The Practice of Nursing in Long-term Care: Challenges and Opportunities

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THE ABCs of LTC

- Independent Living
- Continuing Care Retirement Community
- Home Care
- Assisted Living
- Skilled Nursing Facility/ Nursing Home
The evolution of nursing facilities - serve two distinct populations:

- Long term care residents
  - 64% of Medicare beneficiaries age 65 and older living in a nursing home have Alzheimer’s disease and other dementias*
  - Frailest of the frail
  - Implementation of culture change
    - Person centered care
    - Reduce antipsychotic medication usage
    - Reduce hospitalizations

*Alzheimer's Association, 2008
Short Stay Patients

- Increasing acuity & churn (numbers of admissions/discharges)
- Mean Medicare LOS 20 days*
- 39% discharged to the community*
- Focus on reducing re-hospitalizations
- Primary dx for admission - joint replacement, septicemia, kidney and urinary tract infections, hip and femur procedures, heart failure and shock

*2009 SNF Medicare Provider Analysis and Review, 2009
Medicare-covered SNF patients are a smaller share of a facility’s total census but a larger share of the facility’s payments.

At the median in 2010, Medicare-covered SNF days made up 12 percent of total patient days in freestanding facilities but 23 percent of facility revenue.

MedPac March, 2012
SNF Patient Days, by Payer, FY 2008

<table>
<thead>
<tr>
<th>Payer Type</th>
<th>Percent of Patient Days</th>
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<tbody>
<tr>
<td>Medicare</td>
<td>13.6%</td>
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<tr>
<td>Medicaid</td>
<td>54.8%</td>
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<tr>
<td>Other</td>
<td>26.7%</td>
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Clinical Complex RUG Categories

✿ **Extensive Services:**
  • Ventilator Care, Tracheostomy Care, Infection w/ Isolation

✿ **Special Care High:**
  • Parenteral/IV fluids
  • Pneumonia w/Fever
  • Septicemia
  • Diabetics w/daily injections & order changes
  • Comatose w/dependent ADLs
  • COPD w/ Shortness Of Breath
  • Respiratory Therapy x 7 days

✿ **Special Care Low:**
  • Dialysis, Radiation Therapy

✿ **Clinically Complex:**
  • Oxygen, Transfusions, Chemotherapy, IV Meds
Trends move from West to East

- The LOS in CA long-term care facilities is less than 3 months for 80% of the resident population
- 7% of all residents remain in the facility for one year or more

California Association of Health Facilities 2013
SNF acuity will continue to increase due to shorter LOS and higher acuity in the hospital
  - Respiratory, Cardiac

More admissions and discharges
  - 24 hour day admissions

Need for professional staff – Focus on Nursing
  - RN, MD, ARNP, Respiratory Therapy, Social Work

Need for real time pharmacy services
  - Remote dispensing systems & first dose capabilities

Lab and other diagnostic services
Only 5% of RNs nation-wide work in SNFs*

LPNs make up majority of licensed staff

RNs typically do not deliver direct care to nursing home patients/residents

*Bureau of Labor Statistics 2009
LTC culture does not differentiate licensed nurses

- Job descriptions
- Positions – unit manager, charge nurse, supervisor, staff development coordinator
- Pay scale
Nursing Practice Challenges

- High turnover of nursing staff
- Outmoded care delivery systems – task based nursing, hierarchical management
- Outmoded education and staff development practices
RNs lack leadership competencies
  o Few professional nursing programs prepare their graduates to delegate or supervise; they typically lack the leadership content needed to enable RNs in LTC to execute their roles successfully
  o Majority of LTC RNs are prepared at the AA level

RNs lack geriatric competencies
  o The majority of RNs working in nursing facilities have not received formal education in geriatric nursing
Widespread (regulators, owners, trade assoc., schools of nursing) recognition of the need to increase the numbers and competencies of RNs practicing in skilled nursing facilities.

Business imperative to improve care:
- Reduce re-hospitalizations
- Care for higher acuity patients

Numerous educational resources becoming available.

Modest increase in staffing levels and mix.

Research beginning to provide evidence of the value of RNs on patient/resident outcomes.
Effective nursing leadership has been associated with a number of positive outcomes in long-term care, including:

- Improvements in the quality of care
- Increase in staff retention and job satisfaction
- Improvements in the organizational and work climate
- Reductions in the cost of care
- Successful quality improvement practices

Nursing Facility Average Direct Care Staff Hours Per Patient Day

Note: Staff positions are measured in full-time equivalents, which is based on a 35-hour work week. Aide staff is equal to the sum of certified nurse aides + nurse aides in training + medication aides. Due to invalid or incomplete data, some facilities are eliminated from the staffing analysis.

Source: Computed by AHCA Research Department using CMS Nursing Facility OSCAR standard health survey data (Form 671: F41 - F45).
American Health Care Association - Research Department
Lack of budgeted time for education

Few nursing role models

Not a learning environment with little emphasis on continuing education, evidence based practice and building knowledge skills and competencies

Staff development often viewed in terms of “mandatories”

In some facilities LPNs still serve in staff development role
Increased use of APRN for care, education and as role models

Understanding that in-services are important but not sufficient and must be coupled with mentoring and coaching

Move toward RNs in SDC position

Some recognition that leadership skills and geriatric knowledge of staff is associated with regulatory compliance.

Electronic medical records incorporating educational information, decision trees and algorithms

Numerous educational resources now available for free
Available Resources

- Advancing Excellence in America’s Nursing Homes
- Geriatric Pain
- INTERACT II Tool Kit
  - Interventions to Reduce Acute Care Transfers from nursing homes
- Trade Assoc. AHCA/NCAL
- ConsultGeriRN.org
- HGINI Forums
  - GERONURSE (Listserv for the Research Development and Dissemination Core: University of Iowa Gerontological Nursing Intervention Project).
  - GERINET (Interdisciplinary listserv around geriatric health issues).
  - AGING-DD - A discussion group for aging and developmental disabilities.
- Pioneer Network
- QIOs
- Hartford Centers for Geriatric Nursing Excellence (HCGNE)
  - Clinical Teaching in Nursing Homes Web based Resources
Email survey results received from 16 nurse executives from medium and large LTC organizations

Survey topics included:
- Model for staff development
- Licensure requirements for SDCs
- Content development
- Use of external seminars and training
- Wish list
Dedicated position in each center
  ○ 3 - yes (Genesis); other - depends upon size of the center

Combined position (e.g. SDC and IC)
  ○ Majority - yes

Regional educator
  ○ Majority - No (Genesis Yes – Clinical Education Specialist)

Regional nurse consultant responsible for education
  ○ Majority - yes (Genesis No)

Other – please describe
  ○ 3 (Genesis) have corporate educator positions
Staff development/educator requirements

- RN - Majority
- Licensed nurse – 5

Comments:
- RN is required, however facilities persist in delegating this to licensed nurses
- Would like all RNs but not possible in some rural communities
- Both but corporate policy dictates that an LPN cannot do skills for RN
Do you use an outside organizations (e.g. Care2Learn) for staff education?

- Yes – Majority Silverchair, Care2Learn, RediLearning
- No - 3 (Genesis content development is primarily internal; provide CE Direct as a benefit to licensed nurses)

Comments:
- These are generally very superficial – suited more for UAPs.
- Care2Learn and it is awesome!
- We upload skill check lists for products we use and assign staff to complete on hire
Do you utilize resources developed by organizations such as Advancing Excellence, Hartford, and trade and/or professional associations for staff education?

- Yes - Majority
- No - The information is incorporated, but we do not generally use those as a primary source
Do you send center based staff to outside education seminars or professional meetings?

- Yes - Majority

Comments

- Not often but we do – mainly state organization seminars
- Primarily wound care nurses, restorative, MDS, and clinical leadership staff
- Controlled by the facility
- DON only
- 2 day SDC training annually
- Yes – ANCC gerontological certification
- Center staff attend regional education programs provided by Genesis. Attendance at external conferences is discretion of the regional administration
Qualified competent staff

- Dedicated RN educator in each center (>50%)
- An additional qualified FTE responsible for the coordination of all education across the organization

Learning Management system/IT that would provide ease of content development (audio and video) and tracking (25%)

Equipment

- Devices for presentations
- Mannequin and complete interactive video models for assessment skills, etc.
- Computers, internet access, various training supplies
Educational Materials
- External resources that target advanced assessment/skills competency
- Updated materials

Time

Budgeted training hours

Financial support for staff to become certified in specialty areas

More hands on competency training

Online education

Outside specialists and have more staff certified in specialty areas
LTC continuum and the traditional nursing home will continue to evolve.

Increased need for all care staff.

Expanded role for professional staff require enhanced leadership and geriatric competencies.

Electronic health records required to support care and caregiver.

Learning environment key to successful change and adaptation.

Enhanced educational models and interventions needed.
THANK YOU

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