Major Long-Term Care Issues – FFY 2016

A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue describe: 1) Problem, 2) Barriers, 3) Resolution.

Issue #1 – *Involuntary Discharge and Eviction in Skilled Nursing Facilities*

Problem: The California Long-Term Care Ombudsman Program continues to see a growing trend in the number of complaints made by or on behalf of nursing home residents concerning involuntary discharges and evictions. Since Federal Fiscal Year (FFY) 2011, the Program has seen a 73 percent increase in complaints about discharges and eviction in skilled nursing facilities. Discharge and eviction complaints ranked fourth in the top five complaints made by or on behalf of nursing home residents. Only complaints about resident to resident physical or sexual abuse, resident conflict, and physical abuse ranked higher.

Barriers: Inadequate sanctions for facilities that refuse to readmit residents allow some providers to ignore orders from hearing officers to accept the resident back. Some facilities are willing to accept a $50 daily penalty for each day they refuse to readmit a resident.

Resolution: In a recent refusal to readmit case that was brought to the attention of both the State Survey Agency and the Centers for Medicare and Medicaid Services (CMS) Region IX by a local Ombudsman program, we saw both agencies impose more meaningful and effective sanctions. Based upon the finding of an abbreviated survey and the State Survey Agency's recommendations, CMS approved a certification/finding of noncompliance. CMS concluded that the facility was not in substantial compliance with nursing home participation requirements. This certification/finding of noncompliance CMS imposed the following remedies: 1) A per instance civil money penalty of $5,000.00 for the noncompliance identified, and 2) A denial of payment for new admissions. The denial of payment for new admissions would have continued in effect until CMS either determined that the facility was in substantial compliance with the applicable participation requirements or terminated the facility's Medicare provider agreement. The resident who had been locked out of the facility was allowed to return within a few days of the certification of noncompliance.

Issue #2 – *Healthcare Associated Infections (HAI)*

Problem: According to the Agency for Healthcare Research and Quality (AHRQ) there are one to three million serious infections annually in nursing homes. As many as 380,000 residents/patients die of these infections. Urinary Tract Infections (UTIs) are among the most common HAIs in nursing homes. A Catheter Associated UTI or CAUTI is a specific type of urinary tract infection caused by a catheter. Infections are among the most frequent causes of admission and readmission to hospitals from nursing homes. Many residents are transferred to nursing homes from hospitals with urinary

catheters. The problem is that indwelling catheters can lead to CAUTIs. There are two primary ways in which an indwelling catheter increases the risk of developing a CAUTI. First, bacteria can enter the urinary tract through the catheter and form a sticky coating on top of the catheter. This sticky coating protects the bacteria from antibiotics that may be administered to treat a UTI or CAUTI. The sticky coating also allows antibiotic resistant bacteria to develop. The second way that a catheter increases the risk of a CAUTI is that the catheter can simply stop working. According to the Centers for Disease Control and Prevention, 4.1 million Americans are admitted to or reside in nursing homes during a year. Up to 70 percent of nursing home residents receive antibiotics each year and up to 75 percent of antibiotics are prescribed incorrectly (wrong drug, dose, duration or reason). There are many reasons why a catheter could stop working: sediment build up, kinks in the catheter, or even a person changing position can cause the catheter to kink or fall out of place. Sometimes, bacteria in the urine flowing out of the bladder back up and travel backwards. This can lead to an infection.

Barriers: Residents, families and staff who practice poor hand hygiene and who do not use alcohol-based hand rubs or soap and water, or staff not changing gloves between providing care to residents can spread bacteria and lead to HAIs. Receiving unnecessary or the wrong antibiotic can lead to bacteria resistant to antibiotics.

Resolution: In partnership with the National Consumer Voice for Quality Long-Term Care, the Health Research and Educational Trust, the Agency for Healthcare Research and Quality at the U.S. Department of Health and Human Services, and the Health Services Advisory Group (California's Medicare Quality Improvement Organization), the California Office of the State Long-Term Care Ombudsman sought to raise awareness among local long-term care Ombudsman representatives about CAUTIs and HAIs and equip local long-term care Ombudsman representatives with educational tools on these important topics to share with residents and family members. The Office provided eight training sessions for Ombudsman representatives: one half-day training for Ombudsman program coordinators at Ombudsman Spring Conference, two hour-long Webinars for all Ombudsman representatives, and five half-day training sessions in various locations throughout the state. In total, close to 200 Ombudsman representatives were trained and prepared to carry the educational resources and message to residents and families so they are empowered to speak to staff about HAIs.

Issue #3 - Problem: ***Resident to Resident Physical or Sexual Abuse***

Problem: In FFY 2016, the number one complaint the California Long-Term Care Ombudsman Program received for both skilled nursing facilities and residential care facilities for the elderly was resident to resident physical or sexual abuse. The Program investigated more than 2,700 complaints which alleged resident to resident physical or sexual abuse.

Barriers: Altercations between roommates, bullying among residents, a mixture of older and younger residents, a lack of supervision or diverting activities for residents with dementia all contribute to resident to resident aggression.

Resolution: While no one solution will solve this problem, a multipronged approach should be used to address this issue. A better understanding and respect of individual residents and their preferences, a comprehensive pre-admission assessment of potential residents, increased supervision by more caregivers, and appropriate non-pharmacological approaches to deal with people who have dementia would help diffuse situations and better protect residents from harm. The California Long-Term Care Ombudsman advocates for an increase in nursing home and residential care facility staffing so that a safe home can be provided for residents.