Long-Term Care Facilities—Just The Facts: Part 1

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Dear friend,

I'm glad I was able to talk with you at our ENA [Emergency Nurses Association] state meeting last week. I certainly understand your concern about placing your dad in a long-term care facility. It is so hard to know if you have decided on the best option and if your dad will get the care he needs. I have been in your shoes. If you are questioning your decision, I have found a great deal of help accessible on the Internet concerning the various nursing care facilities, what to look for, what questions to ask, what the costs are, and what financial help is available. I often think about the family members we meet on a regular basis in the emergency department in the same situation. They are caring for a loved one and are "at the end of their rope," wondering what to do next.

You have done a great job caring for your dad in your home the past 3 years, in addition to working full time and keeping up with 3 children and your husband who travels a lot for his job. Keep in mind that as nurses, we are the last ones to admit we need to be "cared for" instead of being the caregiver. I do hope you will follow up with your doctor concerning the recent medical issues you have experienced. You sound exhausted, and it's easy to understand why with the schedule you have been following. Please remember you are not alone in this situation. There is also plenty of information on caregiver support, resources for caregivers, and education.

Please take care of yourself, and give me a call if you just need to talk.

Long-Term Care Reality

How often is this scenario replayed every day in emergency departments across the country? As an emergency nurse, I knew very little about long-term care (LTC) facilities prior to my mother's need for this care. In many respects, the nurses who work in LTC seemed to speak a foreign language because of the regulations and rules governing care of the older adult in a facility.

Our goal is to provide the emergency nurse with basic information regarding LTC facilities so that they know what to expect when receiving, treating, and discharging a resident back to the facility or when sending the patient to an LTC for the first time. It should be noted that individuals living in LTC facilities are referred to as "residents" because they "reside" in "their home." Our second goal is to recognize, acknowledge, and support family members and colleagues who are in the role of caregiver.

Facts About LTC

LTC is characterized as assisting people of any age with their medical needs or activities of daily living over a long period. This care can be provided at home, in the community, or in various types of facilities. "In 2012, about 58,500 paid, regulated long-term care services providers served about 8 million people in the United States. Each day in 2012, there were 273,200 participants enrolled in adult day services centers, 1,383,700 residents in nursing homes, and 713,300 residents in residential care communities; in 2011, about 4,742,500 patients received services from home health agencies, and 1,244,500 patients received services from hospices."[1] With statistics like these, it is reasonable to suggest that on any given day, you provide care for a patient who is part of an LTC environment. These statistics also suggest that there is more than one type of care available.

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Editor's note: This article is part 1 of a 2-part series dealing with the challenges emergency nurses encounter in dealing with and caring for residents of a longterm care facility. It also speaks to our colleagues who, outside of work, are acting as caregivers to an elderly individual on a long-term basis.

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What Do You Know About LTC Facilities?

How would you answer the following questions:

- Did you know there are different levels and types of care facilities?
- How are facilities classified?
- What services are available?
- How is a facility staffed?
- What type of care do the patients from a nursing home or assisted-living facility receive?
- What types of medical supplies are available?
- When you have a patient who is transported to your emergency department from a care facility, how do you determine whether the facility is capable of carrying out prescribed orders for the individual when he or she is returned?
- Can a patient's level of care be "upgraded" within the same facility?
- Is the facility able to handle confused and agitated residents?
- How many times has this patient been seen in the emergency department for similar complaints?
- When an older adult patient has made multiple trips to the emergency department because he or she lives alone and has no other support system, where do you turn for help?
- How often does this visit occur when a social service worker is not present?
- While you, as a competent emergency nurse, can handle the assessment of this patient and carry out treatment orders, what about the time and resources required to deal with the patient's and family's needs?
- Where, as a caregiver yourself, do you turn when the "job" of care-giving in your own home has reached the impossible limit?

Facts About LTC Facilities

ASSISTED-LIVING FACILITY

The term "assisted living" may mean different things in different facilities within the same state. Not all assisted-living facilities provide the same services.[2] The individual pays out of pocket a regular monthly rent. Medicare does not pay for care, but depending on the state, Medicaid may cover long-term services and support costs.[2] In general, residents receive 3 meals daily, assistance with activities of daily living, housekeeping services, transportation, access to health and medical services, around-the-clock security, emergency call systems, medication management, laundry services, and social and recreational activities.[3] Most often, licensed practical nurses, certified nursing assistants, and nursing assistants staff these facilities on a daily basis. A registered nurse only makes periodic visits to consult and is not present full time.[3] This type of care is a good choice if the individual needs more personal care services than are available at home or in an independent retirement community and around-the-clock medical care and supervision are not required. Costs for this type of care are not covered by Medicare or other insurance unless an LTC insurance policy is involved, and even then, it may not cover all needs. Usually, the individual has a care needs assessment performed, and cost is determined by those needs. Other terms used for this type of housing are personal care, residential care facilities, and group homes. The regulations of these facilities vary and are licensed by local and state agencies. The results of annual inspections including any deficiencies are available to the public.

CONTINUING-CARE RETIREMENT COMMUNITY

Also known as "life care centers," continuing-care retirement community developments offer more than one type of housing and different levels of care where the individual is able to move from one level to another based on care needs. Generally, admission requires a large payment before moving in (entry fee) and there are monthly fees for services. "These communities offer a wide range of options for older adults that enable them to move along the health care continuum."[3] Options span living independently and assisted-living or skilled nursing care. Some have separate dementia care units, "adult day care, home visitation, home health care, [or] primary care."[3] The goal is to allow individuals to age in place. Medicare and Medicaid may pay for specific services such as home health and skilled care; the majority of care expense is paid "out of pocket." Federal and state regulations apply to assisted-living and skilled care units.

If the individual is living "independently" in the community, it is the same as living in any condominium, apartment, or house in the general population. The only difference is onsite emergency medical assistance available 24 hours per day, 7 days per week. Once the individual has been assessed by the nursing staff and triaged to the appropriate provider, the individual is "on his or her own." When discharged from the emergency department and returned to the facility, the patient/resident is expected to be able to care for himself or herself. When it comes to discharge planning, it is important to know in what level of care the individual resides. The patient may need to be transitioned to a higher level of care within the care center, or the patient may require a referral to home care if the facility nursing staff are not able to attend to the resident's