PADONA /LTCN
Pennsylvania Association of Directors of Nursing Administration

DEDICATED TO SERVICE
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JUNE 2017

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Dear PADONA Members:

I hope each of you have had the opportunity to you enjoy a pleasant Memorial Day holiday. PADONA would like to take this occasion to thank those of you or your family members who have served our country so we can experience the bountiful freedoms we have in this country.

All the PADONA committees have been re-organized and the committee chairs have scheduled their meetings. If you have signed up for a committee and have not been notified of a pending conference call please contact me at spiscator@padona.com.

An administrative note: there are new email addresses for myself, Candy Jones and Sue Keogh. They are respectively, spicator@padona.com, cjones@padona.com and skeogh@padona.com. Unfortunately, this change is necessary because of some recent hacking activity.

If any of you would like to post a job on our website, it is a straight forward procedure. Please send an email directly to me,spiscator@padona.com with your job posting information attached to the email in Word format. The posting is usually completed within the next business day and will remain on our website free of charge for current members, for 60 days, unless you notify me to take it down sooner.

The convention committee has begun the planning for the 2018 PADONA 30th annual convention and have generated several great ideas for this special anniversary event. You can mark your calendars for April 4-6, 2018 at the Hotel Hershey. Many of the speakers have been selected. Limited exhibited space is available since two thirds of the spaces are committed.

The DON certification course will be October 10-13th, 2017 at the Crowne Plaza Reading Hotel, 1741 Paper Mill Road in Wyomissing. Please watch your email in the near future for additional details. This course is significant and consequential as well as usually sold out due to our excellent presenters, Sophie Campbell and Candace McMullen.

In the Question and Answer section of this enews there are several noteworthy questions and answers. If any of you have questions please forward them to me at spiscator@padona.com and PADONA will do its best to obtain an answer for you.

Susan Williamson has agreed to send to me some of the questions she answered in her convention presentation in order that I may share her answers with you. I would like to thank Susan Williamson and her department for their ongoing support of PADONA.

As summer approaches, I hope every one of you can take a few days off to refresh and enjoy the summer.

Chair, Board of Directors / Executive Director
PADONA

Data Brief: Sharp reduction in avoidable hospitalizations among long-term care facility residents

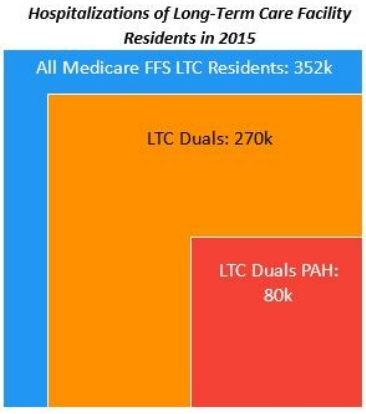
By Niall Brennan, Director of the CMS Office of Enterprise Data and Analytics, and CMS Chief Data Officer; and, Tim Engelhardt, Director of the Federal Coordinated Health Care Office at CMS

For long-term care facility residents, avoidable hospitalizations can be dangerous, disruptive, and disorienting. Keeping our most vulnerable citizens healthy when they are residents of long-term care facilities[1] and reducing potentially avoidable hospital stays has been a point of emphasis for the Centers for Medicare & Medicaid Services (CMS).

Over the last several years, with the help from the Affordable Care Act, Medicare and Medicaid have worked with other federal government agencies, states, patient organizations, and others to identify and prevent those health conditions that have caused long-term care residents to be unnecessarily hospitalized. Because of these efforts, we have seen a dramatic reduction in avoidable hospitalizations over the last several years, according to below analysis released by CMS today.

In 2001, the Agency for Healthcare Research and Quality (AHRQ) first identified a set of measures designed to identify hospitalizations that could potentially be avoided with appropriate outpatient care. They include hospital admissions for largely preventable or manageable conditions like bacterial pneumonia, urinary tract infections, congestive heart failure, dehydration, and chronic obstructive pulmonary disease. More recently, CMS's own Office of Enterprise Data and Analytics found that instances of these potentially avoidable hospitalizations (PAH) were disproportionally high among some of our nation's most vulnerable people, those dually eligible for Medicare and Medicaid living in long-term care facilities.

Treating conditions before hospitalization and preventing these conditions whenever possible would not only help long-term care facility residents stay healthy, but may also save Medicare and Medicaid money. After carefully examining this problem, CMS and others focused on reducing the instances of potentially avoidable hospitalizations from these facilities.



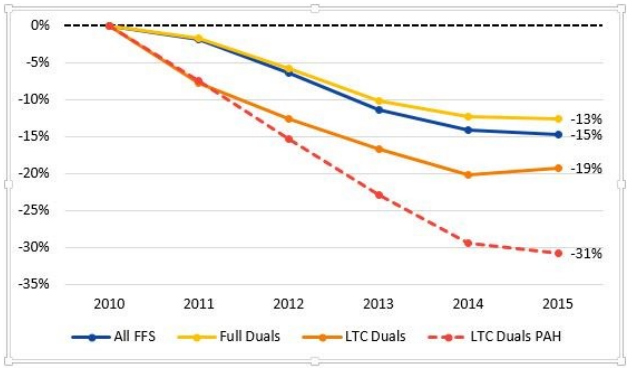
In 2015, Medicare fee-for-service (FFS) beneficiaries living in long-term care facilities had a total of 352,000 hospitalizations. Of this number, Medicare beneficiaries eligible for full Medicaid benefits living in long-term care facilities (LTC Duals) accounted for 270,000 hospitalizations. And, almost a third (approximately 80,000) of these hospitalizations were caused by six potentially avoidable conditions: bacterial pneumonia, urinary tract infections, congestive heart failure, dehydration, chronic obstructive pulmonary disease or asthma, and skin ulcers.

Through the concerted effort by CMS and many other to address these potentially avoidable conditions, real progress has been made to improve the health and wellbeing of some of our country's most vulnerable citizens. In recent years, the overall rate of hospitalizations declined by 13 percent for dually eligible Medicare and Medicaid beneficiaries. But we have seen even larger decreases in hospitalization rates for potentially avoidable conditions among beneficiaries living in long-term care facilities. Specifically, between 2010 and 2015, the hospitalization rate for the six potentially avoidable conditions listed above decreased by 31 percent for Medicare and Medicaid dually-eligible beneficiaries living in long-term care facilities.

In 2010, the rate of potentially avoidable hospitalizations for dually-eligible beneficiaries in long term care facilities was 227 per 1,000 beneficiaries; by 2015 the rate had decreased to 157 per 1,000.[2] This decrease in

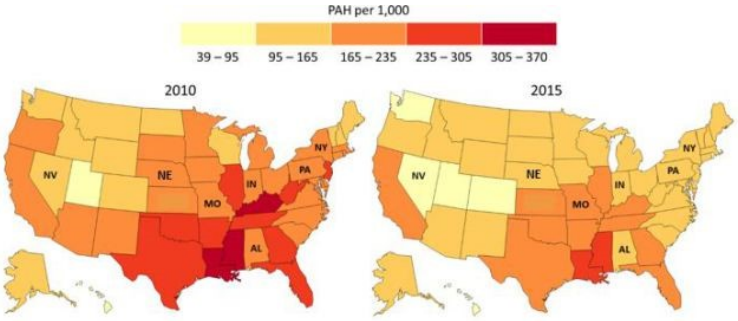
potentially avoidable hospitalizations happened nationwide, with improvement in all 50 states. The reduced rate of potentially avoidable hospitalizations means that dually-eligible long-term care facility residents avoided 133,000 hospitalizations over the past five years.

Percent Change in Medicare Hospitalization Rates Since 2010



Note: FFS (fee-for-service), LTC (long-term care facility), PAH (potentially avoidable hospitalization)

Potentially Avoidable Hospitalization Rates for Dual-Eligible Beneficiaries Living in Long-Term Care Facilities, by State



Note: Labeled states contain facilities in the CMS "Initiative to reduce avoidable hospitalizations among long-term care facility residents", discussed below.

This success would not be possible without the committed work by those who directly serve older adults and people with disabilities. We also should consider the range of other contributing factors, including:

- An initiative launched in 2011 by the Medicare-Medicaid Coordination Office, CMS Innovation Center, and other partners to *reduce avoidable hospitalizations among nursing facility residents* in seven sites across the country.[3] This initiative aimed at keeping dually-eligible long-term care residents healthy by focusing on preventable conditions that lead to hospitalizations.[4]
- The AHRQ Safety Program for Long-Term Care significantly reduced catheter-associated urinary tract infections in hundreds of participating long-term care facilities nationwide, which helped prevent a recognized cause of hospitalizations in residents of these facilities.
- This work is in addition to the many other efforts and initiatives, including the Hospital Readmission Reduction Program, and systemic efforts to reduce readmissions through the Partnership for Patients;
- The efforts to align care with quality through Accountable Care Organizations, the Bundled Payments for Care Improvement models, and other delivery system reforms;
- And, finally, the countless other industry-led initiatives focusing on quality improvement and specifically reducing hospitalization rates among long-term care facility residents.

This success shows that a sustained commitment to smarter spending across the entire health care system can yield dramatic results and improve the lives of vulnerable Americans. These results are also consistent with other ongoing collaborative efforts to improve the quality of care patients received through

preventing hospital-acquired conditions where approximately 125,000 fewer patients died due to hospital-acquired conditions and more than $28 billion in health care costs were saved from 2010 through 2015.

Finding the best possible long-term care facility care for a loved one is one of the most difficult decisions family members can make. Family members want to be assured that their loved one will receive the highest quality of care in a healthy environment. And thanks to efforts across the health care industry, and with tools from the Affordable Care Act that allow CMS to improve quality and test innovative strategies, these residents are living in safer, healthier environments.

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[1] Analysis includes residents living in nursing homes or nursing facilities. It does not include residents receiving skilled nursing facility services paid through the Medicare program.

[2] The population of dual-eligible beneficiaries living in long-term care facilities consists of Medicare FFS beneficiaries with full Medicaid benefits residing in long-term care facilities but not receiving skilled nursing facility services. The number of days that beneficiaries met this criteria was annualized so that 365 days was equivalent to one beneficiary. Hospitalizations of long-term care residents were counted as potentially avoidable if the primary diagnosis of the admission was bacterial pneumonia, urinary tract infections, congestive heart failure, dehydration, chronic obstructive pulmonary disease or asthma, or skin ulcers.

[3] The seven sites were: Nevada, Nebraska, Missouri, New York, Pennsylvania, Indiana, and Alabama. Note that six of these sites have continued into "Phase II" of the Initiative, which launched in October 2016.

[4] For more information, see the Initiative website at: https://innovation.cms.gov/initiatives/rahnfr/

Regulatory Spotlight: "Q and A"

Question #1 submitted to PADONA:
Is it a State regulation to have licensed nursing staff in the dining room during meal time?

Answer question #1 is as follows:
It is not a State regulation that a licensed nurse be in the dining room at mealtime. It probably is a facility/corporate policy. The dining room should have someone present that is trained on Heimlich maneuver in the event of a choking incident.

Question #2 submitted to PADONA:
Do you know where I can find the notice about the mandatory 2 hour Event Report for all reports of Abuse.

Answer question #2 is as follows:
The 2 hour timeframe has been added to the regulations:
483.12(b) The facility must develop and implement written policies and procedures that:
(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Social Security Act. The policies and procedures must include but are not limited to the following elements.
(i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements.
(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.
(B) Each covered individual shall report not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

Question #3 submitted to PADONA:
Are you aware of a regulation that the nursing home needs to call the coroner's office if a resident falls and expires within 2 weeks?

Answer question #3 is as follows:
Only know that they are required to call coroner for suspicious death.

Welcome New Members!

- Paul Woelkers - Lackawanna Mobile Xray - Area III
- Sean Schwartz - Mission Pharmacal Company – San Antonio, TX
- Christine Gaylord - Quarryville Presb Ret Comm - Area II

PADONA would like to share the following thank you letter.

To the Members of the PADONA Scholarship Board,

Being chosen for a scholarship, PADONA has made it possible for me to continue another semester towards my goal of becoming an RN. Something I have longed to become for many years. Words cannot express how grateful and blessed I am for receiving this financial blessing.
Thank you
Emily Cruz

Received the latest Tweets from Pennsylvania Department of Health **@PAHealthDept**

Click Here to View the Latest Event Reporting Manual

SAVE THE DATE:

DON certification course will be October 10-14, 2017 at the Crowne Plaza Reading Hotel, Wyomissing. More information coming soon.

2018 Exhibitors: Sign Up for the PADONA 30th Annual Early - Exhibitor locations are already booked for 2018!
Convention in Hershey, PA, April 4 through 6, 2018

2018 Exhibitor Space Contract
2018 Break Exhibitor Space Contract