



EFFECT OF NURSING HOME ON QUALITY OF CARE. A LITERATURE REVIEW

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Article Received on 02/02/2016

Article Revised on 23/02/2016

Article Accepted on 15/03/2016

ABSTRACT

Nursing home has been shown to lead to significant quality and safety improvements in patient care and assistant with activities of daily living, health services and a number of activities. This literature review summarizes the literature on effect of nursing home on quality of care. Five distinct research areas are reviewed. Firstly, literature on nursing home staffs, services and main purpose of home care. and Thirdly, literature on nursing home care by country, principal of nursing home and alternative care models, which is what most of our own research has focused on. Secondly, review the literature on nursing home health industry and desired characteristics, legislative of home care services with sample countries because a number of industry and home care services needed in some kind of interest groups context. Fourthly, cover some of the main sights from the literature on desired characteristics, quality of life and quality of care in nursing home, which has generated insights that are generalize able to nursing home and have applied implication of quality care. Fifthly, literature on clinical nursing practice requirement in nursing home care. Finally, we summarize some of the main recommendations for nursing home providers which can be generated from this literature. As emphasis is placed on the translation of academic knowledge into practical steps which practitioners might find useful and nurses may use home care independently and concurrently to solve weak and longtime health service at home and improve quality of life.

KEYWORDS: Nursing home, Quality of care, quality of care.

INTRODUCTION

According to the way to integrate custodial care with nursing, psychosocial and rehabilitative services on a continual basis, Nurses who are skilled on nursing home using as a long term care facilities which provided day and night on their working time. In addition, nursing homes acting as long time activities for assistance with activities daily living, health services and a number of activities (phoenix, 2016). For instance, Recreational therapists /activities directors are needed a lot of ideas which can contributes all health care activities to meet the various needs of the people in their care. Especially, providing nursing home residents with stimulating activities was one of the vital parts of improving their quality of life (Roper, Ideas for Nursing Home

Activities, 2006). Few researchers' findings shown that multiple staffing characteristics are important influencing factors on quality of care and helps us understand almost intransigent low quality observed in many in nursing homes (castle, 2011; Kim et al, 2009a; Kim et al, 2009b; levy-Storms et al, 2002). The federal Medicare program will cover limited rehabilitate services for a specific period of time when regarding beneficial to an individual's care. Although Nursing home residents receive help with costs from state of Medicaid programs when their finances are to decrease seriously, many nursing home residents pay for the care out of their own private funds but some has assistance from long-term care insurance policies (Leslie, 2015; Racino, 2014). A study conducted by Lesli on activities of daily living care

indicated that there was different perception among interviewees' which addressing the effect of activities of daily living cares. Beside on that the most useful information on this research indicated that an individualizing aspects of technical care and assessing the interpersonal quality of care and changing the frequency or occurrence of activities of daily living care (Kane, 2012). For instance, some nursing homes have assisted their communities with special needs as Alzheimer patients. Residents who are elderly and younger adults with physical or mental disabilities due to accident or illness are receiving their physical, occupational and other rehabilitative therapies in skilled nursing home facilities (Kane. 2012; Kaye et al. 2012).

Nursing home staffs, Services and Purpose of Home care

Regarding adequate care for residents who need quality health services which require sufficient nursing homes staffs in most jurisdictions. In U.S. for instance, they included I their work at nursing home with licensed practical nurses who are doing 24 working hours/day and at least one registered nurse who can do at least 8 hours/day for a week. The administration staffs in nursing home are very small due to the size of nursing home and it may have dozens of staffs responsible for individual departments. In most countries, nursing facilities in nursing home are being run through licensed administration body but also some of their staffs are focused on caring for the buildings and grounds. For example, Custodians, maintenance staffs and groundskeepers have responsibility on keep the inside and outside of the building in clean working orders (Kaye et al. 2010; Port et al. 2011; Web MD. 2015; Cleveland clinic. 2013). The responses supply nursing home staff with a well-developed picture of the residents' past and current activity preferences and guide them in providing access to previous or substitute activities, taking potential or actual resident limitations into account (Molica. 2009).

Nursing homes offer help with custodial care as such bathing, getting dressed and eating as well as skilled care and it is the most extensive care a person can get outside a hospital. The facility may be the best choice for people who require 24-hour medical care and supervision even the care is given by a registered nurse and includes medical monitoring and treatments.^[15] According to Governmental rule and regulation there has been elimination of distinction between intermediate and skilled facilities from nursing home .Because currently, both of them as part of nursing facilities. However, designation of level of care is still important because it affects who pays for the care. Especially, most of private insurance companies and Medicare pay only for the "Skilled "level of care (Caffery et al. 2010; Federal Interagency Forum on Aging-related statistics, 2012). A major challenge facing by state and federal government in country are paying for long term services due to growing concern for older adults, persons with

disabilities and their families. Beside on this, Medicaid finances a major portion of paid for long term care services followed by Medicare and out-of-pocket payments by individual and families. However, the distribution of financing sources varies by provider sector and by population. For example, most residents pay out-of-pocket for assisted living, with a small percentage using Medicaid to help pay for services (Reinhard et al. 2011; Colello et al. 2014; Petrea. 2014; Matthews. 2007; Tarricone and Tsouros. 2008). The world health organization defines quality of life as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." (WHO, 1999). Few studies shown that nursing home provides different activities which able to decline the nursing home residents depression ,staving off dementia and keeping their spirits as well as their bodies alive by regular stimulation activities for them (Justin and Hinkley. 2015). One of the basic aims of home care services is to satisfying people's health and social needs while in their home with appropriate and quality-home based health care and social services. This care given by formal and informal caregivers, applied with technology and balanced and affordable continuum of care delivery system at nursing home (Saison et al. 2015; Ersek. 2015).

Nursing home care by country, principal of nursing home and alternative care models

The nurse's shortage in the country, they have asking to work double shifts at nursing home and health setting. For example, "Understaffing makes it harder to give each and every patient the time and attention they deserve," Lori Batzloff, a Three Rivers nurse, said at a Capitol rally (Nursing home in Canyon Country. 2015). According to the poll from the Boston Robbins, the majority (85%) of Michigan voters would have thinking about "Quality of patient's care may kept with a minimum of nursing staffs in care centers. The study also indicated that even if health care cost increase, there was establishment of staffing requirement with quality of care (Nursing home in Canyon Country. 2015). Even though a nursing home is normally the highest level of care for older adults outside of a hospital, it differ from other senior housing facilities in that they also provide a high level of medical care (Okraglym. 2014). Currently, in United States there are 15,000 nursing home s which can house up to 1.7 million people who are living in the country and the nursing homes also have evolved from their meager beginnings as part almshouse and part boarding home into a major industry. Meanwhile, nearly 70% of Americans with advanced dementia will live their final days in this setting (American Academy of family Physician. 2008). In Canyon Country California, people often refers "nursing homes" as a general term for all senior living, the communities listed below offer skilled nursing and in most cases also offer assisted living, independent living and memory care services (Jonesetal. 2009). Nearly 8 million Americans have

receiving some form of home and community care each year and due to a growing numbers as an aging population drives demand and policy makers shift expensive hospital care to the home because home health care is a diversified industry including home nursing care, companion care, infusion services and other related care (Castle and Ferguson. 2007). A survey which conducted by the American Academy of Family Physicians (2008) reported that the average family physician supervises 9.6 nursing home residents and conducts 2.3 nursing home visits per week (Spangle et al. 2007). Nursing homes vary greatly in size and scope of services including short-stay care, post hospitalization rehabilitation for community dwelling patients, and hospice care. However, nursing homes may employ staffs physicians or contract with physician groups; more than eighty percent of nursing homes use community physicians to provide care in the services centers (Christense. 2004). Furthermore, Nursing homes are still vital component of the current long term care system however a “system” in which care can be provided in settings that are more appropriate for consumers’ needs. This includes care by home health providers, adult day care, residential care, and assisted living (Døhl et al. 2014; Andersen et al. 2014).

Long term care services in Norway are an integral part of the welfare system, and are provided in a predominantly public and tax based health care system. Approximately 14 percent of the population 80 years or older live in nursing homes (Andersen et al. 2005). In the Nordic tradition responsibility for long-term-care is devolved to both finance and operate LTC services, with some financial contribution from service recipients of local authorities. There are no national standards for long term care, and gross per capita expenditure varies substantially between municipalities. While this in part will reflect differences in demographical composition, variations are also likely to be the result of differences in both municipal income and local political prioritizing (Abury et al. 2013). Even though care aides have only minimal training or education, they are a major resources for residents living in nursing homes and provide basic care related to daily living activities as result service delivery is also changing and residents now receive almost all of their fundamental care from care aides (California health care foundation. 2012; Kane et al. 2007; Lum et al. 2008).

The approach to nursing home care, associated staff composition and task allocation all influence paid caregiver experiences and in turn, affect the quality of care provided to residents. The quality of nursing home with several nursing home models that feature a significant changes to the traditional physical environment because these models which the structural layout and amenities support the best in eldercare including maximizing opportunities for socializing, activities and family involvement with support more

staffing and create relationship between home residents and their caregivers (Robert Wood Johnson Foundadtion. 2012; Houses et al. 2012; Donovan. 2015). Nursing home is also an institution which performed a long term care for people who need home care and the “Culture change” movement and demographic changes are transforming long term care by promoting more home like facilities. Meanwhile, the models typically include new types of physical environments, organizational practices, and workforce features that benefit consumers and direct care workers while remaining cost-effective (Farrell and Komarek. 2006; Cronfak et al. 2015). The factors which affects acceleration of nursing home care delivery systems are high health care cost, consumers are not preferences for at home care or care in more residential environments and the ability to deliver care as necessary in portable and flexible ways (Grabowski et al. 2014). In spite of the fact that nursing home is as complex organization, all leaders have already begun and are ready to offer their suggestions to assist their colleagues in order to how to implemented the consistent assignment of staffs to the same residents the basic challenges and alleviated institutional model of care problems (Centers for Medicare and Medicaid Services. 2015). According to the nursing home staffs experienced competence building programs in palliative care, long-term implementation strategies and development of broader communication skills among all professions working in nursing homes need further competence (Collier and Harrington. 2008).

Nursing Home health Industry and Desired characteristics

The Institution of medicine deemed person centered care is a key component of quality care. One of the main concern of a cultural change movement is central shift of philosophy in nursing home care delivery system due to improving person-centered care, quality of life for residents and working conditions for staffs. Regarding the idea mentioned on this finding, nursing home industry is the main provider of institutional based long term services and supports for residents (Alzheimer Europe. 2015). According to the centers for medicare and Medicaid services (2008) found that a set of quality ratings for each nursing home that participates in Medicare or Medicaid is provide residents and their families with an easy way to understand assessment of nursing home quality, making meaningful distinctions between high and low performing nursing homes (Alzheimer Scotl and. 2005). The traditional factors such as staffing levels, bed size, chain membership, Medicaid census, and ownership status which affects nursing staffs job satisfaction, decreases quality of care and cause of turnover from regular job (European Commission. 2002).

Legislative of home care services with sample countries**Table 1. Legislation relating to the provision and Organization and financing of home care services at listed countries in Alzheimer Europe, 2013.**

Serial No	Country	Legislation relating to the provision of home care services	Organization and financing of home care services
1	Austria	These are the Federal Long-Term Care Allowance Act The Provincial Long-Term Care Act.	Coordination centers exist but vary from one province to the next. They deal with medical and non-medical home nursing as well as care services linked to the social insurance.
2	Belgium	In the Flemish speaking part of Brussels and Flanders, the “zorgverzekering” is the relevant law governing the provision of care services at home and in institutions.	Nursing home care is financed by health insurances. But People may be asked to pay a supplement for certain services offered by freelance nurses.
3	Bulgaria	The Social Assistance Act of 19 May 1999 Regulations for the Social Service of Persons and Families Ordinance No. 4 of 16 March 1999	The municipalities are responsible for providing home care services which they call family care services.
4	Czech Republic	Legislation on social services, dating from laws passed during the socialist era, persists, some of which has become unclear due to numerous changes that have since been made.	The health insurance system is currently based on a third party fee-for-service payment model and is compulsory.
6	Denmark	The Law on Social Assistance (1976) states that all communes must provide home help for the elderly.	The Danish healthcare system provides free and equal access to health care to all residents.
7	Estonia	The Act states that local government authorities shall establish a list of domestic services and the conditions and procedure for their provision.	The systems for health care and social welfare are relatively separate.
8	Finland	There is national legislation concerning provisions for home care services.	According to the Act on Planning and Government Grants for Social Welfare and Health Care (733/1992), municipalities receive financial support from the Government in order to organize these services.
9	France	The Elderly Dependency Act of 20 July 2001 introduced the “allocation personnalisée d’autonomie” (individual attendance allowance) known as APA.	Home nursing care services and other paramedical services, on the other hand, are fully financed by the healthcare system.
10	Germany	The Social Dependency Insurance Act of 26 May 1994 relating to Care Insurance radically changed this situation.	A person’s financial situation and the availability of assistance from the family are not taken into account when judging eligibility.
11	Greece	The relevant law concerning the home help for the elderly programme is Law N.2082/92.	There is no long-term care insurance in Greece. Financial assistance is mainly in the form of discretionary tax rebates to family carers.
12	Hungary	The Act on Social Welfare of 1993 made it possible, in certain cases, for family carers to receive a fee for providing care.	The services are provided by professional caregivers and volunteers, as well as specialist nurses who provide home nursing services under a doctor's orders.
13	Iceland	The laws also state that the elderly have a legal entitlement to the health services that they need.	In each health care centre district there is a service council for the elderly.
14	Ireland	With regard to legal obligations, the Health Service Executive is empowered (under the 1970 Health Act) but not obliged or required by law to provide community care services in Ireland.	Services available are largely provided by the non-statutory agencies (NGOs), of which there is a plethora. However, the state also provides home care services directly in particular the public health

			nursing, and in some cases, home carers and home helps.
15	Italy	Reform of the National Health System began in 1992 with the Health Care Decree no. 502/1992, followed by the “Objective: Ageing Persons” project (the National Plan for Welfare), Law no. 328/2000 relating to the creation of an integrated care and social services system and finally the Guidance and Coordination related to Health and Social Integration Act of 2001.	In Italy, citizens must purchase a ticket in order to have access to services within the National Health Service. People who are over 65 years old and those suffering from an officially recognized chronic and disabling disease do not have to pay.
18	Luxembourg	The Law of 19 June 1998 (“Assurance Dépendance”) led to the introduction of an obligatory dependency insurance on 1 January 1999 (sometimes referred to as long-term care insurance or “LTCI”). This covers expenses linked to the care of elderly residents in old people’s homes or assistance at home	The dependency insurance is financed by people (whether they are Luxembourg residents or simply commuters from the surrounding countries) who contribute to the Luxembourg sickness insurance.
19	Malta	According to the Maltese Civil Code (Book first of persons, art. 2), a married person who is in need of help with daily living can rely on maintenance from his/her spouse provided that they still live together..	There are consequently no formal regional or district tiers of health care.
20	Netherlands	The new Health Insurance Act which came into force on 1 January 2006 abolished the former distinction between private and public health insurance	Home care and residential/nursing care for people with physical and/or mental disabilities are considered Medical Expenses Act products.
21	Norway	People in Norway are not legally obliged to provide care for their parents. There is no specific reference to people with dementia	Home care services for the elderly and disabled are organized, managed and financed by the municipalities.
22	Poland	Membership of a health insurance fund is now compulsory and citizens pay a tax-deductible premium of 7.5% of their personal income.	Benefits and services are also provided on the basis of the level of disability.
23	Portugal	Article 64 of the Portuguese Constitution states: “the right to health protection is guaranteed through a national health service (NHS) which is universal, general and, depending on the socio-economic status of citizens, largely free of charge.”	Municipalities are increasingly organizing home care services. However, the main providers of services are the Misericórdias (independent charitable organizations) and private welfare institutions, which are financed by the State.
24	Romania	There are several laws which relate to home care services (but only medical services).	Medical home care services are provided on the basis of contracts signed between the National Health Assurance Company and people or organizations accredited to provide such services, by GPs or specialists who recommend medical home care, taking into account the state of health of the person in need and the person’s dependency grade..
27	Spain	The General Health Law of 1986, which saw the creation of the National Health System, also states that access to health services is a citizen’s right.	Each community has a Health Service and draws up a Health Plan which outlines which activities are necessary in order to meet the objectives of its own Health Service.
28	Sweden	The overall policy is that people have the possibility to live independently and safely in their own homes as long as they wish with support and home-care if needed.	The municipalities are the responsible for meeting the social services and housing needs of the elderly.
29	Switzerland	The legal basis of Spitex organizations can be	Irrespective of age, any person, who

		found in the federal law on health insurance (LaMal), (art. 35).	is in need of care due to illness/disease, accident, disability, limitations due to age or maternity, can request the organization of aid and home care within their home region.
31	United Kingdom	The relevant legislation in Scotland governing the provision of home care services is "The Community Care and Health (Scotland) Act 2002". This Act extended the range of duties placed on local authorities and assigned new powers to local authorities and NHS Scotland.	In the past, local authorities or councils had main responsibility for assessing local need and for providing and coordinating services through their social work departments.

Source

Alzheimer Europe (2013). Legislation relating to the provision of home care services and Organization and financing of home care services. Reterived By Nov, 06, 2015 [http:// www. alzheimer-europe.org/Policy-in-Practice2/Country-comparisons/Home-care/United Kingdom](http://www.alzheimer-europe.org/Policy-in-Practice2/Country-comparisons/Home-care/United Kingdom) (Fearnley and Scottish Executive .2006; Gurlands and Gurland RV, 2009; Smith et al.2009; White-chu et al. 2009).

Desired characteristics, quality life, quality of care in Nursing home

A sense of any person's wellness can significantly influenced by any opportunities to choose like meaningful options. This meaning full recognition might be due to using quality of life model. Similarly, both culture and regulatory changes in current years, nursing home can save residents life while living independently in the community. Beside on this, we should considered that safety, management and treatments issues are predominated by relationship, resident preferences, and life style patterns (Meeks et al. 2007; Gurland et al. 2009; Ryvicker. 2009; Effective health care program. 2012; Castle and Ferguson. 2010; Castle. 2008 and Collier and Harrington. 2008). Many nursing homes operated at 100% occupancy, and nursing homes generally did not incur much in the way of competitive pressure from each other. Quality issues remained, and health and safety standards continued to be developed and implemented (Korean. 2010). Nursing home quality has significantly influenced by Federal and state oversight bodies due to the difficulty of getting license and certification from them. As a result, nursing home quality is intertwined with developments in both federal and state entities (Nicholas and castle. 2010). In the past three decades, concerns according to the adequacy of the nursing workforce and quality of care in long term care setting have been well documented in the literature (National Advisory council on nurse Education and practice. 2010; Brand. 2008). Furthermore, the most apparent in the strong shift to person-centered care and clearly expressed in the nursing home culture change movement might occur due to increasing quality of life significantly (Weisman. 2008). A study which conducted by Anic and colleagues (2014) found that there was "inevitable "or" Unpreventable" mortality may seen among nursing home residents widespread including

health care providers. Few researchers also have focused on evidence of substandard quality of care (QOC) in many nursing homes based on mortality among nursing home residents in the USA (Li et al. 2011).

Clinical nursing practice requirement in nursing home care

In the 21st century nursing practice faces a number of challenges including a growing population of hospitalized patients who are older and more acutely ill, increasing healthcare costs and the need to stay current with rapid advances in medical knowledge and technology. These challenges are complicated by an existing shortage of nurses, an aging nurse workforce, and prospects of a worsening nurse shortage. In addition, new models of overall healthcare delivery are being developed to address a range of challenges in healthcare and impact the structure of the workforce and care delivery (National Advisory council on nurse Education and practice. 2010; Prasad. 2015; Institute of Medicine. 2011; Personal Communication. 2010). Varied nursing home quality improvement programs have been implemented over the last decade; their implications for racial disparities in quality are unknown (Werner et al. 2013).

CONCLUSION

The results were identified, each having its own attributes and uses. The current literature, research and reviewed articles which were developed through an evaluation of this literature reviewed article and the assessment of a limited number of research studies that focused on the effect of nursing home on quality of care at different health facilities.

Implication of nursing practice and policy maker

It is proposed that nursing home improves as the nurses and policy maker gains nursing home care experience in their work within a specific specialty and with experience, communities gain a quality of care at nursing home. Nurses may use home care independently and concurrently to solve weak and longtime health service at health setting and improve quality of life.

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