**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 overutilize 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 patients who 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 enter the urothelium, then the bladder. Unattended, 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 or more 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 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 noncompliance.
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 the 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 support programs.

The Centers for Medicare & Medicaid Services (CMS) is making changes to its Nursing Home Compare website so the public can compare rankings of nursing homes before they make that all important decision. Starting April 23, providers that had a bad previous quarter will have six months to null over their scores and improving while the public absorbs this frozen data. By the time the data are released, new quality measure data from MDS 3.0 will have been collected.

The endorsed measures are:
- Physical therapy or rehabilitation 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 who report a decrease in their pain (short stay)
- Percent of residents who self-report moderate to severe pain (long stay)
- Percent of residents who self-report moderate to severe pain (short stay)
- Percent of residents with pressure ulcers that are new or worsened
- Percent of high risk residents with pressure ulcers (long stay)
- Percent of residents assessed and appropriately given flu vaccine (long stay)
- Percent of residents assessed and appropriately given flu vaccine (short stay)
- Percent of residents who lose control of bowels or bladder (long stay)
- Percent of residents who 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

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
- 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 amendment 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.

We Help You Deal With It

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 15% 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 (continued pg. 3)