Check Please!

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As the Founding Executive Director of the University of the Sciences in Philadelphia's Health Policy Institute, Dr. Stefanacci is building on his recent tenure as a Centers for Medicare and Medicaid Services (CMS) Health Policy Scholar. In that role, he spent a year working on policy development and implementation of the Medicare Part D Pharmacy Benefit, particularly regarding access issues for frail elders.

Dr. Stefanacci has a long and passionate history in long-term care (LTC). Having served as medical director for several nursing facilities and continuing care retirement communities, he is well versed in the needs of LTC facility residents. Additionally, Dr. Stefanacci's geriatric experience includes over a decade as a medical director of a large primary care private practice, a full risk provider group, a Medicare + Choice (M+C) HMO, and a Program for All-inclusive Care for the Elderly (PACE) initiative in Philadelphia.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and a fellowship in Geriatrics at the same institution.

Dr. Stefanacci serves on the board of trustees at A.T. Still and previously served on the National PACE Association board. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and the American Geriatrics Society (AGS). Recently, he was recognized as an American Geriatrics Society Fellow (AGSF). In addition to writing and lecturing extensively, Dr. Stefanacci serves on the editorial boards of *Caring for the Ages, LTC Interface, Jefferson's Health Policy Newsletter, The Journal of Quality Healthcare,* and *Medicare Patient Management.*

When I say "Check, please," I am not speaking about asking for the check at a restaurant. However, if you don't pay attention to *these* checks, you'll still be hit in your wallet. The checks I'm referring to involve the clinical issues that are just now hitting the radar screen of the assisted living (AL) industry. AL facilities are beginning to realize the importance of developing careful clinical oversight to improve their outcomes. These improved outcomes come in several forms. First, studies have demonstrated that residents are drawn to AL facilities because of their medical needs. Second, facilities can improve the health status of residents so that residents can remain in their AL homes longer, before requiring higher levels of care. And last, liability issues are moving from skilled nursing facilities (SNFs) to AL facilities, especially in the area of monitoring. These liability issues can be prevented through careful oversight. Clearly "Check, please" can have a whole different meaning when it comes to AL facilities and their staff's care of residents.

Recently I have taken on the role of a corporate medical director for New Courtland, a nonprofit senior care organization that manages 1400 SNF beds in 6 facilities, as well as an AL, independent living facility. In addition, New Courtland is launching a Program for All-inclusive Care for the Elderly (PACE). As you can see, New Courtland's focus is on AL—the kind of AL that we discuss in each and every issue of *Assisted Living Consult (ALC)*—the AL that is provided beyond the walls of AL facilities, oftentimes reaching well into the community. One key aspect of providing AL, whether in a facility or other setting of care, is keeping a careful check on those seniors for whom we are responsible. This responsibility covers many areas of care, but I'd like to take this opportunity to focus on just a few, such as transitioning, clinical oversight, and monitoring.

Transitioning

Ensuring that residents move seamlessly between settings of care is becoming increasingly important. Seniors in need of assistance are often required to seek healthcare services across many different settings. *Transitional* care refers to when seniors move across settings. These transitions often involve many different healthcare professionals who are not always as closely aligned as they should be.

During all transitions, seniors are especially at risk for medication errors. They may transition from the hospital or the emergency department because of an acute condition. Poorly managed transitions can lead to physical and emotional stress for both patients and their caregivers, typically as a result of important issues "falling through the cracks."

The American Geriatric Society (AGS) under the leadership of Dr. Eric Coleman has developed many resources to smooth out these cracks—one of which is a position statement on transitioning care (see page 30 of this issue). The following are steps that the AGS recommends to seniors and their formal and informal caregivers to create a better transitioning process[1]:

- Instruct patients to keep personal files of important health information and share this with each new healthcare professional. A list should be kept of health conditions, the names and phone numbers of healthcare professionals, medications, and any allergies.
- Encourage seniors to take charge of their medications (both pre-

scribed and over-the-counter) and know why and how to take each one and any possible adverse effects to watch for.
- Make sure that seniors understand what services they will get at each new setting and how these will benefit them. Once they arrive at each new setting, staff should be aware of personal preferences and ensure that these become part of the overall care plan. Including a formal or informal caregiver in this process to serve as an advocate is also advised.
- Before the patient leaves a setting, compile a list of the name and telephone number of the healthcare professional to contact if questions or changes in condition arise.
- Before the patient leaves each setting, determine what type of follow-up care is needed and how it will be scheduled.
- Encourage the patient to schedule an appointment with the primary care physician or case manager to discuss how needs will be met if the patient is unable to care for himself or herself for a few days or over a longer term. Planning ahead is critical to ensure that any future transitions go smoothly.

Through careful attention to details, we can assist seniors as they transition between settings of care to prevent issues that would result in less than optimum healthcare outcomes being achieved.

Prevention

Prevention should be a major focus of care for AL residents. Many seniors require assistance in the early identification of conditions that are common as we age. Issues of ambulation, cognitive impairment, and sensory deficits, if not identified and treated early, can result in the need for higher levels of care. For example, in this issue of *ALC*, we discuss macular degeneration as a condition that can be diagnosed early to prevent serious deterioration of eyesight (see page 23). We also discuss medication management for elders in AL (see page 18). In a future issue of *Medicare Patient Management*, we will be publishing an overview of Medicare-covered preventive services by Dr. Todd Goldberg. Focusing on disease management and prevention can go a long way to attract and keep residents.

Monitoring

Another important part of checking on our residents is monitoring.

One key aspect of providing AL, whether in a facility or other setting of care, is keeping a careful check on those seniors for whom we are responsible.

Increasingly, AL and other facilities are taking on the responsibilities of caring for seniors with increasing cognitive impairment and ambulatory difficulties, and, as a result, careful monitoring of these seniors is required. While technology such as wander guards and other sensory devices can help with monitoring (see, for example, "Intuitive System Monitors Resident Behavior Patterns," on page 26 of the January/February 2007 issues of *ALC*), these assistive devices cannot replace the need for a caring and thoughtful team. It is this team working with the individual needs of each senior that is best positioned to determine the oversight and checking that is most appropriate.

In the September/October 2005 issue of *ALC* (p. 23; available at: http://www.assistedlivingconsult.com/issue_01-5.php), we discussed in detail the AGS position statement on AL facilities. In this position statement, AGS points out that rather than force AL facilities into a one-size-fits-all design, services need to be provided based on the needs of each individual resident. One of the most striking differences of AL facilities when compared with SNFs is the ability of AL to develop unique programs based on the needs of individual residents rather than force all AL residents into a similar facility with similar rules and regulations.

With this flexibility comes an increased level of responsibility on the part of the AL provider to ensure that residents and caregivers have a clear understanding of the services to be provided and that caregivers constantly deliver on these expectations. AL directors will need to continue carefully monitoring residents and staff, oversight that cannot be neglected.

Check It Out

So what can be done to improve oversight processes when assisting seniors? Since this is such a significant issue, the best approach is to involve the entire care team. By pulling together your team to identify your own strengths, opportunities, weaknesses, and threats and using this analysis to develop a specific plan, each AL facility can roll out a "Check Please" program.

In addition to reading *ALC* and sharing the information with staff, there are other resources available to assist. The Center for Excellence in Assisted Living (CEAL), which

Association Resources

National Center for Assisted Living (NCAL)
1201 L Street, NW
Washington, DC 20005
(202) 842-4444
webmaster@ahca.org
www.ncal.org

Center for Excellence in Assisted Living (CEAL)
2342 Oak Street
Falls Church, VA 22046
(202) 465-1893
info@theceal.org
www.theceal.org

American Geriatrics Society (AGS)
The Empire State Building
350 Fifth Avenue, Suite 801
New York, NY 10118
(212) 308-1414
info@americangeriatrics.org
www.americangeriatrics.org

was a focus of our January/February 2007 issue of *ALC*, can provide information on:

- Research findings and outcomes related to AL
- Exemplary AL practices, measures, and public policies and programs that are currently in use or have been pilot tested and that have been published or recognized as significant by a nationally recognized organization
- Consumer materials
- Select state information (eg, links to individual state's AL regulations and licensing agency contact information)
- Other resources related to AL including links to relevant Web sites such as the National Academy of State Health Policy, international documents and abstracts in English, media articles, training and educational materials, and expert opinion pieces and commentary vetted by the CEAL board

The National Center for Assisted Living (NCAL) is positioned to serve as a resource for leadership in the AL profession, serving its members through consumer education, networking opportunities, public affairs, professional development, and a respected voice in public policy advocacy.

The AGS is a not-for-profit organization of 7000 health professionals devoted to improving the health, independence, and quality of life of all older people. AGS provides leadership to healthcare professionals, policy makers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy. The vision of AGS is that every older American will receive high-quality patient-centered care. Clearly this is in line with providing AL services for seniors.

These associations can provide resources on an ongoing basis to assist in the "checks" that providers need to be responsible for truly delivering assistance in living for our seniors. Without these checks it is clear that many will be paying unnecessarily. ALC

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Reference

1. Coleman EA. Patient education forum: transitional care. Available at: www.healthinaging.org/public_education/pef/transitional_care.php. Accessed March 7, 2007.