Hospital and Community (H/C) Patient Review Instrument (PRI) (DOH-694) Questionnaire

- DOH-694 (PDF)

1. Please provide your contact information, including name of organization, name of contact person, phone number, and email address.

Karen Lipson
LeadingAge New York
518-867-8383 ext. 124
klipson@leadingageny.org

2. What is your organization type, e.g., hospital, nursing home, home care agency, etc.?

We are an association of over 400 non-profit and public providers of long-term and post-acute care, senior services, and senior housing.

3. Does your organization utilize the H/C PRI?

Our nursing home members use the H/C PRI (henceforth "PRI"). Our home care and assisted living members are involved in seeking the completion of PRIs on behalf of patients/residents who must transition from the community to a nursing home.

4. Describe your experience with the H/C PRI.

A majority of the 22 LeadingAge New York (LANY) members who responded to our request for feedback on this RFI expressed frustration with the PRI as a prerequisite for nursing home admission and support its elimination. However, four members stated that the PRI provides a convenient collection of useful information that would otherwise have to be culled from hospital records or from interviews or observations of community residents and their caregivers. All but three of the respondents to LANY's request for feedback were nursing homes.

A. Members that support the elimination of the PRI cited the following reasons:

- **PRI is Often Out-of-Date and Inaccurate:** The purpose of the PRI is to provide accurate and complete information to nursing home admissions staff to ensure that a nursing home is an appropriate setting for the patient, that the particular facility has the clinical capacity to

address the patient's needs, and that the nursing home can prepare for the patient's admission by assembling the necessary medications, orders, equipment and supplies. However, the PRI does not fulfill these goals because the information contained within the PRI is often out-of-date, incomplete, and/or inaccurate. In particular, several members noted that the information provided in the PRI does not adequately and accurately address challenging behaviors, cognitive functioning or limitations in performing activities of daily living.

The vast majority of residents admitted to nursing homes come directly from hospitals. Typically, the PRI is completed by a hospital discharge nurse well in advance of the discharge, and as a result, the information provided is dated. Moreover, the hospital discharge nurse typically does not know the prospective resident, nor does the hospital have a strong incentive to ensure the accuracy of the information collected. As a result, nursing home admissions nurses and social workers must verify the contents of the PRI by logging into hospital electronic health records or other electronic data sources (such as eDischarge and similar electronic discharge and referral platforms or the regional health information organizations) or via inquiries of hospital staff, the prospective resident, and/or his/her caregivers.

The information derived from the PRI is typically no better when a prospective resident is seeking admission from the community, rather than a hospital. The PRI nurse conducting the evaluation does not typically know the prospective resident nor have any sort of treatment relationship with the him/her. In these cases, nursing homes often must resort to interviews to confirm the contents of the PRI and assess appropriateness for admission.

On a related issue, LANY members also noted that the professionals who complete the SCREEN do not understand the levels of care offered by adult care facilities.

- **PRI-Certified Nurses are Difficult to Find and Expensive for Consumers:** The PRI must be completed by a PRI-certified nurse. In many regions of the State, it is difficult and expensive to find and engage PRI-certified nurses to complete the PRI, especially for prospective residents who are not hospitalized. The cost varies regionally, but can be as high as $250. This expense is not covered by Medicare.

  For prospective residents who live or are hospitalized out-of-state, but seek admission to a New York State nursing home, it is very difficult to get a PRI-certified nurse to conduct an assessment out-of-state. This leads to delays in hospital discharges and telephone assessments, which tend to be less reliable than in-person assessments.

- **PRI Requirement Delays Discharge from Hospitals and Transfers from Community**: As noted above, PRI-certified nurses are in short supply in certain areas of the state, and are unavailable out of state. Often, the challenges associated with procuring a PRI result in prolonged hospital stays. Similarly, if a resident of an assisted living facility no longer meets the facility's retention standards, or if an individual living in a private home needs nursing home care, transfers to a more appropriate setting can be delayed due to the lack of a PRI. These delays can cause distress and health risks for the prospective resident.

- **PRI Requirement is Particularly Inefficient and Ineffective for Admissions of CCRC Residents to the CCRC Nursing Home**: When a resident of independent housing or assisted living in a continuing care retirement community (CCRC) requires post-acute or long-term skilled nursing care, the PRI is a particularly wasteful use of resources. The CCRC is generally more familiar with the resident and his/her functional limitations and medical needs than the PRI nurse. The PRI serves no valid purpose in this context, and the requirement only delays appropriate transfers, creates added expense, and causes unnecessary anxiety and consternation for consumers.

  B. Members who oppose the elimination of the PRI raised the following points:

- **PRI Provides a Convenient Snapshot of Prospective Residents**: The PRI provides a convenient collection of basic information, such as insurance coverage, diagnoses and prognoses, behaviors, therapy needs, and treatments. It also provides scoring of the prospective resident's performance of activities of daily living (ADLs). Facilities that process a high volume of referrals daily especially value the ability to use the tool to identify quickly prospective residents who do not require nursing home care or whose needs cannot be addressed by the facility. While many facilities indicate that they are able to get the same or similar information through the hospital's EHR portal, an electronic discharge platform, or through the regional health information organizations, some do not have that access. And, even those that have access to hospital EHRs or electronic data sources may appreciate the readily accessible format of the PRI. They maintain that without the PRI, the process of collecting and reviewing information necessary for admission decisions will be less efficient.

  Supporters of retaining the PRI also argue that hospitals should be held accountable for providing an accurate clinical, psychosocial and financial picture of the patient to nursing homes to enable proper evaluation of admission criteria.

5. How does your organization use the information gathered through the H/C PRI?

Our members use the information as a quick snapshot of prospective residents, in order to inform admission decisions. They recognize that it is unreliable and work with prospective residents, their caregivers, and hospitals to confirm and enhance the contents of the PRI.

6. Does the information that is provided through the H/C PRI add value to the consumer experience and/or your organization? Please explain.

Most members responded that the PRI does not add value. A few members indicated that they value the easy access to a quick snapshot of the prospective resident's health and functional status and the scoring of ADL limitations. (See question 4).

7. Has your organization conducted any measurement or evaluation of the H/C PRI? If so, please explain your methods and outcomes.

No.

8. What are the implications of eliminating the use of the H/C PRI, specifically to your organization and generally to the ability of health care providers to identify appropriate care settings for individuals and to facilitate placement in appropriate settings?

Most members believe that the elimination of the PRI would lead to a more efficient and consumer-friendly care transition process. Some believe that the PRI contributes to the efficiency of the process by collecting key information in one place. The supporters of the PRI claim that eliminating the PRI would impede the admission process and require nursing homes to hire more admission staff.

If the PRI were eliminated, the SCREEN tool would have to be modified. Sections 11 and 19 of the SCREEN reference PRI questions 17a (comatose) and 19 through 22 (ADL scores). These PRI questions would have to be incorporated into the SCREEN. Since those questions do not require a nursing assessment, the individual completing the SCREEN could respond to those questions, regardless of whether he/she is a nurse.

If the Department decides to retain the PRI, it should modify its policies as follows:

- The Department should eliminate the requirement for the PRI to be completed by a PRI-certified nurse. Any registered nurse (RN) should be permitted to complete the PRI. This would mitigate some of the delays and challenges associated with obtaining a PRI.
- The Department should eliminate the requirement of a PRI for CCRC residents transitioning into the CCRC nursing home.
- The Department should allow registered nurses employed by adult care facilities or their related home care agencies to conduct the PRI for their residents.

9. If the H/C PRI is eliminated, is there a need for an alternative assessment process to carry out the functions of the H/C PRI? If you believe that the H/C PRI can be eliminated and not replaced, how would individual patients be assessed for appropriate care settings? Please explain.

Some of our members indicated that they have developed their own tools for evaluating prospective residents. Some use alternate sources of information (e.g., eDischarge, information from RHIOs, hospital EHRs). As more nursing homes connect to their regional health information organizations (RHIOs), information obtained through the RHIOs will increasingly provide an alternative to the PRI.

It is unlikely that creating an alternative tool would solve the problems associated with the PRI. The primary problem with the PRI is *not* the specific data elements it seeks to collect. Rather, it is the way in which it is implemented – (i) the costs and burdens associated with engaging a PRI certified nurse; and (ii) the hospital's or PRI nurse's lack of familiarity with the prospective resident and lack of a stake in the accuracy of the information collected. If the PRI were to be replaced by another tool, it would likely suffer from the same deficiencies as the PRI, unless the process and incentives were modified.

If the Department decides to retain the PRI or adopt an alternative tool, it should modify its policies as follows:

- The Department should eliminate the requirement for the PRI to be completed by a PRI-certified nurse. Any registered nurse (RN) should be permitted to complete the PRI. This would mitigate some of the delays and challenges associated with obtaining a PRI.
- The Department should eliminate the requirement of a PRI for CCRC residents transitioning into the CCRC nursing home.
- The Department should allow registered nurses employed by adult care facilities or their related home care agencies to conduct the PRI for their residents.

10. Identify and describe any barriers or challenges to eliminating the use of the H/C PRI and replacing it with an alternative, if necessary.

If the PRI were eliminated, the SCREEN tool would have to be modified. The SCREEN contains two sections that reference PRI questions. Those questions would have to be incorporated into the SCREEN. Since those questions do not require a nursing assessment, any professional qualified to administer the SCREEN could complete them.

Revised: March 2018