When Should a Person With Dementia Go To A Nursing Home

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Outline

- General considerations
- Pathways to nursing home admission
  - Caregiver related issues
  - Dementia related issues
- Approaches to care
- Comparing assisted living and nursing homes
- Choosing a nursing home
- What to expect in a nursing home

Every Individual with Dementia is Unique
"Treat the Person and Not Just the Disease"

Common Misconceptions

- Families abandon loved ones afflicted with dementia
- Most care at home is paid for (i.e. formal)
- Medicare covers most of the costs of long-term care
- Treatment depends primarily on medications
- Transfers from the hospital to the nursing home are generally uneventful
- Nursing homes must be avoided at all costs

Treatment of Dementia Always Involves the Family

- Recognize critical role of family with impact on both physical and psychological health
- Plan for the future
  - It's critically important to discuss prognosis with all stakeholders in order to inform care goals and guide advance directives
  - Decisions may change based on circumstances
    - "The view of the bull changes from the stands into the ring"

Different Types of Dementia Result in Different Presentations

- While Alzheimer's accounts for majority of cases other types are common:
  - Frontotemporal dementia-early change in behavior, personality and/or language
  - Dementia with Parkinsonian features-change in motor function predominates
    - Lewy Body
    - Parkinson's disease
  - Vascular-signs of previous strokes

Pathways to Supportive Care in a Congregate Environment

- Functional decline/regression
  - Incontinence (bladder and/or bowel)
  - Gait instability
  - Difficulty transferring
  - Immobility
  - Pressure ulcers (skin breakdown)

Pathways to Supportive Care in a Congregate Environment

- Safety
  - Wandering/exiting
  - Poor oral intake
  - Confusion around medication (forgets or can't follow prescribing instructions)
  - Financial abuse
  - Physical or psychological abuse

Pathways to Supportive Care in a Congregate Environment

- Behaviors (reflect disease and are not deliberate)
  - Physical aggression
  - Verbal outbursts
  - Resistance to care

Pathways to Supportive Care in a Congregate Environment

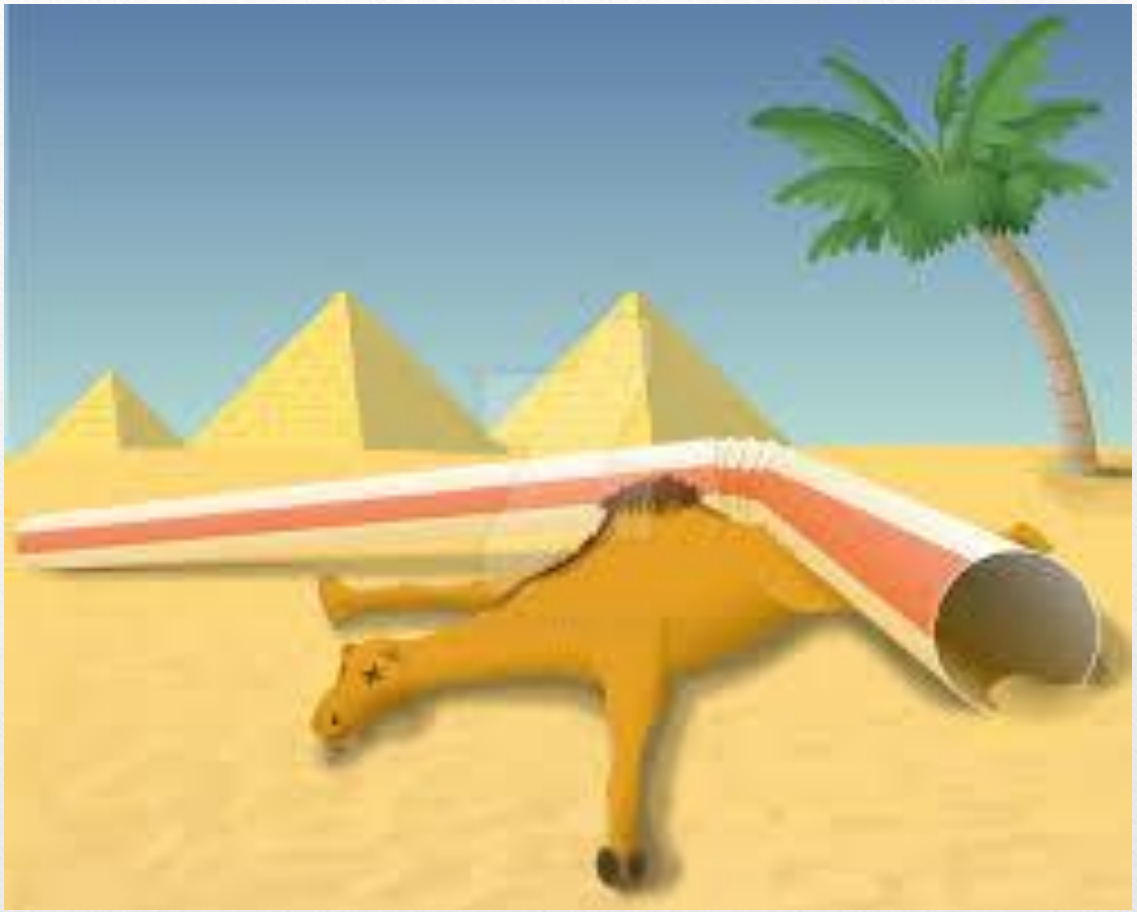
- Caregiver Issues
  - Physical stress
    - Almost 50% of family caregivers perform medical and/or nursing tasks
    - Many caregivers must deal with their own physical and medical issues
  - Emotional stress
    - 30-40% suffer from depression

Cultural Considerations

- African American caregivers are more likely to perform the most demanding caregiving tasks such as bathing and lifting compared to their non-Hispanic white counterparts
- African Americans spend a disproportionately higher percentage of their monthly income on care recipient's needs than non-Hispanic whites

Pathways to Supportive Care in a Congregate Environment

- Family issues
  - Lack of local support
  - Financial constraints
  - Clashing perspectives/personalities between family members (often siblings)



Principles of Care

- Leverage community resources
  - Case management
  - Education
  - Support groups
  - Respite

Principles of Care

- Pharmacologic
  - Medications that delay disease progression have been disappointing
  - All classes of medications given for "symptoms" act as sedatives
  - Antidepressants may be effective under specific circumstances
  - Many common medications given for medical conditions may worsen memory

Principles of Care

- Nonpharmacologic
  - Person centered
    - Team based
    - Understand the person in the context of past history-habits, likes and dislikes
    - Focus on strengths and not deficits
    - Avoid unwanted stimuli (i.e. pain, constipation, warm, cold, fear)

Must Do's for Anyone with Dementia

- Advance care planning
  - Establish goals of care
  - Durable power of attorney
- Consultation with elder law attorney
- Home safety
- Personal ID
- Assess driving safety

Considerations When Deciding to Leave Home: NH vs ALF

Home Care

- Often self pay
- Medicare managed care may provide in-home services (not unlimited)
- Medicare pays for short term skilled needs
- Medicaid may pay for non-skilled services but hours are limited

Who is Eligible for NH Care?

- NH short stays (< 100 days) focused on rehabilitation and return to community
- NH long stays (> 100 days are for individuals with physical and/or psychological deficits that prevent performance of basic activities of daily living (e.g. bathing, dressing, toileting)
- Can accommodate all levels of physical and psychological dependence

Who is Eligible for ALF Care?

- Any person with functional decline
- Generally requires ability to transfer independently or with minimal assist
- Ineligible if requires a lift to transfer

Differences between Nursing Homes and Assisted Living

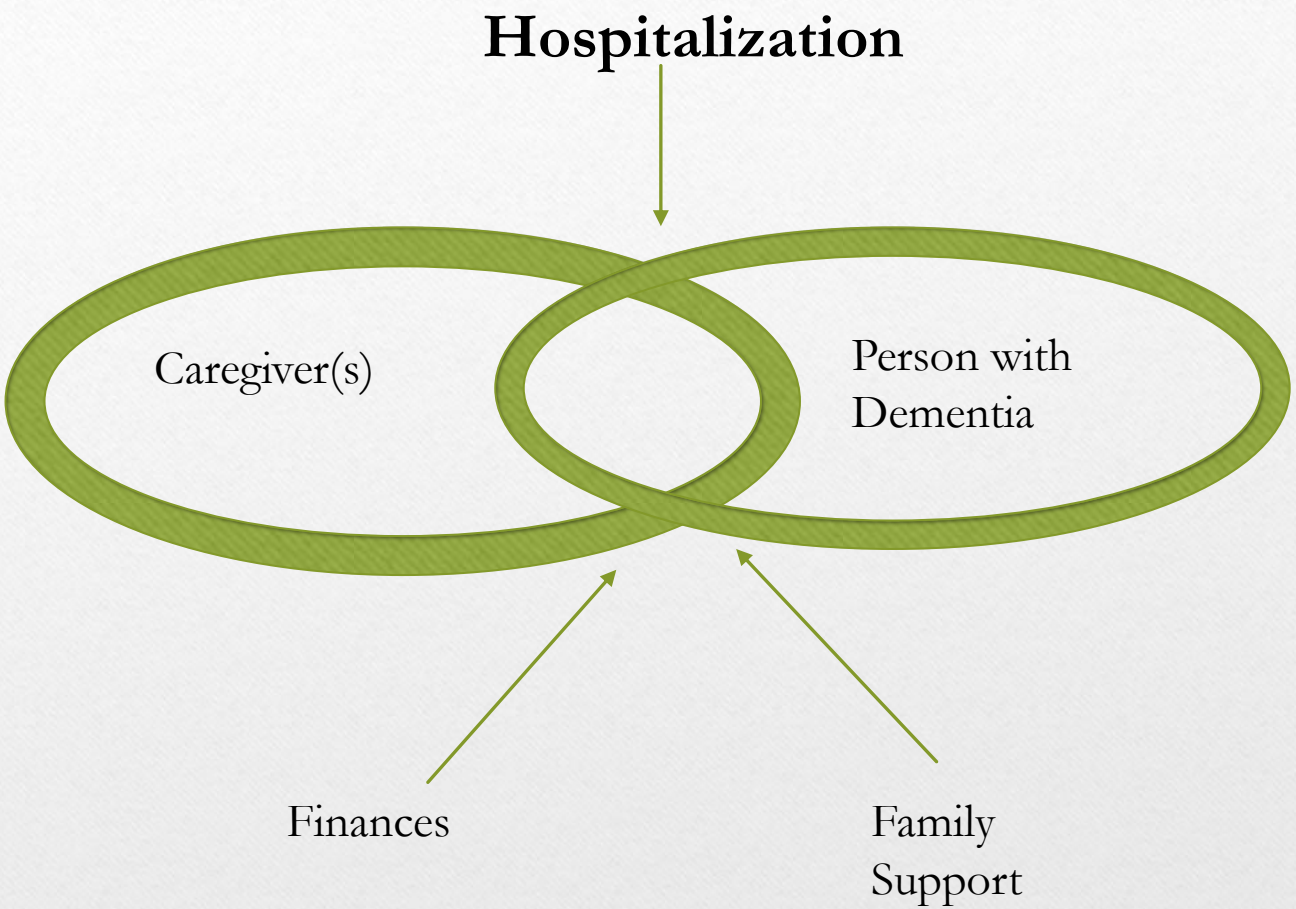
- Cost
  - NH: $80,000/yr- Medicare pays for short stays only; Private pay, LTC insurance, Medicaid
  - ALF: $30-50,000/yr- Private pay; Medicaid managed care; LTC insurance
- Staffing
  - NH: Higher nurse staffing ratios; Must have RNs; therapists, social workers, nutritionists
  - ALF: predominance of LPNs; Home care agencies contract for therapists, wound care etc.

Differences between Nursing Homes and Assisted Living

- Regulatory oversight
  - Federal oversight for NHs; State oversight of ALFs
- End of life: hospice and palliative care available in both NH and ALF
- Diagnostic and treatment capacity
  - NH: Portable X-rays and labs on site; specialty consultants rarely on site
  - ALF: variability in services offered; consultants rarely on site

Prevalence of Cognitive Impairment

- Majority of individuals in both NHs and ALFs have some degree of cognitive impairment
- Memory care units are found in both NHs and ALFs
  - Locked for resident safety
  - Additional training for staff is common (not required)


Hospitalization
Caregiver(s)
Person with Dementia
Finances
Family Support

Hospital to Nursing Home Transition

- Decline is common in the hospital
  - Deconditioning (e.g can no longer walk)
  - Delirium (e.g increased confusion or withdrawal)
  - Overmedication (often given for confusion)
- Short stay rehabilitation often an option
  - Medicare pays for 100 days per episode; Co-pay from day 21-100 ($165/day)
  - Must be able to demonstrate progress

Hospital to Nursing Home Transition

- Information transfer a huge problem
  - Not uncommon for the nursing home to never receive a discharge summary of what occurred in the hospital
  - Physicians in the hospital rarely hand patients off to providers in the NH
  - Electronic medical record systems often don't communicate with each other

Choosing a Nursing Home

- Evidence based considerations
  - Nurse staffing ratios
  - Survey deficiencies
  - Performance on publically reported quality measures
  - Administrator/Director of Nursing leadership style and turnover rates
  - For profit v not-for profit
  - Philosophy of care (i.e. person centered/culture change)
  - Focus on quality improvement (i.e. INTERACT)

Choosing a Nursing Home

- Families often don't get an informed choice
  - Placement driven by:
    - Medical needs
    - Psychiatric/behavioral needs
    - Payment source
    - Location of nursing home
    - Relationships between nursing home and hospital
    - Hospital and nursing home bed supply
    - Family advocacy
  - Hospital clinicians often unaware of nursing home capacity and quality

Is There a Doctor in the House?

- Physicians who work in nursing homes often lack credibility
- Quality is linked to physician commitment, competency and medical staff organization
- Physicians who spend more of their time in the long-term care setting and work in closed staff models may deliver higher quality care

What to Expect in a Nursing Home

- Physicians have 30 days to perform an admission history and physical
- Physicians must see residents every 30 days for the first 3 months then every 60 days thereafter
- Nurse practitioners or Physician Assistants may alternate visits with the MD

Nursing Home Benefits

- Predictable routine
- Socialization
- Safe environment
- 24hr nursing oversight
- Medical care on-site
- Health care team expertise (PT; OT; Speech; SW; Nutritionist)

The Ideal Nursing Home

- High nurse staffing ratios
- Nurses/CNAs competent regarding early assessment of change in condition and timely communication with medical provider
- Low turnover rates
- On site physicians specializing in NH care who round daily
- 7 day a week therapy
- Fully resourced (diagnostic and therapeutic)
- Commitment to quality (5 stars plus)
- Fully coordinated admission process between hospital and NH
- Seamless flow of clinical information
- Direct communication between hospitalists and SNFists

Questions?