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Nursing Homes: Preparing for the Aging Population

Host: DR. BILL RUTENBERG

Guest: DR. CHARLENE HARRINGTON

How do we ensure that nursing homes are truly medical homes? You are listening to a special program a Nursing Home Policy on ReachMD XM 157, the voice of the Medical Professional. I am Dr. Bill Rutenberg, your host and with me today is Dr. Charlene Harrington. Dr. Harrington is the professor of Sociology and Nursing in the Department of Social and Behavioral Sciences, School of Nursing, University of California, San Francisco. She is the Associate Director of the John A. Hartford Center for Geriatric Nursing Excellence and Director of the Doctorate Program in Nursing and Health Policy at UCSF. Today, we are discussing policies vital to keep nursing homes up to snuff, so they are ready for us. Dr. Harrington, it's great that you have joined us for the special program on Policy Making.

DR. BILL RUTENBERG:

I am a baby boomer and fortunately, I am not quite ready for the nursing home. You are intimately involved in the development of Nursing Home Consumer Information System. And the things I should be looking out for before I sign-up for a particular nursing home.

DR. CHARLENE HARRINGTON:

The number one thing to look for in a nursing home is how many nurses they have, the amount of nursing staff. And the Medicare Nursing Home Compare website as well as some of the state websites like the one we developed for California, do have (01:30) information on the number of staff in the nursing homes. That's the best predictor. There are other quality indicators but consistently we believe that staffing is the most important.

DR. BILL RUTENBERG:

Could you give us a ballpark figure for again, if I am the consumer going into the nursing home, what number am I looking for?

DR. CHARLENE HARRINGTON:

The websites list staffing, but you should also go visit the facility and especially during the day and the evening shift you should see if the nursing assistants have more than 7 residents to take care of and whether the RNs have more than 20 patients to take care of. If they do then they are going to be stretched too thin to get all the work done.

DR. BILL RUTTENBERG:

You served on the Institute of Medicines Committee that resulted in a 1986 report leading to the passage of the Nursing Home Reform Act. That was done in 1987. How have those regulations held up these past 30 years? Is there anything that needs updating, anything missing?

DR. CHARLENE HARRINGTON:

Well, the implementation of that legislation was very important. I think it is improving the focus on outcomes and requiring resident assessments. The major flaw in the regulation was or the law was that we did not require a minimum standard for staffing and that's where things have fallen apart because so many nursing homes are cutting corners and not hiring enough staff **(03:00)**.

DR. BILL RUTTENBERG:

I guess you have probably answered this but my question was, if one of the presidential candidates came to you and said Dr. Harrington, I need you to write my policy on nursing homes, what would you ask them for?

DR. CHARLENE HARRINGTON:

Well, several things, one is that a minimum staffing standard and electronic reporting of staffing data from the payroll records. We would also ask that the ownership of nursing homes be reported more completely and so that ownership would be transparent because we now see many chains and private equity companies getting in the business with very complex organizational structures, so that you can determine who is responsible. And then the third major thing we would ask for is financial accountability, because the government is paying for 62% of all of the funds and this year it's about \$132 billion being spent on nursing homes. And then we would ask that, when nursing homes get the funds from government that they have to spend what was allocated for direct care and indirect care and they would not be able to move that money over into profits and into administration, which is what's happening now. So, those are the main things that we would like to have. In addition to that, I would like to see a candidate focused **(04:30)** on the alternatives to nursing homes. We need more homes and community-based services so that people can stay at home and avoid nursing homes.

DR. BILL RUTTENBERG:

I have a patient who has very rare condition from a myotonic dystrophy and when she became adult her home care sort of vanished, I mean she just said, well you are not eligible for this program and that program and it was quite a battle for her family and I assisted in one way or another that I could. But why isn't long-term care insurance part of a basic national health care program? It seems like it's sort of the forgotten orphan.

DR. CHARLENE HARRINGTON:

Yes, long-term care is definitely forgotten right now because there is so much emphasis paid to covering the uninsured. And in fact not one presidential candidate from any party has mentioned long-term care as an important issue and yet we know the public sees that is a major issue.

DR. BILL RUTTENBERG:

It seems like you are going to activate the great panthers.

DR. CHARLENE HARRINGTON:

Well, a number of the consumer organizations and like AARP are very much involved in trying to push for long-term care. We have some legislation act in congress that at least would put a minimum floor for long-term care into law and to require all states to provide personal assistance services, but so far **(06:00)** that congress has not moved forward on that legislation.

DR. BILL RUTTENBERG:

I would like to pause for just a moment to welcome those who are just joining us at the Clinician's Roundtable on ReachMD XM 157, The Channel for Medical Professionals. I am Dr. Bill Ruttenberg and I am speaking with Dr. Charlene Harrington. We are discussing Nursing Home Policies.

The long-term care issue, is there anything that physicians, consumers can do to push this forward?

DR. CHARLENE HARRINGTON:

Well, we would love to see the physicians and American Medical Association and other physician specialty groups as well as American Nursing Association, and Nursing Specialty Groups began to speak out on the issues of long-term care. They are very focused on other care issues and yeah long-term care is probably the most neglected area by health professionals.

DR. BILL RUTTENBERG:

You had mentioned another problem in nursing homes; I believe it was accidents, injuries, certainly falls are a big problem. Do we need any regulations in those areas; do we need any new policies?

DR. CHARLENE HARRINGTON:

Well, the most important area would be to have minimum staffing standards because all of these problems like falls and restraints, pressure ulcers, weight loss, they are all related to not having enough nurses to provide basic care in nursing homes. So, we don't think that nursing homes are going to voluntarily improve the standards **(07:30)** and so we think that's going to have to be required at either the federal or the state level.

DR. BILL RUTTENBERG:

Are there any other ways of regulating nursing homes to improve care? Pay for performance is an issue in medicine, should nursing

homes be paid for their performance?

DR. CHARLENE HARRINGTON:

Well, there is some talk about that and I think that might be another approach, but I think it would be very important to stick to the basics and that would be paying for staffing and paying to reduce the staff turnover rates. Some of these other measures like the amount of pain patients have or pressure ulcers, those are not reliably reported and if pay-for-performance were attached to those, those are too easy for nursing homes to gain. We need to stick to things that are concrete and measurable and see other area that's important is to pay for preventing hospitalizations.

DR. BILL RUTTENBERG:

I was just going to ask you whether transfer to hospital could be a number that could be measured.

DR. CHARLENE HARRINGTON:

Yes, transfer to the hospital and the use of emergency rooms, the problem is that nursing homes, if patients get sicker they quickly send them off to the hospital or the ER because it reduces their cost and those costs are then have to be paid for by medicare. So there is no incentive for the nursing homes to keep the patients there and try to address the problem or prevent a problem **(09:00)**.

DR. BILL RUTTENBERG:

So, that would be a great pay-for-performance issue.

DR. CHARLENE HARRINGTON:

Those would be like our four primary issues.

DR. BILL RUTTENBERG:

What about ambience in nursing homes, Feng Shui as they say, does that play a role in the patient's overall well being? Is there anything in policy or research that's being on that?

DR. CHARLENE HARRINGTON:

Definitely, there are many suggestions for what needs to be done in that area, but I think food and activities and private rooms are important areas that need to be addressed, but again these things cost money.

DR. BILL RUTTENBERG:

Are there any regulations to amount of time patients needs to spend out of their room socializing you know quality of life issues and if not, is it going to take regulation to achieve these goals?

DR. CHARLENE HARRINGTON:

Well, no we think all of the regulations are in place. The problem is that they are not enforced properly and that goes back to the fact that the states and the federal government are not putting enough funds into the regulation and the over side of nursing homes. So, they have not been active in giving efficiencies to facilities that are violating rules. The rules are okay, it's just the enforcement.

DR. BILL RUTTENBERG:

WellPoint and Zagat are getting together to sort of have the doctor's guide, would you like to join me in writing a Zagat's Guide for nursing homes?

DR. CHARLENE HARRINGTON:

I have developed a nursing home website for the California HealthCare Foundation.

DR. BILL RUTTENBERG:

Could you give that to us please?

DR. CHARLENE HARRINGTON:

It's (10:30) www.calnhs.org and we think it's a model site because we actually rate the nursing homes and we rate them based on staffing and on deficiencies and complaints. And we have very important information on there. We also have information on alternatives to nursing home, home care, hospice, personal care services and other long-term care services that are available.

DR. BILL RUTTENBERG:

The program, I think it's just being started in terms of Nursing & Health Policy at UCSF, is alternate to nursing home care and one of the things you are working on.

DR. CHARLENE HARRINGTON:

Yes we have large National Center for Personal Assistant Services that is funded by The National Institute on Disability and Rehabilitation Research at UCSF. And we have a very large team of researchers working in this area and doctoral and master students that are helping us.

DR. BILL RUTTENBERG:

If someone wanted to avoid going into the nursing home, how would they go about getting the resources, especially the financial help necessary to stay at home?

DR. CHARLENE HARRINGTON:

Well, the primary source is Medicaid but there are other State Programs that will help from the Departments of Aging and so on. We have a website that is www.pascenter.org that stands for (12:00) Personal Assistance Services Center. And on that website you can look at any state in the nation and you can look at all of the long-term care programs available and we have contact information there, plus a lot of other information about home and community-based service programs.

DR. BILL RUTTENBERG:

Well, our time Dr. Harrington has just flown by and I would like to thank you so much for being our guest and sharing with us your ideas about needed policies to make nursing homes a better place to live. I am Dr. Bill Ruttenberg. I hope you have enjoyed this special program on Nursing Home Policy on ReachMD XM 157, The Channel for Medical Professionals. We welcome your comments and questions. Please visit us at www.reachmd.com and take advantage of our new On Demand and Podcast features which gives you access to our entire program library.

Thank you for listening to ReachMD XM 157 and a great debate, a month long special series and discussion on the future of Public Health Policy in America.

Translational Research is a big term today of talking to people at the CDC Diabetes Translation, (10:30) on MRSA in translating what we have learned in the research laboratories into practical day-to-day use. One of your goals is to translate the findings from the current research into practical changes. What kind of practical changes are needed in addition to the staffing and the leadership? Are the staffing issues in terms of other ancillary personal, whether it would be respiratory therapy, or dieticians, discharged planning? I mean there are so many facets to taking care of a patient in nursing home. And I know you can't tackle them all, but you know if you are going to give us the five goals of the current research project. We talked about staffing and leadership; are there other ones that you are going to focus on?

DR. CHARLENE HARRINGTON:

Well, I think all the ones you mentioned are important but we also want to focus on continuity of care and consistent assignment because we know that improves the quality and also in may be the use of electronic documentation this is a new area that has not been used very much in nursing homes and so there are some studies that show this makes improvement in quality outcomes. So, there aren't so many aspects, scenarios that need to be improved, so we are trying to look at as many of them as we can.

DR. BILL RUTENBERG:

Will separate or new software have to be developed for nursing home medical records or can you pretty well adapt what's being used in the hospitals?

DR. CHARLENE HARRINGTON:

(12:00) No, we wouldn't be using what's in hospitals. There are some projects already, one at the Agency for Healthcare Research and Quality is using and that's primarily for nursing documentation of nursing activities.

DR. BILL RUTENBERG:

I would like to thank you for speaking with us today Dr. Harrington and for being our guest. We have been discussing making nursing homes a better place to live. I am Dr. Bill Rutenberg. I hope you have enjoyed listening to this program on the future of nursing homes on ReachMD XM 157, The Channel for Medical Professionals. We welcome your comments and questions. Please visit us at www.reachmd.com and take advantage of our new on-demand and podcast features, which gives you access to our entire program library. Thanks for listening. I wish you a good day and good health.

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