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Linda G. Dumas

Part I

The Nursing Workforce in Long-Term Care 161

Susan C. Reinhard and Heather M. Young

Nurses play an essential role in long-term care (LTC). They can and should do more to create the kind of services and supports that people seek for themselves and for their families. To provide this crucial leadership, nurses must understand and advocate the array of services and programs that fall within the term “LTC,” including, but not limited to, “nursing home care.” We need to reframe how we think about LTC so that we can be part of changing it for ourselves, as professional providers and future consumers.

Leadership in Nursing Homes—2009: Challenges for Change in Difficult Times 169

Linda G. Dumas, Carolyn Blanks, Victoria Palmer-Erbs,
and Frances L. Portnoy

This article is about nursing leadership, workforce diversity, and underrepresentation in nursing. It is about long-term care, specifically the nursing home, the nurses, and the certified nursing assistants. The nursing shortage, the shortage of nurse educators, and curricular changes in the colleges and universities are *not* the focus of this work. The questions asked here are, *who* will care for the residents in nursing homes, and how will they recruit the much-needed leadership at a time of unprecedented need?

Disparities in Long-Term Healthcare 179

Barbara Messinger-Rapport

Health disparities exist in long-term care as well as in the community. Disparities in healthcare typically result from the interplay of insurance; health-care access; health literacy and cultural disparities; and geographic distribution. Residence in the nursing home complicates the situation since it introduces facility differences, regulations, and payer issues. This article offers two vignettes of residents that illustrate management of chronic issues, and addressing end of life concerns.

Part II**Falls in the Nursing Home: A Collaborative Approach****187**

Barbara Messinger-Rapport and Linda G. Dumas

Problem solving using a collaborative approach may reduce the risk of falls in the nursing home. Interventions need to be tailored to the individual's cognitive and physical impairments as well as be feasible in the particular long-term care setting. Polypharmacy, Vitamin D deficiency, delirium, and urinary incontinence are among several risks for falls that are discussed in this article.

Pain Management in the Nursing Home**197**

Linda G. Dumas and Murali Ramadurai

This article is about pain management and some of the best practices to address the problem of pain in nursing home patients who have a serious illness and multiple comorbid conditions. Management of the emotional distress that accompanies chronic or acute pain is of foremost concern. In this article, the topics discussed include general pain management in a nursing home for a long-term care resident who has chronic pain, the relief of symptoms and suffering in a patient who is on palliative care and hospice, and the pain management of a postoperative patient with acute pain for a short transitional period (post-acute illness or surgery).

Caregiver Burden: Three Voices—Three Realities**209**

Joan F. Wright, Mary E. Doherty, and Linda G. Dumas

Just as the voices of people with Alzheimer's disease are driving changes, the voices of caregivers can also facilitate change, which is vital now and for the future. Caregivers play an important role in the educational process.

End-of-Life Issues: Difficult Decisions and Dealing with Grief**223**

Beth Loomis

People face many challenging psychosocial and spiritual issues as they approach the end of their lives, and caregivers need advice on how to help them. Choosing among treatment options, handling grief, addressing unfinished business, and coping with loss of self-sufficiency are difficult for the dying person, and caregivers must deal with surrogate decision making, raw emotions in the patient and in family members, and the caregivers' own grief. Listening and coping skills are discussed.

Part III**Hospice—Organizational Perspectives 233**

Mary E. Doherty

Hospice care has ancient origins, but its modern history has included a resurgence since the 1960s. Coverage of hospice care by Medicare and other insurers has helped it develop into an important part of today's health care system. Nevertheless, substantial barriers to its ideal use remain. This article discusses those barriers, with an emphasis on organizational and policy considerations. Hospice providers have an opportunity to educate physicians, patients, and families and thus help them to make full use of hospice care's potential.

Technology and Home Care: Implementing Systems to Enhance Aging in Place 239

Jackie Crossen-Sills, Irene Toomey, and Mary E. Doherty

The national healthcare agenda to improve efficiencies, reduce costs, provide high quality evidence and performance based care while simultaneously meeting stricter legal and regulatory requirements, has forced home care and hospice staff to change the way they work. These pressures require a reliance on new technologies to meet these goals. Through the agency-wide introduction and implementation of a variety of technological systems; electronic medical record/ point of care devices, telehealth, telephony and e-learning the Norwell VNA and Hospice has been able to improve efficiencies for employees allowing the focus of services to remain solely on patients and patient care. The technology has enhanced the agency's performance standards, communication and ultimate outcomes.

The Challenges to Long-Term Care: A Personal Account 247

Frances L. Portnoy

The challenges to long-term care come from many directions. In this article, the focus is on the changing nature of expectations and experiences of aging in three generations of a middle class family. This personal account details the way in which these generational expectations have changed, and what the long-term care system provides. Continuing care communities provide a setting for the older generation, but changing economic circumstances raise questions about how society will provide adequate long-term care for the next cohort of elders.

Looking Ahead in Long-Term Care: The Next 50 Years**253**

Karen M. Robinson and Susan C. Reinhard

During the next 50 years, demographic aging—including graying of the baby boomers, increased longevity, and lower fertility rates—will change the needs for long-term care in the United States. These trends will have a great impact on the federal budget related to spending for Social Security, Medicare, and Medicaid. Future years will see a more diverse population with increased aggressive treatment of chronic illness. Consumers of health care and their family caregivers will take more active steps to manage and coordinate their own care. Housing trends that produce more senior-friendly communities will encourage independent living rather than seniors' having to move into institutions; increased incentives for use of home- and community community-based care will allow people to stay longer in their own homes in the community. Technological advances, such as the use of robots who serve as companions and assistants around the house, will also decrease the need for institutional living.

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