Fall 12-15-2017

Preserving the Health & Well-being of Elderly Adults: Encouraging Standards of Care within Residential Care Facilities

Katie Schollander
katie.schollander@aol.com

Preserving the Health and Wellbeing of Elderly Adults: Encouraging Standards of Care within Residential Care Facilities

Katie Schollander
MPH Candidate 2017
University of San Francisco

Table of Contents

Abstract

Hospitalizations are expensive to our healthcare system, and too often can be prevented. A large portion of preventable hospital stays are elderly individuals. In this case, these hospitalizations can also be detrimental to the health of the individual, as they may begin to decline while not going through their daily routines. The Institute on Aging (IOA) is an agency that seeks to keep elderly and disabled adults out of institutionalization. The Community Care Settings Pilot Program (CCSP) is a subset of IOA as a whole, which works with the San Mateo Health Plan patients. Residential care facilities for the elderly (RCFE) play a large role in keeping the elderly population out of being institutionalized, and many of CCSP's clients move into RCFEs from skilled nursing facilities. The goal at that point is to prevent further hospitalizations. A committee within the CCSP program conducted motivational surveys and quality assurance (QA) assessments at three care homes to ensure that they were meeting standards of care for IOA clients that would be most preventative for hospitalizations. The CCSP committee found that all three care homes passed the motivational survey, RCFE1 and RCFE3 scoring 9 out of 10, RCFE2 scoring 7 out of 10. QA results showed RCFE1 and RCFE3 passing assessment and receiving incentive payment, while RCFE2 did not pass and required follow up. The main trends were RCFEs lacking emergency plans and keeping substances out of reach to residents, as well as level of care by caregivers. The CCSP committee will continue to do yearly routine follow up, as well as more frequent follow up to RCFEs that do not pass to ensure deficiencies are resolved. IOA will also continue to connect RCFEs with stakeholders and resources to resolve deficiencies and maintain highest level of care for residents.

Introduction

Each year, thousands of elderly adults are unnecessarily hospitalized without support for a safe discharge back into the community. Residential care facilities play a large role in senior citizen discharges back into the community, and because of that, there is a strong need for monitoring and regulation of these facilities to uphold safety and care expectations. The more functioning and safe residential care facilities in our communities, the more elderly that have been hospitalized long term will have a safe and cheaper alternative to skilled nursing facilities (Barker, et al. 1994). Often elderly are hospitalized unnecessarily due to poor living circumstances or lack of support, these issues can be addressed by safer and more quality compliant facilities throughout all counties, and in turn, limit the amount of unnecessary hospitalizations, thus saving money for the State. The cheaper the stay for the population, the more money the State saves to focus on other programs for elderly and disabled adults and prevention against unnecessary hospitalization risk and the financial burden of these hospitalizations.

It is no surprise that given senior citizens' predisposition to being more prone to ailments, will result in a higher rate of hospitalizations, but based on some research, it seems to be more than just predisposition causing hospitalizations. Barker et al. (1994) discussed the high prevalence of the elderly population experiencing hospitalization in comparison to the rest of the population. The elderly population has the highest rate of hospitalization, and although many are unavoidable, there is concern that levels of care being delivered to the elderly population, and a discussion of areas of opportunity for prevention. Hospitalizations for the elderly can be detrimental to their overall long term health, as Gillick et al. (1982) found that among hospitalized patients, symptoms of depressed psychophysiological functioning (confusion, falling, not eating,

and incontinence) were found in 8.8% of the patients under 70 and in 40.5% of the elderly population. These findings suggest that it is imperative to prevent avoidable hospitalizations, not only for cost, but for wellbeing of the patients involved. Barker et al. (1994) stated that the elderly population experiences not only disproportionately high rates of admission to hospitals and nursing homes, but high rates of transfer between settings. This evidence suggests that there is a lacking variable within care in these locations and particularly in care homes for the elderly.

Unsafe discharge back into the community poses risks of re hospitalization and even fatalities for this vulnerable population. 40% of hospitalizations of the elderly population residing in care homes was seen within three months of admission to the care home. This data suggests that the population of interest is not receiving proper care at their respective care homes in order to acclimate successfully into the community. Beers et al. (1992) highlighted some of these improper care issues in their study, finding that inappropriate medication prescribing in nursing homes is common. Barker et al. (1994) suggesting that if care homes were more properly staffed, they would be able to better monitor all residents, rather than only putting focus on residents with higher care needs, and thus preventing avoidable hospitalizations. The authors explained that hospitalizations from nursing homes are not easily predicted but may in large part be prevented through health care reforms that integrate acute and long term care.

Prevention is extremely important with the issue of elderly hospitalization and many studies have looked to do just that. Schnipper et al. (2006) examined the possibility of pharmacist counseling with elderly patients who had previously been hospitalized, after hospitalization. The authors noted that hospitalization seemed to be a cause of medication mismanagement because of the changes made to medication regimens and inadequate surveillance following hospi-

talization. Scnhipper et al. (2006)'s study looked to find the cause for medication mismanagement, in order to prevent. The authors found that pharmacist medication review, patient counseling, and telephone follow-up were associated with a lower rate of preventable adverse drug events 30 days after hospital discharge. Medication discrepancies before and after discharge were common targets of intervention. The findings of these authors suggest that the standards of care play a large role in avoidable hospitalizations of senior citizens.

It is extremely imperative that counties work towards preventing avoidable hospitalizations within the elderly population, not only for the cost of hospitalizations to the State, but for the health and well-being of the individuals within this population. Residential care facilities (or nursing homes) play a large role in this prevention. If care is carried out thoughtfully and compliant with the resident's needs, we should see a decrease in the prevalence of hospitalizations and overall more elevated quality of life for the residents. It is important for counties to not only promote this standard of care, but to ensure that these ideas are systematically being practiced, through policy and regulations.

Scope of Work

Institute on Aging (IOA) is a non profit organization based in the San Francisco Bay Area that strives to keep elderly and disabled adults from being institutionalized. IOA's goal is to help their population live safely and with a healthy quality of life in the community through intensive case management and connection with resources within the community. There are six different programs within the Bay Area, all serving clients in their respective regions, these include: San Francisco, San Mateo, San Rafael, Los Altos, Morgan Hill, and Oakland. Currently,

IOA has around 250 employees. IOA's Community Care Settings Program (CCSP) is the program that I am completing my fieldwork hours with. CCSP is funded by the Health Plan of San Mateo (HPSM). Many projects through CCSP are driven by the requests and needs of HPSM. A major goal for HPSM is to keep the clients that have HPSM health insurance, out of hospitals and skilled nursing facilities. HPSM funds 80% of CCSP's client's residential care facility rents.

IOA's CCSP program has created a quality assurance project that strives to uphold the integrity of the residential care facilities (RCFE) that we place our clients in. It is important that the care homes that we place our population in are safe and clean and abide by general health safety requirements to properly serve our population and keep them out of institutionalization. The goal of this project is to educate RCFEs on what is expected and what the legal requirements are for caring for elderly and disabled adults in our community. The next step is to then assess if the care homes are meeting these goals, and if so, communicate what their incentive will be for meeting the expected goal. The care homes will also receive motivational surveys to promote positive care habits. Another project that will simultaneously be conducted is the cost savings tracking. Cost savings will show CCSP as a program how much we are being reimbursed for services for our clients through applying for Medi-Cal waiver services. There are two major waiver programs that IOA's CCSP program applies their clients to, the first is California Community Transition (CCT), and the other is the Assisted Living Waiver (ALW). Both CCT and ALW are ways that IOA as a nonprofit can be reimbursed through the state, for services that they provide to eligible clients. The cost savings project will analyze how much money these waiver programs generate in reimbursement for CCSP, and where CCSP can be

allocating these funds. The cost savings project will also focus on how much of these reimbursed funds can go towards incentives for care homes meeting quality assurance assessments.

My project is based around identifying residential care facility health and safety standards, motivating RCFEs to meet these goals, providing incentives to RCFEs for meeting goals, and focusing on cost savings from waiver service reimbursement to support and sustain the CCSP program in San Mateo County. I will be collaborating with CCSP's Regional Director to create a motivational survey that I will administer to RCFEs. I will then be utilizing CCSP's quality assurance assessment tool to determine if each RCFE meets requirements. See Appendix A for categories of quality assurance assessment tool. If they care facility meets requirements, they will receive a quality assurance incentive of $250.00 per visit from CCSP program. I will also be working with IOA's Medi-Cal biller to track cost savings for CCSP program through Medi-Cal waiver services, and communicating with IOA staff to motivate timely submission of Medi-Cal waiver paperwork. This project will focus on the population level of health as it will be assessing RCFE and how they can better serve our population to uphold their quality of life. Similarly, the more cost savings CCSP program experiences, the more they are better equipped to serve our population of interest using quality assurance incentives to promote a safer RCFE care environment for IOA's CCSP clients.

Impact

Motivational Survey

The first residential care facility for the elderly (RCFE1)'s motivational survey results aired on the side of compliance, the care home presented willingly to meet quality assurance goals and to care for clients with dignity and respect. See Appendix B for list of questions in motivational survey. Overall, out of the ten motivational survey questions, RCFE1 answered affirmatively to nine questions proposed. The one question that was not answered in the affirmative was regarding the RCFE's caregiver supervision; the question states: "I am confident in the care home's caregiver to resident ratio." These results suggest that RCFE1 will most likely have a passing to high score on their quality assurance assessment, making them eligible for incentive payment through IOA. This is the type of outcome we hope for in the care homes, to prevent future hospitalizations and maintain good health of current residents. The second residential care facility (RCFE2)'s motivational survey results were similar to RCFE1 in that they aired on the positive side, showing that the care home is taking steps to ensure they are a safe and clean facility for IOA clients. Overall, RCFE2 answered affirmatively to seven out of ten of the motivational survey inquiries. Similarly to RCFE1, RCFE2 results of motivational survey suggests that RCFE2 will likely have a high to passing score on the quality assurance assessment, and receive incentive payment. Thus, perpetuating good upkeep in the care home. The third residential care facility (RCFE3)'s motivational survey results also aired on the side of compliance, with the highest score, answering ten out of ten questions in the affirmative. The results of RCFE3 motivational survey suggest that they may have a passing score on

the quality assurance assessment tool, with possibility of zero deficiencies. Similarly to the other two care homes, IOA's goal is to maintain this motivation and standards in all care homes serving IOA clients.

Quality Assurance Assessment Tool

RCFE1 passed quality assurance assessment tool with only one area that received a PM (partially meeting standards) out of the six categories. A failing score would be more than three PM or below out of the six categories. Some trends found in QA assessment of RCFE1 were that this care home scored high in emergency safety, they have a call button for clients in each bedroom. RCFE1 also has emergency drills and evacuation protocols in place that are made known to residents. RCFE1 lacked did have cleaning supplies and toxic chemicals put away in a separate room away from residents, however these cleaning supplies were not in a locked cabinet. RCFE1 received QA incentive payment for passing, although RCFE1 has some areas for improvement, IOA hopes that with these results, they will be able to correct the areas they are lacking to ensure a safer environment for residents. Although the area lacking did not pose a current threat to residents, it could in the future, and therefore, IOA has initiated a follow up quality assurance assessment to see that the deficiencies are corrected. RCFE2 did not pass quality assurance assessment tool. RCFE2 was found to have three or more deficiencies (scoring at partially meeting or below) within two categories of survey. Some of the deficiencies recorded at RCFE2 were as follows: there was no evidence of emergency drills being carried out, there is only one caregiver at night, asleep. Another deficiency noted was that along with there being no caregiver awake at night, there is not call button for emergencies or needs in the night. The implications

for this care home's score is that they will definitely require a follow up quality assurance assessment visit to ensure that this care home has made necessary changes and is suitable for IOA clients and does not pose a hospitalization risk. RCFE2 did not receive QA incentive payment. If RCFE2 does not make the improvements from the first quality assurance visit, IOA may consider implementing a program that will help staff caregivers in RCFEs to aid in the lack of care, especially during the night. IOA would do this by connecting with stakeholders, specifically Health Plan of San Mateo and In Home Supportive Services, to connect RCFEs with the caregiving registry service. RCFE3 results for quality assurance assessment passed the quality assurance assessment tool, although there were two questions that RCFE3 received a PM score. The areas for improvement for RCFE3 were medications to clients. RCFE3 was found to not keep medications in locked cabinets, although cabinets in an area mostly inaccessible to residents, and caregivers did not always keep record of when they had administered medication. This category is one that, although this care home passed and received incentive, IOA will note for next quality assurance visit, and if missed again, will connect care home with training services for caregivers.

Cost Savings

Cost savings findings and implications proved to be beneficial to IOA's CCSP program. Medi-Cal waiver services are programs through the State that will refund IOA for case managemenet services that are provided to eligible clients. The money reimbursed to the CCSP program through Medi-Cal waiver services was closely tracked on a spreadsheet, as well as cost saving opportunities for the program on another spreadsheet. These cost savings were shown to benefit the CCSP program in a large way. California Community Transitions (CCT) saves IOA about $3,000.00 per year per client approved for case management services billed through CCT

(Med-Cal) as well as funds for home set up and other household needs of clients. The money saved through CCT services will help serve IOA's clients in other ways, i.e. more money will go towards enhancing program, more case managers, and smaller waitlist for program. It will also give more funds for home setup items, caregiving patching. IOA's goal going forward will be to strive for 100% participation of clients in CCT that are eligible. CCSP program currently has one client enrolled in the Assisted Living Waiver (ALW) program, this waiver service covers client's rent monthly, which has given IOA an annual saving of $27,475.00. IOA hopes to enroll more clients in this service, but currently there is a waitlist. IOA has three pending applications. Similarly to CCT services, ALW approvals for clients will fund rent costs for many clients, freeing up IOA's CCSP funds to aid clients in other areas. IOA hopes to apply as many clients that are eligible to receive reimbursement to better aid the population as whole in the future and continue to promote health and safety standards within care homes.

Conclusion

Each year we see a large number of hospitalizations within the elderly community, and much more so than any other population. Although it is to be expected that people within the elderly community would have more ailments than most infant and adolescent to adult citizens, many of these hospitalizations are preventable. The elderly population has the highest rate of hospitalization, and these hospital stays often show to be detrimental to overall long term health of patients. With these statistics, it is no surprise that we see more hospitalizations shortly after elderly individuals move back into the community. Collective data has shown that around 40% of hospitalizations within the elderly population was seen within three months of admission to a care home.

The importance of abiding by a standard of care is imperative for residential care facilities, in order to decrease the risk for hospitalization of the people within the elderly population. The Institute on Aging (IOA) strives to keep elderly and disabled adults from being institutionalized. A large role that the Institute on Aging plays is its relationship with residential care facilities. IOA forms a relationship with RCFEs in order to house their clients that are moving out of the hospital or skilled nursing facilities. To reduce the amount of preventable hospitalizations, IOA implemented a project to encourage RCFEs to abide by quality assurance standards of care. A motivational survey was created to conduct at three RCFEs in order to gage the importance of standards of care within the care facilities that are housing IOA clients. The motivational survey consisted of questions that were telling of the RCFE's motivational intentions. The survey included questions like, "Do you believe the protocol your RCFE has in place is sufficient to ensure the care home is sanitary?" and "Do you believe your care home is up to care standards for the population that it serves?" The results of the motivational survey were similar among all three care homes, varying slightly lower in RCFE2. RCFE1 and RCFE3 answered in the affirmative for 90% or more of the motivational survey questions.

IOA created and administered a quality assurance assessment in order to assess the level of quality of care in each of the three care homes that received motivational surveys. The quality assurance assessment was split into five sections, covering safety, sanitation, emergencies, etc. Two out of the three RCFEs that were assessed for quality assurance passed the assessment. IOA issues a $250.00/per client incentive payment to care homes after passing a quality assurance assessment. RCFE1 and RCFE3 will receive a quality assurance incentive payment from IOA. The RCFE that did not pass the assessment will receive a follow up quality assessment to see that the deficiencies have been corrected.

RCFEs will continue to motivational surveys and quality assurance assessments every six months. RCFEs that did not pass quality assurance assessments will be screened to see that the deficiencies are corrected, and once corrected, will be rewarded an incentive payment through IOA. IOA will draw from results in both surveys to motivate future RCFEs and to anticipate deficiencies before they become an issue. IOA will continue to expand their RCFE network to house more clients. IOA will also use funds from cost savings project to be able to pay more care homes quality assurance incentives, in order to continue to promote health and safety standards in RCFEs. IOA will use results of motivational surveys and quality assurance assessments to examine new care homes for issues. IOA will continue to advocate for better care quality in RCFEs for the health and safety of elderly and disabled adults. IOA will seek campaigns to advocate for stricter state regulations on RCFEs, in order to prevent avoidable hospitalizations. Lastly, IOA will continue to advocate for higher assisted living waiver rates in San Mateo region, to match private pay rates and be able to house more people within the elderly population. The issue of preventable hospitalization costs to our healthcare system and detriments of hospital stays to the population at risk continues to grow, but IOA hopes the efforts of their quality assurance project will continue to foster conversation and advancement around this topic of concern.

References

Barker, W. H., Zimmer, J. G., Hall, W. J., Ruff, B. C., Freundlich, C. B., & Eggert, G. M. (1994). Rates, patterns, causes, and costs of hospitalization of nursing home residents: a population-based study. American Journal of Public Health, 84(10), 1615-1620.

Beers, M. H., Ouslander, J. G., Fingold, S. F., Morgenstern, H., Reuben, D. B., Rogers, W., ... & Beck, J. C. (1992). Inappropriate medication prescribing in skilled-nursing facilities. Annals of Internal Medicine, 117, 684-684.

Gillick, M. R., Serrell, N. A., & Gillick, L. S. (1982). Adverse consequences of hospitalization in the elderly. *Social science & medicine*, *16*(10), 1033-1038.

Inouye, S. K., Acampora, D., Miller, R. L., Fulmer, T., Hurst, L. D. and Cooney, L. M. (1993), The Yale Geriatric Care Program: A Model of Care To Prevent Functional Decline in Hospitalized Elderly Patients. Journal of the American Geriatrics Society, 41: 1345–1352. doi:10.1111/j.1532-5415.1993.tb06486.x

Mor, V., Intrator, O., Feng, Z., & Grabowski, D. C. (2010). The revolving door of rehospitalization from skilled nursing facilities. Health affairs, 29(1), 57-64.

Schnipper JL, Kirwin JL, Cotugno MC, Wahlstrom SA, Brown BA, Tarvin E, Kachalia A, Horng M, Roy CL, McKean SC, Bates DW. Role of Pharmacist Counseling in Preventing Adverse Drug Events After Hospitalization. *Arch Intern Med.* 2006;166(5):565–571. doi:10.1001/archinte.166.5.565

Appendix A. Six core areas of quality assurance assessment

Client health, wellness, safety and care
Staff training, staffing patterns, language capacity/ability
Physical plant; setting of the care home, facility quality, fall risk, etc.
Client medication
Client finances (only applicable if care home assists, not required for care homes)
Other; any areas observed worth recording that do not fall within categories 1-5

Appendix B. Motivational survey questions answered

	RCFE1	RCFE2	RCFE3
I believe our care home is a safe and healthy environment	Yes	Yes	Yes
I am confident in our emergency procedures	Yes	Somewhat	Yes
I am confident that residents receive proper med administration	Yes	Somewhat	Yes
I am confident in the care home‘s caregiver to resident ratio	Somewhat	Somewhat	Yes

I am confident in the comfort of our care home for residents	Yes	Yes	Yes
I am confident in my caregivers abilities	Yes	Yes	Yes
I believe residents are happy here	Yes	Yes	Yes
I believe residents feel safe here	Yes	Yes	Yes
I believe residents would be happy to choose my care home after touring	Yes	Yes	Yes
I believe we are doing what we can to limit hospitalzations	Yes	Yes	Yes

Appendix C. Competency matrix explaining which program competencies were satisfied and how each was achieved.	
Competency:	**Method of Achievement:**
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	I have developed a motivational survey, geared towards residential care facilities to promote expectations of care for aging adults. This survey will not only assess the intentions of the care homes, but also motivate behavior to better serve population dwelling in respective care homes.
7. Assess population needs, assets and capacities that affect communities' health	In conducting a quality assurance assessment of residential care facilities, I will assess what needs to be addressed to better serve the population of interest. I will use a standardized assessment tool used by IOA in assessing all care homes.

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	Using the results from the motivational survey, I will analyze residential care facilities capacity and intention of serving aging adults with appropriate care and dignity. I will also analyze the data from the quality assurance tool, looking for trends and likelihood to pass assessment based on motivational survey results.
21. Perform effectively on interprofessional teams	Working with IOA staff, I will effectively communicate the necessity for timely submission of waiver service paperwork, for reimbursement funds for the Community Care Settings Pilot program to better serve the aging adult population.
10. Explain basic principles and tools of budget and resource management	Through waiver services, I will analyze the costs savings to IOA's program and how effectively waiver services aid IOA's CCSP program financially. I will oversee and ensure proper submission of waiver paperwork to ensure funding reimbursement.