**Do you agree with the change in the terminology of nursing homes to nursing facilities? Why or why not? How do the terms relate with each other?**

 No, I do not agree with the terminology of nursing homes to nursing facilities because the two are two different things that are sometime confused. Although nursing home and nursing facilities are used interchangeably, they are some differences between the two. There are differences between nursing facilities and nursing homes. Medicare covers skilled nursing facilities, but nursing homes are not. The skilled nursing facilities are regulated by the Department of Health and must meet strict criteria: 1) Nursing facilities must have a transfer agreement in place with hospitals in case a resident/patient requires emergency care, restorative, or rehabilitation care. 2) Skilled nursing and rehabilitation staff manages, observe, and evaluate care. The examples of skilled care include intravenous injections and physical therapy. 3) Medicare will only covers skilled care services that are needed daily for up to 100 days. The Medicare certifies only these facilities to ensure they have the staff and equipment to give skilled nursing care, rehabilitation services and other related health services. Nursing facilities includes Registered nurses, medical directors, licensed practical and vocational nurses, license physical therapists, speech language pathologists, and audiologists.  Nursing homes only provide care for daily activities like getting in and out of bed, meals, bathing, dressing, and using the bathroom. Medicare or Medicaid does not cover nursing homes because they are not certified and not regulated by national government. The nursing home are run by charitable organizations and do not provide the full spectrum of care that a skilled nursing facility does. Nursing home serves as permanent residences for patients who are too sick to live at home. Nursing home residents require daily assistance. Because nursing home requires custodial care, care that does not require skilled heath cares professionals. Custodial care that helps people used daily activities like getting in and out of bed, eating, bathing, dressing, and using the bathroom is not covered by Medicare.

**What impact does the historical perspective of the nursing home have on the stigma related to the quality of care?**

Historically and statistically, nursing home has a bad stigma on the quality of care to the elderly. According to one statistics, about 90% of the US nursing home has staffs that are too low to provide adequate care in the nursing home. Currently, there are about 1.4 million people who are living in US nursing homes. Of the 1.4 million, about 20,673 elderly people complaints of abuse, gross neglect, and exploitation on behalf of nursing home and board and care residents in 2003. There are about 1 and 14 elderly people who reported the incidents to authorities.  Many of the nursing home neglect and abuse have been attributed to under qualified and inexperienced staff that is unable to handle different nursing home situations. There are different forms of nursing home neglect and abuse that can affect nursing home residents. Some of the abuse includes mental abuse, physical abuse, nursing home neglect, and exploitation/financial abuse.

**How were nursing facilities developed? What have been the consequences of the change in terminology? Do you think the change in terminology will impact the quality of care in the future? If yes, how? If no, why?**

In 1970s, an investigation of the nursing industry showed that the nursing home lack the required medical care, food, and attendants. The nursing homes were labeled “warehouses” for the old and “junkyards” for the dying. The majority of them were labeled, “halfway houses between society and the cemetery.” In the beginning of 1971, policymakers begin to create numerous government regulations in order to control the quality of long term care. In 1972, the Social Security reforms had established a single set of requirements for facilities supported by Medicare and for skilled nursing homes that received Medicaid. Yes, the change in terminology from nursing home to nursing facilities will increase the quality of care for nursing home because many staffs are now well trained in nursing in order to work at the nursing facilities. Nursing facilities only hired skilled professional nurses and not untrained nurses like in the nursing homes.

**What changes do you see nursing homes making in the future in order to keep up with the ever-changing needs of the demographics of seniors?**

 With the ever changing needs of the demographics of seniors, there will be a need for more nursing facilities. By 2030, an estimated 5 million people with need nursing home care if the current trends continue.  There are currently 1.6 million residents in nursing homes. There will be 5 million residents needing nursing homes. There are currently 16,000 nursing homes. However, we will need about 53,000 nursing homes in the future. The nursing homes will need an estimated 66% more nurses by 2020.

**What are subacute units? How did subacute care emerge? What are the strengths and limitations of the emergence of subacute care in long-term care as related to issues in levels of patients' acuity (various levels of nursing care based on the needs of patients)? Support your answer with relevant examples.**

Subacute care is care that meet patients needing complex care or rehabilitation. Subacute care is defined as comprehensive inpatient care designed for someone who has an acute illness, injury, or a disease process. The subacute care requires the coordinated services of an interdisciplinary team including physicians, nurses and other relevant professional disciplines, which are trained and knowledgeable to assess and manage these conditions and perform the necessary procedures. The subacute care unit is designed to help patients achieve the highest possible level of independence; it is referred as transitional care and licensed as a skilled nursing facility. The care includes intense rehabilitation, medical monitoring, skilled nursing care, and careful planning for discharge.

**What is the impact of subacute care on the cost and quality of care? Do you think subacute care needs to be an integral component of hospitals, or should it be an integral part of the long-term care system? Provide a rationale for your answer.**

Based on your learning about nursing home care and subacute care, compare their funding, staffing, regulation, and marketing.

Subacute care will be cost effective and will reduce the cost of those subacute care services that are currently furnished in high cost acute care setting. The rule issued by the Center of Medicare and Medicaid Services provide hospice care through a Medicare certified hospice provider. The goal of the rule is to improve the quality and consistency of hospice care for long-term residents and to reduce the cost of care for patients.

References: