Feature Focus

Each edition of the IHCA Regulatory Beat features focus articles on specific regulatory topics. If you have a topic you’d like to see covered here, please let us know!

Quality Assurance Performance Improvement (QAPI)

As the professionals that deliver the majority of services in nursing homes/centers, CNAs are in the best position to ensure that the care we provide meets the highest standards of quality and that our services are always improving. You may be familiar with the term QAPI (Quality Assurance Performance Improvement). QAPI are the standards federal and state agencies use to evaluate the quality care provided in long term care environments. But what does QAPI really mean and how can CNAs play a role in making sure we meet those standards? Most of the QAPI requirements will be part of Phase 3 (implementation date of September 28, 2019) of the new CMS Requirements of Participation (ROPs).

Quality assurance is not a new thing; nursing homes/centers have been responsible for quality assurance for some time. It has been under other names like CQI or Advancing Excellence...which helped nursing homes/centers reach quality measures and maintain them. Where QAPI differs is in the performance improvement part. We define it as continually evaluating your performance and developing systematic efforts on improving them.

In the previous quality assurance programs, management was the driving force behind quality assurance. They would meet and look at the reports, but the process often didn’t involve other members of the front line team. The big change is that now the people/staff giving direct care are at the forefront of the new QAPI standards. With the addition of performance improvement to the QAPI standards, it has become essential to include CNAs in meetings and ask for their help in making decisions about the quality of long-term care. CNAs are the voice of the people they care for.

Though the name QAPI has changed over time, the focus on quality is still the same. Take a minute to review the five elements of the QAPI standards below and ask yourself what you can do to be a part of ensuring quality of life, quality of care and quality of services for the residents you serve.

Element Number 1 – Design and Scope

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including all departments. When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident agents). It utilizes the best available evidence to define and measure goals. Nursing homes/centers will have in place a written QAPI plan adhering to these principles.
Element Number 2 – Governance and Leadership
The governing body and/or administration of the nursing home/center develops a culture that involves leadership seeking input from facility staff, residents and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training for QAPI; and ensuring staff time, equipment and technical training as needed. The Governing Body should foster a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Their responsibilities include setting expectations around safety, quality, rights, choice and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

Element Number 3 – Feedback, Data Systems and Monitoring
The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

Element Number 4 – Performance Improvement Projects
A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one areas of the facility/center or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility/center conducts PIPs to examine and improve care or services in areas that the facility/center identifies as needing attention. Areas that need attention will vary depending on the type of facility/center and the unique scope of services they provide.

Element Number 5 – Systematic Analysis and Systematic Action
The facility/center uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implication of a change. The facility/center uses a thorough and highly organized/structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. Systematic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

Under the new ROPs, the Phase requirements are:
- For **Phase 1**:
  o **483.75(g) Quality assessment and assurance.** (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:
    (i) The director of nursing services;
    (ii) The Medical Director or his or her designee;
    (iii) At least three other members of the facility’s staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role.
  o **483.75(h) Disclosure of information.** A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.
  o **483.75(i) Sanctions.** Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.
For Phase 2:
- Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation.

For Phase 3:
- A QAPI program must be ongoing, comprehensive, and to address the full range of care and services provided by the center.
- Centers must maintain effective systems to identify, collect, and use data and information from all departments, including the facility assessment and including how such information will be used to develop and monitor performance measures.
- Centers will need to take action on performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.
- Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the center.

Telligen, the CMS Quality Innovation Network—Quality Improvement Organization (QIN-QIO) for Illinois, is facilitating the Nursing Home Quality Care Collaborative. They are inviting nursing homes to participate in the NHQCC. Telligen will use Quality Assurance Performance Improvement (QAPI) as the framework to assist you in building upon and strengthening your existing quality initiatives. In addition, participation in the NHQCC will help your facility align with the CMS Final Rule for Long Term Care that was released in September 2016 and will help provide tools and resources to assist you being in compliance with the new components of the survey process (development of a QAPI Plan, Infection Control Facility Assessment, Antibiotic Stewardship and Person Centered Care strategies).

The benefits of participation in the NNHQCC include:
- Access to tools and resources to operationalize QAPI and manage the Quality Measures
- Use data to drive improvement
- Opportunity to establish partnerships with community stakeholders
- Access to educational events and resources that include evidence based practice, quality improvement resources/tool for staff training

For additional information please contact Lisa Bridwell at lisa.bridwell@aread.hcqis.org.

**F-Tag in focus: F-329**

Avoiding the administration of unnecessary drugs is critical to maintaining a resident's highest practicable health and well-being, and the basis of F-329.

According to CASPER, 21.6 percent of facilities were cited for an F-329 deficiency based on a March 1, 2016, report of data on the last standard health survey of active SNF/NF. That is the sixth highest in the number of citations. In this blog, I'll share certain facility risk factors for F-329 citation by surveyors, particularly when it comes to use of the highly scrutinized antipsychotic drugs.

F-329 states that each resident must receive only those medications necessary, in the doses and for the duration required, to treat specified conditions after consideration of non-pharmalogical interventions. A resident's drug regimen must be managed and monitored to promote his or her optimal mental, physical and psychosocial well-being, with particular attention paid to minimized adverse consequences or worsening symptoms.

In addition, F-329 states that antipsychotic drugs should only be given to residents who have adequate indication for its use, and that residents who use antipsychotic drugs must receive gradual dose reductions to determine if the indication for use can be managed at a lower dose or if the medication can be discontinued.
To ensure compliance with F329, a surveyor will seek to determine:

- Whether a resident is taking only those medications that are clinically indicated in the dose and for the duration to meet his or her assessed needs; if non-pharmacological approaches were attempted when clinically indicated; and if gradual dose reductions were made for antipsychotics
- If comprehensive care plans reflect appropriate parameters for monitoring medications or medication combinations that pose a risk of adverse consequences
- If a facility's medication management system monitors the effectiveness of medications and evaluates worsening signs or symptoms or change in condition that could be related to the medication
- Whether the pharmacist performs monthly medication regimen reviews
- How a center identifies and reports irregularities

Revisions to guidance in the State Operations Manual issued in 2016 highlight the importance of reducing the risk of psychosocial harm associated with noncompliance with specific regulations. Recommendations include:

- Using non-pharmacological approaches for distressed behaviors
- Focusing on identifying underlying causes of delirium, a common adverse consequence from medications, as well as other factors such as electrolyte imbalance and infection
- Monitoring of psychosocial functioning that can result from a medication side effect
- Watching for signs, symptoms or conditions that may be associated with medications, such as apathy, lethargy, and mental status changes

Moreover, significant additions to the guidance noted in the deficiency categorization section of F329 include:

- Failure to recognize that symptoms of increased confusion and that newly developed inability to do activities of daily living resulting in hospitalization are the result of excessive doses of antipsychotic given without adequate clinical indication
- Failure to recognize the continuation of an antipsychotic, originally prescribed for delirium, has caused significant changes in the resident's behavior from baseline
- Failure to re-evaluate continuation of an antipsychotic originally prescribed for acute delirium which resulted in significant side effects

*Information obtained from McKnight’s and Sonja Quale, Pharm. D. with the PharMerica Corporation.*

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**Trending Statistics**

*Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.*

**Updated Targets for Health Care-Associated Infections within Acute Care Hospitals**

The Office of Disease Prevention and Health Promotion is pleased to announce updated 2020 targets for the reduction of health care-associated infections in acute care hospitals. Through the development of measures and targets, ODPHP and other federal partners are tracking national progress in the reduction of health care-associated infections.

The 2020 targets address the following goals from the *National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination*:

- 50 percent reduction in central line-associated bloodstream infections (CLABSI) in intensive care units and ward-located patients.
- 25 percent reduction in catheter-associated urinary tract infections (CAUTI) in intensive care units and ward-located patients: 25 percent reduction
- 50 percent reduction in the incidence of invasive health care-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections.
• 50 percent reduction in facility-onset methicillin-resistant *Staphylococcus aureus* (MRSA) in facility-wide health care.
• 30 percent reduction in facility-onset *Clostridium difficile* infections in facility-wide health care.
• 30 percent reduction in the rate of *Clostridium difficile* hospitalizations.
• 30 percent reduction in surgical site infection (SSI) admission and readmission.

For more information on measures and the updated targets, visit ODPHP’s website or read our blog.

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**Important Regulations, Notices & News Items of Interest**

1) The following federal Survey and Certification (S&C) Letter was released since the last issue of *Regulatory Beat*:

- **S&C 17-09 – All** - Infection Control Pilot: 2017 Update. CMS is in the second year of a three year pilot project to improve assessment of infection control and prevention regulations in Long Term Care (LTC) facilities, hospitals and during transitions of care. All surveys during the pilot will be educational surveys (no citations will be issued) and will be conducted by a national contractor. Second Year Activities include: Using draft surveyor Infection Control Worksheets (ICWS) based on the new Long Term Care regulation as well as a revised hospital surveyor ICWS, 40 hospital surveys will be paired with surveys of LTC facilities, in order to provide an opportunity to assess infection prevention during transitions of care. In addition, CMS will pilot technical assistance opportunities for facilities in efforts to improve their infection control programs to meet these new regulations.

2) Federal HHS/CMS released the following notices/announcements:

- **Enteral Infusion Pumps**: Proper payment and sufficient documentation go hand in hand. The [CMS Provider Minute: Enteral Infusion Pumps](https://www.cms.gov) video includes pointers on how to bill correctly the first time for this product. Learn about:
  - Medicare coverage criteria for enteral infusion pumps
  - Four pieces of information necessary for proper documentation

  This video is part of a [series](https://www.cms.gov) to help providers of all types improve in areas identified with a high degree of noncompliance.

- **Emergency Preparedness Video Presentation — New**: A [video presentation](https://www.cms.gov) is available for the [October 5](https://www.cms.gov) call on Emergency Preparedness Requirements. During this call, CMS discussed the new requirements and revisions in the final rule, as well as how to plan for both natural and man-made disasters, while coordinating with other emergency preparedness systems.

- **Drug Diversion: Do You Know Where the Drugs Are Going? Web-Based Training Course—Revised** (With Continuing Education Credit): A revised Drug Diversion: Do You Know Where the Drugs Are Going? Web-Based Training (WBT) course is available through the [MLN Learning Management and Product Ordering System](https://www.cms.gov). Learn about:
  - Common types of drug diversion activities
  - Drug classes that are targets of drug diversion
  - Common drug diversion behaviors to look for in pharmacy practices
  - Actions that can be taken to prevent drug diversion activity

- **Hospice Payment System Booklet — Reminder**: The [Hospice Payment System](https://www.cms.gov) Booklet is available. Learn about:
  - Benefit and payments
  - Option for Medicare Advantage enrollees
Hospice Quality Reporting Program

- **CMS Finalizes Measures under Consideration List for Pre-rulemaking:** Each year, CMS publishes a list of quality and cost measures that are under consideration for Medicare quality and value-based purchasing programs and collaborates with the National Quality Forum (NQF) to get critical input from multiple stakeholders, including patients, clinicians, commercial payers and purchasers, on the measures that are best suited for these programs. This year’s Measures Under Consideration (MUC) List contains 97 measures that have the potential to drive improvement in quality across numerous settings of care, including:
  - CMS is considering new measures for nursing homes, hospitals, clinician practices and dialysis facilities, among other settings, and continues to focus on important measures of patient outcomes, appropriate use of diagnostics and services, cost, and patient safety
  - 39 percent of measures on the MUC List are outcome measures
  - An increased number of measures were submitted for consideration by specialty societies

We invite you to review the MUC List in detail and to participate in the public process during the Measure Applications Partnership (MAP) review.

For More Information:
- [2016 MUC List](#)
- [Pre-Rule Making](#) webpage
- [NQF](#) website for MAP purpose, meetings, deliberations, and voting

See the full text of this excerpted CMS Blog (issued November 22).

- Click here to view the latest release of the [CMS Midwest Division Provider Update](#).

3) The [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov) has developed a [new webpage](https://www.cdc.gov) to house pandemic preparedness and planning resources. This new site replaces flu.gov as the centralized repository of federal resources related to a pandemic. While the U.S. is not currently experiencing a flu pandemic, content will continue to be expanded and enhanced to prepare for potential pandemics in the future.


5) The [Agency for Healthcare Research and Quality (AHRQ)](https://www.ahrq.gov) recently reported that [Depression and Treatments Don’t Always Match](https://www.ahrq.gov). A recent AHRQ-funded analysis revealed that most adults who were screened positive for depression do not receive treatment, while most patients receiving treatment for depression have not screened positive for the disease. The study, published in *JAMA Internal Medicine*, analyzed 2012 and 2013 data from AHRQ’s Medical Expenditure Panel Survey. It found that approximately 8.4 percent of adults screened positive for depression, of which 28.7 percent received treatment. Conversely, among all adults treated for depression, 29.9 percent had depression and 21.8 percent had serious psychological distress. The authors called for stronger efforts to align depression care with each patient’s clinical needs. Access the [abstract](https://www.ahrq.gov) for more information.

6) The [Illinois Department of Healthcare and Family Services](https://dhfs.illinois.gov) posted the following notice:

- The Illinois Department of Healthcare and Family Services has posted a new provider notice regarding [Federal FY 2017 Revised Hospice Rates for 10/01/16 – 09/30/17](https://dhfs.illinois.gov). You may view the notice [here](https://dhfs.illinois.gov).
7) The Illinois Department of Public Health (IDPH) announced that:

- Due to the departure of Wanda Higgenbotham as Regional Supervisor (effective November 30), be aware that Connie Jensen will be the contact person for any issue related to the Bellwood region until further notice. If an administrator has questions related to an ongoing survey or survey team, they should first call the Regional Office and ask to speak with a Field Supervisor. If further assistance is necessary or desired, please contact her directly at 217-493-0373.

- Allison Retzer, Reviewer Supervisor of the Quality Assurance Division at IDPH, has changed her name to Allison Fields. The name change will now appear on emails and notices that you or your providers may receive.

- As of December 1, 2016, Kimberly Hollowell has been appointed as a new Field Supervisor in the Bellwood Region.

8) The American Health Care Association reports:

- Federal Court Halts December 1, 2016 Overtime Rule Implementation. Yesterday, U.S. District Judge Amos L. Mazzant ruled in favor of a preliminary injunction for the Department of Labor's (DOL) overtime rule, delaying the original December 1, 2016 implementation date nationwide. The rule was set to increase the annual salary cap to $47,892, which accounts for time-and-a-half pay for employees working over 40 hours in a given week. The DOL has estimated that the rule change would affect 200,000 hospital workers and 300,000 non-hospital health care workers. Judge Mazzant's decision stated that the more than 70 plaintiffs that sued to block the rule would suffer serious financial harm if the rule was enforced as scheduled. They would be forced to choose between raising salaries for thousands of managerial employees and reducing work hours and possible services. While the Obama administration argued that it was purely updating the rule to keep up with modern times, the judge indicated it had overstepped its authority. If the injunction remains intact when President-elect Trump takes office, it may allow the new administration additional avenues in which to modify, amend or repeal this overtime rule. AHCA/NCAL will continue to monitor this rule and provide timely updates as they are available.

- AHCA Medicare Physician Fee Schedule Final Rule Summary. On November 3, 2016, the CMS issued the display copy of Medicare Physician Fee Schedule (PFS) Final Rule for Calendar Year (CY) 2017. The Final Rule updated Medicare Part B payment policies and rates that impact SNF services, including outpatient therapies. Also included in the Final Rule were provisions of interest to SNF providers related to telehealth services, SNF 3-day waiver beneficiary protections in the Medicare Shared Savings Program (MSSP), Medicare Advantage (MA) bid pricing and medical loss ratio data, as well as revised MA provider enrollment requirements. The Federal Register version was published on November 15, 2016. Earlier this year, on September 6, AHCA/NCAL submitted comments to CMS in response to the July 15, 2016 Proposed Rule. The Final Rule is effective January 1, 2017. More information on the key provisions can be found on the AHCA Summary available online. For questions, please contact AHCA Associate Vice President, Dan Ciolek.

- AHCA Launches Care Kit Builder. The Care Kit Builder is an interactive tool designed to help patients, residents and their families make a long term care plan, wherever they may be in the planning process. By answering a series of questions, the Care Kit Builder generates a personalized toolkit that connects families with resources and advice to help navigate their loved one’s long term care options. Share the Care Kit Builder with residents and families to help ensure they have the knowledge and guidance to build a plan that’s right for them. Interested in receiving the latest Care Conversations updates? Sign up here.

9) The Illinois Health Care Association in conjunction with CE Solutions recently released the latest edition of IHCA Clinical Solutions entitled “Antibiotic Stewardship: A priority for Long Term Care.” Members can access this
10) The latest Telligen events/announcements can be found at https://www.telligenqinqio.com/.

11) The Los Angeles Times reports Drug Prices Continue to Increase for Medicare Patients. The Los Angeles Times (reported an analysis by the Kaiser Family Foundation found the cost of medicine per Medicare beneficiary increased 8.4 percent between 2013 and 2015, which is "more than twice as fast as the average 3.6 percent annual rise between 2006 and 2013." President-elect Donald Trump has previously said he would seek to allow Medicare to negotiate on drug prices, which it is explicitly banned from doing under current law. However, Trump’s "four-page policy statement on reforming the health system does not mention it." Data released by Medicare officials this month showed "the cost to taxpayers for the drug program is surging as prices continue to escalate." According to the report, total costs for the Medicare drug benefit above a certain threshold "surged by 85 percent from 2013 to 2015 to $51.3 billion."

12) The Houston Chronicle reports 2017 Medicare Deductible Rates Explained. In a piece for the Houston Chronicle, Medicare columnist Toni King explains the 2017 Medicare Parts A and B costs. King said that the new Part A inpatient hospital deductible "will be an increase of $280 to $1,316," while noting that the Part A deductible "is not a once-a-year deductible," because it "starts over every 60 days." Furthermore, Medicare Skilled Nursing falls under Part A, and "your costs will be days 1-20 $0 copay per day and days 21-100 will be $164.50 per day." King also says that for 2017, the deductible for Part D will be "$400 once a year" and beneficiaries "will pay" their share of "prescription drugs until the combined amount reaches $3,700."

13) The Sacramento Bee reports Improved Diet, Exercise May Help Prevent Alzheimer’s Disease. The Sacramento (CA) Bee reported that a number of studies suggest that improved diet and physical activity, although not a cure, may prevent Alzheimer’s. Several studies since 2008 have "found that even mild physical activity can maintain and even improve cognitive function while decreasing the risk for impairment" and that "the more fit people are, the greater their aerobic capacity, the less brain shrinkage they have." The article added that in 2011, the National Institute on Aging awarded University of Kansas Alzheimer’s Disease Center "$6 million over five years for research." The NIH has designated the center as "one of 31 national centers of excellence on Alzheimer’s."

14) The Provider magazine reports Researchers To Study Connection Between Exercise and Brain Health. Provider magazine reports that new research "will test whether physical exercise can slow the progression of early Alzheimer’s disease-related memory problems or mild cognitive impairment in older adults." EXERT, a national 18-month-long clinical trial, will take "place at 14 academic medical centers and YMCAs" in "California, Georgia, Connecticut, New York, Illinois, Kansas, North Carolina, Kentucky, Texas, and Wisconsin." The project seeks to "fully examine the connection between exercise and brain health." Participants "will get a detailed ‘prescription’ for an exercise program that will be closely monitored by personal trainers at the YMCA."

15) CNN reports Prescription Drug Reactions Leading to More Senior Citizens Going to Emergency Department. CNN reports that a study from the Centers for Disease Control and Prevention published in JAMA found that one out of every 250 Americans went to the ED due to a drug reaction in 2013 and 2014, representing an increase from 2005 and 2006. While the rate for children, teens and young adults largely stayed the same, "elderly Americans ended up in the ER at a higher rate during 2013 and 2014 than in the past, even when taking into account different population numbers during the two periods." Drug interactions among senior citizens constituted about 35 percent of ED visits in 2013 and 2014, "compared with just 26 percent during 2005 and 2006, the CDC estimates."

16) The University of Pittsburgh reports Palliative Care Improves Quality of Life, Lessons Symptoms. People living with serious illness who receive palliative care have better quality of life and fewer symptoms than those who don’t receive palliative care, according to a new study by researchers at the University of Pittsburgh School of Medicine. Published in the Journal of the American Medical Association (JAMA), the study is the first meta-analysis of the effect of palliative care as it relates to patients’ quality of life, symptom burden and survival.
17) **HealthDay** reports Preprogrammed Doses of Medications That Can Raise Risk of Falls May be Set to High for Older Hospital Patients. **HealthDay** reports, "Preprogrammed doses of medications that can raise the risk of falls are often set too high for older hospital patients," researchers found after examining "the records of 287 patients over the age of 65 who fell while staying in a large urban hospital." Investigators found not only that "62 percent" of falls "occurred in patients who had been given at least one high-risk medication in the 24 hours before their fall," but also that "41 percent of the medications studied were electronically set at doses that were greater than recommended for older patients." The findings were published online in the *Journal of the American Geriatrics Society*.

18) **Stars and Stripes** reports Federal Regulations Can Make it Difficult for Nursing Homes to Provide Long Term Care to Veterans. **Stars And Stripes** reports federal regulations can make it difficult for nursing homes to contract with the Department of Veterans Affairs to provide long term care to veterans and some members of Congress have proposed legislation to address the issue. The article highlights the experience of World War II veteran Morton Kessler who was forced to leave an SNF in Missoula, Montana because the facility "dropped its contract" with the VA because of federal regulations. Dana Halvorson of the American Health Care Association said the Kessler’s experience is not uncommon, "We’ve had members that have dropped because of the contracting requirements over the years; that’s why we’ve been fighting this."

19) **Kaiser Health News** reports Seniors May Use Fast Appeal Process if They Disagree With Discharge Timeline. **Kaiser Health News** explains the process of requesting a fast appeal, which can be used when a Medicare patient believes he is being discharged too soon from a hospital, skilled nursing facility or other provider. Hospitals are required to share the appeal process with all patients admitted to the hospital, which involves having the patient contact the designated Medicare Quality Improvement Organization. Kaiser Health News advises patients to read all materials from the hospital upon admission, to be aware of the fast appeal process, and to communicate frequently with hospital staff about the anticipated schedule for discharge.

20) **The New York Times** reports Many Older People Skip Vaccinations. The **New York Times** "New Old Age" blog reported on "an ongoing and vexing public health problem: People once vigilant about vaccinating their children aren’t nearly as careful about protecting themselves as they age, even though diseases like influenza, pneumonia and shingles...are particularly dangerous for older people." Dr. Carolyn Bridges, associate director for adult immunization at the CDC, said, "Trying to prevent these common and often debilitating conditions is incredibly important for older adults."

21) **Reuters** reports:

- Nursing Homes that Communicate with Families Better About Aggressive Interventions May Be Less Likely to Hospitalize Residents Near End of Life. **Reuters** reports nursing homes that communicate with residents’ families "about the pitfalls of aggressive interventions" better than other facilities may be less likely to send residents to hospitals near the end of life, according to a new study published in *JAMA Internal Medicine*. The study’s lead author, Dr. Andrew Cohen of Yale University, said, "We found that nursing home staff at all facilities encountered the same barriers to avoiding potentially burdensome hospitalizations, but that staff at low-hospitalizing facilities did two things very differently from those at high-hospitalizing ones. They avoided decision-making algorithms and did not send patients to the hospital by default when an acute event occurred, and they viewed it as their role to try to change families’ minds when they requested a hospitalization that was unlikely to be beneficial."

- Only One Fifth Of Seniors Have Received Shingles Vaccination, Study Suggests. **Reuters** reported only one in five seniors over the age of 60 in the US have been vaccinated against herpes zoster, also known as shingles, according to a study published in the *American Journal of Preventive Medicine*. The article mentions that the Centers for Disease Control and Prevention has recommended that all seniors receive the vaccination.
22) Medical News Today reports:

- **Aerobic Exercise Improves Cognition in Old Age.** A significant number of people aged 65 and over are affected by mild cognitive impairment. New research suggests aerobic exercise can have remarkably beneficial effects on these patients.

- **Vegetable Compounds Found to Improve Cognition in Old Age.** Carotenoids are pigments synthesized by plants that give vegetables their yellow, orange, and red colors. Their antioxidant properties, as well as their benefits for visual health, are well known, but emerging research suggests these compounds may have a positive impact on cognition as well.

- **Among Anti-Dementia Drugs, Memantine is Associated With the Highest Risk of Pneumonia.** A recent study from the University of Eastern Finland shows that among users of anti-dementia drugs, persons using memantine have the highest risk of pneumonia. The use of rivastigmine patches is associated with an increased risk as well. The study found that persons using donepezil or galantamine had the lowest risk of pneumonia. However, persons using memantine or rivastigmine patches had a 1.6 and 1.15 times higher risk of pneumonia, respectively, but no elevated risk was observed among patients using rivastigmine in capsule form. The real risk increase may be even higher, as only cases of pneumonia leading to hospitalization or death were taken into account.

- **Benzodiazepine and Related Drug Use Increases Hip Fractures in Persons With Alzheimer's Disease.** The use of benzodiazepines and related drugs increases the risk of hip fracture by 43 percent in persons with Alzheimer's disease, according to a new study from the University of Eastern Finland. The hip fracture risk was investigated in community-dwelling Finnish persons with Alzheimer's disease. The results of the study were published in the Journal of the American Medical Directors Association.

23) MedlinePlus reports:

- **U.S. Hospitals Halve Catheter Infection Rates.** U.S. hospitals have cut in half the number of potentially deadly bloodstream infections linked to so-called central-line catheters since 2008. But, too many critically ill patients are still exposed to dangerous bacteria, a new review from Consumer Reports contends.

- **Palliative Care Raises Quality of Life, But Doesn’t Extend It.** Palliative care can ease the burden that a serious illness places on both a patient and loved ones, but there’s no evidence that it can extend the life of a sick person, a review of the available evidence has concluded. People who receive palliative care have better quality of life and fewer symptoms than people who don't receive such care, said study lead author Dio Kavalieratos (assistant professor at the University of Pittsburgh School of Medicine's Section of Palliative Care and Medical Ethics). But there's no evidence that palliative care has any impact on how long a patient will live, Kavalieratos added.

- **U.S. Health Care Spending Up 5 Percent in 2015.** Privately insured Americans spent nearly 5 percent more on health care last year than in 2014, largely because of escalating prices, new research shows. The 4.6 percent increase was significantly more than that of previous years, and reflects higher costs for prescription drugs, ER visits and hospitalizations, according to the nonprofit Health Care Cost Institute.

- **U.S. Death Toll From Infectious Diseases Unchanged.** The war against infectious diseases -- medicine versus microbes -- has been holding steady, with the U.S. death rate from these diseases about the same now as it was in 1980, new research says. But some of the specific disease threats have changed over the years, the study authors noted. Researchers found that the national death rate from infections stood at almost 46 deaths per 100,000 people in 2014. That compared with 42 per 100,000 in 1980.

- **These Medicines Often Send Americans to ERs.** An estimated one in 250 Americans lands in the hospital emergency department each year because of a medication-related reaction or problem, a new federal study
finds. Among adults 65 and older, the rate is about one in 100, the study authors said. Remarkably, the medicines causing the most trouble haven’t changed in a decade, the researchers noted. Blood thinners, diabetes medicines and antibiotics top the list. These drugs accounted for 47 percent of emergency department visits for adverse drug events in 2013 and 2014, according to the analysis. Among older adults, blood thinners, diabetes medicines and opioid painkillers are implicated in nearly 60 percent of emergency department visits for adverse drug events.

- **Strokes Decline in Older American, Rise in Young.** There’s a new generation gap in the United States -- strokes are increasingly striking young people, and at the same time, stroke rates are dropping in those 55 and older, a new study reports.

- **Wider Low-Dose Aspirin Use Would Save U.S. $692 Billion.** Taking low-dose aspirin daily can reduce older Americans' risk of heart disease and cancer, and lead to significant savings in health care spending, a new study contends. University of Southern California researchers used national data to assess the long-term benefits of daily aspirin usage. They calculated that taking low-dose aspirin every day would prevent 11 cases of heart disease and four cases of cancer for every 1,000 Americans ages 51 to 79.

24) **McKnight’s reports:**

- **Majority of LTC Residents Turn Down Dental Care.** Almost 90 percent of long term care residents don't receive dental care during their stay, according to new research. The research, conducted by a team at the University of Buffalo School of Dental Medicine, analyzed the medical records of more than 2,500 skilled nursing facility residents who were discharged between 2008 and 2012. Of those residents, 10 percent received a dental exam at least one time during their stay. The team found a 7 percent usage rate for dental care services in residents whose stays lasted less than a month. That rate increased to 30 percent for residents who stayed in the facility between one month and two years. While the likelihood of receiving dental services increased the longer a resident stayed in the facility, the underutilization issue persisted for those residents who had longer lengths of stay — around 55 percent of residents who stayed at the facility beyond two years utilized dental care services. The study also found that age and conditions played into whether residents received dental care. Those older than 76 years of age were more likely to use the services, as were those with nutritional, endocrine, metabolic, immunity or mental disorders.

- **CMS Ramping up Efforts to Improve Nursing Home Care as “Equity Plan” Moves Into Second Year.** McKnight’s Long Term Care News reports the CMS "is ramping up efforts to improve nursing home care and making existing health care data more accessible as its plan to reduce health care disparities enters its second year." In a report released late last month, CMS "reviewed the progress achieved in the first year of its ‘Equity Plan for Improving Quality in Medicare,’ which was released last fall." The plan "breaks down equity issues in the Medicare program into six priority areas, including expanding on standardized data and increasing the health care workforce’s ability to meet the needs of vulnerable populations, such as racial and ethnic minorities and people with disabilities." In a blog post published at the end of November, "Cara James, Ph.D., director of the Office of Minority Health at CMS, said the agency is working to ensure that its initiatives on equity are ‘sustainable’ and ‘can be embedded’ across existing programs."

- **Health Officials Recovered More Than $5 Billion in Improper, Fraudulent Payments in FY 2016, OIG Report Shows.** McKnight’s Long Term Care News says a report published recently revealed that "federal health officials recovered more than $5.66 billion in improper or fraudulent payments in fiscal year 2016." The Department of Health and Human Services Office of Inspector General’s Semiannual Report to Congress "showed that the total amount of expected recoveries reported by the agency jumped roughly $2.3 billion," from roughly $3.4 billion in fiscal 2015. The article says that "skilled nursing providers appeared in the report as examples of cases taken on by the OIG for the semiannual reporting period stretching from April 1, 2016 to Sept. 30, 2016."
• DOL Fights Back Against Overtime Rule Injunction. **McKnight’s Long Term Care News** reports, "The Department of Labor is fighting back against" last week’s injunction in the US District Court for the Eastern District of Texas, "that stopped a controversial overtime rule from going into effect December 1." The article adds, "Had the rule been implemented as planned, the salary level required for overtime exemptions would have risen from $23,660 to $47,476." The injunction opinion, "written by Judge Amos L. Mazzant II, found that employers could face ‘irreparable harm’ if the rule was implemented."

• Long Term Care Liability Expenses Projected to be Around $235K in 2017. **McKnight’s Long Term Care News** says a new report found that "A skilled nursing center with 100 occupied beds can expect to pay around $235,000 in liability expenses next year." The report "represents 31 providers and 224,000 long term care beds, including skilled nursing, assisted living, home health, rehab and independent living." The article gives "credence to pushing for arbitration, AHCA President and CEO Mark Parkinson said." The article mentions that "the association is currently fighting the Centers for Medicare & Medicaid Services in court over the government’s ban on pre-dispute arbitration agreements."

24) **Interesting Fact:** The five-second rule is a myth – bacteria can live after four weeks on carpet. And, thanks to "microbial adhesion," germs such as the following are immediately transferred to food: Salmonella typhimurium, Campylobacter, and Salmonella enteritis, a nasty bacterium that causes horrible diarrhea and vomiting.

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*If you have any questions or comments on any of the information contained in this publication, or to suggest content for future editions, please don’t hesitate to contact Bill Bell. If you’d like to be removed from this mailing list, simply reply to let us know. And as always, we welcome your feedback!*