dementia.
- Increased resident/family awareness and benefits of services available.

Negative Outcomes

- 1/3 of Emergency Department visits are by older adults
- The most adverse drug effects are caused by three medications:
 - Warfarin (coumadin)
 - Insulin
 - Digoxin
- Each hospitalization cause the following negative outcome for older adults:
 - New onset of a disease (most likely)
 - Shortened life span
 - Decrease in mental and physical status
 - Direct negative impact of quality of life

Marketing Tool



- Hospitals, sub acute facilities, family members
- ACOs and Managed Care organizations
- Utilize therapist to go to bedside to determine if care needs can be met.

Marketing Tools continued...

- Use rehabilitation company that thinks outside the box.
 - Develop ADL program for dementia unit.
 - Use speech therapy to help provide cognitive training, safety training, impulse control.
- Use OT and PT on a case to case basis to evaluate safety in transfer and ambulating.
- Work with care staff directly.

Skilled Nursing Provider

- Wound management
- Newly diagnosed observation
- Diabetic hypertension, cardiac resident, COPD, CHF, education and evaluation.
- Recommend developing protocols for CHF, COPD, Dehydration and UTI (interact)
- Partner with home health agencies to provide skilled care and monitoring

Distant Center Monitoring

- Investigate options for hospitals to set up equipment in resident rooms to monitor for common symptoms such as:
 - Blood pressure
 - Shortness of breath
 - Blood sugars
 - Chest pain (Angina)
 - Weight gain

Wound and Pain Centers

- Great success rate for healing difficult wounds especially Venous stasis wounds.
- Pain centers for uncontrolled chronic pain that needs periodic assessment for medication effectiveness.

Outsourcing

- Outsourcing responsibility of nurse for medication orders and lab results.
- Prescriptions should be called and/or faxed to provider pharmacy.
- Set up with lab to send results of all laboratory tests to M.D. office.

Hospice

- Negotiate expectations of services until you find a Hospice provider that will provide the following:
 - Oversight by RN
 - 2 hour caregiver when resident needs are greatest not when care worker is available.
 - Care 7 days a week- No Exceptions!
 - Crisis care
 - 24 hour care when medically necessary by LPN, RN.
 - Try to use the same hospice so that you have services of an extra aide for entire shift when you have 4 residents on service.
 - Flexible time
 - Provide hours over meal time. If a resident has feeding needs or confusion increases.

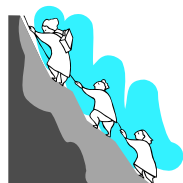
What keeps you awake at night?

- Frequent falls?
- Wandering?
- Families unrealistic observations?

Team Work

Include all disciplines

- Executive Director
- Activities
- Dietary
- Wellness
- Office Management



Manage the Relationship

- Develop trust and mutual respect
- Educate family and resident of initial assessment and frequently thereafter.
- Establish relationship with families especially the chronic complainer.
- Include resident and family in care planning.
- Randomly have staff communicate with family and deliver good news and not always problems.

Staff Education

- What you know...they should know
- Stress Universal Precautions
- Be consistent and confident
- Listen to staff when communicating challenges

Conclusion

- Establish a template of services you CAN provide.
- Enlist and engage family as part of the team.
- Know when to say no to an admission.
- Work with your team.
- Let go of tasks that you can not resolve.
- Negotiate with providers to meet needs of residents.
- Educate families, staff, and residents.
- Build relationships.

Resources

- CMS Website
- Interact II (Google)
- AMDA (American Medical Directors) Website
 - Protocols for AL CHF, COPD, etc.
- HCANJ Best Practices <HCANJ.ORG>

Take care of yourself and those that
take care of your residents.
