4 Considerations for Building Your Emergency Preparedness

The following article from McKnight’s Long Term Care News was written by Diane Doherty, senior vice president of Chubb Healthcare. She can be reached at diane.doherty@chubb.com.

From Hurricanes Irma and Harvey to the California wildfires, there has been no shortage of extreme weather around the country. While difficult to handle under any circumstance, the more than 67,000 paid, regulated long-term care service providers in the United States face exceptional circumstances.

In many cases, natural and man-made disasters force these facilities to evacuate a vulnerable resident population — one that is often older, frailer and less mobile.

In light of these events, long-term care facilities must develop robust emergency preparedness plans to ensure the safety of their combined nine million residents. The development of such a plan, however, isn’t just about complying with new federal guidelines. Rather, it also helps protect long-term care facilities from general and professional liability exposures—which can result in costly financial settlements. Here’s what providers need to know when building such an emergency preparedness plan.

- **You might be further behind than you think**

  Despite being top of mind for industry executives since Hurricane Katrina in 2005, most organizations haven’t made as much progress as they should over the past decade.

  In fact, a 2012 report from the Department of Health and Human Services found that many facilities continued to face emergency planning shortfalls, with just half of providers meeting then-CMS guidelines. Specific challenges included unreliable transportation contracts, poor collaboration with local emergency management officials and caring for residents who developed new health problems.

  With the implementation of the Centers for Medicare and Medicaid Final Rule on Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, long-term care facilities can no longer wait. With reimbursement payments, accreditation status, and professional and general liability exposures all on the line, long-term care facilities should immediately conduct an “all-hazards” risk assessment. This risk assessment should span the entire enterprise and be shepherded by a multidisciplinary team. Ideally conducted once per year, it should form the foundation of a provider’s emergency preparedness plan.
• **Best practices are your friend**

While it may appear as a daunting task, having pre-established protocols in-place during an emergency can be the difference between success and failure.

Clear guidelines are particularly important when it comes to communications, both before, during and after an emergency. To start, every long-term care organization should keep an organizational chart on file. This should include procedures for activating emergency operation plans and command structure, along with details about who is in charge during an emergency and who has the authority to make decisions for the facility.

Establishing a personnel call down list is vital for ensuring employees are notified of a situation and that information is being shared with other providers, state and local health departments, and emergency management officials.

• **Knowing the details is critical**

Emergency situations often invite stress. This can make recalling and thinking through the details particularly challenging, especially when resident lives might be at stake.

In order to help ensure all possible risk mitigation measures have been implemented and no detail is overlooked while a crisis is unfolding, long-term care providers should compile a comprehensive list of facility details as part of their emergency preparedness plan. The list should include characteristics about a facility's physical structure, including the number of buildings on-site, the years in which they were built, floor plans and the type of construction materials used.

• **Don’t overlook the logistics**

The central component of any emergency preparedness plan is an evacuation strategy. For long-term care providers, the physical act of moving residents who might have mobility or cognitive issues is difficult enough. Overlooking some of the critical logistics associated with moving patients can make it unmanageable.

To help ensure a seamless evacuation, every long-term care provider should ensure that their plan includes information about transportation, sheltering and staffing. Considerations include:

- **Transportation:** In planning how residents will be transported to sheltering facilities, providers should consider the number of vehicles required, who will drive the vehicles, what medical support is required along the way, and how long it will take to get to the receiving facility. But it's not just the resident that needs to be moved. Plans should also account for how medications, equipment and medical records will be transported.
- **Sheltering:** Detailed information should be included on where residents will go in the event of an evacuation, as well as staff. For each facility selected, note how many residents can be accommodated in terms of sleeping and feeding.
- **Staffing:** Many long-term care residents require complex care, so providers must determine how relocated residents will be cared for at the receiving facility. Also determine how many employees will need to stay on-site to assist with the evacuation.

It is essential that long-term care providers have contracts in place with transportation, sheltering and staffing (if additional resources are required) companies well before disaster strikes. With limited resources available during an emergency, reviewing these agreements on an annual basis and including them in their emergency preparedness plans will help ensure long-term care facilities aren't left stranded in a moment of need.

**Activating the best-laid plans**

While no provider aspires to go through a real-life disaster, having the appropriate emergency preparedness plans in place can make it a much more manageable experience. As time is not a luxury available to most executives, long-term care providers never know when they just might need to activate an emergency plan. Beginning to plan today is the best investment they can make in ensuring a safe tomorrow.
FCC Proposes Higher Broadband Limits to Promote Rural Telehealth

The Federal Communications Commission (FCC) recently announced that they were taking steps to further promote telehealth in rural America. As part of this endeavor, the FCC wants to lift its $400 million annual spending limit on a program designed to support broadband connectivity for rural healthcare providers.

The FCC voted to raise that cap in December to support the increased use of broadband by rural providers, including skilled nursing facilities. The decision came during the same meeting as the vote to end net neutrality, a move decried by many as a threat to patients served by rural healthcare providers and to the bottom line of facilities who care for them.

The commission issued a rulemaking notice last week, giving providers a chance to weigh in on the cap — which hasn't increased since the program began in 1997. They want to set a new funding cap because the current program outpaced its limit in Fiscal 2016 and was expected to do so again in fiscal 2017.

Changes could also give higher broadband priority to facilities in more remote areas while targeting waste, fraud and abuse. The proposed rulemaking, printed in the Federal Register, examines the related Telecom Program, which has operated without significant modification for the last decade.

“By improving rural healthcare provider access to modern communications services, the RHC Program can help in overcoming some of the obstacles to healthcare delivery faced in isolated communities,” the FCC said.

Click here to read the full article from McKnight’s.

Hip Fractures on the Rise in Older U.S. Women

According to a large new study of Medicare recipients, the prevalence of hip fractures in older women in the U.S. is rising after more than a decade of decline. These injuries can cause serious disability, loss of independence and even death.

Research showed that while hip fracture rates declined each year from 2002 to 2012, they leveled off in 2013 and were higher than expected.

The researchers were especially alarmed at fracture rates in women ages 65 to 69, which had risen by 2.5 percent, and in women ages 70 to 74, which had risen by 3.8 percent, from 2014 through 2015.

Overall, the authors reported in Osteoporosis International, “the plateau in age-adjusted hip fracture incidence rate resulted in more than 11,000 additional estimated hip fractures over the time periods 2013, 2014, and 2015.”

Also disturbing was the cost associated with those additional fractures, which was estimated by the research team to be nearly $460 millions (assuming a cost of $40,000 per hip fracture).

“Most hip fracture patients, who almost always have osteoporosis and are at very high risk of having more fractures, are currently not being evaluated and treated to reduce fracture risk,” said one of the study authors, Dr. E. Michael Lewiecki, director of the New Mexico Clinical Research & Osteoporosis Center in Albuquerque, New Mexico.

Though the study was not designed to identify why hip fracture rates are leveling off instead of continuing to decline, Lewiecki and his colleagues can speculate on the reasons. One possible explanation, they say, is that the use of DXA scans (a type of x-ray used to measure bone loss) has steadily declined. DXA testing is used to diagnose osteoporosis before a fracture occurs, and to monitor the effects of treatment. This decline could be related to a rise in hip fracture rates.
In addition, a decrease in osteoporosis treatment—partly due to a decline in screening for the disease and partly because patients may fear the rare but severe side effects that have been linked to osteoporosis drugs called bisphosphonates—could also be causing fracture rates to rise.

Dr. Joan McGowan, director of the division of Musculoskeletal Diseases at the U.S. National Institute of Arthritis and Musculoskeletal and Skin Diseases in Bethesda, Maryland, said that the worries about these side effects are overblown, and quite rare.

“We had success in reducing hip fractures in the past. There’s loads of opportunities to change the curve,” she added.

For more on this topic, click here to read the full article from Reuters.

Scientists Link Modern Food Additive to Explosion of C. Diff

Recent research has lead scientists to believe that Trehalose, a naturally occurring sugar also used as an additive for taste and shelf stability may have helped fuel two bacterial strains that have plagued health care facilities around the country.

Trehalose, which is easily and cheaply extracted from corn starch, has been shown to help feed certain strains of Clostridium difficile (C. diff). Researchers believe they are part of the reason those specific strains have become more virulent since 2000, which is the same year Trehalose was deemed safe by the FDA and began being pumped into everything from ground beef to ice cream.

In light of these findings, which were published in the journal Nature, dietary staff may be taking a closer look at ingredient labels.

“What this work does suggest is that if a hospital or long-term nursing care facility has an outbreak of C. difficile caused by a RT027 or RT078 strain, then patients’ diets should be modified to restrict trehalose consumption,” study co-author Robert A. Britton, professor of molecular virology and microbiology at Baylor College of Medicine, told Medical News Today.

The question of why certain strains have become so successful in recent years has been at the forefront of the minds of scientists and health care professionals, though the overuse of antibiotics has been the major focus as a potential answer. For this study, Britton and his fellow researchers decided to track two specific strains to determine which carbon-rich molecules they ate. They reported that both strains thrived on low concentrations of Trehalose.

For more information, click here to read the full article from McKnight’s.

Old Age Alone Not to Blame for Surgical Complications

A new study conducted by researchers from St. Michael’s Hospital in Toronto has found that though various factors can increase a senior’s chances of experiencing complications after surgery, age alone isn’t one of them.

After a review of 44 studies, including data on more than 12,000 people ages 60 and up, the research team found that frailty, mental impairment, depressive symptoms and smoking increased the risk for complications after surgery, but age did not. They also found no association between the risk for complications and a patient’s American Society of Anesthesiologists (ASA) status, which assesses a patient’s physical health before surgery.

“The fact that age and ASA status were not risk factors for postoperative complications is somewhat surprising because these are the factors a clinician would typically look at when assessing a patient’s risk of developing complications after surgery,” study author Dr. Jennifer Watt said in a hospital news release.

“Older adults are a diverse group of patients whose risk of postoperative complications is not solely defined by their age, co-morbidities (multiple health problems) or the type of surgical procedure they receive,” she added.
“This study highlights how common postoperative complications are among older adults undergoing elective surgery, and the importance of geriatric syndromes, including frailty, in identifying older adults who may be at risk,” she said.

Identifying and addressing risk factors before surgery -- especially smoking and depressive symptoms, Watt said -- could be helpful.

“These factors could be targeted in the preoperative clinic, potentially leading to better outcomes for older adults undergoing elective surgery,” she said.

Overall, 25 percent of the patients in the reviewed studies had some type of complication after surgery.

The findings were published online just last week in the journal *BMC Medicine*.

Click here to read the complete article from Futurity.org.

**January 2018 Observances**

**January 21-27 is National Activities Professionals Week:** Activity professionals play a key role in the operation of any long term care facility. In order to recognize their amazing contributions to the well-being of the residents in their care, the National Association of Activity Professionals organizes this week long observation each year. How will you celebrate your activity staff? To find out more, visit [http://naap.info/](http://naap.info/).

**AHCA/NCAL Information**

**AHCA/NCAL National Quality Awards – Submit Your Application by February 1!**

- National Quality Award Program submissions for all applicants are being accepted online.
- All applications and payments must be submitted via the online portal before February 1, 2018 at 8 p.m. EST.
- Application packets are available on the Bronze, Silver and Gold Award pages. (Click here to view some tips for submitting your application.)

AHCA/NCAL [Gero Nurse Prep](http://www.geronurseprep.com) does much more than just prepare RNs to take the American Nurses Credentialing Center (ANCC) board certification exam in gerontological nursing. It increases experienced RNs’ knowledge of gerontological nursing practice. Gero Nurse Prep students see a whopping 24 percent average increase on their pre- and post-test scores. Watch this [video](http://www.geronurseprep.com) to learn more about AHCA/NCAL Gero Nurse Prep or check out the [course preview](http://www.geronurseprep.com) to get a quick view of this engaging on-line curriculum designed to increase gerontological nursing knowledge and help RNs pass the ANCC exam.

**National Skilled Nursing Care Week 2018**

Beginning in 2018, National Nursing Home Week will now be known as National Skilled Nursing Care Week (NSNCW). This year’s observance will be held May 13-19, so Save the Date!! The theme this year will be “Celebrating Life’s Stories,” which serves as a tribute to life’s most significant events, relationships and experiences, all of which shape the unique perspectives of residents, families, staff and volunteers in long term and post-acute care. For more information, [click here](http://www.geronurseprep.com).

**Registration for the 2018 AHCA/NCAL Quality Summit is Now Open! – Housing Deadline Around the Corner**

Join your fellow long term and post-acute care professionals March 12-14, 2017 in New Orleans for a variety of educational sessions, association updates and networking opportunities! Deadline to Register is March 2, 2018. [Click here](http://www.geronurseprep.com) for more. Make your [hotel reservations](http://www.geronurseprep.com) now! **The reservation deadline for the summit is February 9, 2018!**
Registration for the 2018 AHCA/NCAL Independent Owner Leadership Conference is Now Open!

AHCA/NCAL’s Independent Owner Leadership Conference is Jazzing Up the Path to Success. Join in on the fun March 14-16, 2018 (directly following the 2018 Quality Summit) in New Orleans. Get together with AL and SNF Independent Owners from across the country to discuss the issues that matter most to you. Hot Topics this year will include ACOs, VBP, QRP measures and more. Earn up to 8.75 CEs for attending. Deadline to Register is March 2, 2018. Click here for more.

Upcoming Webinar:
- Water Safety and Reducing the risk for Legionella in Nursing Homes | January 31, 2018 | 1:30 – 3:00 p.m. EDT

IHCA Information

Are You Registered the 2018 IHCA Public Policy Forum?
IHCA will be hosting our fifth annual Public Policy Forum on Tuesday, January 30, from 1:00 to 4:00 p.m. at the President Abraham Lincoln Springfield Doubletree by Hilton. Attendees will hear presentations on IHCA’s policy and political agendas and the major gubernatorial candidates have been invited to speak. This year our main speaker will be Rich Miller, editor and author of Capitol Fax, Illinois’ premiere political publication. As an added bonus, participation is worth 3 CEs!

Registration is open for this always popular event, so mark your calendars now, and click here to register online (click here to view the brochure and registration form).

Thank you to Medline for sponsoring this program! Check out their website at www.medline.com for more information or contact John Cervino directly at jcervino@medline.com.

IHCA VCast – Sponsored by RxPERTS Pharmacy
This week’s episode featured the IHCA staff. Get to know the IHCA crew! Coming soon: Past issues of the weekly VCast emails, with all of the appropriate links, will be available in the IHCA Resource Center. To access the resource center, simply log in to the member portal and click on Resources.

F-Tag Review Web Seminar Series: Comprehensive Review of Regulations and Interpretive Guidance for top F-Tags
IHCA is once again joining forces with our fellow affiliates to bring you a new web seminar series. This year’s series will focus on reviewing the top deficiencies cited nationally with the new Long Term Care Survey Process (LTCSP). Each session will include discussion on top-cited F-Tags with a review of the regulation, an analysis of the associated Interpretive Guidance, a review of survey procedures and more.

The first web seminar in the series, Comprehensive Review of Regulations and Interpretive Guidance for Infection Control/Antibiotic Stewardship F880-F881, is scheduled for Wednesday, January 31, 2018 at 9:30 a.m.

For more information, check out the IHCA Seminars page on our website.

Infection Preventionist Specialized Training (IPCO) Now Available!
IHCA has partnered with AHCA to bring you a new quality improvement resource that will meet the new Infection Preventionist specialized training requirement finalized by CMS in the Requirements of Participation (RoP) for long term care centers. The Infection Preventionist Specialized Training (IPCO) course provides specialized training for healthcare professionals who seek to serve as Infection Preventionists. Through this course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program at their nursing center.

IHCA and AHCA are committed to ensuring nursing centers are fully prepared to meet the rigors of the new RoP requirements. This course is an online, self-study program with 23 hours of training. It includes online lectures, case studies and interactive components taught by an array of experts from around the country. To learn more, see the Infection Preventionist Specialized Training (IPCO) slides. To register, just click here.

LTCNA Offering Core Competency Sessions!
LTCNA is now offering a la carte competency training sessions with their simulation mannequin, Geri Manikin! Get your nurses the training they need right in your center! The cost will be dependent on the amount of time spent in the center.
Charter Memberships are also still available for centers. The fee for the membership is $2,000 and the center will receive 24 hours (4 6-hour days) of simulation time over the course of the year. For more information contact Debbie Jackson at djackson@ihca.com or 800-252-8988.

IHCA Member Spotlight

Calling IHCA Members – We Want to Feature Your Company Here!!!

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

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

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