

What Every Internist Should Know About SNF & LTC

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Internal Medicine Review

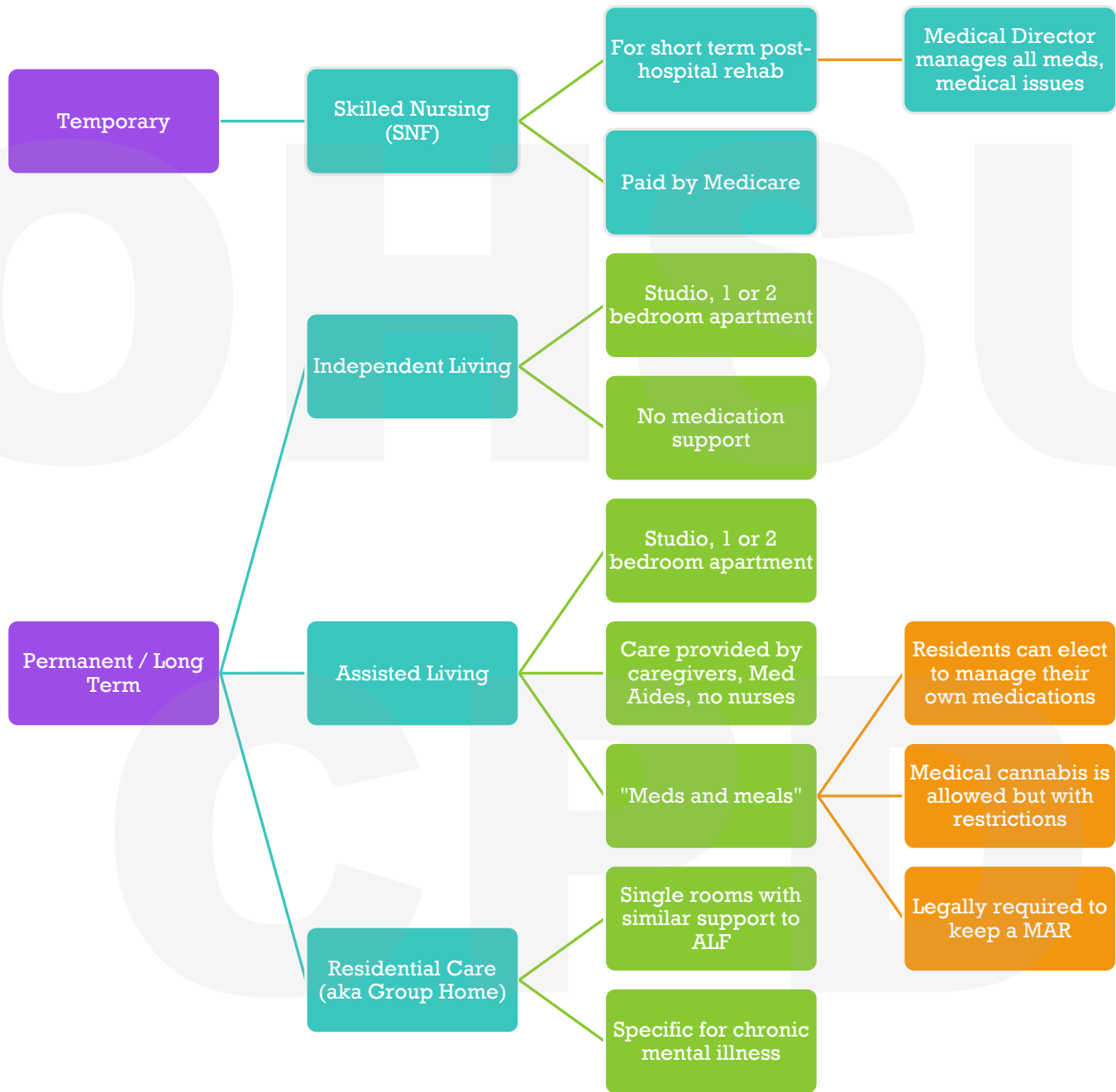
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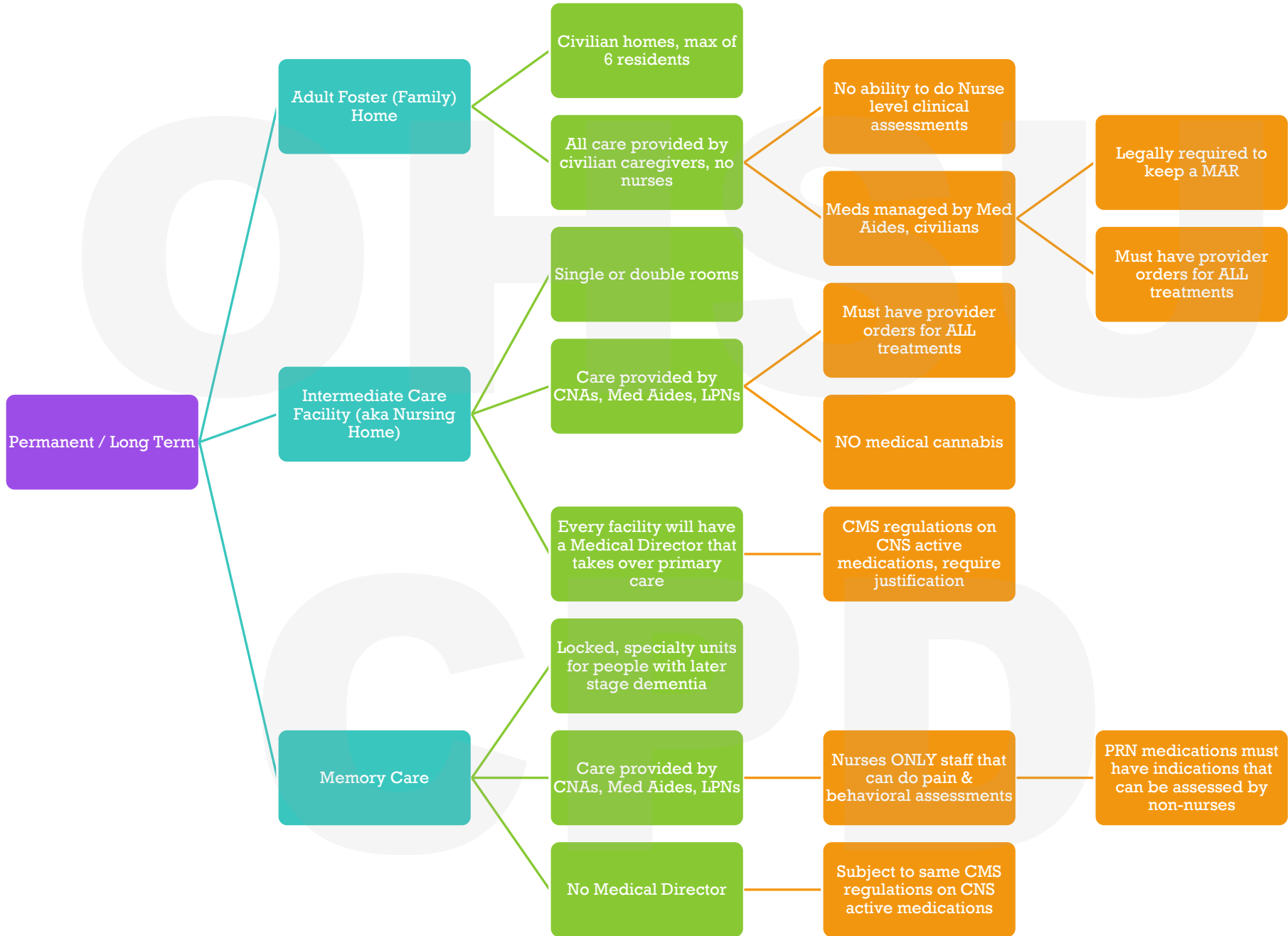
Topics

- De-mystify the different levels of care
- Explore the care team roles within different levels of care
- Consider high impact tips for writing orders
- Explore unique facets of SNF care that affect internists in other settings

Alphabet Soup of Long-Term Care

Not all facilities are 'snf'





What This Means for Internists

- You already care for people living in settings that do NOT include a house provider:
 - Assisted Living, Adult Foster Home, Residential Care, Memory Care
- It's critical to know what level of care patients reside in
- Ask for a MAR to reconcile medications & treatments

Primary Care in ICF

- Residents have the option to use the Medical Director or keep their outside PCP
- Outside PCPs are responsible for meeting the building's regulatory requirements
 - Provider visits at least every 60 days
 - Participation in GDRs of psychoactive medications as needed
 - Timely responses to requests, changes in status and need for signatures

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- **All those faxes ... they're really important!**

The Faxes

- Buildings are required to notify the provider of record for events like falls
- Required to have signatures on house orders and responses to dietary & pharmacy recommendations
- Routine order reviews require provider signatures at regular intervals
- Secure fax is the only tech platform available to do this
- Acute clinical changes may also come to us via fax so it's important to quickly review what comes in!

Brief Guide to Who's Who

Who to talk to for different
needs

Community Based Care - ILF

- **Exactly the same as a private home**
- **Patient, partners, family, other trusted people**

Community Based Care - ALF



Resident
Managers

- Coordination & logistics
- Care planning
- Social services tasks

Med Aides

- Med pass
- Akin to the floor nurse

Reception
/ Front
Desk

- Receive faxed orders and transcribe into house orders

Ancillary
In-Home
Services

- ie. Wound care, home health, hospice, etc

Adult Foster (Family) Home

- Typically very lean care teams, often families
- Primary contact is the operator (sometimes also the owner)
- You may be contacted by external service like hospice, home health or wound care teams

Classic LTC – ICF, memory care



Resident Care Managers

- Main points of contact
- Care coordination, nursing clinical oversight, logistics and more

Social Services Director

- Navigating insurance, DME needs, ACP, etc
- Often NOT a SW

Nurses

- Often LPNs working 8 hour shifts
- May be permanent staff or temps
- Knowledge of bigger clinical picture may vary

The background features the word "ORDER" in a large, light gray, sans-serif font, centered horizontally. Overlaid on this is a large, solid orange rectangle. The text "Tips for Writing Orders" is written in white, sans-serif font within this orange rectangle. The background also contains several thin, light gray lines: some are solid and curved, while others are dashed and straight, creating a technical or architectural feel.

Tips for Writing Orders

Everything Needs an Order

- OTC medications, topicals, non-pharmacologic treatments (ie. Heat, ice, etc), special diets, daily fluid goals, hold parameters and more
- Time limited treatments must have a clear end date
- Every order needs an indication
 - PRNs given only for the specific indication
 - Building staff will pick an indication if we don't provide one



Example
Diagnosis List

The Orders Life Cycle

Provider writes an order

Order relayed to the building

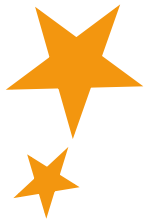
- Faxed, verbal, in AVS

CNAs, med aides carry out the new orders

New orders entered into EHR by front desk staff

- Add an indication if there isn't one

RCMs update the care plan (if needed)



Turning Orders into House Orders

- **Primary people transcribing external orders into house orders are non-clinical**
 - **Even if it's a med aide or LPN, they have to transcribe exactly what we write!**
- **Staff will fax back if they need clarification or to fix errors**
 - **This can delay necessary care**

Tips for Writing Orders

BE CLEAR, CONCISE & SPECIFIC

- **Correct site (ie. Topicals, wounds, etc)**
- **Use bullet points for multi-step orders like wound care**

AVOID PRN REGIMENS WHERE POSSIBLE

- **Relies on the patient's ability to report the symptom and ask for the PRN**

Tips for Writing Orders

MATCH PRN INDICATIONS TO BEHAVIORS

- **Med aides only able to give PRNs asked for by the patient or as instructed by nurses**
- **Often no nurses to do nurse level assessments (ie. Pain, “agitation”)**
- **Use behavioral descriptors like:**
 - **Calling out, yelling, aggression**
 - **Wincing, grimacing**
 - **Burping, retching**

Tips for Writing Orders

SPECIFY A TIME IF DIFFERENT FROM STANDARD MED PASS TIMES

- ie. Sinemet, PPIs, levothyroxine
- House schedules are generally the same as hospital schedules (QD – 0900, QHS – 2200)

A graphic consisting of two stacked orange rectangles. The top rectangle is shorter than the bottom one. The text "SNF Tips" is centered in the bottom rectangle. The background features faint, large letters "CPSU" and decorative curved lines.

SNF Tips

What is Skilled Nursing?

- Short term physical rehab and diagnosis focused nursing care (ie. Complex wounds, IV antibiotics) with the expectation of functional improvement
- Nobody lives in SNF
- This is NOT for people in need of long-term caregiving
- This is boot camp

Who Pays?

- Medicare Part A after a qualifying *inpatient* admission
 - Does NOT include observation stays
- FFS → First 21 days covered, daily co-pay days 22-100, private pay day 101+
 - Co-pays roughly the same as a Portland hotel

What Skilled Nursing is Not

A HOSPITAL

- 1 nurse (typically an LPN) per unit or hallway
- Meds administered by CMAs (med aides)
 - Not allowed to do nurse level assessments
- Providers in house once a week
 - 30 days to do an initial visit!
 - Often have other jobs
- Takes 1-2 days for labs, imaging, EKGs
 - No service on weekends, holidays

What Skilled Nursing is Not

A PRISON

- Patients are free to choose to leave
- Daytime outings are commonly arranged with care team

More SNF Pearls

- An outside PCP can be a patient's designated house provider
- Patients are allowed to have outpatient specialist visits but NOT regular primary care visits while in SNF care
- Medicare will cut off coverage if the patient is no longer progressing towards recovery

How SNF Quality Measures Affect You

PSYCHOACTIVE MEDICATIONS

- SNFs are required to have provider documentation of the justification of an **approved indication** for CNS active medications
 - Antipsychotics, Anxiolytics, Antidepressants, Mood stabilizers, Hypnotics
- Requests for clarification will come via fax if the house provider can't tell from available records

How SNF Quality Measures Affect You

PSYCHOACTIVE MEDICATIONS

- Off label use is not banned but staff will keep trying for an approved indication with you and the house provider
 - Trazodone, mirtazapine for sleep
 - Quetiapine for dementia behaviors, Parkinson's psychosis
 - Duloxetine for chronic pain or depression?

How SNF Quality Measures Affect You

FOLEY CATHETERS

- Only approved indications are obstructive uropathy and neurogenic bladder
- If diagnosis is unclear, you will get a fax

“UTI”

- Required to report in-house acquired “UTI”s to Medicare so accuracy is critical
- Required antibiotic “time out” after 3 days
- Antibiotic will be DC’d if diagnosis is vague

The Bridge

- SNF stays are the rope bridge between hospital and outpatient care
- Working together to reinforce the bridge will lead to more successful, smooth transitions home



Takeaways

- **Know your levels of care**
 - It can be confusing, please ask questions!
- **We hate the faxes too but they're important**
- **Write clear, concise orders that can be understood by LPNs, med aides and caregivers**
- **Avoid PRNs where possible**
- **SNF is always temporary**