

Long-Term Care Survey Alert

Quality of Care: 6 CARE MYTHS THAT CAN DERAIL RESIDENT CARE AND SURVEYS

continues to disseminate more evidence-based practices through its Webcasts and surveyor training. Below experts share with **Eli** the most common myths in long-term care that can compromise resident care and/or quality of life:

Actually, daily bathing with soap and water and rubbing with a washcloth can compromise the elderly person's fragile skin, cautions **Judy Smith**, a geriatric nurse practitioner in Indian Hills, CO.

Showers or tub baths also frighten or agitate some residents with dementia, according to **JoAnne Rader**, associate professor of nursing at **Oregon Health Sciences University** who presented during CMS' recent Webcast on promoting the quality of life in nursing homes. In her research, Rader questions the idea that a person must have a shower or bath twice a week whether they like it or not. "It's not true," she says, "and it comes at a high price for residents and staff." (Read more about bathing residents on p. 19.)

2. Turning a resident every two hours will prevent pressure ulcers. "There are really no hard data that say that turning patients [at that frequency] will prevent pressure ulcers," says **Jacqueline Vance**, director of clinical affairs at the **American Medical Directors Association**. Vance spoke at the recent **American Association of Homes & Services for the Aging** annual convention in Baltimore. In other words, the two-hour standard is more a consensus agreement than evidencebased practice.

"The turning schedule has to be based on an individualized assessment of each resident," agrees **Rena Shephard**, president of **RRS Healthcare Consulting** in San Diego. "A resident with sensitive skin and bony prominences may require more frequent turning to prevent skin breakdown than a wellnourished resident with the same degree of immobility,"

Shephard says. But careful assessments and care plan evaluation will tell whether a resident's turning schedule is doing the trick for his skin. For example, some wounds masquerade as decubiti, and all the pressure-relieving tactics in the world won't heal them.

"Residents at the end of life may develop terminal wounds on the coccyx which are not pressure sores," notes **Gene Larrabee**, principal of **Primus Care** in Valparaiso, IN.

3. Vaccinating frail elderly residents might harm them. As CMS recently stressed in its Webcast on immunizations, the benefits of flu and pneumonia vaccinations far outweigh the risks. So you can bet surveyors will be taking a closer look at whether your facility is protecting residents against these easily preventable illnesses.

"There is still a prevailing sense that sick, frail residents could be hurt by what staff believes are attenuated viral vaccines when that's not accurate," says **Beth Klitch**, principal of **Survey Solutions** in Columbus, OH. However, the physician should evaluate the risks for an individual resident.

The problem is that even some physicians might not fully appreciate how pneumonia vaccination can ward off devastating illnesses, such as meningitis and septicemia, notes **James Marx**, an infection control specialist in San Diego.

4. Bad teeth □ not that big of a deal. "Bad teeth and bad gums are killing nursing home residents," says **Greg Folsie**, former Louisiana state dental director who presented during CMS surveyor training on dental and oral care last year. "Poor oral health can cause systemic infection and has medical implications for heart disease, stroke, diabetes and pneumonia," Folsie emphasizes.

Tooth loss was recently linked to a dramatically higher risk of ischemic stroke. A group of men with 11 to 16 teeth had a 74 percent higher stroke risk than those with the most teeth in a study reported in the Dec. 13 rapid access issue of Stroke: Journal of the American Heart Association.

Surveyors now view a facility's inattention to resident's dental health as neglect □ as do plaintiff's attorneys, cautions Folse.

5. Gregarious, noisy activities are good for all residents and the hallmark of a good facility. "These activities can be fun," Smith acknowledges, "but the facility should provide an appropriate mix of various types of activities and respect for people's personalities and preferences." CMS also seems to be focusing more on the need for facilities to develop activities for special populations of different ages and ethnic groups, notes **Patricia Boyer**, a nursing consultant with the Milwaukee office of **BDO Seidman**.

6. It's not healthy for elderly people to spend much time alone, if any. Au contraire, according to Smith: "By not providing solitude and privacy, a facility ignores basic human needs, which can cause the elderly resident to become more confused and agitated." And that could mean the resident receives unnecessary psychoactive medications to treat these symptoms. "But you have to assess the difference between someone who enjoys solitude versus someone who is lonely or bored," Smith stresses. Facilities that don't respect residents' needs for solitude, personal space and intimacy could get survey tags for privacy and dignity, Larrabee adds.

"Providers have to look at their practices and resident outcomes to see if what they do believe ... is actually operative in the facility," advises **Marilyn Mines**, a nurse consultant with **FR&R Health Care Consulting** in Deerfield, IL. **Centers for Medicare & Medicaid Services**

1. Elderly people need a daily bath using soap and water or twice-weekly tub baths or showers.