

For-profit nursing home residents more likely to be diagnosed with neglect issues

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Residents receiving care in for-profit nursing homes are almost twice as likely to experience health issues caused by substandard care compared with clients living in not-for-profit facilities or in homes in the community, according to a new report in the journal *Gerontology*.

The researchers, led by Lee Friedman, associate professor of environmental and occupational <u>health</u> sciences in the University of Illinois at Chicago School of Public Health, also found that community-dwelling adults 60 years old and older who need assistance with tasks related to daily living but do not live in a nursing <u>home</u> had the fewest number of clinical signs of <u>neglect</u> compared with those living in any type of nursing facility.

"We saw more—and more serious—diagnoses among residents of forprofit facilities that were consistent with severe clinical signs of neglect, including severe dehydration in clients with feeding tubes which should have been managed, clients with stage 3 and 4 bed sores, broken catheters and feeding tubes, and clients whose medication for chronic conditions was not being managed properly," Friedman said.

Previous studies have demonstrated that clinically diagnosed signs of neglect are more prevalent among residents of for-profit nursing homes compared with not-for-profit facilities, but these studies have focused on individual clinical signs, such as bed sores or injuries. Because these clinical signs rarely occur in isolation, these past studies likely underestimated the population of residents experiencing serious adverse



health effects due to neglect.

Friedman and his colleagues looked at medical records for 1,149 patients aged 60 and older identified from five greater Chicago metropolitan area hospitals that serve about 10 percent of all patients in Illinois. Patients included in the study were seen at these hospitals between 2007 and 2011 for issues ranging from mild to severe that could be related to poor quality <u>care</u>. The researchers assessed the relationship between residence type—community-dwelling, not-for-profit facility, for-profit facility—and clinical signs of neglect. Community-dwelling residents live in private homes, often with family members or friends.

The researchers used the Clinical Signs of Neglect Scale (CSNS)—a scale developed by Friedman and his colleagues—to quantify health problems related to substandard care and health outcomes among individuals they identified living in private homes, nonprofit nursing homes and for-profit nursing homes. The scale lists about two dozen conditions, ranging from constipation and dehydration to more serious issues such as severe bed sores and broken catheter tubes.

"Substandard care is a form of neglect and falls within the definition of elder abuse," Friedman said. "We have a growing number of people who need services provided by nursing facilities, but the reality is that a third of nursing homes in Illinois receive below-average ratings by the Centers for Medicare & Medicaid Services. Substandard care puts residents at great risk for serious health issues."

The study by Friedman showed that residents of for-profit nursing facilities are diagnosed with more clinical signs of neglect and these facilities were consistently inferior to not-for-profit nursing homes across numerous staffing, capacity and deficiency measures.

"For-profit nursing facilities pay their high-level administrators more,



and so the people actually providing the care are paid less than those working at nonprofit places," he said. "So staff at for-profit facilities are underpaid and need to take care of more residents, which leads to low morale for staff, and it's the residents who suffer."

"More oversight of these facilities, both for-profit and not-for-profit, needs to occur together with improved screening and reporting of suspected cases of neglect by all parties," Friedman said.

"There needs to be better staffing and training for enforcing these measures. Performance improvement programs and quality assurance and assessment committees, tighter adherence to federal law by Central Management Services that ties Medicare and Medicaid reimbursement with quality of care, and pressure from insurance providers to limit costly outcomes could help reduce the unfortunate diagnoses we saw in our study."

More information: Lee Friedman et al, Association between Type of Residence and Clinical Signs of Neglect in Older Adults, *Gerontology* (2018). DOI: 10.1159/000492029

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