CHURNING-NURSING HOME TO ER AND BACK

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Medicalization of Frailty

Figure 1. Medicalization of frailty
Long-term care needs
Projected growth of the elderly population, 65-to 84-years-old and aged 85 and older, in millions

Source: "Long-Term Care: Understanding Medicaid's Role for the Elderly and Disabled," November 2005, Kaiser Family Foundation
The chart illustrates the projected numbers of elderly individuals in various categories over the years 1993 to 2025. The categories are:

- Number of physically weak elderly
- Number of elderly with dementia and requiring care (Excluding bedridden elderly)
- Number of bedridden elderly (Including the bedridden elderly with dementia)

The data is sourced from MHW Projection.
Nursing Homes in S.C.

• 171 Certified Nursing Homes
• 16,631 Residents
2009 S.C. Emergency Room Visits

ER Visits Medicare Patients-270,940
Total Charges-$742,764,238
Average Charge $2,741

Medicare ER Visits with Admissions -391,883
Total Charges-$4,993,261,436
Average Charge-$9,172

ER Visits Age 80 and over-65,608 (24%)
ER Visits Age 80 and over with admission-99,292 (25%)
ER Total Charges-$202,601,486
ER with Admission Charges-$1,496,125,505
ER Visit Only Average Charge- $3,088
ER Visit with Admission Average Charge-$11,592

Source: SC ORS
### Top 10 Reasons for ER Visits 2009
#### Age Group >80

<table>
<thead>
<tr>
<th>Rank</th>
<th>Diagnosis</th>
<th>Discharges</th>
<th>Percent of Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>780 - GENERAL SYMPTOMS*</td>
<td>5,791</td>
<td>5.2 %</td>
</tr>
<tr>
<td>2.</td>
<td>786 - RESP SYS/OTH CHEST SYMP*</td>
<td>4,658</td>
<td>4.2 %</td>
</tr>
<tr>
<td>3.</td>
<td>599 - OTH URINARY TRACT DISOR*</td>
<td>3,191</td>
<td>2.9 %</td>
</tr>
<tr>
<td>4.</td>
<td>789 - OTH ABDOMEN/PELVIS SYMP*</td>
<td>1,939</td>
<td>1.8 %</td>
</tr>
<tr>
<td>5.</td>
<td>873 - OTHER OPEN WOUND OF HEAD*</td>
<td>1,913</td>
<td>1.7 %</td>
</tr>
<tr>
<td>6.</td>
<td>920 - CONTUSION FACE/SCALP/NCK</td>
<td>1,667</td>
<td>1.5 %</td>
</tr>
<tr>
<td>7.</td>
<td>787 - GI SYSTEM SYMPTOMS*</td>
<td>1,545</td>
<td>1.4 %</td>
</tr>
<tr>
<td>8.</td>
<td>924 - CONTUSION LEG &amp; OTH SITE*</td>
<td>1,532</td>
<td>1.4 %</td>
</tr>
<tr>
<td>9.</td>
<td>427 - CARDIAC DYSRHYTHMIAS*</td>
<td>1,352</td>
<td>1.2 %</td>
</tr>
<tr>
<td>10.</td>
<td>719 - JOINT DISORDER NEC &amp; NOS*</td>
<td>1,298</td>
<td>1.2 %</td>
</tr>
</tbody>
</table>

*Source: SC ORS*
Brown University team (2006) tracked the status of 570,614 residents aged 65 and older living in 8,997 urban, freestanding nursing homes located in 48 states. Residents were followed for a five-month period to see how many were hospitalized. Researchers found that, on average, 17 percent of all residents were admitted to hospitals at least once during those five months, with rates varying from a low of 8 percent in Utah to a high of 25 percent in Louisiana.
Hospitalization Rates of the Frail Elderly
## S.C. State Scorecard

<table>
<thead>
<tr>
<th>Indicator</th>
<th>SC State Rate</th>
<th>All State Median Rate</th>
<th>Top 5 States</th>
<th>Best Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of long-stay nursing home residents with hospital admission</td>
<td>19.9</td>
<td>18.7</td>
<td>9.0</td>
<td>6.9</td>
</tr>
<tr>
<td>% of short-stay nursing home residents with hospital readmission within 30 days</td>
<td>19.4</td>
<td>20.8</td>
<td>14.6</td>
<td>13.2</td>
</tr>
</tbody>
</table>

**Estimated Impact of Improving State Performance**

1,537 fewer long-stay nursing home residents would be hospitalized.

$10,711,145 Dollars would be saved from reduction in hospitalizations.

Source: Commonwealth Fund 2010
CMS Definition of Potentially Avoidable Hospitalization

- Hospitalizations with diagnosis of:
  - Congestive heart failure
  - Respiratory Infection
  - Electrolyte imbalance
  - Sepsis
  - Urinary tract infection
  - Anemia (in long stay residents)

- Separate measures for long-stay & short stay
Modifiable Factors Associated with Potentially Preventable Hospitalizations

- **Survey of Directors of Nursing in NY (n=147)**
  - Communication between RNs and MDs
  - Perceived inadequate access by MDs to residents’ prior history, lab results, ECGs
  - Access to urgent lab results in less than 4 hours

- **Survey of Medical Directors and DON (n=349 of 448 NHs)**
  - On-site doctor/NP evaluation within 4 hours least accessible resource
  - Medical Directors perceived the lack of information and lack of familiarity with residents by covering MDs as most important causes of overhospitalization
CMS Nursing Home Value-Based Purchasing Demonstration

• Three-year demonstration beginning 2009
• Demonstration states: Arizona, Mississippi, New York, & Wisconsin
• 50 nursing homes in each state randomly assigned to one of two groups
• Higher quality of care is expected to result in fewer avoidable hospitalizations (one of four criteria=30%).
• Incentives = Shared savings approach
Nursing Home Telemedicine

• Through a contract with Samsung SDS of Korea, a development team at the University of Iowa has developed a Nursing Home Telemedicine system.

• The system provides full interactive live video and audio capacity. A nurse practitioner, dentist, or physician can be in their office or home and access the e-TeleHealth web site with their own personal computer system to carry out a live telehealth visit.

Geriatrics: Nursing Home Telemedicine

Figure 3. Rollabout in the Nursing Home and Internet Connection

Source: Department of Family Medicine, Health Care Home, University of Iowa Hospitals & Clinics
Nursing Home Telemedicine

• Each piece of equipment on the rollabout operates independently of the other.
• The otoscope, dermascope and dental scope are connected to a main unit that provides a light source that is easily adjusted for illumination.
• There is a focus mechanism on the device and for safety there is a protective cap to place on the end of the otoscope.
• The 12-lead ECG has the operation modes of monitoring, recording and copying. Its application is the same as other ECG machines.
Alternatives?

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by Carl Elbing

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Another Alternative?

'...Then Gordon came up with a brilliant new plan. We’re sending everyone over 65 to Afghanistan.'
References

• Intrator, O., Mor, V., Feng, Z., Miller, S., Schleinitz, M., Grabowski, D., & Zinn, J. (2006). Nursing home or hospital: State policy has big impact on elderly. *Health Services Research*.