June 28, 2016 Edition

**Please Note—The IHCA Office will be closed Monday, July 4, in honor of Independence Day.**

**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!

**Safeguarding LTC Residents During the Summer Months**

As we have already had some warm to hot days, our thoughts need to shift to making sure our LTC facility residents are safeguarded against the coming summer heat. We all suffer in hot weather. However, for elderly and disabled people and those with chronic health conditions such as vascular disease or diabetes, the weather does not have to hit 100 degrees to cause heat stress or even deadly heat stroke. Please review your facility hot weather policies/protocols with all of your staff.

As we age, we gradually lose the ability to perspire and regulate our body temperature. This is why older people tend to overdress—they don't feel heat the same way anymore. Heart rates do not speed up—or return to normal—as fast during exercise. Older skin also thins and offers less protection from the sun. Poor circulation, heart, lung and kidney diseases, and high blood pressure increase the risk for heat-related illness. Being overweight or underweight also increases risk.

Medications taken for a variety of diseases and symptoms can also interfere with one's ability to manage hotter weather. These medications include antipsychotic drugs commonly given to Alzheimer's patients to control agitation, anticholinergic drugs, tranquilizers, sedatives (including over-the-counter sleeping pills), amphetamines, diuretics and drugs to control blood pressure, antihistamines and some antidepressants.

A person with cognitive impairment, whether from disease or injury, may not be able to communicate distress. In some cases, they may not even "feel" the heat or discomfort because of changes in the brain's abilities to process sensory information or regulate their body's responses to heat.

**Tips for Staying Cool**

LTC facility staff can prevent a heat-related emergency (hyperthermia) by keeping residents cool, watching for signs of heat stress and following these tips for dealing with hot weather:

- **Wear cool clothing:** See that the resident is dressed in light-weight, light-colored, loose-fitting clothing, preferably of natural fabrics like cotton. Use hats and umbrellas outside. If the air conditioning appears
to bother the person, offer layers, such as a long-sleeved shirt or sweater over the shoulders or a light cloth over the ankles.

- **Use air conditioning**: Keep the air conditioning between 75-80 degrees F. If you don't have air conditioning, using room fans to circulate inside air is permissible if used correctly.

- **Cover windows**: During the day, pull the curtains on all windows that are in direct sunlight.

- **Avoid direct sun**: Stay indoors during the hottest hours, 11 a.m. to 4 p.m. If the resident wants to be outside, make sure it's during cooler hours and that he or she is in the shade, on a covered porch or under an umbrella. Also check the news for information about temperatures, humidity levels and air pollution alerts.

- **Eliminate or limit physical activity**: If the resident's physician approves light exercise such as walking and movement exercises, limit them to short periods during cool hours.

- **Drink plenty of fluids**: Give the resident plenty of water and fruit or vegetable juice even if they say they're not thirsty. Seek medical help if you suspect dehydration.

- **Light meals**: Avoid hot, heavy meals.

- **Monitor medications**: Find out if the resident's medications increase his or her risk for heat stress. Be sure to ask a physician about all the medications being taken, including off-the-shelf items.

- **Take cool showers**: Help the resident take a cooling shower or bath.

- **Lay a cool, moistened towel over the forehead or back of the neck and replace often.**

- **Continually monitor all of the residents for any signs of heat related problems.**

- **Be alert**: Remember that a cognitively-impaired resident may not be able to tell you when he or she is feeling hot or ill. Also, older people tend to feel colder than younger people so they may not sense the danger of hotter weather.

### Signs of Heat-Related Problems

All LTC facility staff should be educated to the signs of heat-related problems. Seek medical assistance for any of the following signs—and if you suspect heat stroke call 911 or medical personnel immediately.

- **Headache, nausea and fatigue are signs of at least some heat stress.**

- **Heat fatigue**: cool, moist skin, a weakened pulse, feeling faint.

- **Heat syncope**: Sudden dizziness, pale, sweaty looking skin that is moist and cool to the touch, weakened pulse and rapid heart rate but normal body temperature (98.6 degrees, taken with a thermometer).

- **Heat cramps**: Muscle spasms in the abdomen, arms or legs after exercise. (Note that these may be caused by lack of salt, but do not give salt or salt tablets without consulting a physician.)

- **Heat exhaustion**: This is warning that the body is getting too hot. Watch for thirst, giddiness, weakness, lack of coordination, nausea and profuse sweating. Cold, clammy skin. Body temperature may be normal (98.6 degrees). Pulse is normal or raised slightly. Pupils may contract. Urination decreases and the person may vomit.

- **Heat stroke**: This is life-threatening. Immediate medical attention is required. Death can occur quickly when heat stroke occurs. Body temperature rises above 100 degrees F (some sources say 104 degrees F), and the person may become confused, combative, behave bizarrely, feel faint or stagger. Pulse is rapid. Skin is dry, flushed and may feel hot. Lack of sweating. Breathing may be fast and shallow. Pupils may widen or dilate. Delirium, seizures or convulsions, and coma are possible.
To alleviate symptoms for any heat-related problem and while waiting for medical help:

- Have the person lie down in a cool place.
- Elevate the feet.
- Apply cool, wet cloths or water to the skin, especially the head, groin and armpits, which cool quickly.
- Fan by hand or with an electric fan.
- If possible, give small sips of cool water (no salt without a doctor's approval)
- Do not use rubbing alcohol.

And remember—if you suspect heat stroke, call 911 or summon medical personnel immediately. Following a heat stress episode, a person will likely feel tired and weak for several days. Continued monitoring is important.

The Illinois Department of Public Health (IDPH) has also posted their hot weather advisory bulletin on their website. The link is [http://dph.illinois.gov/topics-services/environmental-health-protection/hot-weather](http://dph.illinois.gov/topics-services/environmental-health-protection/hot-weather).

**AHCA Building Prevention Into Every Day Practice: Framework for Successful Clinical Outcome Series – Part 4 of 13**

This is part of a series featuring one element of the Building Prevention Into Every Day Practice: Framework for Successful Clinical Outcomes.

Success in achieving positive resident/patient outcomes is even more critical now than ever before. The link between quality and payment in long term and post-acute care is growing stronger, as evidenced by the SNF Value Based Purchasing Program (VBPP), Improving Post-Acute Care Transformation (IMPACT) Act, SNF Quality Reporting Program (QRP) and more.

In addition, regulatory activity is intensifying through focused surveys on adverse events, dementia care and MDS. The Five-Star Rating system and Nursing Home Compare have been revised and will add items in the future as it broadens public reporting and transparency. Most importantly, consumers expect and deserve high quality care.

The entire framework outlines key elements from both an organizational and clinical nature that are critical to successful clinical and organizational outcomes. Positively, these elements reflect common denominators that cross multiple care situations. Therefore, instead of being yet another initiative or single focused project to achieve just one outcome, it is a way of acting, thinking and being that will benefit multiple areas across an organization. Each element is addressed in detail throughout the framework.

This week we will feature the element of **Organizational Foundation: Team-Based Care**

**Key Takeaways: Team-Based Care**

- No one discipline or individual can deliver all the necessary care and support.
- Create and reinforce a culture of giving care in the proper context of the “big picture” and not in “silos.”
- All departments and disciplines contribute and receive relevant information to help identify issues and concerns before they lead to a more complicated situation.
Visit the AHCA Clinical Practice website to learn more about the element of “Organizational Foundation: Team-Based Care” and answers to these key questions:

What does this mean? Why is this important? What are some examples? What is my part (as an individual employee, manager or practitioner)? What can my organization do?

Start somewhere, pick one element and work through it with your team.

Enjoy the journey through the framework!

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**Trending Statistics**

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

**The Surprising Shift in Elderly ICU Admissions**

The availability and utilization of intensive care unit (ICU) beds continues to change in the US health care system. Sjoding and colleagues sought to examine changes in the composition of patients admitted to the ICU by describing the demographic characteristics, diagnoses, and outcomes of patients admitted to critical care units in US hospitals over time.

The authors examined 27.8 million elderly (age > 64 years) Medicare beneficiaries who required ICU care between 1996 and 2010. They noted declines in admissions with a primary diagnosis of cardiovascular disease (coronary artery disease and congestive heart failure) and an increase in infectious diseases with explicitly labeled sepsis, increasing from the 11th-ranked diagnosis in 1996 to the top-ranked primary discharge diagnosis in 2010. Crude in-hospital mortality rose from 11.3 percent to 12.0 percent, and there was an increase in discharges to hospice and post-acute care facilities.

The authors concluded that primary diagnoses of elderly ICU patients have changed over the past 15 years, with a shift from cardiovascular care to infectious diseases.

Studies describing the epidemiology of healthcare are often impossible to apply to individual patients, yet they may be invaluable for the purposes of public health, research funding, educators, and institutional planning. In this case, there has been a tremendous shift among elderly Medicare patients away from primarily cardiovascular ICU admission diagnoses to a spate of infectious diseases diagnoses. This is somewhat surprising, given that the elderly population has a high prevalence of cardiovascular disease, but perhaps the increasing ability to provide extensive cardiovascular care outside the ICU has obviated ICU services for some diagnoses. In addition, the improved health cardiovascular health profile of Medicare patients has translated to lower ICU utilization for acute cardiovascular conditions.
With these changes in mind, hospitals and public health planners must consider how best to provide critical care services related to infectious diseases as much as or more than the traditional focus on cardiovascular care.

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

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

- **S&C 16-29 – LSC** – Adoption of the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC). The Centers for Medicare & Medicaid Services (CMS) has adopted by regulation the 2012 LSC and the 2012 HCFC. **The regulation effective date is July 5, 2016. CMS will begin surveying for compliance with the 2012 LSC and HCFC on November 1, 2016.**

2) Federal HHS/CMS released the following notices/announcements since the last issue of *Regulatory Beat*:

- CMS intends to collect staffing and census data through the **Payroll Based Journal (PBJ) system** on a **mandatory basis** beginning on July 1, 2016. For more information click here.

- **Track and Improve Your ICD-10 Progress**
  - To help you improve your use of ICD-10 codes, CMS offers the [Next Steps Toolkit](#) and companion infographic:
    - Assess your progress: Establish a point of comparison for each Key Performance Indicator (KPI) you would like to track
    - Address your findings: Once you have identified opportunities for improvement, you can develop a feedback system to improve the accuracy of your clinical documentation and code selection; check for any systems issues; and resolve system problems with payers
    - Maintain your progress: ICD-10 updates take place annually on October 1, following the same timeline used for ICD-9 updates
  - Review the General Coding Guidelines on a regular basis. Separate official guidelines are available for:
    - Diagnosis codes: [2016 ICD-10-CM](#)
    - Hospital inpatient procedures: [2016 ICD-10-PCS](#) and [2017 ICD-10-PCS](#) (effective October 1, 2016)
  - Visit the [ICD-10](#) website for the latest news and official resources, including the [ICD-10 Quick Start Guide](#), and a contact list for provider Medicare and Medicaid questions.

- **Quality Measures and the IMPACT Act Call** — **July 7**. Thursday, July 7 from 1:30 to 3 pm ET. To register or for more information, visit [MLN Connects® Event Registration](#). Space may be limited, register early. During this call, CMS experts discuss key quality measures related to the Improving Medicare Post-Acute Care Transformation Act of 2014 (**IMPACT Act**) and how they will affect you. Also, find out about upcoming stakeholder engagement activities. Following the presentation, participants can share insights and thoughts on the measures during the question and answer/discussion session. The IMPACT Act requires the reporting of standardized patient assessment data on quality measures, resource use, and other measures by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. Target Audience: PAC providers, healthcare industry professionals, clinicians, researchers, health IT vendors, and other interested stakeholders. Continuing education credits may be awarded by some...
organizations for participation in MLN Connects Calls. For more information, visit the Continuing Education Credit Information webpage.

- **SNF Quality Reporting Program Call — July 12.** Tuesday July 12 from 1:30 to 3 pm ET. To register or for more information, visit MLN Connects Event Registration. Space may be limited, register early. Learn about the reporting requirements for the new Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), effective October 1, 2016. The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) established the SNF QRP and requires the submission of standardized data.

  **Agenda:**
  - IMPACT Act
  - Measures
  - Reporting requirements for FY 2018 payment determination
  - Consequences of failing to meet the reporting requirements
  - Reconsideration and exception/extension procedures

  **Target Audience:** SNF providers.

- **CMS Blog – Better Outcomes for Dually Eligible Older Adults Through Integrated Care.** For decades policymakers have hypothesized that better integration of Medicare and Medicaid services could help improve health outcomes for people enrolled in both programs. Since the passage of the Affordable Care Act, CMS has focused on promoting integrated care and developing new payment and service delivery models for dually eligible beneficiaries. Now the evidence is stronger than ever: integrated care is improving outcomes.

- **CMS announced** a long-awaited final rule regarding how Medicare will update its payment rates for clinical lab tests. The rule will require reporting entities to share their private payer payment rates for lab tests as well as the corresponding volumes of tests. These private rates will be used to determine the revised Medicare payment rates for the majority of tests on the Clinical Laboratory Fee Schedule (CLFS) as of January 2018.

- **Administration to Publish Major Rules Before the End of Year.** The Obama Administration is preparing to leave office, but not before finishing up its ambitious regulatory agenda. According to the Office of Information and Regulatory Affairs (OIRA), we can expect a final rule on the Reform of Requirements for Long-Term Care Facilities to be published in September of this year. The proposed rule was published in July of 2015 and represents a major overhaul of conditions of participation for LTC facilities under the Medicare and Medicaid programs.

  OIRA also anticipates the publication of the EPA's final rule on Management Standards for Hazardous Waste Pharmaceuticals, a year after publication of the proposed rule. We should see this final rule sometime in October.

  Both rules have the potential to impose significant change on the nation's long term care facilities.

- The Office of the Inspector General conducted a recent study that showed that nearly 1 in 3 beneficiaries received a commonly abused opioid ([click here](#)). Since the Part D program went into effect in 2006, the Office of Inspector General (OIG) has had ongoing concerns about abuse and diversion of Part D drugs. In June 2015, OIG released a data brief, Questionable Billing and Geographic Hotspots Point to Potential Fraud and Abuse in Medicare Part D, which described trends in Part D spending and identified questionable billing by pharmacies. This data brief builds on that body of work. It updates information on spending for commonly abused opioids and provides data on the dramatic
growth in spending for compounded drugs.

3) The Illinois Department of Healthcare and Family Services (HFS) posted the following notices:

- HFS posted a new provider notice regarding 2016 Long Term Care (LTC) Cost Report Forms and Instructions. You may view the notice [here](#). The purpose of this Informational Notice is to notify providers that the 2016 Long Term Care (LTC) cost report form and instructions are available on the Illinois Department of Healthcare and Family Services’ [Cost Report webpage](#). The cost report is due on September 30, 2016 or 90 days after the close of the facility’s fiscal year, whichever is later.

- HFS posted a new provider notice REMINDER: IMPACT Provider Enrollment Revalidations. You may view the provider notice [here](#). As stated in the March 11, 2016 notice, CMS extended the due date for all Medicaid providers’ enrollments to be revalidated to September 24, 2016. Please note that to meet this due date, a provider’s enrollment must be submitted in IMPACT and approved by the state. Facility/Agency/Organization’s (FAOs) revalidations must be submitted in IMPACT by June 30, 2016. All other provider enrollments must be submitted in IMPACT by August 31, 2016. Failure to submit a provider’s enrollment for revalidation and approval will result in disenrollment from Illinois Medicaid on September 25, 2016. We encourage all Medicaid providers to revalidate as soon as possible to ensure their application is approved by the due date. More information on the IMPACT system plus frequently asked questions, webinars and other training guides are available at the IMPACT website: [http://www.illinois.gov/hfs/impact/Pages/default.aspx](http://www.illinois.gov/hfs/impact/Pages/default.aspx).

- HFS posted a new provider notice regarding Claims Processing for New and Revalidating Providers. You may view the provider notice [here](#). New providers, whose enrollment has been approved in IMPACT, will receive an email from IMPACT stating that you are now an enrolled Medicaid provider. While the statement is true, you cannot submit claims with the information contained within the IMPACT email. In order to submit claims, the data from your IMPACT enrollment must be transferred to the MMIS legacy system (MMIS). This step of the process could take up to two weeks. Once the data is transferred to the MMIS, a “Provider Information Sheet” (PIS) will be generated and mailed to the Pay To address on the IMPACT application and if applicable, to the billing provider’s address. New providers have 180 days from the date their enrollment data is transferred to the MMIS, in order to meet timely filing deadlines. An existing Medicaid provider, who is revalidating with no change of payee, may still submit claims for processing, but must make sure to use the correct “Doing Business As” if billing through a billing provider. Nothing will change in the current MMIS legacy system until the revalidation data has been transferred from the IMPACT system to the current MMIS legacy system. Please ensure provider information sheets generated from the MMIS legacy system are reviewed for accuracy. More information on the IMPACT system plus frequently asked questions, webinars and other training guides are available at the IMPACT website: [http://www.illinois.gov/hfs/impact/Pages/default.aspx](http://www.illinois.gov/hfs/impact/Pages/default.aspx).

4) The Illinois Department of Public Health (IDPH) Town Hall regional meetings dates are below. They are very informal and an excellent opportunity to ask questions. Please have staff from each facility attend one of these Town Hall Meetings. Contact the IDPH Regional Office to RSVP due to limited space in some locations.

- 6/29 – Norridge HC and Rehab – Norridge – 2-4 p.m. – Cancelled due to limited number of advance registrations
- 7/6 – Washington County Hospital – Nashville – 1-3 p.m.
- 7/20 – Pine Crest Manor – Mt. Morris – 1-3 p.m.
- 8/11 – Hamilton Memorial Rehab – McLeansboro – 1-3 p.m.
- 8/31 – Memorial Education Building – O’Fallon – 1-3 p.m.
- 9/14 – Alden Estates of Shorewood – Shorewood – 1-3 p.m.
5) The American Health Care Association (AHCA) recently released the following notices/informational items:

- The American Health Care Association has produced a training kit ([click here](https://www.ahca.org)) to instruct nursing homes “on how to prevent employees from abusing residents on social media.” The AHCA guide “provides explanations of different social media platforms, recommendations for employee usage policies and directives on how to report improper media usage.” AHCA Senior Vice President Greg Crist told Bloomberg BNA “that many care facilities have not implemented social media policies because they are not actively involved in the platforms.” The group hopes that kits will help spur such policy across the country.

- An Update From The AHCA Chair – May 2016. With everything that has happened recently, I want to provide the highlights and ensure you stay up-to-date with the latest and greatest happenings within the Association.

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

7) The University of Minnesota reports [Research Finds Non-Invasive Technique For Early Detection of Alzheimer’s In Animals](https://www.minnesota.edu/news/releases/2016/05/19/research-finds-non-invasive-technique-early-detection-alzheimers-in-animals). For the first time, technology designed to detect retinal changes linked to early Alzheimer’s disease is proven effective in live animals. The study paves the way for a human trial with the technology. The study, conducted by researchers in the University of Minnesota Center for Drug Design, and published in the journal *Investigative Ophthalmology & Visual Sciences*, explored the use of a camera to non-invasively study the retina and detect any signs of Alzheimer’s disease.

8) *The Washington Post* reports [Social Security Trust Fund Will Be Empty In Less Than 20 Years](https://www.washingtonpost.com). The trust fund used to pay hospital insurance costs for Medicare will be wiped out two years earlier than expected, according to a government report released Wednesday. The report also showed that the Social Security trust fund has enough cash to pay full benefits for another 18 years, the same timeline as last year. In the latest annual check-up on the two largest entitlement programs, the trustees overseeing both Social Security and Medicare said additional reforms are needed in order to avoid cutting health care and retirement benefits for American retirees.

9) *Reuters* (6/20, Seaman) reports that research published in *JAMA Surgery* suggest that many surgical “readmissions are not the hospital’s fault.” Investigators found that “many readmissions were due to issues like drug abuse or homelessness.” The study indicated that “less than one in five patients returned to the hospital due to something” physicians “could have managed better during the first...hospital stay.”

10) *Forbes* reports that the [AMA Adopts Ethical Guidelines For Telemedicine](https://www.forbes.com). After two years of debate, the American Medical Association adopted a set of ethical guidelines it hopes physicians and the telemedicine industry will use to ensure safe and effective digital doctor-patient interactions.

11) *Phys ORG* reports on [Addressing Antibiotic Resistance: Breath Analysis Aims To Reduce Unnecessary Prescriptions](https://www.physorg.com). The overuse of antibiotics gives harmful bacteria the opportunity to evolve into drug resistant strains that threaten health care. To help tackle the problem, scientists in China have begun a pilot study examining biomarkers exhaled by patients. The team’s goal is to develop an efficient (fast, accurate, painless and affordable) test that will assist doctors in prescribing antibiotics only when the treatment is absolutely necessary.

12) *Infection Control Today* reports [The Hawthorne Effect Hinders Accurate Hand Hygiene Observation, Study Says](https://www.infectioncontroltoday.com). When health care providers know they are being watched, they are twice as likely to comply with hand
hygiene guidelines. This is in comparison to when healthcare providers do not know someone is watching, according to a new study being presented at the 43rd Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC). This phenomenon—called The Hawthorne Effect—impacts the ability to capture accurate human behavior because individuals modify their actions when they know they are being observed.

13) *Medical News Today* recently published two interesting articles:

- **Specific UV Light Kills MRSA Without Damaging Human Tissue.** Infections following surgery are a serious and potentially fatal complication. Current methods of combatting infections, especially drug-resistant pathogens, often fall short. New research, looking at a narrow band of ultraviolet light might offer a safe and simple solution.

- **Why Do Women Have A Higher Stroke Hospitalization Risk Than Men?** The list of disparities between men and women is long. But a new study reveals that women are more likely to be hospitalized for stroke than men. Researchers say their results may have implications for allocating resources and policy decisions.

14) *Medscape* reported on several items of interest:

- **Dietary Supplement May Prevent Cognitive Decline.** A dietary supplement containing ingredients commonly found in health food stores appears to prevent the decline in brain structure and function typically seen in Alzheimer's disease, the results of an animal study indicate. In a mouse model of accelerated aging and severe cognitive decline, a combination of vitamins and minerals, as well as nutraceuticals, such as beta carotene, bioflavonoids, cod liver oil, flax seed, garlic, and green tea extract, not only maintained brain cell numbers and mass and cognitive function but also appeared to prevent deterioration of sight and smell.

- **The State Of ICD-10 Implementation: Calm and Qualms.** Now at almost the 9-month mark, the implementation of the new ICD-10 (*International Statistical Classification of Diseases and. Related Health Problems, 10th Revision*) diagnostic codes by physician practices resembles a calm, glassy stretch of ocean broken by a solitary shark fin. Yes, there is calm. By almost all accounts, the switch from the old ICD-9 codes to their more voluminous and complicated replacements has not produced a feared spike in rejected or denied insurance claims that would interrupt cash flow. Physicians who code claims and third-party payers that process them are mostly getting ICD-10 right.

- **Mortality Increased With Long-Acting Opioids.** Long-acting opioid medications are associated with an increased risk for death among patients treated for non-cancer pain in comparison with patients treated with other pain medications, including gabapentin (multiple brands) and cyclic antidepressants, particularly in the first month after starting therapy, the results of a large US study reveal. In a study of more than 45,000 prescription episodes, Wayne A. Ray, PhD, of the Department of Health Policy, Vanderbilt University School of Medicine, Nashville, Tennessee, and colleagues found that use of long-acting opioids was associated with a 90 percent increased risk for all-cause mortality. The risk was increased more than fourfold in the first 30 days of treatment. The significantly increased mortality risk with the drugs held even after taking into account unintentional overdoses. The overall risk appeared to be partially explained by an increased risk for cardiovascular deaths.

- **Opioids Common After Hospital Discharge; Storage Knowledge Poor.** About 15 percent of a group of Medicare patients who had not used opioid medications in the previous 2 months filled opioid prescriptions within a week of hospital discharge, according to a research report published online June 13 in *JAMA Internal Medicine*. A second report finds "suboptimal" practices related to sharing, storing, and disposing of opioids, as well as poor communication of information on these topics to patients.
Prescription of opioid drugs with discharge from the hospital is often necessary to manage pain, but introduces risk for dependency. Deaths attributed to prescription opioids more than tripled from 1999 to 2014 in the United States.

- **Higher Whole Grain Consumption Lowers Death, Health Risks.** Whole grain intake is related to a clear dose-dependent reduction in the risk for coronary heart disease, stroke, cardiovascular disease, total cancer deaths, and all-cause mortality, the authors of a new meta-analysis report. They observed a similar relationship between whole grains and the risk for respiratory disease, diabetes, infectious disease, and deaths not related to cardiovascular disease or cancer. The findings "strongly support existing dietary recommendations to increase whole grain consumption in the general population," lead author Dagfinn Aune, from the School of Public Health, Imperial College, London, United Kingdom, and colleagues write in an article published June 14 in the BMJ.

- **Informed Consent: The Time To Improve Was Yesterday.** In medical practice, telling right from wrong can be hard. Uncertainty dominates over certainty. Control is an illusion. In real time, there is little that I am sure of. Except informed consent. Here, there is no hedging. No gray area. No compromise. Right is when a patient is fully informed; wrong is anything less.

- **Bacteria Can Persist On Gloves, Transfer to Surfaces.** *Acinetobacter baumannii*, a moisture-loving bug that is a common cause of opportunistic infections in hospitals, including ventilator-associated pneumonia, can easily be transferred from examination gloves to plastic surfaces, according to the results of a new study. *A baumannii* seems to have a particular affinity for exam gloves and polypropylene plastics, report Kazue Fujita, MD, from Nippon Medical School in Bunkyo, Japan, and colleagues. Although gowns and gloves protect healthcare workers and patients from transmission of infectious organisms, failure to remove or change contaminated gloves increases the likelihood of transmission, especially when microorganisms are hardy enough to survive on hospital surfaces, Dr Fujita added.

15) MedlinePlus reports:

- **Dangerous Urinary Tract Infections Common In Nursing Homes.** Study found 1 in 20 residents developed a UTI in average month, but many facilities lack preventive measures. Urinary tract infections (UTIs) in nursing home residents can often have serious effects, including delirium, debilitating falls and even fatal blood infections. Now, new research finds the infections are common in nursing homes, often due to a lack of proper prevention.

- **Clashes At Nursing Homes Not Uncommon.** Many elderly adults in nursing homes face aggressive or disturbing behavior from their fellow residents, a new study suggests. The study found that one in five nursing home residents had been involved in an incident with a fellow resident within the past month. Most often that meant a verbal altercation, with a resident yelling or cursing at another. But some seniors were involved in physical scuffles, and some experienced inappropriate sexual behavior, the study found. Dr. Lisa Gibbs, a geriatrics specialist who was not involved in the study, called the findings "enlightening" and "something we need to be talking about."

- **A New Antibiotic To The Rescue?** An experimental antibiotic has shown promise against a dangerous drug-resistant bacteria in animals, researchers report. A combination of the new antibiotic TXA709 and the antibiotic cefdinir successfully treated animals infected with the so-called "superbug" MRSA -- methicillin-resistant *staphylococcus aureus*. The results are "important because even though TXA709 is effective on its own in treating MRSA, combining it with cefdinir -- used to treat a wide range of bacterial infections like strep throat, pneumonia, bronchitis and middle ear and sinus infections -- makes it even more efficacious, while also significantly reducing the potential for the MRSA bacteria to become resistant in the future," said researcher Daniel
Pilch. He's an associate professor of pharmacology at Rutgers University Robert Wood Johnson Medical School, in Piscataway, N.J.

- **Tighter Opioid Laws In U.S. Haven’t Eased Misuse.** U.S. laws designed to curb abuse of opioid painkillers haven’t reduced misuse or overdoses by disabled Medicare beneficiaries, a new study suggests. Between 2006 and 2012, states enacted 81 laws to control use of powerful opioids such as Oxycontin and Vicodin. But even with these new prescription-drug monitoring programs and other regulations, researchers found that 45 percent of disabled Medicare beneficiaries were still using opioids in 2012. And 8 percent got their opioids from four or more doctors.

16) **McKnight’s reports:**

- **IMPACT Act Aspects To ‘Trickle Down’ to Medicaid, expert Predicts.** Skilled nursing facilities should be on the lookout for aspects of the Improving Medicare Post-Acute Care Transformation Act of 2014 to trickle into the Medicaid world, one expert advised earlier this month. Although the IMPACT Act is still in its early stages of implementation, the evidence is there that some of its policies may be translated to Medicaid further down the road, said Julie Hamos, principal at Health Management Associates, during a policy session at the Post Acute Link Care Continuum Conference.

- **GAO: Attempts At Easing Medicare Appeals Backlog Not Working Fast Enough.** Administrative law judges had a 936 percent increase in Medicare claims between fiscal years 2010 and 2014, a new government report finds. Despite attempts from government agencies to address the growing number of Medicare appeals, the backlog “will likely persist,” according to a Government Accountability Office report, released last month. The Medicare claims appeals process has four administrative review levels within the Department of Health and Human Services, and a fifth level where appeals are reviewed by federal courts. While Level 3 is administrative law judges, the appeals filed at the other levels also grew significantly, the report said. The total number of claims appealed to the Office of Medicare Hearings and Appeals has grown 1,000 percent over the last six years.

- **FDA Drug Guidance May Threaten Compliance For “Literally Every LTC Facility,” Pharmacy Group Says.** New repackaging guidelines from the Food and Drug Administration could place “literally every LTC facility and associated pharmacy in America” at risk of failing to meet Medicare and Medicaid regulatory requirements, a senior care executive said recently. Under the new policy, repacking drug products would become subject to a variety of different regulations, including repackaging timeframes and where the packaging can take place.

- **Providers Applaud Passage Of Rural Healthcare Technology Bill.** After months of intense lobbying, long term care providers are celebrating the Senate's passage of the Rural Health Care Connectivity Act of 2015. The measure opens up Federal Commerce Commission funds that can help rural operators gain better broadband and telecom technology.

- **Paramedics Often Obstructed, Left Out Of The Loop On Nursing Home Calls.** Paramedics often receive little direction from nurses or medical records when handling end-of-life situations at nursing homes, a new survey finds. Results published in the *Emergency Medical Journal* conclude that the lack of direction was heavily associated with a lack of clarity in residents' wishes. Paramedics said records providing residents' end-of-life preferences are uncommon and are typically limited to resuscitation. Without proper records, paramedics are forced to make decisions based on perceived preferences when a patient is incapable of making a decision.
• **Medicare ACO Savings Plummet After First Year, Study Finds.** The first full year of contracts for accountable care organizations in the Medicare Shared Savings Program led to reductions in spending, but those cuts dropped significantly in the second cohort, a new study shows. The first cohort, which included ACOs that entered the program in mid-2012, saved $144 per beneficiary, or 1.4 percent, compared to the control group. The second cohort, which entered the program in 2013, yielded $3 in savings per beneficiary when compared to the control.

• **New Program Will Target Fraud In Medicare, Medicaid, Officials Say.** The federal government will soon unveil a new contractor program aimed at fraud in both the Medicare and Medicaid programs, according to an official with CMS. The new Unified Program Integrity Contractor program will help detect and prevent fraud in both programs, Shantanu Agrawal, M.D., deputy administrator and director of the Center for Program Integrity at CMS, told Bloomberg BNA. Vendors are currently vying for contractor slots in the program, Agrawal added. The new program will take the place of both Zone Program Integrity Contractors, which identify and investigate Medicare fraud, and Medicaid Integrity Contractors. “By combining the two programs, we hope to close the gaps between Medicare and Medicaid,” Agrawal told Bloomberg BNA.

• **CMS Proposes Tightening Medicaid Improper Payment Program.** The program that measures Medicaid improper payments and eligibility could be getting tougher in the future under new rule proposed by CMS. The measure would implement provisions of the Affordable Care Act in the Payment Error Rate Measurement program, which creates improper payment rates based on reviews of the fee-for-service, managed care and eligibility aspects of Medicaid.

• **Diabetes Drugs Could Be Used To Treat Alzheimer’s, And Vice Versa, Study Finds.** Drugs used to treat diabetes also could alleviate the symptoms and progression of Alzheimer's disease, a new study finds. Researchers from the University of Aberdeen created a model to study Alzheimer’s, monitoring brain protein levels and glucose tolerance in mice. The study revealed cognitive issues related to dementia can lead to changes in how the body processes glucose. Results were published in the July issue of Diabetologia.

• **Study: Even Low Levels Of Activity Reduce Death Risk.** “A brisk, 15-minute walk every day could reduce your residents’ risk of death by 22 percent, according to research presented June 14 at the European Association for Cardiovascular Prevention and Rehabilitation’s EuroPrevent 2016 meeting.” The report explains that researchers “studied two groups of people, totaling more than 123,000, who were aged at least 60 or 65 years and studied for 10 to 12 years, depending on the group.” McKnight’s says “researchers found that, compared with those who were inactive, older adults with weekly physical activity levels defined as low, medium and high had a 22 percent, 28 percent and 35 percent lower risk of death, respectively.”

• **Flu, Falls Drove SNF Occupancy In Early 2016, Report Shows.** Skilled nursing facilities enjoyed increased occupancy rates in the first quarter of 2016, likely spurred by winter-related causes, according to a new report. Occupancy increased throughout January and February of this year before leveling off at 83.4 percent in March, according to the National Investment Center for Seniors Housing & Care’s 1Q 2016 Skilled Nursing Data report. “This report shows an increase in occupancy from the December 2015 low, which could be attributed to an increase in volume due to the flu season and other factors attributable to occupancy in the winter months, such as an increase in slips and falls and elective surgeries,” said Bill Kauffman, senior principal at NIC, in a statement. Skilled mix and quality mix increased to 26 percent and 35.5 percent, respectively, due to the seasonal boost in occupancy. The overall seasonality effect in early 2016, however, was not as strong as previous years due to a late flu season, NIC explained.
Nasal Mist Flu Vaccine Ineffective, Shouldn’t Be Used Next Flu Season, CDC Says. A popular form of flu vaccine has been deemed ineffective by the Centers for Disease Control and Prevention. The nasal spray form of the vaccine, known as FluMist, was found to be largely ineffective in children which in recent years. Despite the fact that the mist accounts for about one-third of all flu vaccines given to children, a CDC panel said it should not be used at all during the 2016-2017 season.

17) **Interesting Fact:** Nearly 1 in 4 Americans reports having had a concussion.