

## Capabilities of SNFs:

When considering which SNF to choose, all centers are legally licensed to provide the same services, BUT education of current staff, appropriate number of staff, status of current resident population, and building condition/layout all can contribute to the type of care a SNF can safely provide. As a result, it is difficult to say with any accuracy that all facilities can or cannot perform any specific type of care. The surest way to determine if a SNF can provide the care you or a loved one needs is to call the facility you are considering and ask. The one consistent service that is offered in a SNF is therapy.

The following services are examples of capabilities a SNF can provide:

- IV fluid administration
- Tracheostomy care
- IV medication administration
- Administer nebulizer treatments, oxygen therapy
- Total Parenteral Nutrition administration
- Maintain stable C-PAP/Bi-PAP use
- Initiation of peripheral IV sites
- Perform Peritoneal Dialysis
- Maintain PICC, Central, and Medport IV sites
- Wound Vac dressing changes
- Naso-Gastric tube care
- Advanced wound care
- Rectal Tube insertion and care
- Gastrostomy/Jejunostomy/Illeostomy care

## Palliative and End of Life Care in SNFs:

As the healthcare world has changed, many terminally ill people have been able to return home with home care and/or hospice services to pass away in their own home instead of having to go to a SNF for end of life care. Despite this shift, there may still be a need, in some cases, for care at a facility during the end of life process. All SNF settings have the capability to provide palliative care, which can help with pain and symptom management. Many also partner with hospice providers to provide additional care and oversight during the dying process.

If you or a loved one are approaching the end of life and are considering use of a SNF for end-of-life care, please make certain the following have been addressed to prevent the resident being transferred back to the hospital:

- There is someone who has the ability to make decisions for you knows what you want and has durable power of attorney or guardianship.
- Have your wishes documented in a living will, 5 rights document, POST form, or other legal document. Please provide a copy to the SNF on admission or as soon as completed to ensure there is no confusion or miscommunication between a resident and/or family and the facilities' staff.
- If the potential resident has not been deemed incompetent, it is very helpful to have the physicians at the hospital complete this process prior to discharging to a SNF, if appropriate. This assists in ensuring the residents' wishes are followed by allowing the assigned decision maker to make decisions as needed. If a resident has not been deemed incompetent, it will require two physicians to make the determination in the SNF which may result in a delay.
- On admission to a SNF, please make certain the decision maker for the resident is present and able to sign an Advance Directive. An Advance Directive form will provide guidance to your healthcare team if your condition changes. For example, the form can help guide caretakers as to what resuscitation efforts are desired, should you or your loved one experience a cardiac arrest (no pulse, not breathing). If you or a loved one are already a SNF resident and are not certain this has been completed, please ask about a member of your SNF team.

# What is a Skilled Nursing Facility?

Whether you or a loved one requires therapy or follow-up care after a recent hospitalization or surgery, or a debilitating disease/condition has created the need to seek a permanent home with caregivers, all options should be weighed to prioritize the needs of the individual involved. The purpose of this informational is to give some general information and answers to frequently asked questions about skilled nursing facilities (SNF), also known as Nursing Homes.

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## Medicare and Skilled Criteria:

If you have Medicare, you may have heard you have 100 days of skilled nursing care coverage. The key word is "skilled." CMS is very explicit how skilled care is determined, and for the majority of residents, they will never match the definition of 100 days of "skilled" coverage. This is the same for other managed care insurances. Your healthcare team in the SNF will communicate with you regarding your coverage in accordance with your insurance skilled criteria guidelines. If you receive notice that your coverage is ending, you are able to appeal the decision; SNF staff will help with this process.

## Can my family physician manage my care?

A family physician (or primary care physician) can manage your care if the family physician:

- Provides an on-call service with other doctors to share taking call 24 hours a day,
- accommodate appropriate/timely visits with you, and
- apply for privileges with the facility.

A SNF physician will be provided upon your admission, and your information will be shared with your family physician when you are discharged.

## When I am staying in a skilled nursing facility, how often will my physician see me?

You and your loved one may wonder how often a physician will be seeing them. While in the hospital, you or your loved one had been admitted for an acute, unstable condition that required frequent physician visits. When admitted to a SNF, the physician has determined the condition has stabilized and does not require the acute monitoring of a hospital setting.

If you or your loved one came from a hospital, Physicians (or a Nurse Practitioner/Physician Assistant) are required to see the SNF resident every 30 days for the first 90 days after admission. If you or your loved one came from home or another living situation, you or your loved one will be seen within 48 hours (if it is Friday or a weekend, then 72 hours). After that, every 30 days there will be a Physician/Nurse Practitioner/Physician Assistant visit. Your nursing staff will be in contact with the physician regarding your health, and should concerns arise, staff are able to communicate with a provider 24 hours a day, seven days a week.

## Psychiatric Medications:

Use of psychiatric medications that impact mood and behavior in SNFs are accompanied by strict regulatory guidelines in regard to monitoring their use, assessing the possibility of decreasing use, and/or stopping use all together. If you have a question about any issues that come up related to decreasing or stopping this type of medication, please ask to speak with the social worker at your facility. The social worker often heads the monitoring of behaviors and psychotropic medication use, and can help answer questions regarding psychotropic medications, and can refer questions to the SNF physician as needed.

## Staffing in a Skilled Nursing Facility:

The discharging physician has determined that you or your loved one is now stable enough to leave the hospital and now be cared for at a SNF. You will notice some differences in the SNF from the hospital environment; you will still be working with healthcare professionals who are committed to your care.

Nurse staffing ratios are different in a SNF. Traditionally, hospitals will staff approximately one nurse for 4-6 patients on a Medical/Surgical floor. This is due to the acute care monitoring patients require during hospitalization. SNF's staffing levels vary facility to facility, but generally will have one nurse to 15-25 residents during the day and more during the evening.

In the SNF setting, the care required for the resident is not as intense as in the hospital setting. Nurse Aide staffing also differs and in a SNF, all nurse aides have received state-approved training and have completed certification requirements for caring for SNF residents. There are regulations for staffing requirements in a SNF. Many SNFs exceed these minimum requirements, however, staffing numbers are just that: numbers. It is the quality of care you receive and the relationships you build with your healthcare team that will contribute to your success during your stay. Many SNFs also provide consistent caregiver staffing.

This means you will often have the same nurse and nurse aides taking care of you to:

- Encourage relationship building and trust
- Familiarize all with daily routines. (what time you like to get up in the morning, diet likes/dislikes, how you take your medications, etc.)
- Provide consistency, which leads to helping to recognize subtle changes if they occur (i.e., health pattern), which can lead to earlier interventions with the physician to prevent a re-hospitalization or recurrence of an acute health condition

As difficult as it may be to make the decision to admit a loved one to a SNF, it often is a stressful time for both the resident as well as family when the resident enters the SNF. If you relay information to the healthcare team and you think there is a sense of confusion on the part of the team, now is there is a process to clarify before making any immediate decisions. Ask to speak with someone if any concerns arise. Unit managers, social worker, director of nursing, administrator, etc. make up your care team and commit to alleviating any concerns you may have.

If you continue to feel the facility is not the appropriate fit for your loved one, ask for assistance to transfer to another facility or discuss home health care options if you choose. It usually takes a day or two to make these arrangements but it is sometimes possible to complete these changes the same day.