

Nursing Homes: What is the Assessment Process All About and Why do health authorities want to control it?

In recent weeks, much has been said in public discourse about acute care beds occupied by seniors who are awaiting “placement in a nursing home.” Horizon Health Authority says that 31% of their acute beds are occupied such patients. This, of course, renders these beds inaccessible for post operative care or medical emergency care.

In the long term care system, the nursing home is, by a factor of 40%, the most expensive option for accommodation and care. Many people could be managed at home if the system were organized with proper supports tailored to the individual needs for home care. Others, perhaps up to 40%, could be cared for in Special Care Home facilities. Many of the Special Care Homes in NB provide a superb level of accommodation and care for elders including those with physical and mental challenges.

Special Care Homes do provide a range of services and while the larger homes seem to be fairly similar, smaller homes play a variety of roles, caring for persons with different needs. The informed Discharge Planner will guide families to the right home based on research. For instance, some can handle colostomies, others not; some can handle mild dementia, others not.

The Assessment Process is, according to government decision, to be transferred to the Health Authorities apparently. The public and health professionals alike can be excused for rampant misunderstanding of what the Assessment Process really entails, yet it is the point at which everything about the rest of the life of the patient actually begins!

When a patient has come to the point in his or her health journey that living at home is a serious challenge, the hospital obviously is not the place to be.

Often the signs and symptoms are highly visible long before the patient gets to hospital, the signs often missed at primary care level. It is easy to miss important signs in a 10-15 minute office visit. If the signs are picked up at that level, the family doctor can initiate action that can lead to a smooth transition to stronger home support, special care, or nursing home. An assessment can be initiated by the doctor’s office with a call to the Department of Social Development.

In the cases that cause the health authorities difficulty, that early intervention has often been skipped in resulting in the crisis that leads the patient to hospital.

The hospital admission provides safety but not a place to stay for long! Planning for discharge should be taking place on the first day in hospital, at the time of admission.

Once there, the physician or the discharge planner can initiate the Assessment Process which is a two part process: Assessment for Care and Financial Assessment. Neither process need take more than a few days assuming the patient and family provide accurate, timely information that is required by the process.

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In the Assessment for Care, the assessor must carefully ascertain all possible elements of care and support required by the patient: how many medications? Purpose of the medications? Mental challenges? Schizophrenia or no? Dementia? What level? What type? Other Chronic conditions such as diabetes? Colostomy? Mobility challenges? Physical and mental capacity to engage in activities of daily living? This process is best done with a team including a nurse, occupational therapist, social worker.

Once the assessor has a true understanding of care management requirements, a determination can be made as to whether improving home supports will enable the person to remain where they really want to be or not. If such is not the case, then the next option is to determine if one of the many special care homes might be a more appropriate option for long term care.

Some homes take great pride in being able to handle persons with chronic mental challenges while others take much pride in the fact that managing colostomies is no problem. It is important at this stage to find the right facility with the right mix of skills to meet the need of the patient. Perhaps one of the smaller, more family-oriented facilities would be the home of choice. Or perhaps the person is one who likes lots of stimulation in which placement in one of the larger facilities might be the correct choice.

Only when home care and special care have been eliminated should the nursing home option be discussed. For the most part, nursing homes have come a long ways from the old “poor farm” image and now are bright with great activity and support services. By definition, nursing home admission should be limited to those whose condition actually requires the presence of a nurse on site 24/7. This would be a minority of frail elders. Consequently, as wonderful as they are, nursing homes should not be considered the option of first choice.

The financial assessment requires that the patient and family have accurate information available. This is an essential step because long term care facilities are not, in themselves, health care facilities. At each level of service, there is an element of health care, but for the most part, long term care is accommodation with care as a supplement. The Canada Health Act does not provide for housing and accommodation; long term care facilities tend to come under the Housing Policy umbrella.

The resident is expected to pay largely the equivalent of what it would cost to remain at home: food, lodging, overhead. So if the monthly charges for nursing home are nearly \$8000 and the monthly charges for special care are nearly \$5000 and the resident’s income is only \$2000, support is needed. While there are many low income seniors, they are not the majority. The purpose of the assessment process is to provide an accurate picture of the financial capacity of the patient soon to be a resident. If there are two incomes in the family unit, that takes the assessment in one direction; if they are dealing only with the patient, it is a bit more clear cut.

In that process the patient is required to submit 2 years of tax filings and required to show all income sources. It really should be a fairly smooth process.

The Departmental staff must be rigorous and disciplined in applying the assessment tool not because there is any suspicion or lack of will to trust an otherwise honest senior but because, as can be appreciated, they do encounter all kinds of families. In my own career, I have seen situations in which it was evident that the family (sometimes one member) was protecting their own financial interests and

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not those of the resident. Seniors are prone to scams and occasionally to activity within the family that is not good.

So the staff dare not cut corners or take chances. If it says two years, it is two years of tax information. When it asks for all investment income, it means all investment income, not simply that which you prefer to report.

So getting a patient properly situated in affordable long term care is a process requiring collaboration and teamwork along with planning. The planning should commence at the family doctors office long before the crisis and hospital admission.

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