

Geriatric case management in nursing homes

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The paper " Geriatric Case Management in Nursing Homes" is an excellent example of a literature review on nursing. The demand for geriatric care services is expected to keep rising given the current and projected trends in population aging particularly in developed countries such as the United States. Consequently, several care options for geriatric patients, both in for-profit and nonprofit settings are now available. Nursing homes are an example of care settings which can be both government-owned or run by private entities opening them up to the possibility of being either nonprofit and for-profit entities respectively. Each capacity, whether nonprofit or for-profit, offers unique strengths while posing equally unique challenges to the delivery of services. This essay discusses the strengths and weaknesses of geriatric care management in nursing homes in both capacities while offering possible solutions for the identified weaknesses. Geriatric patients are more susceptible to critical health conditions such as cardiovascular disease, chronic respiratory disease, diabetes, and infectious diseases and as such, require constant monitoring, attention and quality care. The level and quality of the services these patients receive differs based on the profit orientation of the care setting. Nonprofit nursing homes offer better quality services compared to their counterparts making the quality of care strength of the former but a weakness for the latter. While confirming this argument, Ronald (2016) outlines the findings of a study investigating the same whose results indicate that for-profit care settings have higher reported cases of deficiencies from the required standards leading to the conclusion that they offer considerably lower quality services. One of the key objectives of geriatric case management is the development of a care plan that

guarantees patients the most effective and efficient healthcare. Geriatric case management in nonprofit nursing homes is, therefore, more effective and results in the development of plans which guarantee patients and clients quality care compared to for-profit nursing homes. Comparatively, staffing is both a strength for nonprofit nursing homes and a weakness for their profit-oriented counterparts. Nonprofit nursing homes have a considerably higher number of case managers, physicians, and nursing staff to ensure a thorough assessment of patients' needs and development of suitable care plans, provide medical services, and offer general care respectively.

According to Ronald, these high nursing staff levels (2016) translate to better services through better feeding assistance, exercise, incontinence care, repositioning, and fewer regulator deficiencies, all hallmark indicators of efficient geriatric case management. Furthermore, high staffing levels also imply reduced staff turnover which in turn signifies better relational care and a higher quality of life (Ronald, 2016) which also indicates good geriatric case management. On the other hand, the lower staffing levels at for-profit nursing homes have the opposite effects making staffing a weakness in such facilities. Supervision is a strength closely related to staffing, with the only difference being its direct implication on quality. Dhooper (2011) provides that inadequate supervision results in low quality of services. Since nonprofit nursing homes have adequate staff, supervision is part of their routine and could, therefore, be credited, albeit partly, for the quality services offered. Supervision helps ensure that the personnel, including case managers, perform their duties effectively which in turn means the patients reap the benefits discussed earlier understaffing. Supervision is, therefore, the third

strength of geriatric case management in nonprofit nursing homes. Geriatric case management in nonprofit nursing homes is less efficient compared to the same in for-profit homes according to Dhooper (2011). While such homes provide higher quality services and employ all their profits in the enhancement of the facilities and services, their costs are considerably higher leading to inefficiency and marking yet another weakness of nonprofit nursing homes. Furthermore, the lack of a profit motive which motivates their for-profit counterparts' deliberate efforts to reduce costs and maximize earnings shifts the focus of the management of the public nursing homes away from efficiency towards the improvement of their services. As a result, they end up inefficient or considerably less so, with the runaway costs using up resources which would have otherwise been channeled to enhancing services such as geriatric case management. On the other hand, for-profit settings are more efficient according to Herrera (2014) as a result of the overemphasized cost control practiced by the management of such facilities to maximize returns. Similarly, geriatric case management is bound to be equally efficient in such organizations making efficiency a key strength of for-profit nursing homes. The maintenance of this strength, however, often results in the hiring of underqualified staff and use of substandard equipment to cut costs. The provision of quality services and maintenance of patient safety is one of the primary goals of health care providers, including both for-profit and nonprofit nursing homes. However, a recent study found that long-term geriatric care facilities have failed to fulfill this mandate as proven by the reported prevalence of the administration of inappropriate medication. Nursing homes are an example of such institutions which

regardless of their profit orientation, have been found to subject their resident patients to errors in medical management, with 42% of residents in such facilities reportedly falling victim (Storms, 2017). Such mistakes are a result of inadequate medication monitoring systems which are evidently a weakness in case management in both profit and nonprofit nursing homes. Inappropriate medication has potentially fatal consequences to geriatric patients, particularly given their age and accompanying frailty. One possible solution to the problem is the development of a medication monitoring system. Such a system would be tasked with ensuring the prescription and administration of the right medication to patients. An example of such a system is the Geriatric Risk Assessment MedGuide (GRAM) which according to Henriksen (2005) has the potential to augment the care plan by identifying suitable and unsuitable medication for geriatric patients and incorporating medication monitoring information. In addition to efficiency and effective cost control, the third strength of for-profit nursing homes, most of whose ownership is increasingly falling under the ownership of private equity investors, is their rapid expansion (Harrington, Jacobsen & Panos, 2017). Such expansions have made the homes' geriatric case management services accessible to more patients and clients. Consequently, it is now easier and convenient for geriatric patients across the US to access these services marking what appears to be the most significant strength of for-profit nursing homes. The weaknesses of these homes, as discussed earlier, include inappropriate medication, understaffing and lack of adequate supervision of their personnel, and their provision of low-quality services compared to their less profit-oriented counterparts. Nursing homes are

examples of long-term care settings for geriatric patients. Depending on their ownership, they can be either nonprofit or profit-oriented. Depending on their classification, they possess strengths which optimize the quality and delivery of their services and weaknesses which inhibit the same. Most of their weaknesses, however, have possible solutions.