HIGHER ACUITY IN ASSISTED LIVING

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Acuity in assisted living continues to climb

yesterday today tomorrow
AGENDA

- Data and trends
- Risk vs. reward
- Staffing
- Reducing readmissions
- Monitoring for changes in condition

Truth or just rumors?

We've been talking about higher acuity for years...

36% of states made changes to assisted living regulations last year
ADLs
37% of residents receive assistance with 3+ activities of daily living

50%
of AL residents have three or more chronic conditions

42%
have Alzheimer’s disease or other dementia
Nursing Services

94% of communities have a licensed nurse available to residents 24 hours/day

WHY IS ACUITY ON THE RISE?

- Consumer demand
- Provider capabilities
- Healthcare reform
**ACA**
- Accountable Care Organizations
- Readmission penalties
- Driving healthcare out of the hospital

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**RISK**  
- Resources  
- Quality  
- Lawsuits

**REWARD**  
- Affordability  
- Satisfaction  
- Occupancy  
- Supply

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**MAKING HIGHER ACUITY WORK**
- Acceptance is the first step
- Get everyone on the same page
- Let the regulations be your guide
- Manage high risk concerns
- Staffing
- Technology
- Documentation and risk management
- Data/metrics
STAFFING FOR ACUITY

- Online staffing tools
- Use of unlicensed staff
- AL is a different environment – physical layout can demand more staff
- Universal workers vs. department specific
- Training – state regulations are minimum standards

Promises
Delivered
Be mindful of the residents you have accepted into your community

Caregiver needs budget formula

<table>
<thead>
<tr>
<th>Level</th>
<th>Total Budget Points</th>
<th>Total Budget Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
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<td>3</td>
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<td>27</td>
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<tr>
<td>4</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

Total Budget Pts. 105
WHAT IS A READMISSION?
CMS: “An admission to a...hospital within 30 days of a discharge from the same or another...hospital”

HOW BIG?
How big is the problem of hospital readmissions (and unnecessary hospitalizations)?

1 in 5 Medicare recipients returns to the hospital within 30 days
$17,000,000,000.00
COSTS PER YEAR FROM AVOIDABLE READMISSIONS

Medicare 30-Day Hospital Readmissions as a % of Admissions

Source: Robert Wood Johnson Foundation

READMISSION REDUCTION PROGRAM
- Section 3025 of the Affordable Care Act
- Requires CMS to reduce payments to hospitals with excess readmissions
- Began on October 1, 2012
- 2,200 hospitals penalized $280 million in the first year
**COMMON PROBLEMS**

<table>
<thead>
<tr>
<th>Communication Breakdowns</th>
<th>Financial Pressure</th>
<th>Patient Responsibility and Compliance</th>
<th>Health Care Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occur frequently</td>
<td></td>
<td>Patient discharged too soon</td>
<td>Discharges</td>
</tr>
<tr>
<td>Often during initial</td>
<td></td>
<td>Healthcare providers pressured by</td>
<td>processes too</td>
</tr>
<tr>
<td>hospital stay</td>
<td></td>
<td>hospital administrators</td>
<td>complicated</td>
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<tr>
<td>During discharge process</td>
<td></td>
<td>Too eager to go home</td>
<td>Communicate with</td>
</tr>
<tr>
<td>Instructions unclear</td>
<td></td>
<td>Too confident in their self-care</td>
<td>patients about</td>
</tr>
<tr>
<td>Questions not asked</td>
<td></td>
<td>abilities</td>
<td>discharge sooner</td>
</tr>
<tr>
<td>Poor recall of details</td>
<td></td>
<td>Push recovery too quickly</td>
<td>Follow-up care</td>
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<tr>
<td></td>
<td></td>
<td>Poor self-care</td>
<td>Fragmented health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>care system</td>
</tr>
</tbody>
</table>

Source: Robert Wood Johnson Foundation

**DO YOU KNOW YOUR READMISSION RATE?**

**DO YOU KNOW HOW TO CALCULATE YOUR READMISSION RATE?**
The number of AL residents admitted to hospital from AL within 30 days of discharge is as follows:

All AL admissions within 30 days of hospital discharge:

2 residents back to hospital within 30 days of discharge

5 residents admitted to AL within 30 days of discharge from hospital

\[
\frac{2}{5} = 40\%
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INTERACT

Interventions to Reduce Acute Care Transfers
www.interact2.net
Ensure seamless information exchanges between providers through the use of electronic health records (EHRs)

PERCENTAGE OF COMMUNITIES USING EHR

COMMUNICATING WITH OTHER PROVIDERS
ENGAGE PROVIDERS

- Enhance discharge planning
- Improve the medication reconciliation process
- Identify high-risk residents

ANY QUESTIONS