Care for mental health residents challenges nursing homes

Iowa's long term care system continues to be among the best in the nation with its nursing homes ranking in the top five in 12 of 19 in the quality measures tracked by the Centers for Medicare and Medicaid Services (CMS). However, even as top performers, Iowa's long term care providers face ongoing challenges that complicate their mission of providing quality care for all residents. One such challenge was recently highlighted in two Des Moines Register articles (Hospital sues nursing home, alleges it dumped patient, December 30, 2009, and Care facility denies Broadlawns charges, December 31, 2009).

The proper care placement of an individual with a mental health disorder, whether it is the result of physical injury or illness, creates a serious challenge for every long term care program. It is not uncommon for individuals who suffer from head injuries, dementia or Alzheimer's disease to exhibit aggressive and/or combative behaviors. They may lash out verbally or physically to those around them, whether it is family members, care staff or residents. In fact, these individuals often are placed in nursing facilities because they become too difficult for family members to care for due to their aggressive or combative behaviors.

For nursing facilities who care for these individuals, the situation is complicated by the mistaken belief of the public, family members and state and federal regulators that a nursing home can provide fulltime supervision for an aggressive or combative resident that will 100 percent guarantee they will not harm themselves or others. Unfortunately, nursing homes are not in a position to provide round-the-clock, one-on-one supervision for individual residents.

"I hear regulatory from nursing homes that need to find a more appropriate care setting for a resident who has become combative to a point where other residents and staff could be in harm’s way," said Lisa Uhlenkamp, IHCA ICAL Director of Quality and Clinical Services. "This is a problem on many levels. The facility has to consider what is best for the resident and their family, as well as, protect the facility's other residents, visitors and staff."

Financial reality

While the safety and well-being of its residents is paramount to the mission of any nursing facility, the financial reality is that individualized supervision for these special needs cases is cost prohibitive for facilities. Currently, Iowa’s nursing homes are projected to lose $34 per day for every Medicaid resident they serve in 2010. With reimbursement of $122 per day for each Medicaid resident, facilities cannot afford to provide a private nurse for individual residents in addition to the care, services, supplies, room and board the resident is already receiving.

As was illustrated in the Register article, significant resources are required to care for individuals with specialized needs. According to the Register, Broadlawns Hospital is seeking $76,000 in reimbursement for the five months of care it provided for man who exhibited aggressive behaviors due to a head injury. In comparison, a nursing home would have received an average of $21,960 in Medicaid reimbursement for the same period of care.

Unrealistic expectations

The catch-22 for nursing homes is that when a resident becomes so aggressive or combative that he or she is a threat to the safety of others in the facility, the state and federal regulations make it difficult — if not impossible — to discharge the resident. As a result, the facility is held to a standard of care that is impossible to maintain in light of the aggressive or combative resident's care needs and the financial restraints of staffing the facility.

Even facilities that have managed to provide one-on-one staffing for an aggressive or combative individual, have found that they still cannot prevent the possibility of the person lashing out and harming someone nearby.

This problem will not go away as the number of seniors needing care continues to increase with the aging of the Baby Boomers. As Baby Boomers age and providers face higher numbers of residents with dementia, this issue will continue to be problematic. The Iowa Health Care Association will continue to work with state agencies, advocates and providers to find ways to best serve the needs of these special needs Iowans. For more information, you may contact Kelly Meyers, IHCA ICAL Director of Regulatory Affairs at kelly@iowahealthcare.org or 800.422.3106.

The behavior of some residents who suffer from brain injuries or various forms of dementia can be unpredictable. Providing a safe environment for all residents is a nursing home’s goal.
Iowa nursing facilities set the bar for quality

IHCA member nursing facilities continuously embrace the challenge of meeting and exceeding both state and national quality standards. Their proactive approach has helped Iowa take its place as a nationwide leader in providing quality care.

The Centers for Medicare and Medicaid Services (CMS) most recent 2009 report on quality measures ranks Iowa’s nursing homes above the national average in 12 of the 19 measures. Iowa ranks in the top 5 nationally in 9 out of 14 chronic care measures and in the top 5 nationally in 3 out of 5 post-acute care measures.

“Iowa’s consistent performance in the quality measures have firmly established our place as one of the leading states for quality nursing home care,” said Lisa Uhlenkamp, IHCA ICAL Director of Quality and Clinical Services. “The measures provide clear benchmarks for facilities comparing themselves with other Iowa facilities and those nationwide.”

For more information about the CMS quality measures and the performance of Iowa’s nursing homes, contact Lisa at lisa@iowahealthcare.org or 800.422.3106.

Assisted living programs welcome national measures

This month the National Center for Assisted Living (NCAL) launched the first tier of its performance measures program. Initiated by the NCAL Quality Committee, under the leadership of Pat Giorgio, owner/administrator of Evergreen Estates in Cedar Rapids, Iowa, the performance measures were developed to give assisted living programs nationwide the tools to assess the quality of care and services they provide.

This first tier of measures is broad enough to allow flexibility for all states’ current regulatory frameworks for assisted living. A second tier of measures addressing clinical issues will be developed by the committee in coming months. The Quality Committee has developed questionnaires to collect the data beginning this month and have results to release to members later this year.

The Iowa Center of Assisted Living and its members welcome this system of measuring performance that will enable Iowa’s assisted living programs to be compared on a national scale. “ICAL members recognize the importance of quality and want to continue to be leaders in the country,” said Gary Troth, ICAL President and Director of Northern Hills Assisted Living in Sioux City. “We believe we can show success is being achieved in Iowa’s programs without the intervention of the federal government.”

For more information about quality initiatives in assisted living, contact ICAL Director Cindy Baddeloo at cindy@iowahealthcare.org or 800.422.3106.

December 2009 CMS Nursing Home Quality Measures

**Iowa ranks nationally**

#1 – Bedfast residents  
#2 – High risk pressure ulcer  
#2 – Weight loss  
#3 – Decreased mobility  
#3 – Physical restraints  
#3 – Pneumococcal vaccination  
#4 – Decrease in ADL function  
#5 – Incontinence low risk  
#5 – Flu vaccination

**Tier 1 Performance Measures for Assisted Living**

1. Resident/Family Satisfaction  
2. Employee Satisfaction  
3. Staff Retention  
4. Census/Occupancy Rate  
5. Resident Councils  
6. Family Councils  
7. Strategic Plan to Support Mission/Vision Statements  
8. Safety Program

Winter 2010 Quality Care Update
Impact of December budget cuts

Nursing homes handed lion’s share of Medicaid cuts

Governor Culver’s across the board budget cuts were felt by all Iowans in some way or another. But there is no group more at the risk from the cuts than Iowa’s elderly Medicaid nursing home population.

Along with the 5 percent cut to Medicaid long term care services, the Department of Human Services implemented two reimbursement system changes that further deepened the cuts to nursing homes. Changes in the nursing facility occupancy penalty and bed hold payment resulted in Iowa’s nursing homes experiencing cuts from 5 to 8 percent (or $17.1 million). These cuts are one of the deepest for any Medicaid provider.

What it means to facilities

Iowa’s 425 nursing home providers who daily serve 12,500 Medicaid-participating elderly now face an even greater financial struggle to meet the quality standards their residents require and deserve. Many are now under the serious threat of closing. IHCA projects that 24 facilities in rural Iowa are facing imminent financial failure and possible closure. Because they face an average net loss of more than 15.2 percent of revenue, they will likely be unable to remain solvent.

How would 24 nursing home closings affect Iowa? On the economic side, these facilities serve the long term health care needs of 22 communities. They employ approximately 991 people and are often the largest employer in their community. These facilities pay $790,000 in annual property tax. With their closure, their local communities face loss of tax revenue, loss of jobs and loss of population when residents must leave town and employees must relocate to find work.

“In addition to these 24 independent facilities in crisis, IHCA estimates that at least that many corporate owned nursing homes are in financial limbo as well, and are waiting to see if their ownership can keep all the facilities open under the weight of the Medicaid cuts,” said Steve Ackerson, IHCA ICAL Executive Director

What it means to residents

On the human side, the closing of 24 facilities would mean approximately 976 nursing home residents – 580 Medicaid dependent – would be forced to relocate to other facilities, often in other towns. The nearest nursing home may be 10 to 25 miles away in a different town, far from their spouse, family and friends.

And what most outside the profession do not understand, is that elderly long term care residents are highly susceptible to transfer trauma or “Relocation Stress Syndrome”. According to the U.S. Government Administration on Aging, transfer trauma is associated with depression, increased irritability, serious illness and an elevated mortality risk for the frail elderly. “Studies show that the increased mortality and morbidity risks are the result of the anxiety elderly experience with an unexpected relocation and with what they perceive as a reduction in care and lack of predictability in their environment with the transfer,” said Lisa Uhlenkamp, IHCA ICAL Director of Quality and Clinical Services. “Even the best planned and executed transfer cannot completely alleviate the effects of transfer trauma.”

The importance of adequate funding for Medicaid long term care services touches every resident, even private pay residents. “Iowa’s frail elderly depend on their local nursing homes for quality health care services and a quality of life that they deserve in their home communities,” said Ackerson. “Without adequate funding, nursing homes will begin disappearing from the rural communities they serve.”

If you would like to learn more about how cuts to Medicaid long term care services are affecting providers, please contact your local nursing home administrator or Steve Ackerson, IHCA ICAL Executive Director at steve@iowahealthcare.org or 515.978.2204.

Update from 2009 Legislative session

Last spring the Iowa Legislature passed SF 476 directing DHS to seek implementation of a Quality Assurance Assessment Program that is an approved system of drawing down additional federal dollars into Iowa’s Medicaid reimbursement system. The Quality Assurance Program will assist in alleviating financial pressures on the state budget and assist in funding the nursing facility Medicaid line item. The Legislature’s action sent a strong show of support for the need to adequately fund nursing homes that serve Iowa’s elderly Medicaid population.

As was anticipated, the plan is taking nearly a year or more to get approved and implemented. The Iowa Department of Human Services submitted the State Plan Amendment (SPA) for the program to the Centers for Medicare and Medicaid Services (CMS) In June 2009 and must await approval before moving forward. As approval for the SPA was not received by December 31, 2009, the earliest possible effective date will be April 1, 2010.

DHS and IHCA do not anticipate any problems with receiving approval of the SPA as 32 other states have had a variety of comparable plans approved by CMS.
Iowa’s providers shine in national awards

National Assisted Living Week Programming Award

Each year the National Center for Assisted Living sponsors three national awards. The awards are very competitive and two panels of judges – independently of each other – selected the winners. ICAL is thrilled to have its fourth national award recipient in two years. Northern Hills Assisted Living of Sioux City received the 2009 NCAL National Assisted Living Week Programming Award at the AHCA NCAL National Convention in October.

Northern Hills used the 2008 National Assisted Living Week theme Filling Lives with Love to focus the week around homecoming activities. The kick-off event included the participation of 500 families, friends, neighbors, and community members. The high school cheer squad and pep band’s inspiring homecoming spirit was accompanied by games, horse drawn wagon rides, coronation of Northern Hills’ king and queen, a tailgate party, door prizes and even a little T-P-ing. The kick-off event’s enthusiasm carried into their week-long Filling Lives with Love activities. The event was spearheaded by Northern Hills Assisted Living Activity Director Lynn Fleckenstein, with the help of Director Gary Troth and their entire staff.

AHCA NCAL Quality Award Step One

Seven Iowa nursing homes were recognized in 2009 as Quality Award Step One recipients by the American Health Care Association. The award recognizes a facility’s commitment to a continuous quality improvement process in which quality outcomes and customer satisfaction are top priorities. It’s a rigorous three-step achievement process that mirrors the Baldrige National Quality Award criteria. IHCA ICAL now has a total of 21 nursing home and assisted living members that are National Quality Award Step One recipients.

**Iowa recipients**

**AHCA NCAL 2009 Quality Award Step I**

- Careage Hills, Cherokee
- Chautauqua Guest Home #3, Charles City
- Garden View Senior Community, Monona
- Hillcrest Health Care Services, Hawarden
- Royale Meadows Care Center, Sioux Center
- University Park Nursing and Rehab, Des Moines
- West Bend Care Center, West Bend

Quality Care Update

**Quality Care Update** is a newsletter published by the Iowa Health Care Association (IHCA) and Iowa Center for Assisted Living (ICAL) for the lay community and is intended to help them stay informed on current issues related to providing quality care in nursing homes, assisted living, residential care and independent senior living facilities. IHCA, ICAL and their members are dedicated to improving the quality of long term health care in Iowa through educational programs and proactive advocacy with the Iowa and U.S. legislatures and administrative agencies. IHCA is affiliated with the American Health Care Association (www.ahca.org). ICAL is affiliated with the National Center for Assisted Living (www.ncal.org).

Iowa Health Care Association
Iowa Center for Assisted Living
1775 90th Street
West Des Moines, IA 50266-1563

Toll free: 800.422.3106
ihca@iowaehealthcare.org
www.iowaehealthcare.org

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