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Some nursing home deaths preventable

An analysis shows in a 15-year period, 4,000 patients died from possibly avoidable conditions. Patient advocates call it a silent epidemic, while industry experts say more context is needed.

BY RICK LINSK
Pioneer Press

Donald Covelski was turning blue. It was shortly before dawn on April 1 at a Roseville nursing home. Covelski, who breathed at night through a tube in his neck, had complained for days he was having trouble breathing. Now he had just fallen back onto his bed, and workers scrambled to get him oxygen. They didn't try CPR on the 450-pound White Bear Lake man.

Paramedics arrived and quickly discovered the problem: Covelski's tracheostomy tube was clogged. But it was too late. Covelski, who expected to be in Rose of Sharon Manor for just weeks, had gone 30 minutes without a heartbeat. His life was over at 46. State officials later cited the nursing home for neglect involving a series of missteps.

Death is inevitable for many, if not most, people in nursing homes. But hundreds of Minnesotans perish annually from possibly avoidable conditions, a Pioneer Press analysis found. Nearly 4,000 people died over a 15-year period from pressure sores, dehydration, falls and other injuries, according to records reviewed by the newspaper.

Patient advocates say avoidable deaths are a silent national scandal. They also believe many more such cases go unreported or are never detected by overstretched government regulators, who investigate only a fraction of the complaints received.

"Four thousand people dying of an underlying cause that could have been avoided is tragic," said Sharon Zoesch, the state ombudsman for older Minnesotans. "That's something that should rise to the level of an important discussion of what to do about it among the policymakers in this state."

Kathleen Kelso, executive director of ElderCare Rights Alliance, a Bloomington-based advocacy group for Minnesota nursing home residents and their families, said the findings are consistent with calls she has received about deaths in long-term care facilities.

"There are a lot of families who have had parents in nursing homes that have suffered in their last weeks or months of life, and who question whether their parent's death was timely or necessary, and who think their life ended with too much suffering," Kelso said.

Industry representatives question the findings, saying there's more to the figures than meets the eye. Dehydration and pressure ulcers are frequently associated with illnesses and the end of life, they say.

"We're not caring for healthy people, we're caring for very sick people," said Rick Carter, president and chief executive officer of the industry trade group Care Providers of Minnesota.

A state regulator said more information is needed to distinguish which deaths were definitely avoidable and which might have involved other conditions. He also questioned the reliability of the information on death certificates.

"On its face, that sounds like a problem," said Mike Tripple, assistant director of the office that inspects nursing homes for the Minnesota Health Department.

'NOT HOW PEOPLE SHOULD DIE'

Nursing home deaths rarely make news. Because of health privacy laws, facts come out only in the fraction of cases that are investigated by the state or those that lead to lawsuits. Autopsies are almost unheard of.

An analysis of Minnesota death certificate data shows that injuries, dehydration and pressure sores were recorded as

the underlying cause in about 2 percent of deaths in Minnesota nursing homes from 1988 through 2002. The vast majority of people succumbed to natural causes such as heart disease, lung problems and the consequences of Alzheimer's disease. There was no way to count apparent mishaps like the one that befell Covelski at Rose of Sharon.

Zoesch, the state ombudsman, said the Pioneer Press numbers are probably low based on her experience fielding complaints. Zoesch, who has been the ombudsman since 1996, has been with the office since 1983.

Dehydration killed more than 500 people, according to the state data. Critics say too many dehydration-related deaths result from a failure to help the elderly get enough to drink.

Jeanie Kayser-Jones, an expert on dehydration, said that dehydration in nursing facilities is an international problem and that deaths are "probably underestimated." Kayser-Jones has headed research projects that closely followed nursing home residents and observed some literally begging for water. The studies cited inadequate staffing and other factors. Kayser-Jones is director of the John A. Hartford Center of Geriatric Nursing Excellence at the University of California, San Francisco.

In 2002, the death of an 85-year-old Elk River woman from dehydration led to a state finding of neglect against a Hennepin County nursing home and a lawsuit by family members. The lawsuit was settled last year for \$175,000.

Kayser-Jones and others noted that dehydration could also stem from multiple health ailments. Some family members told the Pioneer Press their loved ones had decided to stop eating or drinking.

Carter, the trade group executive, said he was confident dehydration was part of the dying process in most of the 508 cases.

Carter said some of the deaths might have been avoidable. "But is each and every one of them unavoidable? I'm not about to say that."

More than 100 other deaths were attributed primarily to pressure sores. The presence of ulcers was noted in hundreds of other cases as well.

Pressure sores occur when a person sits too long in one position, cutting off the blood supply to skin and tissue. Many acutely ill hospital patients and institutionalized elderly, unable to sense prolonged pressure, fail to shift position as others would to relieve the strain. The sores can quickly lead to lethal blood or bone infections. Malnutrition, anemia and other conditions can aggravate the condition. Actor Christopher Reeve, paralyzed for years with a spinal cord injury, died in October of an infected pressure sore.

The upshot is that nursing home patients are especially dependent on care aides to reposition them frequently and help them get proper nutrition.

Minnesota Health Department records show that in May, an emergency room physician was "appalled" at the condition of a 76-year-old woman admitted from a nursing home with a bleeding pressure ulcer. The woman died the next day of an infection from the ulcer. Nursing home staff said the woman had refused to eat, hastening her skin's breakdown. State officials found no neglect had occurred.

"When you go into a nursing home for natural disease processes, you ought to die from those natural disease processes," said Mark Malcolm, a county coroner in Arkansas who has received national attention for investigating nursing home deaths. "You shouldn't die from losing 60 pounds in six weeks. You may be confused and not able to care for yourself, but you're ambulatory — then you become non-ambulatory and you get pressure sores. That's not how people should die in nursing homes."

The No. 1 avoidable cause of death was falling, which killed nearly 2,000 people during the period studied. The falls were among 3,300 instances of what the state database classifies as "external injuries."

Experts say falls are a challenging area for nursing homes. Consumer advocates for years lobbied to reduce physical and chemical restraint of residents. Now regulators frown on unnecessary restraints. The downside can be more falls.

SYSTEM UNDER PRESSURE

Few issues spark as much frustration as long-term care in America. Advocates, researchers and some members of Congress have maintained since the 1970s that poor quality persists at many nursing homes and is tolerated by government regulators. Industry groups and some academics respond that nursing homes need more money and

flexibility from the government, not more regulation.

Minnesota's budget woes have further strained the debate. Nursing homes' funding under the Medicaid program — about two-thirds of their revenue — has essentially been frozen since 2002. Nursing homes, pressured by rising fixed costs, have responded by capping wages, reducing staff hours or even trimming staff.

At the same time, nursing home occupancy has leveled off, as alternatives such as assisted living centers and home health care gained popularity. Assisted living recently surpassed the traditional nursing home as the favored housing arrangement for Minnesota seniors.

All these forces have combined to make nursing home quality increasingly tenuous, observers said.

Judy Emmings, the lawyer in the Hennepin County dehydration case, said poor care almost always traces back to nursing home employees who are overworked, underpaid, and insufficiently trained.

"The public has to think about what we're doing, what we're spending and whether we're willing to spend what it takes to provide this care," Emmings said.

Efforts are in the works to fight back. This year, for example, advocates and labor unions are crafting a legislative proposal for more funding, said Kelso, of the ElderCare alliance.

Other experts say the answer is in new models of care.

Robert Kane, a physician, researcher and longtime expert on nursing home care at the University of Minnesota School of Public Health, rails at the ongoing mediocrity of a system built to handle acutely ill patients, but not seniors with chronic conditions.

Kane heads the public health school's Center on Aging, which is involved in a number of initiatives, including one to provide seniors and family members with meaningful information on long-term care providers. The initiatives are part of Gov. Tim Pawlenty's nursing home report card plan announced last year.

Kane questions the value of focusing too much on a small percentage of possibly avoidable deaths, tragic though some might be.

"Are we going to move forward by focusing on these unfortunate deaths, or are we going to move forward by pointing out that the whole system is broken?" Kane asked. "A thousand pinpricks are probably worse than one big stab."

Tripple, the Health Department official, said federally mandated initiatives that should improve care are under way. For instance, Stratis Health, a health care quality improvement organization, will conduct training for nursing homes in pressure sore care, he said.

It's hard to say whether Minnesota's possibly avoidable nursing home deaths are high or low compared to other states. But such deaths have been identified as a national problem in recent years. From 1999 to 2002, more than 33,000 people died from dehydration, pressure sores or injuries in the United States.

"I think this a national scandal," said Toby Edelman, an attorney with the Washington-based Center for Medicare Advocacy and a longtime advocate for improved care.

Federal officials last month announced that the use of physical restraints and reports of residents' pain had decreased nationwide since quality improvement initiatives began two years ago. But pressure sores and other problems did not ebb, officials acknowledged.

HARD TO BREATHE

Donald Covelski was a happy-go-lucky convenience store manager who looked after his parents, keeping them and his five siblings entertained with jokes and movie trivia.

"I don't think he ever got in an argument with anybody his whole life," said Nancy Hills, one of three sisters. "He got along with everybody."

Covelski was unable to work after being struck by a car in 1999, according to his family's lawyer. He also struggled

with a difficult case of sleep apnea. Last February, surgeons implanted a tracheostomy tube in his windpipe to help him breathe at night. The surgery left Covelski bedbound and unable to speak for three weeks. He checked into Rose of Sharon Manor for rehabilitation therapy, making him one of the 30,000-some people in Minnesota nursing homes at any given time.

After six days in the nursing home, Covelski began complaining to family members of difficulty breathing, according to a Health Department investigative report.

(Because of state privacy rules, the department's public report on Covelski's death does not mention him by name, only as "Resident #1." The Pioneer Press used other public records to identify Covelski and contact his family.)

For two more days, Covelski was wheezing and short of breath, state investigators found. On March 30, a nursing home employee suctioned dark green phlegm from the tube. A doctor ordered a chest X-ray, which was normal.

On March 31, Covelski reported feeling as though the tube had a "plug in it." A doctor prescribed an antibiotic, but no one examined the tube or suctioned it, the state report said. That night, Covelski was coughing and his voice was raspy, family members told investigators.

Sharon Snidarich, another sister, said Covelski begged her that night to change nursing homes. Snidarich said a meeting was scheduled the following week to begin the process.

Covelski's condition deteriorated overnight and into the next morning. He was supposed to be receiving nebulizer treatments overnight to help his breathing, but records did not reflect that the treatment was delivered. He complained to an aide, as did his roommate. About 5 a.m., an employee saw him turn "quite blue" and sought help. Nurses and aides had trouble finding an oxygen mask that would fit. No one thought to check the tracheostomy tube or perform CPR.

Covelski's death certificate lists his cause of death as "multiple medical problems" — diabetes, coronary artery disease, morbid obesity, depression and sleep apnea. It did not mention the clogged breathing tube.

Family members complained to the Health Department, which ruled the death a case of neglect. Investigators found that some employees had failed to attend training sessions on tracheostomies, including the nurse on duty when Covelski stopped breathing. The facility had no procedures in place to resuscitate residents with tracheostomies; aides were not routinely trained in cardio-pulmonary resuscitation or tracheostomy-related resuscitations; and the CPR certificate of the nurse on duty had expired the previous month. The facility paid a \$6,175 fine.

In documents submitted to the state Health Department, Rose of Sharon officials said they had suspended the nurse and retrained other employees in emergency measures.

Holly Gould, a spokesperson for Extendicare Health Services, the nursing home's corporate owner, said she could not discuss details of Covelski's death because of patient privacy rules. She defended the facility's standards.

"We take great pride in our staff and the care they provide on a daily basis and we express our sincere condolences to the resident's family for their loss," Gould said in the statement.

Nine months later, Covelski's death continues to disturb his family. Said Snidarich, "The eerie part is, I knew Donald was going to die there. I knew it. If I had only had a few more days. We had the meeting scheduled, Donald was getting better, and we were going to get him out of there."

The family has hired a Minnetonka law firm that specializes in actions against nursing homes. Wiping away tears, Hills said she wants to honor her brother by protecting other families from similar outcomes.

"When this is over, I want to go to nursing homes, have a seminar, do something," Hills said. "I know there must be good nursing homes. But I want to tell people how closely they have to be watching."

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