July 11, 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!

New LTC Survey Process
Unless delayed (not expected), the Center for Medicare and Medicaid Services (CMS) will be implementing a new survey process pursuant to Phase 2 of the new Requirements of Participation (ROPs) effective November 28, 2017. CMS has stated that the new survey process will be a combination of the Traditional Survey Process (currently used in Illinois) and the Quality Indicator Survey – QIS (used in about half of the states). CMS has stated that the new survey process will be computer-based and incorporate all of the new F-tags. CMS’ plan is to build a new survey process that will be the same survey for the entire country and that takes the best of both the Traditional and QIS processes in an attempt to improve the efficiency and effectiveness of the survey process. The new survey process will be resident-centered and provide a balance between structure and surveyor autonomy. The new survey process will require each survey team member to have a tablet or laptop PC throughout the survey process to record findings that are synthesized and organized by new software.

Surveyor Offsite Preparation
- The survey Team Coordinator pulls the facility Casper 3 reports, results from last standard survey, complaints, waivers, repeat deficiencies and makes them available to the other team members.
- Each survey team member, prior to the survey, independently reviews the material gathered by the Team Coordinator.
- The Team Coordinator determines the facility task assignments for the survey team members including, dining, infection control, resident council meeting, kitchen, medication administration and storage, evaluation of sufficient and competent nurse staffing and QAA/QAPI.
- There is no longer an offsite preparation meeting of the survey team.

Sample Selection
- Sample size is determined by facility census.
- 70 percent of the total sample is MDS pre-selected residents and 30 percent of the total sample is surveyor-selected residents. Surveyors finalize the sample based on observations, interviews and a limited record review. Maximum sample size is 35 residents.
- Surveyors meet to discuss and select sample. They may have more concerns that can be added to the sample, so they will need to prioritize concerns.
- Investigations are then completed during the remainder of the survey for each sample resident using the critical element pathway software.
Facility Entrance by Survey Team

- The Team Coordinator conducts an Entrance Conference.
- The LTC facility will need to provide a completed matrix (being developed) for new admissions over the past 30 days, facility census number, alphabetical list of residents and (if applicable) a list of residents who smoke and designated smoking times.
- There is no longer a formal tour process.
- Surveyors complete a full observation, interview all interviewable residents and complete limited record review for initial pool residents.
- Usually, the Team Coordinator will do a brief visit to the kitchen.
- Surveyors go to assigned areas.
- Survey team will hold a brief meeting at the end of each day to discuss their workload, coverage, concerns and share data.

Resident Interviews and Investigations

- The surveyors will screen/interview all of the sample residents.
- The survey software will give them suggested questions but doesn’t require a specific surveyor script.
- The interview and resident sample review must cover all care areas and include resident rights, quality of life and quality of care.
- The surveyor can investigate further if issues are identified or can complete the review noting no issues and move on.
- If chosen sample residents are non-interviewable, surveyors will attempt to talk with the resident representative or family members who are familiar with the resident’s care.
- Surveyors will conduct limited record review after interviews and observations are completed.
- Surveyors will conduct investigations for all concerns that warrant further investigation for sampled residents.
- The majority of the survey should focus on observing and interviewing residents and staff.

Dining – First Full Meal

- Observe first full meal.
- Cover all dining rooms and room trays.
- Observe enough to adequately identify concerns.
- If feasible, observe sample residents with weight loss.
- If concerns identified, observe another meal.

Infection Control

- Throughout the survey, all surveyors should observe for infection control and practices.
- An assigned surveyor coordinates a review of influenza and pneumococcal vaccinations.
- An assigned surveyor reviews infection prevention and control, and the facility’s antibiotic stewardship program.

Kitchen Observation

- In addition to the brief observation of the kitchen upon entrance, a full kitchen investigation will be conducted.

Medication Administration and Storage

- Observe 25 medication opportunities.
- Observe different routes, units and shifts.
- Reconcile controlled medications if observed during medication administration.
- Include sample residents if opportunity presents itself.
- Observe half of medication storage rooms and half of medication carts. If issues, expand medication room/cart investigation.
Resident Council Meeting

- An assigned surveyor will conduct a group interview with active members of the resident council.
- The group resident council interview is to be done early in the survey process to ensure investigation of any concerns identified.

Sufficient and Competent Nurse Staffing Review

- This is a new mandatory task to assure sufficient and competent staff.
- Throughout the survey, surveyors will be looking for any staffing concerns that can be linked to quality of life or quality of care concerns.

Environment

- Investigate and note or determine concerns.
- Coordinate with the life safety code surveyors to reduce redundancy with regard to disaster and emergency preparedness, O2 storage and operation of the generator.

Potential Citations

- The survey team gets together and makes compliance determinations based on survey results and then determines scope and severity.
- The survey team will conduct an exit conference and relay any potential areas of deficient practice.

The New CMS Survey Training Process

- First, the CMS Regional staff will be trained via webinar starting July 3, 2017.
- Each CMS Regional Office will establish a Regional Office (RO) Ambassador to assist both the CMS Regional Office and state surveyor training units.
- The in-person RO Ambassador training will occur July 10 - 14, 2017.
- Each CMS Regional Office surveyor will be trained via a computer-based live interactive training July 17 - 20, 2017.
- The State Survey Agency Management will be trained via webinar beginning July 24, 2017.
- The State Agency Trainer will be trained via an in-person training session July 31 - August 3, 2017.
- The State Agency surveyors will be trained via a computer-based live interactive training. Illinois is scheduled for September 5 - 8, 2017.
- Training will be available for LTC providers and the public via:
  - National calls and Question and Answer documents beginning is summer/fall 2017.
  - Access to surveyor training materials (at least the management training webinar).
  - Videos on highlights of the Interpretive Guidelines.
  - Training tools access to survey forms and critical element pathways.
  - AHCA provided documents, tools and other survey related information.

As additional information becomes available, we will get it to our members promptly.

When Lifting Patients, An Ounce of Prevention is Worth a Pound of Cure

We've all heard the old adage attributed to Benjamin Franklin that “an ounce of prevention is worth a pound of cure.” And while Franklin’s famous words were written nearly 285 years ago, they still resonate today, particularly with regard to implementing a safe resident handling program.

An obvious benefit of a safe resident or patient handling program is to provide improved care, safety, and comfort for residents, all while reducing musculoskeletal injuries, skin tears, bruises, and the risks associated with falling during a transfer. But too often, we forget about the caregiver.
It's no secret that caregivers work in stressful and even dangerous work environments. Caregivers get sick and injured nearly twice as often as workers in all other U.S. industries combined. Many of these injuries occur when caregivers lift or move patients manually, instead of using available mechanical lifts or equipment.

These injuries are also very costly. One nationwide survey of around 1,000 hospitals in all 50 states found patient handling injuries accounted for 25% of all workers' compensation claims for the healthcare industry in 2011. The average workers' compensation claim related to patient handling cost $15,600. There may be additional costs, like incident investigation time, productivity loss, and decreased morale.

In some cases, a healthcare provider may even be forced to leave the profession entirely due to injuries sustained from lifting or moving patients. Studies have tried to establish the cost of replacing a caregiver, factoring in things like recruitment, orientation, and training. The cost of replacing a caregiver has been estimated to cost $27,000 to as much as $103,000 per nurse!

So how can patients be kept safe and caregivers protected, all while reducing costs? The solution is simple and can be achieved in three steps.

1. The first step is to educate patients and their families on mechanical lifts and their use. Residents and their families should be consulted early about how mechanical lifts and equipment will be used and how it will improve their overall care. A facility's transfer and mobility policy should be discussed before admission and agreement to the policy should be a pre-requisite for admission.

2. Second, it's important to ensure that caregivers receive education and training to understand not only how, but why to use transfer equipment. All too often, a caregiver relies upon outdated methods, such as “body mechanics,” to move patients. Introduced in 1945, body mechanics is a concept that with proper training, transferring of patients can be performed without the risk of injury. We now know this concept is simply untrue. Instead, caregivers should be empowered and encouraged to use lifting and patient transfer equipment.

3. Step three is to ensure your facility has the proper transfer and patient transfer equipment and its use is mandatory under your facility's policies and practices. Equipment may include mechanical lifts, lifting aide devices, friction reducing devices, slide boards and bed systems that facilitate bed egress or repositioning. The equipment should be routinely examined and maintained regularly.

If these steps are followed, the results can be eye-opening. A safe resident or patient handling and mobility program leads to decreased injuries to both patients and caregivers. Additionally, caregivers also experience improved morale and job satisfaction when they don't experience daily pain and fatigue from moving residents. Also, the use of transfer equipment in conjunction with a safe resident/patient handling and mobility program can lead to a reduction in the rate of resident combativeness on caregivers during resident transfers.

Some administrators argue the cost of equipment, maintenance, and training is just too high. Obtaining the equipment and appropriately training employees on its use is indeed an investment. But Ben Franklin's adage remains sound: this investment in prevention can lead to significant savings. Research has found that each dollar invested in injury prevention returns $2 or more. Further, the initial capital investment in policies, programs, and equipment can be recovered in less than five years.

Ultimately, Franklin's adage can be realized by investing in the implementation of a safe resident/patient handling and mobility and the appropriate use of mechanical lifts to ensure better and more cost-efficient care.

*Authored by Mike DeLaney and printed in McKnight's.*
Trending Statistics

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

**CDC: Those 85+ are Six Times as Likely to Need ADL Help as Those Aged 65 to 74**

U.S. adults aged 85 or more years are approximately three times as likely to need assistance with activities of daily living as are adults aged 75 to 84 and are six times as likely to require help as those aged 65 to 74, according to newly released data from the Centers for Disease Control and Prevention.

For men and women combined, 20.7 percent of adults 85 or older need help with tasks such as eating, bathing, dressing or walking, whereas 7 percent of those aged 75 to 84 and 3.4 percent of those aged 65 to 74 do, according to data from the 2016 National Health Interview Survey conducted by the CDC's National Center for Health Statistics. Data came from the survey's Family Core component, and analyses for 2016 were based on 97,459 people in the component.

Overall and among all three age groups, women were more likely than men to require assistance with personal care last year, the researchers found.

![Graph: The need for ADL assistance increases with age](McKnight's Senior Living graphic; Source: 2016 National Health Interview Survey)

Overall, 6.4 percent of adults aged more than 65 years needed help with personal care in 2016, a percentage that was not significantly different from the 2015 estimate of 6.9 percent. Looking back to 1997, researchers could not discern a particular trend related to needs.

In the over-65 population, non-Hispanic white adults were less likely to need ADL help than were Hispanic adults and non-Hispanic black adults, according to the CDC; 5.8 percent of non-Hispanic white adults, 9.7 percent of Hispanic adults and 10.6 percent of non-Hispanic black adults required assistance.

---

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

1) The following new federal Survey and Certification (S&C) Letters were released since the last issue of Regulatory Beat:

- **S&C 17-36 – NH** - Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues. In September 2016, CMS released revised Requirements for Participation under the Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities rule. CMS is releasing revised Interpretive Guidance to be effective November 28, 2017. The revisions to the regulations caused many of the
prior regulatory citations to be re-designated. As such, CMS was required to re-number the F-Tags used to identify each regulatory part. CMS is providing several training resources on their website and on an MLN Connect call on July 25, 2017 from 1:30 to 3:00 p.m. EST. To address concerns related to the scope and timing of the changes, CMS will be providing limited enforcement remedies for certain Phase 2 provisions and will be holding constant the Nursing Home Compare health inspection rating for one year. **IT IS VERY IMPORTANT FOR ALL LTC PROVIDERS AND THEIR DIRECT CARE STAFF REVIEW THE NEW F-TAGS AND NEW INTERPRETIVE GUIDELINES.**

- CMS will hold a Medicare Learning Network call on **July 25, 2017, from 1:30 to 3:00 p.m. Eastern** to discuss the IG and survey process. Information about the call will be added [here](#) in the coming weeks and questions can be submitted in advance [here](#).

- CMS will post training materials for surveyors and providers on its Integrated Surveyor Training website [here](#) in the coming months. These materials will include training videos that highlight key components of the IG, including sufficient and competent staff, pharmacy services, and infection control; online training for surveyors and providers describing the survey process changes; and additional provider-specific training that will focus new elements of the survey process such as new survey materials and forms.

- CMS plans to post Frequently Asked Questions and other training resources to its website [here](#).

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

- **New Medicare Number: Prepare Your Systems for April 2018.** CMS will begin mailing new Medicare cards with a new Medicare number (previously called the Medicare Claim Number on cards) to your patients in April 2018. Beginning in October 2018, through the **transition period**, CMS will return your patient’s new Medicare number (Medicare Beneficiary Identifier, or MBI) on every remittance advice for claims you submit with their valid and active Health Insurance Claim Number (HICN). On electronic remittance advice transactions, the MBI will be in the same place you currently get the “changed HICN”: 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code). If the vendors you partner with to bill Medicare haven’t shared their MBI system changes with you, contact them to make sure you are both ready for the change; they can also tell you how they will pass the new Medicare number to you. Visit the [Provider webpage](#) for the latest information.

- **Quarterly Provider Update.** The April – June **Quarterly Provider Update** is available. Find out about:
  - Regulations and major policies currently under development during this quarter
  - Regulations and major policies completed or cancelled
  - New or revised manual instructions

- **Evaluation and Management: Correct Coding.** In a study report, the Office of the Inspector General (OIG) noted that 42 percent of claims for Evaluation and Management (E/M) services in 2010 were incorrectly coded, which included both up-coding and down-coding (i.e., billing at levels higher and lower than warranted, respectively), and 19 percent were lacking documentation. A number of physicians increased their billing of higher level, more complex and expensive E/M codes. Many providers submitted claims coded at a higher or lower level than the medical record documentation supports. Use the following resources to bill correctly for E/M services:
  - OIG Report: [Improper Payments For Evaluation and Management Services](#)
  - Claims Processing Manual: [Chapter 12, Section 30.6](#)
  - [E/M Services Guide](#)
  - [1995 Documentation Guidelines for E/M Services](#)
  - [1997 Documentation Guidelines for E/M Services](#)
  - [Frequently Asked Question on Use of 1995 and 1997 Guidelines](#)
  - [Provider Compliance Tips for Evaluation and Management (E/M) Services](#)
  - Evaluation and Management Services Web-Based Training course available through the [MLN LMS](#)
Behavioral Health Integration Services Fact Sheet — New. A new Behavioral Health Integration Services Fact Sheet is available. Learn about:
- Integrating behavioral health with primary care services
- Psychiatric collaborative care services
- How to bill

Evaluation and Management Services Web-Based Training Course — New (With Continuing Education Credit). A new Evaluation and Management Services Web-Based Training course is available through the MLN LMS. Learn about:
- Medical record documentation
- Billing and coding considerations
- 1995 and 1997 documentation guidelines

Dementia Care Call: Audio Recording and Transcript — New. An audio recording and transcript are available for the June 15 call on the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance and Performance Improvement (QAPI). During this call, learn about appropriate assessment and evaluation for the accurate diagnosis of schizophrenia and other mental disorders.

Medical Privacy of Protected Health Information Fact Sheet — Revised. A revised Medical Privacy of Protected Health Information Fact Sheet is available. Learn about:
- How the Privacy rule applies to customary health care practices
- Tips for securing health information when using a mobile device
- HHS HIPAA webpage resources


Infection Control: Hand Hygiene Video — New. The Infection Control: Hand Hygiene Video is available. Learn about when to wash your hands, the technique to wash visibly dirty hands, and the technique to wash non-visibly dirty hands.

PECOS for Provider and Supplier Organizations Booklet — Reminder. The PECOS for Provider and Supplier Organizations Booklet is available. Learn about:
- Provider and supplier organizations
- Disregarded entities
- Medicare enrollment application submission options

Medicare Vision Services Fact Sheet — Reminder. The Medicare Vision Services Fact Sheet is available. Learn about:
- Billing for cataract removal of intraocular lenses
- Glaucoma screening
- Other eye-related Medicare-covered services

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

New AHRQ Report Shows Sharp Rise Among Women for Opioid-Related Hospital Stays. Hospitalizations involving opioid pain relievers and heroin increased 75 percent for women between 2005 and 2014, a jump that significantly outpaced the 55 percent increase among men, according to a new statistical brief from AHRQ’s Healthcare Cost and Utilization Project. By 2014, the rates of opioid-related hospitalizations for men and women were virtually identical (about 225 per 100,000 people). Access a new AHRQ infographic that illustrates the states in which opioid-related hospitalization rates were higher among women than men in 2014. The data are from Fast Stats, the agency’s online tool that offers national and state-specific data on hospital stays and
emergency department visits, including data by age, gender, community-level income and urban versus rural residency. Access AHRQ’s press release on the report as well as a blog by Anne Elixhauser, Ph.D., a senior researcher at AHRQ.

- **Hospital (Nursing Home) Floors May Be Underappreciated Source of Health Care-Associated Infections.** Hospital floors may be a source of pathogens that can lead to health care-associated infections (HAIs), according to AHRR-funded research published in the American Journal of Infection Control. Researchers at five Cleveland-area hospitals focused their testing on floors in *Clostridium difficile* (*C. difficile*) infection isolation rooms. They sampled about 300 floor sites in 160 patient rooms and found *C. difficile*, methicillin-resistant *Staphylococcus aureus*, and vancomycin-resistant *enterococci*, all of which can cause HAIs in patients. Researchers found that frequently handled objects such as blood pressure cuffs and call buttons were often in contact with the floor, and that contact with objects on floors frequently resulted in transfer of pathogens to hands. Researchers concluded that patient floors may be an underappreciated source of pathogens and called for more research to determine the extent to which floors can be the source of HAIs. Access the abstract.

- **A Comparison of Medication Administration Errors from Original Medication Packaging and Multi-compartment Compliance Aids in Care Homes.** This prospective, direct-observation study examined medication administration accuracy of medications dispensed by nurses and caregivers in long term care facilities. Investigators compared medication administration from original medication packaging to administration from multi-compartment medication devices. The team observed nearly 2500 doses. When medications were dispensed from original packaging, the medication administration error rate was 9 percent. When multi-compartment devices were used, the medication administration error rate was 3 percent. This difference persisted in settings where both original packaging and multi-compartment medication devices were used. This study adds to the evidence about how literacy-friendly health systems can enhance medication safety.

- **July 17 Webinar to Highlight Technology’s Potential to Improve Care Planning and Communication with Aging Adults.** Register now for an AHRQ webinar on July 17 from 2:30 to 4 p.m. ET about technologies developed to improve care planning and communication with aging adults. Presenters will discuss technologies designed to integrate information about seniors’ homes with their medical records. Discussions will also highlight technologies that provide health information, resources and tools to connect aging adults with families, providers and peers to aid in healthy aging. Earn 1.5 hours of continuing medical education/continuing education credits for participating.

- **Associations Between Patient Factors and Adverse Events in the Home Care Setting.** Adverse events occur frequently in the home care setting. A previous study estimated that about 10 percent of patients receiving home care experienced an adverse event, and research suggests that a significant proportion of these may be preventable. Early identification of patients at increased risk for harm in the home care setting may help inform hospital discharge planning and improve patient safety. Analyzing data from two prior Canadian home care patient safety studies, researchers found that both increased dependency for instrumental activities of daily living and a higher number of comorbid medical conditions placed patients at greater risk for adverse events. A past PSNet perspective discussed safety issues associated with care transitions after hospital discharge.

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

- HFS posted a new provider notice regarding 2017 SSI amounts. You may view the notice here.

- HFS posted a new provider notice regarding Fiscal Year 2018 Hospital Inpatient and Outpatient Assessment Programs. You may view the notice here.

- HFS posted a new provider notice regarding Monthly Occupied Bed Provider Assessment. You may view the notice here.
HFS has updated the **Preferred Drug List (PDL)**. You may view the changes [here](#).

HFS posted a new provider notice regarding **Money Follows the Person Demonstration: Illinois Pathways to Community Living Program**. You may view the notice [here](#).

5) The **Illinois Department of Public Health (IDPH)** reports:

   - The **2017 IDPH Town Hall Meeting schedule**. Letters will be sent to the individual facilities in the regions prior to each meeting. Instructions for responding (will be included in the letter) or you can RSVP *(at least three days before the scheduled meeting)* to Lisa Reynolds via email at: lisa.reynolds@illinois.gov. Please include the date and location of the meeting in the Subject Line.

     - July 13, 1-3 PM | CCNH/Brookens Building-Champaign | 500 South Art Bartell Drive, Urbana, IL 61802
     - August 30, 1-3 PM | Willows Health Center | 4054 Albright Lane, Rockford IL 61103
     - September 19 or September 21 (PENDING) | Friendship Village | 350 W. Schaumburg Road, Schaumburg, IL 60194
     - September 28, 1-3 PM | Washington County Hospital | 705 South Grand Ave, Nashville, IL
     - October 24, 1-3 PM | Knox County Nursing Home
     - November 30, 1-3 PM | Dupage Convalescent Center | 400 North County Road, Wheaton IL 60817

6) The **American Health Care Association (AHCA) and Illinois Health Care Association (IHCA)** recently reported:

   - **CMS Enforcement of Medicaid Managed Care Regulations with July 1, 2017 Implementation Date**. CMS issued an [Informational Bulletin](#) regarding enforcement of provisions included in the Medicaid managed care final regulations with a July 1, 2017 enforcement date. CMS acknowledges that states have experienced administrative challenges associated with updating managed care contracts and operational procedures in advance of the July 1, 2017 deadline. The Informational Bulletin reinforces CMS’ commitment to a full review of the Medicaid managed care regulations as stated in a March 2017 letter to governors and indicates that “CMS intends to use enforcement discretion to focus on working with states to achieve compliance with the managed care regulations when states are unable to implement new and potentially burdensome requirements of the final rule by the required compliance date, particularly provisions with a compliance deadline of contracts beginning on or after July 1, 2017.” As a reminder, the Medicaid managed care final rule included network adequacy requirements, restrictions on the authority of states to direct how Medicaid managed care plans pay providers (including pass-through payments), and several managed long term services and supports (MLTSS) policies. The AHCA webinar on the Medicaid managed care final rule, which describes these provisions and others in greater detail, is available [here](#).

   - **Memo From CMS on Requirements of Participation – Phase 2 Implementation**. On June 30, the Survey and Certification Group (S&C) at the Centers for Medicare & Medicaid Services (CMS) issued a [memorandum](#), "Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues." CMS is releasing revised Interpretive Guidance (IG) and revised F-tags in Appendix PP based on the new Requirements of Participation (RoP) in Phase 2, which goes into effect on **November 28, 2017**. The IG clarifies existing requirements and guidance for new requirements in this phase. The S&C memo provides information on upcoming CMS training resources as well as enforcement and Nursing Home Compare considerations for Phase 2 requirements.

   - **State Ranks Quality Measures 2017**. Two weeks ago we shared a new quarterly report that displayed state rankings for the 16 Quality Measures (QMs) used in Five-Star. AHCA’s analysis calculated ranks from lowest rate to highest rate. They’ve since received feedback that this may have been misleading for the QMs where a higher rate is better (e.g. discharge to community). They’ve since updated the report so that ranks are ordered from best rate to worst rate. They also included all quality measures and not just those used in the Five-Star program. [Click here](#) to view the updated version of the report.
• Senate Repeal and Replace Update. Click here to view the most recent update from AHCA/NCAL.

• Emergency Preparedness Webinar Series. "Emergency Exercise Design In 60 Minutes or Less – Part III in the Webinar Series" is happening 5 days from now. If are registered for Package: "AHCA Emergency Preparedness Final Rule Webinar Series" you are eligible to attend at no charge. To activate your free registration, go to http://educate.ahcancal.org/products/emergency-exercise-design-in-60-minutes-or-less-part-iii-in-the-webinar-series.

• Trend Tracker Publication. AHCA/NCAL announces the launch of the new publication Your Top Line from Long Term Care Trend Tracker. This new publication highlights metrics and graphics outlining your progress on Five-Star performance, the AHCA/NCAL Quality Initiative, SNF Value-Based Purchasing relative to peers in your market, and other necessary data to help you achieve your desired goals. Distributed each quarter, the publication will also include links for resources from AHCA/NCAL that will help with specific goals. To log on to Long Term Care Trend Tracker and download your publications, click here. Once logged on, you can also change which buildings will be included in your download, you can run other reports to benchmark your Centers against different peer groups and view trends over time.

• CMS/RoP Education. IHCA has put together an interactive workshop that will help you prepare to make the necessary changes to comply with the new RoP Phase 2, which has a deadline of this November. Topics to be covered include an overview of the rule, person-centered care and care planning, discharge planning, infection control as well as tips and tools developed by AHCA to help you successfully implement new policies and procedures that are now required. To view the complete brochure, click here or you may register online by clicking on the links for the various locations listed below. We hope to see you there!

  - July 25—Holy Family Villa, 12220 Will Cook Rd., Palos Park Register Online-Palos Park
  - August 1 —Courtyard Estates, 117 N Western Ave. Peoria Register Online - Peoria
  - August 3—Mason Point, 1 Masonic Way, Sullivan Register Online-Sullivan
  - August 10—Aviston Countryside Manor, 450 W. 1st St., Aviston Register Online-Aviston
  - August 11—Franklin Hospital, 201 Bailey Lane, Benton Register Online-Benton

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

8) Health Leaders Media reports on 5 Ways to Prepare for New Medicare Card Numbers. In less than a year, CMS will start sending new Medicare cards to beneficiaries, and the agency wants providers to be ready for the change. In an effort to protect its beneficiaries from fraud and identity theft, the agency will be removing Social Security numbers from Medicare cards. Instead, the cards will have a randomly-assigned number called a Medicare Beneficiary Identifier (MBI). CMS will start mailing new cards in April 2018, and says that all Medicare cards will be replaced by April 2019. Although there will be a 21-month transition period where healthcare providers will be able to use either the new MBI or old Social Security-based Health Insurance Claim Number billing purposes, CMS says their systems will need to be able to accept the new MBI format by April 2018.

9) Medscape reports that Gaps Remain in Recommended Vaccines for Older Americans. Two thirds of older Americans have never had a shingles vaccine, and close to half haven't had a tetanus shot in the past 10 years, according to a data brief released by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention. Rates of coverage with influenza and pneumococcal vaccine are better but gaps remain, report NCHS researchers Tina Norris, PhD, and colleagues. In 2015, more than 47 million people in the United States were aged 65 years and older. Because older adults are at increased risk for complications from vaccine-preventable infections, the Advisory Committee on Immunization Practices recommends influenza vaccination, two doses of pneumococcal vaccine, one dose of shingles vaccine, and a tetanus booster every 10 years.

10) CNN reports Skin Patch May be the Future of Flu Vaccines. The future of flu vaccines just might come in a tiny, prickly patch. A phase 1 clinical trial, the results of which were published in the medical journal Lancet, has deemed the dissolvable microneedle flu patch to be "well tolerated" and safe for possible use. Instead of receiving a flu vaccine with
the typical prick of a syringe, the petite patch comes equipped with 100 microneedles that deliver a vaccine when pressed onto your arm.

11) Kaiser Health News reports that Seniors Miss Out on Clinical Trials. More than 60 percent of cancer patients are older adults — and that will rise to 70 percent by 2040. Yet seniors continue to be underrepresented in clinical trials, making it difficult to assess how treatments are likely to help or harm them. The newest evidence of the problem comes from a Food and Drug Administration analysis, which found that only 25 percent of patients participating in cancer clinical trials were 65 and older. The analysis, which has not yet been published, was presented at the American Society of Clinical Oncology’s annual meeting in June. Clinical trials investigate the safety and effectiveness of new drugs and therapies, as well as ways to prevent illness and detect conditions early. Their discoveries help guide medical practice.

12) IBTimes reports that Dementia is Old Age Can be Prevented by Cognitive Training. A report published recently by the National Academies of Sciences, Engineering, and Medicine (NASEM) said there is evidence, although "inconclusive," to support that increased physical exercise, controlling blood pressure and some form of cognitive brain training might reduce mental decline in old age and prevent cognitive decline and dementia. "Cognitive training, blood pressure management for people with hypertension, and increased physical activity all show modest but inconclusive evidence that they can help prevent cognitive decline and dementia, but there is insufficient evidence to support a public health campaign encouraging their adoption," the report stated. The report also noted that additional research will be required to understand and analyze the effectiveness of these three interventions for brain health.

13) Fox Business News reports that Many Americans Lack Proper Understanding of Long Term Care Planning for Retirement. According to RICP’s 2017 Retirement Literacy Survey, 70 percent of people age 65 and older will need long term care (LTC) at some point in their lives. And the 82 percent of respondents that feel they will not need LTC may not understand the devastating impact a critical illness can have on both their financial future and their family. "It is extremely hard to put a good retirement plan in place when consumers are not literate about the risks they face, and the misunderstandings about long term care shown in the survey indicate that people don’t understand the huge burden a long term care event will have both on their finances and family," said Jamie Hopkins, retirement income program co-director at the American College of Financial Services. Hopkins discussed with Fox Business what you need to know regarding long term care coverage and why this benefit should be included in your retirement planning.

14) The Columbus Dispatch reports that Palliative Care Can Reduce Hospitalizations, Improve Quality of Life for Elderly. The Columbus (OH) Dispatch reports hospitals in central Ohio and across the country have started offering palliative care to attend to the nation’s swelling elderly population and reduce congestion "in their often- hectic emergency departments." Experts say the "typically crowded and chaotic" emergency departments can "add to the stress that many patients and families feel." In contrast, a study in the journal Health Affairs found "people who enrolled in hospice at least once a month before they died rarely visited the emergency department during that period." The research "suggests that palliative and hospice care can reduce hospitalizations, drive down health care costs, improve the quality of life and even extend life by reducing suffering." Dr. Michael McCrea, a past president of the Ohio Chapter of the American College of Emergency Physicians, said about EDs adding palliative care: "A lot of improvements have been made, but there’s always more that can be done."

15) The Denver Post reports that Retiring Older Americans Increasingly Opt for Active Communities Near Family Members. The Denver Post reports on the growing popularity of active communities among older retired Americans. Many such facilities are catering to a growing "demand for such amenities and programs promoting physical, mental and social health." Housing development planners say nearly 80 percent of baby boomers are retiring where they currently live to be in close proximity to family members as opposed to moving to Florida, while the "small percentage who opt to move to local retirement communities are seeking opportunities to exercise, learn and socialize."

16) The Philadelphia Inquirer reports that the Incidence of Multiplying Recurrent Clostridium Difficile Infections Increasing at More Than Four Times the Rate of CDI in General. The Philadelphia Inquirer reported that researchers have "uncovered a marked increase in a recurring and potentially deadly form of a common intestinal infection that can result in diarrhea, severe gut inflammation and fatal blood infection, especially among the elderly." The Inquirer added that "the most promising new treatment for recurring C. diff infections is fecal microbiota transplantation – infusing
beneficial intestinal bacteria into patients to compete with C. diff, according to the study. The article pointed out that "the American Gastroenterological Association recently set up a registry for physicians to report their findings with fecal microbiota transplantation procedures."

17) Modern Healthcare reports that CMS is Moving Forward With ‘Controversial’ Requirements for Managed Care. Modern Healthcare reports CMS is proceeding "with controversial provisions from the mega managed-care rule that expands federal oversight over Medicaid programs after refusing several states’ requests to delay implementation." This means that managed-care contracts which "start on or after July 1, 2017 will have to comply with the new requirements, which the CMS says will improve the rate-setting process and make plans’ spending more transparent." According to CMS Medicaid Director Brian Neale, "These provisions in the final rule have significant federal fiscal implications for the Medicaid program and CMS will require compliance by the specified date in the final rule."

18) HealthDay reports:

- **Study Suggests Slowed Mobility in the Elderly May be Connected to Brain Degeneration.** HealthDay reports a study published in the journal Neurology suggests slowed walking in elderly people may actually be connected to shrinkage of the right hippocampus, the area of the brain responsible for memory and spatial orientation. According to study author Andrea Russo, "Prevention and early treatment may hold the key to reducing the global burden of dementia, but the current screening approaches are too invasive and costly to be widely used. ... Our study required only a stopwatch, tape and an 18-foot-long hallway, along with about five minutes of time once every year or so."

- **Two-Thirds of American Adults Have Note Completed an Advance Directive.** HealthDay reported that research indicates "that two-thirds of American adults haven’t completed an advance directive." Investigators "looked at data from more than 795,000 Americans." Only "29 percent had completed a living will that contained specific end-of-life care wishes, and 33 percent had designated a health care power of attorney." The findings were published in Health Affairs.

19) Reuters reports on More Follow-up Needed for Elderly ‘Observed’ in Hospitals. A new study published in The BMJ has found that elderly patients who "stay in U.S. hospitals for ‘observation’ but aren’t officially admitted" have "a high likelihood" of returning for more care, Reuters reports. Researchers "analyzed Medicare data from 2006-2011 on hundreds of thousands of emergency department visits, observation stays and inpatient stays," and found that "one in five patients covered by Medicare...who were observed in a hospital but not admitted returned for a repeat visit within a month."

20) The New York Times reports:

- **Patients and Caregivers Use Language to Maintain Connection.** Susan Gubar writes in a column for the New York Times on the language used among patients and caregivers to "maintain a sense of connection with their intimates or to revive unextinguished emotions," drawing from her experiences with ovarian cancer. Gubar points to "a coded way of asking if it was time for my next dose of pain medication," and notes similar such language devices used by others facing brain cancer and Alzheimer’s.

- **Nursing Homes Continually Inspected for Poor Patient Care Despite Strict Oversight.** The New York Times reports numerous nursing homes nationwide continue to provide sub-standard patient care despite greater oversight from regulators and the issuance of "special focus status," one of the government’s most stringent forms of regulation. The Centers for Medicare and Medicaid Services assign every state a certain number of special focus status slots relative to the number of nursing homes, which health regulators fill accordingly. A total of 528 nursing homes were relieved of special focus status before 2014 and are still in operation, 52 percent of which "have since harmed patients or put patients in serious jeopardy." Despite this, "nursing homes are rarely denied Medicare and Medicaid reimbursement," and though the number of homes under inspection "has dropped" from 900 facilities "by nearly half since 2012" due to budgetary constraints, regulators have "identified 435 as warranting scrutiny."
• **Discharges ‘Against Medical Advice’ a Growing Dilemma With Elderly Patients.** The *New York Times* reported that hospitalized elderly patients increasingly are required to sign "against medical advice" discharge forms before health care facilities will permit the patients to leave. The article highlighted the conflict between medical professionals, who are attempting to mitigate risk, and individual patients, who sometimes are better off being released to more familiar settings as soon as possible.

21) *Provider Magazine* reports:

• **Skin Treatment Guidelines for Bariatric Patients.** Angie Szumlinski, NHA, RN-BC, RAC-CT, BS, director at HealthCap Risk Management Services, wrote in an op-ed in the July issue of *Provider Magazine* that health care providers should adopt a series of recommended treatments and practices for addressing bariatric patients with wounds. She said that by recognizing the distinct needs of obese patients, providers demonstrate understanding that "obesity is not a personal problem but a universal health problem with major health consequences." She recommended implementing guidelines from the National Pressure Ulcer Advisory Panel as well as her own suggestions to protect bariatric patients' skin.

• **Health Care Organizations Express Appreciation for CMS Phase 2 Survey Guidelines Delay.** *Provider Magazine* reports the Centers for Medicare & Medicaid Services announced it will no longer make skilled nursing care centers subject to enforcement penalties for its specified Phase 2 survey guidelines set to begin this year, marking "a win for the provider community." The agency said the requirement to remain in compliance with the phase rules will not change from its November 28 deadline, but specified in a memo that the agency "will not utilize civil monetary penalties, denial of payment, and/or termination should a facility be found to be out of compliance with these new requirements beginning in November of 2017."

• **Post-Acute Care Patients Require More ‘Aggressive’ Treatment of Mental Issues.** Richard Juman, PsyD, national director of psychological services at TeamHealth, wrote in the July issue of *Provider Magazine* recommendations for assisting in the mental health recovery of post-acute care patients. Dr. Juman suggested patients who achieve successful outcomes "return to the community, essentially serving as positive emissaries for the treating center," while patients who do not achieve success "may share negative perceptions of the center in their communities." He recommended health care providers "identify and treat the psychological issues that might otherwise serve as barriers to patients putting forth their best efforts," noting that the risk of patient mental illness remains high for those who are unsuccessful. He concluded, "Those centers that become adept at identifying the warning signs of psychological issues and provide a pro-active, evidence-based response will see an improvement in post-acute outcomes. Aggressive treatment of behavioral distress, routinely employed, often proves the difference between a successful discharge back to the community and an unsuccessful post-acute episode."

• **Nursing Centers Consider New Trends in Treating Patient Wounds.** In its July cover story, *Provider Magazine* reports on changing standards and recommendations for how nursing centers treat patients’ wounds. Some recent changes include alterations to terminology, such as the National Pressure Ulcer Advisory Panel’s replacement for "pressure ulcer" with "pressure injury" in its revised staging system, although the change remains debated in the medical community, with the Centers for Medicare & Medicaid Services maintaining the original term. The piece also discusses trends in bandaging methods, changes in how facilities rate the urgency of certain wounds, and discussions concerning the degree to which families are incorporated in treatment decisions.

22) *MedlinePlus* reports:

• **Exercise Can Keep Obese Seniors on the Go.** Exercise may improve everyday life for even severely obese older adults, a new study says. Obese seniors can become unable to walk short distances -- this is termed a major mobility disorder -- and perform day-to-day tasks. Extreme obesity, in particular, may threaten someone’s independence, researchers say. "Having a major mobility disorder can really affect the quality of life and
dependence for older people, but we showed that moderate exercise was a safe and effective way to reduce that risk even in severely obese people," said lead author Stephen Kritchevsky.

- **Half of Opioid Prescriptions Go to People With Mental Illness.** Americans with mental health disorders receive a troubling percentage of the nation's opioid prescriptions, a new study finds. Of the 115 million prescriptions written for these painkillers each year in the United States, 60 million are for adults with mental illness, according to the researchers. "Despite representing only 16 percent of the adult population, adults with mental health disorders receive more than half of all opioid prescriptions distributed each year in the United States," study lead author Matthew Davis, assistant professor at the University of Michigan School of Nursing, said in a university news release.

- **When is an Opioid Safe to Take?** Many people in pain are apprehensive about taking an opioid painkiller to ease their suffering, and rightly so. Widespread use of opioids for pain has led to an epidemic of addiction in the United States. Forty lives are lost to prescription drug overdose every day, according to the U.S. Centers for Disease Control and Prevention. But an opioid painkiller, such as oxycodone (Oxycontin, Percocet) or hydrocodone (Vicoprofen) can sometimes be the best option for treating pain in the short term, particularly right after surgery or during a severe pain flare-up, pain experts say. In those instances, patients and doctors need to work together to make sure a patient's pain is treated while managing their risk of addiction and overdose.

- **U.S. Opioid Prescriptions Fall, But Numbers Still High Per CDC.** Prescriptions for opioid painkillers have dropped since 2010 in the United States, but the number of Americans getting the highly addictive medications is still too high, a new report shows. Prescriptions declined from a peak of 782 morphine milligram equivalents (MME) per person in 2010 to 640 MME per person in 2015, according to researchers from the U.S. Centers for Disease Control and Prevention. "Half of U.S. counties saw a decrease in the amount of opioids prescribed per person from 2010 to 2015," said CDC Acting Director Dr. Anne Schuchat. "Overall, opioid prescribing in the United States is down 18 percent since 2010." But the total amount of opioids prescribed in 2015 was still about three times that of 1999, the CDC researchers said, with many people being provided lengthy prescriptions of the narcotics at high doses.

- **Opioids a Threat to Seniors with COPD.** Seniors with COPD -- a progressive lung disease that causes breathing problems -- may increase their odds for heart-related death if they use opioid painkillers, a new study finds. COPD (chronic obstructive pulmonary disorder) patients are often prescribed opioids, including morphine and fentanyl. These narcotics can help treat chronic muscle and bone pain, insomnia, persistent cough and shortness of breath despite inhaler use, the researchers explained. "Previous research has shown about 70 percent of older adults with COPD use opioids, which is an incredibly high rate of new use in a population that is potentially more sensitive to narcotics," said study lead author Dr. Nicholas Vozoris. "Our new findings show there are not only increased risks for coronary artery disease-related death associated with new opioid use, but also increased risk of cardiac-related visits to emergency rooms and hospitalizations," said Vozoris. He is a respirologist at St. Michael's Hospital in Toronto.

23) **News Medical Life Sciences** reports:

- **Researchers Lay Out Framework to Improve Usability of Wearable Technology for Older Adults.** Wearable devices have been heralded as one of the next great technological frontiers. They can provide all users, including older ones, with constantly updated medical information by tracking cardiac health, identifying potential illnesses, and serving as emergency alert systems, among other benefits. That is, if you can get older users to adopt wearable technology. In their article in the July 2017 issue of *Ergonomics in Design*, "Designing Wearable Technology for an Aging Population," human factors/ergonomics researchers lay out a framework for improving the usability of wearable technology for older adults.

- **Exercise Program Can Help Frail Older Adults Perform Basic Daily Activities.** An exercise program comprised of gentle exercises and taught by home care aides can help frail older adults perform basic daily activities,
according to a new study by researchers at the University of Illinois at Chicago published in *The Gerontologist*. "Despite evidence proving the benefits of regular physical activity for all people, regardless of age and ability, our health care system and long term care norms encourage dependent behavior in older adults," said corresponding author Naoko Muramatsu, associate professor of community health sciences in the UIC School of Public Health and fellow of the UIC Institute for Health Research and Policy. "This study challenges our passive care model and is one of the first to test an intervention for frail seniors using home care aides," she said.

### Study Examines How Polypharmacy Affects Walking While Talking in Older Adults

"Polypharmacy" is the term used when someone takes many (usually five or more) different medications. Experts suggest that, for most older adults, taking that many medications may not be medically necessary. Taking multiple medications also can be linked to problems such as falls, frailty, disability, and even death. Polypharmacy also is a problem for older adults due to side effects or interactions resulting from the use of different medications. Older adults may have difficulties taking the medications properly, and the medications may interfere with a person's ability to function well. The ability to walk well is a sign of independence and good health for older adults, for example, and it may be affected by the use of multiple medications. Although health care providers know that some treatments can slow or hamper an older person's ability to walk, little is known about the effects of polypharmacy on walking while performing other tasks, like talking. In a new study, researchers examined how polypharmacy affected walking while talking. They published their study in the *Journal of the American Geriatrics Society*.

### McKnight's reports:

- **Health Care Services Anticipate Increase in Settlements Amid Growing Threat of Cybersecurity Breaches.** *McKnight’s Long Term Care News* reports health care industry experts are anticipating an uptick in the number of settlements following the increase in data breaches. While "HIPAA penalties have lurked in the wings for years," health service "operators [now] have state attorneys' general and plaintiff's attorneys to worry about." For example, last week Anthem struck a $115 million settlement "over a 2015 event where hackers stole private information on nearly 80 million people." Long-term care providers face "an added burden of securing records for an extended period — and it’s usually for information that remains valid well into the future, unlike credit cards numbers that can be changed, experts point out." To address the problem, the Department of Health and Human Services’ Office of Civil Rights "published a quick-response checklist for providers who might have been victim of digital skullduggery."

- **Average Assisted Living Community Sales Reached Three-Year High in 2016.** *McKnight’s Senior Living* reports a new study compiled by Irving Levin Associates found the "average per-unit price in assisted living, including memory care, exceeded $196,600 in 2016, the third consecutive year for an increase." About two dozen communities with units sold for more than $300,000 each and several others selling units for more than $500,000 each boosted the average and "offset the effect of the median being at a three-year low of $156,250 per unit." For independent living community sales, which the report said comprised 40 percent of units sold, "the median price per unit exceeded $200,000 for the third consecutive year."

- **WHO Report Says 16.6 Percent of Seniors Globally Report Experience With At Least One Kind of Abuse.** *McKnight’s Senior Living* reports that a report out from the World Health Organization finds that as many as 16 percent of people aged 60 or older around the world report having experienced "some type of abuse." *McKnight’s* highlights that the most common type of abuse reported was psychological, at 11.6 percent, "followed by financial abuse (6.8 percent), neglect (4.2 percent), physical abuse (2.6 percent) and sexual abuse (0.9 percent)." The total figure was lower in the US, with 10 percent of seniors saying they had been the victims of abuse.

- **CMS Survey Offers Providers Opportunities, Experts Advise.** *McKnight’s Long Term Care News* reports that in preparation for CMS’ new survey procedures, directors of nursing have pointed out "opportunities to set standards and promote high-quality care." At the AADNS conference in Leesburg, VA, several "experts offered tips on best practices for clinicians," such as addressing skin conditions, "ask[ing] if your facility offers substitutes
of similar nutritional value to residents who refuse food," and preparing staff on how to speak with surveyors. One presenter, Sarah Kabbani, MD, MSC, medical officer at the Centers for Disease Control and Prevention, stressed the importance of pointing out urinary tract infections as "a good first target for antibiotic stewardship." She also "stressed [that] facility leadership should convey the antibiotic stewardship plan and make clear to those physicians who are over-ordering why it’s an issue."

- **Health Care Costs To Continue Rising, Report Suggests.** *McKnight’s Senior Living* says that according to the HealthView Services’ 2017 Retirement Health Care Costs Data Report, health care costs are expected to continue to rise faster than Social Security and inflation due to "retirement health care inflation for Medicare Parts B and D, supplemental insurance and cost-sharing." HealthView "predicts that health care costs will increase at a rate of 5.47 percent, which is triple what the inflation rate was for 2012 to 2016" and "twice the expected Social Security cost-of-living adjustments."

- **Nearly One-Third of Nursing Home Residents Feel Significant Pain During Last Six Months of Life.** *McKnight’s Long Term Care News* reports that a study conducted by Canadian researchers found that one-third of nursing home residents "suffer significant pain in the last six months of life." Researchers examining the pain levels of 962 nursing home residents between 2007 and 2012 "found 34.6 percent of participants were in moderate or excruciating pain across different assessment periods, and only 5.3 percent of that group experienced any improvement in pain levels." According to the senior author, "This tells us that once the pain was present it remained constant, and few residents saw any improvement as they approached death." The study was published in the *Journal of the American Medical Directors Association.*

- **INTERACT Program Provides ‘Significantly Nonsignificant’ Decrease in Nursing Home Residents’ Hospitalization Rates.** *McKnight’s Long Term Care News* reports on a study published in *JAMA Internal Medicine* that examined whether the Interventions to Reduce Acute Care Transfers, or INTERACT, program to provide nursing homes with training and support reduces the number of residents’ hospital and emergency department admissions. Researchers found "statistically nonsignificant" decreases in "hospitalization rates, hospitalizations during the first 30 days following nursing home admission, 30-day readmission rates and emergency room visits." While the study intervention group showed "a small reduction in potentially avoidable hospitalizations," the drop "did not hold up against statistical corrections."

- **Falls Lead to Higher Rate of Adverse Events.** *McKnight’s Senior Living* reports on a study published in *Annals of Emergency Medicine* that found "50.3 percent of adults aged 65 or more years who visited an emergency department because they were injured in a fall experienced adverse events — including additional falls, hospitalization or death — within six months after the visit." The findings indicate a higher rate of adverse events associated with falls than previous studies indicated.

- **HIPAA Breaches Bringing Heavy Implications, Class-Action Lawsuit Threats.** Federal HIPAA penalties have lurked in the wings for years, but now accused operators have state attorneys' general and plaintiff's attorneys to worry about. Last week, for example, insurer Anthem reached a $115 million settlement with consumers over a 2015 event where hackers stole private information on nearly 80 million people. Anthem admitted no wrongdoing, but was dinged by bad publicity and penetration of its data security. “I have no doubt that we’ll be seeing more of these class-action suits and settlements as data breaches continue to proliferate,” Eric Fader, a healthcare attorney with Day Pitney LLP in New York, told Bloomberg BNA. Long-term care providers have an added burden of securing records for an extended period — and it's usually for information that remains valid well into the future, unlike credit cards numbers that can be changed, experts point out. Ransomware, employee blunders and disgruntled employee actions are among authorities' biggest concerns.

- **C.diff Rates in Healthcare Settings Drop for First Time in a Decade.** Clostridium difficile rates are dropping for the first time in a decade in health care settings, and it's likely due to better cleaning and antibiotic prescribing policies, authorities say. The rates for national health care incidence of the disease may be decreasing anywhere from 9 percent to 15 percent, a Centers for Disease Control and Prevention expert said in an NPR report. The early results from the CDC's Prevention's Emerging Infections Program show prevalence steadily increased from
2000 to 2010 but decreased from 2011 to 2014, which is around the time antimicrobial stewardship programs were being introduced because of increased awareness of the disease. For example, the VA introduced their program in 2012. The decreased rates may be credited to an increase in antimicrobial stewardship programs. The programs restrict unnecessary antibiotic prescriptions, in addition to implementing stricter cleaning and infection control protocols. C. diff does not respond to conventional cleaning methods.

- **Trump Administration Won’t Defend DOL Overtime Rule.** Federal officials’ fight to enact an overtime rule that long term care providers have dreaded won’t be continued by the new administration, according to court documents filed last month. The rule, introduced in May 2016 by the Obama administration, would have more than doubled the salary threshold for overtime exemptions, making 4.2 million more workers eligible for overtime compensation. While long term care providers acknowledged that an update to the threshold was appropriate, they called the new $47,476 threshold “drastic” and said it could harm skilled nursing facilities. The overtime rule was stopped late last year by an injunction from the U.S. District Court for the Eastern District of Texas, which was soon followed by an appeal by the Department of Labor, as well as a lawsuit from states and business advocates claiming regulators had overreached with the rule. The government’s appeal was effectively dropped, with the submission of a court brief by the DOL in the U.S. Court of Appeals for the Fifth Circuit requesting the court approve its authority to set a new — and, as HR Dive reported, likely lower — salary threshold. The DOL is now expected to publish a request for public comments that will help develop a new overtime rule proposal, according to federal officials.

- **The Key to Keeping Employees Around? Kindness.** We talk a lot about employee retention in this industry — and I mean a LOT. With the current employment climate of the sector, it would be unwise not to. Providers know job applicants aren’t exactly beating down the door or sticking around too long when there’s a retail or hospital opportunity up the road with better pay. So they turn to ideas to make their workplace culture strong and “sticky,” like offering training and development programs, courting the millennial set, and investing resources in making sure workers are healthy. But what about just being nice? An “unkind” workplace can raise the risk of absenteeism, hike turnover rates, negatively hit customer satisfaction and serve a blow to communication, trust and teamwork, according to Susan Mangiero. Mangiero helps coach organizations on how kindness can be harnessed to improve employee relationships and the overall workplace vibe. Her new book, “The Big Squeeze: Hugs & Inspirations For Every Grown-Up Who Loves Teddy Bears,” delves into just that.

- **Section GG: Are We Good to Go?** The unmentionably difficult burden of a new MDS Section frightened and appalled all of us last October. Section GG turned out to be not that scary, and not that difficult. As physical and occupational therapists will attest, the newest Section of the MDS was met with a resounding “meh.” It should be business as usual. Therapy evaluations typically require us to document the same questions that Section GG requires, such as:
  - Eating independence
  - Oral Hygiene
  - Toilet transfer
  - Walking with turns
  - Wheelchair propulsion with turns

Though not all the items that GG covers, these are pivotal for any PT or OT evaluation, right? Then why is it so difficult to get therapists to comply and get it done?

- **The Fifth Vital Sign.** It turns out Linda Shell’s hero had modern medicine right all along, even if her last utterance was well over 100 years ago. Leave it to the founder of modern nursing to put all we need to know in perspective. There are really only four things people need for good health and well-being, she said:
  - Nutrition
  - Physical activity
  - Sunlight
  - Sleep
Thank you very much, Florence Nightingale. And Linda Shell, DNP, MA, RN. It was the latter who impressed so much last week in delivering a McKnight’s special webinar for our Senior Living Online Expo. Shell skillfully reminded that all types of eldercare professionals owe it to their residents — and ultimately their organizations — to seek optimal sleep for those in their care. This space has previously written about the value of sleep for healthy professionals in their own lives. But Shell’s presentation really resonated in another way because it showed the ripple effects of short sleep for residents. Sleep is so vital, in fact, she calls it “the fifth vital sign.”

25) **Interesting Fact:** A recent study shows that a lack of exercise is now causing as many deaths as smoking across the world.

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!

Illinois Health Care Association | info@ihca.com | www.ihca.com
1029 S. Fourth Street
Springfield, IL 62703
(800) 252-8988 | (217) 528-6455 | Fax: (217) 528-0452

Confidentiality Notice: This electronic mail transmission is privileged and confidential and is intended only for the review of the party to whom it is addressed. If you have received this transmission in error, please immediately return it to the sender. Unintended transmission shall not constitute waiver of this or any other privilege. © Copyright 2017. All Rights Reserved.