

Session #T06

The Acuity Conundrum

A top challenge facing assisted living

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Objectives

- *Gain an understanding of the most common reasons for the spike of residents having increased care needs and health challenges*
- *Identify ways in which the rising acuity affects the consumer expectation of the standards of care without legislation.*
- *Discuss ways in which the rising acuity adds to the community's risk of legal exposure*
- *Identify the importance of vendor relationships with pharmacy, therapy, home health, hospice, and physician extenders in extending a safe length of stay for the resident*
- *Identify solutions that reduce exposure and increase adherence to improving quality measures beginning with movement through therapy*

Increasing Acuity of Care

- A growing trend is forcing assisted living communities to consider moving toward a more skilled clinical staffing model with increased training and numbers of staff
- Greater amount of documentation in areas of medication administration and charting outcomes of procedures
- More complex, high risk medication being administered
- A higher than expected legal standard of care may be applied to Assisted Living recipients who traditionally housed lower acuity residents in the past even if provided by 24 hour/day private duty

Reasons for Acuity Spike

- Admission request who need more complex service
- Communities have expanded to admit hospice services residents and residents with moderate dementia
- Effects of economy
- Decision to move in based on medical necessity versus lifestyle change
- Aging in place
- Reduced hospital stays

Acuity Spikes

- Bedridden residents
- Increase in mobility needs
- Increase in transfer assistance needs
- Increased incontinence
- Hospice
- Moderate/severe dementia
- Increase in infections
- Increased falls
- Increased skin tears
- Increasing pain and edema with arthritis



Effects of Increased Acuity

- Increased documentation due to change or unexpected events
- Increased number of medications and side effects
- More treatment needs from staff and vendors
- Risk care planning (service plans)
- Need for additional staff training
- Increased need for licensed nurses on staff
- Caregivers on duty around the clock
- California provider study shows nurses spend two out of eight hours in care and six hours documenting

Expanding Services

- Entry level changes: 82 versus 88 years old
- Supervisory needs in the past versus now 50% have two to three ADL needs
- Most used ADL is bathing, then dressing and mobility
- 77% need direct assistance with medication
- Increased number of medications, more than once per day
- Needs increased hours of therapy to meet AL criteria

Common Diagnoses in Seniors

- CHF
- COPD
- Diabetes
- History of falls with injury
- Dementia
- Parkinson's
- Hypertension
- CVA
- Arthritis
- Recurrent Pneumonia
- Urinary Infections

Many residents have multiples diagnoses

Risk

- Living in AL when 24 hour nursing care is needed
- Residents on high-risk medication that require frequent and timely diagnostic testing to dose
- Delay in receiving medication
- Falls with injury
- Elopement
- Failing quality initiative goals
- Community push to join and admit Medicaid residents (funding scrutiny)
- Congress wants more oversight

Standard of Care Shift

- Determined by the contract or admission agreement
- Customs and practices in the industry
- Applicable state licensure
- Fundamental legal concepts
- Includes the duty to act reasonably to prevent foreseeable harm where the parties have a special relationship (AL)
- Higher-than-expected standard of care applied by consumer

Standard of Care Shift

- Increased staffing costs by hiring licensed nurses to help with needs when not required
- Liability exposure can exist if a plaintiff shows that a custom and practice has been established by other local providers
- For example
 - Other assisted living facilities in your area perform daily safety checks of resident apartments to determine why a resident misses a meal in the dining room and it becomes the level of care

Is Aging in Place Required?

- Resident acuity levels strain the communities
 - Capabilities or change the mission statement
 - Allow resident to remain, but receive care from private duty attendants and skill training from therapy
 - Charge for levels of ADL and medication needs
 - Discharge resident to a more appropriate level of care



Is Aging in Place Required?

- No inherent legal right to age in place
- Advocates quote Fair Housing Act or Americans With Disabilities Act to prevent discharge
- Retirement community operators must fully disclose the extent and limits of services offered and available to reduce risks in writing and discuss prior to admission
- Transparency in expectations and capabilities

Service Plan

- If permitted by the resident and whenever possible, include the family in the process to review and approve the service plan in advance of delivering the care
- Address each resident need and the approach staff will utilize
- Include obvious and/or evaluated risks like falls, skin integrity loss, and unmanageable behaviors

Minimize Legal Risk Due to Rising Acuity

- At least annually, disclose in detail the scope and extent of services offered and available for hire to residents
- Identify services and benefits not available, but which might be at other or similar types of communities
- Establish relationships with vendors who can assist resident (i.e., therapy, podiatry, home care, hospice)
- Inform prospective residents of the circumstances under which they may be asked to leave the premises or change levels of care

Minimize Legal Risk Due to Rising Acuity

- Carefully review policies for compliance with disability discrimination laws
- Adopt a private duty aide policy with criminal record clearance, rules of conduct, service authorization, and reporting requirements
- Use releases, consent forms, arbitration agreements, and other legal devices to limit exposure

Measures to Improve Quality

- Strive to achieve quality measures
 - Person-centered caring
 - Ethical practice and financial stewardship
 - Mission and vision statements
 - Quality improvement activities
 - Workforce
- Helps assisted living be valuable
- Effective marketing tool
- Stronger impact on the frail, elderly population who choose to age in place

Measures to Improve Quality

- On-site medical exams – may be CNP
- Twice daily exercise classes
- Therapy recommendation for increasing flexibility, strength, coordination, and balance after a fall or serious medical procedure or condition

Solutions

- Increased access to RN
- Evaluate caregiver capabilities at the time of hire and periodically
- Develop chronic disease protocols
- Encourage use of therapy and active exercise
- Pharmacy and lab relationship
- Daily meetings for nurses and admission staff to review current resident appropriateness
- Pre-admission assessments
- Invite resident and family if resident approves to review service plan with staff
- Train staff in all knowledge and skill they lack


