

## 2.3 Nursing-Home Care

### Key Points

1. Nursing-home care provides room and board; 24 hours/day assistance with Activities of Daily Living (ADL); and psychosocial, physical, and occupational therapies.
2. Factors leading to nursing home placement include inability to perform ADL, incontinence, functional impairment, cognitive impairment, and lack of social support system.
3. Medicare Part A covers care by a skilled nursing facility (SNF), hospice, or home health. Medicare reimbursement is 100% for 20 days (\$100 co-pay for days 21–100).
4. Medicare Part B covers physician services, lab work, x-rays, and outpatient physical, occupational, and speech therapy (PT, OT, ST).
5. Medicaid, the payer of last resort, is a joint federal and state program that reimburses for custodial care (room and board) and medications for impoverished persons (income < \$1500/month) in SNF.
6. Transfer summaries for admissions to SNF from hospital should include discharge diagnoses, most recent labs, procedures, study results, and Next of Kin (NOK)/Surrogate/Power of Attorney (POA).
7. Nursing-home orders should avoid:
  - PRN Orders—Medications should be scheduled
  - Open-ended orders—Use stop dates
  - Inappropriate PT/OT/ST consults—e.g., severe dementia
  - Restrictive Diets—#1 cause of weight loss in nursing homes
  - Patterned Blood Sugars
  - “Consult GI for PEG placement”—Understand the goals of the patient and family; it is not “nursing-home policy” to tube-feed patients who cannot take PO
    - Discharging with Foley Catheter, with certain exceptions
8. Ensure that each medication prescribed is indicated and has a corresponding diagnosis. Start low and go slow. Order as BID/TID etc., instead of qXhrs. Follow federal prescribing guidelines of Beer’s List.

# Nursing-Home Care

## The Palliative Response



### Levels of Long-Term Care

- Retirement communities
- Assisted living
- Skilled nursing facilities (SNF)

### Nursing-Home Care

- 24 hr/day nursing care
- Assistance with Activities of Daily Living (ADL)  
*Feeding, bathing, toileting, dressing*
- Psychosocial, physical, occupational therapy
- Room and board

### Factors Affecting Nursing-Home Placement

- Inability to perform ADL  
*Incontinence is primary reason for nursing-home admission*
- Functional impairment
- Cognitive impairment
- Lack of social support system

### Medicare and Medicaid

#### Medicare Part A Coverage

- Skilled nursing facility
- Hospice
- Home health
- Dialysis
- 100% reimbursement for 20 days (\$100 co-pay for days 21-100)

### Medicare and Medicaid

#### Medicare Part B Coverage

- Physician services
- Lab
- X-ray
- "Outpatient" PT/OT/ST
- Must elect to pay in

## Medicare and Medicaid Medicaid Coverage

- Custodial care (room and board) in SNF
- Medications
- The payer of last resort
- Joint federal and state program
- Reimbursement varies from state to state

## Medicaid Eligibility

- Impoverished (Income < \$1500/month)
- Spend-down to qualify  
*Exemptions: automobile, life insurance, personal effects < \$4000, real property in certain classes*
- Look back 36 months for assets transferred as gifts, etc.
- Formula: Assets/Mo. NH Cost = Period Ineligible

## Admissions to SNF

- From home
- From hospital with transfer summary  
*D/C diagnoses*  
*Most recent labs*  
*Procedures*  
*Results studies*  
*NOK/Surrogate/POA*  
*Code status*  
*Candidate for rehab? If no, why not?*
  - Goals
  - Potential

## Skilled Nursing Facility Skills of Care Available

- Feeding tubes
- Fractures
- IVs, IMs
- Ostomy care
- Wound care
- Physical therapy
- Occupational therapy
- Speech therapy

## Orders to Avoid

- PRNs  
*If a medication is needed, it should be scheduled (e.g., analgesics)*
- Open-ended orders  
*Use stop dates (e.g., antibiotics, ophthalmic preparations, dermatologic preparations)*
- Inappropriate PT/OT/ST consults  
*(e.g., Severe dementia—unable to learn, recall)*

## Avoid Restrictive Diets

- #1 cause of weight loss in NH
- Have no place in NH setting; residents should be able to eat anything they can
- Remember to specify consistency
- Request “spoonfeed” or “assist with feeding”
- Exception—short-stay rehab for otherwise functional patient

## Avoid Patterned Blood Sugars

- In stable Type 2s
- If unstable for finite period (three days, one week) with insulin titration per nursing-home physician

## Avoid “Consult GI for PEG Placement”

- Understand the goals of the patient and family
- It is not “nursing-home policy” to tube-feed patients who cannot take PO

## Avoid Discharging with Foley Catheter

### Exceptions

- For wound healing  
*“d/c Foley when wound healed”*
- Hip, LE fracture  
*“d/c Foley when fracture healed”*
- Neurogenic bladder

## Prescribing Drugs in NH

- Ensure it is indicated  
*Each drug prescribed needs a corresponding diagnosis*
- “Start low and go slow”
- Prescribe low-cost equivalents when possible
- Order as BID/TID, etc., instead of qXhrs

## The Beer’s List

- Delineates prescribing practices in NH
- Adopted as federal guideline on prescribing
- Used by state surveyors in evaluating drug prescribing in NH
- Does not prohibit the prescribing of drugs but requires physician documentation on the use of certain drugs, effectively proscribing their use

## Examples of Beer’s List

<i>Drug</i>	<i>Strength</i>	<i>Dosing Schedule</i>
<b>FeSO4</b>	325mg QD	<i>GI side effects, limited indications (blood loss)</i>
<b>Dig</b>	0.0125mg QD	<i>Renal impairment, risk of toxicity</i>
<b>Propoxiphene</b>	<i>Don't prescribe</i>	<i>Limited efficacy, toxic metabolites in renal insufficiency</i>
<b>Benzodiazepine</b>	<i>Any</i>	<i>Don't prescribe unless willing to give a legitimate psychiatric diagnosis</i>
<b>Tricyclics</b>	<i>Any</i>	<i>Don't prescribe unless there is no other drug for sleep, neuropathy, or depression</i>
<b>Antipsychotic</b>	<i>Any</i>	<i>Don't prescribe unless documented psychiatric diagnosis, dementia w/agitation, hospice (N/A)</i>

## Selected Readings

### **Overview of Nursing Home Care at Life's End**

Cartwright, J. C. "Nursing Homes and Assisted-Living Facilities as Places for Dying." *Annual Review of Nursing Research* 20 (2002): 231–264.

Hanson, L. C., M. Henderson, and M. Menon. "As Individual as Death Itself: A Focus Group Study of Terminal Care in Nursing Homes." *Journal of Palliative Care* 5 (2002): 117–125.

Miller, S. C. and V. Mor. "The Role of Hospice Care in the Nursing Home Setting." *Journal of Palliative Care* 5 (2002): 271–277.

Parker-Oliver, D. "Hospice Experience and Perceptions in Nursing Homes." *Journal of Palliative Medicine* 5 (2002): 713–720.

### **Hospice Care in Assisted-Living Communities**

Dixon, S., J. Fortner, and S. S. Travis. "Barriers, Challenges, and Opportunities Related to the Provision of Hospice Care in Assisted-Living Communities." *American Journal of Hospice and Palliative Care* 19 (2002): 187–192.

### **Educating Long-Term Care Facilities in End-of-Life Care**

Steel, K., M. Ribbe, J. Ahronheim, H. Hedrick, P. A. Selwyn, W. Forman, and T. Keay. "Incorporating Education on Palliative Care into the Long-Term Care Setting." *Journal of the American Geriatrics Society* 47 (1999): 904–907.

### **Withholding or Withdrawing Artificial Nutrition and Hydration**

Onwuteaka-Phillipsen, B. D., H. R. Pasman, A. Kruit, A. van der Heide, M. W. Ribbe, and G. van der Wal. "Withholding or Withdrawing Artificial Administration of Food and Fluids in Nursing-Home Patients." *Age and Ageing* 30 (2001): 459–465.

— Comment in *Age and Ageing* 2001: 436–438.

### **Physician-Assisted Suicide in the Frail Elderly**

Smith, W. B. "Physician-Assisted Suicide and Euthanasia's Impact on the Frail Elderly: Autonomy or a License to Kill? Some Ethical Perspectives." *Journal of Long-Term Home Health Care* 17 (1998): 42–49.