

QUALITY OF CARE

Quality of Care means more than medical care and care for the physical needs of the nursing home resident. Obviously those are important. They are crucial to anyone's health and well-being. But they are only the beginning – the foundation for building true Quality of Care.

True Quality of Care speaks to the way a nursing home resident is treated every day, by everyone who comes in contact with the resident, and by the organization itself. It is the way the nurse approaches the resident about taking medications, and how considerate the nurse is in dispensing medications in a way that makes the resident comfortable. It is the manner in which the aide provides help with personal care routines formerly performed by the resident, modestly, independently and in private. It is the effort taken to ensure that residents in wheelchairs have opportunities to stretch, stand, and walk with assistance as they are able, because of the many health benefits these activities provide. It is the attention given when a resident complains of an ache or pain – for the fourth time. (Do staff assume the resident is just rambling pointlessly because of dementia, or do they check “just in case,” to rule out illness or injury?) It is the thought given to how the residents' day is organized meaningfully, rather than the staff's convenience or task schedule taking priority. Finally, Quality of Care means something different for each individual resident. Each person is different, with different needs and experiences. Quality of Care takes these facts into account and establishes approaches which make sense for each individual, given each one's unique circumstances. Quality of Care provides enough staff, and – this is essential – trains those staff sufficiently, to enable all these activities for all residents every day.

Each resident is assigned a number of professional and paraprofessional staff to develop a plan by which the nursing home will identify and work to meet the resident's needs. The family of a nursing home resident is considered a member of the care plan team (unless the resident does not consent to this practice). In cases where the resident is incapacitated, often there is a family member designated as “power of attorney,” “legal representative,” or “family representative” who fills this role. Families must often take the initiative to take on this role of team member. Otherwise they may be simply treated as “guests” who sign a form, and may or may not understand what is briefly reviewed with them about their loved one. Our Mother's Voice speaks out when a resident cannot let staff know of care needs that are not covered in the so-called care plan. Family members must ensure that all needs, in all areas of their loved one's life – medical, nutritional, communication, social, mental, psychological, recreational, religious, and other personal preferences – are addressed in the plan of care. This care plan document is the one guide for all staff working with the resident. If it is not complete, then the quality of care for your loved one will not be complete either. In well-run facilities, the social worker can be of great assistance to the family / family representative in the process of developing and participating in the interdisciplinary care plan.

The care plan should have stated goals for maintaining the resident's well-being in all the areas of the resident's life. The family should gain a clear understanding of these goals and how staff will work toward them. Regular updates several times a year should keep the family up to date on progress or issues. Decreases in functioning do occur with the aging process; however, they are not always “normal” or “the way it is.” In fact, decreases in functioning are often a sign of illness or other abnormal condition which needs attention. Especially in cases where the resident cannot

Speak for oneself, Our Mother's Voice tells us that the family must be vigilant and insistent that illness and other abnormal conditions be ruled out before accepting a decrease in functioning as "the way it is." In our own mother's case, she told us by both lethargy and agitation when she was sick. We did not accept these as symptoms of her dementia, even though both may also be just that. We spoke out for our mother, who then received medication for her infections and regained her previous level of functioning. We also know that there will inevitably come a day when these decreases in functioning are indeed a symptom of her dementia, and may not always be a sign of illness. We must be prepared to accept that fact when it happens, but we will still advocate to have her physical health evaluated first. It's just good clinical practice.

Quality of Care also means that medications are used only when necessary. Our Mother's Voice speaks out when a resident can only communicate feeling sick by acting agitated, and so receives medication to calm the resident's behavior. Our Mother's Voice says "I do not need medicine to calm me down! I am sick! I need to have the doctor check me out!" The family must speak out when their loved one cannot. Certainly, there are cases when medications are appropriate and necessary. Quality of Care distinguishes these cases and responds correctly.

Quality of Care is evident in how the nursing facility's environment is organized to prevent accidents, and how the facility responds to accidents that do occur. Residents should be supervised adequately. Investigation, follow-up, and systems changes to prevent recurrence of accidents are all components of Quality of Care. Realistically, accidents do happen. Realistically, staff are pulled in many directions throughout the day. Quality of Care minimizes distractions, establishes safe environments and safe practices, and ensures that staff are actively engaged with residents and not involved in non-work-related pursuits.

When Quality of Care is present, residents are free from any physical or chemical restraints imposed for purposes of discipline or convenience, and which are not required to treat the resident's medical symptoms. Residents are free from verbal, sexual, physical, or other forms of abuse, neglect, or exploitation. How the nursing home handles reports of violations of this serious nature can determine the presence or absence of Quality of Care. All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are to be reported immediately to the administrator of the facility and to other officials as established in state law. The nursing home is to complete an internal investigation of all reports of such violations, and submit the results to those officials, within a specific and very limited time frame. If the alleged violation is verified, appropriate corrective action must be taken. In addition to the provision of medical care, this element is most basic to Quality of Care; side by side they form the foundation for Quality of Care. The laws governing abuse and reporting must be posted in every facility. Families can therefore easily become familiar with those laws and must also follow them if there is reason to believe that abuse, neglect, exploitation, or misappropriation of property has occurred. (These terms are defined in the section "What You Can Do" on this web site.) Our Mother's Voice calls for families to be vigilant to protect the safety of their loved one, and to ask questions if there is any discomfort or uncertainty about the care of their loved one.

Source: Code of Federal Regulations, 42CFR483.25, 42CFR483.12, 42CFR483.20, 42CFR483.24, 42CFR483.40, 42CFR483.45, 42CFR483.70, 42CFR483.75, and 42CFR483.85 Center for Medicare & Medicaid Services.