Inadequate Quality of Care in Skilled Nursing Facilities

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**Introduction**

 Over the last 25 years I have worked in numerous emergency departments in various cities and states and see a reoccurring theme. The reputation of the local skilled nursing facilities has in the local emergency department. The sad state that most nursing home patients arrive to the emergency department is heart breaking and is a common occurrence around the United States. Nursing homes do not have properly trained staff nor the funds to provide optimum care to their residents. This leads to an increase of injuries, infections, and death within the nursing home requiring transport to the emergency departments. This population is the fastest growing segment with an estimated 34 million people over the age of 65 who might need placement in a nursing home or skilled nursing facility (Grade, B. 1976). 4.1% of people 65 years of age and older live in long term care facilities (El-Solh, A., etal. 2011).

**Population**

 The average age of residents or patients in a skilled nursing facility is 85 years of age and older. This group accounts for approximately 52% of the residents. Thirty-five percent of the residents are 75-84 and thirteen percent are 65-74. Most of the residents have chronic illness such as congestive heart failure, chronic obstructive pulmonary disease, dementia, Alzheimer’s or cerebral vascular attack ([www.caregiver.org](http://www.caregiver.org)). The residents have trouble basic self-care tasks such as feeding themselves, bathing, and ambulating due to the aging process or disease process. The residents can be long-term or short-term. The short-term residents are only there for a brief period for rehabilitation from injury or illness and then discharged home ([www.ncbi.nml.nih.gov](http://www.ncbi.nml.nih.gov)).

**Problem**

 The problems that face nursing homes which affect the quality of care given to the residents is shortage of staffing and lack of training of the staff in the skilled nursing facilities. Most facilities are required only to have one registered nurse on duty at all times. The average nursing home houses approximately 80 residents which the registered nurse on duty is responsible for. The registered nurse usually holds an administrative or supervisory role also such director of nurses for the facility (Lin, H. 2014). The rest of the staffing is comprised of 3-5 licensed practical nurses whose main task is handing out of meds and 5 certified nursing aides who perform most of the hands-on care for the residents (Interview with MD).

 Another restraint the skilled nursing facilities face is funding. Most of their funding is received from reimbursements from private insurance companies or Medicare/Medicaid. These companies dictate the number of days a resident may stay, the plan of care based on the diagnosis, etc. If a resident is readmitted to the hospital with in thirty days of discharge, the skilled nursing facility may not get reimbursed for that month or may even have to pay money back even if it’s a separate diagnosis from the previous diagnosis. This decreases the amount of funds available to run the skilled nursing facility (Interview with MD). Also, the average cost of care in a skilled nursing facility setting is four times greater than that of a hospital, assisted living or adult day care facility ( [www.caregiver.org](http://www.caregiver.org)).

**Vulnerabilities of Residents**

 The leading cause of death of residents in a skilled nursing facility is pneumonia and the number one cause of injuries is falls. Pneumonia accounts for approximately 48 % of the infections in skilled nursing facilities followed by urinary tract infections and wound infections. The main cause for pneumonia is ineffective clearing of mucous from the respiratory tract due to cerebral vascular attack, dysphagia, decreased respiratory reserve such as chronic obstructive pulmonary disease, coronary artery disease, et. Urinary tract infections are related to poor hygiene and bladder habits. Wound infections are caused by poor hygiene and decreased mobility and circulation (El-Holh, A., et al, 2011).

 Falls account for 43% of hip and femur fractures. Falls occur mainly occurs when the residents do not obtain help with ambulating, toileting, etc. This comes from the resident trying to maintain independence or not getting the assistance, he requests in a timely manner. Also, the residents balance, gait and strength has decreased due to the aging process causing him to be apt to fall (El-Sohl, A., etal, 2011).

**Final Results**

 Even though death is expected skilled nursing facility, preventable deaths due to falls and pneumonia is due in part to insufficient funding and staffing shortage. An increase in nursing hours has been shown to reduce urinary tract infections, pneumonias, and wound infections (Backhaus, R., etal, 2014). Injuries are preventable if adequate staffing is available to help assist the patients with activities of daily living. By preventing both infections and injuries, the need for rehospitalizations decreases which helps skilled nursing facilities obtain reimbursement from the private insurance companies or Medicare/Medicaid.

**Conclusion**

 Skilled nursing facilities have a significant role in the community especially with the increasing number of the elderly population. However, there are major areas that need addressing – staffing shortage of properly trained staff and lack of funding. With improved quality of care, the elderly population can achieve a better quality of life even while residing in a skilled nursing life.

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