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Issues

Information and ideas for those
 serving seniors.

on Aging

Nursing Home Clients Need Advocacy

Nursing home residents without a knowledgeable advocate who visits regularly and intervenes on their behalf may receive marginal, inadequate or ineffective nursing and medical care. These problems occur even though the nursing home industry is highly regulated by both state and federal governments, and homes in Minnesota are inspected annually by the Minnesota Department of Health (MDH). There are several important reasons why these regulatory measures fail to ensure provision of necessary, appropriate and high quality care to many seniors.

CASE MIX CAUSES FINANCIAL CONSTRAINTS TO QUALITY CARE

The “equal access” funding mechanism in Minnesota known as Case Mix, which applies to nursing homes which receive Medical Assistance (MA) payment, is at least partly responsible for creating financial constraints to the delivery of adequate care. Of the several hundred homes in the greater metro area, only five do not participate in the MA program. Thus, the fees for the great majority of nursing home residents, even those paying privately, are determined under the Case Mix system.

Case Mix involves evaluating each residents’ level of need for assistance with key Activities of Daily Living. Behavioral issues, special nursing needs, and certain severe conditions also affect the level of assistance needed. Each resident is then assigned a Case Mix score ranging from A through K, with A indicating very light care needs and K indicating extremely heavy care needs. People admitted to nursing homes have a Case Mix score determined at least

two times a year, or more often if they are hospitalized.

The daily rate charged by each nursing home for each Case Mix level is determined by the MDH based on a complex annual financial report made by each participating nursing home to the MDH. Each residents’ daily rate in MA participating homes is based on the resident’s Case Mix score, whether the resident pays privately or through the public MA program. Thus theoretically, residents have “equal access” to nursing home care, regardless of ability to pay.

However, the formulas used to set the nursing homes’ Case Mix rates, which are adjusted only once each year on July 1, frequently do not allow homes to hire the number of employees, especially more highly paid nursing professionals, to deliver the level of care they wish to provide. Increased operating costs, such as higher costs for paper products like incontinent pads and diapers or breakdowns of major equipment, can leave a home with inadequate funds to maintain its most expensive resource – people – at full staffing levels. MA participating homes do not have the freedom of most businesses to increase costs when necessary to deliver a quality product. The frail nursing home residents, who need help with Activities of Living, such as transferring from bed to wheelchair, toileting, bathing, grooming, dressing and eating, bear the brunt of this government oversight and control.

HIRING COMPETENT, SKILLED STAFF IS CHALLENGING

It can be difficult for nursing homes to attract competent, caring staff because of comparatively low pay rates, the 24-hour-7-day-a-week schedule, and the

physically demanding work. The nursing home industry cites typical turnover rates of 70 to 100% due to low pay, physical injuries and “burn out.” Nursing homes are not the preferred work site of many caregivers who take these jobs because they are unable to obtain higher paid hospital positions.

RNs and LPNs seldom provide direct nursing care in nursing homes. They are busy with tasks such as obtaining doctor’s orders, evaluating changes in patients’ conditions, doing treatments, administering medications and charting in the medical record of each resident. The direct care in nursing homes is provided by Nursing Assistants (NA). Their education consists of a 75 hour class followed by written and skills tests, along with on-the-job training.

Due to financial constraints, seven to 10 residents are assigned to each NA on the day shift. The NAs must help their slow, frail seniors get up, wash, brush their teeth, use the toilet (or change incontinent briefs), dress, eat two meals, lie down for naps, and go to activities. Many seniors need two people to help with transfers, so the NAs must often work together to care for up to 20 residents. On the evening shift, 11 to 15 residents are assigned to each NA who must help them with toileting, eating, undressing and preparing for bed. Night shift NAs may have up to 30 residents each, and usually work in pairs to change incontinent pads throughout the night. NA work is physically, mentally and emotionally challenging. Just accomplishing basic care for each resident may be difficult.

CHANGE OF PHYSICIAN IMPACTS MANY NURSING HOME RESIDENTS

Many individuals are told they must change physicians upon admission to a nursing home. Actually, residents may continue to see any physician of their choice, but they usually need to make special transportation arrangements to continue seeing their regular doctor at the clinic. Since few physicians make “nursing home calls,” most nursing homes keep a list of doctors who come to their facility, and encourage the resident or family to choose a new doctor from this list – an inappropriate and ineffective way to choose a physician.

Having many patients treated by the same doctor is a convenience for the facility, even though newly assigned doctors would not have any history or relationship with residents or families at a time of medical fragility and stress. Most HMOs have established programs in which certain of their physicians practice mainly in nursing homes. When an HMO patient is admitted to a nursing home, his care is transferred to the nursing home physician, again despite the lack of history or relationship.

Another routine practice in nursing homes which can be detrimental to residents is called “Standing Orders.” Each nursing home has a list of medications and treatments which residents’ doctors must review and sign

upon admission, primarily for the convenience of the nursing staff. These include prescriptions for mild pain, constipation, diarrhea, nausea, anxiety, sleeplessness, skin care, etc. Too often, the admitting doctor – especially a newly assigned physician – fails to thoroughly review the Standing Orders, especially relative to the resident’s current medications, and the nursing staff then administers medications that are contraindicated or which cause unnecessary complications or side effects.

MALNUTRITION AFFECTS MANY NURSING HOME RESIDENTS

Several recent studies have found that between 25 to 31 percent of nursing home residents were underweight enough to put them at risk for premature death, and that 60% were susceptible to malnutrition. Many residents have one or more conditions that interfere with eating, such as poorly fitting dentures, tooth or gum disease, swallowing difficulty, dementia, pain, tremors, poor vision, depression and drug side effects. In many nursing homes, nearly all residents need some assistance with preparing their food for eating, such as opening milk cartons, cutting meat, buttering bread, etc. And 15 to 40% of residents require spoon feeding.

When NAs have too many residents to assist, they don’t have the time it requires to feed people who eat slowly or who require special feeding

techniques. Some NAs resort to mixing a resident’s pureed foods together (such as meat, potatoes, vegetable and fruit) to hasten feeding, even though it makes the meal unpalatable. Even when food is served at correct temperatures, delays in assistance with feeding may result in unappetizing food. Other concerns which can arise in institutions include standard meal times when people aren’t hungry and lack of appropriate food choices, especially for minority residents.

ADVOCACY ENHANCES QUALITY OF CARE FOR NURSING HOME RESIDENTS

Studies have shown that nursing home residents who have regular visitors receive higher quality care and have fewer adverse events than those without visitors. Because of physical, sensory or cognitive impairments, most nursing home residents are unable to advocate for themselves, or even express concerns about such basic issues as when and how they are bathed or what they are served for meals. Homes that sponsor or encourage Resident/Family Committees often provide better care because of the active involvement of people concerned about the quality of care and services provided in the nursing homes. For nursing home residents without involved family members nearby, a professional advocate can make a big difference in quality of care and quality of life.

How Matrix Can Help

The mission of Matrix AdvoCare Network is to ensure that its clients receive comprehensive, high quality and cost effective health and social services. The emphasis is on promoting each client’s mental and physical well-being, personal dignity and the highest possible level of autonomy and independence. Matrix’s registered nurse Care Consultants are knowledgeable about the health needs and problems of older adults and people with disabilities. In addition, they have a wealth of information about many types of community services, including nursing homes, that provide varying levels of care and service.

Matrix Care Consultants work with clients and families to identify and meet each client’s needs, goals and objectives. They make recommendations for appropriate care and services, and

implement the selected recommendations as requested. In the course of their professional activities, they serve as client advocates to ensure that the client’s “voice” is heard throughout the care consulting process. Because they speak the language of the providers, they are able to effectively resolve concerns and make changes in care and services when necessary.

Clients, families, trustees and attorneys have all found that working with a Matrix Care Consultant can result in a positive outcome even when there are extensive, complicated health and social needs. Matrix recognizes the importance and urgency of these issues and can arrange for a Care Consultant to visit, usually within 24 hours of referral. For more information about how Matrix can help, please call 612/560-1010 or 800/560-0961.