If You Wish to Keep Receiving this Publication – Update Your Communications Preferences Today!!

For the past several months, IHCA has been asking our members to log into the new member portal and update their communications preferences. In order to continue receiving this publication, and other IHCA publications, you must log in to the Member Portal and update your communications preferences by selecting which ones you want to receive. If you have not done this by Friday, March 3, 2017 you will no longer receive IHCA publications via email—even if you have previously requested to be added to an email list.

As of today, less than 15 percent of the IHCA member contacts listed in our new database had selected which electronic publications they would like to receive. Starting in March IHCA will no longer use our previous email lists—we will instead be using our database to create up-to-date lists periodically. Update your communications preferences today!!

If you have any questions, or need assistance, please contact Ashley Caldwell.

Flu Cases Starting to Spread: CDC

Federal health officials announced last week that flu activity continue to rise throughout the U.S. Additionally, there has recently been a slight rise in the number of deaths caused by influenza.

If you haven’t been vaccinated yet, it’s not too late. The CDC notes that getting a flu shot is particularly important for the most vulnerable—the very young, the elderly, the chronically ill and pregnant women.

"It would have been better to get vaccinated early, but there is still potential benefit from the vaccine," said Lynnette Brammer, a CDC epidemiologist. "We are starting to see an increase in flu-related deaths," she added, "although deaths aren't at a level considered epidemic."
Brammar also explained that while flu activity in some parts of the country have peaked, in others it is just starting to hit. Currently, the center of the U.S. is seeing more flu activity, but areas such as the Northwest are starting on the downward slope. And, we still have half of the flu season still to come.

The CDC recommends the flu vaccine for anyone aged 6 months or older. For seniors, ages 65 and older, the extra strength vaccine is a good idea. This vaccine comes in two types—the high dose vaccine and the adjuvanted vaccine.

Data shows that in most years, the flu vaccine is between 40 percent and 60 percent effective. If you do contract influenza, there are antiviral drugs that can help. Typically, flu complications send more than 200,000 Americans to the hospital each year.

For more information, read the full article from HealthDay News.

**ANCC Board Certified RNs May Help Reduce Rehospitalization Baseline Rates Under Medicare's New VPP System**

Last month, CMS began tracking skilled nursing rehospitalization rates on for the new SNF Value-Based Purchasing (VBP) program. Under the VBP program, claims for services furnished on or after October 1, 2018, will be subject to a 2 percent withhold. Providers will have the opportunity to get some or all of this money back depending on how well they do in managing hospital readmissions and meeting or exceeding performance standards.

SNFs will be rated on achievement against all other facilities nationally as well as on their own improvement, comparing their rate during 2017 with their previous performance during 2015.

The key metric for the program is known as the SNF 30-Day All-Cause Readmission Measure (SNFRM). SNFRM estimates a risk-standardized rate of all-cause, unplanned hospital readmissions of Medicare SNF beneficiaries within 30 days of discharge from their prior acute hospitalization.

Research conducted by AHCA/NCAL last year found that the rehospitalization rates in nursing facilities with at least one RN certified in gerontological nursing by the American Nurses Credentialing Center (ANCC) consistently have run at least two percentage points lower than the national average since 2011. Lower rehospitalization rates will be key to success under the new CMS VBP program.

In addition, AHCA/NCAL research found that nursing facilities with at least one ANCC board certified nurse were twice as likely to receive an overall 5-Star rating from CMS and far less likely to receive a 1-Star rating.

ANCC is the world’s largest and most prestigious nurse credentialing organization and a subsidiary of the American Nurses Association. Less than one percent of America’s RNs are board certified in gerontological nursing.

To help increase the number of board certified RNs, AHCA/NCAL’s Gero Nurse Prep program is designed to help RNs prepare for and pass the ANCC gerontological certification exam. RNs who complete the AHCA/NCAL Gero Nurse Prep program have a passing rate of 96 percent on the ANCC exam and receive 30 CEUs. RNs who are interested can become board certified for less than $1,100 ($690 for AHCA/NCAL Gero Nurse Prep and a separate $395 to take the ANCC exam).

Watch this video to learn more about AHCA/NCAL Gero Nurse Prep or click on the course preview to get a quick view of this engaging on-line curriculum designed to help RNs pass the ANCC exam. Information regarding AHCA/NCAL’s Gero Nurse Prep can also be found on IHCA’s Partners page.

**Sepsis Overlooked as Major Readmission Driver**

According to a recent study that analyzed more than 14 million hospitalizations, sepsis accounted for more unplanned hospital readmission than any of the other conditions included in a national monitoring program.
CMS uses 30-day readmission rates as a quality care measurement. They have identified four medical conditions associated with high rates of unplanned readmission and have included them in their Hospital Readmissions Reduction Program (HRRP)—heart failure, acute myocardial infarction (AMI), chronic obstructive pulmonary disease (COPD) and pneumonia.

Researchers from the University of Pittsburgh Medical Center analyzed data from the 2013 Nationwide Readmissions database, looking for information on adults who were admitted to a hospital and then readmitted with 30 days of discharge. The database maintains information on acute care hospitalizations from 21 states, representing inpatient use by 49 percent of the population of the U.S.

Though the frequency and cost of unplanned readmissions due to sepsis had never been made clear, Florian Mayr, MD, and his colleagues at the University of Pittsburgh believed that sepsis results in a larger proportion of unplanned readmissions than any of the other conditions included in HRRP. To examine if their belief was correct, the research team analyzed data regarding more than 14 million hospitalizations and identified 1,187,697 that were associated with unplanned readmission within 30 days. The breakdown of the main conditions associated with readmissions was as follows:

- Sepsis: 147,084 (12.2%)
- Heart Failure: 79,480 (6.7%)
- Pneumonia: 59,378 (5.0%)
- COPD: 54,396 (4.8%)
- AMI: 15,001 (1.3%)

"For physicians and patients, I think the most important implication of this study is that sepsis is an acute illness with long-term consequences," stated co-author Sachin Yende, MD, also of the University of Pittsburgh. "Most people think that once you get better from sepsis and are discharged from the hospital, you don't have to worry about any consequences. What this study shows is that many of the patients are likely to come back into the hospital within 30 days."

"If sepsis is a leading cause of readmissions," added Mayr, "policymakers need to look into whether sepsis should be added to the Hospital Readmissions Reduction Program."

To find out more, click here to read the full article from MedPage Today.

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Report: Medication Errors Usually Not Serious

A recent study shows that while medication errors in skilled care settings are common, their negative impact on residents is “surprisingly” low. Researchers in Australia set out to determine how often these medication errors result in hospital admissions and death. They also wanted to identify what factors might contribute to the errors.

In order to do so, researchers searched through relevant studies published between 2000 and 2015. They discovered that medication errors were common in skilled care centers—involving 16 to 27 percent of residents in studies that examined all types of medication errors. They also found that transfer-related errors occurred in 13 to 31 percent of residents. Additionally, the researchers discovered that 75 percent of residents were prescribed at least one potentially inappropriate medication.

However, in spite of these findings, serious impacts of medication errors occurred less than 1 percent of the time. The researchers noted that it remains unclear whether medication errors resulting in serious outcomes are truly infrequent or are under-reported due to the difficulty in ascertaining them.

“Good practice requires using a team-based approach involving the resident, care and nursing staff, pharmacists and medical practitioners,” stated study author Professor Joseph Ibrahim, from Monash University.
New Drug Helps Radiation Kill Prostate Cancer

Prostate cancer is a real threat to men’s health. It is the most common non-skin cancer, as well as the second leading cause of cancer related deaths, for men in the U.S. Nearly 200,000 cases of prostate cancer are diagnosed here each year. At present, radiation is a first-line therapy and is generally considered for all but the most advanced cases. Unfortunately, in some cases the cancer can become resistant to radiation treatment over time, according to Venu Raman, associate professor of radiology and radiological science and of oncology at the Johns Hopkins University School of Medicine.

Recently, scientists have had some success with an experimental drug that appears to pack a one-two punch against some prostate cancers—significantly slowing the increase of cancer cells while also making them more vulnerable to radiation. Thus far the drug has been tested in laboratory cell cultures and animals. It works by targeting abnormally high levels of a protein that is linked to cancer growth.

“A lot of work still needs to be done to develop this into a chemotherapy drug,” said Raman, “but based on our findings, we think it could fill an unmet need in making the most common treatment for prostate cancer more effective.”

Raman worked with Phuoc Tran, a radiation oncologist (also from Johns Hopkins) to try to find ways to extend the value of radiation and limit collateral damage to healthy tissue during the treatments. Raman, Tran and other colleagues discovered that a protein called DDX3 seems to be “dysregulated” in some cancers, including breast, lung, colorectal, sarcoma and prostate. The more aggressive the cancer, they found, the higher the expression of that protein, which helps maintain cellular stability.

The researchers then developed a drug, RK-33, that works to suppress DDX3 cells, hampering their ability to multiply. When they combined the drug with radiation, the effects were found to be synergistic—killing two to four times more cells than radiation alone. They tested the effects of the RK-33 and radiation in mice that had been injected with human prostate cancer cells. The drug appears to have no toxicity in mice, according to Raman, which suggests it could be promising for use in humans.

To find out more about this experimental drug, click here to read the full article from Futurity.org.

Can Occupational Therapy Slow Alzheimer’s Decline?

A new clinical trial has suggested that home-based occupational therapy may not slow down the physical decline that comes with Alzheimer’s disease. For the study, researchers looked at whether home visits from occupational therapists could “put the brakes” on the functional decline experienced by Alzheimer’s patients. The results showed that though patients and caregivers may garner some benefits from the therapy, there was no real effect on the patients’ everyday functioning.

As Alzheimer’s disease progresses, patients not only experience cognitive and memory decline, they also see a decline in their ability to handle day-to-day tasks—such as cooking, bathing, dressing and other activities.

Occupational therapy is generally meant to help family caregivers manage those difficulties. Researchers hoped that during the two-year study they would see that weaving occupational therapy into the primary care of Alzheimer’s patients could slow down their functional decline. Unfortunately, that was not the case.

However, according to the lead researcher of the study, Dr. Christopher Callahan, founding director of Indiana University’s Center for Aging Research, occupational therapy can still be useful in managing Alzheimer’s. “There is still a role for occupational therapy in helping with specific impairments,” he stated.

The study did not take a number of factors into consideration. It only looked at the patients’ day-to-day functioning. Occupational therapy may be able to boost the overall quality of life for Alzheimer’s patients. It has also been shown to improve the well-being of family caregivers.
Additionally, according to Susan Stark, an assistant professor of occupational therapy, neurology and social work at Washington University in St. Louis, the frequency of home visits may have fallen short. Stark noted that the therapists generally go into a patient’s home and make recommendations on how to make daily life easier and safer. They also often use exercises to improve the patient’s strength and balance and help caregivers learn to manage difficult behavior.

"The underlying biology of the disease will continue. Occupational therapy can't change that," she added said. "But having more environmental support may help patients stay safe and independent at home for a longer time."

To Callahan, his team's findings highlight the challenges family caregivers face. He said "more intensive" efforts will be needed to help them deal with the functional decline that comes with Alzheimer's.

For more information, click here to view the full article from HealthDay News.

**February 2017 Observances**

**Tomorrow is National Wear Red Day:** Heart Disease is the #1 killer for women in the U.S. Each year, the American Heart Association organizes National Wear Red Day to bring awareness to this dangerous condition. Show your commitment and passion for ending heart disease by wearing red! Visit www.goredforwomen.org for more information.

**February 6-10 is Pride in Food Service Week:** This annual event was established to honor dietary managers and their employees and celebrate the important role that they play in food service. Long term care centers around the country depend on dietary/food service professionals to make sure that residents are getting healthy, nutritious meals that they enjoy—show your dietary department staff that you appreciate their hard work! Click here for more.

**February 12-18 is National Cardiac Rehabilitation Week:** This special observation celebrates the contribution cardiovascular professionals make to health care, and the key role they play in reducing the potentially devastating effects of heart disease. Take the opportunity to thank the cardiovascular specialists that help keep your residents healthy. Visit www.aacvpr.org for more information.

**AHCA/NCAL Information**

**AHCA/NCAL Call for Stories – Observation Stays Issue**
AHCA/NCAL continues to keep the observation stays issue one of its top advocacy and outreach priorities. Their efforts include working with the Observation Stays Coalition to support the Improving Access to Medicare Coverage Act, which has been introduced in previous Congresses and will be introduced again this Congress. This legislation ensures observation stays count toward the Medicare-required three-day hospital stay, and the Coalition continues to connect with key members of Congress to support it. Last year, you helped us by submitting stories that put a face on the financial and emotional impact of this issue. That stories document is on our website here and has been incredibly valuable in sharing with members of Congress. To boost our advocacy efforts, we need your help again! They are looking for more powerful stories to add to their collection. To find out how to submit your story, click here.

**Early Registration for the 2nd Annual AHCA/NCAL Quality Summit Ends Tomorrow!**

As you strive to reach your quality goals, AHCA/NCAL wants to give you a leg up. The Quality Summit is designed to help you on your journey, bringing excellent speakers, key topics, and all your long term and post-acute care colleagues together in one place.

Join AHCA/NCAL in Orlando, Florida, March 6-8, 2017, for an engaging and exciting opportunity you won’t find anywhere else. Enjoy three days of education sessions designed to help you gain fresh perspectives and strategies for the challenges you strive to meet. Online registration is easy and you can make your housing reservation at the same time. Early registration ends February 3.
Early Registration for the 2017 AHCA Independent Owner Leadership Conference Ends Tomorrow!
Join your senior level colleagues in sunny Orlando, Florida to meet and discuss the latest issues that matter to you. This year’s conference focuses on Surviving and Thriving as an Independent Owner. You’ll learn innovative strategies and ideas to help you with the challenges of managing staff and patients, and explore different approaches for dealing with new laws and regulation. Discover the best practices in change management and get inspired to raise the quality of care you provide. Early Registration Deadline is February 3, 2017. Click here for more information.

Upcoming Webinar
- Are You Ready for the New Emergency Preparedness Requirements? | February 9, 2017 | 1:00 p.m. (ET)

IHCA Association Information
New! IHCA Has Started a Workforce Development Task Force
Started as a sub-committee of IHCA’s Public Policy Committee, the new Workforce Development Task Force will focus on key member issues relating to our profession’s workforce. Tom Annarella, Valley Hi Nursing and Rehab, will be chairing this new committee. If you are interested in serving on the task force, please let us know!

LTCNA Now Offering Training With Simulation Mannequin
The Long Term Care Nurses Association (LTCNA) has purchased a simulation mannequin, Geri Manikin, and is offering competency testing for nurses in your facility! For the first year, LTCNA will offer a limited number of facility Charter Memberships.

The fee for the membership is $2,000 and the facility will receive 24 hours (four 6-hour days) of simulation time over the course of the year. Click here to access an informational flyer that can be used to "encourage" your facility decision maker to take advantage of this offering. For more information, contact Debbie Jackson at djackson@ihca.com or 800-252-8988.

IHCA Member Spotlight
Calling IHCA Members – We Want to Feature Your Company Here!!!
Are you looking for a way to reach our members? Well, this is a great way to do just that! Our Member Spotlight gives our members a space to let us know what their company (or facility) is all about! (And to brag a little too if you want to!) Your Company Information could be seen here in an issue later this year!!

Has your company recently celebrated a milestone? Accomplished a goal? Undergone a major change? Do you have positive stories or news to share? Would you just like to get your name out there among your fellow IHCA members?

Ready to sign up for a member spotlight?! Contact Ashley Caldwell! Email acaldwell@ihca.com or give her a call today!