

# ORGANIZATION AND DELIVERY OF LONG-TERM CARE FOR OLDER ADULTS

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The organization and delivery of long-term care for older adults has a significant impact on clinical outcomes and quality of care. The chapters in this section address some of the more critical aspects of organizing and delivering quality care to older adults and will provide direction for nursing research. The focus is on long-term care delivery issues that affect quality of care and are within the domain of nursing research.

Two areas of growing importance for nursing are home care and nursing home care. Both care settings are influenced strongly by government regulations associated with methods of payment. Neither setting has been evaluated adequately to determine the clinical outcomes of these regulations. Relationships among structural factors such as staff qualifications and numbers, turnover and retention, and innovative nursing care delivery models and client/resident care outcomes are not well-documented. Valid and reliable measures for assessing quality of care, particularly outcome measures, are needed. All efforts to measure long-term care effectiveness are hampered by the absence of quality-of-care standards.

The quality of care delivered in the home is increasingly dependent on informal caregivers. Because of the close association between families of homebound older adults and community health nurses, and because much of the needed care for both the caregiver and the recipient is nursing care, there is a natural context for nursing research on issues relevant to informal caregivers. The population focus (Alzheimer's) and the research methods (descriptive) in the current literature need to be expanded. Research focusing on caregivers of individuals who do not have Alzheimer's disease is needed. More rigorous designs and nursing interventions, based on an understanding of the processes and relevant outcomes of caregiving as demonstrated in current descriptive work, are necessary. Particular emphasis needs to be given to personal care, behavior management, and environmental management.

There is growing evidence of the fragmented nature of health care provided for older adults. The movement of older adults within and among hospitals, nursing homes, and home care is astounding. These transitions are occurring for very high-risk and vulnerable older adults. It is not uncommon to find that a single older individual may move multiple times in the space of several weeks. Within each setting is a new care provider who likely is unfamiliar with the nursing care needs of the older person. The older adult may become confused and distressed in such situations. Innovative nursing care delivery models need to be developed and evaluated that will reduce or eliminate unnecessary transfers among home, hospital, and nursing home; reduce or eliminate preventable complications that make transfers necessary; and ensure coordinated nursing care across settings when transfers are needed. Even though nursing models such as case management

and primary nursing care have been introduced in some settings, evaluation efforts to determine the impact of such models on resident and client outcomes are inadequate.

Although hospitals generally are not considered to be part of the long-term-care system, they are a major health care setting for older adults. Hospitals are also a major part of the circle of transfers noted above. Nursing care provided for older adults in hospitals may make the difference between an uneventful recovery from an acute illness or a recovery slowed by complications and marked by readmissions. Innovative nursing practice strategies need to be developed and evaluated for their effectiveness in reducing or eliminating the negative effects of hospitalization.

A wide variety of alternative health care settings and living arrangements for older adults have emerged over the past decade. Among these are adult day health centers, respite care, residential care services, assisted living, continuing care retirement centers (CCRC's), and other life care settings. Although these settings are not seen as the usual arena for nursing practice, most have a health care component, and most of the needed health care is nursing care. Where nursing care is provided, it is important to develop quality indicators to assess the effect of nursing interventions on resident health status.

In addition to setting the above priorities for nursing research, the Priority Expert Panel identified crosscutting issues that provide contexts for the development of research on organizational and delivery-of-care issues. These crosscutting issues are: 1) rural-urban differences; 2) cultural, ethnic, racial, and gender diversity among populations of older adults; 3) health care settings that provide care to the mentally ill or developmentally disabled older adult; and 4) ethical and legal concerns. It was the decision of the Panel to encourage investigators to consider these issues in the development of research plans.

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