



MS2 Colleges Nursing Home/Assisted Living Facility Visit Day (One of the “Hospital Visit” sessions during the year)

Introduction: Last year, in the MS1 Colleges, you were introduced to a “senior mentor”—a vibrant, community-dwelling older person. About 95% of people over the age of 65 and 75% of people over the age of 85 live in the community just like your senior mentor. However, many of the seniors you will encounter in the health care setting do not live in their own homes. Today’s experience is to introduce you to some places that the remainder of seniors live—nursing homes and assisted living facilities. Rather than refer to these people as “patients” they will be referred to as “residents” of these facilities in this guide.

Learning objectives

1. Define “long-term care” and understand why knowledge about long-term care is important for all physicians.
2. Define the following and describe the differences between: Nursing Homes (NH), Rehabilitation facilities/Skilled Nursing Facilities, Assisted Living Facilities (ALF), LTAC (long-term acute care), Group Homes, Continuing Care Retirement Centers in the following areas:
 - a. Functional level of a typical resident
 - b. Staffing (Who cares for residents? Are doctors there 24 hours a day?)
 - c. Costs and who pays for care (Medicare, Medicaid, insurance, out-of-pocket?)
 - d. Interdisciplinary teams
 - e. Advantages/Disadvantages
3. Demonstrate ability to perform and interpret a “Get-Up and Go” examination on an older individual.
4. Demonstrate ability to take a social history on an older individual
5. Demonstrate ability to take and document the functional status (ADLs and IADLs) of an older individual

Teaching format(s) Students will go on a visit to an assisted living facility (Sunrise at Hillcrest) or a mixed nursing home/assisted living facility (Legacy at Preston Hollow). Students will tour the facility and then meet with a geriatric resident of one of these facilities. Using the attached worksheet, students will take a targeted history and perform a limited physical exam and then meet with a geriatrician colleges Mentor.

Preparation for colleges session – Students

Prior to visit: Students should read the attached curriculum guide prior to going on the visit. Print a copy of the worksheet to **bring with you** when you interview the ALF/NH resident who will be your “patient” for the afternoon.

Day of Visit: On the day of the visit the entire group will be expected to be at their assigned site (either Sunrise Assisted Living Facility or Legacy at Preston Hollow) by 1:30pm. **Allow at least 30 minutes to get there from campus.** Addresses/directions from campus are attached on the next page. Carpooling with others in your group is encouraged as parking

can be hard to find, especially at Sunrise at Hillcrest. The schedule for the afternoon is on the following page. You will be done by 4:30pm.

Preparation for colleges session – Mentors

Students will have a geriatrician mentor (Dr. Craig Rubin, Dr. Belinda Vicioso, Dr. Vivienne Roche, Dr. Amit Shah, or Mrs. Natalie Garry, GNP) meet them at the assisted living/nursing home site. Pritchard Master Dr. Lynne Kirk will also be present for some sessions along with other geriatrician faculty from UT Southwestern. College mentors are welcome to attend with their group if they are free or after their MS1 group but are not required to do so.

Supplemental materials for Students

<http://www.longtermcare.gov> is an excellent resource for further information about most aspects of long-term care.

Supplemental materials for Faculty

None

Supplemental faculty

Natalie Garry, Geriatrics Nurse Practitioner will be also precepting these visits. Geriatricians Dr. Roopali Gupta, Dr. Kathryn Eubank, and Dr. Ramona Rhodes will also be helping to precept visits during some weeks

Please contact Amit Shah, MD for any comments, feedback, or questions this experience at Amit.Shah@UTSouthwestern.edu or 214-648-9012.

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Directions to the Facilities

Please note on the schedule or contact the Colleges if you don't know what site you are assigned to. There will be two mentor groups at each facility.



Sunrise at Hillcrest Assisted Living Facility

Address: 13001 Hillcrest Road Dallas, TX 75240 Tel: (972) 385-5267

Directions: Located at the northwest corner of I-635 and Hillcrest Road, about 13 miles from campus. From Campus: Go Southeast on Harry Hines and turn left at Wycliff. After $\frac{3}{4}$ of a mile, on the left enter onto the Dallas North Tollway. Go north on the Dallas North Tollway until I-635 (about 8 miles). Take I-635 East. In about 1.5 miles, exit Hillcrest Road. Make a Uturn at the feeder and the entrance to Sunrise is immediately on the right. (Or if you prefer, after exiting from I-635 turn left and then make a U-turn at Valley View, and then the entrance will be on the right). Park anywhere you find parking.



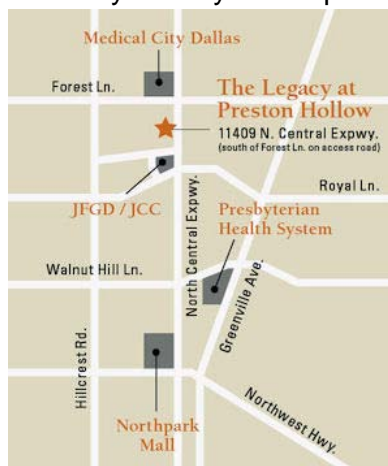
Legacy at Preston Hollow

Nursing Home and Assisted Living Facility

Address: 11409 N. Central Expressway Dallas, TX Tel: (214) 363-5100

Directions: Located just south of Forest Lane, along the N. Central Expressway (I-75) feeder, about 12 miles from campus.

From Campus: Go Southeast on Harry Hines and turn left at Wycliff. After $\frac{3}{4}$ of a mile, on the left enter onto the Dallas North Tollway. Go north on the Dallas North Tollway for about 7 miles and then exit Forest Lane. Turn right on Forest Lane, headed east. Go for about 2.5 miles and then take a right turn heading south on the I-75 (Central Expressway) service road. Head south for about $\frac{1}{4}$ mile and the entrance to Legacy at Preston Hollow will be on your right hand side. Park anywhere you find parking, there is plenty of parking towards the back of the property.



Schedule / Structure of the afternoon:

1:30pm: Students arrive at Legacy at Preston Hollow or Sunrise at Hillcrest. The person at the front desk will be able to guide you to the right meeting room. The contact person at Sunrise at Hillcrest is Ms. Susan Lively. If you get lost going to Sunrise, the number to call is 972-385-5267. The contact people at Legacy at Preston Hollow is Jerry McDonald (Director) and Jayne Doyle (Director of Social Services). The number to the Legacy is 214-239-5714

1:30pm-2:15pm: Students have brief orientation talk and a tour of facility by Legacy/Sunrise staff.

2:15pm-3:00pm: Students meet up with their “patient” for the afternoon—who should be referred to as a “resident”—and interview/examine them, using the worksheet as a guide. Based on numbers of volunteers at each facility on a given week, students may be paired up with another student to interview the resident. On completion, return to the room you received orientation.

3:10pm-4:30pm: Students meet with geriatrics mentor. You will discuss your findings and go and see some of the residents as you do on hospital visit days.

Questions you may want to ask/have answered on the tour/orientation

- 1) What kind of patients can and can't stay at this facility?
- 2) What are the costs? What do those costs cover? Who pays for these costs (insurance, Medicare, Medicaid, out-of-pocket?)
- 3) What are the meals like? What if a patient needs a special diet (eg, low salt, low fat, or diabetic diet?)
- 4) What activities are there for residents to do?
- 5) What if a resident wants to go shopping? Transportation?
- 6) Who gives the medications? What is their training?
- 7) What happens if a resident gets sick? Is there a doctor in-house to see the patient? What happens if there is an emergency?
- 8) What happens if there is a medical need in the middle of the night?

**MS2 Colleges Assisted Living/ Nursing Home Visit Resident Interview
WORKSHEET**

Please print and bring with you to the visit

You are not expected to do a traditional H&P for this visit. (As you are seeing the person in their own “home”, they are not really a “patient” and that is why we refer to them as a “resident.” The person is not being seen for an illness and won’t really have a “chief complaint” as we have taught you with other H&Ps thus far, so your interview will be a little different. They likely will have a number of chronic illnesses that they may be willing to share with you, but that is not the focus of this visit. At minimum, we’d like you to focus on the following areas, and then you may use the remaining time to go over whatever you’d like with the patient.

1) Get a social history from the patient. Practice the open-ended questioning you learned as an MS1. Find out at least 3 interesting facts about the patient and list them below. If you are stuck, consider questions like: Tell me about yourself? Where did you grow up? Did you work? What kind of work did you do? Tell me about your family? What do you like to do? Any hobbies? How do you spend your time now?

SH: (3 interesting facts and whatever else you found out)

2) Assess and document the patient’s functional status—ask about the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

Functional Domain	Completely Independent	Can do with some assistance	Dependent
ADL: Bathing			
ADL: Dressing			
ADL: Toileting (getting to the bathroom, and doing all that is required to toilet oneself)			
ADL: Transferring to bed/chair			
ADL: Continence (able to control urine and bowels)	Continent	N/A	Incontinent
ADL: Feeding ability			
IADL: Ability to use telephone			
IADL: Shopping			
IADL: Food Preparation			
IADL: Housekeeping			
IADL: Laundry			
IADL: Transportation (either driving or making arrangements to get to places via other means)			
IADL: Medications			
IADL: Handling Finances			

3) Perform the Get-Up and Go Test on the resident and document your findings (see instructions below). If patient is unable to get-up by themselves, document that. Physicians should assess the “get-up and go” on patients routinely because the tasks of the get-up and go are the critical tasks needed to maintain independent mobility. The get-up and go test can give you a lot of information, particularly regarding someone’s fall risk and risk of losing functional status along with portions of the neurological exam.

How to do the Get-up and Go Test. From a sitting position, have patient stand without using arms for support. Walk about 10 feet, turn, and return to the chair. Sit back in the chair without using their arms for support. If they need to use an assistive device (walker or cane), they should use this, but you should document this below. Normally, a person should be able to do this is less than 10 seconds. More than 20 seconds is considered abnormal. However, more important than the precise time it took the patient are your observations about the patient’s gait, balance, strength, stability during the test. **Document below how the resident did with the Get-up And Go Test, commenting on the areas above:**

4) Perform an HEENT, heart and lung exam on the resident. Ask the patient if they have any other exam findings that they’d like to share/show you. For example, a skin lesion, etc. No invasive exams please, just like with the hospital visits. Document your exam below.

HEENT (note cataracts, arcus senilis, hearing aides, dentures, etc):

CV: _____

Pulm: _____

Other Exam findings: _____

5) What does the patient like/dislike about where they are living now? Any other notes:



Scenario: Your family calls you for advice. Your grandmother has memory problems that are getting worse, and they are worried about her safety as she lives alone. She has been forgetting whether she has eaten meals and yesterday left the stove on and started a kitchen fire. She is able to care for herself (do all ADLs). They want to know what to do? What are the options?

Q. I'm not going into geriatrics. Why should I care about long-term care?

A. In addition to personal/family questions which come up, like the scenario above, all physicians need to understand the basics of long-term care. Long-term care is not just for geriatric patients. You will care for patients who reside in long-term care facilities of all ages and need to understand the capabilities, strengths and weakness of these facilities. Many of the patients you care for in the inpatient setting won't be ready for a discharge from the hospital straight to home. They will often be sent to other settings for care. As you read through the syllabus below and experience the NH/ALF visit think about the following additional scenarios

- 1) You are a MS4 on the acute care rotation and caring for a patient who has been in the ICU for 3 months and is now on a chronic ventilator. It is time to discharge him from the hospital. Where should he go?
- 2) You are on the orthopedics service caring for a patient who fell and broke her hip. It has been repaired, but patient still is too weak and in too much pain to walk. She was living by herself in a house. Where should you sent this patient after the hospitalization?
- 3) You are in the outpatient setting in pediatrics clinic, caring for a person with Down's Syndrome who is 17 years old. He needs assistance with IADLs such as finances and cooking, but is otherwise independent. His aging parents have several chronic illnesses and are worried what will happen to their son should they become ill and are trying to plan for the future. What do you recommend?

Q. What is Long-Term Care?

A. Long-term care is an umbrella term covering various services or supports that meet the healthcare or personal care needs of a person when they become unable to live independently.

Q. Who needs long-term care?

A. Though many people do not plan for it, long-term care is frequently needed. Though most people think of geriatric patients when they think about long-term care and nursing homes, about 40% of all adults receiving long term care are under age 65. However, it is estimated that 70% of all people who reach age 65 will need long-term care for at least some period of time before they die. The average length of need is about 2-3 years, but more than 20% will need long-term care for more than 5 years.

Q. What is a nursing home?

A. Nursing homes are very highly regulated facilities that provide 24 hour nursing care and assistance with ADLs of Daily Living). Interdisciplinary teams work in the nursing home and including nurses, nurses' aides, pharmacists, social workers, activity coordinators, nutritionists/dieticians, etc. The basic care to take care of ADLs that a nursing home provides is also known as "custodial care" as opposed to "skilled care" described below. There is still a lot of stigma attached to nursing homes, so as a physician you will have to understand when

and why a nursing home might be the best place for your patient and be able to communicate that to a patient and his/her family.

Q. What is a rehabilitation facility or skilled nursing facility (SNF)?

A. Rehabilitation or skilled nursing facilities (SNFs) are usually located as part of a nursing home but could be free-standing facilities also. They provide care for a patient after a hospitalization for conditions such as stroke, hip fracture, or knee replacement. In addition to the interdisciplinary team mentioned above, the rehabilitation/SNF will have physical, occupational, and speech therapists working with the patient. Medicare pays partially for 100 days of skilled nursing care after a qualifying (usually 3 night) hospitalization. After 100 days, 100% of the costs are out-of pocket.

Q. What is an assisted living facility (ALF)?

A. Due to lower costs and not having the stigma often attached having to live in a “nursing home”, ALFs are increasingly a popular option for many. About 1 million people live in assisted living facilities in the U.S. Some facilities provide minimal assistance, for example, meals and transportation, and may offer additional services such as medication assistance for a fee. There is no requirement for a nurse or any other medical personnel to be on staff 24 hours a day. Some assisted living facilities approach the level of care of a nursing home with the exception of not providing certain types of care which can usually only be done in nursing homes (eg, feeding tubes, IV antibiotics, etc). Some assisted living facilities or portions of assisted living facilities specialize in particular types of residents. A common one at many facilities is a “Memory Care” or “Alzheimer’s Unit” which specializes in dementia care.

Q. What is a group home?

A. Group homes (also known in some areas as board and care homes) are small residential places (typically in houses that have been converted for the purpose) with a small number of residents (average 5-10 people). Group homes have a history of being used to provide a living option for those with mental illness, mental retardation, substance abuse, etc. They have now become very popular as a sort of mini-assisted living facility and may cater to specific conditions such as dementia, ALS, etc. The home-like environment, small number of residents, and stable staff can make these places ideal for some patients. Very small group homes can be called Adult Foster Care in some states, where an individual may “adopt” a few adults and care for them in their homes.

Q. What are Continuing Care Retirement Centers (CCRCs)?

A. These are usually a “campus” of various retirement living and long-term care options in one location. There is usually a mix different “levels of care”—with independent living houses or apartments for those who don’t need any assistance, along with assisted living, special assisted living (memory care), skilled nursing/rehabilitation, and long-term nursing home levels of care. Legacy at Preston Hollow, which some of you will visit, is an example of a facility that has a mix of assisted living, rehabilitation/skilled nursing care, and long-term nursing care. It does not have independent living. CCRCs have become very popular because a person may move between various levels of care in the same facility/location as he/she needs more assistance. Also, if a couple has differing needs (e.g., wife breaks hip and needs skilled nursing or husband has dementia and needs a memory care assisted living) they do not have to be separated at different facilities far from each other. Most of these work on an entrance/initiation fee (which can be quite very expensive—\$150,000 to \$1,000,000) and then a monthly fee based on the level of care you need at that time.

Q. What is a long-term acute care facility (LTAC)?

A. When you are in your clinical years you will often hear about plans for one of your patients to be discharged to a long-term acute care facility. No, this is not an oxymoron! LTACs are the most acute of all the types of long-term care. They are hospitals for patients who are still usually quite sick or recovering from a prolonged, severe hospitalization. These patients are too ill or too complicated to go to a nursing home or skilled nursing facility, but not so unstable that they need to still be in the hospital. Many of these patients have had long stays in the intensive care unit. Many are on a ventilator. They are seen frequently by many different health care professionals. LTACs are staffed like hospitals, with 24 hour care. Many of them have the ability to do routine labs and radiology (chest xrays, etc) on site. Many have a physician in-house 24 hours a day.

Q. What are the costs of long-term care?

A. More than \$230 billion/year is spent in the U.S. for the various types of long-term care. This does not account for the estimated \$350 billion per year value of the informal/unpaid care giving given by family members and loved ones. Nursing home care averages about \$200/day (\$72,000 per year!) for an average nursing home for a private room, and about \$150/day for a shared room. Assisted living facilities are variable based on what services are provided. An average assisted living with a 1 bedroom living space costs about \$3000/month, and additional services are usually offered à la carte for a fee. Facilities with more amenities and services cost more. For example, Sunrise at Hillcrest and Legacy at Preston Hollow assisted living costs \$5000+ and up per month. Though Medicare covers some nursing home costs (for example rehabilitation stay after a hip fracture in a skilled nursing facility), it does not cover most long-term care. In general, Medicare does not cover any of the costs of assisted living facilities. If you want to remain in your private home, with a home health aide or homemaker to help you, costs may be \$20/hour or more. For those living with family members who work, adult day care is also an option, typically costing \$10,000 per year for 40hrs/week of care. A person who needs 24-hour care who wishes to remain in his/her own home may spend \$150,000 to \$250,000 per year to do so.

Q. Who pays for long-term care?

A. Initially, most long-term care is paid out of pocket. Very few people have purchased long-term care insurance (<10%) and long-term care insurance covers less than 5% of all long-term care costs. Most of the payments for long-term care are from the person's own funds, until they deplete all their assets and become indigent and then Medicaid pays for custodial nursing home in a Medicaid approved nursing home (~\$80-\$130 per day). Rules vary from state to state. Texas ranks 49th in the nation in reimbursements to nursing homes for Medicaid patients. Medicare does not cover the costs of regular long term care, for example a patient who just needs help with their ADLs (Activities of Daily Living) (known as custodial care). In general, there must be a proceeding 3 night stay in a hospital, and a "skilled need" (for example, a stroke patient who was in the hospital who needs physical therapy and speech therapy). Even when this is met, Medicare will pay partially for only 100 days of a skilled stay, and after that it is out of pocket.

Q. Where is a place for I can find out more information or refer patients/families to for more information?

A. There are many good websites for information—the best for a starter guide that covers many areas of the areas discussed above in greater detail is **www.longtermcare.gov**. For patients/families, a good directory/listing of assisted living facilities and nursing homes in the Dallas area is available for free from <http://www.newlifestyles.com> or from any hospital/clinic social worker.

Please contact Amit Shah, MD for any comments, edits or questions about the above document or this experience at Amit.Shah@UTSouthwestern.edu or 214-648-9012.

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