



Admission Screening in Nursing Homes

Comprehensive assessments and screenings are an important way for nursing home professionals to understand their prospective or new residents and help maximize their quality of life. Studies have shown that functional geriatric assessments help in improving overall quality and functional well-being of elders. This Fast Fact focuses on what nursing home staff should know about admission screening for new residents.

Required Admission Screenings

- Minimum data set and resident assessment instrument. In 1987, Congress passed the Omnibus Budget Reconciliation Act (OBRA 87), which established standards of care for nursing homes. One part of the law required that all nursing facilities must conduct a comprehensive assessment of each resident upon admission. This assessment was designed to show a resident's strengths, needs, and preferences, as well as functional status.
- Mental health screening. All patients admitted to a nursing home must also be screened for mental illnesses, mental retardation, or developmental disabilities. This is to ensure that the nursing home can adequately take care of the patient. If a patient indicates a need for special services, the facility or the state's long-term care agency can help the patient or the family to find psychiatric services and, if necessary, another setting for the patient's care.

Nursing Home Admission Screening and Care Plans

- Eligibility screening. If a patient does not have a mental illness, then the patient and caregiver will have to fill out an application for entry into the nursing home. The application process typically includes an interview, as well as an eligibility screening by the nursing staff.
- Functional status. Patients are assessed to see if they can perform instrumental activities of daily living (IADL) and activities of daily living (ADL), which include eating, toileting, or locomotion without assistance from another person.
- Screening for dementia and depression. During admission, patients are also screened for dementia or other cognitive impairment. The staff also conducts a depression screening to treat depressed residents more effectively.

■ Formal care plan. Once a patient is admitted to the nursing home, an individualized formal care plan is prepared by nursing home staff. The plan may include information about the kinds of services the patient requires, kinds of medical equipment needed, or specific interventions, such as pain management or prevention of falls, if needed. Consideration for diet, hygiene, and oral care are also part of the care plan.

Tips for Nursing Home Admissions

- Coordinate with hospital discharge planners. Patients that are referred from hospitals should have their hospital discharge planners coordinate with the nursing home to help in completing forms, applications, and providing other needed information. This should include list of medications, treatments, lab or X-ray reports, and information on functional abilities.
- Assess discharge potential. Every patient that is admitted must also be assessed for discharge. Not all patients are long term; some may be admitted for short-term rehabilitation or other acute medical care. This assessment should be a continuous process as a resident's needs change. Treating every resident as an individual and mataining communication with the family are important steps in determining discharge potential.
- **Perform community outreach.** Host informational speeches and seminars to the public on topics like diabetes, dementia, or estate planning so your facility is in tune with the community's needs. This will also position your facility as a source of expertise and will lead to referrals.



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- Offer tours or open houses. Offer tours and open houses where families and patients can learn about the facility and interact with patients and staff. Involve both administrative and clinical staff so that the community connects faces to the organization.
- Earn the family's trust. Your admissions team must convince families that your facility is right for them. This means having a personal connection with the family caregiver, especially prior to admission, to show that you understand the patient's unique circumstances and preferences.
- Timing the admission. A bed must be available before an admission is made and that means timing the admission to the right patient. Often, the vacant bed is a result of a death of a previous occupant, which means handling the transition sensitively. Understand the facility's policy and time limit when it comes to removing belongings and personal property.
- Find the right admissions coordinator. Your facility must have an admissions coordinator that can perform multiple tasks, such as outreach, sales, referrals, and counseling. Since the coordinator usually makes the first impression for your facility, make sure that the person has excellent communication skills and deep knowledge about your entire organization so they can answer questions from families.
- Consider skill matching not financial needs. It is important to note that admission screening is about matching the needs of the patient with the skills of the facility. It is not about financial considerations such as families' ability to pay.

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