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Future trends of nursing homes

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FUTURE TRENDS OF NURSING HOMES

ABSTRACT

Introduction: Nursing homes are a major part of the long term care sector and have provided services to elders and the disabled population for years. Regulation change and new demands from the market have forced nursing homes to adapt. The purpose of this literature review was to analyze current regulation in place in the nursing home sector and determine how nursing homes will adapt and continue to provide quality care to patients in the future.

Methodology: The methodology of this research was a literature review. Overall, there were 4 databases used to gather research and 35 sources were used throughout the entirety of the paper.

Results: Within our findings, there were several sources to support our claims. The research that was gathered was analyzed to determine the future use and demand of nursing homes. The results supported the original hypothesis that nursing homes will undergo changes in the inner culture and policy, but they will remain a staple in the long term care sector.

Discussion/Conclusion: Nursing homes have been around for years and research has shown that adjustments are constantly being made in regulation and the individual culture or attractiveness of every nursing home. Through these changes, nursing homes will remain to attract large demand from the elderly population that is rapidly growing. Thus, nursing homes will continue to provide services to those in need.

Key Words: Culture Change, Demand, Future, Long Term Care, Nursing Homes, Patterns Trends

INTRODUCTION

One way to look to the future of nursing home care was to reference the past and recognize the response from the industry to the continuously changing demands of the population, to the increase in the demand of care, to the change in regulations both state and federally (Bishop & Stone, 2014). A prime example of a response that nursing homes made to changes in demand and regulation was the decade-long implementation of culture change (Miller, Miller, Jung, Sterns, Clark & Mor, 2010). Nursing Homes and Long-Term Care has seen regulations increase and has had to make adjustments to their model every time (Popp, 2018).

The increase in the number of potential patients has been expected to increase as the years progressed. This has been indicated in the recent past by the baby boomer generation; in 2011, 7000 people turned 65 on a daily basis (Weil, 2014). Over the course of the next several years it has been expected that the majority of this generation will utilize some sort of Long-Term Care (GlobeNewswire, 2019). According to longtermcare.gov, people that were 65 or older have at least a 70% chance to need long term care with half of those seeking nursing home services (How Much Care Will You Need?, 2017). An example of this were studies that indicate a reduction in the amount of deaths in homes and hospitals, which have lowered from 46.2% of the population to 34.1% and 18.3% to 14.2% from 1987 to 2011 respectively, while the number of deaths in nursing homes was on the rise, which rose from 29.5% to 45.5% of the population from 1987 to 2011 (Kalseth & Theisen, 2017). This was also shown by the fact that over 20% of the population will be 65 or older by the year 2030 (Paul, Schaeffer & Coustasse, 2017). The

population in nursing homes has been expected to grow along with the aging population (LTC

Patient Projections, 2020). In the past, when the demand for Long-Term Care grew, nursing

home providers increased their services and offerings to meet the diverse needs of the growing

market (Research and Markets, 2019). One example was that Nursing Homes have incorporated

hospice care into their services provided to patients and their families. This has been an

important implementation, since hospice care was the fastest growing segment in Long-Term

Care (M2 PressWire, 2019).

Since the Nursing Home Reform act of 1987 was passed there have been many changes

made to the Nursing Home sector. An area that this reform focused on was the quality of care

that has been received by patients; nursing homes were constantly striving to improve the

quality of care while operating within the bounds of healthcare policy (Zimmerman, Shier &

Saliba, 2014). There have been several different standards that nursing homes had to adhere to

that were created from the Nursing Home Reform Act (Sehrawat, 2010). One of the other issues

from the Reform Act of 1987 was surrounding the healthcare workers involved in the direct care

to the patient. A concern was that staffing levels were not adequate to provide quality care. The

industry then had to increase their overall staffing numbers to improve the hours per patient day

ratio. The higher the ratio, the better the care for the patients of Long-Term Care Facilities, even

though some states do not have a minimum staffing requirement. In fact, an issue that has been

frequent to Nursing Homes were complaints, and these complaints have shown to be at about

13% out of a population of 100 patients (Hansen, Hyer, Holup, Smith & Small, 2019).

Another response from the Nursing Home Reform Act was that patients' rights in Long-

Term Care were actually defined. Included in this bill, was the standardization of certifications

across the country in Long-Term Care. This meant medical staff and the facility had to meet

certain criteria to continue to provide care. The main intention of the Nursing Home Reform Act was to make vast and sweeping changes to improve the overall quality of care in Nursing Homes across the United States (Gapna, 2013).

In the future, a critical need to be addressed is the payment model used in healthcare, and specifically Long Term-Care. According to a study, 56% of the population can expect to spend at least one night in a nursing home, meaning that the demand and necessity of a quality payment structure was there (Hurd, Michaud & Rohwedder, 2017). With the numerous variables that should be taken into consideration with the aging population and cost of care, simplifying the payment structure along with the overall process of care was critical (Miller, Cohen, Lima & Mor, 2014). The aging population was expected to experience more chronic diseases, lack of mental capacity, and the overall ability to be fully independent, which can cause an increase in the total cost of care (GlobeNewswire, 2019). With the concerns of the cost of care raising to over $80,000 dollars for a semi- private room in a Nursing Home, it has been an issue expressed at a federal level, the government was looking at ways to institute cost containment in Nursing Homes (Genworth, 2015). As a result, Nursing Homes must find ways to offer services that are in demand, in cost effective ways that delivers values to the patient (Brown & Finkelstein, 2011).

Over time, there has been a lessening in the number of Nursing Homes and this could be due to the increased popularity in other forms of long term care, such as home health or the "hospital at home" approach (Lee, Pickstone, Facultad, & Titchener, 2017) However, the total number of for profit nursing homes has increased from 69.2% in 2013, to 69.3% in 2016 (Harris-Kojetin, Sengupta, Park-Lee, Valverde, 2013; Harris-Kojetin, Sengupta, Lendon, Rome, Valverde, Caffrey, 2019). CMS has implemented a rating system for nursing homes that allows for individuals to compare facilities; this system is the 5 Star rating system. The 5 star system

uses quality measures, health inspections and staffing levels to calculate this score for facilities

(Williams, Straker & Applebaum, 2016). Since different regulations have been put into place

over that time span, at both the state and federal levels, quality of care has become a focus. In a 5

year stretch between 2011-2016, the amount of 5-star rated beds for every 100,000 over the age

of 65, increased from 658 to 895, when compared with the total number of Nursing Homes in the

United States, 15,600, that number was still considerably low (Wang, Zhang, Spatz, Gao,

Eckenrode, Johnson, Krumholz, 2019)(Wang et al., 2019).

The purpose of the research was to determine how nursing homes will adapt to changes

in population, policy, procedures and regulation in the long term care sector and provide care to

patients in the future. The study included research on culture change, payment systems, and

fragmented care in Nursing Homes and how better patient outcomes are achieved. The overall

future use, need, scope of nursing homes and how nursing homes will continue to be the highest

utilized sector of long term care for aging adults, were all analyzed.

<div align="center">METHODOLOGY</div>

The primary hypothesis of this research is that the future trends of long term care, especially

those of nursing homes, will continue to grow in demand as the number of elders that chose to

receive services from nursing homes increases. The secondary hypothesis is that there will be

significant change in policy that will lead to a more patient friendly environment in nursing

homes.

The methodology of this work was a literature review. The research was gathered from

four different databases such as Academic Search Premier, PubMed, Nexis Uni and Google

Scholar. To gather relevant information to the topic, the keywords used to gather the research

were "Nursing Homes', OR "Long Term Care", OR "Trends", OR "Patterns", OR "Future", OR

"Demand", OR "Culture Change". Within these databases our search was limited by several

factors such as full text availability, scholarly and peer reviewed articles, articles with references

available, narrowed to the field of healthcare, published 2010 - 2020 and within the United

States. This study was also narrowed by examining only articles that were published in the

English language and the abstracts were the main instruments used to determine if the research

was relevant to the topic. The articles that were used for this study were gathered by WM and

KC and validated by AC to ensure that the sources met the required inclusion criteria.

The research that was gathered was done so by using the PRISMA approach and a flow

chart showing the inclusion process can be seen in the appendix. The search identified (N = 134)

results that met inclusion criteria that was listed above. There were also (N = 21) articles used in

our research from other sources. If the article did not meet inclusion criteria, it was excluded

from the research which was (N = 121). In the combined research there were 35 articles used to

gather information to discover outcomes in the nursing home sector.

The research that was used was put together based on the conceptual framework

exemplified in Figure 1 (Hung, William, Liu, Sophia, Boockvar &Kenneth, 2010). In order to

follow the conceptual framework, the research included the past changes that took place in areas

such as culture change, payment reform, market demand and federal and state regulations to

understand the trends that are present in Nursing Homes. The research pointed to topics of policy

and regulation and future projected needs within this sector to help us come to a conclusion

about the future trends of nursing homes.

<div align="center">RESULTS</div>

In the recent past, there has been a movement referred to as the culture change movement that

has swept across most nursing homes. The movement was intended to change the institutional

model of nursing homes into a more patient centered and homelike environment for quality care

to be delivered (Corazzini, et al, 2015). Many nursing homes, as much as 85%, had implemented

culture change, which is when measures are taken to change the overall culture in a healthcare

facility by leadership, into their facility practices but there were several barriers to overcome to

achieve culture change such as; costs, policy, staff attitudes, and lack of human resource

capabilities (Corazzini et. al., 2015). The implementation of culture change came about several

years ago and began with the creation of the Health Care Financing Organization. This federal

organization was responsible for the coordination of medicare and medicaid payments and the

development of certifications required by nursing homes (Castle & Ferguson, 2010). The

certification process for nursing homes to receive medicare and medicaid reimbursements

required a on site inspection by Center for Medicaid and Medicare Services qualified surveyors.

The certification process and quality measures that have been enforced by regulating

bodies created an environment that became institutional and rules oriented, as shown by constant

complaints on quality of care provided to patients. This incited the IOM (Institute of Medicine)

to release a report regarding care in nursing homes in 1986. (Werner & Konetzka, 2010). The

release of this document incited the creation of the Nursing Home Reform Act of 1987. The

passage of this bill created several new regulations that nursing homes were required to follow

such as; minimum standards for patient quality and safety, mandate for resident assessment, and

required inspection at least every 15 months of nursing homes certified by Medicare and

Medicaid (Werner & Konetzka, 2010). The implementation of the Nursing Home Reform Act of

1987 brought about the institutionalized views of nursing homes. Thus, the need for culture

change initiatives. There are several culture change models that exist but it has been found that

nursing homes were more likely to implement a custom culture change that best fits their

environment and current design at the time. In a survey completed to analyze how many nursing

homes were taking part in culture change programs of some sort, it was found that according to

the Director of Nursing at these facilities, 85% were participating in some kind of culture change

while 15% referred to themselves as a traditional facility (Miller, et al, 2014).

The culture change movement has not only affected the workers, management, and the

corporations involved in long-term care, it also has included the prospective patients that receive

long-term care in the future. These prospective patients drive the industry to make changes that

better fit their needs. A common characteristic among the baby-boomer generation was their

strong sense of individualism. As a result, long-term care has adapted to meet the demand to

offer a more patient-centered care model, while including several different avenues of care

options (Sloane, Zimmerman & D'Souza, 2014). As a result, nursing homes began to empower

their Certified Nursing Assistants (CNA's), Licensed Practical Nurses (LPN's), and Registered

Nurses (RN's) to use their experiences with patients, to create a better care plan, that fit patient's

needs and preferences more completely (Bishop, 2014). This movement to provide a more

specialized structure of care was meant to directly improve the quality of life of individuals

receiving care at a nursing home (Sloane et al., 2014). To evaluate the care given, patients'

satisfaction with care has come into consideration, especially when interventions were

introduced to help address an issue with the patient's health or care (Rahman & Schnelle, 2008).

More and more pressure was being placed on nursing homes by government agencies

such as CMS to adapt their culture to provide better, more individualized care to their patients.

One reason for this was the average occupancy rate in nursing homes has decreased from 84.5%

capacity in 1995 to 79.7% in 2016, as seen in figure 2. The figure shows the decrease in the

average occupancy rate of Nursing Homes from 1995 to 2016 (Fashaw, Thomas, McCreedy &

Mor, 2020). The graph illustrates the information as cited by the research. State governments were encouraging nursing homes to change their institutionalized culture to a more person centered style of care, by changing Medicaid to allow for funding to assisted living facilities and services (Koren, 2010) With this alternative being paid for by Medicaid, nursing homes were being forced to change their current model to accommodate future patients. Also, not only could non-adopting nursing homes lose out on potential patients, they also typically have more health related survey citations than culture change adopters do, who see nearly 15% less citations (Grabowski, O'Malley, Afendulis, Caudry, Elliot & Zimmerman, 2014). Also, nursing homes that implement policies that reflect culture change have seen a decrease in restraints on residents, tube feeding use, and pressure ulcers among their patients (Miller, Lepore, Lima, Shield & Tyler, 2014). When implementing and non implementing nursing homes were being compared, patients were being rehospitalized less in nursing homes that implemented culture change practices (Miller et. al., 2014).

DISCUSSION

The basis of this research was to determine how nursing homes will adapt to changes in regulation or policy and continue to provide care to patients. Our research included topics such as culture change, demand, and past trends of nursing homes. Our findings support the original hypothesis that the demand of nursing homes has continued to grow and there have been new policies enacted to further ensure that nursing homes provide quality care to patients.

With a growing population that is in need of long term care services, nursing homes naturally saw an increase in demand, but with this increased demand came changes from areas such as the culture of the facility to regulations that were required by the government. Most nursing homes implemented some type of culture change or change in their environment in order

to make the facility feel less institutional. This culture change was brought on by the defining characteristics of individualism by the baby boomers, who were the aging population that was flooding the long term care market.

Along with culture change, CMS has required nursing homes adhere to a 5 star rating system that allows for potential clients to compare facilities across several quality measures. The CMS 5 star rating provided a defined set of quality standards expected at nursing homes. This 5 star rating also added pressures to nursing homes as they had to make adjustments to their facility in order to receive a higher score. A higher score in fact, meant a higher demand and more attractiveness to the market per our research.

As far as implications, the future of nursing homes in the long term sector is cemented by the growing population of edlerly adults in need of care. We recommend that nursing homes continuously make changes, such as culture change, to adapt to the changing needs of the target market. Governing bodies will also make changes in order to ensure that nursing homes provide quality care to their patients through programs like the CMS 5 Star Rating.

Our research presented several limitations in our process of compiling our data. Our search strategy was limited in scope eliminating sources that could have impacted our findings. We also only used 4 databases to gather data and along with researcher bias, it could have also had an impact on the study. There was also a limitation in the quality of research that was found, while pertinent information about past regulation and expert opinion on how these would be implemented were plentiful, articles containing information on future regulation and change in nursing homes were scarce.

CONCLUSION

Nursing homes have been around for years and research has shown that adjustments are

constantly being made in regulation and the individual culture or attractiveness of every nursing

home. Through these changes, nursing homes will continue to attract large demand from the

elderly population that is rapidly growing. Thus, nursing homes will continue to provide services

to those in need.

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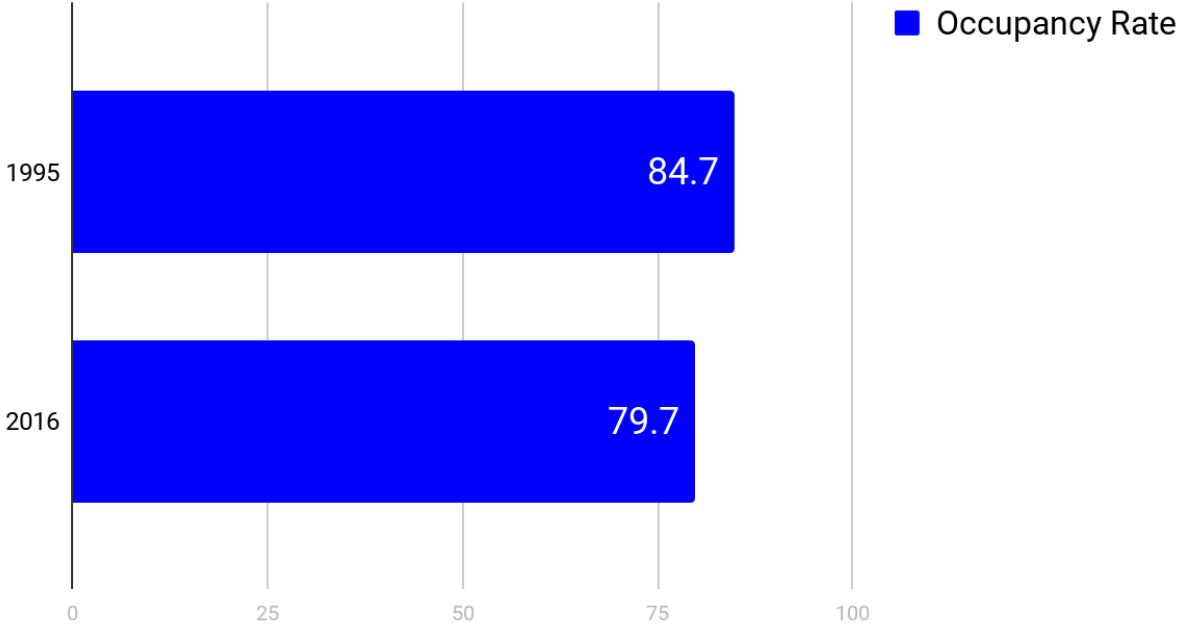
APPENDIX

Figure 1
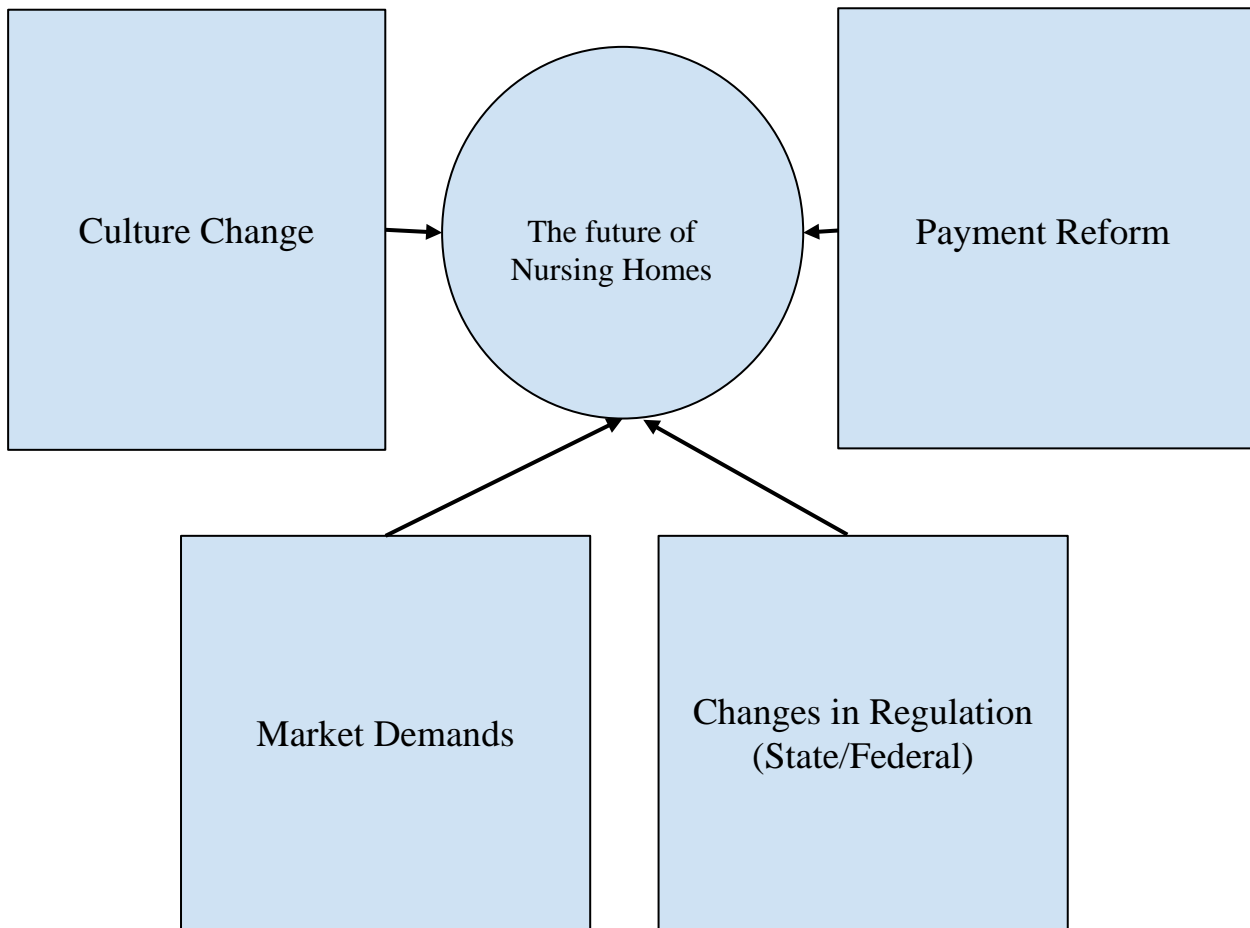
Source:

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function, and medication use during acute illness in nursing home residents: Design,
rationale and cohort description. BMC geriatrics. 10. 47. 10.1186/1471-2318-10-47.

Figure 2

Nursing Home Occupancy Rates

(Fashaw, Thomas, McCreedy & Mor, 2020)