CNA

CAREFULLY SPEAKING®

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Resident Selection: Comprehensive Screening Can Help Optimize Placement, Minimize Risk

A sound placement process is essential to maintaining a safe and welcoming aging services environment. By accurately assessing prospective residents' needs, administrators maximize individual autonomy, avoid the expense of unnecessary services, and reduce the potential for future conflict and litigation.

For many settings, the resident selection process is synonymous with federally mandated pre-admission screening (PAS).* However, PAS did not originate as a clinical instrument, and it should not serve as the primary means of determining care needs. Over-reliance on PAS may lead to placement in a skilled services setting when assisted care or community-based options are more appropriate.

More precise placement requires the use of selection screening, a clinically driven process designed to measure the functional well-being of potential residents. By identifying an individual's strengths, limitations, social preferences, and physical and mental status, selection screens help guide placement across the continuum of care. The process serves a variety of purposes, including

- enhancing level-of-care determinations
- matching service and care plans to resident needs and desires
- soliciting input from family and other caregivers
- managing resident and family expectations

This edition of *CareFully Speaking*® examines some of the elements of an effective intake procedure, including a formal resident selection process designed to complement pre-admission screening. (See the sample selection screening template on page 4.) This resource also explores related admissions issues, including community outreach, case management, and communication with prospective residents and families. Such measures can help maintain census, reduce resident and family stress during the transitional period, and minimize risk by ensuring that residents receive the level of care they need.

* Pre-admission screening and resident review is designed to determine medical necessity for specialized aging care services. Residents admitted to a Medicaid-certified nursing facility must undergo a level-1 screen to detect mental illness, mental retardation or a related condition.

STRENGTHENING COMMUNITY PRESENCE

Successful placement begins with a carefully planned and targeted marketing effort. The following strategies can help organizations raise their local profile, create a more positive image and enlarge the pool of potential applicants:

Appoint an admissions coordinator. A skilled, knowledgeable, full-time admissions coordinator is a critical asset for any aging care setting. The coordinator, who is responsible for such key functions as counseling and community outreach, often provides the first impression of the organization to applicants and families. Coordinators should possess a pleasant, supportive manner and effective interpersonal skills. In addition, the coordinator must

- appreciate the practical and psychological complexities of resident placement
- maintain close communication with every department and function
- understand the organization's philosophy, capabilities and strengths
- demonstrate sensitivity to prospective residents' cultural and individual needs

Create a marketing plan. When contacting an organization about placement, family members are often in a state of crisis and not fully cognizant of available care options. A proactive marketing campaign can educate potential clients, thus enhancing decision-making. By offering seminars or Webinars on aging services topics – such as depression, dementia, pain management, advance directives and financial considerations – organizations can publicize both their expertise and their presence in the community. Distributing information packets to local agencies, senior centers, adult day programs and geriatric practitioners can also help increase public awareness of your facility.

Emphasize tolerance and pluralism. Organizations can significantly expand their potential clientele by working to accommodate a wide range of backgrounds and lifestyles. Meaningful efforts should be made to improve staff awareness of diversity issues and to create an understanding and accepting environment. By offering intergenerational programs or other activities sensitive to differing cultural, religious and sexual orientations, organizations can help residents adjust to life in a new environment.

Schedule regular open houses. Open houses and tours provide opportunities for prospective residents and families to learn more about organizational offerings and culture, while meeting leaders, staff members and current residents. Include Q&A sessions with a panel of administrative and clinical personnel to humanize the organization and convey its approach to care.

Coordinate with hospital discharge planners. By forging relationships with hospital discharge planners and developing formal referral protocols, admissions personnel can better anticipate the level of care and services required by prospective residents. This is especially useful in the case of skilled care admissions, where resident needs must be fully understood prior to admission. In order to make sound placement decisions, coordinators and planners should focus on securing accurate and up-to-date information on laboratory and diagnostic findings, medications, therapies and rehabilitative goals.

EASING THE TRANSITION

Successful transition from home or hospital to aging services environment/community requires close attention to communication, timing and care planning. The following measures can help reduce tension during this emotionally sensitive period:

Expedite admissions. In some parts of the country, especially rural areas, the supply of skilled care beds and assisted living residences does not meet demand. To minimize frustration on the part of prospective residents and families, as well as decrease the risk of lost revenue, organizations should establish written policies governing wait-list procedures and other vacancy-related issues. For example, contracts should specify time limits – usually 24 to 48 hours – for removing a deceased resident's belongings from a room, while being sensitive to the family's loss and grieving process. Another issue to address is the extent to which wait-listed families are poised to act when a bed becomes available. By having all required documentation – e.g., application, screens, level-of-care verification and physicians' orders – on file ahead of time, organizations can help families better navigate the logistical and emotional issues associated with placement and transition.

Draft a care plan at selection time. Creating an individualized care plan during the selection process helps resolve questions that may arise concerning service requirements, equipment availability and interventional needs. The care plan should address, at a minimum, the following elements:

- diet and medication
- mobility and independence in daily activities
- hygiene assistance
- skin integrity
- continence
- behavioral patterns
- wandering and elopement tendencies
- fall risk
- rehabilitative status

Involve the family immediately. Admissions personnel should be prepared to make relatives an integral part of the transition process and to counsel family members who disagree over perceived needs. By assigning mentors to loved ones and inviting them to attend family council meetings, administrators can help

- welcome new families to the community
- strengthen intra-family communication
- foster trust between families and the organization

Estimate length of stay. As not every applicant selected for a setting will be a long-term occupant, it is necessary to establish realistic discharge and transfer policies and convey them to new residents and families. By assessing applicants' probable length of stay upon admission, administrators can more accurately gauge future staffing needs and bed availability. Discharge readiness should be evaluated on an ongoing basis, and the family should receive regular updates to reduce misunderstandings and delays.

ENHANCING COMMUNICATION

Managing expectations of prospective residents and family members requires candid, thorough communication regarding available services, mutual obligations and costs. The following strategies can help clarify terms of admission and minimize miscommunication:

Provide information about governance and management. A written disclosure statement is a convenient method of informing prospective residents and family members about the organization's ownership, management and governance. The statement should contain, minimally, the following information:

- *number of residents* served by the facility and by the enterprise as a whole, if applicable
- *history of the organization,* its not-for-profit or for-profit status, and affiliations with other organizations
- *names of board members or trustees* and a summary of their background, responsibilities and length of service
- *experience of the management team,* including training, education and history with the organization
- *results of oversight body and accreditation surveys,* along with complaint history

Disclose fees and financial data. Prospective residents and families should be given a full explanation of costs and payment provisions, including a detailed description of monthly fees, covered services, refund terms, fee trends and cost-increase policies. Prospective residents and family members also should have the opportunity to review the organization's overall financial condition, including the audited financial report for the prior fiscal year and key indicators, such as amount of debt, liquidity, ability to meet debt requirements, reserve funds and financial forecasts.

Underscore key contract provisions. The executed contract between an organization and the resident should be written clearly and at a level that can be understood by a layperson. Prospective residents and family should be encouraged to review it prior to admission, in order to ensure their comprehension of major provisions and requirements, including the following:

- *details of fees and payment arrangements,* including payment due dates
- *availability of financial assistance* and application procedures for such aid
- *refunds of entrance fees* and other payments
- *reasons for termination of the contract* by either party

Explain the protocol for resident transfers. Admissions documents should delineate the circumstances that may necessitate the resident's transition to another service level within the organization, and emphasize that such a change may result in higher fees. Documents also should describe the process and expenses associated with transferring to another care setting, if such a move becomes necessary.

A comprehensive placement process can both maximize organizational efficiency and enhance residents' quality of life. The resident selection and admissions strategies described in this publication can help organizations increase community awareness of the core resources offered, initiate relationships with potential residents and families, improve communication and decision-making, and ease some of the uncertainty and stress that may accompany the transition to an aging services setting.

Managing resident and family expectations requires candid, thorough communication about available services, mutual obligations and costs.

Sample Resident Selection Screen

RESIDENT SELECTION SCREEN

Name _____

Age _____ Sex _____ Marital status _____

Tentative move-in date _____ Completed by _____ Title _____

Date of review _____

	YES	NO	COMMENTS
I. HEALTH STATUS			
1. Has applicant experienced any of the following within the past six months? ▪ constipation and/or fecal impaction ▪ nausea and vomiting ▪ shortness of breath ▪ choking ▪ dizziness or fainting ▪ falls with or without injury ▪ joint aches ▪ hallucinations			
2. Has applicant lost five or more pounds in the last 60 days?			
3. Does applicant routinely leave a quarter or more of a meal uneaten?			
4. If applicant has dentures, does he or she frequently refuse or forget to wear them?			
5. Does applicant have broken and/or loose teeth, swollen and/or bleeding gums, or unfilled cavities?			
6. Does applicant have episodes of bladder incontinence? If so, how frequently?			
7. Does applicant have episodes of bowel incontinence? If so, how frequently?			
8. Has applicant been treated for a urinary tract infection within the past six months?			
9. Does applicant require any of the following? ▪ scheduled toileting plan ▪ incontinence pads/briefs ▪ external catheter ▪ intermittent catheterization ▪ indwelling catheter			
10. Does applicant have a history of pressure sores and/or unhealed lesions within the last six months?			

	YES	NO	COMMENTS
II. MEDICATION USE			
1. Does applicant take prescription medications? If so, what medications and how often?			
2. Does applicant take over-the-counter medications? If so, what medications and how often?			
3. Have prescription medications been changed in the last 30 days?			
4. If applicant self-administers any medications, have there been any lapses or problems?			
5. Does applicant take antipsychotic drugs daily?			
6. Does applicant take antipsychotic drugs on an as-needed basis for behavioral control?			
7. Does applicant take antianxiety drugs daily?			
8. Does applicant take antianxiety drugs on an as-needed basis for behavioral control?			
9. Does applicant take antidepressant drugs daily?			
III. COGNITIVE PATTERNS			
1. Does applicant frequently forget conversations after five minutes?			
2. Does applicant tend to recall events in the distant past more readily than recent occurrences?			
3. Is applicant unable to identify the current season?			
4. Does applicant have difficulty remembering his/her home address?			
5. Does applicant fail to recognize names and faces of relatives or other caregivers?			
6. Is applicant unable to make consistent, independent decisions?			
7. Does applicant display discomfort in new situations?			
8. Does applicant require frequent repetition of directions?			
9. Is applicant easily distracted?			
10. Does applicant express sadness, fears or concern of imminent death?			

	YES	NO	COMMENTS
IV. SENSORY PATTERNS			
1. Does applicant have trouble hearing speech, television or telephone conversations?			
2. Does applicant have difficulty with noisy environments?			
3. Does applicant hear only when spoken to directly?			
4. Does applicant rely on a hearing aid and wear it when necessary?			
5. Does applicant occasionally miss part of a message?			
6. Does applicant respond inappropriately to requests?			
7. Is applicant's speech difficult for others to understand?			
8. Does applicant have difficulty completing thoughts?			
9. Is it difficult for applicant to articulate simple requests?			
10. Does applicant require large print or a magnifying glass to read?			
11. Does applicant see only light, shadows, shapes or colors?			
12. Does applicant bump into objects and people due to peripheral vision problems?			
V. BEHAVIORAL PATTERNS			
1. Does applicant express suicidal thoughts?			
2. Is applicant tearful?			
3. Is applicant lethargic?			
4. Does applicant refuse to eat, self-medicate or otherwise engage in daily activities?			
5. Does applicant wander?			
6. Is applicant restless, agitated and/or prone to pacing?			
7. Does applicant threaten others, scream or curse?			
8. Does applicant hit, shove or scratch others?			
9. Has applicant engaged in inappropriate sexual behavior, disrobed in public or smeared feces over the past 30 days?			
VI. ASSISTIVE DEVICE NEEDS			
1. Does applicant use any of the following on a daily basis? - cane - walker - wheelchair - chair alarm - bed alarm - bed rails			
2. Does applicant require a lap pillow or seatbelt to prevent unassisted rising from a seated position?			
3. Does applicant require special bathroom accommodations?			

	YES	NO	COMMENTS
VII. FUNCTIONAL PERFORMANCE			
1. Does applicant require a prosthesis or brace to ambulate?			
2. Does applicant require physical support to become mobile?			
3. Does applicant require physical support and assistance when dressing?			
4. Does applicant require limited assistance with daily grooming?			
5. Does applicant require assistance transferring to and from tub?			
6. Does applicant require monitoring when bathing?			
7. Does applicant require full assistance with bathing?			
8. Does applicant require assistance transferring to and from the toilet?			
9. Does applicant require cueing to use the toilet?			
10. Does applicant require full assistance with toileting?			
11. Does applicant require encouragement or cueing to transfer from bed to chair and/or from sitting to standing position?			
VIII. CULTURAL AND INDIVIDUAL PREFERENCES			
1. Does applicant participate in ethnic rituals and celebrations?			
2. Does applicant practice his/her religious faith on a regular basis?			
3. Does applicant prefer homeopathic, holistic or other alternative care to conventional allopathic medicine?			
4. Is applicant accustomed to an openly gay, lesbian, bisexual or transgender lifestyle?			
5. Does applicant require special meals based on food preferences, allergies, ethnicity or religion?			

NEEDS ASSESSMENT SUMMARY

LEVEL OF CARE IDENTIFIED:

- ❑ Hospice
- ❑ Skilled care
- ❑ Assisted living
- ❑ Retirement community
- ❑ Home care
- ❑ Adult day care

DOCUMENTATION REQUIREMENTS:

- ❑ Completed application
- ❑ Practitioner's written order for admission
- ❑ Signed assessment by licensed healthcare professional
- ❑ Individualized care plan developed and reviewed with applicant, family and physician
- ❑ Copy of admission contract provided to applicant/family for review

TOTAL AND CONSISTENT DEPENDENCE IN THE FOLLOWING AREAS:

❑ Eating ❑ Grooming ❑ Bathing ❑ Mobility ❑ Toileting ❑ Dressing ❑ Transferring

RESOURCES

- Burgess, K. "Nursing Home Admission Agreements: A Follow-Up." *The National Law Review*SM, posted August 19, 2009. Available at **http://www.natlawreview.com/article/nursing-home-admission-agreements-follow**.
- Fox, S. "The Art of Admissions: The Admissions Coordinator Plays a Large Role in the Resident's Well-being, the Family's Morale, and the Facility's Financial Success." *Nursing Homes,* July 2004, Volume 53:7. Available at **http://findarticles.com/p/articles/mi_m3830/is_7_53/ai_n6158054/pg_2/?tag=content;col1**.
- Newcomer, R. et al. "Outcomes in a Nursing Home Transition Case-Management Program Targeting New Admissions." *The Gerontologist*, June 2006, Volume 46:3, pp. 385-390. Abstract available at **http://gerontologist.oxfordjournals.org/content/46/3/385.abstract**.

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