

Washington Hospitals 'Dramatically' Over Capacity

Washington's hospitals are again "dramatically over capacity" as challenges discharging patients worsen and staff shortages continue, the state's health care leaders said Monday.

In a news briefing, leaders from the Washington State Hospital Association said many health care facilities are 120% to 130% full, leading to long wait times in emergency departments, declining patient care and disruptions in ambulance services throughout the state.

Accepting or Rejecting Your Next Admission: What Works and What Doesn't

Steve Felton, ARNP

Director, Felton Health Care Specialists

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Felton Health Care
Primary Care at Home

We have to admit:

We are the only ones
who **can** admit.

We are the only ones
who **do** admit.



We admit the most vulnerable citizens for care

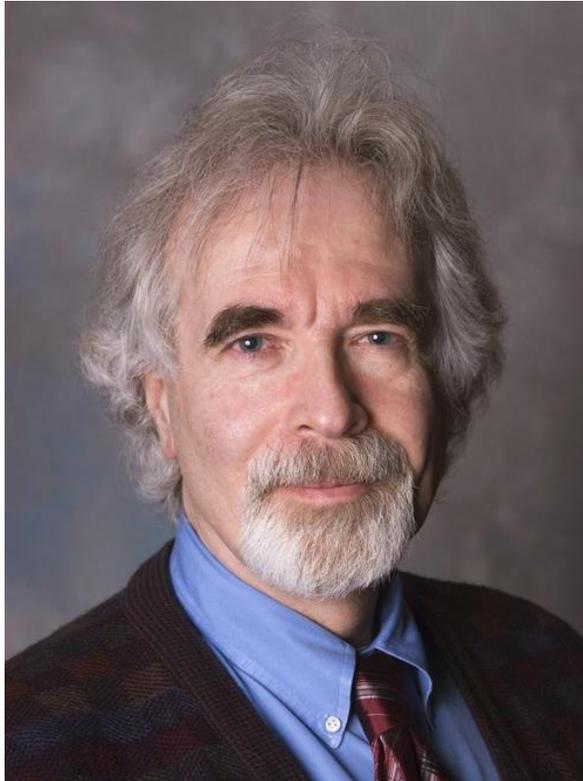
The DSHS budget is 25% of the total Washington state budget

DSHS spends about \$2000 per capita on long-term care

☐→ Adult Family Homes shelter the defenseless ☐←



Steven Felton, ARNP



- Nurse for over 50 years: Orderly (CNA) ==> LPN ==> RN ==> ARNP
- Sites of practice
 - Combat medic (Vietnam)
 - Bedside nurse (ICU, dialysis, detox, jail)
 - Clinic (primary care, rehabilitation medicine, pulmonary)
 - Hospitalist (trauma surgery, general medicine, Difficult-to-Discharge unit)
 - Long-term care Nurse Practitioner (skilled nursing facility, assisted living, adult family home)
 - Home-based (private home; residential care facilities)
- Currently:
 - Primary care provider in assisted living and adult family homes
 - Medical Director for Norse Home Assisted Living Facility
 - Medical Director for 40 Adult Family Homes



AFH Medical Director

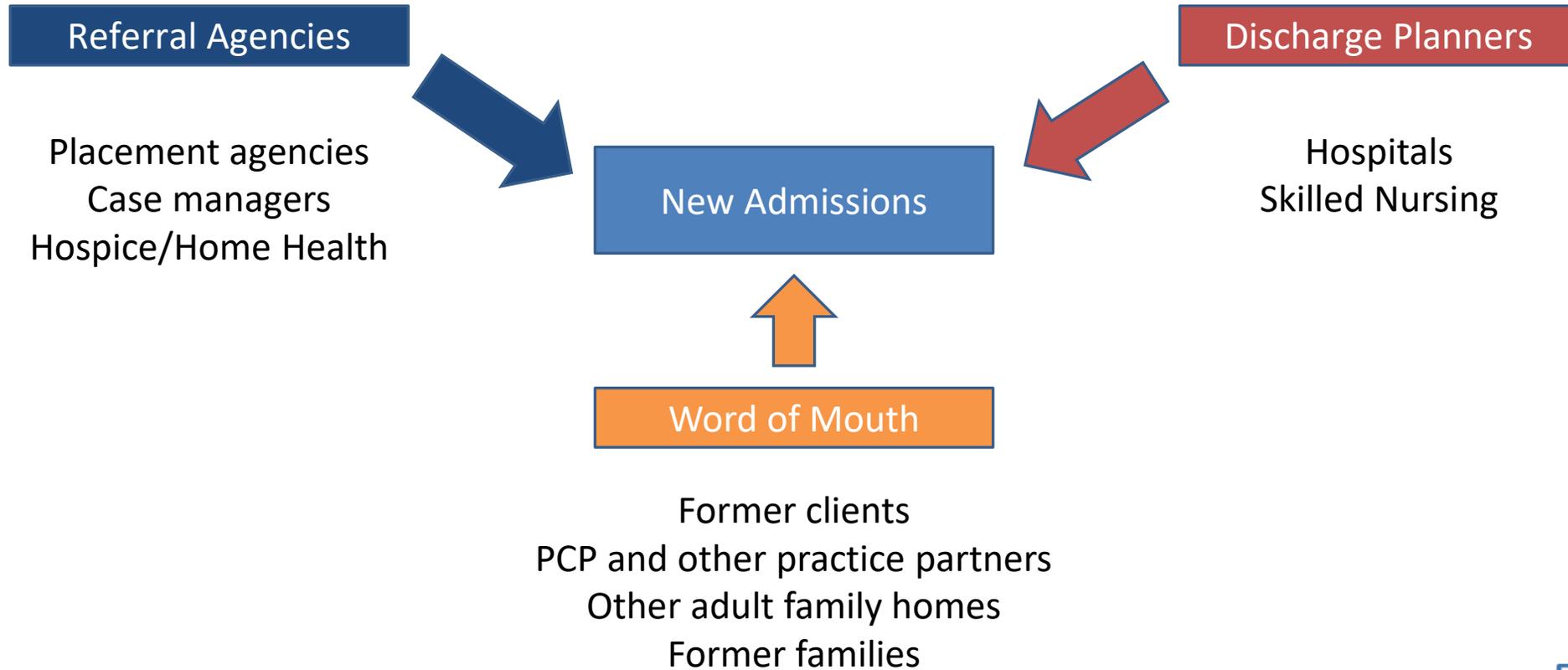
Felton Health Care Specialists partners with adult family home providers to care for the residents of their home.

Our model is unique because **we also serve as the medical director** for the AFH. The medical director is available to support and consult with owners and staff to:

- Determine whether a prospective resident is a good fit
- Address state survey issues
- Craft resident care policies and infectious disease control methods.



Referral Sources



Referral Sources



Have you ever seen these problem orders from the ER?

“Give IV morphine every 4 hours”

“Draw labs tomorrow and send results to clinic”

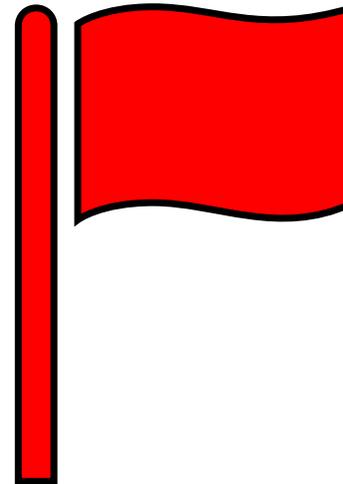
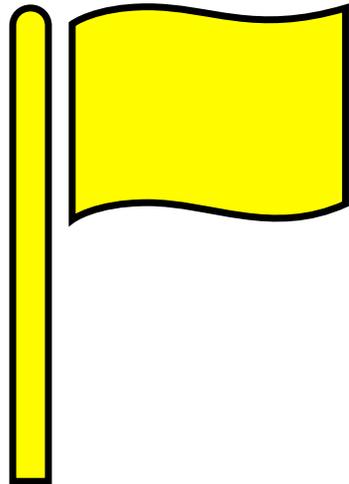
“Make appointment with Dr. Zoom in 3 days”

“Start home health (or hospice) on admission”

“Wound care per wound care nurse orders”



Yellow Flag or Red Flag?



Pharmacy

“We only use a mail-order pharmacy - [LTC] pharmacy is too costly”

“She needs some cannabis every day”

“Please arrange weekly blood draws for his drug levels”

“I am allergic to Vicodin and need oxycodone”

“He needs Tylenol in his room”

“Just belt him into the chair”

“No vaccinations”

“No generic medications”



Care Issues

“Don’t talk to that other AFH”

“DSHS cited that AFH for not re-admitting patient from ER”

“Multiple environmental/food allergies”

“Weekly blood draw (clozapine or warfarin)”

“Mom is too lazy to walk”

“Hospice on admit”

“Multiple prescribers”

“Frequent appointments”

“Sliding scale insulin”



Values

“Don’t worry – just this one time we can skip our own face to face assessment”

“Don’t worry - the intake assessment done two months ago is still good”

“Don’t worry - you will never get caught if you don’t report this”

“Don’t worry - when she grew up it was ok to belittle people”

“Don’t worry - you won’t get a citation if you send him back”

“Don’t worry - these new orders were are from a nurse practitioner”

“Don’t worry – increase staff after you admit him”

“Don’t worry - we will pay extra if you keep it quiet”



Family

“That Adult Protective Services stuff was just bureaucratic nonsense”

“Dad is a little racist and sexist and homophobic”

“Don’t talk to my sister – Mom wants me to be the DPOA”

“We will pay extra if you...”

“We will use the house doctor plus her PCP and her psychiatrist”

“We are paying good money so you have to...”

“We don’t believe in masks or vaccinations”

“That last Adult Family Home told a bunch of lies about us”

“Ignore what the guardian says”



Behaviors

“The mail order medications for the behavioral problems arrive in about a week”

“Patient restraints were removed yesterday without problem”

“My last drink was 6 weeks ago”

“She has a little trouble sleeping at night”

“There was just the one time that the police came”

“Her counselor does not believe in using any psychiatric medications”

“He has to eat precisely at the start of his TV show”

“Just be a little careful when you give him his insulin”

“Come back in 2 hours if she refuses her meds or a shower”



What are Other Red Flags?





The Oracle at Delphi 1200 BC



“Know thyself”



Felton Health Care
Primary Care at Home

What is my capacity for:

Bedridden and disabled clients?

Dementia? Behaviors?

After hours admissions?

Wounds and skin care?

Unrealistic families?

Unresponsive PCPs?

Limited pharmacy hours?

Staffing catastrophes?

C.Diff? MRSA? Covid?



Do I think the resident is safe and predictable? Who do I trust?

Someone else's intake assessment?

Medical providers?

Other AFH owners?

Placement agent?

My various practice partners and mentors?

Adult Family Home Council



What are my central operating principles? Does the client *always* come first?

Do I always perform my own intake evaluations face to face with family and client?

Do I know my capacity to take complex patients?

What are my contingencies for staffing crisis?

Would I confront ER – PCP – licenser – family for my patient?

Can I afford to say no to an intake?



Questions?

Thank you!

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