

To Hospitalize or Not to Hospitalize?

Medical Care for Long-Term Care Facility Residents

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Clinical care providers and family members of long-term care facility residents were interviewed

43 interviews in April 2010 in 4 cities: Philadelphia, Phoenix, Miami, and St. Louis

9 to 15 interviews per site including: medical directors, attending physicians, nurse practitioners, registered nurses, licensed practical nurses, hospice nurses, social workers, geriatric care managers, and family members of long-term care residents.

Mix of facilities represented:

- Nursing homes and assisted living facilities
- For-profit and non-profit facilities
- Private pay only facilities and those accepting Medicaid payment
- Highly rated and lower rated facilities

Family members – required to be the primary member responsible for medical decisions for the resident

Residents – required to have at least one recent ER visit

Findings and experiences shared by interview participants were similar across sites.

Interview participants cited many reasons for high hospitalization rates among long-term care facility residents

**“I call them frequent fliers,
they come and they go.”**

Sometimes I feel that the facilities have something to do with the actual care of the patient, that they’re not given the care that they should be given. And then due to that lack of care given at the appropriate time, then that will basically cause the patient to end up in a hospital.”

Social Worker, Miami

Limited On-Site Capacity:

Facilities lack necessary staff, protocols and licenses, and have limited ability to run diagnostic tests quickly

“It was very difficult to get any of the testing done.

Anything that needed to be done took forever, and so

**it was actually much quicker to go to a hospital
to have some of the testing done.”**

Family Member, Phoenix

“I find that with assisted living facilities...

it is hard to work with them to keep people out of the hospital

**because... on their staff you have an LPN, not even an RN,
who is handling maybe 100 or 120 people
and you have caregivers who are not trained medically.”**

Social Worker, Phoenix

Physicians' Preferences:

More convenient (and perceived to be more lucrative) for doctors to see patients in the hospital

“They go to the hospital. I am going to be at the hospital anyhow.

I am going to be there from 8:00 am to 2:30 pm. For me to see two more or three more patients at the hospital versus running around at the nursing home...

it is going to be logistically easier, more effective, better coordinated and financially profitable.

I would have to be a moron to leave the patients that are moderately ill that I have to see daily at the nursing home, right?”

Medical Director, Philadelphia

“If it is one of the patients that I have at [a nursing home]

then I try to keep my patient at the home as much as I can.

Not because it isn't financially feasible or advantageous for me to send every patient to the hospital that I can – because it is a business – but you try to do what is best for the patient.”

Medical Director, Miami

Relationship Between Staff and Patient:

Lack of familiarity with the patient's condition and care practices may result in avoidable hospitalizations

“We're all trained to say,

**‘I don't know this patient, send them to the ER,
and call me from there.’”**

Physician, Miami

“I know every one of my people inside and out.

**I can tell you their family members, probably even phone numbers. I think
that helps. I don't have that many hospitalizations.**

I think having a good case manager on them and knowing what is going on works.”

Social Worker, Phoenix

Relationship Between Staff and Family Members:

Family members are reluctant to second-guess the staff's decision to hospitalize

**“No, I don't question their decision to send her
because I want her to get the best care.”**

Family Member, St. Louis.

**“The impression is that they are doing the loving thing for their family member
by sending them to the hospital.”**

Medical Director, Philadelphia

Liability Concerns:

Physicians, staff, and facilities fear lawsuits from not sending residents to the hospital and not performing enough tests

“ I think liability...drives a lot of what we do.

I don't want Mrs. Johnson's family to say that

I did not take care [of their mom]. I may do more tests than

I would probably do for myself or my son or my wife.

If I knew that I wasn't going to be liable for not doing the multiple tests, that in my eyes do not necessarily need to be done, [then I would not do them].

**I don't want to be in litigation with anyone
over a health care issue.”**

Physician, St. Louis

Participants offered many suggestions to improve the management of medical care for residents

- **Improve management of transitions to and from the hospital**
- **Review financial incentives (and lack of disincentives)**
- **Provide more support and training for staff**
- **Shift the philosophy surrounding the appropriateness of hospitalizations for people in long-term care facilities**