



YOUNGER ADULTS IN LONG-TERM CARE

Joint Provider Surveyor Training Grand Rapids, MI

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**AMDA – THE SOCIETY FOR POST-ACUTE & LONG-TERM
CARE MEDICINE**

CMP Grant

AMDA – The Society for Post-Acute and Long-Term Care Medicine was awarded a 3 year 1.624M CMP grant in 2014.

**CMS Region IV Partners:
Alabama, Florida, Georgia, Kentucky,
Mississippi and South Carolina**



THE SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE™





Face-to-Face



Online



CoP

Three Pillar Approach to Training

Objectives

- 1. To understand the demographic trend and the needs of the younger adult (YA) in LTC**
- 2. To relate behavioral problems to cognitive issues**
- 3. To understand resident rights and facility responsibilities**
- 4. To learn how facilities can satisfy regulatory requirements while meeting the needs of the YA**



Individual Perspectives

Who am I?

Scope of the Problem

Commitment for the Long-term

Who is the Younger Adult?

For purposes of the YA training, AMDA defines younger adults as those aged 18 – 64 years.

The fastest growing population in LTC facilities are adults ages 31- 64 years ⁽¹⁾

1. NPR Special Series: Home or Nursing Home: A New Nursing Home Population: The Young. Available at: <http://www.npr.org/2010/12/09/131912529/a-new-nursing-home-population-the-young>. Accessed 01/21/13.

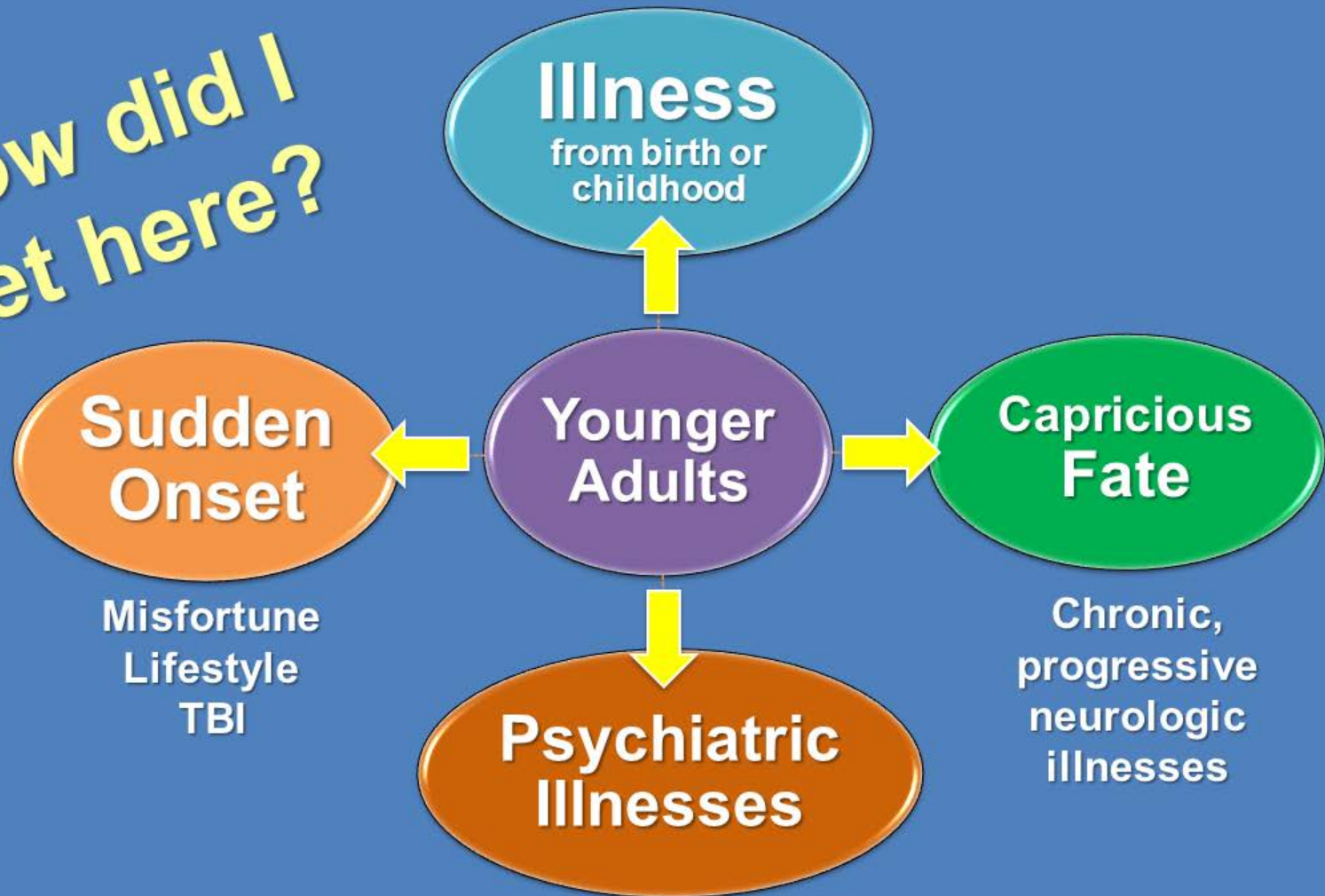
Who I am...



...may
depend on
how I got “sick”



**How did I
get here?**



Did you know that...

- Younger adults ages 31-64 years of age are the fastest growing population in long-term care settings
- Long-term care is no longer synonymous with “geriatric care”
- Almost 15% of long-term care residents are < 65 years of age

- Sexuality
- Technology
- Homelessness
- Mental illness
- Birth control
- Social media
- School attendance
- Residents as parents
- Night Owls

Younger Adults in Long-term Care



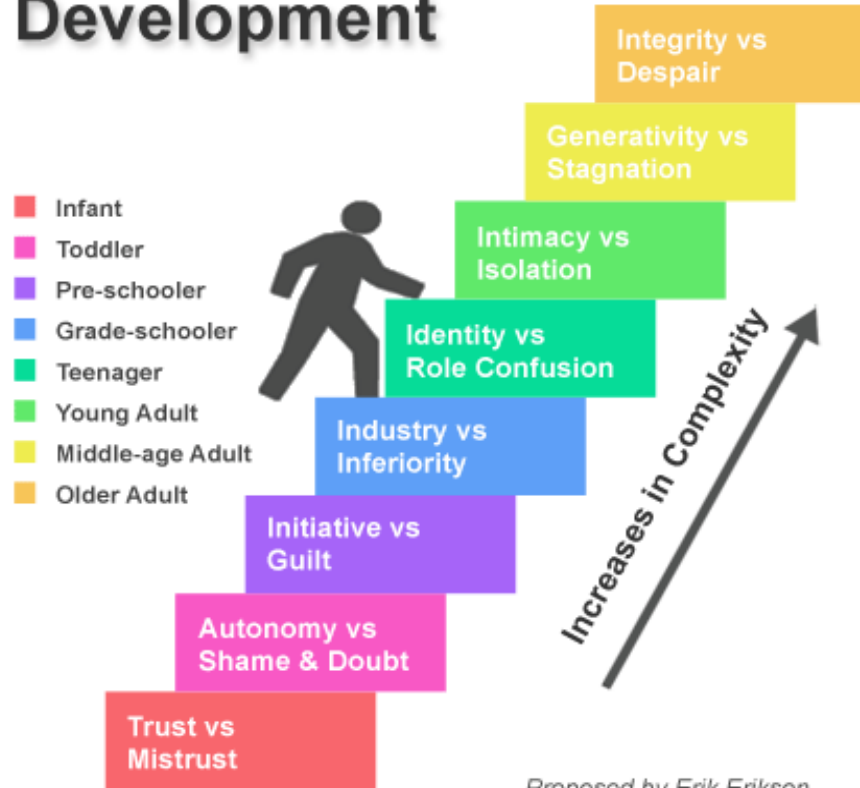
**It's not just
when you were born...**

It's where you are in life...



Erikson's Developmental Stages

Stages of Psychosocial Development



Proposed by Erik Erikson

Who am I?

In addition to different cohorts and different stages in overall development, younger residents may have less mature psychological coping skills.

This presents both a challenge and an opportunity for growth.

Stages of Development



- ***Intimacy vs Isolation***
Young Adulthood (19-40 years)
- ***Generativity vs Stagnation***
Middle Adulthood (40-65 years)



Meeting the Needs of Younger Adults

- **Clinical, Psychosocial & Behavioral Concerns**
- **Financial Concerns**

Clinical, Psychosocial & Behavioral Concerns

- Geriatricians lack experience with younger adults
- Staff lack experience and often interest in caring for younger adults
- Palliative care/end-of-life care
- Sexually inappropriate behavior
- Children or parents as decision-makers
- Different life stages, expectations and hopes

Financial Concerns



- Head in the bed for a long time with low reimbursement
- Possible litigation issues due to risky behaviors
- Resource-intensive and expensive care



More Barriers to Care

- Practical Issues
- Staffing Concerns
- Reputation of the Facility



YOUNGER ADULTS IN LONG-TERM CARE

Anticipate Cognitive Problems

Conditions That Affect Cognition

- AIDS
- Drugs/ETOH
- Psychiatric illness
- Diabetes
- Dementia
- Developmental Delay
- Head Injury/Trauma
- Neurologic Illnesses



Why Assess Cognitive Ability?

Cognitive Ability

- Impacts behavioral management
- Impacts facility actions to determine which decisions a person can safely make
- Impacts ability to provide excellent care

Capacity

In long-term care, almost all patients have some cognitive decline and many have moderate to severe dementia

Patients who are “in-between” pose the greatest challenges



Development of Facility Policies and Individual Plans of Care



Regulations

How does the facility comply with regulations while preserving resident rights?



F 155 Right to Refuse Treatment

F 248 Activities Program

F 329 Unnecessary Drugs

F 155 Right to Refuse Treatment

Resident rights vs facility responsibility

Does the patient with competence and capacity have the right to refuse treatment knowing the outcome will be a negative one, possibly shortening their life?

The word "RIGHTS" is rendered in large, colorful, 3D block letters. Each letter is on a separate, slightly offset rectangular base. The colors are: 'R' (yellow), 'i' (red), 'G' (cyan), 'H' (magenta), 't' (orange), and 'S' (green). The letters have a slight shadow and a 3D effect.

...you want me to go to a wound care specialist because you think they might help me.

I don't want to go.

I have had this wound a long time and I don't care if I die with this wound! It isn't getting better with no specialist and I will never have surgery.

You guys keep asking me and I keep telling you the same thing—I am fine like it is.

Just cover it up and put my pants on.

I have to go sometime and I want to focus on living the way I want to.



I know you said I could get an infection and die - well, I am not sure you are right as I have had it a long time and I am not dead yet - but if I die, well, that's the way it is.

F 248 Activities Program

Activities Programs

- Current activities not geared for young adults
- Young adults requesting iPads and computers
- Wish to engage with other younger adults whereas older adults may be content to be on their own at given times



**Leaving unaccompanied –
Can we stop them?**



Desired Activity of a Young Adult

YA with capacity confined to motorized wheelchair wants to go out with his friends to the bar on the weekend.



Is This True?

The YA exhibits capacity and competence, executive function, judgment, motivation, reasoning, memory, physical skills upper body and social skills per psychological and medical assessment.

Facility Role and Responsibility

*Do we have the
authority
to stop them?*



F 329 Use of Unnecessary Drugs

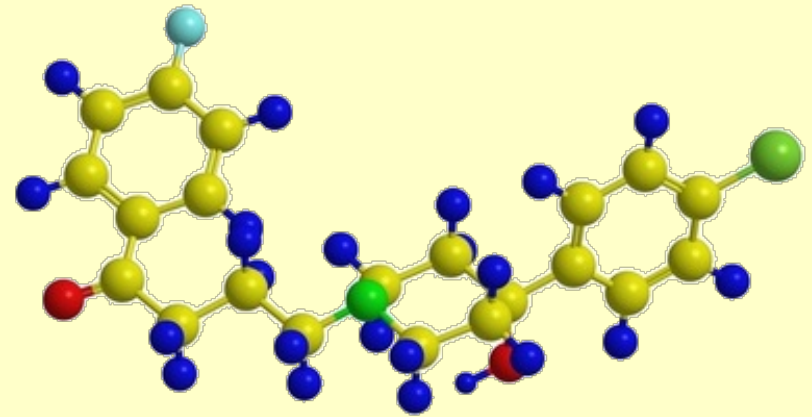
Antipsychotics

A high percentage of younger adults are on anti-psychotics for schizophrenia, schizo-affective disorder and other mental health diagnoses.

How does this affect antipsychotic reduction in a facility where these medications are necessary due to the increased rate of mental illness in this population?

Necessary Antipsychotics for the Younger Adult

Does the use of antipsychotics in this population need to be explored by CMS on a more granular level?



Use of Psychoactive Medication and Mental Status 2014 ⁽²⁾

	% of Anti-Psychotic Medications	% with Psychiatric Diagnosis	% with Behavior Symptoms	% of Behavior Symptoms Receiving Behavior Management
UNITED STATES	22.02	31.56	23.71	66.52
ALABAMA	24.92	34.32	21.87	75.46
FLORIDA	21.59	30.87	22.11	79.24
GEORGIA	23.71	35.81	28.73	51.87
KENTUCKY	22.34	35.21	23.49	73.67
MISSISSIPPI	26.00	41.72	23.44	44.62
SOUTH CAROLINA	18.46	29.32	25.00	70.29

2. Nursing Home Statistical Yearbook, 2014. Cowles Research Group. Available at: <http://www.longtermcareinfo.com/publications/nursing-home-statistical-yearbook.php>.

Extra Needs

- Due to the reality of having longer stays in LTC, the YA may have a more difficult adjustment to illness, and may need extra psychological support.
- They may require access to support groups or organizations for their particular illness.



There but for fortune go you and I

Phil Ochs – American Folk singer



Thank You

Questions?