January 24, 2017 Edition

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!

What Different Types of Dementia Are There?
Part 1 of a 3 part series on Dementia/Alzheimer’s that can be shared with staff and with residents/families.

Dementia refers to a range of disorders that affect the brain. People with dementia typically have problems with thinking, reasoning, and problem solving. Dementia can have a severe effect on memory, and some of its varieties can also lead to physical disabilities such as Parkinson's disease. Metabolic conditions, endocrine issues, nutritional deficiencies, and infections are some of the causes of different types of dementia. While older people are more likely to experience dementia, it is not part of the ageing process and can affect younger people too.

Contents of this article:
- Main symptoms associated with each dementia type
- Causes associated with dementia
- Lifestyle tips for people with dementia

Main symptoms associated with each dementia type
Different types of dementia will share some symptoms, but other symptoms will be specific to the disease. These are some of the main types of dementia:

- **Alzheimer's disease**
  According to the Alzheimer's Association, Alzheimer's disease is the most common dementia type, affecting between 60 and 80 percent of all people with dementia. A doctor cannot officially diagnose a dementia type as Alzheimer’s, because they must view specific nerve cell damage in the brain that can only be examined after a person dies. In the early stages, people with Alzheimer's typically have difficulty remembering recent events or conversations, as well as names of people. They may also experience depression. In time, people find it increasingly difficult to communicate, and their judgment may become impaired. They may feel disoriented and confusion. Their behavior could change, and physical activities such as swallowing and walking might become harder.

- **Creutzfeldt-Jakob disease**
  This condition represents a number of brain diseases that are believed to be triggered by prion proteins, which cause problems throughout the body. Although a prion is neither a virus nor a bacterium, it can cause a disease. Types of Creutzfeldt-Jakob disease include "mad cow disease." The condition causes rapid memory, behavior, and movement changes. It is a rare and fatal condition.
• **Dementia with Lewy bodies**
  The symptoms can be similar to those of Alzheimer's disease, but people who have dementia with Lewy bodies may also experience sleep disturbances, visual hallucinations, and an unsteady walking pattern.

• **Frontotemporal dementia**
  This condition can trigger changes in how people behave and how they relate to others. It can also cause problems with language and movement. Frontotemporal dementia typically tends to appear in an individual at around 60 years of age, but it can appear as early as the 20s. It involves a loss of nerve cells.

• **Parkinson's disease**
  Parkinson's is a motor system disorder. The hallmark signs include trembling, especially tremor in the hands. It can also involve depression and behavioral changes. In the later stages, the individual may have difficulty speaking. Sleep disturbances might also occur.

• **Huntington's disease**
  Huntington's is a genetic disorder that results from a defect on chromosome 4. It can lead to mood changes, abnormal movements, and depression. The person may experience an ongoing decline in thinking and reasoning skills. There could be slurred speech and problems with coordination. It tends to appear in individuals aged between 30 and 50 years old.

• **Mixed dementia**
  Mixed dementia occurs when a person has dementia due to more than one cause, such as Lewy body dementia and vascular dementia, or Alzheimer's disease.

• **Normal pressure hydrocephalus**
  This condition results when cerebrospinal fluid builds up in the brain, therefore causing pressure. Symptoms can include memory loss, problems with movement, and the inability to control urination. It can happen at any age, but it is more common among older people.

• **Vascular dementia**
  Also known as post-stroke dementia, this condition occurs after a person experiences bleeding or vessel blockage in the brain, known as a stroke. It affects a person's thinking and physical movements. According to the Alzheimer's Association, early symptoms may include an inability to organize, plan, or make decisions.

• **Wernicke-Korsakoff syndrome**
  This condition occurs due to a chronic deficiency of vitamin B1 or thiamine. It is most common in those who chronically abuse alcohol. The effects of alcohol and a poor diet are likely to contribute to the development of the condition. The chief symptom is severely impaired memory, including long-term memory gaps, which the person may try to fill in with incorrect versions of what they think happened. This unintentional lying is known as confabulation.

**Causes associated with dementia**
Various factors can lead to different kinds of dementia, but they invariably involve some form of damage to the nerve cells. How dementia affects people also depends on where in the brain the damage occurs. The exact cause of Alzheimer's disease is not known, but a person with the condition will have amyloid plaques and tangles in their brain. Lewy bodies are clumps of protein that develop in people with Lewy body dementia, Alzheimer's, and Parkinson's disease. Vascular dementia is the result of damage to blood vessels in the brain. Metabolic or endocrine issues, such as thyroid problems, can lead to dementia if the body is not able to absorb certain nutrients. Nutritional factors, such as a low intake of vitamin B12, can also play a role. Infections can lead to some kinds of dementia. Multiple sclerosis is an immune condition in which the body attacks its own nerve cells. Traumatic brain injury has been linked to dementia in footballers.
Risk factors for dementia
While the cause of Alzheimer’s disease, the most common type of dementia, remains unknown, a number of lifestyle choices can help to prevent other forms of the condition. The following factors could all reduce the risk of developing the disease:

- Avoiding excessive alcohol consumption and smoking
- Maintaining a healthy blood pressure level
- Controlling diabetes

Seeking medical help for depression, infections, and traumatic brain injury can also reduce the chance of developing some types of dementia.

Lifestyle tips for people with dementia
Complications of dementia can include a deterioration of physical health, as the individual becomes less able to take care of themselves or to eat properly. Although the symptoms of dementia gradually get worse, a person can continue to live independently for some time following a diagnosis. The United Kingdom's National Health Service note that it is important to remain in contact with others, continue to see friends and family, and possibly join a support group. Sleep has also been known to pose a problem. Good sleep hygiene tips include keeping to regular bedtimes, not napping during the day, and avoiding alcohol or caffeine at night. Many people with dementia can keep active by doing the things they have always enjoyed, such as walking or gardening. In time, the person may need help at home, and they might need to move into a residential home when it becomes too difficult to live independently. Family or friends who care for the person with dementia may wish to consider discussing future plans with them while they are still able to think clearly and to make decisions.

**Written by Rachel Nall RN, BSN, CCRN for Medical NewsToday.**

Understanding the Risk of Dialysis for LTC Residents
One in 10 American adults have some level of Chronic Kidney Disease. As baby boomers age, increasing their risk of diabetes and obesity, it's likely many also will experience decline in kidney function.

Currently, people older than 75 make up the fastest growing segment of the population initiating dialysis each year. It becomes clear that the needs of hemodialysis patients require special consideration in skilled nursing and long term care environments.

Central venous catheters were originally for short-term dialysis, but have become the permanent dialysis access in patients who have limited other options because of poor vasculature. Despite the risks associated with hemodialysis catheters, the relative use of the permanent dialysis catheters has increased steadily. Here, we will focus on a specific danger to dialysis patients: catheter-related bloodstream infections.

The most frequent and typical kinds of infections in the long term care setting are urinary tract infections, respiratory infections, and skin and soft tissue infections. Patients who have a hemodialysis catheter face an additional risk. They are more than 100 times more likely than other people to get a bloodstream infection from methicillin-resistant Staphylococcus aureus, a common antibiotic resistant bacteria.

Every time an end stage renal disease patient goes to dialysis, the catheter gets exposed to the bacteria from skin and needles. This happens three times a week. Bacteria from the skin can migrate along the outside of the catheter into the blood stream. The longer patients have the catheter, the greater the risk that bacteria inside the catheter (from the biofilm) are released into the patient's bloodstream causing serious infection.

These infections can be exit site infections, where there is pus at the exit site of the dialysis catheter, or they can become life threatening and spread throughout the body. Between 21 percent and 31 percent of hemodialysis patients with S. aureus bloodstream infections can develop complications such as an infected heart valve (endocarditis) or bone infection (osteomyelitis). Patients with an S. aureus infection could require hospitalization for an average of 9-13 days.
The symptoms of catheter-related bloodstream infections are among those that nurses typically look out for—fever, a rapid heart rate, shaking chills, low blood pressure, gastrointestinal symptoms (such as abdominal pain, nausea, vomiting, and diarrhea), rapid breathing, and/or becoming confused. The condition is confirmed by concurrent cultures from the patient’s blood and from the hemodialysis catheter showing that the same type of bacteria is present in both.

The good news is healthcare providers are paying more attention. In April 2009, the CDC launched a collaborative project with dialysis centers across the United States to prevent bloodstream infections among dialysis patients and develop infection prevention guidelines. That led to a 32 percent decrease in overall bloodstream infections and a 54 percent decrease in vascular access-related bloodstream infections among dialysis patients. The CDC’s guidelines included chlorhexidine (an antiseptic for the skin) for catheter exit-site care and antimicrobial ointment on central line exit sites as well as staff training and competency assessments focused on catheter care and sterile technique, hand hygiene and vascular access care audits.

Meanwhile, researchers are exploring new tools to help prevent these infections. A number of doctors around the country are participating in a trial called LOCK-IT-100 testing whether an investigational new drug solution called Neutrolin could provide additional help in safely preventing catheter-related infections and blood clots when instilled into the patient’s central venous/dialysis catheter at the end of the dialysis session. More information about this trial and other ongoing studies to examine the prevention and treatment of catheter related bloodstream infections can be found at www.clinicaltrials.gov.

Researchers, doctors, nurses, patients and caregivers have already gone a long way in preventing catheter related bloodstream infections. As new products become available and techniques continue to develop, we can make these hemodialysis catheter infections rare each year.

**Article written by Sireesha Koppula, M.D., MPH, published in McKnight’s.**

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**Trending Statistics**

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

**Nursing Home Survey of Patient Safety Culture – 2016 User Comparative Database Report**

In response to nursing homes interested in a survey that focuses on patient safety culture in their facilities, AHRQ sponsored the development of the Nursing Home Survey on Patient Safety Culture. This new survey is designed specifically for nursing home providers and staff and asks for their opinions about the culture of patient safety in their nursing home. It is not designed for use in assisted living facilities, community care facilities, or independent living facilities. Access the complete report at [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/nursing-home/2016/nhsurv16-pt1.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/nursing-home/2016/nhsurv16-pt1.pdf).

**Executive Summary**

The *Nursing Home Survey on Patient Safety Culture* is an expansion of AHRQ’s *Hospital Survey on Patient Safety Culture* to the nursing home setting. The nursing home survey is designed to measure the culture of resident safety in nursing homes from the perspective of providers and staff. The *Nursing Home Survey on Patient Safety Culture 2016 User Comparative Database Report* consists of data from 209 nursing homes and 12,395 nursing home staff respondents who completed the survey between January 2014 and April 2016.

This comparative database report was developed as a tool for the following purposes:

- **Comparison**—To allow nursing homes to compare their patient safety culture survey results with other nursing homes.
• **Assessment and learning**—To provide data to nursing homes to facilitate internal assessment and learning in the patient safety improvement process.

• **Supplemental information**—To provide supplemental information to help nursing homes identify their strengths and areas with potential for improvement in patient safety culture.

**Survey Content**
The nursing home survey includes 42 items that measure 12 composites of organizational culture pertaining to patient safety culture:

1. Communication Openness
2. Compliance With Procedures
3. Feedback and Communication About Incidents
4. Handoffs
5. Management Support for Resident Safety
6. Non-punitive Response to Mistakes
7. Organizational Learning
8. Overall Perceptions of Resident Safety
9. Staffing
10. Supervisor Expectations and Actions Promoting Resident Safety
11. Teamwork
12. Training and Skills

The survey also includes two questions that ask respondents whether they would tell friends that this is a safe nursing home for their family (also called “willingness to recommend”) and to provide an overall rating on resident safety for their nursing home.

**2016 Database Nursing Homes**
The 209 nursing homes in the 2016 database fall into two categories:

• The 42 nursing homes from the 2014 database that completed survey administration between January 2014 and May 2014.
• The 167 nursing homes that completed survey administration between June 2014 and April 2016.

**Survey Administration Statistics**
• The average nursing home response rate was 56 percent, with an average of 59 completed surveys per nursing home.
• The highest percentage of nursing homes (41 percent) administered both paper and Web surveys.
• Nursing homes that administered paper-only surveys had a higher average response rate (64 percent) than nursing homes that administered Web only (59 percent) or paper and Web (46 percent) surveys.

**Characteristics of Participating Nursing Homes**
• Nursing homes with 50-199 beds made up the largest percentage of database nursing homes (77 percent).
• The majority of database nursing homes are for profit (60 percent).
• Approximately three out of four database nursing homes are located in urban areas (76 percent).
• Overall, the characteristics of the 209 database nursing homes are fairly consistent with the distribution of nursing homes in Nursing Home Compare.

**Characteristics of Respondents**
• The top three job titles of respondents were:
  o Nursing Assistant/Aide (35 percent).
- Licensed Nurse (20 percent).
- Support Staff (18 percent).

- Most respondents indicated they worked in many different units/no specific unit (49 percent). Skilled nursing was the second largest work unit (30 percent).
- Most respondents (71 percent) indicated they had direct interaction with residents.
- Most respondents indicated they worked between 25 and 40 hours per week (66 percent). The second largest group of respondents worked more than 40 hours per week (20 percent).
- Most respondents (70 percent) indicated they worked the day shift most often.
- Tenure in the nursing home was evenly distributed across the range of years of employment, with a range of 19 to 21 percent of respondents in each category.
- Nearly all respondents indicated they were not paid by a staffing agency (93 percent).

Areas of Strength for Most Nursing Homes
The two areas of strength, or composites with the highest average percent positive responses, were:

1. **Overall Perceptions of Resident Safety (average 86 percent positive).** This composite is defined as the extent to which residents are well cared for and safe. This composite had the highest average percent positive response.
2. **Feedback and Communication About Incidents (average 85 percent positive).** This composite is defined as the extent to which staff discuss ways to keep residents safe, tell someone if they see something that might harm a resident, and talk about ways to keep incidents from happening again. This composite had the second highest average percent positive response.

Areas With Potential for Improvement for Most Nursing Homes
The two areas with potential for improvement, or composites with the lowest average percent positive responses, were:

1. **Staffing (average 48 percent positive).** This composite is defined as the extent to which there are enough staff to handle the workload, meet residents’ needs during shift changes, and keep residents safe, because there is not much staff turnover. This composite had the lowest average percent positive response.
2. **Non-punitive Response to Mistakes (average 54 percent positive).** This composite is defined as the extent to which staff are not blamed when a resident is harmed, are treated fairly when they make mistakes, and feel safe reporting their mistakes. This composite had the second lowest average percent positive response.

Results by Nursing Home Characteristics

- **Bed Size**
  - The **Staffing** composite had the greatest average percent positive difference (9 percentage points) between nursing homes with 49 or fewer beds (53 percent) and nursing homes with 200 beds or more (44 percent).
  - Nursing homes with 49 or fewer beds had the highest percentage of respondents who were willing to recommend their nursing home (77 percent); nursing homes with 200 beds or more had the lowest (69 percent).
  - Nursing homes with 49 or fewer beds had the highest percentage of respondents who gave their nursing home an overall rating on resident safety of “Excellent” or “Very good” (63 percent); nursing homes with 200 beds or more had the lowest (53 percent).

- **Ownership**
  - The **Compliance With Procedures** composite had the greatest average percent positive difference (5 percentage points) between Nonprofit/Government (67 percent) and For Profit nursing homes (62 percent).
Nonprofit/Government nursing homes had a higher percentage of respondents who gave their nursing home an overall rating on resident safety of “Excellent” or “Very good” (64 percent) than For Profit nursing homes (57 percent).

- **Urban/Rural Status**
  - The Handoffs composite had the greatest average percent positive difference (6 percentage points) between Urban (66 percent) and Rural nursing homes (60 percent).

- **Census Region**
  - Nursing homes in the South had the highest average percent positive response across the patient safety culture composites (72 percent); nursing homes in the Northeast and Midwest had the lowest (66 percent).
  - The Training and Skills composite had the greatest average percent positive difference (12 percentage points) between nursing homes in the South (77 percent) and the Midwest (65 percent).
  - Nursing homes in the South had the highest percentage of respondents who were willing to recommend their nursing home (78 percent); nursing homes in the Midwest had the lowest (71 percent).
  - Nursing homes in the South had the highest percentage of respondents who gave their nursing home an overall rating on resident safety of “Excellent” or “Very good” (66 percent); nursing homes in the Midwest had the lowest (57 percent).

**Results by Respondent Characteristics**

- **Job Title**
  - Administrators/Managers had the highest average percent positive response across the patient safety culture composites (79 percent); Nursing Assistants/Aides had the lowest (64 percent).
  - The Communication Openness composite had the greatest average percent positive difference (30 percentage points) between Administrators/Managers (77 percent) and Nursing Assistants/Aides (47 percent).
  - Administrators/Managers had the highest percentage of respondents who were willing to recommend their nursing home (91 percent); Physicians/Other Providers had the lowest (68 percent).
  - Administrators/Managers had the highest percentage of respondents who gave their nursing home an overall rating on resident safety of “Excellent” or “Very good” (80 percent); Physicians/Other Providers had the lowest (53 percent).

- **Work Area**
  - The Communication Openness composite had the highest average percent positive response in Rehabilitation units (55 percent); Alzheimer’s/Dementia units were the least positive (49 percent) on this composite.

- **Interaction With Residents**
  - Respondents without direct interaction with residents had a higher average percent positive response (73 percent) than those with direct interaction with residents (65 percent).
  - Respondents without direct interaction with residents had a higher percentage of respondents who were willing to recommend their nursing home (79 percent) than respondents with direct interaction with residents (73 percent).
  - Respondents without direct interaction with residents had a higher percentage of respondents who gave their nursing home an overall rating on resident safety of “Excellent” or “Very good” (66 percent) than respondents with direct interaction with residents (58 percent).

- **Shift Worked Most Often**
  - Respondents working the day shift had the highest average percent positive response across the composites (69 percent); respondents working the night shift had the lowest average percent positive response (63 percent).
The Communication Openness composite had the greatest average percent positive difference (12 percentage points) between respondents working the *day shift* (58 percent) and respondents working the *night shift* (46 percent).

Respondents working the *day shift* had the highest percentage who were willing to recommend their nursing home (77 percent); respondents working the *night shift* had the lowest (69 percent).

Respondents working the *day shift* had the highest percentage who gave their nursing home an overall rating on resident safety of “Excellent” or “Very good” (63 percent); respondents working the *night shift* had the lowest (52 percent).

**Tenure in Nursing Home**

Respondents who had worked in the nursing home *less than 1 year* had the highest average percent positive responses across the patient safety culture composites (73 percent); respondents who had worked in the nursing home *3 to 5 years* had the lowest (65 percent).

The Communication Openness composite had the greatest average percent positive difference (16 percentage points) between respondents who had worked *less than 1 year* (66 percent) and respondents who had worked *3 to 5 years* (50 percent).

Respondents who had worked in the nursing home *11 years or more* had the highest percentage who were willing to recommend their nursing home (80 percent); respondents working *3 to 5 years* had the lowest (72 percent).

Respondents who had worked in their nursing home *less than 1 year* and *11 years or more* had the highest percentage who gave their nursing home an overall rating on resident safety of “Excellent” or “Very good” (65 percent); respondents who had worked in their nursing home *1 to 2 years* and *3 to 5 years* had the lowest (57 percent).

**Action Planning for Improvement**

The delivery of survey results is not the *end point* in the survey process; it is just the *beginning.* Often, the perceived failure of surveys to create lasting change is actually due to faulty or nonexistent action planning or survey follow-up. Organizations may find it useful to brainstorm the potential barriers that make it difficult to implement initiatives and strategies to overcome them. Two products recommended to provide nursing homes guidance on next steps to turn their survey results into actual patient safety culture improvement are:

- The AHRQ Action Planning Tool
- The Resource List for Users of the AHRQ Nursing Home Survey

**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 17-17 – All** - Recommendations to Providers Regarding Cyber Security. Recommendations for Providers and Suppliers for Cyber Security: CMS is reminding providers and suppliers to keep current with best practices regarding mitigation of cyber security attacks. We have outlined resources to assist facilities in their reviews of their cyber security and IT programs.

- **S&C 17-18 – ESRD** - Delayed Implementation of End Stage Renal Disease (ESRD) Interim Final Rule with Comment (IFC) – Third Party Payment. On December 14, 2016, an IFC concerning third party payment requirements for dialysis facilities was published in the Federal Register (81 Fed. Reg. 90211). An interim surveyor worksheet was then released to assist surveyors in evaluating compliance with the requirements of the IFC during ESRD surveys pending issuance of interpretive guidance. Pursuant to a Temporary Restraining Order (TRO) issued on January 12, 2017 temporarily enjoining implementation of the IFC pending further order of the
court, use of the interim surveyor worksheet (as directed by S&C: 17-16-ESRD) and enforcement of the provisions in the IFC (amending 42 C.F.R. §§ 494.70 and 494.180) in ESRD surveys will cease until further notice.

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

- **CMS Finalizes New Medicare and Medicaid Home Health Care Rules and Beneficiary Protections.** On January 9, CMS finalized rules governing Home Health Agencies (HHAs) that will improve the quality of health care services and strengthen patients’ rights. These conditions of participation are the minimum health and safety standards HHAs must meet to participate in the Medicare and Medicaid programs. The final rule includes:
  - Comprehensive patient rights condition of participation that clearly enumerates the rights of patients and the steps that must be taken to assure those rights
  - Expanded comprehensive patient assessment requirement that focuses on all aspects of patient well-being
  - Requirement that assures that patients and caregivers have written information about upcoming visits, medication instructions, treatments administered, instructions for care and contact information for an HHA clinical manager
  - Requirement for an integrated communication system that ensures patient needs are identified and addressed, care is coordinated among all disciplines and active communication between the HHA and the patient’s physician(s)
  - Requirement for a data-driven, agency-wide quality assessment and performance improvement program that continually evaluates and improves agency care for all patients at all times
  - New infection prevention and control requirement that focuses on the use of standard infection control practices and patient/caregiver education and teaching
  - Streamlined skilled professional services requirement that focuses on appropriate patient care activities and supervision across all disciplines
  - Expanded patient care coordination requirement that makes a licensed clinician responsible for all patient care services
  - Revisions to simplify the organizational structure of HHAs while continuing to allow parent agencies and their branches
  - New personnel qualifications for HHA administrators and clinical managers

See the full text of this excerpted CMS Press Release (issued January 9).

- **Addressing the Opioid Epidemic: Keeping Medicare and Medicaid Beneficiaries Healthy**
  Many Medicare and Medicaid beneficiaries and their families have been affected by opioid misuse and opioid use disorder, commonly referred to as addiction. Given the growing body of evidence on the risks of misuse and the Administration’s commitment to combatting the opioid epidemic, CMS outlined their strategy and actions to address the national opioid misuse epidemic.

For More Information:
  - Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain
  - CDC Opioid Guideline Mobile App

See the full text of this excerpted CMS Blog (issued January 5).

- **Explanation on the Missing 3rd Quarter Data for Five Star NHC**
  The quarterly Quality Measure (QM) update that typically occurs in January has been delayed. Please watch for communication from CMS on the provider preview report located in the QIES mailbox for additional information about the when the quarterly QM data will update. The next update will include QM data from quarter four of 2015 and quarters one, two, and three of 2016.

The Quality Measure (QM) summary score cut points updated in January 2017 with the weight of the five newest QMs increasing to 100 percent. Provided below are the January 2017 cut points:
Point Range for the Quality Measure Summary Score (January 2017):
1-star: 325 – 789
2-star: 790 – 889
3-star: 890 – 969
4-star: 970 – 1054
5-star: 1055 – 1600

The updated Five-Star Quality Rating Technical Users’ Guide containing the January 2017 cut points can be found in the ‘downloads’ section at: https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/fsqrs.html.

- Medicare Quality Programs: ICD-10 Code Updates and Impact to 4th Quarter 2016
CMS determined that the ICD-10 code updates will impact our ability to process data reported on certain quality measures for the 4th quarter of CY 2016. We will not apply the 2017 or 2018 Physician Quality Reporting System (PQRS) downward payment adjustments, as applicable, to any individual eligible professional or group practice that fails to satisfactorily report for CY 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the 4th quarter of CY 2016.

For More Information:
- ICD-10 Code Updates Message from December 15
- PQRS ICD-10 webpage
- ICD-10 FAQs

For additional assistance, contact the QualityNet Help Desk at 866-288-8912 (TTY 877-715-6222) or qnetsupport@hcqis.org.

- Hospice Election Statements Lack Required Information or Have Other Vulnerabilities
After a stratified random sample review of hospice election statements and certifications of terminal illness, the Office of the Inspector General (OIG) reports that more than one-third of hospice General Inpatient (GIP) stays lack required information or had other vulnerabilities. Hospice election statements did not always mention – as required – that the beneficiary was waiving coverage of certain Medicare services by electing hospice care or that hospice care is palliative rather than curative. In 14 percent of GIP stays, the physician did not meet requirements when certifying that the beneficiary was terminally ill and appeared to have limited involvement in determining that the beneficiary’s condition was appropriate for hospice care. Hospices should improve their election statements and ensure that physicians meet requirements when certifying beneficiaries for hospice care. Resources:
- Hospice Payment System Booklet: Includes a section on the hospice election statement
- Hospices Should Improve Their Election Statements and Certifications of Illness OIG Report
- Documentation Requirements for the Hospice Physician Certification/Recertification MLN Matters® Article
- Sample Hospice Election Statement MLN Matters Special Edition Article

- Chronic Care Management Services Changes for 2017 Fact Sheet — New.
A new Chronic Care Management Services Changes for 2017 Fact Sheet is available. Learn about:
- 2017 coding changes
- Included services
- Key improvements reducing requirements associated with initiating care

- SNF Prospective Payment System Booklet — Revised.
A revised Skilled Nursing Facility Prospective Payment System Booklet is available. Learn about:
- Elements of the Skilled Nursing Facility (SNF) Prospective Payment System
- SNF Quality Reporting Program
SNF Value-Based Purchasing Program

- **Chronic Care Management Services Fact Sheet — Revised.** A revised Chronic Care Management Services Fact Sheet is available. Learn about:
  - Separately payable services for patients with multiple chronic conditions
  - Codes and Physician Fee Schedule billing requirements
  - Practitioner and patient eligibility
  - Service elements

- **Swing Bed Services Fact Sheet — Revised.** A revised Swing Bed Services Fact Sheet is available. Learn about:
  - Requirements that apply to hospitals and critical access hospitals
  - Payments

  - How to avoid common billing errors and other erroneous activities
  - How to address and avoid the top issues this quarter

- **ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets Educational Tool — Reminder.** The ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets Educational Tool is available. Learn about definitions and payment information for these code sets.

- **PBJ update from CMS.** Here’s an error update for the PBJ Data Submission specs. Also, a reminder for the next PBJ submission dates. [Read More »]

- **LTC Infection Prevention and Control Assessment Tool.** New infection control program assessment tool aligns with new CMS Requirements of Participation. [Read More »]

- **CMS EP Rule Updates.** As you know, CMS recently issued the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule. ASPR TRACIE is working closely with CMS to provide technical assistance and share resources and promising practices. We recently updated the CMS EP Rule: Resources at Your Fingertips document, which includes links to key resources, such as CMS’ third round of frequently asked questions (FAQ) that synthesizes answers to commonly asked inquiries about the CMS EP Rule. For more information, access the ASPR TRACIE page dedicated to CMS Resources.

3) The Agency for Healthcare Research and Quality (AHRQ) released the following reports:

- **AHRQ Patient Safety Network Chronicles More Than a Decade of Developments in Patient Safety.** For the latest news and resources on patient safety, access the AHRQ Patient Safety Network (PSNet). The website, launched in April 2005, offers weekly updates of patient safety literature, news, tools and meetings (access “Current Issue”), as well as annotated links to important research and other information. PSNet also hosts AHRQ WebM&M (Morbidity and Mortality Rounds on the Web) content, including “Cases and Commentaries” as well as “Perspectives on Safety.”

4) The Illinois Department of Healthcare and Family Services (HFS) posted the following notices since the last issue of Regulatory Beat:

- **Provider Notice posting - Implementation of the Requirement for Long Term Care providers to Submit Monthly Billing for Reimbursement Purposes.**

- The 2017 meeting dates for the Drug Utilization Review Board have been posted on the DUR page. You may view the meeting schedule here.
HFS posted a new provider notice regarding implementation of the requirement for Long Term Care providers monthly billing submissions. You may view the notice here.

HFS posted a new provider notice regarding Updated Hospital Rate Sheets and Payment Calculators. You may view the notice here.

HFS posted a new provider notice regarding Monthly Occupied Bed Provider Assessment Due Date Extensions. You may view the notice here.

HFS posted a new provider notice regarding the Vaccines for Children (VFC) program – Private Stock Vaccines. You may view the notice here.

HFS posted a new provider notice regarding the New Orthodontia Scoring Tool. You may view the notice here.

HFS posted a new provider notice regarding Claims Processing System Issues. You may view the notice here.

The Illinois Department of Public Health (IDPH) released the following information:

IDPH announced that Janette Williams-Smith has been temporarily assigned in the Bellwood region as the Regional Supervisor. Janette has been with the Bellwood region since October 1, 1993. Janette’s background is Dietetics.

In the January 6, 2017 Illinois Register, the Illinois Department of Public Health shared their Rulemaking Agenda (click here) starting on page 183 through 205. Items noted include:

- Clean up sections related to construction codes, striking outdated and redundant language and adding statutory language to clarify the requirements
- The Department of Public Health will introduce several rulemakings to implement the following: PA 99-430 and PA 99-784 which authorized electronic monitoring by patients in long-term care facilities; PA 96-1372 which created a new classification of long term care facilities called distressed facilities; PA 98-989 concerning access to residents of long term care facilities by the State Long Term Care Ombudsman Program; PA 99-872 concerning the Health Care Worker Registry; PA 99-376 concerning medical homes; PA 99-555 concerning new requirements for deadlines for informal dispute resolutions; updates to the life safety requirements to require facilities to comply with the 2012 NFPA 101 Life Safety Code in accordance with federal CMS regulations; and to remove the SSN requirement on ownership disclosure forms.
- Rulemaking to implement PA 99-712 with regard to the Specialized Mental Health Rehabilitation Facilities Code
- Rulemaking to implement PA 99-430 which authorized electronic monitoring by patients in long term care facilities
- The Department of Public Health will introduce several rulemakings to implement the following: to update the life safety requirements to require facilities to comply with the 2012 NFPA 101 Life Safety Code in accordance with federal CMS regulations; to remove the SSN requirement on ownership disclosure forms; and PA 99-180 which provided that long term care for under age 22 facilities shall be licensed under the MC/DD Act rather than the ID/DD Act.
- Change the Long Term Care Assistance and Aides Training Programs Code to increase the ratio of students allowed per instructor in lab training

The American Health Care Association (AHCA) released the following news items:

AHCA receives clarification on abuse reporting requirements. AHCA has received a number of questions about changes in the new Requirements of Participation (RoPs) related to reporting abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. The specific regulatory language follows (emphasis added):
§ 483.12 Freedom from abuse, neglect, and exploitation.

(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

AHCA recently had the opportunity to participate in meetings with CMS and took advantage of this to request their interpretation of the highlighted language above.

CMS interprets this language to mean: all allegations of abuse, and injuries of unknown source that result in serious bodily injury, MUST be reported to the State Agency immediately upon awareness of the allegation of abuse or knowledge of serious bodily injury of unknown source and no longer than 2 hours after becoming aware of the allegation or injury of unknown source.

The guidance, to be released no later than November 2017, will hopefully provide additional clarification.

- Has your center received a CMP lately that was increased only because of inaction by the state when they didn’t do their follow up in a timely manner? Please let IHCA know, as CMS Regions 5 (us), 3 and 4 are experiencing higher than normal CMPs, but deficiencies are staying the same. IHCA will be heading to the Hill to work with AHCA and members of our Congressional delegation to put pressure on CMS to resolve this issue. Please let IHCA know if this has happened to you.

7) The latest Telligen events/announcements can be found at https://www.telligenqinqio.com/.

8) The New York Times reports:

- Insomnia in Older People. In the New York Times "Personal Health" column, Jane E. Brody discusses insomnia in older people. Brody writes, "The causes of insomnia are many, and they increase in number and severity as people age," but "the problem is often overlooked during routine checkups." She points out that a 1995 survey "by researchers at the National Institute on Aging among more than 9,000 people aged 65 and older living in three communities revealed that 28 percent had problems falling asleep and 42 percent reported difficulty with both falling asleep and staying asleep."

- Report Deems Society’s Reliance On Family Caregivers "Unsustainable." Dhruv Khullar, MD, MPP, resident physician at Massachusetts General Hospital and Harvard Medical School, writes in the New York Times "Upshot" blog that "according to AARP and the National Alliance for Caregiving, the typical family caregiver is a 49-year-old woman caring for an older relative." He adds, "Family caregivers are, of course, generally unpaid, but the economic value of their care is estimated at $470 billion a year – roughly the annual American spending on Medicaid." A report "from the National Academies of Sciences, Engineering and Medicine suggests that society’s reliance on this ‘work force’ – largely taken for granted – is unsustainable." By 2030, the ratio of caregiver to patient "is expected to be four-to-one, and by 2050, there will be fewer than three potential caregivers for every older American."
9) **Fierce Healthcare** reports on a study that **Hospitals Affiliated with Medicare ACOs Reduced Admission Rates.** According to the article, "Hospitals affiliated with Medicare accountable care organizations were able to reduce readmission rates of patients at skilled nursing facilities at a faster clip than other hospitals, a new study has found." The study, published in Health Affairs, found that ACO-affiliated hospitals discharged patients to skilled nursing facilities more often, but readmission rates dropped faster. The article notes, "Between 2007 and 2013, Pioneer ACO-affiliated hospitals' 30-day readmission rates decreased by 3.1 percentage points, and Shared Savings Program hospitals saw their rates drop by 4 percentage points." Meanwhile, "thirty-day readmissions decreased at non-ACO hospitals by 2.9 percentage points in that same period, according to the study."

10) **Senior Housing News** reports that **Senior Living Occupancy Drops to Lowest Level since 2010.** According to Senior Housing News, assisted living occupancy dropped to 87.6 percent during the fourth quarter of 2016, "its lowest level since early 2010, according to the latest data from the National Investment Center for Seniors Housing & Care." NIC's chief economist Beth Burnham Mace explains "demand hasn't been strong enough" to keep up with newly built senior housing, despite being "very strong" last quarter, and predicted that "assisted living occupancy will stay within the 87 percent – 89 percent range for 2017."

11) **Reuter** reports on a study that suggests **Elderly Women are Three Times More Likely to Fracture Hip Than Male Peers.** Reuters reports elderly women are three times more likely to fracture a hip than their male counterparts, according to a study conducted by Spanish researchers that was published in Maturitas. The researchers found that depression and illiteracy increased the risk of fracture for elderly women, while disability and smoking increased the risk of fracture for elderly men. The article mentions the "National Institutes of Health warns that being underweight is a risk factor for poor bone health."

12) **Newswise** reports on a study **Where Hospitals Send Surgery Patients to Heal Matters a Lot for Health Care Costs.** Thousands of times a day, doctors sign the hospital discharge papers for patients who have just had surgery, and send them off to their next destination. About half of those patients will get some sort of post-surgery care to help them heal and get back into life. But a new study finds huge variation in where they end up, depending on where they had their operation. And that variation in turn leads to huge differences in how much their care costs, the research shows.

13) The **ARIC Journal** reports on **Core Components for Effective Infection Prevention and Control Programs: New WHO Evidenced-Based Recommendations.** Health care-associated infections (HAI) are a major public health problem with a significant impact on morbidity, mortality and quality of life. They represent also an important economic burden to health systems worldwide. However, a large proportion of HAI are preventable through effective infection prevention and control (IPC) measures. Improvements in IPC at the national and facility level are critical for the successful containment of antimicrobial resistance and the prevention of HAI, including outbreaks of highly transmissible diseases through high quality care within the context of universal health coverage. Given the limited availability of IPC evidence-based guidance and standards, the World Health Organization (WHO) decided to prioritize the development of global recommendations on the core components of effective IPC programs both at the national and acute health care facility level, based on systematic literature reviews and expert consensus. The aim of the guideline development process was to identify the evidence and evaluate its quality, consider patient values and preferences, resource implications, and the feasibility and acceptability of the recommendations. As a result, 11 recommendations and three good practice statements are presented here, including a summary of the supporting evidence, and form the substance of a new WHO IPC guideline.

14) **Online Library** reports **Antidepressant Use and Risk of Hip Fractures Among Community-Dwelling Persons With or Without Alzheimer’s Disease.** The objective of this research was to study whether antidepressant use is associated with an increased risk of hip fracture among community-dwelling persons with and without Alzheimer’s disease (AD), and to compare the risk according to duration of use and between antidepressant groups.

15) **Health in Aging** reports on research regarding **In Older Adults, High Monthly Doses of Vitamin D Reduce Respiratory Infections – But May Increase Risk of Falls.** In people over the age of 65, acute respiratory infections—such as the common cold, influenza, or pneumonia—can lead to potentially life-threatening complications. Older adults who live in long term care facilities are at especially high risk for these respiratory infections because their immune response tends...
to be weaker than those living in other settings. Strengthening older adults’ immunity could be one way to reduce their chances of contracting respiratory infections. Because vitamin D plays an important role in immunity, researchers decided to find out whether high monthly doses of vitamin D could lessen the number of respiratory infections experienced by older adults living in long-term care facilities. Their study was published in the Journal of the American Geriatrics Society.

16) **Medical News Today** reports that **Benzodiazepines and Related Drugs Increase Stroke Risk Among Persons with Alzheimer’s Disease** The use of benzodiazepines and benzodiazepine-like drugs was associated with a 20 percent increased risk of stroke among persons with Alzheimer's disease, shows a recent study from the University of Eastern Finland. Benzodiazepines were associated with a similar risk of stroke as benzodiazepine-like drugs. The use of benzodiazepines and benzodiazepine-like drugs was associated with an increased risk of any stroke and ischemic stroke, whereas the association with hemorrhagic stroke was not significant. However, due to the small number of hemorrhagic stroke events in the study population, the possibility of such an association cannot be excluded. The findings are important, as benzodiazepines and benzodiazepine-like drugs were not previously known to predispose to strokes or other cerebrovascular events. Cardiovascular risk factors were taken into account in the analysis and they did not explain the association.

17) **Kaiser Health News** reports:

- **Geriatricians Concerned About Impact of Loneliness on Senior’s Health.** *Kaiser Health News* reports geriatricians and others are increasingly concerned about seniors across the US suffering from loneliness. The article points out that research has linked loneliness in seniors with a higher risk of developing severe health problems including heart disease, and highlights efforts to reduce loneliness among the elderly such as the Little Brothers, Friends of the Elderly nonprofit.

- **Peterson Kaiser Health System Tracker.** Looking for a source for big-picture data on health care? Well, this might not be it, but it’s pretty close. A collaboration between The Peterson Center on Healthcare and the Kaiser Family Foundation, the Peterson Kaiser Health System Tracker provides information on "trends, drivers and issues that impact the performance of the system." Take a look.

18) **HealthDay** reports:

- **Common Viruses May Pose Serious Threat in Nursing Homes.** *HealthDay* reported that a new case study suggests that "common viruses pose a serious threat in nursing homes, often sabotaging standard infection control measures." Researchers detailed "a 16-day outbreak of two viruses – respiratory syncytial virus (RSV) and human metapneumovirus (HMPV) – that swept through a long term dementia ward in Tennessee." *HealthDay* said, "Nearly three-quarters of the patients became sick and five died." According to the report, "30 of 41 patients contracted at least one of the viruses and 15 were hospitalized." The study was published in the journal Infection Control & Hospital Epidemiology.

- **Seniors Treated In ED May Be More Likely To Become Disabled, Less Physically Agile Over Next Six Months.** *HealthDay* reported that research suggests seniors who receive treatment in an emergency department (ED) "for illness or injury are more likely to become disabled and less physically agile over the next six months." Investigators "tracked more than 700 people 65 and older over 14 years, including some who’d been treated in the" ED and some who had not. The researchers found that individuals who had "been discharged from the" ED "were more likely to be disabled, to be living in a nursing home or to have died over the next six months compared to those who" did not receive treatment in the ED.

19) **Provider Magazine** reports:

- **SNFs Required To Incorporate Antibiotic Stewardship Component To Infection Control By November Under CMS Provisions.** In an over 3,600 word article, *Provider Magazine* reports skilled nursing facilities are required to "incorporate an antibiotic stewardship component into their infection control programs" by November 28, 2017,
under "a series of provisions" issued by the CMS in October. CMS is also calling for SNFs "to designate an infection preventionist by November 28, 2019." Holly Harmon, the senior director of clinical services for the American Health Care Association, said that antibiotic stewardship is important with the growing threat of antibiotic resistance.

- **Occupational Therapy May Not Reduce Functional Decline In Patients With Alzheimer’s Disease, Study Suggests.** *Provider Magazine* reported occupational therapy may not "reduce functional decline among individuals with Alzheimer’s disease," according to a study published in the *Annals of Internal Medicine* that was led by Dr. Christopher Callahan of the Indiana University Center for Aging Research. Callahan said the results were disappointing, but "learning what doesn't work takes us closer to finding out what does."

20) **MedlinePlus** reports:

- **Hour-Long Nap May Boost Brain Function in Older Adults.** Napping for an hour in the afternoon may provide a mental boost for older adults, a new study suggests. This extra daytime sleep was linked to improved memory and ability to think clearly among the Chinese study participants, the researchers said.

- **Flu Season Starting to Peak.** Flu season is in full swing and it's starting to look like a severe one, U.S. health officials said Friday. That's why they're urging that the most vulnerable -- the very young, the elderly, the chronically ill and pregnant women -- get their shots before it's too late. "We are still a few weeks from the peak of flu season, and then there's the second half of season to go," said Lynnette Brammer, an epidemiologist with the U.S. Centers for Disease Control and Prevention. "I would be surprised if this was the peak." The prominent strain this time around is H3N2, which often signals a severe season that hits the oldest and youngest the hardest, she said. "Not all H3 years are severe years, but a lot of the severe years are H3 years," Brammer said. Influenza H1N1 and influenza B viruses are also circulating throughout the country, she added.

- **Medical Groups Raise Blood Pressure Rx Threshold for Healthy Adults Over 60.** Two leading medical organizations are recommending a less aggressive target for the treatment of high blood pressure in adults 60 and older who are otherwise healthy. Traditionally, the threshold for high blood pressure has been set at 140 mmHg systolic blood pressure (the top number in a reading). But the new guideline says doctors should now begin treatment when adults 60 and older have persistent systolic blood pressure that's at or above 150 mmHg, to reduce their risk of heart problems, stroke and death. A less aggressive target like this offers a suitable balance of benefits and potential harms for these patients, according to the new guideline from the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP).

21) **McKnight’s** reports:

- **CMS Appeals Decision Allowing Nursing Home Pre-Dispute Arbitration Agreements.** *McKnight’s Long Term Care News* reports the CMS filed an appeal of a judge’s decision that prevented "a ban on nursing homes’ pre-dispute arbitration agreements." The motion is "part of a lawsuit launched in October by the American Health Care Association against Department of Health and Human Services." AHCA Senior VP of public affairs Beth Martino explained the judge’s decision "is necessary and appropriate, as it will allow the court time to examine the arbitration ban."

- **Liability Costs In LTC Expected To Rise In 2017.** *McKnight’s Long Term Care News* reports in its January 2017 Issue on a study issued by Aon Global Risk-Consulting and the American Health Care Association that estimates the annual liability cost for a 100-bed nursing home will be $235,000. The 2016 Long Term Care General Liability and Professional Liability Actuarial Analysis projects "long-term care loss rates increasing by 6 percent" in 2017, compared to five percent increases in the last three years.

- **Under Half Of Nursing Home Residents With Renal Disease Complete Advanced Directives To Reduce Hospitalization, Study Finds.** *McKnight’s Long Term Care News* reports a study published in the *Clinical Journal of...*
the American Society of Nephrology by Stanford University and the University of Washington found that "less than half of nursing home residents with end-stage renal disease (ESRD) have completed advanced directives that can help reduce hospitalizations and intensive procedures in their last months of life." The study "included more than 30,000 nursing home residents" with ESRD, as well as "31,000 with other serious illnesses." Lead researcher Manjula Kurella Tamura says the "findings suggest that efforts to increase engagement in advance care planning and expand the use of advance directives...[may] better align end-of-life care with patient preferences and values."

- Providers Who Interfere With Audits Face Exclusion From Medicare, Medicaid Under HHS Final Rule. McKnight’s Long Term Care News reports that a final rule issued by the Department of Health and Human Services states that "health care providers who interfere with audits risk being barred from the Medicare and Medicaid programs." In response to "some concern about putting audits, which one commenter called "informal," on the same level as investigations," the HHS said, "Audits by governmental entities or contractors are formal in nature, similar to investigations. Compliance with audit processes and requests is integral to fraud prevention and detection by payors and by law enforcement."

- Experts Say Value-Based Purchasing Unlikely To Be Affected By ACA Repeal. McKnight’s Long Term Care News reports that "experts from Avalere" claim "a focus on post-acute care partnerships and value-based purchasing is likely to cross across the health care industry in 2017, despite uncertainty surrounding the future of the Affordable Care Act." Josh Seidman, senior vice president for Avalere, said that "for the most part the value-based payment ‘train has left the station,’ propelled by private-sector initiatives and tailwinds provided by government demonstration projects," and "those projects are likely to continue under the new administration...since they have wide bipartisan support." Additionally, "Avalere’s industry outlook...highlighted the need for ‘optimal use of post-acute care’ under new payment models, and noted that now, more than ever, long term care providers ‘have an opportunity to partner with hospitals to improve performance and lower costs as payment reform continues.’"

- CMS Memo Urges Long Term Care Providers To Incorporate Cyber Security Into Emergency Preparedness. McKnight’s Long Term Care News reports that CMS sent a memo to state survey agency directors in which the CMS advised long term care providers to "consider cyber security when developing and reviewing their emergency-preparedness plans." The notice said that although "the agency’s recently released emergency preparedness rule did not specifically address cyber security, providers could still benefit from adopting an ‘all-hazards approach’ to mitigating cyber-attacks."

- FDA Drug Repackaging Guidance Will Help Reduce Risks For Residents. McKnight’s Long Term Care News reports the Food and Drug Administration final guidance on medication repackaging, recently published, is "earning praise" from the Senior Care Pharmacy Coalition, because it "included the elimination of a proposed 14-day limit on pre-packaging medications that could have put residents at risk and added significant compliance costs for long-term care pharmacies." Alan G. Rosenbloom, president and CEO of SCPC, says the guidance "represents a strong start for the LTC pharmacy sector in 2017, and more broadly recognizes LTC pharmacies’ unique value in the US health care continuum."

- Study Finds Having Advance Directives On File Can Reduce Unnecessary Care, Cut Costs. McKnight’s Long Term Care News reports recent research has found that "many nursing home providers are missing out on opportunities to reduce unnecessary care and cut health care costs by not having residents’ advance directives on file." A research team headed by Colleen Galambos, Ph.D., MSW, "found that among a sample of 1,800 skilled nursing resident records, only 50 percent contained an advance directive," and that "in many of those cases the advance directives were hard to find" due to "inconsistent record keeping." Galambos argues that "those results signify a need for providers to designate a special section in medical files for advance directives, and teach staff the importance of checking the directives."

- Delirium Is Often Undiagnosed In Nursing Home Residents, Research Review Finds. McKnight’s Long Term Care News reports "delirium among nursing home residents often goes undiagnosed and needs to be treated more
"seriously," according to a research review published in the *Journal of the American Osteopathic Association*. The review found "delirium affects nearly 1 in 5" residents and "carries a 40 percent one-year mortality rate," but is undiagnosed or misdiagnosed "due to the similarities between delirium symptoms and dementia."

- **CMS Reports Decrease In Avoidable Hospitalizations Among Long term Care Residents Between 2010 And 2015.** *McKnight’s Long Term Care News* reports a data brief posted to the CMS’ blog shows that "the rate of potentially avoidable hospitalizations among dual-eligible long term care residents fell by nearly a third in recent years." The blog authors "attributed the decrease to the ‘committed work by those who directly serve older adults and people with disabilities,’ as well as programs such as the agency’s ‘Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents.’"

22) **Interesting Fact:** Diabetes leads a list of just 20 diseases and conditions that account for more than half of all spending on health care in the United States, according to a new comprehensive financial analysis. U.S. spending on diabetes diagnosis and treatment totaled $101 billion in 2013, and has grown 36 times faster than spending on heart disease, the country's No. 1 cause of death, researchers reported.