Care CEUs

Continuing Education for Nursing Home Administrators

Understanding Levels of Care and How To Do Proper Admission Into Those Levels of Care

Introduction

Determining the appropriate levels of care for patients and residents can be absolutely essential to their health, overall well-being, and quality of life. Therefore, health care administrators should possess insight into information central to determining the appropriate levels of care for patients and residents. With that in mind, this course reviews the levels of care within the current health care system, as well as key points of interest that may be used to help determine the appropriate levels of care for patients and residents. This course also reviews assessment tools that may be used to help determine appropriate levels of care for older adults.

Section 1: Levels of Care

Case Study

A 84-year-old female resident, named Elizabeth, is admitted into a health care facility. Elizabeth is coming from a home care environment, and is becoming a resident of a health care facility for the first time. Upon entering into the health care facility the resident tells a health care administrator that she is nervous about moving into the health care facility, but happy to be giving her "daughter a break." The resident also tells the health care administrator that she is looking forward to meeting "new people."

While discussing Elizabeth's care with a health care professional, Elizabeth's daughter indicates that her mother recently scored "a 3 on a Mini-Cog test" that was administered by another health care professional. Elizabeth's daughter also indicates that her mother suffers from chronic pain, and is on several medications, which include warfarin.

During Elizabeth's first week, health care professionals note that Elizabeth requires some assistance with walking, and getting up after sitting for long periods of time. Health care professionals also note that Elizabeth enjoys taking part in recreational activities, such as art therapy and animal-assisted therapy. At the end of Elizabeth's first week, a health care administrator meets with Elizabeth's team of health care professionals to discuss Elizabeth's preferences and needs.

The case study presented above highlights a scenario involving a resident entering into a specific level of care. To ensure residents, like the one presented above, enter into the appropriate level of care, health care administrators should be familiar with related information. This section of the course will review the levels of care within the current health care system, as well as key points of interest that may be used to help determine the appropriate levels of care for patients and residents.

What does the term levels of care mean within the health care system?

- The term levels of care refers to the different options for treatment that are available to meet the health care needs of patients.

What are the general levels of care within the health care system?

- **Primary care** - primary care is often the first level of care within the health care system. Primary care may refer to a general, rather than specialized, form of health care; individuals may seek primary care when they are experiencing new symptoms (e.g., fever) and/or an injury; individuals may also seek primary care when they require a referral (note: the term referral may refer to an order from a primary care health care professional for services from a specialist; a referral may also be ordered for specific medical services) (Torrey, 2022).

- **Secondary care** - secondary care is often the next level of care within the health care system. Secondary care may refer to a specialized, rather than general, form of health care; individuals typically seek secondary care when they receive a referral from a primary care health care professional because they require specialized care from a specialist; examples of specialists include the following: cardiologist, podiatrists, and oncologists (Torrey, 2022).

- **Tertiary care** - tertiary care may refer to a highly specialized form of health care characterized by the use of advanced and/or complex treatment options, which takes place over a specific period of time within a health care facility; examples of individuals that may require tertiary care include the following: a patient that needs dialysis; a patient that needs coronary artery bypass surgery; a patient that needs treatment for severe burns (Torrey, 2022).

- **Quaternary care** - quaternary care may refer to an extension of tertiary care that is often reserved for patients that require additional specialization; experimental medicine and fetal surgery are examples of quaternary care (Torrey, 2022). Health care professionals should note that only specific health care facilities may offer quaternary care.

What are specific levels of care for older adults?

- **Independent living** - independent living may refer to residential options for older adults who wish to and can live independently (note: the term older adult may refer to an individual 65 years or older). Specific information regarding independent living may be found below. The information found below was derived from materials provided by Forbes Health unless, otherwise, specified (Lauretta, 2023).

- Independent living options are typically designed specifically for older adults.
- Independent living residents do not typically need assistance with activities of daily living (ADL) (note: the term activities of daily living [ADL] may refer to basic self-care activities that should be performed on a day-to-day basis for one to live independently (American Council on Aging, 2023).
- Examples of ADL include the following: mobility, dressing, eating, personal hygiene, and toileting.
- Examples of independent living options include retirement communities and continuing care senior housing communities.
- Retirement communities are typically for adults ages 55 and older.
- Continuing care senior housing communities typically offer a wide array of services, such as: in-home care, assisted living, memory care, and skilled nursing home care (note: memory care may refer to specialized care for individuals with memory problems, a type of dementia, and/or Alzheimer's disease).

- **Home health care** - home health care, or home health, may refer to a wide range of health care services that may be given in an individual's home. Specific information regarding home health care may be found below. The information found below was derived from materials provided by the U.S. government (U.S. Centers for Medicare and Medicaid Services, 2023).
    - Typically, the goal of home health care is to treat an individual's illness or injury.

- Home health care may provide the following services: wound care for pressure sores, wound care for surgical wounds, patient and caregiver education, intravenous therapy, nutrition therapy, administering medications via injection, and monitoring individuals with serious illnesses and an unstable health status.

- Individuals may be eligible for Medicare-covered home health benefits.

- Individuals considering home health care should know the following: an order from a health care professional is often required to initiate care; a home health care agency or service will schedule an appointment and come to the individual's home to discuss his or her needs.

- Once a home health care agency or service initiates home health care they should complete the following: assess what a home care patient is eating and drinking; assess a home care patient's blood pressure, temperature, heart rate, and breathing; assess a home care patient's medication and medication adherence; assess a home care patient's pain; evaluate the safety of the home care patient's home; provide required education; coordinate care with the home care patient's team of health care professionals.

- **Skilled nursing care** - skilled nursing care may refer to health care that may only be administered safely and effectively by skilled health care professionals or under the supervision of skilled health care professionals (note: skilled nursing facilities provide skilled nursing care). Skilled nursing care may provide the following services: medication administration, dietary counseling, physical therapy, and occupational therapy (U.S. Centers for Medicare and Medicaid Services, 2023). Health care administrators should

note that Medicare Part A covers skilled nursing facility care on a short-term basis (U.S. Centers for Medicare and Medicaid Services, 2023).

- **Respite care** - respite care may refer to temporary care given to individuals who cannot care for themselves. For example, an older adult may enter into a health care facility for a few days to give a caregiver a break. Health care professionals should note that Medicare and/or Medicaid may offer assistance for respite care in a hospital or other health care facility for some individuals.

- **Rehabilitation care** - rehabilitation care may refer to care that can help individuals recover, maintain, and/or improve upon abilities they may require for daily life. Specific information regarding rehabilitation care may be found below. The information found below was derived from materials provided by the National Library of Medicine unless, otherwise, specified (National Library of Medicine, 2023).

    - One of the main goals of rehabilitation care is to help individuals get their abilities back and regain independence.

    - Rehabilitation care can help individuals recover, maintain, and/or improve upon their physical, mental, and/or cognitive abilities.

    - Rehabilitation care can improve individuals' health, overall well-being, and quality of life.

    - Some of the most common conditions that may cause individuals to seek rehabilitation care include the following: general injuries, trauma, broken bones, fractures, burns, spinal cord injuries, traumatic brain injury, stroke, severe infections, surgery, side effects from medical treatments, and chronic pain.

- Rehabilitation care may include the following types of treatment: cognitive rehabilitation therapy, mental health counseling, music therapy, art therapy, nutritional counseling, physical therapy, occupational therapy, speech therapy, pain management, and recreational therapy.

- Recreational therapy, also known as therapeutic recreation, may refer to a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being (American Therapeutic Recreation Association, 2023).

- The purpose of recreational therapy is to improve or maintain physical, cognitive, social, emotional, and spiritual functioning in order to facilitate improved health, overall well-being, and quality of life.

- Recreational therapy often provides treatment services and recreation activities to individuals using a variety of techniques including: arts and crafts, animals, sports, games, dance, movement, drama, music, and community outings (American Therapeutic Recreation Association, 2023).

- **Subacute care** - subacute care may refer to health care that is less intensive than that provided by an acute care facility. Subacute care may provide the following services: medication administration, speech therapy, physical therapy, and occupational therapy.

- **Palliative care** - palliative care may refer to specialized health care for individuals with serious illnesses (e.g., cancer). Specific information

regarding palliative care may be found below. The information found below was derived from materials provided by the National Institute on Aging (National Institute on Aging, 2021).

- One of the main goals of palliative care is to help improve an individual's health, overall well-being, and quality of life.
- Palliative care can be helpful at any stage of illness and is best provided soon after an individual is diagnosed with a serious illness.
- Palliative care can help individuals manage the symptoms of their specific illness.
- Palliative care can be provided along with curative treatment.
- A palliative care team is typically made up of different health care professionals that work with the patient, family, and the patient's other health care professionals to provide medical, social, emotional, and practical support.
- Individuals are typically referred to a palliative care team.
- Individuals can receive palliative care in multiple types of health care facilities.
- Medicare and Medicaid insurance policies may cover palliative care.
- Military veterans may be eligible for palliative care through the Department of Veterans Affairs.

- **Assisted living** - assisted living may refer to housing and services for individuals who require help with daily care. Residents of assisted living facilities typically require help with dressing, bathing, medication

administration, and cleaning (National Library of Medicine, 2023). Assisted living facilities typically offer the following services: meals, assistance with bathing, assistance with dressing, assistance with eating, assistance with getting in and out of bed or chairs, assistance with moving around, assistance with using the bathroom, medication administration, housekeeping, laundry, 24-hour supervision, security, on-site staff, social activities, recreational activities, and transportation (National Library of Medicine, 2023).

- **Nursing home** - the term nursing home may refer to a residential care facility that provides 24-hour care to individuals in need. Specific information regarding nursing home care may be found below. The information found below was derived from materials provided by the Health in Aging Foundation (Health in Aging Foundation, 2020).
    - Approximately half of all individuals who live in nursing homes are 85 years or older; most residents are women (72%).
    - Most residents cannot carry out activities of daily living.
    - Most residents are affected by a form of dementia (note: dementia may refer to a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions).
    - The risk factors for admission into a nursing home include the following: age, low income, poor family support, low social activity, functional or mental difficulties, race/ethnicity, and geriatric syndromes.

    - Nursing homes increasingly offer medical services similar to those offered in hospitals after surgery, illness, or other sudden medical problems.

    - Nursing homes typically offer the following services: skilled nursing care, medication administration, wound care, orthopedic care (e.g., care for muscle, joint, and bone problems), respiratory therapy, physical therapy, occupational therapy, and speech therapy.

    - Nursing homes may also provide the following services: nutritional counseling, social work services, and recreational activities, as well as respite care, hospice care, and end-of-life care.

- **Hospice care** - hospice care may refer to a comprehensive set of services, identified and coordinated by an interdisciplinary group to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care (Code of Federal Regulations, 2023). Specific information regarding hospice care may be found below. The information found below was derived from materials provided by the U.S. government and the National Institute on Aging unless, otherwise, specified (Code of Federal Regulations, 2023; National Institute on Aging, 2021).

    - Hospice care is typically reserved for individuals with an anticipated life expectancy of six months or less and/or those individuals suffering from a serious illness; within the context of hospice care, the term serious illness may refer to a disease or condition with a high risk of death or one that negatively affects an individual's quality of life or ability to perform daily tasks.

- Hospice care does not focus on curative therapies or medical intervention designed to prolong life; hospice care may not provide 24/7 bedside care; hospice care does not provide strategies or methods to hasten the death of an individual.

- Hospice may refer to a public agency or private organization or subdivision that is primarily engaged in providing hospice care.

- Individuals typically enter into hospice care when their life expectancy is six months or less; there is a significant decline in physical and/or cognitive status despite medical treatment; the individual is in the end stage of a serious illness (e.g., cancer, heart disease, dementia, Parkinson's disease, lung disease, chronic kidney disease, and cirrhosis).

- To qualify for hospice care a hospice physician and an individual's attending physician or specialist must certify that an individual meets specific medical eligibility criteria indicating that an individual's life expectancy is six months or less if the illness or condition runs its typical course.

- Individuals can prepare for hospice care in a variety of different ways including preparing advance care planning documents, such as a living will and a durable power of attorney for health care.

- A living will may refer to a written document that can inform health care professionals how individuals want to be treated if they are dying or permanently unconscious and cannot make their own decisions about emergency treatment.

- A durable power of attorney for health care may refer to a legal document naming a health care proxy; a health care proxy may refer to an individual that can make medical decisions for a patient at times when he or she is unable to do so.
- In addition to a living will and a durable power of attorney for health care, individuals should also consider preparing documents to express their wishes about a single medical issue or health care option, such as: a do not resuscitate (DNR) order; a do not intubate (DNI) order; organ and tissue donation; and brain donation.
- Individuals can receive hospice care in a private home, hospital, nursing home, and/or an assisted living facility.
- Typically, an interdisciplinary health care team provides hospice care.
- One of the main goals of hospice care is to provide comfort to help improve the quality of life for patients nearing death.
- Hospice care provides comfort to help improve the quality of life for individuals nearing death by managing an individual's physical comfort, mental and emotional needs, practical tasks, and spiritual needs.
- Hospice care typically manages an individual's physical comfort by focusing on the following areas of care: pain, skin integrity, dyspnea, digestion, temperature sensitivity, and fatigue.
- Hospice care typically manages a hospice patient's mental and emotional needs by focusing on the following areas of care: dementia, cognitive impairment, depression, and anxiety.

- Hospice care typically manages an individual's practical tasks by focusing on areas of care such as personal hygiene.
- Hospice care typically manages a hospice patient's spiritual needs by observing and recognizing a patient's spiritual directives.
- For some hospice patients nearing the end of life, spiritual needs may be as important as physical needs.
- Spiritual needs for hospice patients may include the following: finding meaning in one's life, ending disagreements with others, resolving unsettled issues with friends or family, making peace with life circumstances, and/or experiencing nature.
- Hospice patients typically pay for hospice care via Medicare.
- Health care administrators should note that there are federal regulations that apply to hospice length of stay. Hospice care is given in benefit periods: two 90-day periods followed by an unlimited number of 60-day periods; medical eligibility generally relies on a physician's opinion that the patient's life expectancy is six months or less, the patient nor the physician is penalized if the patient lives longer than six months; the patient can be re-certified for hospice care, provided medically eligibility is validated. If a patient’s condition stabilizes or improves sufficiently, he or she may no longer meet medical eligibility for hospice services; at that time, the patient is “discharged” from the hospice program and his or her Medicare benefits revert to the coverage before electing hospice care. Hospice patients may choose to pursue curative therapies (e.g., enter into a clinical study for a new medication or procedure); in order to do so, patients must withdraw their selection of hospice care, which is

called "revocation." Patients who are discharged from hospice care, or who choose to leave hospice care, can re-enroll at any time provided they meet the medical eligibility criteria (e.g., life expectancy is six months or less).

- **End-of-life care** - end-of-life care may refer to care that includes physical, emotional, social, and spiritual support for patients and their families. Specific information regarding end-of-care may be found below. The information found below was derived from materials provided by the National Institute on Aging (National Institute on Aging, 2022).

    - End-of-life care is provided when an individual is in the last stage of any critical illness.

    - The goal of end-of-life care is to control pain and other symptoms so individuals can be as comfortable as possible.

    - End-of-life care is often given along with active curative medical treatment for an illness.

    - Life expectancy is not a factor.

    - Morphine is often given for pain and to ease the feeling of shortness of breath (note: morphine is an opioid medication used to treat moderate to severe pain).

    - End-of-life care may include treatment and support for mental health conditions, such as depression and anxiety (note: the term mental health condition may refer to a condition that affects mood, thinking, behavior, and daily functioning).

- End-of-life care typically accommodates the spiritual needs of the patient.

What should health care administrators consider when determining the appropriate level of care for patients and residents?

- **Comprehensive assessment** - when a patient/resident is admitted into a health care facility, health care professionals should complete a comprehensive assessment of a patient's/resident's needs, strengths, goals, life history, and preferences (Code of Federal Regulations, 2023). Health care administrators should note that a comprehensive assessment can be a valuable tool when determining the appropriate level of care for patients and residents.

- **Patient's/resident's vital signs, height, and weight** - when a patient/ resident is admitted into a health care facility, health care professionals should measure and record the individual's vital signs, height, and weight to establish a baseline for the patient/resident. Such information is essential to a patient's/resident's overall health and care.

- **● Physical health conditions** - the term physical health condition may refer to any condition that leads to dysfunction of, or injury to, the human body. Health care professionals should assess a patient's/resident's physical health conditions upon admission.

- **Mental health conditions** - health care professionals should assess a patient's/resident's mental health conditions upon admission. Health care administrators should note that admission into a health care facility may act as a trigger for depression, anxiety, or other mental health conditions, such as post-traumatic stress disorder (PTSD). Health care administrators should ensure such conditions are adequately managed, when applicable.

- **Health care needs and concerns** - the health care needs and concerns for each patient/resident should be evaluated upon admission (e.g., catheter requirements; diet requirements; prescribed medications).

- **The need for a wheelchair and/or walking aid** - to build on the previous recommendation, when a patient/resident is being admitted into a health care facility, health care professionals should assess the need for a wheelchair and/or walking aid. Health care administrators should note that assessing the need for a wheelchair and/or walking aid can help prevent patient/resident falls.

- **Medication reconciliations** - the term medication reconciliation may refer to a process of comparing the medications an individual is taking (or should be taking) with newly ordered medications (Joint Commission, 2023). Health care administrators should note that medication reconciliations should take place during the admission process to ensure a continuum of care (e.g., the patient's/resident's medications are continued upon admission into a health care facility).

- **Activities of daily living (ADL)** - health care administrators should note that ADL should be assessed upon admission. Health care administrators should note the following examples of ADL: eating, personal hygiene, and using the bathroom.

- **Instrumental activities of daily living (IADL)** - instrumental activities of daily living (IADL) may refer to activities that allow individuals to live independently (e.g., cooking, cleaning, transportation, laundry, and managing finances). Health care administrators should be aware of residents' abilities to carry out IADL.

- **Dementia** - health care professionals should consider dementia when admitting older adult patients/residents into health care facilities. Health care administrators should note the following: dementia may refer to a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions; dementia is not a normal part of aging; signs of dementia may include the following: getting lost in a familiar area; forgetting the names of close family and friends; not being able to complete tasks independently. Health care administrators should also note the following symptoms of dementia: problems with memory; problems with attention; an inability to communicate effectively; a diminished ability to reason and problem solve; poor judgment (Centers for Disease Control and Prevention [CDC], 2019).

- **Cognitive impairment** - along with dementia, health care professionals should consider cognitive impairment. Health care administrators should note the following: some patients/residents may suffer from severe cognitive impairment; such patients may be best served in nursing homes.

- **Delirium** - along with dementia and cognitive impairment, health care professionals should consider delirium. Health care administrators should note the following: delirium may refer to a rapid change in cognition that is related to chemical changes in the body; identification and treatment of the underlying cause of the delirium is necessary to reduce the person's risk for experiencing long-term effects; the following may lead to delirium: dehydration, poor nutrition, low blood sugar levels, lack of sleep, constipation, and infection.

- **History of abuse** - abuse may refer to any act that intentionally harms or injures another individual. Health care administrators should be aware of residents with a history of abuse. Additionally, health care administrators

should advise health care professionals to look for and document any signs of abuse among the residents. Examples of abuse may be found below. The information found below was derived from materials provided by the Centers for Disease Control and Prevention (CDC) (CDC, 2021).

- **Physical abuse** - physical abuse may refer to the intentional use of physical force against an individual that leads to illness, pain, injury, functional impairment, distress, and/or death (e.g., hitting, punching, kicking, pushing, pinching, slapping, and biting). The signs of physical abuse include the following: bruises, hand marks, grip marks, sprains, dislocated joints, broken bones, burns, and missing teeth. Health care professionals should note that the physical injuries sustained from physical abuse may be self-treated by those victimized by physical abuse.

- **Verbal/emotional abuse** - verbal/emotional abuse may refer to verbal and/or nonverbal behaviors that inflict anguish, mental pain, fear, or distress on an individual (e.g., humiliating an individual, repeatedly threatening an individual, making insulting or disrespectful comments towards an individual, and habitual blaming and/or scapegoating) (note: the term scapegoating may refer to the act of assigning responsibility to an individual for wrong doing, who is not necessary responsible for said wrong doing, so the individual assumes fault and any related suffering). The signs of verbal/ emotional abuse include the following: unexplained stress, unexplained fear, unexplained suspicions towards others or one specific individual, evasive behavior, unresponsive behavior, memory gaps, and sleep disturbance. Health care professionals should note that the potential signs of verbal/emotional abuse may be similar to those of psychological abuse.

- **Psychological abuse** - psychological abuse may refer to a type of coercive or threatening behavior that establishes a power differential between two or more individuals (e.g., a resident treats another resident like a child). The signs of psychological abuse include the following: unexplained or uncharacteristic changes in behavior, a lack of interest in socializing with others, isolating behavior, and agitation. Health care professionals should note that the potential signs of psychological abuse may be similar to those of verbal/emotional abuse.

- **Sexual abuse** - sexual abuse may refer to any forced or unwanted sexual interaction with an individual (i.e., a sexual interaction with an individual that occurs without the individual's consent) (e.g., unwanted sexual contact, unwanted sexual intercourse, rape, coerced nudity, and sexual harassment) (note: the term sexual harassment may refer to any act characterized by unwelcomed and/or inappropriate sexual remarks/behavior). The signs of sexual abuse include the following: unexplained bruising on the legs or thighs, unexplained bruising around the genitals, bite marks on the body and/or around the genitals, bleeding from the genitals and/or anus, ripped clothes and/or undergarments, vaginal infections, and the presence of what appear to be newly acquired sexually transmitted infections (STIs). Health care administrators should note that victims of sexual abuse may be reluctant to report or talk about any kind of sexual abuse.

- **Financial exploitation/abuse** - financial exploitation/abuse may refer to the illegal, unauthorized, or improper use of an individual's money, benefits, belongings, property, and/or assets (e.g., misuse of an individual's funds, taking money under false pretenses, using an

individual's credit card for personal use without consent, embezzlement, fraud, identity theft, forgery, and forced property transfers). The signs of financial exploitation/abuse include the following: confusion regarding money, benefits, belongings, property, and/or assets; unexplained loss of money, benefits, belongings, property, and/or assets; unexplained withdrawals from bank accounts; and unexplained signatures on checks. Health care administrators should note that the potential signs of financial exploitation/abuse may also be consistent with those of identity theft (e.g., unexplained bills).

- **History of a suicide attempt(s) and suicidal ideation** - health care professionals should consider patients/residents with a history of a suicide attempt(s) and/or suicidal ideation. Health care administrators should note the following: the term suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior (note: a suicide attempt may or may not result in injury); suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide (note: suicidal ideation may lead to a suicide attempt and/or suicide); suicide may refer to a death caused by injuring oneself with the intent to die. Health care administrators should also note the following: the suicide of a patient/resident while in a staffed, health care setting is a frequently reported type of sentinel event; the term sentinel event may refer to an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness; identification of individuals at risk for suicide while under the care of a health care facility is an important step in protecting at-risk individuals (Joint Commission, 2023).

- **Coronavirus disease 2019 (COVID-19)** - health care professionals should assess patients/residents for coronavirus disease 2019 (COVID-19) upon admission. Health care administrators should note the following: coronavirus disease 2019 (COVID-19) may refer to a respiratory illness that can spread from person to person, which is caused by a virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); the symptoms of COVID-19 include the following: fever, chills, cough, shortness of breath, aches and pain, fatigue, headaches, nasal congestion, runny nose, sore throat, nausea, vomiting, diarrhea, and loss of taste or smell; symptoms of COVID-19 may appear 2 - 14 days after exposure to the COVID-19 virus (CDC, 2022).

- **Post-COVID conditions** - health care professionals should also assess patients/residents for post-COVID conditions, otherwise referred to as long-COVID. Health care administrators should note the following: post-COVID conditions may refer to the long-term effects associated with COVID-19; signs/symptoms of post-COVID conditions may include the following: tiredness or fatigue that interferes with daily activities; difficulty breathing or shortness of breath; cough; chest pain; fast-beating; difficulty thinking or concentrating; headaches; sleep problems; dizziness and/or lightheadedness; pins-and-needles feelings; change in smell or taste; depression; anxiety; stomach pain; diarrhea; joint or muscle pain; rash (CDC, 2022).

- **COVID-19 vaccination** - patients/residents should be assessed for COVID-19 vaccination; vaccines may prevent COVID-19 (e.g., the Pfizer-BioNTech COVID-19 vaccine).

- **Continuum of care** - health care administrators should ensure a continuum of care for all patients/residents as they progress through the different

levels of care (note: the term continuum of care may refer to the continued care administered to patients/residents through all levels of care). Health care administrators should note that an effective continuum of care for patients/residents can help improve health care outcomes. Health care administrators can ensure an effective continuum of care by coordinating patient care with health care professionals, social workers, case managers, and other individuals within the health care system. Health care administrators should note that effective communication should be used when coordinating patient care with health care professionals, social workers, case managers, and other individuals; effective communication occurs when information and messages are adequately transmitted, received, and understood.

Section 1 Summary

The term levels of care refers to the different options for treatment that are available to meet the health care needs of patients. The general levels of care within the health care system include: primary care, secondary care, tertiary care, and quaternary care. The specific levels of care for older adults include the following: independent living, home health, skilled nursing care, respite care, rehabilitation care, subacute care, palliative care, assisted living, nursing home care, hospice care, and end-of-life care. Health care administrators should ensure that each patient or resident enters into the appropriate level of care based on his or her specific requirements.

Section 1 Key Concepts

- Health care administrators should consider the following when determining the appropriate level of care for patients and residents: comprehensive assessment; patient's/resident's vital signs, height, and weight; physical health conditions; mental health conditions; health care needs and

concerns; the need for a wheelchair and/or waling aid; medication reconciliations; activities of daily living (ADL), instrumental activities of daily living (IADL), dementia; cognitive impairment; delirium; history of abuse, history of a suicide attempt(s) and suicidal ideation; COVID-19; post-COVID conditions; COVID-19 vaccination; continuum of care.

Section 1 Key Terms

Levels of care - the different options for treatment that are available to meet the health care needs of patients

Primary care - a general, rather than specialized, form of health care

Referral - an order from a primary care health care professional for services from a specialist

Secondary care - a specialized, rather than general, form of health care

Tertiary care - a highly specialized form of health care characterized by the use of advanced and/or complex treatment options, which takes place over a specific period of time within a health care facility

Quaternary care - an extension of tertiary care that is often reserved for patients that require additional specialization

Independent living - residential options for older adults who wish to and can live independently

Older adult - an individual 65 years or older

Activities of daily living (ADL) - basic self-care activities that should be performed on a day-to-day basis for one to live independently (American Council on Aging, 2023)

Memory care - specialized care for individuals with memory problems, a type of dementia, and/or Alzheimer's disease

Home health care (also known as home health) - a wide range of health care services that may be given in an individual's home

Skilled nursing care - health care that may only be administered safely and effectively by skilled health care professionals and/or under the supervision of skilled health care professionals

Respite care - temporary care given to individuals who cannot care for themselves

Rehabilitation care - rehabilitation care may refer to care that can help individuals recover, maintain, and/or improve upon abilities they may require for daily life

Recreational therapy (also known as therapeutic recreation) - a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being (American Therapeutic Recreation Association, 2023)

Subacute care - health care that is less intensive than that provided by an acute care facility

Palliative care - specialized health care for individuals with serious illnesses

Assisted living - housing and services for individuals who require help with daily care

Nursing home - a residential care facility that provides 24-hour care to individuals in need

Dementia - a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions

Hospice care - a comprehensive set of services, identified and coordinated by an interdisciplinary group to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care (Code of Federal Regulations, 2022)

Serious illness - a disease or condition with a high risk of death or one that negatively affects an individual's quality of life or ability to perform daily tasks

Hospice - a public agency or private organization or subdivision that is primarily engaged in providing hospice care (Code of Federal Regulations, 2022)

Living will - a written document that can inform health care professionals how individuals want to be treated if they are dying or permanently unconscious and cannot make their own decisions about emergency treatment

Durable power of attorney for health care - a legal document naming a health care proxy

Health care proxy - an individual that can make medical decisions for a patient at times when he or she is unable to do so

End-of-life care - care that includes physical, emotional, social, and spiritual support for patients and their families

Mental health condition - a condition that affects mood, thinking, behavior, and daily functioning

Physical health condition - any condition that leads to dysfunction of, or injury to, the human body

Medication reconciliation - a process of comparing the medications an individual is taking (or should be taking) with newly ordered medications (Joint Commission, 2023)

Instrumental activities of daily living (IADL) - activities that allow individuals to live independently

Delirium - a rapid change in cognition that is related to chemical changes in the body

Abuse - any act that intentionally harms or injures another individual

Physical abuse - the intentional use of physical force against an individual that leads to illness, pain, injury, functional impairment, distress, and/or death

Verbal/emotional abuse - verbal and/or nonverbal behaviors that inflict anguish, mental pain, fear, or distress on an individual

Scapegoating - the act of assigning responsibility to an individual for wrong doing, who is not necessary responsible for said wrong doing, so the individual assumes fault and any related suffering

Psychological abuse - a type of coercive or threatening behavior that establishes a power differential between two or more individuals

Sexual abuse - any forced or unwanted sexual interaction with an individual

Sexual harassment - any act characterized by unwelcomed and/or inappropriate sexual remarks/behavior

Financial exploitation/abuse - the illegal, unauthorized, or improper use of an individual's money, benefits, belongings, property, and/or assets

Suicide attempt - a non-fatal, self-directed, and potentially injurious behavior with any intent to die as a result of the behavior

Suicidal ideation - thoughts of suicide and/or thoughts of planning suicide

Suicide - a death caused by injuring oneself with the intent to die

Sentinel event - an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness (Joint Commission, 2023)

Coronavirus disease 2019 (COVID-19) - a respiratory illness that can spread from person to person, which is caused by a virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Post-COVID conditions - the long-term effects associated with COVID-19

Continuum of care - the continued care administered to patients/residents through all levels of care

Section 1 Personal Reflection Question

Why is it important for health care administrators to determine the appropriate level of care for patients and residents?

Section 2: Assessment Tools

This section of the course reviews assessment tools that may be used to help determine appropriate levels of care for older adults. The information found within this section of the course was derived from materials provided by the American Council on Aging and the Centers for Disease Control and Prevention (CDC) unless, otherwise, specified (American Council on Aging, 2023; CDC, 2020).

- **Katz Index of Independence in Activities of Daily Living** - the Katz Index of Independence in Activities of Daily Living may refer to a tool that can be used to measure an individual's ability to independently complete ADL. The Katz Index of Independence in Activities of Daily Living consists of a simple checklist that may be used to measure an older adult's dependence/ independence for six ADL, which include: bathing, dressing, toileting, transferring, continence, and feeding. Activities for which the older adult does not require assistance, 1 point is given for independence, which indicates the older adult does not need to be supervised, directed, or receive personal assistance with the activity. Activities for which the older adult requires assistance, 0 points are given to indicate dependence, which indicates the older adult needs supervision, direction, personal assistance, or total care. Older adults who receive a score of 6 are considered very independent, while a score of 0 is considered highly dependent. Health care administrators should note the following types of questions, which may be found on a Katz Index of Independence in Activities of Daily Living: can the individual eat independently; can the individual dress themselves; can the individual groom themselves (hair, teeth, nails, and shaving); is the individual mobile; can the individual use a toilet independently and maintain continence; can the individual bathe themselves.

- **The Klein-Bell ADL Scale** - the Klein-Bell ADL Scale is a 170-item list measuring six categories of ADL, which include mobility, emergency communication, dressing, elimination, bathing/hygiene, and eating. For each item, a score of 0 (one cannot perform the activity) or a 1 (one can perform the activity or it is non-applicable) is given; the greater the total score, the greater the older adult's level of independence.

- **The Cleveland Scale for Activities of Daily Living** - the Cleveland Scale for Activities of Daily Living may refer to an assessment tool that consists of a

list of 47 items that is intended for individuals with Alzheimer's disease and related dementias. Health care professionals can use the 47 items to determine if an individual completes, or could complete, specific activities of daily living. Each activity is rated on a scale of 0 to 3 points. A 0 indicates the individual is never dependent, 1, 2 is usually dependent, and 3 is always dependent.

- **The Barthel Index for Activities of Daily Living** - the Barthel Index for Activities of Daily Living is an assessment tool that takes 10 activities into account, which include feeding, bathing, grooming, dressing, bowel control, bladder control, toilet use, transfers (bed to chair and back), mobility on level surfaces, and stairs. Health care administrators should note that the Barthel Index for Activities of Daily Living tool is often used for individuals who had a stroke.

- **The Lawton-Brody Instrumental Activities of Daily Living scale** - the Lawton-Brody Instrumental Activities of Daily Living scale may refer to a checklist that may be used to determine an individual's ability to complete instrumental activities of daily living (IADL). The Lawton-Brody Instrumental Activities of Daily Living scale is appropriate for individuals living at home and in other community settings. The Lawton-Brody Instrumental Activities of Daily Living scale can be used to measure eight instrumental activities of daily living, which include: telephone use, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility of own medications, and handling finances. Under each of the eight categories there are several statements. Health care professionals are instructed to indicate which statement is most relevant for the older adult in question. The chosen statement should be the one that is the closest to the individual's level of functioning. The correlating score for each category is either a 0 or a 1, with a total possible score of eight for Lawton's

instrumental scale. A score of 0 indicates that the older adult is low functioning, while a score of eight means the individual is high functioning; men are not always scored on all eight categories (e.g., if a man has does not have a history of preparing food, housekeeping, or doing laundry, he will not be scored on these tasks).

- **The Bristol Scale** - the Bristol Scale is a 20 item questionnaire intended for individuals with dementia. The Bristol Scale may be used to assess ADL and IADL, such as: preparing food, drinking, dressing, toilet/commode, mobility, orientation to time and space, and finances.

- **Mini-Cog** - the Mini-Cog is a neuropsychological test that may be used to identify individuals with dementia. The instructions of the Mini-Cog are as follows: health care professionals should instruct the individual to listen carefully to and remember three unrelated words and then to repeat the words back to the health care professional so the health care professional will know the individual heard the words correctly; health care professionals should give the individual three tries to repeat the words; then the health care professional should ask the individual to draw a clock, which should include numbers; the health care professional should then ask the individual to "set the hands to show ten past eleven;" if the individual did not finish the clock drawing in three minutes, discontinue and ask for the word recall items; the health care professional should ask the individual to recall the set of three words he or she gave the individual at the beginning of the test; the health care professional should simply say “what were the three words I asked you to remember (Mini-Cog, 2023).” Health care administrators should note that the total Mini-Cog test should take approximately three minutes (Mini-Cog, 2023). Health care professionals should score the Mini-Cog as follows: 1 point for each word correctly recalled without prompt; 2 points for a normal clock or 0 points for an

abnormal clock drawing (note: a normal clock must include all numbers from 1 - 12, each only once, in the correct order and direction [clockwise]; there must also be two hands present, one pointing to the 11 and one pointing to two); a total score of 0, 1, or 2 indicates higher likelihood of clinically important cognitive impairment; a total score of 3, 4, or 5 indicates lower likelihood of dementia but does not rule out some degree of cognitive impairment (Mini-Cog, 2023).

- **Ascertain Dementia 8 (AD8)** - the Ascertain Dementia 8 (AD8) is a self-assessment tool that can be used to differentiate normal signs of aging and mild dementia. The AD8 includes questions regarding judgment, interests, memory, and learning.

- **The Mini Mental State Examination (MMSE)** - the Mini Mental State Examination (MMSE) may refer to a tool that can be used to assess mental status. The MMSE can be used to identify cognitive impairment in older adults.

- **Geriatric Depression Scale (GDS)** - the Geriatric Depression Scale (GDS) may refer to a self-assessment tool that may be used to screen older adults for depression. The long version of the GDS consists of 30 questions. The types of questions found on the long version of the GDS include the following: are you basically satisfied with your life; have you dropped many of your activities and interests; do you feel that your life is empty; do you often get bored; are you hopeful about the future; are you bothered by thoughts you cannot get out of your head; are you in good spirits most of the time; are you afraid that something bad is going to happen to you; do you feel happy most of the time; do you often feel helpless; do you often get restless and fidgety; do you prefer to stay at home, rather than going out and doing new things; do you frequently worry about the future; do you feel you have

more problems with memory than most; do you think it is wonderful to be alive now; do you often feel downhearted and blue; do you feel pretty worthless the way you are now; do you worry a lot about the past; do you find life very exciting; is it hard for you to get started on new projects; do you feel full of energy; do you feel that your situation is hopeless; do you think that most people are better off than you are; do you frequently get upset over little things; do you frequently feel like crying; do you have trouble concentrating; do you enjoy getting up in the morning; do you prefer to avoid social gatherings; is it easy for you to make decisions; is your mind as clear as it used to be (Stanford University, 2023).

- **Hamilton Depression (HAM-D) Rating Scale** - the Hamilton Depression (HAM-D) Rating Scale may refer to a tool that may be used to identify individuals with depression. Health care administrators should note that the HAM-D Rating Scale includes questions regarding: depressed mood, feelings of guilt, weight loss, anxiety, sleep problems, and suicide.

- **Geriatric Anxiety Inventory (GAI)** - the Geriatric Anxiety Inventory (GAI) may refer to a 20-item questionnaire that may be used to screen older adults for anxiety disorders. Health care administrators should note that the GAI includes questions regarding: feeling anxious, worried, concerned, and overwhelmed.

- **Stay Independent 12-question tool** - the Stay Independent 12-question tool can help health care professionals determine if an older adult is at risk for falls. The Stay Independent 12-question tool includes the following questions, which older adults should honestly answer and health care professionals should appropriately score: I have fallen in the past year; I use or have been advised to use a cane or walker to get around safely; sometimes I feel unsteady when I am walking; I steady myself by holding

onto furniture when walking at home; I am worried about falling; I need to push with my hands to stand up from a chair; I have some trouble stepping up onto a curb; I often have to rush to the toilet; I have lost some feeling in my feet; I take medicine that sometimes makes me feel light-headed or more tired than usual; I take medicine to help me sleep or improve my mood; I often feel sad or depressed. Health care administrators should note the following: each "yes" answer to question 1 and 2 should receive 2 points; each "yes" answer to questions 3 - 12 should receive 1 point; each "no" answer to any of the 12 questions should receive zero points; health care professionals should add up the total number of points once the older adult patient has answered all 12 questions to the best of his or her ability. Health care administrators should also note the following: if an older adult patient's total score is 4 points or more, he or she may be at risk for falling.

- **Timed Up and Go** - the Timed Up and Go fall risk assessment tool can be used to assess an older adult's mobility. A health care professional will require a stopwatch to effectively conduct the Timed Up and Go fall risk assessment. During a Timed Up and Go fall risk assessment, older adults should wear their typical footwear and use walking aids (e.g., chain), if applicable. To begin the Timed Up and Go fall risk assessment, health care professionals should instruct older adults to sit back in a standard arm chair. Health care professionals should then highlight or identify a line 10 feet away from the older adult on the floor in front of the patient or resident. Health care professionals should then provide older adults with the following instructions: when "I" say "go," stand up from the chair, walk to the line on the floor at your normal pace, turn, walk back to the chair at your normal pace, and sit down again. Health care professionals should start timing the older adult on the word "go." Health care professionals should also stop timing the older adult after the individual sits back down,

and record the time. Health care administrators should note the following: an older adult who takes ≥ 12 seconds to complete the Timed Up and Go fall risk assessment is at risk for falling. Health care administrators should also note the following: during a Timed Up and Go fall risk assessment, the health care professional should stay by an older adult for safety reasons.

- **30 Second Chair Stand** - the 30 Second Chair Stand fall risk assessment tool can be used to assess an older adult's leg strength and endurance. A health care professional will require a chair with a straight back and without armrests, as well as a stopwatch to effectively conduct the 30 Second Chair Stand fall risk assessment. To begin the 30 Second Chair Stand fall risk assessment, health care professionals should provide older adults with the following instructions: sit in the middle of the chair; place your hands on the opposite shoulder crossed, at the wrists; keep your feet flat on the floor; keep your back straight, and keep your arms against your chest; when "I" say "go," rise to a full standing position, then sit back down again; repeat the aforementioned action for 30 seconds. Health care professionals should start timing the older adult on the word "go;" count the number of times the older adult comes to a full standing position in 30 seconds; and record the number of times the older adult stands in 30 seconds. Health care administrators should note the following: if the older adult must use his or her arms to stand, stop the test, health care professionals should record 0 for the number and score; if the older adult is over halfway to a standing position when 30 seconds have elapsed, health care professionals should count it as a stand. Health care administrators should also note the following 30 Second Chair Stand below average scores: for men between the ages of 60 - 64 years a below average score is < 14; for women between the ages of 60 - 64 years a below average score is < 12; for men between the ages of 65 - 69 years a below average score is < 12; for women between

the ages of 65 - 69 years a below average score is < 11; for men between the ages of 70 - 74 years a below average score is < 12; for women between the ages of 70 - 74 years a below average score is < 10; for men between the ages of 75 - 79 years a below average score is < 11; for women between the ages of 75 - 79 years a below average score is < 10; for men between the ages of 80 - 84 years a below average score is < 10; for women between the ages of 80 - 84 years a below average score is < 9; for men between the ages of 85 - 89 years a below average score is < 8; for women between the ages of 85 - 89 years a below average score is < 8; for men between the ages of 90 - 94 years a below average score is < 7; for women between the ages of 90 - 94 years a below average score is < 4. Additionally, health care administrators should note the following: a below average 30 Second Chair Stand score indicates the older adult is at risk for falls. Furthermore, health care administrators should note the following: during a 30 Second Chair Stand fall risk assessment, the health care professional should stay by an older adult for safety reasons.

- **4-Stage Balance Test** - the 4-Stage Balance Test assessment tool can be used to assess an older adult's static balance. A health care professional will require a stopwatch to effectively conduct the 4-Stage Balance Test. During a 4-Stage Balance Test, older adults should keep their eyes open and should not use walking aids (e.g., canes; walkers), if applicable. To begin the 4-Stage Balance Test, health care professionals should provide older adults with the following instructions: I am going to show you four positions; after I show you the positions try to stand in each position for 10 seconds; you can hold your arms out, or move your body to help keep your balance, but don’t move your feet; for each position I will say, ready, begin; then, I will start timing; after 10 seconds, I will say, stop; when I say stop you may stop holding the position and return to a standing position of rest. Health care

professionals should then demonstrate the following four positions to the older adult: Position 1 - feet side-by-side; Position 2 - the instep of one foot should be touching the big toe of the other foot; Position 3 - one foot in front of the other with the heel touching the toes; Position 4 - stand on one foot. Once each of the positions is clear to the older adult, health care professionals should then stand next to the older adult, hold his or her arms, and help the older adult assume the correct position. When the patient or resident is steady, the health care professional should let go, and time how long the older adult can maintain the position. Health care administrators should note the following: if the older adult can hold a position for 10 seconds without moving his or her feet or needing support, the health care professional should then move on to the next position; if the older adult cannot hold a position for 10 seconds without moving his or her feet or needing support, the health care professional should not move on to the next position and should stop the test. Health care administrators should also note the following: an older adult who cannot hold Position 3 (otherwise referred to as the tandem stand) for at least 10 seconds is at an increased risk of falling. Additionally, health care administrators should note the following: during a 4-Stage Balance Test, health care professionals should remain ready to assist older adults if they should lose their balance.

Section 2 Summary

Assessment tools may be used to help determine appropriate levels of care for older adults. Health care administrators should be familiar with relevant assessment tools, as well as their application to older adult patients and/or residents.

Section 2 Key Concepts

- The following assessment tools may be used to help determine appropriate levels of care for older adults: Katz Index of Independence in Activities of Daily Living, Klein-Bell ADL Scale, Cleveland Scale for Activities of Daily Living, Barthel Index for Activities of Daily Living, Lawton-Brody Instrumental Activities of Daily Living scale, Bristol Scale, Mini-Cog, Ascertain Dementia 8 (AD8), Mini Mental State Examination (MMSE), Geriatric Depression Scale (GDS), Hamilton Depression (HAM-D) Rating Scale, Geriatric Anxiety Inventory (GAI), Stay Independent 12-question tool, Timed Up and Go, 30 Second Chair Stand, and the 4-Stage Balance Test.

Section 2 Key Terms

Katz Index of Independence in Activities of Daily Living - a tool that can be used to measure an individual's ability to independently complete ADL

The Klein-Bell ADL Scale - a 170-item list measuring six categories of ADL, which include: mobility, emergency communication, dressing, elimination, bathing/ hygiene, and eating

The Cleveland Scale for Activities of Daily Living - an assessment tool that consists of a list of 47 items that is intended for individuals with Alzheimer's disease and related dementias

The Barthel Index for Activities of Daily Living - an assessment tool that takes 10 activities into account, which include: feeding, bathing, grooming, dressing, bowel control, bladder control, toilet use, transfers (bed to chair and back), mobility on level surfaces, and stairs

The Lawton-Brody Instrumental Activities of Daily Living scale - a checklist that may be used to determine an individual's ability to complete instrumental activities of daily living (IADL)

Bristol Scale - a 20 item questionnaire intended for individuals with dementia

Mini-Cog - a neuropsychological test that may be used to identify individuals with dementia

Ascertain Dementia 8 (AD8) - a self-assessment tool that can be used to differentiate normal signs of aging and mild dementia

Mini Mental State Examination (MMSE) - a tool that can be used to assess mental status

Geriatric Depression Scale (GDS) - a self-assessment tool that may be used to screen older adults for depression

Hamilton Depression (HAM-D) Rating Scale - a tool that may be used to identify individuals with depression

Geriatric Anxiety Inventory (GAI) - a 20-item questionnaire that may be used to screen older adults for anxiety disorders

Section 2 Personal Reflection Question

Why is it important to use assessment tools to help determine appropriate levels of care for older adults?

Section 3: Case Study

The case study at the beginning of the course is presented in this section to review the presented information. A case study review will follow the case study. The

case study review includes the types of questions health care administrators should ask themselves when considering levels of care. Additionally, reflection questions will be posed, within the case study review, to encourage further internal debate and consideration regarding the presented case study and levels of care. The information found within the case study and case study review was derived from materials provided by the American Council on Aging unless, otherwise, specified (American Council on Aging, 2023).

Case Study

A 84-year-old female resident, named Elizabeth, is admitted into a health care facility. Elizabeth is coming from a home care environment, and is becoming a resident of a health care facility for the first time. Upon entering into the health care facility the resident tells a health care administrator that she is nervous about moving into the health care facility, but happy to be giving her "daughter a break." The resident also tells the health care administrator that she is looking forward to meeting "new people."

While discussing Elizabeth's care with a health care professional, Elizabeth's daughter indicates that her mother recently scored "a 3 on a Mini-Cog test" that was administered by another health care professional. Elizabeth's daughter also indicates that her mother suffers from chronic pain, and is on several medications, which include warfarin.

During Elizabeth's first week, health care professionals note that Elizabeth requires some assistance with walking, and getting up after sitting for long periods of time. Health care professionals also note that Elizabeth enjoys taking part in recreational activities, such as art therapy and animal-assisted therapy. At the end of Elizabeth's first week, a health care administrator meets with Elizabeth's team of health care professionals to discuss Elizabeth's preferences and needs.

Case Study Review

What resident details may be relevant to entering into the appropriate level of care?

The following resident details may be relevant to entering into the adequate level of care: Elizabeth is a 84-year-old female resident; Elizabeth is coming from a home care environment, and is becoming a resident of a health care facility for the first time; Elizabeth tells a health care administrator that she is nervous about moving into the health care facility, but happy to be giving her "daughter a break;" Elizabeth tells the health care administrator that she is looking forward to meeting "new people;" Elizabeth's daughter indicates that her mother recently scored "a 3 on a Mini-Cog test;" Elizabeth's daughter indicates that her mother suffers from chronic pain; Elizabeth's daughter indicates that her mother is on several medications, which include warfarin; during Elizabeth's first week, health care professionals note that Elizabeth requires some assistance with walking, and getting up after sitting for long periods of time; health care professionals note that Elizabeth enjoys taking part in recreational activities, such as art therapy and animal-assisted therapy; a health care administrator meets with Elizabeth's team of health care professionals to discuss Elizabeth's preferences and needs.

Are there any other resident details that may be relevant to entering into the appropriate level of care; if so, what are they?

How are each of the aforementioned resident details relevant to entering into the appropriate level of care?

Each of the previously highlighted resident details may be relevant to entering into the appropriate level of care. The potential relevance of each resident detail may be found below.

Elizabeth is a 84-year-old female resident - the previous resident detail is relevant because it provides context for the resident's care.

Elizabeth is coming from a home care environment, and is becoming a resident of a health care facility for the first time - the previous resident detail is relevant because it provides context for the resident's care. The previous resident detail is also relevant because it indicates Elizabeth is entering into the health care facility after receiving home care. Health care administrators should be aware of residents' previous level of care when they are admitted into a health care facility. Such information may be relevant to the resident's care plan (note: the term care plan may refer to a description or summary of an individual's health conditions, current treatments, and specific needs).

Elizabeth tells a health care administrator that she is nervous about moving into the health care facility, but happy to be giving her "daughter a break" - the previous resident detail is relevant because it provides insight into the resident's thoughts and feelings. Health care administrators should work to obtain insight into residents' thoughts and feelings about their new level of care. Such insight can help health care administrators ease a resident's transition, as well as plan activities that can help the resident adjust (e.g., a tour of the health care facility; introducing a new resident to health care professionals and other residents to help reduce any nervousness or uneasy feelings experienced by the new resident).

Elizabeth tells the health care administrator that she is looking forward to meeting "new people" - the previous resident detail is relevant because it provides additional insight into the resident's thoughts and feelings. If a new resident is interested in meeting new people, health care administrators should ensure they introduce the new resident to health care professionals and other residents. Such

introductions can help ease the residents transition into the health care facility, as well as improve resident satisfaction.

Elizabeth's daughter indicates that her mother recently scored "a 3 on a Mini-Cog test" - the previous resident detail is relevant to the potential for dementia/ cognitive impairment. Health care administrators should note the following: a total score of 3, 4, or 5 on a Mini-Cog test indicates a lower likelihood of dementia but does not rule out some degree of cognitive impairment (Mini-Cog, 2023). Health care administrators should note the following: health care administrators and other health care professionals should be aware of residents with dementia and cognitive impairment; health care administrators should use assessment tools to help identify residents with dementia, cognitive impairment, or other conditions that may impact care.

Elizabeth's daughter indicates that her mother suffers from chronic pain - the previous resident detail is relevant to Elizabeth's overall care and care plan (note: chronic pain may refer to pain lasting longer than three to six months). Health care administrators should work to assess resident conditions and disease states to help develop safe and effective care plans for each resident.

Elizabeth's daughter indicates that her mother is on several medications, which include warfarin - the previous resident detail is relevant to Elizabeth's overall care and care plan. To ensure a continuum of care, health care administrators should include medication reconciliations in the resident admission process. Medication reconciliations can help health care professionals identify required resident medications, as well as medications that are more likely than others to cause harm to residents (e.g., anticoagulation medications). Health care administrators should note that anticoagulation medications, such as warfarin, may cause harm to residents due to complex dosing, insufficient monitoring, and inconsistent resident compliance (Joint Commission, 2023). Due to the potential for harm,

health care administrators should be familiar with warfarin. Specific information regarding warfarin may be found below. The information found below was derived from materials provided by the National Library of Medicine (National Library of Medicine, 2023).

Warfarin

Medication notes - warfarin is a vitamin K antagonist indicated for the following: prophylaxis and treatment of venous thrombosis and its extension, pulmonary embolism; prophylaxis and treatment of thromboembolic complications associated with atrial fibrillation and/or cardiac valve replacement; reduction in the risk of death, recurrent myocardial infarction, and thromboembolic events such as stroke or systemic embolization after myocardial infarction. The dose of warfarin may be based on the patient's international normalized ratio (INR). Side effects associated with warfarin include fatal and nonfatal hemorrhage from any tissue or organ.

Safety notes - contraindications associated with warfarin include pregnancy, except in women with mechanical heart valves. Warnings associated with warfarin include the following: warfarin can cause major or fatal bleeding; perform regular monitoring of INR in all treated patients; drugs, dietary changes, and other factors affect INR levels achieved with warfarin therapy; instruct patients about prevention measures to minimize risk of bleeding and to report signs and symptoms of bleeding. Additional warnings and precautions associated with warfarin include the following: necrosis or gangrene of skin or other tissues can occur; initial therapy with warfarin in heparin-induced thrombocytopenia has resulted in cases of amputation and death; discontinue warfarin if emboli occur. Health care professionals should note the following monitoring recommendations: obtain daily INR determinations upon initiation, and until the INR is stable and in

the desired therapeutic range; obtain subsequent INR determinations every 1 to 4 weeks.

Considerations for special patient populations - individuals 60 years or older may exhibit greater than expected INR response to the anticoagulant effects of warfarin; individuals 60 years or older should be monitored for signs of bleeding.

During Elizabeth's first week, health care professionals note that Elizabeth requires some assistance with walking, and getting up after sitting for long periods of time - the previous resident detail is relevant to Elizabeth's overall care and care plan. Health care professionals should observe and monitor residents to identify their individual needs. The previous resident detail is also relevant to fall risk. Based on the information presented in the case study, it appears Elizabeth may be at risk for falls. Health care administrators should work to identify residents at risk for falls, and ensure fall precautions are applied to all residents. Health care administrators should note the following fall precautions: familiarize the resident with his or her environment; have the resident demonstrate call light use, when applicable; maintain the call light within the resident's reach, when applicable; keep a resident's personal possessions within safe reach of the resident; have sturdy handrails in resident bathrooms, rooms, and hallways; place the resident's bed in a low position when a resident is resting in bed, when applicable; raise the resident's bed to a comfortable height when the resident is transferring out of bed; keep resident bed brakes locked; keep wheelchair wheel locks in the locked position when stationary; keep non slip, comfortable, well-fitting footwear on the resident; use night lights or supplemental lighting; keep floor surfaces clean and dry; clean up all spills promptly; keep resident care areas uncluttered; follow safe patient/resident handling practices. Health care administrators should note the following medication classes that may be associated with an increased fall risk when used in older adult patient populations: anticonvulsants, antidepressants, antipsychotics, benzodiazepines, opioids, and sedatives-hypnotics.

Health care professionals note that Elizabeth enjoys taking part in recreational activities, such as art therapy and animal-assisted therapy - the previous resident detail is relevant to Elizabeth's overall care, care plan, health, and quality of life. Health care professionals should observe and monitor residents to identify their individual preferences, including recreational therapy-related activities. Health care administrators should note the following: recreational therapy often provides treatment services and recreation activities to individuals using a variety of techniques including: arts and crafts, animals, sports, games, dance, movement, drama, music, and community outings; the purpose of recreational therapy is to improve or maintain physical, cognitive, social, emotional, and spiritual functioning in order to facilitate improved health, overall well-being, and quality of life (American Therapeutic Recreation Association, 2023). Specific information regarding art therapy and animal-assisted therapy may be found below.

- Art therapy may refer to a practice that uses creative techniques such as drawing, painting, collage, coloring, or sculpting in patient care.
- Art therapy may be used in the treatment of depression, anxiety, personality disorders, substance use disorder, Alzheimer’s disease, and hypertension.
- Animal-assisted therapy may refer to a practice that incorporates animals such as horses, dogs, cats, and birds into patient treatment.
- Animal-assisted therapy may be used in the treatment of depression, anxiety, schizophrenia, substance use disorder, and Alzheimer’s disease.

A health care administrator meets with Elizabeth's team of health care professionals to discuss Elizabeth's preferences and needs - the previous resident detail is relevant to Elizabeth's overall care, care plan, health, and quality of life. Health care administrators should meet with residents' team of health care

professionals to identify and discuss residents' preferences and needs. Health care administrators should attempt to meet residents' preferences and needs, especially when they relate to health care. Health care administrators should note the following: at times, health care administrators should act as a liaison between residents and health care professionals to ensure a continuum of care, and to, ultimately, optimize patient and resident outcomes.

What other ways, if any, are the resident details relevant to levels of care?

Section 3 Summary

Health care administrators should work to meet residents' preferences and needs. Health care administrators should discuss such information with both residents and health care professionals. Meeting a resident's preferences and needs can help ensure a continuum of care and optimal resident outcomes.

Section 3 Key Concepts

- Health care administrators should be aware of residents' previous levels of care when they are admitted into a health care facility; such information may be relevant to the resident's care plan.
- Health care administrators should work to obtain insight into residents' thoughts and feelings about their new level of care; such insight can help health care administrators ease a resident's transition, as well as plan activities that can help the resident adjust.
- Health care administrators/health care professionals should be aware of residents with dementia and cognitive impairment.

- Medication reconciliations can help health care professionals identify required resident medications, as well as medications that are more likely than others to cause harm to residents (e.g., anticoagulation medications).
- Health care administrators should work to identify residents at risk for falls, and ensure fall precautions are applied to all residents.
- Health care administrators/health care professionals should observe and monitor residents to identify their individual preferences, including recreational therapy-related activities.
- At times, health care administrators should act as a liaison between residents and health care professionals to ensure a continuum of care, and to, ultimately, optimize patient and resident outcomes.

Section 3 Key Terms

Care plan - a description or summary of an individual's health conditions, current treatments, and specific needs

Chronic pain - pain lasting longer than three to six months

Art therapy - a practice that uses creative techniques such as drawing, painting, collage, coloring, or sculpting in patient care

Animal-assisted therapy - a practice that incorporates animals such as horses, dogs, cats, and birds into patient treatment

Section 3 Personal Reflection Question

How can health care administrators effectively act as a liaison between residents and health care professionals?

Conclusion

Determining the appropriate levels of care for patients and residents can be absolutely essential to their health, overall well-being, and quality of life. Health care administrators should possess insight into the general levels of care within the health care system, as well as specific levels of care for older adults. Additionally, health care administrators should be familiar with relevant assessment tools, and their application to older adult residents. Finally, health care administrators should note the following: at times, health care administrators should act as a liaison between residents and health care professionals to ensure a continuum of care, and to, ultimately, optimize resident outcomes.

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