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!

Update on Emergency Power System Requirements from the CMS Emergency Preparedness Rule

There has been some confusion throughout the LTC industry about how to meet the new CMS Emergency Preparedness requirements for emergency power. There appears to be no clear cut direction from CMS except to say facilities must make a self-assessment of all potential hazards; and be prepared to deal with them. We think the expectation of what CMS is looking for will become evident once enforcement starts and provider must develop PoCs. Until then, the regulation itself is non-threatening; yet, concerns stem from the situations that have happened in locations such as Florida and the language from the CMS Surveyor Tool for the new “E-Tag” (E-15) that states:

“**It is up to each individual facility, based on its risk assessment, to determine the most appropriate alternate energy sources to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and alarm systems and sewage and waste disposal. Facilities must establish policies and procedures that determine how required heating and cooling of their facility will be maintained during an emergency situation, as necessary, if there were a loss of the primary power source.**” This alternate energy source requirement does not include assisted living communities or 16 and Under ID/DD facilities. ID/DD facilities larger than 16 beds and MC/DD facilities will need to have an alternate energy source.

What does this mean? It means that a nursing home has to have a plan, A through Z, to ensure the protection of residents in a high heat or extreme cold situation. There are many ways to accomplish this and the organization should complete a Hazard Vulnerability Assessment (HVA) ([click here](#)) to determine the greatest risks and exposures to protecting your residents and staff. If a facility is unable to operate the HVAC during a commercial power failure and maintain appropriate temperatures for resident safety, there are optional approaches to achieve compliance. The CMS Interpretive Guidelines support the use of logical thinking to achieve compliance (State Operations Manual, Interpretive Guidance 483.73, Page 65, 2nd Paragraph).

To read the guidelines, [click here](#).

1. Appropriately resize the generator to operate the HVAC systems and maintain temperatures in all or part of the building (which would include a written plan on how internal relocation will take place).

2. Establish alternate means or temporary solutions to address temperatures in the event that commercial power fails:
   a. Access exterior capabilities with a quick-connect hook-up (trailer mounted generators to run HVAC, or other systems such as portable chillers and/or heating systems).
b. Bring in portable interior capabilities (heating units, AC units, etc.) that are approved by the local AHJ and State Survey Agency (approval during the event or, preferably, in advance of any event) and where areas of the building can be isolated for resident relocation.

c. Establish interior hydration stations, cooling areas or warming areas with additional monitoring of residents, equipment, meds, etc. using a facility staffing plan to support the necessary resources. Again, isolating an area of the building to maintain temperature.

3. If unable to meet the temperature needs, a facility must have a detailed relocation/evacuation plan and implement that plan to ensure the safety of residents:
   a. Partial relocation of residents (internally to an area of refuge with temperature control or to a building on the campus)
   b. Onsite or offsite relocation of critical supplies requiring temperature control (including pharmaceuticals)
   c. Relocation of all residents utilizing a full building evacuation plan

The concepts outlined above are based on a 96-hour sustainability plan where, for example, determinations are made at certain windows of time regarding when facilities need to acquire resources from vendors, sister facilities or share resources within a health care coalition or mutual aid plan. These concepts also address when the health care facility needs to move to a contingency plan (e.g., load shedding plan for generators, water conservation strategies) to reduce the use of certain resources, and when relocation or evacuation plans may need to be implemented.

Be logical and confident in your planning and response capabilities. Utilize the HVA to assess your risk and exposure. Once that is complete, train and test (drill, drill, drill) to find out where the break points are to ensure the safety of the residents and staff. Act now to review the plans against the CMS EP Rule and the Interpretive Guidelines, but continue to work on strategies for greater resiliency of the facility-wide emergency preparedness program. A CMS or state surveyor will never know the building and the capabilities of the staff better than you will. Use logical approaches to achieve compliance.

**Countdown to Emergency Preparedness Compliance for CMS: November 15, 2017.**

**Getting Ready For The New LTC Survey Process**
The new LTC survey process begins **November 28, 2017**, and will combine pieces of the traditional survey and some from the quality indicator survey (QIS). For those states now using the QIS, the adjustment to the new process might be easier. For Illinois and other states that have remained in the traditional survey process, this new process will be quite a change. It will be computer-based and will depend somewhat on data submitted through the MDS process.

That will include quality indicators as well as specific MDS sections. You will, however, be going back to the use of the resident roster process with CMS 802 having to be completed for all residents admitted within the last 30 days.

Surveys also will incorporate the new Requirements of Participation and F-tags.

The sample size for surveys will be dependent on the facility census, with about 20 percent sampled and a maximum of 35 residents. Seventy percent of the sample will be chosen offsite.

Residents will be interviewed, observed and have limited record review. It is expected that the first eight hours of the surveyor's time on-site will be spent on this part.

Investigation of problem areas will include usage of **critical element pathways**.

The bottom line is this process will be a bit difficult to start.
Read as much as you can, attend educational programs offered, review the CMS prepared Slide Set (click here) and use the QIS tools. They should be able to help you understand areas you need to enhance within your facility. They can be found at [www.qtso.com](http://www.qtso.com).

**Critical Element Pathways**
We suggest you use the Critical Element Pathways (CEPs) (click here) that CMS adapted from the original Quality Indicator Survey. The CEPs are questionnaires and observational checklists that surveyors will use to guide the interactions between the survey team and your care staff during the new process.

**Read and review all the CEPs.** The nonclinical CEPs in particular can help you to identify areas of potentially deficient practice that may be suspected during the survey.

**Crosswalk the clinical CEPs to applicable policies.** When preparing for staff education, attach the CEPs to the applicable policies and/or procedures. This will help your staff connect the dots between your facility process and the federal requirements.

**Educate your nurse leaders on how to use CEPs.** This includes unit managers, MDS nurses, shift leaders and the in-service director. Empower them to take ownership of the training for areas they are in charge of, critiquing and improving their training methods to include relevant CEP guidance.

**Regroup with your nurse leaders to assess potential knowledge gaps.** Ask the following questions:

- Were any gaps in policies or procedures identified during training?
- How often will the staff need to be retrained per the CEP guidance — annually, or more frequently?
- Do we need to refer to QAPI for a possible audit tool or workflow adjustment?

By effectively incorporating the guidance provided by the CEPs into your staff education, you will expose your nursing department to the surveyors' perspective of the new survey process, which will greatly help to prepare your team for your next survey.

Other resources can be found on the [AHCA website](http://www.ahtca.org) and on the [CMS website](http://www.cms.gov).

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### Trending Statistics

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

**AHRQ Patient Safety Chartbook**
This [Patient Safety Chartbook](http://www.ahrq.gov) is part of a family of documents and tools that support the National Healthcare Quality and Disparities Reports (QDR). The QDR are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of health care received by the general U.S. population and disparities in care experienced by different racial, ethnic and socioeconomic groups. The purpose of the reports is to assess the performance of our health system and to identify areas of strengths and weaknesses in the health care system along three main axes: access to health care, quality of health care and priorities of the National Quality Strategy.

The reports are based on more than 250 measures of quality and disparities covering a broad array of health care services and settings. Data are generally available through 2013, although rates of uninsurance have been tracked through the first half of 2015. The reports are produced with the help of an Interagency Work Group led by the Agency for Healthcare Research and Quality (AHRQ) and submitted on behalf of the Secretary of Health and Human Services (HHS).
Chartbooks Organized Around Priorities of the National Quality Strategy

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers and governments by developing and spreading new health care delivery models.

Patient Safety is one of the six national priorities identified by the National Quality Strategy (click here).

The National Quality Strategy has identified three long-term goals related to patient safety: reduce preventable hospital admissions and readmissions, reduce the incidence of adverse health care-associated conditions and reduce harm from inappropriate or unnecessary care.

This chartbook focuses on adverse health care-associated conditions and harm from care. Preventable admissions and readmissions can result from problems with patient safety or problems with care coordination. We have chosen to include measures of preventable admissions and readmissions in the Care Coordination chartbook.

Chartbook Contents
This chartbook includes:

- Summary of trends across measures of patient safety from the QDR.
- Figures illustrating select measures of patient safety.
- Supplemental descriptions and data on patient safety measures from several outside sources.

Introduction and Methods contains information about methods used in the chartbook. A Data Query tool (click here) provides access to most QDR data tables.

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Important Regulations, Notices & News Items of Interest

1) There have been no new federal Survey and Certification (S&C) Letters released since the last issue of Regulatory Beat.

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

   - Use of Opioids – Guidance
     - CMS Opioid Misuse Strategy.
     - Collaborative: The Opioid Crisis and Chronic Pain Management – CMS Regions 5 and 7 – November 2, 2017 – 9-3 p.m. Please join CMS for a collaborative meeting focusing on the opioid crisis and chronic pain management across the care continuum.

   - CMS Withdraws Proposal Requiring LTC Facilities to Afford Spousal Rights to Same-Sex Couples. CMS has withdrawn a 2014 proposed rule that would have required long term care facilities to recognize and ensure rights for same-sex marriages, according to a recent notice. However, the agency was quick to point out the decision relates to how the rule became moot in 2015, not because it is cutting back on protections for LGBT individuals. CMS stated that the agency is pulling the rule because the Supreme Court’s 2015 ruling in Obergefell v. Hodges required all states to license and recognize same-sex marriage.
• **New Medicare Card Web Updates** - CMS updated the New Medicare Card Overview webpage:
  - Find [Project Milestones](#)
  - Learn about updated Fee-For-Service exception span-dates for home health Request for Anticipated Payments
  - The “How do providers use MBIs?” section of the Provider webpage was also updated:
    - Find the Medicare Beneficiary Identifier (MBI) on the remittance advice
    - Use of qualifiers for beneficiary eligibility

• **Hospice Quality Reporting Program: New and Updated Resources**. New and updated resources are available for the Hospice Quality Reporting Program (HQRP):
  - [Getting Started with HQRP](#). Detailed information on the requirements of Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems® (CAHPS®). Designed especially for new providers and staff, this document gives comprehensive detail on the background of each requirement, data submission deadlines, possible exemptions and tips for compliance.
  - [HQRP Activities Checklist](#). A quick reference for hospice providers, outlining a checklist of HIS and Hospice CAHPS reporting activities and when each activity needs to be completed.
  - [HQRP: Requirements for the FY 2019 Reporting Year Fact Sheet](#). Outlines the specific compliance requirements for HIS and CAHPS for the FY 2019 reporting year (data collection period January 1 through December 31, 2017).
  - [Hospice Compare Fact Sheet](#). Information on the Hospice Compare website, understanding your current quality ratings and approaches to communicate with patients and family members.

For More Information:
  - [HQRP Requirements and Best Practices](#) webpage
  - [Hospice Quality Public Reporting](#) webpage

• **SNF Quality Reporting Program: Quick Reference Guide**. A Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Quick Reference Guide is available, including frequently asked questions, information on help desks, and links to additional resources. Visit the [SNF QRP Data Submission Deadlines](#) webpage for more information.

• **Protect Your Patients from Influenza this Season**. The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year. Influenza is a serious health threat, especially to vulnerable populations like people 65 and older, who are at high risk for hospitalization and complications from flu. Vaccinate with an injectable influenza vaccine before the end of October, if possible – to protect your patients, your staff, and yourself.

Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.

For More Information:
  - [Preventive Services](#) Educational Tool
  - [Influenza Resources for Health Care Professionals](#) MLN Matters Article
  - [Influenza Vaccine Payment Allowances](#) MLN Matters Article
  - [CDC Influenza](#) website
  - [CDC Influenza Information for Health Care Professionals](#) webpage
  - [CDC Make a Strong Flu Vaccine Recommendation](#) webpage

• **Home Health Claims Will Be Returned When No OASIS Is Found**. Until matching errors are corrected, Medicare systems will Return to Provider (RTP) home health claims when no Outcome and Assessment Information Set (OASIS) is found. When these claims are returned with reason code 37253, use the F9 function to resubmit your claim after taking one of these actions:
Update the Health Insurance Claim (HIC) number on the OASIS assessment to match the current information.
Correct the assessment completion date reported in the claim treatment authorization code to match the OASIS assessment.
Resubmit for denial using condition code 21 and Type of Bill 320 if the assessment was not submitted.

- **Hospice Election Statements Lack Required Information or Have Other Vulnerabilities — Reminder.** 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

- **Medicare Basics: Parts A and B Appeals Overview Video — New.** The new [Medicare Basics: Parts A and B Appeals Overview](#) Video is available. Learn about:
  - Part A and B five levels of claim appeals
  - New level three, on-the-record review
  - Helpful tips for filing an appeal

- **Hospice Quality Reporting Program Call: Audio Recording and Transcript — New.** An [audio recording](#) and [transcript](#) are available for the [September 20](#) call on Reporting Hospice Quality Data: Tips for Compliance. Find out how to be compliant and successfully submit Hospice Item Set data and the Hospice Consumer Assessment of Healthcare Providers and Systems Survey in the next reporting year.

3) **ASPR TRACIE.** As summer turns to fall, our country continues to recover from the worst mass shooting in recent history and three historic hurricanes that battered the Gulf States, Puerto Rico and the U.S. Virgin Islands. States in the west continue to fight and recover from wildfires and flu season has begun. The [ASPR TRACIE](#) Team would like to remind our readers of the various resources we have created with subject matter expert input and our recently released [tutorials](#) that can help you make the most out of your ASPR TRACIE experience.

4) The federal [Agency for Healthcare Research and Quality (AHRQ)](#) reported on:

- **New Survey Finds 21 Percent of Americans Report Personal Experience with Medical Errors.** The vast majority of Americans are having positive experiences with the health care system, but 21 percent of adults report having personally experienced a medical error, according to a new national survey released by the Institute for Healthcare Improvement/National Patient Safety Foundation (IHI/NPSF), Lucian Leape Institute and NORC at the University of Chicago. The survey further found that, when errors do occur, they often have a lasting impact on patients’ physical health, emotional health, financial well-being or family relationships. The nationwide survey of more than 2,500 adults was conducted from May 12 to June 26. Access [more information](#) about the survey and reports.

- **New AHRQ Training Program Helps Hospital Leaders, Staff and Patients Prevent Falls.** A new AHRQ training program is available to help acute-care hospitals prevent patient falls, a leading cause of hospital-acquired conditions. AHRQ’s evidence-based [Fall Prevention in Hospitals Training Program](#) is designed for hospital
quality improvement staff, patient safety officers and others who seek to reduce falls via a structured fall prevention initiative based on quality improvement principles. Data from 10 hospitals that used the program showed a 14 percent decrease in the average number of falls and a 20 percent decrease in falls with injury during the 1-year period post implementation. Reductions were significantly greater for rehabilitation and geriatric/psychiatric units. Access the training program and implementation guide.

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

- **RY 2018 DSH MPA MHVA Determination.** The Department’s annual determination letters and attachments for the programs listed below have been posted to the Department’s Website for distribution purposes. The letters and all attachments are in the same format as previous years. Each hospital's letters will be in PDF format and will be available for download here.

- HFS posted a new provider notice regarding Distribution of Fiscal Year 2018 Disproportionate Share Hospital Determination. You may view the notice here.

- HFS posted a new provider notice regarding Federal Fiscal Year 2018 Safety Net Determination. You may view the notice here.

- The new Illinois Medicaid Preferred Drug List has been published and can be found here.

- HFS posted a new provider notice regarding Renal Dialysis Add-On Payment Retroactive to Dates of Service Beginning July 1, 2015. You may view the notice here.

- HFS posted a new provider notice regarding LTC Assessment Due Date Notice – Month of October. You may view the notice here.


- HFS posted a new provider notice regarding Annual Rate Changes Effective October 1, 2017. You may view the notice here.

6) 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.
  - October 24, 1-3 PM | Knox County Nursing Home I 800 North Market Street, Knoxville, IL
  - November 30, 1-3 PM | Dupage Convalescent Center | 400 North County Road, Wheaton IL 60817

- Latest Top Ten Deficiencies:
  - F323—ACCIDENT HAZARDS/SUPERVISION
  - F441—INFECTION CONTROL
  - F309—PROVIDE CARE AND SERVICES FOR HIGHEST WELL BEING
  - F226—DEVELOP/IMPLEMENT ABUSE/NEGLECT POLICIES
  - F371—FOOD SERVICE SANITATION
  - F314—TREATMENT/SERVICES TO PREVENT PRESSURE ULCERS
  - F315—CATHETERS/UTI/BLADDER FUNCTION
  - F312—ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
7) The Illinois Department on Aging through the Older Adult Services Advisory Committee (OASAC) is offering a FREE online geriatric training for all levels of learners. This free Online Geriatric Training Program offers:
   o **21 healthcare learning modules** developed, written and reviewed by interprofessional Geriatric content experts (we will soon have 11 more topics)
   o Modules offer **FREE continuing education credits** for medicine, nursing, pharmacy, occupational therapy practitioners, and social work
   o Learning modules are interactive films with Narrators (actors), infographics and expert interviews
   o Most modules are 30-minutes long (3 modules are one hour)

This program is ideal for anyone working with older adults. Take a look at our website (engageil.com) to learn about our program.

8) The American Health Care Association (AHCA) and Illinois Health Care Association (IHCA) recently reported on:
   - IHCA Educational Program on **Emergency Preparedness: Developing and Implementing Your Disaster Plan – October 27, 2017**, 9 a.m. – noon at the Northfield Inn in Springfield.
   - **CMS Issues Final Rule Correction Notice - FY 2018 SNF PPS.** In the final Fiscal Year (FY) 2018 Skilled Nursing Facility Prospective Payment System (SNF PPS), CMS made an array of calculation errors. The **FY 2018 SNF PPS-Final Rule Correction Notice** went on display late Friday, September 30 at the Office of the Federal Register's Public Inspection Desk. This document corrects technical errors related to the wage index and budget neutrality factor provided in the final rule that appeared in the August 4, 2017, **Federal Register** (82 FR 36530 through 36636) entitled, "Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2018, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, Survey Team Composition, and Correction of the Performance Period for the NHSN HCP Influenza Vaccination Immunization Reporting Measure in the ESRD QIP for FY 2020." Impacts on members are likely to be minimal but will vary based on patient case mix and CBSA. The corrected final FY 2018 SNF PPS wage index file will be posted here.
   - The National Center for Assisted Living (NCAL) recently published in **Provider Magazine**, its 2017 "Assisted Living State Regulatory Review," which contains updates for 17 states and "summarizes key selected state requirements for assisted living licensure or certification." NCAL Executive Director Scott Tittle said "states are demonstrating their effectiveness in regulating assisted living communities" through "targeted changes" that "indicate a robust oversight system is in place, as providers continue to meet the local demands of residents and families." Lilly Hummel, NCAL senior policy director and author of the report, said NCAL "anticipate[s] that more than half of states will be proposing, formally reviewing, or considering changes that would affect assisted living communities in the coming year."

9) The latest Telligen events/announcements can be found at [https://www.telligenqinqio.com/](https://www.telligenqinqio.com/).

10) **Managed Health Care Connect** reports that **Reviewing Medications Can Limit Inappropriate Use of Them in Nursing Homes**. Multidisciplinary multistep medication review is effective in discontinuing inappropriate medication use in frail nursing home residents, according to results from a cluster randomized controlled trial in the Netherlands.

   “We found an effect on reducing medication use, thus overtreatment, but not on initiating medication, thus undertreatment,” Dr. Hans Wouters from University of Groningen and University Medical Center Groningen, in the Netherlands, told Reuters Health by email. “In the group of nursing home residents, medication reviews seem therefore especially helpful for overtreatment.” Earlier studies have shown that as many as 40 percent of nursing home residents receive one or more inappropriate drugs, and this inappropriate prescribing has been associated with adverse events and hospitalizations. Unfortunately, studies targeting discontinuation of inappropriate medications have yielded mixed results.
11) **Business Wire** reports on U.S. Long Term Care Market 2017: Analysis by Service (Home Healthcare, Hospices, Nursing Care, Assisted Living Facilities) – Research and Markets. The U.S. long term care (LTC) market is expected to reach USD 549.7 billion by 2024, based on this new report. Rising incidence of chronic disorders in the U.S. due to aging population and unhealthy lifestyle is likely to increase the burden on LTC settings over the coming years. Rising prevalence of dementia, Alzheimer’s, heart disorders, respiratory diseases and mental disorders has contributed to the growth of the LTC market. According to Vincent & Velkoff, 2010, the number of Americans above 65 years is likely to increase to more than double from 40.2 million in 2010 to 88.5 million in 2050. The cohort aged 85 and above (oldest old) is expected to triple, from 6.3 million in 2015 to 17.9 million in 2050, accounting for 4.5 percent of the total population. This demographic tends to have the highest disability rate and has maximum need for long term care services and is likely to propel the market growth.

12) **News – Medical** reports that Older Adults With Depression Symptoms More Likely to Have Trouble Performing Daily Activities. Recently, researchers investigated whether depressive symptoms might make it harder for older adults to perform their regular daily activities. The researchers also wanted to find out whether living circumstances or marital status had any impact on whether depressive symptoms affected older adults’ abilities to perform daily activities.

13) **Healio** reports on USPSTF Releases Draft Recommendations on Fall Prevention Among the Elderly. The U.S. Preventive Services Task Force has issued several draft recommendations on various interventions to prevent falls in adults who are aged 65 years and older, live at home and are at increased risk for falls.

14) **APIC** reports on a New Study: Sepsis Care Initiatives May Lead to Higher C.difficile Infection Rates, Antibiotic Resistance. Health care experts have long known the benefits of integrated sepsis care programs, yet less information has been published on potential unintended consequences of these programs. That’s changed with a new study that suggests that electronic sepsis screenings and treatment protocols could, in fact, lead to increased use of certain broad-spectrum antibiotics and healthcare facility-onset (HCFO) C. difficile infection (CDI) rates, according to findings published in the October issue of the American Journal of Infection Control (AJIC), the Journal of the Association for Professionals in Infection Control and Epidemiology (APIC).

15) **Reuters** reports Seniors With Dementia at Risk for Inappropriate Medical Prescriptions. Reuters recently published an article stating that over fifty percent of seniors "with dementia are prescribed at least one potentially inappropriate medication," according to a recent study.

16) The **Huffington Post** reports "Alzheimer Tsunami” Could Threaten Patients’ Access to Care. According to the article, health experts worry an "Alzheimer’s tsunami” could jeopardize medical professionals’ ability to diagnose and treat the condition, as well as patients’ abilities to secure treatment options, as the US’ older adult population grows. Many experts point to the importance of Medicaid in supplementing health care costs for Alzheimer’s patients, with many saying proposed cuts to the program would threaten patients’ treatment. The Alzheimer’s Association predicts the condition could increase by nearly 35 percent by 2025.

17) **MedPage Today** reports Nursing Homes See 37Percent Rise in Complaints Between 2011, 2015, OIG Report Finds. In a recent article, MedPage Today reported that the HHS Office of the Inspector General recently found that between 2011 and 2015, the number of complaints in nursing homes increased by more than 37 percent, with more than half of complaints being categorized as "immediate jeopardy" or "high priority," the most serious classifications. The report also found that "the number of nursing home residents dipped slightly from 2011 to 2015" as the number of complaints grew, causing "the rate of complaints per thousand residents" to rise "from 32.7 in 2011 to 44.9 in 2015." The article noted CMS is working with states such as Tennessee to address complaint backlog.

18) **Medscape** reports Multistep De-Prescribing Intervention May Reduce Unnecessary Medication Use in Nursing Residents. Medscape recently reported on a study published in the Annals of Internal Medicine found a "multidisciplinary, multistep intervention reduced potentially inappropriate medication use in elderly nursing home patients without compromising their health and well-being." The cluster randomized trial determined the "proportion of patients who successfully discontinued at least one potentially inappropriate medication (PIM) was greater among those assigned to the Multidisciplinary Multistep Medication Review (3MR) intervention compared with those who received..."
usual care." An accompanying editorial says more effective interventions could focus on deprescribing medications that were formerly beneficial but are no longer necessary due to patient age or conditions.

19) **Provider Magazine** reports:

- **Spotlight on New Care Standards for Skilled-Nursing Centers.** In a recent cover story, Provider Magazine reports on new management programs and care standards for diabetes, heart disease/stroke and cancer at skilled nursing facilities. The story highlights the latest recommendations and concludes that "skilled nursing centers shouldn’t take on the burden of disease management by themselves. They need to count on health plans, practitioners, specialists, and others."

- **Professor: CMS’ New Rule Reflects Changing Attitudes, Sets New Minimum Standards.** Andy Kramer, MD, a long term care researcher and professor of medicine, writes in an op-ed in the October issue of Provider Magazine that CMS’ New Rule of participation in fact “is not really ‘new,’” but rather “it represents a culmination of society’s growing expectations for eldercare.” Kramer posits CMS’ changes will "set minimum acceptable standards" for providers to meet, and that they are "a new normal for all providers in eldercare."

20) **MedlinePlus** reports:

- **Respiratory Disease Death Rates Have Soared.** The number of Americans who die from chronic respiratory diseases has skyrocketed over the past 35 years, led in large part by deaths from COPD, a new report indicates. From 1980 through 2014, more than 4.6 million Americans died from a range of chronic respiratory illnesses, the researchers reported. While the risk was pegged at 41 deaths for every 100,000 people back in 1980, it rose to nearly 53 out of every 100,000 by 2014, representing a nearly 31 percent spike over 35 years. And the dismal news continued in the new report.

- **Coming Soon: A Faster Test for Antibiotics Against UTIs?** Urinary tract infections (UTIs) plague millions of Americans each year. Now, researchers say they've developed a test that can tell in minutes whether or not a particular antibiotic can clear up the problem. The issue is an important one, doctors say, since many of the bacteria behind UTIs have grown resistant to certain antibiotics. And, left untreated, these infections can have serious effects, especially in the frail and elderly.

21) **HealthDay** reports:

- **Exercise, Not Vitamin D, Recommended to Prevent Falls.** Falls and fractures are a major cause of disability in old age. An influential U.S. medical task force is recommending exercise and, in some cases, medical evaluation to help seniors stay on their feet. But the new draft recommendations from the U.S. Preventive Services Task Force (USPSTF) say there isn't enough evidence at this time to either endorse or advise against taking vitamin D or calcium supplements to prevent broken bones. And based on current evidence, the panel recommends against taking vitamin D solely to prevent falls.

- **Expert Says Risk Assessments Can Help Prevent Falls.** HealthDay offers advice from experts on how to reduce the risk of falls that "threaten seniors’ health, independence and lives, and account for $31 billion in medical costs annually." Dr. Sonja Rosen, chief of geriatric medicine for Cedars-Sinai Medical Group says seniors "should get a comprehensive risk assessment from a geriatrician." HealthDay includes a link to resources by the U.S. Centers for Disease Control and Prevention.

22) **McKnight’s** reports:

- **CMS To Begin Testing Standardized Post-Acute Data Elements In November.** McKnight’s Long Term Care News reports that CMS and the RAND Corporation said beta testing for post-acute care standardized data elements will begin in November for 14 geographical markets. The RAND Corporation, through a contract with CMS to develop the elements, has begun contacting providers in the markets including Chicago, Houston, Boston and
Los Angeles. The elements, following stipulations in the IMPACT Act, "will include patient interviews and record-review items, recorded electronically on handheld tablets provided to the facilities volunteering in the project," and the delay is expected to give providers processing time between releases.

- **Health Officials Urge Health Care Workers To Get Flu Vaccinations.** *McKnight’s Long Term Care News* reports Health and Human Services Secretary Tom Price, MD, and other medical leaders spoke at a recent press conference to explain that health care professionals should "lead by example" and receive flu vaccinations. Health officials suggested that by becoming vaccinated, professionals can better protect patients’ health and encourage them to become vaccinated, too. According to a CDC report, "79% of health care personnel received the shot during the 2016-2017 flu season" while "those working in long-term care settings fell short of hospitals (92%) and ambulatory care settings (76%), with a 68% vaccination rate for that season."

- **Incoming Assisted Living Residents May Be Sicker Than Current Residents, Study Suggests.** *McKnight’s Senior Living* reports that a study published in *Health Affairs* found future residents moving into assisted living facilities may be sicker than current residents. Co-author Robert Schoeni, PhD, said, "We found that younger cohorts are facing more burdensome health issues, even as they have to wait until an older age to retire, so they will have to do so in poorer health." Researchers used data from the Alfred P. Sloan Foundation and "found that those who are in the age group that has to wait until age 67 to receive full Social Security benefits tended to have higher rates of poor cognition, such as memory and thinking ability, in their 50s than the cohort groups of older people had at a similar age."

- **AHCA-Supported Nursing Home Salary Survey Highlights Trends For Sector.** *McKnight’s Long Term Care News* reports that Hospital & Health Care Compensation Service’s 2017-2018 "Nursing Home Salary & Benefits Report," the largest annual survey of professionals in the long term care sector that receives support from the American Health Care Association, indicates several trends for the industry. *McKnight’s* says data from facilities that participated in the survey both this and last year show "administrators’ salaries rose by a more modest 2.98%, to $97,401, while salaries for directors of nursing increased by 2.64%, to $91,444." Overall, the results indicate "modest year-to-year increases for administrators and DONs," as well as higher wages among nurses, which some experts speculate indicates the influence of growing demand for skilled nursing professionals. The report also found "high national annual turnover rates across the board" as well as "financial challenges" for many facilities.

- **Nursing Home Providers Hit With Disability, Racial Discrimination Lawsuits From EEOC.** The U.S. Equal Employment Opportunity Commission filed a lawsuit recently against a Maryland skilled nursing facility, arguing that it failed to promote an employee based on her race and age. A second lawsuit was also filed by the EEOC against Harborview Rehabilitation and Healthcare Center in Morehead City, NC. The complaint says that Harborview failed to accommodate a certified nursing assistant with rheumatoid arthritis and eventually fired her due to her disability.

- **CMS Requirement for Legionnaires’ Disease Control in LTC.** The new CMS directive titled, “Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease“ published in June, finally addresses the heretofore lack of federal guidance for long term care facilities regarding this very important and growing concern. Nineteen percent of all Legionnaires' disease (LD) outbreaks are LTC related. Hopefully this directive will also address a recent spate of new state and county guidance documents with conflicting, confusing, and in some cases expensive and poor recommendations for Legionella control. The absence of any federal directive has been problematic as healthcare providers were left on their own to identify the potential issues involved and sort through often conflicting possible approaches for addressing same. This placed facilities with populations at risk for LD, such as LTC facilities in jeopardy of extensive civil liability as a single outbreak could devastate its particularly vulnerable population should the method of prevention and or control selected prove to be ineffective.
23) **Interesting Fact:** October is the Time for These Favorite Traditions—pumpkin flavored everything; hayrides; haunted attractions; costumes; seasonal beer; candy; *The Simpson’s – Tree House of Horror*; *Charlie Brown’s The Great Pumpkin*; monsters; and of course horror movies. ENJOY!!

*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!*

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