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Long-Term Care Newsletter

Study Suggests Doctors Commonly Prescribe Unnecessary Antibiotics for UTI's by Jeanelle R. Lust

Reuters Health recently reported on a study performed at two nursing homes. According to the article, while, Doctors are only supposed to treat a UTI with antibiotics if the patient meets certain criteria, two out of every five residents with urinary problems received inappropriate drugs, researchers found, which in turn increased their chance of getting a bacterial infection.

"We tend to over-utilize antibiotics, many times if family or the nursing home requests them," said Dr. David Dosa of Brown University in Providence, Rhode Island, who worked on the study. Dosa said overuse can

lead to drug-resistant bacteria and so increase the risk of hard-to-treat infections.

Over six months, one out of seven people that received UTI antibiotics in the nursing homes came down with *Clostridium difficile*, a bacterium in the digestive tract that can cause diarrhea, cramps and sometimes life-threatening inflammation of the colon.

"Patients and relatives should allow doctors to make educated decisions based on existing guidelines," rather than asking for antibiotics as soon as patients get an infection, Dosa said.

"We're creating a massive problem that's going to

make life incredibly difficult in the future, in terms of drug resistance," Dosa told Reuters Health.

UTIs occur when bacteria enters the urethra, then the bladder. Untreated, they can cause kidney damage or infection, or in rare cases life-threatening blood infections.

According to the researchers, the disease is especially common in nursing homes, affecting nearly half the residents at some point during their stay.

To be treated with antibiotics, patients should have three out of five symptoms described in current UTI guidelines, such as a fever or a burning sensation while urinating.

CMPs Reduced for Self-Reporting and Correction of Violations by Laura Essay

The Centers for Medicare and Medicaid Services (CMS) released the final rule "Civil Money Penalties for Nursing Homes," which allows proactive nursing homes to reduce civil money penalties (CMP) by 50% through self-reporting and promptly addressing compliance violations. The rule, created through a section of the Patient Protection and Affordable Care Act, will become effective on January 1, 2012.

To take advantage of the 50% reduction, a nursing home must meet

the following conditions:

- The nursing home must self-report the compliance violation before it is identified by CMS or the State.
- The nursing home must correct noncompliance within 15 calendar days of the incident causing the non-compliance or 10 calendar days from the date the CMP was imposed, whichever is earlier.
- The violation must not involve immediate jeopardy or patient harm.
- The nursing home

must waive its right to administrative hearings.

Under the new rule, an independent informal dispute resolution process will be available when a CMP is imposed. Following an independent informal dispute resolution, CMP funds will be held in an escrow account pending completion of any appeal. If the appeal succeeds, the CMP funds will be returned to the nursing home with interest. According to CMS, CMPs currently range from \$50 to \$10,000 per day of non-compliance.



We Help You Deal With It

AMA Urges CMS to Help Change Pain Management Medication Policy
By Jeanelle R. Lust

The DEA requires strict regulation of controlled pain medications. But that regulation is interfering with patient care according to the American Medical Association. The AMA is urging CMS to resolve the conflict.

In a letter to CMS the AMA outlined the “most burdensome” regulations. The AMA asks CMS to help change DEA policy in order to allow nurses in long term care facilities to “act as agents of physicians in communicating with pharmacists.” According to the AMA the current regulations related to

pain management have led to “serious delays” in dispensing of pain medication. These delays are “causing needless suffering for long term care patients, including those in hospice care. Patients who are admitted to nursing homes to receive palliative care need to be able to count on getting that palliation, whether or not the severity of their pain has been accurately anticipated prior to their admission or during the physician’s face-to-face visit following admission.”

In 2009, the DEA began requiring pharmacists to either have

signed, written prescriptions or to “orally confirm the prescription through direct contact with the DEA-registered prescriber.” This creates a problem in that medical directors are not always on site at facilities, but “severe or excruciating pain can emerge at any time.”

The letter states that the pre-2009 practice was that if patients experienced severe pain when a medical director was not on-site, nursing staff would contact the physician and transmit the physician’s verbal prescriptions to the facility’s pharmacy.

Turnovers by Tammy Schroeder

We all know there is a need in the healthcare industry for nurses. There is never any lack of open positions. Keeping those positions filled has been a problem industry wide, and in the long-term care industry the problem is even more evident.

According to LeadingAge, the annual turnover rate for nursing assistants is 71% while the turnover rate for nurses is 49%. PricewaterhouseCoopers, LLP’s workforce research branch, PwC Saratoga, put out a recent report that shows just how urgent the retention problem across healthcare is. In the firm’s

“Human Capital Effectiveness Benchmarking Report” it found that the turnover rate for first year nursing can run as high as 60% in some of the 40 healthcare systems it studied. HealthLeaders Media reported that the median first year turnover rate was 17.1% for the report’s “best practices” health systems.

According to the AHCA the long-term care workforce needs to expand by 2% per year growing to 4 million new workers by 2050. This echoes the findings put forth by the National Commission of

Quality Long-Term Care report. Getting to that level doesn’t appear likely given the reported turnover rates.

So what can you do to retain your healthcare staff? PwC Saratoga has the following suggestions:

- Schedule competency based interview processes/selection testing, including cultural fit.
- Build relationships with nursing schools and a robust nurse resident program.
- Conduct extensive orientation followed by employee feedback.
- Implement new-hire

support programs.

- Track and measure criteria that drive accountability.

AHCA has recently offered staff retention solutions that incorporate some of the above strategies, including proposed development opportunities and workforce grants, and backing the amending of the Nurse Reinvestment Act by removing the exclusion of loan repayments for nurses working in the for-profit health care setting. LeadingAge is also working on developing recommendations for staff retention.

21 Measures for Nursing Homes by Tammy Schroeder

The National Quality Forum (NQF) has come out in support of 21 nursing home measures to be used by the Centers for Medicare and Medicaid Services Nursing Home Compare website. The last time the NQF endorsed such measures was in 2004 when it endorsed the initial 17 measures that were to be used for publicly reporting on nursing homes.

These new measures are meant to improve the quality of care for both long-term and short-term residents. The 17, 2004 measures will be retired and in certain instances replaced by the new measures are they were retired when the CMS transitioned to MDS 3.0.

The 21 new measures are meant to assess patient outcomes and the patient’s own experience of care for both the long-term resident and the short-stay patient. They will address falls, infections, pressure ulcers and the general health of the residents. The information provided by the new measures will help residents and their families make informed decisions on a nursing home that will fit their needs. In addition it will allow nursing homes to compare how they are doing with other nursing homes on those quality of care issues.

The endorsed measures are:

- Physical therapy or nursing rehabilitation/restorative care for long-stay patients with new balance problem
- Percent of residents experiencing one or more falls with major injury (long stay)
- Percent of residents on a scheduled pain medication regimen on admission who report a decrease in their pain (short stay)
- Percent of residents who self-report moderate to severe pain (short stay)
- Percent of residents who self-report moderate to severe pain (long stay)
- Percent of residents with pressure ulcers that are new or worsened (short stay)
- Percent of high risk residents with pressure ulcers (long stay)
- Percent of residents assessed and appropriately given flu vaccine (short stay)
- Percent of residents assessed and appropriately given flu vaccine (long stay)
- Percent of residents assessed and appropriately given pneumonia vaccine (short stay)
- Percent of residents assessed and appropriately given pneumonia vaccine (long stay)
- Percent of residents with a UTI (long stay)
- Percent of low-risk residents who lose control of bowels or bladder (long stay)
- Percent of residents



- who have/had a catheter inserted and left in their bladder (long stay)
- Percent of residents physically restrained
- Percent of residents needing help with their ADLs has increased (long stay)
- Percent of residents who lose to much weight (long stay)
- Percent of residents with depressive symptoms (long stay)
- CAHPS Nursing Home Survey: Discharged Resident Instrument
- CAHPS Nursing Home Survey: Long-Stay Resident Instrument
- CAHPS Nursing Home Survey: Family Member Instrument



Spring Freeze by Michael Khalili

The Centers for Medicare & Medicaid Services (CMS) is making changes to its Nursing Home Compare website (<http://www.medicare.gov/NHCompare/>). In the interim, CMS is freezing the quality measure data and the five-star quality ratings that are currently on the site for a period of six months.

In an age where technology makes everything easier, the federal website Nursing Home compare function makes choosing a nursing home as easy as choosing the latest movie release based on a five-ranking system. The public can compare rankings of nursing homes before they make that all important decision.

Starting April 23, pro-

viders that had a bad previous quarter will have six months to mull over their sub-par ranking while the public absorbs this frozen data. By the time the data are unfrozen, new quality measure data from MDS 3.0 will have been collected.

By then, the site also will be giving consumers better opportunities to file complaints against providers with state survey agencies by including links to state complaint websites, and making state fax and phone numbers more prominent. Additionally, CMS will add instances of “enforceable actions” such as civil monetary penalties and denials of payment or new admissions.