How to Provide Homecare for Residents in Retirement Communities

Presented by Sue Blockberger-Miller & Christine Lang

• Discuss opportunities in retirement communities
• Describe one agency’s experience working with retirement communities
• Demonstrate how to use data to manage partnerships with retirement communities
• The magnitude of change is **HUGE**
• Are we prepared to equally share financial risk?
• Marketshare is consolidating to the “successful” organizations

• As post acute providers are we prepared in systems development?

• As post acute providers we need to be **innovative**, create new models of care and keep our “eye on” creating the “next new thing”.


---

• Continue to improve!

• Create and assure revenue stream

• Engage staff in creating success

What is independent living?

- Any housing arrangement designed exclusively for seniors (generally 55+)
- Housing varies widely, from apartment-style living to freestanding homes.
- Friendlier to older adults: compact, easier navigation, no maintenance or yard work
- Most offer amenities, activities, and services
- Most do not offer medical care or nursing staff

Source: www.helpguide.org

What is assisted living?

- 24-hour supervision
- Three meals a day plus snacks in a group dining room
- A range of services that promote resident quality of life and independence, such as:
  - Personal care services (eating, bathing, dressing, toileting, etc.)
  - Various health care services and social services
  - Medication management
  - Supervise person with cognitive disabilities
  - Social and religious activities, arrangements for transportation
  - Laundry, linen service, housekeeping, and maintenance

Source: NCAL
• Continuing Care Retirement Community
• Offers a range of living options
  - Independent Living
  - Assisted Living
  - Rehab and Skilled Nursing
  - Sometimes Home Health
• “Aging in place”

30K communities
~$40B annual revenue
4% growth rate
23% in the Southeast

Assisted Living Communities

- Small: 4-10 beds, 50%
- Medium: 11-25 beds, 16%
- Large: 26-100 beds, 28%
- Extra large: 100+, 7%

Source: NCAL

Individuals in Assisted Living

1M in 2010 → 2M in 2030

Figure 1. Selected characteristics of residential care residents: United States, 2010

- Non-Hispanic white
- Female
- All residents

NOTE: Estimates may not add to 100% due to rounding.
Figure 3. Residential care residents receiving assistance with activities of daily living: United States, 2010

Number of ADLs:

- 3–5: 38
- 1–2: 36
- 0: 26

Percent

Bathing: 72%
Dressing: 52%
Toileting*: 36%
Transferring*: 25%
Eating: 22%
All residents: 13%

*Activities of daily living.
*Includes 2% who receive assistance with a toileting device, such as ostomy, indwelling catheter, chairfast, or similar devices.
*Comprises 12% confined to a bed or chair and 13% receiving assistance with transferring.

NOTE: Cases with missing data are excluded; see “Data sources and methods” section for detail.


Figure 4. Most common chronic conditions of residential care residents: United States, 2010

Number of chronic conditions:

- 4–10: 26
- 2–3: 50
- 1: 18
- 0: 6

Percent

Stroke: 11%
Cancer: 11%
COPD* and allied conditions: 15%
Diabetes: 17%
Osteoporosis: 21%
Arthritis: 27%
Depression: 28%
Heart disease: 34%
Alzheimer’s disease and other dementias: 42%
High blood pressure: 57%
All Residents: 4%

*Chronic obstructive pulmonary disease.

NOTE: Cases with missing data are excluded; see “Data sources and methods” section for detail.

M1100 Patient living situation: Which of the following best describes the patient’s residential circumstance and availability of assistance?

- Live in a congregate situation (for example, assisted living, residential care home)

  = “Assisted Living”
10% Nationally

Source: OCS Database

Availability of Services

Source: OCS Database
Standard PPS Episodes in Assisted Living

Source: OCS Database

11/2/2015
### Standard PPS Episodes in Assisted Living

Source: OCS Database

<table>
<thead>
<tr>
<th>Cost</th>
<th>Pts. In Assisted Living</th>
<th>National Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1</td>
<td>$1</td>
<td>$1</td>
</tr>
<tr>
<td>$501</td>
<td>$501</td>
<td>$501</td>
</tr>
<tr>
<td>$1,001</td>
<td>$1,001</td>
<td>$1,001</td>
</tr>
<tr>
<td>$1,501</td>
<td>$1,501</td>
<td>$1,501</td>
</tr>
<tr>
<td>$2,001</td>
<td>$2,001</td>
<td>$2,001</td>
</tr>
<tr>
<td>$2,501</td>
<td>$2,501</td>
<td>$2,501</td>
</tr>
<tr>
<td>$3,001</td>
<td>$3,001</td>
<td>$3,001</td>
</tr>
<tr>
<td>$3,501</td>
<td>$3,501</td>
<td>$3,501</td>
</tr>
<tr>
<td>$4,001</td>
<td>$4,001</td>
<td>$4,001</td>
</tr>
</tbody>
</table>

### Home Health Patients in Assisted Living

<table>
<thead>
<tr>
<th>Source: OCS Database</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Asmnt Conducted</td>
</tr>
<tr>
<td>Fall Risk Asmnt Conducted</td>
</tr>
<tr>
<td>Pain Assessment Conducted</td>
</tr>
<tr>
<td>PrUlcer Prevention in Plan of Care</td>
</tr>
<tr>
<td>PrUlcer Risk Asmnt Conducted</td>
</tr>
<tr>
<td>Timely Initiation of Care</td>
</tr>
</tbody>
</table>

| Depression Asmnt Conducted | 94.3% |
| Fall Risk Asmnt Conducted | 97.7% |
| Pain Assessment Conducted | 99.3% |
| PrUlcer Prevention in Plan of Care | 98.8% |
| PrUlcer Risk Asmnt Conducted | 97.9% |
| Timely Initiation of Care | 99.2% |

### Process Measures

<table>
<thead>
<tr>
<th>Source: OCS Database</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pts. In Assisted Living</td>
</tr>
<tr>
<td>National Patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Measures</th>
<th>Pts. In Assisted Living</th>
<th>National Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Asmnt Conducted</td>
<td>94.3%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Fall Risk Asmnt Conducted</td>
<td>96.6%</td>
<td>99.3%</td>
</tr>
<tr>
<td>Pain Assessment Conducted</td>
<td>97.2%</td>
<td>98.8%</td>
</tr>
<tr>
<td>PrUlcer Prevention in Plan of Care</td>
<td>95.8%</td>
<td>97.9%</td>
</tr>
<tr>
<td>PrUlcer Risk Asmnt Conducted</td>
<td>99.2%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Timely Initiation of Care</td>
<td>91.3%</td>
<td>93.0%</td>
</tr>
</tbody>
</table>
Risk Adjusted Improvement Outcomes

Source: OCS Database

Hospitalization Rates

Source: OCS Database
Can home health care agencies provide care in retirement communities?

- Independent Living vs Assisted Living
- Follow the home health guidelines for care
- Homebound Status
- No duplication of service
The Conversation…

• A continual process

• End result = mutual understanding of the roles of the HHA and RC

• Evolves into a partnership

• **Philosophy** - value of each resident; optimize their well-being
  
  – Identify Gaps in the care of Assisted Living resident
  – Identify need for Resources for Independent Living resident
• What are the goals of the Retirement Community?

• Reduce resident readmissions to the hospital
  – Falls
  – UTI
  – Heart Failure

• Lack of understanding regarding home health guidelines
• Treading on my territory
• Resident choice
• Resident care coordination
• Lack of Communication
• Team Based Care provided by HHA

• Homehealth Liason

• Care Coordination

• Resident Education

• Select the home health team of clinicians
  – Multidisciplinary

• Establish the process for referrals

• Education to all clinicians both HHA and RC
  – Introductory “meet and greet”

• Set “GO LIVE” date
• On-going Activity

  – Continuous learning process for appropriate resident admissions to homecare

  – Regular communication and feedback critical

Sue Blockberger-Miller  RN, MSN
Solutions for Homecare
sblockberger@Hotmail.com

Christine Lang  MBA
clang@nationalresearch.com