

Long Term Care

Embracing Change

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The New Nursing Home

There is transparency
with care

- Nursing home rankings available
- Survey results & plan of correction available
- Future- customer comments survey results

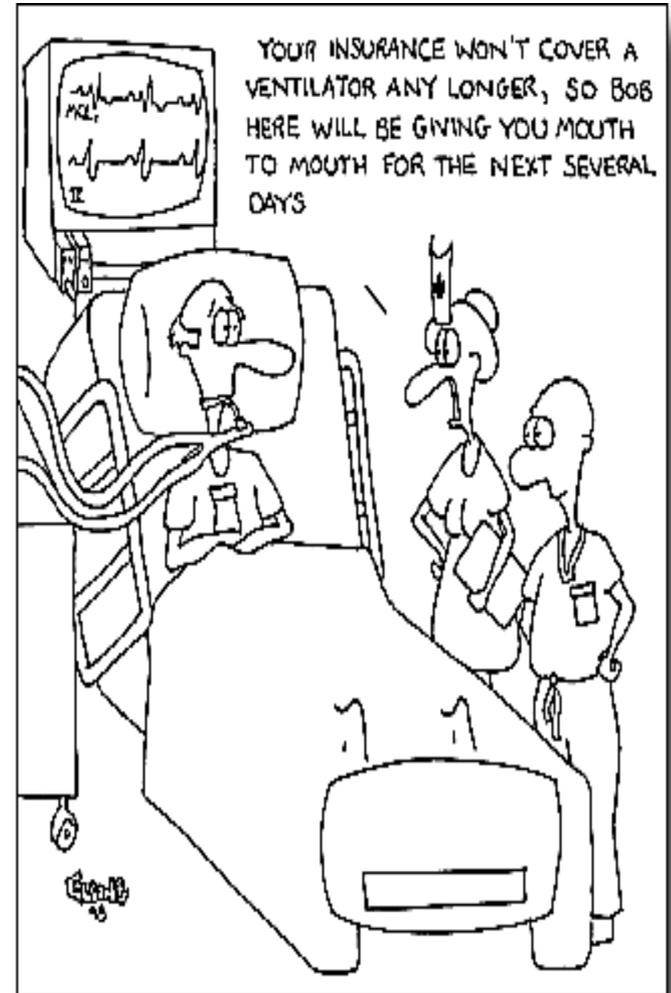


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The New Nursing Home

- The reimbursement is changing
- Inflationary increases with little or no changes in Medicaid and Medicare Reimbursements
- Community needs are changing



The New Nursing Home

- The resident population is changing
- More Skilled Rehab Residents
 - Different expectations for our SNF residents
- Change in Acuity
- Increasing Hospice
- Subacute needs



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Nine oldsters booted out of nursing home — for trying to have an orgy!

LONDON — A group of nine love-hungry codgers were booted out of an old folks' home — after they **tried to have an orgy in the recreation room!**

By MIKE FOSTER
Weekly World News

The unidentified oldsters, who ranged in age from 73 to 98, had apparently planned the unauthorized after-hours get-together for weeks, according to Melinda Helterford, spokesperson for the well-respected Edith Scarborough Nursing Home.

"They somehow got it in their heads to celebrate the 90th birthday of one of the women with a kind of sex party," said Miss Helterford.

"This may sound harmless or amusing to some people, but Scarborough has a reputation to uphold. We cannot tolerate that kind of conduct."

The nursing home made a concerted effort to keep the bizarre story out of the press and so details are difficult to come by.

But according to British papers, the let-it-all-hang-out party took place just after midnight on October 28. The three wrinkly Romeos and six sagging seductresses gathered together in the rec room and stripped to the buff.

"They really set the scene," a nursing home staffer who was not identified told a London tabloid. "They'd got

their hands on candles, which they lit, and even put on music to create a sexy mood."

The nude geezer gala went on for about 20 minutes before orderlies heard rumba music coming from the recreational room and went to investigate.

When they opened the doors, they were shocked to find the old-timers crowded together in their birthday suits, slathered with baby oil.

"They hadn't got too far — I guess it was taking some of the gents a while to get started," the staffer said.

"But they were all naked. Believe me, it was the scariest thing I've seen in my life."

The New Nursing Home

Technology is changing

- EHR
- Dietary menu support
- Systems for inventory tracking and recipe standardization



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The New Nursing Home

Standard of Care is changing:
driven by studies looking at
quality indicators in LTC



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Changes in Long Term Care

- 1986- Institute of Medicine Study on Nursing Home Regulations
- 1987 – Omnibus Budget Reconciliation Act implement a standardized assessment instrument
- Resident Assessment Instrument (RAI) validated, implemented, and updated to the current version: Material Data Sat / MDS 3.0



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All Roads Lead To.....

- The Quality Indicator Survey (QIS)
 - Culmination of 15 years of CMS sponsored research to provide a standardized survey process.
 - Two Staged Survey Process to systematically and objectively review regulatory areas and target focus areas for further review



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The Good News

- The Quality Indicator Survey (QIS)
 - QOL issues are front & center
 - Nutrition- survey focus area, lending to opportunities in dining and performance review process change



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What Does Your Dining Experience Look Like?



WHAT DOES YOUR DINING EXPERIENCE LOOK LIKE?

- **Appearance of dining room**
 - **Smells**
 - **Staffing**
- **Resident Response**
 - **Cleanliness**
- **Appearance of food**
 - **Noise**
- **Family participation**



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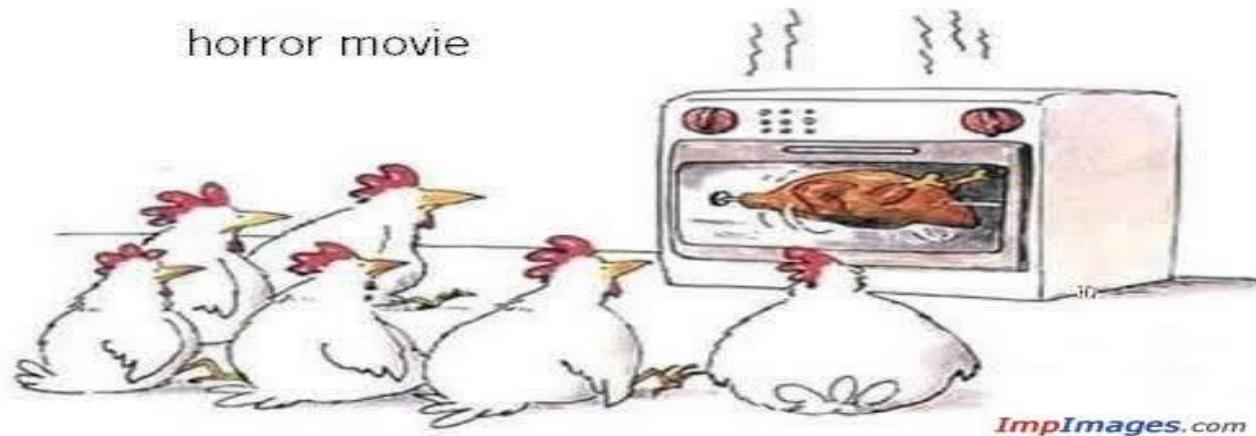
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What Could Your Dining Experience Look Like?



Dining Trends

- What do we need to do?
- What are we able to do?
- How much will it cost?



Dining Trends

- *Instead of:*

- Trays
 - Clothing protectors
 - Disposable goods
 - One stop shopping
 - Cart service
 - Desert served @ meals
- Linens
 - Napkins
 - Dishware
 - Daily menus
 - Point of table service
 - A desert cart



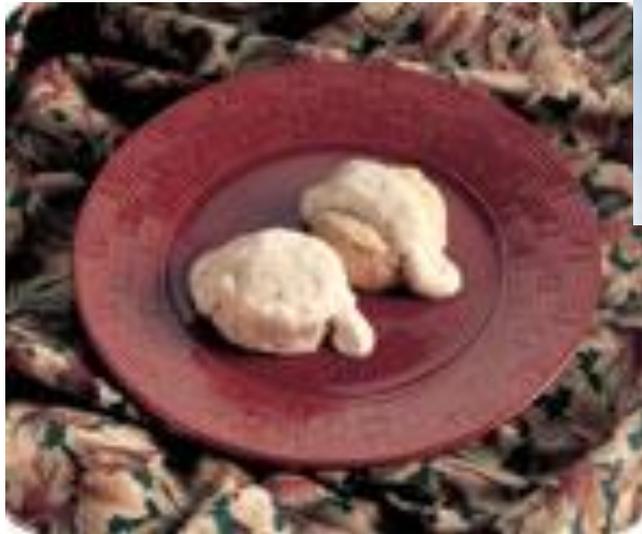
**“If breakfast is the most important meal of the day,
why doesn’t it come with a cocktail and dessert?”**



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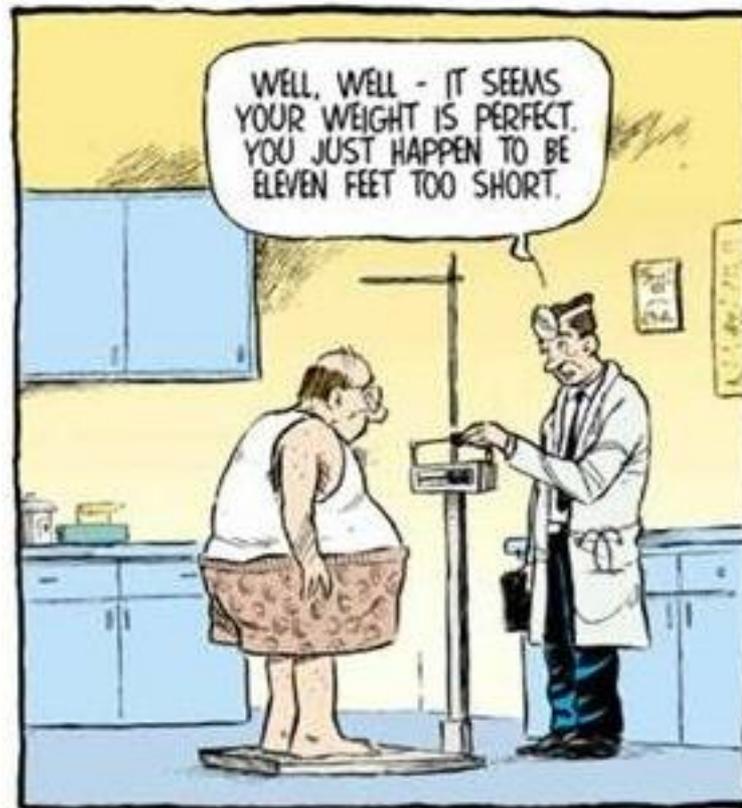
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Altered Diets = Altered Experience?



Liberalized Diets

More options, less restrictions



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Resident Satisfaction

Resident satisfaction is both an indicator of quality of care, and a component of quality of care



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Engagement: what does
it mean?

*What does your staff have to say
about the place they work?*

*If you were to ask your staff: “Do
you feel valued?”,
do you know how they would
answer?”*



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Outcomes of Poor Intake

- **Unintended Weight Loss**
 - **Dehydration**
 - **Increased UTI**
- **Increased Pressure Sores**
- **Decline in overall health**



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Weight Loss as a Quality Indicator

- **Does MDS accurately assess wt changes?**

- **YES**

- **No**



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Weight Loss as a Quality Indicator

- Does the medical record accurately reflect nutrition care?
 - Overestimates intake by ~20%
 - Overestimates assistance provided at meals (100% vs 40%)
 - Overestimates supplement delivery
 - Weight changes



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Weight Loss as a Quality Indicator

- In looking at weight loss, what are our treatment options?
 - Appetite stimulant
 - Environment
 - Evaluation of depression
 - Evaluation of pain
 - Supplements
 - Behavioral approaches



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Dietary Supplements



Supplements and medications are often used first in addressing weight loss. What approach do families prefer?

http://www.geronet.med.ucla.edu/centers/borun/modules/Weight_loss_prevention/wlformnutrition.pdf

Focus: QIS QOL Questions

- we know what questions will be asked
- we know why those questions are asked

Are we asking residents those questions????



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http://www.geronet.med.ucla.edu/centers/borun/modules/Weight_loss_prevention/formsmeals.pdf

- How often are “we” observing meals?
- What are we seeing?
- How are we tracking that information?
- What would be the “best practice” standard?



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“Patients constantly judge the motives and competence of the caregivers through their interaction with them.

This judgment is a very personal one, based on perceptions of care being responsive to patients individual needs, rather than to any universal code of standards
(McGlynn, '97)

RECOMMENDATIONS FOR CHANGE:

- 1. Meal Rounds**
- 2. Implement the QIS questions into your resident interview**
- 3. Decide as a facility what the dining goals are for the residents**
- 4. Help your staff become engaged**
- 5. Consider updates to the processes that monitor hydration and weight variance**
- 6. Get ready for more changes to come!**

