June 30, 2015 Edition

Feature Focus

Each edition of the IHCA Regulatory Beat will feature focus articles on specific regulatory topics. If you have a topic you’d like to see covered here, please let us know!

Ready or Not, Here Comes ICD-10!
With a little more than 100 days until the ICD-10 implementation deadline goes into effect, the clock is ticking, but the CMS insists it’s not too late for providers and others to get ready for the code switchover—even if they’ve done nothing so far to prepare for the new code set.

Though it might seem like a daunting task, CMS officials say there are strategies and resources to successfully transition from ICD-9 to ICD-10 that can be put to use just in a nick of time.

“Certainly, there is still time to get ready,” said Denesecia Green, deputy director of the National Standards Group, during a June 18 Medicare Learning Network webinar. But, Green added, “it’s definitely time to transition now.”

Also See: It’s Crunch Time for ICD-10 Compliance

Green’s recommended path to ICD-10 compliance at this late date is a five-step action plan that includes: making a plan; training your staff; updating your processes; talking to your vendors and payers; and testing your systems and processes.

When it comes to making a plan, she said a good place to start is with your practice management system, which may “allow you to run a report of your high-volume codes or your top 25—start there.” As far as training for your staff, Green advised that documentation and coding training are essential for ICD-10. Updating your internal processes such as policies is also key, she commented, as well as getting “everyone in your practice onboard.”

Talking to your vendors and payers is critical, according to Green, because “these are the entities that you work with all the time” and it’s important to get answers from them to the following questions: Do I have what I need? When will I get what I need? And, are we all on the same page moving forward for ICD-10?

The final step is testing your systems and processes. “This is where you’re working with your vendors to test your internal system, ensuring that things work properly, that they can answer your questions, and that if anything does happen that there’s some training or a call center available for them to answer your questions,” said Green, who added that “there are many payers out there that are offering testing as we speak.”

As far as resources to help providers with the ICD-10 transition, CMS has many resources available. The latest from CMS is the new CMS Quick Start Guide. To learn more about getting ready, visit cms.gov/ICD10 for free resources including the Road to 10 tool designed especially for small and rural practices, but useful for all health
care professionals. Visit the CMS ICD-10 website for the latest news and resources to help you prepare. Sign up for CMS ICD-10 Industry Email Updates and follow CMS on Twitter.

Additionally, plan to join IHCA for our Countdown to ICD-10: Making Sure Your Coders are Ready seminar to be held in five locations around the state.

- Tuesday, July 21, 2015—Holiday Inn & Suites, East Peoria
- Wednesday, July 22, 2015—Hyatt, Lisle
- Tuesday, July 28, 2015—Hawthorn Suites by Wyndham, Champaign
- Wednesday, July 29, 2015—Rend Lake Resort, Whittington
- Thursday, July 30, 2015—Northfield Inn & Suites, Springfield

View complete brochure. | Register online.

We will be expanding on the basics and apply the coding conventions and guidelines to real-life scenarios. There will also be helpful hints on documentation and querying physicians so coders will feel comfortable with their coding abilities, as well as communication with billers and providers. We will also assess where the facility is in the transition process and what steps to take going forward.

**Please Note: Attendees will need to bring a copy of the 2015 ICD-10-CM coding books with them.

Rewritten using articles/information from HealthData Management and CMS.

Exploring Passenger Van Safety
Fifteen-passenger vans, which many senior living organizations use, are more likely to be involved in a single-vehicle rollover crash than any other type of vehicle. In response, the National Highway Traffic Safety Administration has issued numerous safety advisories on these vehicles. The latest was published in May 2012.

In addition to getting the word out about the increased rollover risk with 15-passenger vans, the NHTSA addresses steps that can be taken to mitigate it. It's important for organizations that use 15-passenger vans to transport students, seniors, sports groups or other members to understand how to reduce rollover risks, avoid potential dangers and better protect occupants in the event of a rollover crash.

NHTSA recommended 15-passenger van safety precautions include the following:

- Never overload the vehicle. Keep your passenger load light. NHTSA research has shown that 15-passenger vans have a rollover risk that increases dramatically as the number of occupants increases from fewer than five to more than 10. In fact, 15-passenger vans (with 10 or more occupants) had a rollover rate in single vehicle crashes that is nearly three times the rate of those that were lightly loaded.

- If you are a passenger, make sure you buckle up for every trip. Nearly 80 percent of those who have died nationwide in 15-passenger vans were not buckled up. Wearing seat belts dramatically increases the chances of survival during a rollover crash.

- If you are an owner, make sure the vehicle is regularly maintained.

- Have suspension and steering components inspected according to the manufacturer's recommended schedule and replace or repair these parts as necessary.

- Make sure drivers are properly licensed and experienced in operating a 15-passenger van. Special training and experience are required to properly operate these vehicles. Make sure your driver or drivers have both, and only operate these vehicles when well rested and fully alert.

- Before every trip, check the tires for proper inflation and assess for signs of wear or damage. Correct tire size and inflation pressure information can be found in the owner's manual and on the door pillar. NHTSA's study found that 74 percent of all 15-passenger vans had improperly inflated tires. By contrast,
39 percent of passenger cars had improperly inflated tires. Improperly inflated tires can change handling characteristics, increasing the prospect of a rollover crash.

- If at all possible, seat passengers and place cargo forward of the rear axle and avoid placing any loads on the roof. By following these guidelines, the vehicle's center of gravity will be lower, which also reduces the chance of a rollover crash.
- Be mindful of speed and road conditions. The analysis of 15-passenger van crashes shows that the risk of rollover increases significantly at speeds over 50 miles per hour and on curved roads.

Reprinted out of McKnight's and authored by Betty Norman, BSN, MBA, CPHRM, who is the Risk Control Director at Glatfelter Healthcare Practice, part of Glatfelter Program Managers, a strategic business unit dedicated to Glatfelter Insurance Group's program business.

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**Trending Statistics**

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

Mental health care costs for individuals ages 18 to 64 averaged more than $48 billion annually from 2009 to 2011, with 45 percent of the cost (about $22 billion) spent on prescription medicines. On average during that period, 28 million adults per year had health care expenses related to mental health diagnoses. (Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey Statistical Brief #454: *Expenditures for Mental Health among Adults, Ages 18-64, 2009-2011: Estimates for the U.S. Civilian Noninstitutionalized Population.*)

**Highlights**

- An annual average of 27.5 million adults ages 18-64 (14.3 percent of adults in that age range) had some health care expenses for mental health disorders in 2009-2011.
- Average annual direct spending to treat mental health disorders in adults ages 18-64 totaled $48.2 billion (in 2011 dollars) during 2009-2011, with 45.0 percent ($21.7 billion) going towards prescription medicines.
- Average annual mental health-related expenditures for adults ages 18-64 with mental health-related expenditures in 2009-2011 were $1,751 per person in 2011 dollars.
- About one-third of expenditures for treatment of mental health disorders for adults ages 18-64 were paid for by private insurance. Medicaid covered 24.2 percent, out-of-pocket expenses constituted 16.7 percent of expenses, and Medicare paid for 14.3 percent. The remaining expenditures were covered by sources such as veterans' benefits, TRICARE, Workers' Compensation, governmental aid, and other sources of private and public insurance.
1) The following federal Survey and Certification (S&C) Letters were released since the last issue of *Regulatory Beat*:

- **S&C 15-41 – ESRD** - Surveyor Guidance for Approval of Home Dialysis Modalities. The ESRD facility must have at least one patient on census who (and/or their caregiver) is in the process of being trained or has been trained by the facility interdisciplinary team (IDT) for each home dialysis service/modality for which it is applying.

2) Federal CMS/HHS released several notices/announcements since the last issue of *Regulatory Beat*. They include:

- CMS’s Medicare Learning Network (MLN) had several items of interest. They include:
  - **Comprehensive Prevention Program Effectively Reduces Falls among Older People - HHS - supported study tests falls intervention program**. Families and physicians have a new tool in the fight against falls - a comprehensive prevention program developed by HHS that reduces both falls and resulting use of long term care, such as nursing homes. The prevention program, which includes clinical in-home assessments of health, physical functioning, falls history, home environment and medications to create customized recommendations, was developed by HHS based on the research evidence on risk factors and interventions. Using a randomized control trial, the program was tested among long term care insurance policy holders age 75 and older to determine whether the intervention was effective and, if so, the impact on long term care utilization.
The study found that the program led to significantly lower rates of falls over a one-year study period. Those who received the intervention had a 13 percent lower rate of falls, and an 11 percent reduction in risk of falling compared to the control group. Participants also had a significantly lower rate of injurious falls. Long-term care insurance claims were 33 percent lower over a three-year period. The intervention, which cost $500 per person to administer, saved $838 per person.

Falls - which happen to 1 in 3 people age 65 and over every year – can cause pain, suffering and death, and cost an estimated $35 billion in health care spending in 2014. They are a leading risk factor for needing long term care at home or in a nursing facility. Given the impact of falls, findings from the HHS-funded study give hope for reducing the rate of falls among the growing population of older adults.

For more information: The Effect of Reducing Falls on Long-Term Care Expenses: Final Design Report. Full text of this excerpted HHS press release (issued June 8).

- “Skilled Nursing Facility (SNF) Billing Reference” Fact Sheet — Reminder. The “Skilled Nursing Facility (SNF) Billing Reference” Fact Sheet (ICN 006846) is available in downloadable format. This fact sheet is designed to provide education on Medicare Part A, which covers skilled nursing and rehabilitation care in a SNF under certain conditions for a limited time. It includes the following information for SNF providers: coverage, payment and billing.

- “FAQs – International Classification of Diseases, 10th Edition (ICD-10) End-to-End Testing” MLN Matters® Article — Revised. MLN Matters® Special Edition Article #SE1435, “FAQs – International Classification of Diseases, 10th Edition (ICD-10) End-to-End Testing,” was revised and is now available in downloadable format. This article is designed to provide education on updated information for physicians, providers, suppliers, clearinghouses, and billing agencies selected to participate in Medicare ICD-10 end-to-end testing.

- Medicare and Medicaid 50th Anniversary Count Down - This summer will mark the 50th anniversary of the enactment of Amendments to the Social Security Act that established the Medicare and Medicaid programs. Over the next 50 days, the Centers for Medicare & Medicaid Services will recognize the impact these two programs have had in transforming our nation’s health care system. By sharing daily facts and posts on Twitter (@cmsgov) and Medicaid.gov, CMS will highlight people, places, and progress that represent the Medicare and Medicaid programs as we know today. Click here for the full CMS press release.

- National Medicare fraud takedown results in charges against 243 individuals for approximately $712 million in false billing - Most defendants charged and largest alleged loss amount in Strike Force history. HHS Secretary Sylvia M. Burwell and Attorney General Loretta E. Lynch announced today a nationwide sweep led by the Medicare Fraud Strike Force in 17 districts, resulting in charges against 243 individuals, including 46 doctors, nurses and other licensed medical professionals, for their alleged participation in Medicare fraud schemes involving approximately $712 million in false billings. In addition, CMS also suspended a number of providers using its suspension authority as provided in the Affordable Care Act. This coordinated takedown is the largest in Strike Force history, both in terms of the number of defendants charged and loss amount.

- In a recent Centers for Disease Control and Prevention (CDC) Influenza News and Highlights, the HHS National Vaccine Program Office (NVPO) developed a toolkit to help long term care employers and administrators promote influenza vaccination among their workforce and to help anyone working in LTC facilities understand the importance of influenza vaccination for LTC workers. The toolkit is available now to aid in early flu vaccination planning efforts! This toolkit is also available in Spanish.
• **HHS launches GIS-based tool for health disaster readiness** - *Unique interactive map helps meet needs of people with electricity-dependent medical equipment* The HHS **emPOWER Map**, an interactive online tool, launched today to aid community health agencies and emergency management officials in disaster preparedness as they plan ahead to meet the emergency needs of community residents who rely on electrically powered medical and assistive equipment to live independently at home.


• **New Enrollment System for the Illinois Medical Assistance Program – Billing Agents - Illinois Medicaid Program Advanced Cloud Technology (IMPACT).** The purpose of this informational notice is to inform billing agents that the State of Illinois is launching a new enrollment process and computer system known as Illinois Medicaid Program Advanced Cloud Technology (IMPACT). Billing agents submitting electronic claims to Illinois Medicaid and/or receiving electronic remittances will be required to access the IMPACT system and enroll beginning July 20, 2015.

• **ICD-10-CM Implementation - Claim Submission Requirements.** This notice serves to inform providers of specific claim information required as a result of the federally-mandated conversion from the ICD-9-CM code set to the ICD-10-CM code set effective October 1, 2015. These instructions do not apply to dental claims billed on the ADA claim form to the department’s dental program contractor, DentaQuest of Illinois.

• **Payment of Cost Sharing for Medicare Advantage Plan (MAP) Members Effective July 1, 2015.** The purpose of this notice is to inform providers of a new HFS policy concerning Medicare cost sharing for Medicare Advantage Plan (MAP) Members (also known as Medicare Replacement Policies). In a Provider Notice dated June 29, 2010 to All Participating Medical Assistance Providers, HFS notified providers to seek Medicare cost sharing from the MAP for individuals enrolled in MAPs and Medicaid unless the plan was a Medicare Private Fee-For-Service (PFFS) Plan.

• **Illinois Medicaid Program Advanced Cloud Technology (IMPACT) - Provider Enrollment Educational Sessions.** The purpose of this notice is to inform providers that Illinois is announcing IMPACT Educational Sessions scheduled throughout the state and also via webinars. Scheduled sessions and registration information is posted on the IMPACT website. Providers can register by visiting the IMPACT website and clicking on “Webinars” or very soon on the “Provider Outreach” page.

• **New and Revised Forms for Prior Approval of Specific Durable Medical Equipment.** HFS has released an Information Notice that discusses the development of new DME forms, and revised some existing ones, to better identify to providers the information required by the department for review of prior approval requests. Effective with the date of this notice, HFS will require that providers submit these forms in addition to any clinical information that supports medical necessity, plus the existing HFS 1409 Prior Approval Request (pdf) form for the specified DME items. A valid physician/practitioner order is also required. All of the forms referenced below are available in a PDF-fillable format on the department’s Medical Programs Forms page. Please note that the department has recently created a new Medical Prior Approval Criteria webpage. All prior approval forms can also be accessed at that site. As a reminder, any request for “custom” equipment must have documentation to support the need.

4) The **American Health Care Association (AHCA)** released several notices of interest. They include:

• **Emergency Preparedness: New Resource from ASPR.** ASPR has developed a new resource - TRACIE is an online resource for Emergency Preparedness Resources. Several of our Emergency Preparedness Committee members were subject matter experts. Below is the email from ASPR explaining the program:
Thank you for your feedback and recommendations to help the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) develop and launch its Technical Resources, Assistance Center, and Information Exchange (TRACIE)! Due to your incredible efforts and assistance, ASPR TRACIE is now open. You can browse Technical Resources and review Topic Collections, visit our Assistance Center and submit a request, and apply to join our password-protected Information Exchange.

You can also subscribe to the ASPR TRACIE listserv and apply to join their cadre of subject matter experts. And watch this short demonstration on how to navigate through the ASPR TRACIE website. They are continuously updating and adding new functions to ASPR TRACIE, so keep visiting the site.

- **MLTSS Strategy Toolkit.** AHCA has developed an updated version of the MLTSS contracting toolkit for member facilities that are considering and/or reviewing contracts with MCOs. The “Best Practices Toolkit: Negotiating and Entering into Medicaid Managed Care Contracts” identifies and describes the key contract clauses included in most MCO/provider contracts, and provides examples of language that is favorable for nursing centers and/or assisted living facilities. The toolkit is available here. Please note that although AHCA does not expect the proposed Medicaid managed care regulation to have a significant impact on the content of these toolkits, they will revise the toolkits as necessary once the final regulation is issued.

- **More information on MDS-focused survey.** Below is a summary about a recently completed MDS-focused survey in Massachusetts:

  **About the Survey**
  - 2-3 day survey
  - Presented facility with Entrance Letter – survey for MDS accuracy and staffing
  - Requested roster be completed within one hour; if not, would be cited (Worksheet #1)
  - Needed to complete form 671 within 24 hours
  - Requested list of all residents on anti-psychotics, admit, discharges and re-admits in the last 90 days
  - Asked who the wound care RN was – did not interview her
  - Requested all policies related to MDS, staffing and scheduling, infection control, restraints, falls, psychotropic medications
  - Requested daily staffing sheets for previous 18 months
  - Did not interview staff or residents

  **Chart Review**
  - Reviewed 10 records
  - Sample included residents with each QM – falls, wounds, catheters, anti-psychotic meds
  - Two residents with reportable incidents but had not had a complaint investigation (falls with injury)
  - Reviewed resident that had been previously cited at a “G” for wound care – only resident that was the reviewed from their annual survey

  **Potential Citations**
  Inaccurate records*
  - 1 resident did not have a SIC MDS completed in December (resident with “G” for wound care)
  - 2 residents had no diagnosis for anti-psychotic medications
  - 5 residents did not have a care plan for anti-psychotic medications but did have behavior care plans
  - 1 resident did not have a care plan for pain or falls
  - 1 MOLST form not signed by resident
5) The federal Agency for Healthcare Research and Quality (AHRQ) had several articles of interest in their recent newsletter. They include:

- **AHRQ Briefs Probe Issue of Hospital Readmissions for Psychiatric Conditions.** Two new briefs from AHRQ examine the issue of rehospitalizations for psychiatric hospitalization. A statistical brief from AHRQ’s Healthcare Cost and Utilization Project found that 30-day rehospitalization rates in 2012 were 15.7 percent when the primary diagnosis was schizophrenia and 9 percent when the primary diagnosis involved mood disorders. This compares with a 30-day rehospitalization rate of 3.8 percent for all other non-mental health/substance abuse conditions. Meanwhile, a technical brief from AHRQ’s Effective Health Care Program found that the availability and implementation of strategies to reduce hospital readmissions for psychiatric conditions vary widely and that these readmissions are probably undercounted. It concluded that more research is needed to determine which strategies work best to reduce readmissions for psychiatric conditions, ways to accurately measure the most meaningful outcomes and the best ways to apply effective strategies in settings with varying resources. In 2012, nearly one quarter of U.S. adults experienced some form of mental or substance use disorder.

- **AHRQ Study: Hospital Management Practices Can Influence Efforts To Prevent Bloodstream Infections.** Specific hospital management practices can influence the effectiveness of central line-associated bloodstream infection prevention efforts, an AHRQ-funded study found. Researchers interviewed staff from eight hospitals participating in implementation of AHRQ’s Comprehensive Unit-based Safety Program to identify management practices that differentiated higher-performing hospitals from lower-performing ones. They found that the degree of commitment to the goal of “getting to zero” infections was a determining factor in the effectiveness of this prevention effort. At higher-performing hospitals, this goal was stated explicitly, widely embraced and aggressively pursued. At lower-performing hospitals, the goal was viewed as an aspiration and was not part of an integrated strategy to prevent infections, the study stated. Additional management practices – top-level commitment, physician-nurse alignment, systematic education, meaningful use of data and rewards and recognition – were nearly exclusively present in the higher-performing hospitals. The study presents a management practice “bundle” with suggestions for implementing strategies to prevent infections. The article and abstract, “Preventing Central Line-Associated Bloodstream Infections: A Qualitative Study of Management Practices” were published online February 23 in the journal Infection Control & Hospital Epidemiology. AHRQ’s Michael I. Harrison, Ph.D., is a coauthor of the study.

- **AHRQ Webinar Exploring Hospital-Based Intervention Programs Available Online.** A recording is available for AHRQ’s May 20 continuing-education webinar that explored how hospital-based medication reconciliation interventions can reduce medication errors during transitions of care. Some evidence shows that pharmacist-led processes could prevent medication errors and potential adverse drug events. Findings from an AHRQ report that explored this topic and information from the MATCH toolkit, a step-by-step guide for improving the medication reconciliation process, were reviewed during the webinar.

6) **MedlinePlus** recently published two article of interest. They were:

- **Shingles Vaccine Appears to Cut Odds of Long-Term Pain.** Even when shingles vaccination does not prevent the disease, it reduces the risk of long-term pain that can occur as a complication of the condition, according to a new study. Although the U.S. Advisory Council on Immunization Practices recommends shingles vaccination for people 60 and older, vaccination rates remain low, the researchers...
say. "Hopefully, this study will encourage more people to get vaccinated in order to reduce the long-term pain and potential disability associated with shingles," said lead author Hung Fu Tseng, a researcher with Kaiser Permanente Southern California.

- **Even Light Activity Can Boost Senior’s Health.** Regular light exercise can be as good for seniors as moderate or vigorous exercise, according to a new study. Moderate-intensity physical activity has been shown to be good for your health. But, this study suggests that seniors should also be encouraged to engage in lower-intensity activity whenever they can, study lead author Paul Loprinzi, an assistant professor of exercise science and health promotion at the University of Mississippi, suggested in a news release from Oregon State University. Loprinzi was at Oregon State University at the time of the study.

7) **Medpage Today** also had a couple of articles of interest. They were:

- **Secret to Health: You’ve Got to Move It, Move It, Move It** — Excessive sitting associated with early death and metabolic and heart risks. If sedentary office workers could get off their posteriors for at least 2 hours a day, it could reduce their risk for heart disease, diabetes, and all-cause mortality, according to a panel of public health experts convened by the U.K. Department of Health. Ideally, office workers should stand or move about for at least 4 hours during their workday, but the initial 2-hour goal is a step in the right direction, the committee said in a consensus statement published in the British Journal of Sports Medicine. Even more ideally, individuals should be exercising moderately for 150 minutes per week, but so few people are meeting this goal that the panel, headed by John Buckley, PhD, MSc, of the University of Chester, instead offered the more modest goal of simply getting people up out of their seats for a few hours.

- **Sleep in the Elderly: Surprises in New Studies** — What’s normal for everyone else may not apply to older people. Although a popular conception is that insomnia grows in prevalence with age and that excessive sleep in the elderly correlates with poor functional ability, two large studies presented here suggested otherwise. Results of a survey administered to nearly 5,000 U.S. military veterans showed that the prevalence of insomnia actually decreased significantly with increasing age, according to Armand Ryden, MD, of the Los Angeles VA Health System and the University of California Los Angeles.

8) **McKnight’s** has published several articles of interest since the last issue of Regulatory Beat. They include:

- **Flu vaccine adjusted to avert another deadly “mismatch” season.** Next season’s flu vaccination is being tweaked for broader protection, due to last year’s inconsistent coverage of influenza strains, U.S. health officials announced.

- **White House report shows benefits of Medicaid expansion.** States that pass on expanding Medicaid could be missing out on billions of dollars in federal money and additional health-related benefits, according to a new report from the White House.

- **New diabetes self-management education guidelines released.** New guidelines have been released on what type of diabetes self-management education and support should be given to patients, and how and when health care providers deliver that information.

- **2.5 million more LTC workers needed by 2030, researchers warn.** At least 2.5 million more long term care workers will be needed within 15 years in order to keep up with the fast-paced growth of America’s aging population, according to a new study by researchers at the University of California at San Francisco.

- **Experts say reform needed to alleviate LTC strain on Medicaid.** An increasing reliance on Medicaid to pay for long term care supports and services has put the sustainability of the system in jeopardy, experts warned recently.
• **Study: LTC nurses spend less than half of time on resident care.** Care providers spend more than half of their time at work doing tasks that do not involve resident care, indicating long term care can become more efficient by delegating certain activities to non-regulated workers, according to new research.

• **Environmental stimulation decreases apathy levels in dementia residents.** Nursing homes with strong environmental stimulation are more likely to decrease the apathy levels among their residents with dementia, researchers have found.

• **Negative pressure wound therapy is the fastest-growing market in wound care sector.** North America remains the largest market for Advanced Wound Care Technology overall, which is predicted to be worth $1.73Bn by 2021. Yet higher disposable income, increasingly better access to higher quality medical care and a general hike in the number of accidents worldwide is contributing to Negative Pressure Wound Therapy specifically as experiencing the highest market growth of any Advanced Wound Care Technology segment: the application of Negative Pressure Wound Therapy is hoped to decrease the strain hard-to-close wounds are having on healthcare industries worldwide.

• **Achieving Five Star Staffing Success (on behalf of OnShift).** Recent Five Star Quality Rating changes have placed a spotlight on staffing. Take control of your Five Star staffing rating with best practices to consistently meet staffing targets, improve care and outperform the competition.
  • Get tips to better utilize staff and increase engagement
  • Learn how to right-size your workforce by pinpointing hiring needs
  • Discover strategies to boost efficiencies and solve everyday scheduling issues
    o The Definitive Five Star Staffing Handbook provides all you need to know for developing, implementing and achieving your Five Star staffing goals.

9) Interesting Fact: Our skin is like a conveyer belt, constantly producing new skin cells at the base layers that push the old, dead cells away. “Apart from our eyes, almost every other part of the surface of the body is dead,” Ranson says. The body is made up of 1.6 trillion skin cells and we lose and replace between 30,000 and 40,000 an hour, with it fully regenerating every 30 days.

*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!*