

Five Distinguishing Characteristics of SNF Onsite Care

By Adam Fritz, DMSc., Chief Clinical Officer,
Aria Care Partners



Delivering care in a skilled nursing facility (SNF) differs in important ways from that rendered in traditional inpatient or office-based settings. Drawing on extensive experience providing onsite dental, vision, hearing, and foot care in SNFs, Aria Care Partners has found that medical professionals must emphasize several skills and practices. This article highlights five essential characteristics that foster better health outcomes, engagement, and satisfaction for residents.

Patience

Time constraints are routine in medicine today. Whether in primary, urgent, or specialty care, doctors and other professionals often feel rushed as they face demands to see many patients every day. For SNF onsite care, productivity and quality are important, but over-emphasis on volume can be counterproductive.

Residents in skilled nursing facilities are typically older and present a complex short-term and long-term health profile. They also want to be heard and retain some agency. These facts place a premium on devoting sufficient time to listening and engaging in order to discern what the individual truly needs. Patient-centered communication is the goal, and time to listen is vital to achieving it.

Caregiver patience is also needed to address two factors frequently encountered in onsite SNF ancillary care:

- **Deferred care.** Gaps in routine doctor visits prior to entering a SNF can be common among residents. For example, a study showed that 36% of respondents had not seen a dentist for two years.¹ Another survey revealed that 10% of respondents had not had an eye exam in over three years.² In several states, Medicaid does not cover routine eye care. Such delays may heighten a resident's apprehension and complicate the doctor's efforts to gain a quick, accurate medical history.
- **Cognitive or sensory deficits.** Compassionate care involves interacting sensitively with many older individuals who experience confusion or disorientation or have difficulty communicating because they cannot see or hear well.³

As a result of all of these issues, SNF onsite care often becomes a conversation between care provider and resident rather than a conventional medical interview.

Ability to Manage Multiple Relationships

Care providers generally have more points of contact in the SNF context than is typical in hospitals or doctor offices. They must interact and build relationships not only with residents, but also with family members, related responsible parties, and facility staff.

This situation can make for a complicated dialogue. There are multiple sources of information and sometimes different agendas among the participants. In addition, each facility has its own capabilities and approaches to care that must be respected.

Emphasis on Overall Resident Wellbeing

SNFs seek to maintain and improve overall quality of life for every resident stay. Caregivers must keep this larger picture in focus. It is particularly true in ancillary care. Dental, vision, hearing, and foot problems have critical interactions with many chronic conditions and health risks. To name just a few:

- Hearing loss can exacerbate social isolation and depression.
- Periodontal disease has been linked to diabetes.
- Foot pain has been shown to increase significantly the odds of recurrent falls.⁴

A holistic view that considers the range of health correlations is essential to promoting wellbeing.

Advocacy

Providing onsite care in Skilled Nursing Facilities sometimes involves being an advocate for residents. Some need a medical professional to give voice to their requirements or help ensure that everyone involved follows specific treatment protocols. This advocacy can be important when opinions from family members or others conflict with those of the resident.

Advocacy also encompasses education and support for facility staff regarding daily care strategies. External providers of onsite services function best as extensions of the internal care staff. Proactive support for the nurses and assistants helps SNFs cope with today's substantial workforce and regulatory pressures.

In the end, advocacy reflects empathy for residents and demonstrates willingness to take the extra step on their behalf. It also helps personalize the experience.

Trust Building

Residents, like many older adults, can bring fear, insecurity, and mistrust to their medical encounters. Establishing and maintaining doctor-patient trust is essential to good outcomes. Building it in the SNF setting involves several related practices:

- **Avoiding transactional care.** Residents do not want to feel rushed or that they are receiving "one size fits all" care.
- **Personalizing care.** Residents wish to be treated as individuals while they are in a group/institutional setting. Tailoring options to a person's specific situation are crucial and very helpful when discussing interventions such as hearing aids, prescription eyeglasses, dental procedures, or footwear to correct mobility problems.
- **Addressing misinformation.** Distrust today is increasingly borne of conflicting medical information that has become readily accessible through popular mainstream sources. Surveys have shown declining levels of trust in healthcare institutions, though doctors and nurses continue to score highly. Conveying accurate information and evidence clearly is crucial to trust building.

Conclusion: Guide for SNF Care

Providers of onsite care in skilled nursing communities should understand these five powerful distinguishing characteristics and build them into their daily practice. They are the bedrock of consistent and compassionate care. Residents will surely benefit.

References

- ¹ American Dental Association, "Communications Trend Report 2024," August 2024.
- ² University of Michigan Institute for Healthcare Policy and Innovation, *Vision and Eye Care in Older Adults*, August 2018.
- ³ M. Matsiukhova, "Caring for Our Elders: 5 Tips to Providing Compassionate and Competent Care," *Daily Nurse*, March 24, 2017.
- ⁴ A. Awale, T. Hagedorn, A. Dufour, et. al., "Foot Function, Foot Pain, and Falls in Older Adults: the Framingham Foot Study," *Gerontology*, May 9, 2017.