

**SUBACUTE CARE
IN NURSING HOMES**

WHAT YOU SHOULD KNOW

**FOR THOSE SEEKING SUBACUTE CARE
OR TRADITIONAL NURSING HOME CARE**

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What is Subacute Care?

Many people in health care are now talking about "subacute care." The term subacute care is being used to define services given to an individual who no longer needs acute care services (e.g., hospital services), but still requires a high level of medical and nursing care and treatment. Subacute care is a level of care that falls between acute care and traditional nursing home care. This is usually care needed immediately after, or instead of, hospitalization.

Subacute Care is Not Really New

Many of these services have long been offered in nursing homes without the title, "subacute care". For example, subacute care such as physical therapy after a hip replacement or stroke has long been given in nursing homes under the name, **short-term rehabilitation**.

However, some of the services, such as

wound management, cardiac rehabilitation and respiratory management, that in the past were given to patients in hospitals, are now being provided in some nursing homes. And, although some services such as tracheotomy care and dialysis were provided in some nursing homes in the past, the number of residents cared for tended to be few. This type of care is now being given to larger numbers of people. Also, some nursing homes that previously hospitalized their traditional residents who needed acute care treatment such as IV's for infections will now be caring for them in the facility. This type of care is also called, subacute.

Subacute Care Lasts For A Limited Time

Some long-term care services are called subacute because they are more medically complex. For example, ventilator care or care for those in a coma, or for those who have AIDS or need dialysis, or for those who have a head injury and can no longer benefit from short term therapy are also called subacute. However, subacute usually means **short-term** care (under 100 days) such as: rehabilitation

therapy for people who have had strokes, brain injury, arthritis, hip replacements, spinal injury or amputation; and complex medical treatment for people who have had surgery, need wound care or need terminal care.

Potential Benefits of Subacute Care in Nursing Homes

- *Subacute services may lead to less frequent hospitalizations for traditional nursing home residents. If the nursing home offers such subacute care as intravenous antibiotic therapy, a resident with such acute care needs may not have to be sent to the hospital.*
- *Subacute services may lead to shorter hospital stays with post care being given in the less medical environment of the nursing home.*
- *Subacute care units may attract more qualified staff to the nursing home.*
- *Subacute services may fill a gap in the continuum of care between acute care and long term care. Many people believe that*

there is a gap in care for those people who no longer need hospital care but are not ready to return home.

Potential Concerns About Subacute Care in Nursing Homes

- *Some nursing homes may not have the capability and staff to offer such sophisticated medical care.*
- *Although it is against nursing home rules, some nursing homes may try to evict or discharge a subacute resident when she no longer needs subacute care but still needs traditional nursing home care because reimbursement levels are much lower for the traditional resident.*
- *Traditional nursing home residents may have trouble finding a nursing home bed because nursing homes may be admitting only the more highly reimbursed subacute care resident.*
- *As a nursing home admits more subacute residents, the home may become more like a hospital and less like a home. This may*

change the quality of life for the traditional resident.

- *Services for traditional nursing home residents may suffer as the home puts most of its staff and money on subacute units.*
- *Traditional residents may be forced to move from their rooms and units to accommodate new subacute care units.*

Standards to Look For

There are few guidelines or regulations for subacute care. In New York State, only a few short-term and long-term services have specific regulations attached to them. For information on these, see *Rules and Regulations Governing New York State Nursing Homes*, which can be obtained from NHCC.

Although not required, below are standards we believe you should look for:

- *Nursing facilities should assess subacute residents within the first week of the resident's stay.*

- Nursing facilities should **assess** these residents on a frequent basis such as: once a week for the first 2 weeks; once within the next 2 weeks; and once a month for the next 2 months.
- Nursing facilities should develop, with participation of residents and family, **goals with timelines** for meeting them.
- Nursing facilities should develop, with participation of residents and family, a **tentative discharge date** for those residents who expect to go back home.
- Nursing facilities should **provide a more intense number of skilled nursing hours** for these residents than they do for traditional residents. This generally means at least 4 to 5 hours of skilled nursing care per resident per day. This number should be more, depending on the needs of the resident.
- The **activities** should meet the needs of the short-term resident, just as the regulations require for long-term residents.
- Short-term subacute programs should

conduct **evaluations of the success of its program in meeting the goals** it sets for its residents. The outcome measures they use and the results should be made public.

- Physicians who specialize in the specific medical problem being treated should be an active member of the care planning team and be available for care and information. Physicians are expected to see residents frequently, for some as often as weekly.

New Transfer and Discharge Regulations We Must Fight For:

For Subacute Residents:

- Transfer and discharge regulations should include requirements for written notice of a state health department external resident appeal right for residents and family when there is a disagreement with the facility regarding inability to meet goals and ability to benefit from more therapy.¹ The appeal

¹This protection is now in place in New York State for all nursing home residents who do not want to be discharged from the nursing home through the use of an informal appeal to the State Health Department.

should determine if the resident still needs subacute care.

- Enough time must be given to the resident and family to appeal before discharge. Residents must be allowed to remain in the subacute bed and in the facility until the appeal decision is rendered.

- If an appeal determines that the resident still needs subacute care, the facility must continue to give the resident the subacute care. If all benefits for such care have run out and the resident is not eligible for Medicaid, the maximum amount that the nursing home may charge is the rate they were previously receiving.

For the Traditional Resident:

Some nursing homes are now transferring

We are recommending the same type of appeal for subacute residents who believe they should remain in subacute care. If the Health Department does not have the staff or resources to undertake potential additional appeals, additional staff and resources must be given by the State Legislature, specifically for this purpose.

their long-term residents from rooms and units they have lived in for a long time to make room for subacute residents. These transfers may have negative effects on the well-being of these residents.

- Facilities should be required to assess, prepare residents and evaluate any move of a resident from her/his room.²

assessment - both risks and benefits of the move to the resident must be examined and what the impact of a room change will be on the resident.

Things to be considered: the resident's (family's) feelings about the move; the degree of resident's cognitive and sensory impairment; the length of time the resident has lived in the room; the resident's ability to cope with changes; the resident's mood and functioning level; the effect of the move on socialization; the number of times a resident has moved in the past.

²This is especially important if the requirement now in place to give a resident a 30 day notice for a transfer s/he objects to is removed. The Department of Health has proposed to do this.

preparation - preparation of both resident and staff may help to minimize any negative effects.

This should include: a resident specific plan which includes time to meet staff and other residents before move; a pre-move conference with resident (family) and staff; provision of care plan to new staff; designation of one staff member to coordinate and oversee preparation; enabling resident (family) to feel somewhat in control by giving choices in terms of time needed, time and date of move and type of room and unit to relocate to; provide residents (family) with information on how to complain internally, to the Long Term Care Ombudsman Program and to the Department of Health.

evaluation - followup with resident and family regarding the move.

This should include: a post-transfer conference with resident and family to evaluate the impact of the move on the resident.

- Facilities should not be allowed to transfer any resident when it is determined that a

transfer is "medically contraindicated." This means that if the assessment determines that the impact of the transfer on the resident's physical, mental and psychosocial well-being will cause new symptoms or exacerbate existing ones beyond a reasonable adjustment period, the transfer may not occur.

- Facilities should be discouraged from moving residents from a room they have lived in for a long time, if, after assessment and preparation, they still object.

Questions You Need to Ask Nursing Home Staff: For Subacute Residents

Care Issues

1. How quickly will I or my relative be assessed?
2. How often is assessment conducted and how is care planning conducted?
3. Do you identify measurable objectives and timelines for each subacute resident? Could you give me an example?

4. What type of professionals make up your interdisciplinary care team that helps develop my plan of care?

Teams should include experienced staff in the area of care you require. Thus, short-term rehabilitation residents will need physicians, nurses, rehabilitation therapists and social workers.

5. How do you evaluate the success of your subacute care program? How successful is your program?

6. Does your program meet both medical and non-medical needs? How are my non-medical needs (such as activities and socialization, going to be met?

7. How many hours of skilled nursing care a day is given for my type of problem? What type of professional care will be given?

8. What are the qualifications of your staff?

9. What is the role of the physician in your subacute care service?

Do you have physicians on staff in addition to

the Medical Director? If you do not, what will happen if I need a physician in the middle of the night?

Discharge Issues

1. Where do the majority of your residents go when they no longer need subacute care?

For short-term subacute care, look for programs where a large majority of residents go home or a good reason why this is not so.

2. What will happen when I no longer need subacute care but I cannot go home? Will I be able to stay in this home?

By law, nursing homes may not discharge you from the home if you still need traditional nursing home care. Look for nursing homes that welcome subacute residents who cannot go home into the traditional part of the home. You may not want to look for another nursing home where you do not know the staff or the other residents if you still need long-term care but cannot go home.

3. If I can stay in this home, will I be able to stay in the same room as I did when I needed

hospital? If yes, does the home have the capability and staff to care for me without moving me to another room?

The ability to keep you in your home rather than send you to the hospital can be a great boon if your home has the capability to care for you. Find out if they do.

4. Many subacute residents need care that almost seems like hospital care. Will the home become more like a hospital? How will you make sure that this does not happen?

5. Do you intend to move the traditional nursing home residents to other units to make room for the subacute residents? If yes, how would you help prepare me for any move?

Will I have any choice: could I stay in my same room; could I choose my next room?

It is hoped that nursing homes will not disturb traditional residents to make room for subacute residents. If your nursing home intends to do this, they must have a plan to help prepare you for this move.

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NHCC is a statewide coalition of consumer, civic and professional organizations and individuals working together to improve nursing home care. For information on membership, please write: 11 John Street, Suite 601, New York, NY 10038 or call: 212-385-0355.

Benefits of membership include: research reports, attendance at bi-monthly meetings where speakers present the latest information and you will be able to brainstorm and share ideas with other concerned individuals and organizations and receive free materials on important issues. NHCC has just published a research report on Subacute Care. For information, write or call NHCC.