PADONA UPDATES March 4, 2024

DOES THIS LOOK LIKE PARADISE? TIME TO REFRESH AND REIGNITE?

WELL YOU ARE CORRECT!!!!

This is the Hotel Hershey – home of the PADONA 36th Annual Education Conference – and yes a time and place to refresh and reignite; to learn and network; to reconnect and redirect focus!

THIS IS THE CONFERENCE YOU HAVE BEEN WAITING FOR ALL YEAR!!!

LET'S BREAK IT DOWN BY FEATURES -

- **60 AWESOME BUSINESS PARTNER PROFESSIONAL VENDORS TO VISIT**
- **24 OUTSTANDING EDUCATION SESSIONS FROM INDUSTRY EXPERTS AND LEADERS**
- **15.5 NURSING CONTINUING PROFESSION DEVELOPMENT HOURS**
- **15.5 NAB APPROVED ADMINISTRATOR CREDIT HOURS**
- **4 AMAZING DAYS OF EDUCATION AND NETWORKING WITH PEERS**
- **3 EXTREMELY FUN EVENTS FOR NETWORKING AND RELAXING**
- **1 EPIC CELEBRATION PARTY**
- **0 REASONS NOT TO REGISTER AND ATTEND!**

There will not be a virtual conference option this year and the conference sessions will not be recorded for purchase following the conference.

In person attendance is not only the best option for this outstanding conference but the ONLY option to learn, network, play and have 4 great days of education!

PADOPNA will have available to attendees the opportunity to purchase the new textbook "*Practice and Leadership in Nursing Homes*"

Registration is open NOW!

THANK YOU FOR THE OPPORTUNITY TO SERVE AND SUPPORT YOU!

PADONA HOSTED EDUCATION WEBINARS

- **Scabies, Bed Bugs and Head Lice And Other Things That Go Bump and Itch in The Night**.
  Date: **March 5, 2024**,
  Time: 11:30 am until 12:30 pm,
  Educator: Dr. Jennifer Wallace of the Pennsylvania Department of Health Bureau of Epidemiology.
  Topic: – Identification and Treatment in the Long-Term Care Population; **Registration Fee**: no registration fee based on the PADONA and Bureau of Epidemiology partnership (Registration is required).
  There will be both nursing and administrator continuing education hours provided through PA TRAIN.
- **Safe handling of Sharps from an Infection Prevention and Control Perspective**
  March 20, 2024,
  Time: 11:30 am until 12:30 pm,
  Educator: Emily Magee an infection preventionist with Project FirstLine; no registration fee due to the PADONA and Bureau of Epidemiology partnership (Registration is required).
- **What's New With Hazardous Drug Disposal?;**
  Date: April 11, 2024
  Time: 11:30 am until 12:30 pm
  Educator: Dr. Deborah Milito a clinical pharmacist from Diamond Pharmacy;
  Topic: Review of hazardous medications and how and why they are classified as such and what has changed recently regarding the compliant and appropriate disposal of these medications.
  Registration Fee: $35 members and $50 non-members**.**
- **Legionella – Prevention, Recognition and Management in Long Term Care**.
  Date: April 18, 2024,
  Time: 11:30 am until 12:30 pm
  Educator: Dr Kristina Zwolenik of the Pennsylvania Department of Health Bureau of Epidemiology.
  Topic: Addressing the preventative steps from water management and treatment through the recognition of signs and symptoms and management of residents who have been diagnosed.
  Registration Fee: no registration fee for this webinar education based on the partnership between PADONA and the PA DOH Bureau of Epidemiology. (Registration is required).
  There will be both nursing and nursing home administrator continuing education hours for this education provided by the PA DOH through PA TRAIN
- **Sepsis in the Long-Term Care Setting – Prevention, Recognition and Treatment**
  Date: May 1, 2024
  Time: 11:30 am until 12:30 pm
  Educator: Carolyn Pandolfo, RN Infection Preventionist with Project FirstLine
  Topic: identification and treatment of sepsis in the geriatric resident
  Registration Fee: no registration fee for this webinar education based on the partnership between PADONA and the PA DOH Bureau of Epidemiology. (Registration is required).
  There will be both nursing and nursing home administrator continuing education hours for this education provided by the PA DOH through PA TRAIN

Registration for all webinars closes at 9 am on the day of the webinar.

PADONA Education Recordings

If you have been unable to attend PADONA hosted webinars but want the education, information, AND Nursing Continuing Professional Development continuing education hours –

PADONA EDUCATION RECORDINGS PROVIDE NURSING CONTINUING PROFESSIONAL DEVELOPMENT CONTINUING EDUCATION HOURS!

And some of the education sessions provide nursing home administrator credit hours approved by NAB.

Nursing Continuing Professional Development continuing education hours are available for all recorded education provided by PADONA (which is provider-directed, and learner paced education) following:

1) Education evaluation completion including license number and correct beginning/ending codes.
2) Education post-test completion and returned with an 80% correct score.
3) Both items must be completed and submitted within 30 days of the purchase

Certificate of Nursing Continuing Professional Development continuing education hours will be issued within 15 days of completion and receipt of these items. *This does not include the webinars provided in partnership with the PA Department of Health Bureau of Epidemiology who follow their guidelines on TRAIN PA.

PADONA also provides the following education:

- DON Education and Mentoring: This education is a series of educational sessions to assist the new DON with the areas critical to being effective in the role of DON. It is also a great refresher for the experienced DON as well as for the ADONs.
  - Education sessions are scheduled weekly for 90 minutes sessions
  - Education is virtual eliminating travel time for the DON and costs to the provider
  - Sessions can be menu selected from the list of topics for the experienced DON
  - Mentoring through discussion and addressing facility specific situations is included

- Directed In-Service Education: PADONA is an approved provider of directed in-service education by the Pennsylvania Department of Health
  - Fees are reasonable
  - Recordings are completed for those staff unable to attend

- Nursing specific or Interdisciplinary team education
  - Root cause analysis
  - Medical record documentation
  - Medicaid Case Mix Index
  - Care Planning
  - Regulatory compliance

****

NOTE: When you register for a PADONA webinar or course you will always receive a receipt from PADONA. This demonstrates that PADONA has received payment and that you are registered. If you have not received your receipt within a few hours of payment – please reach out to LuAnn White, PADONA Administrative Assistant at lu@padona.com to check.

****

PADONA is a proud partner of the teaching Nursing Home Collaborative

The Collaborative is a dynamic and evolving network of nursing homes, schools of nursing, and advocates dedicated to advancing excellence in nursing home care through education and workforce support.

Website: **www.patnhc.org**

Email: **info@patnhc.org**

****

PADONA is a proud partner of the AMI RISE DON Resiliency program in the Southwest, North Central and North East regions

MARK YOUR CALENDARS! TWO EDUCATION EVENTS HAVE BEEN SCHEDULED!!

PADONA ANNUAL SUMMER SYMPOSIUM ON QUALITY

JULY 10 AND 11, 2024

VIRTUAL EDUCATION

2 DAYS OF EDUCATION PROVIDED BY INDUSTRY EXPERTS ON RESIDENT QUALITY OF CARE ARES INCLUDING:

- **PRESSURE ULCERS/INJURIES**
- **RESPIRATORY CARE**
- **FALLS PREVENTION AND MANAGEMENT**
- **AND MANY OTHERS!**

PADONA ANNUAL LEADERSHIP DEVELOPMENT COURSE

SEPTEMBER 24 – 27, 2024

VIRTUAL EDUCATION

OPPORTUNITY TO COMPLETE THE DON CERTIFICATION EXAM AT THE

Leadership Snippets

Elements of Effective Leadership

Mindset

The **mindset** that drives successful leadership flows from a grounded, clearly articulated, integrated set of beliefs and values about what are the important contributions great leaders make to their organization. It needs to flow from a clear vision, sense of contribution or purpose, and a set of core values that become a filter for decision-making, prioritization and approach/style. For example:

- Know that you set the example
- Expect and ask for the best
- Know your strengths and the strengths of others
- Project calmness and optimism
- Shift judgement to curiosity
- See the inextricable link between sustainable productivity and employee engagement/wellness

Tasks

The quantifiable value a leader adds to her or his organization is most meaningfully quantified by considering the list of activities or **tasks** (e.g., decisions made, conversations engaged, strategies brought forward, meetings led, reports written, coaching/mentoring, etc.) undertaken over the course of a period of time. It is these tasks that ultimately make the difference (for better or worse) to those who are influenced by the presence of the leader in the space and place in which they do their work. For example:

- Encourage innovation
- Measure success
- Confirm priorities and clarify expectations
- Anticipate problems
- Wander, be available
- Build connections
- Build and support a culture where employees flourish

Skills

What a leader does is determined by what a leader thinks is important (mindset drives decisions about what tasks are most important). HOW the leader undertakes these tasks can be every bit as important as what tasks they undertake. This reality speaks to the **skill** component of effective leadership. It is one thing to make a decision to engage a difficult performance related conversation with an employee, it is quite another to do this with skill and in a way that produces the desired outcome. Examples of skills that effective leaders strive constantly to develop include:

- Communication
- Ask high quality questions
- Listening
- Providing timely and effective feedback and validation
- Coaching
- Setting compelling, relevant, motivational goals and benchmarks

Compliance Communications

CMS Advises SNFs to Ensure Appropriate Use of Codes and the 3-Day Qualifying Stay Rule

On November 16, the Centers for Medicare & Medicaid Services (CMS) issued a provider compliance alert for skilled nursing facilities (SNFs), advising them to ensure they are using appropriate place of service (POS) and other codes. SNFs should also review the revised SNF 3-Day Rule Billing fact sheet which is available on the CMS website.

Hospitals, including critical access hospitals (CAHs), should correctly communicate the number of inpatient days to SNFs and patients (or their representatives) to ensure all parties fully understand their potential payment liability. SNF extended care services coverage applies if a patient has a qualifying inpatient stay of at least 3 consecutive calendar days starting with the admission day but not counting the discharge day.

To qualify for skilled nursing facility (SNF) extended care services coverage, Medicare patients must meet the 3-day rule before SNF admission. The 3-day rule requires that the patient have a medically necessary 3-consecutive-day inpatient hospital stay, which does not include the discharge day or pre-admission time spent in the emergency room (ER) or outpatient observation. The 3-day rule also applies to hospitals and CAHs approved to provide swing bed services for acute care or post-hospital SNF services. SNF extended care services extend a patient's care after a hospital or swing bed discharge or within 30 calendar days of their hospital stay (unless admitting them within 30 calendar days is medically inappropriate). SNFs must use occurrence span code 70, a code used to report qualifying stay dates for SNF use only, to report qualifying hospital stay dates of at least 3 consecutive calendar days, not counting the discharge date.

Compliance Considerations:

1) Ensure the 3 -day stay rule is being evaluated during the monthly Triple Check.
2) Educate staff involved in billing and admissions to ensure they understand the requirement for a 3-day qualifying hospital stay prior to admission with traditional Medicare reimbursement.
3) Ensure that the 3-day qualifying hospital stay requirement is understood by all team members who are involved in the process of admissions and billing.

Nightingale Awards of PA Scholarship Applications Are Now OPEN!

Nightingale Awards of Pennsylvania was established in 1989 to support and recognize excellence in nursing. Our primary mission is to encourage the future of nursing by providing educational scholarships for all degree levels.

Are you a nursing student - or do you know one - who needs some extra money for school? Apply for a Nightingale Awards of PA scholarship!

Scholarships will be awarded in the following eight categories:

~ Diploma

~ Licensed Practical Nursing (LPN)

~ Associate Degree (ADN)

~ Bachelor of Science in Nursing (BSN)

~ Bachelor of Science in Nursing Completion

~ Advanced Degree - Masters (includes CNS, CNM, CRNA, CRNP, etc.)

~ Advanced Degree - Doctoral (includes DNP, DNS, EdD, etc.)

~ PhD

Application Deadline:

April 15, 2023

Long-Term Care Infection Prevention Symposia 2024

SAVE the DATE

Long-Term Care Infection Prevention Symposia 2024

Northeast Region: Carpenters Union
314 Pear Street
Scranton, PA 18505
March 26th, 2024

Southeast Region: Philly Expo Center
100 Station Avenue
Oaks, PA 19456
March 28th, 2024

Central Region: Carpenters Union
261 Patch Way Road
Duncansville, PA 16635
April 9th, 2024

Central Region: Carpenters Union
1718 Heilmandale Road
Lebanon, PA 17046
April 11th, 2024

Western Region: Carpenters Union
652 Ridge Road
Pittsburgh, PA 15205
April 25th, 2024

The Patient Safety Authority is offering five regional Long -Term Care Infection Prevention Symposia in 2024. Don't miss out on infection prevention topics specifically focused on long -term care and presented by the infection prevention experts!

Save these dates to your calendars then look out for the invitations in your region which will be coming soon.

We look forward to seeing you there!

PA Patient Safety Authority

Join the March 2024 IHI Age-Friendly Health Systems Action Community!

Institute for Healthcare Improvement

What is an Age-Friendly Health System?

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), designed Age-Friendly Health Systems to meet this challenge head on. Age-Friendly Health Systems aim to:

- Follow an essential set of evidence-based practices (known as the 4Ms);
- Cause no harm; and
- Align with What Matters to the older adult and their family caregivers.

The 4Ms (What Matters, Medication, Mentation, and Mobility) are a set of evidence-based practices that are intended to make the complex care of older adults manageable. The 4Ms are a framework, not a program, to guide all care of older adults wherever and whenever they touch your health system's care and services. The intention is to incorporate the 4Ms into existing care, rather than layering them on top, care already recognized as Age-Friendly Health Systems, and positive momentum is growing.

What is an Age-Friendly Health System Action Community and how can I join?

The Action Community is a free virtual learning opportunity to test and accelerate the adoption of the 4Ms with a network of teams from across different health systems. Guided by expert faculty and an "all teach all learn model," teams participate on monthly webinars, attend a virtual convening, and test specific changes to improve care for older adults. The Action Community is designed as an on-ramp for hospital settings, ambulatory practices, nursing homes, and convenient care clinics to test and adopt age-friendly care.

Visit
ihi.org/AgeFriendly

to sign up for the Action Community.

Registration will be open until April 2024.

Contact AFHS@ihi.org with questions.

What are the benefits of participating?

- **Improved care for older adults through the organization and delivery of evidence-based care.** At the end of the seven-month Action Community, participating organizations will have implemented specific changes of the Age-Friendly Health Systems 4Ms Framework in their setting of care.
- **Recognition by IHI and The John A. Hartford Foundation as Age-Friendly Health Systems**.
- **All teach all learn model.** By participating in the Action Community, you will have the opportunity to build relationships and learn from expert faculty, as well as peers around the country that have found innovative solutions to similar challenges and obstacles that you may face. In addition, you will have opportunities to share your organization's learning and celebrate its progress with the movement.

Age-Friendly Health Systems

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA)

Proposed Observation-Stay Appeals Process Drafted by Medicare Advocacy Group

The Center for Medicare Advocacy and Justice in Aging, drafted a letter urging the Centers for Medicare & Medicaid Services (CMS) to move quickly to finalize the observation stay appeals rule proposed in December 2023.

A major advocate for Medicare beneficiaries and about 40 cosigners are embracing a proposed process for observation stay appeals, calling it 15 years overdue in a formal comment letter that has been sent to federal regulators. “Some members of the class and their families who have suffered significant financial and health costs have waited 15 years for a remedy,” the letter reads. “CMS must not make them wait any longer and must make this rule a top priority.”

The signatories notably ranged from consumer advocates like the National Consumer Voice for Quality Long-Term Care and the AARP, to leading care provider groups like AMDA The Society for Post-Acute and Long-Term Care Medicine to watchdogs like the National Association of State Long Term Care Ombudsman Programs.

Currently, Medicare patients who are initially classified as inpatients and later reclassified to outpatients under observation stays have no way to appeal the change in status (Medicare Appeal Rights for Certain Changes in Patient Status Proposed Rule Fact Sheet Dec19 2023 (cms.gov). Such patients can be left with a large increase in medical bills and no recourse — leading to significantly higher care costs at hospitals and skilled nursing facilities. Some avoid a SNF stay completely to avoid the daily expense.

While generally supporting the proposed rule, the Center for Medicare Advocacy asked CMS to go even farther in some of its provisions — especially to increase awareness of new processes and give patients more time to take advantage of them. For example, the letter (Observation Status Appeals NPRM Sign on letter 2.6.24.docx - Google Docs) calls for doubling the time limit for retroactive appeals to two years, publishing information about the new appeals process in more places where patients are likely to look, and providing additional guidance and clarity on how and what to properly submit in an appeal.

“People with Medicare who are switched from inpatient to outpatient receiving observation services while hospitalized have been without recourse for too long,” the groups concluded. “They deserve their appeal rights, and in many cases reimbursement for out-of-pocket costs that Medicare should have covered, right away.”

Two dozen public comments had been posted in response to the proposed rule Friday afternoon, ahead of the Monday deadline (Federal Register :: Medicare Program: Appeal Rights for Certain Changes in Patient Status).

FAQs: COVID-19 Isolation for Asymptomatic People

ISSUED FEBRUARY 22, 2024 BY IDSA

Q: Why are some states changing their COVID-19 policies?

A: Now four years since the start of the pandemic, more than 96.7% of all Americans have antibodies from COVID infection, vaccination or a combination of both (**CDC, February 2024**). In light of this, authorities are determining if and how public heath guidance should change. In some states like Oregon and California, public health officials have loosened restrictions and no longer recommend isolation for people with asymptomatic COVID-19.

Q: Are people with asymptomatic COVID-19 still contagious?

A: Transmission dynamics have changed over the last few years, affected by factors such as vaccinations and immunity (Mongin, September 2023). While early studies showed that asymptomatic infection played an important role in the spread of COVID-19, more recent work shows symptomatic COVID-19 infections are responsible for higher proportions of viral transmission (Buitrago-Garcia, May 2022).

Q: Do these policy changes apply to people who have symptoms from COVID-19?

A: Both Oregon and California continue to recommend a period of isolation for people who test positive for COVID-19 and have symptoms. CDC recommends both symptomatic and asymptomatic people isolate after a positive test but is considering a change in isolation guidelines as of February 2024.

Q: Do the same rules apply to healthcare workers?

A: In general, no, the same rules do not apply to healthcare workers. In California, updated isolation policies do not apply to healthcare personnel. In Oregon, asymptomatic and symptomatic healthcare workers with a positive COVID-19 test need to follow specific return-to-work criteria. Regardless of

state policy, masking and other infection prevention measures protect both patients and staff in a healthcare setting. These measures prevent the spread of COVID-19 and other respiratory infections, which is particularly important with immunocompromised populations.

COVID-19 Real-Time Learning Network

Brought to you by CDC and IDSA

This resource center was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number 6 NU50CK000477-04-01). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource center do not necessarily represent the policy of CDC or HHS, and should not be considered an endorsement by the Federal Government.

House Prepared to Vote on Bill That Could Increase Nurse-Aide Training Efforts

A bill that could increase training efforts for nursing assistants in the long-term care workforce is scheduled for a vote in the US House of Representatives by the end of the week of February 26, according to a spokesperson for House Majority Leader Steve Scalise (R-LA).

If passed, HR 6585 — referred to as the Bipartisan Workforce Pell Act — would make work training programs as short as eight weeks with a minimum of 150 hours of training eligible for the federal aid through the Pell Grant program. Previously, grants were available only to programs with a minimum of 15 weeks and 600 hours of training.

The legislation is potentially positive to the long-term care workforce, according to providers represented by LeadingAge. The nonprofit association published an open letter to Congress in which its president and CEO, Katie Smith Sloan, called on lawmakers to pass the bill. “The Bipartisan Workforce Pell Act will substantively increase access for people with low incomes to high-quality, short-term post-secondary education, opening pathways to fulfilling jobs with family-sustaining wages in the field [of] long-term care,” Sloan wrote.

Sloan pointed out (HR6585-Bipartisan-Workforce-Pell-Act_final.pdf (leadingage.org) that many care workers, such as certified nursing assistants, enter the field through short-term training programs that aren’t eligible for the Pell Grant under current rules. An expansion of the government aid program through the Bipartisan Workforce Pell Act would make such short-term programs more financially viable for the many low-income workers who typically pursue career advancements in skilled nursing.

“Now, more than ever, we need smart policies like the Bipartisan Workforce Pell Act to bolster the continuous efforts of long-term care providers to rebuild our workforce,” said Clif Porter, senior vice president of government relations at the American Health Care Association (AHCA). “Our nation’s long term care profession is facing a historic crisis, and the Bipartisan Workforce Pell Act opens new pathways for future care providers to enter the workforce.”

If passed, the bill (H.R.6585 - 118th Congress (2023-2024): Bipartisan Workforce Pell Act | Congress.gov | Library of Congress) would give state workforce boards three main criteria for determining a training program’s eligibility. These include whether the program provides entry to a “high-skill, high-wage, or in-demand industry,” whether it meets the expectations of employers in that industry and whether it satisfies all requirements for any licenses or certifications required by the state.

A key benchmark (https://www.forbes.com/sites/prestoncooper2/2023/12/14/the-bipartisan-proposal-to-expand-workforce-training-and-make-harvard-pay-for-it/?sh=7a53c9fb2a1d) for determining a short-term program’s effectiveness will be whether it has a 70% or higher rate for both completion and job placement. Programs also will have to demonstrate that their graduates are able to increase their earnings to at least 150% of what the median 24-35-year-old with a high school diploma would be able to earn in that state.

The measure would set aside $40 million for 2025, with $30 million earmarked for each of the following four years. Each candidate has the potential to receive anywhere from hundreds of dollars to more than $3,000 based on need and tuition costs.

False Claims Resulted in $2.7 Billion Repayment - Increasing Threat to Skilled Nursing

Healthcare providers were required to pay a historic $2.7 billion to resolve federal False Claims Act allegations in 2023, an escalation that will provide opportunity for the government to support even more investigations in years to come.

The Department of Justice announced at the end February, the historic repayment amount for the fiscal year ending September 30. The government and whistleblowers were involved in 543 settlements and judgments, which was also a record high number notched for federal involvement in those types of cases.

The False Claims Act awards whistleblowers triple damages for helping bring about a case that proves healthcare entities inappropriately billed Medicare or Medicaid for unneeded or undelivered services. That mechanism has been both praised for its ability to discourage fraudulent activity by providers and criticized for its role in encouraging specious claims that cost operators hundreds of thousands of dollars in legal fees.

Among the 2023 cases highlighted by the federal government was a settlement in which the owners of Saratoga Center for Rehabilitation and Skilled Nursing Care and its owners agreed to pay $7.1 million. The New York nursing home operators were accused of providing “worthless services” to residents over four years of mismanagement marked by what the government deemed patient safety violations and fraudulent billing.

The Justice Department also outlined its successful allegations against Medicare Advantage plans, including settlements with Cigna ($172 million) and Martin’s Point Health Care ($22.5 million) and ongoing litigation against UnitedHealth Group and others. With Medicare Part C being the area expected to demonstrate an increase in reports of fraudulent billing.

Skilled nursing providers should are being advised to manage and monitor documentation and billing practices. The False Claims Act is also being used to enforce policies and ensure compliance practices are implemented and followed. The federal government is also continuing its efforts to make COVID relief recovery in the next few years. They are also warning providers to ensure recommendations for billing practices from consultants are accurate before implementing them.

For now, providers’ concerns about the expensive nature of *qui tam* lawsuits — even those not found to be fruitful by the government — will likely be deepened by the Justice Department’s 2023 annual review results.

For the second year in a row, more money was recovered from whistleblower cases the government declined to get involved in than from government-initiated cases. More than $2.3 billion of the $2.7 billion total, or about 86%, came from whistleblower cases.

Of the more than $2.68 billion in False Claims Act settlements and judgments reported, more than $1.8 billion was related to matters involving the healthcare industry, including managed care providers, hospitals, pharmacies, laboratories, long-term acute care facilities, long term care and physicians.

Falls Risk is 6 Times Higher For People Over 85 Receiving Opioids

Adults who take opioid medications have an increased risk for dangerous falls — and the highest risk is for those people over the age of 85, according to a recent study published February 26 in *JAMA Internal Medicine (*Age-Related Risk of Serious Fall Events and Opioid Analgesic Use | Orthopedics | JAMA Internal Medicine | JAMA Network*).* In fact, people over 85 receiving opioids were found to have a six-times higher risk of falling compared to younger adults.

Falls risk should be considered when prescribing opioids, especially within the first four weeks of taking them, the study authors said. The risk should also be considered depending on a person's fall risk factors that include age.

Researchers found the risk for falls among various ages of people taking opioids, noted the risk increased with age. The research team looked at medical records of 3.2 million adults. Of the people studied, 53% were women, and the median age when starting opioids was 49 years old. Researchers tracked the data from January. 1, 2005, to December 31, 2018.

During that time, a total of 506,573 serious fall events occurred, including 5,210 falls that were fatal. The risk of serious falls increased in all age groups. The risk for falling was about six times higher between those 18 to 44 years old and those over 85. In all age ranges, the first 28 days was when the falls risk rose (and increased with age).

"These risks should be considered when prescribing opioids, particularly for individuals with preexisting risk factors or when opioids are prescribed at higher doses. Targeted falls prevention efforts may be most effective within the first month following opioid initiation," the study authors wrote.

The authors said the high rates of serious falls among older adults shows the need for further work to prevent falls and associated serious consequences, including mortality, among older adults. Doctors and medical professionals typically review medications regularly and try to prevent older adults from taking unneeded drugs or taking those linked to increased fall risk.

That's one way of trying to help, but many of the drugs are essential for older people. "There is a need to balance individual clinical need against potential risk," the researchers wrote.

Justice Department Summit Works to Srengthen Nursing Home Investigations

A two-day summit of law enforcement leaders from federal, state and local levels met with the intention of strengthening investigations into elder abuse and fraud, including oversight of nursing homes. The event which convened Wednesday, February 7, by the US Department of Justice (DOJ), is the latest in a series of signs that federal officials are taking aggressive steps to police long-term care facilities it suspects of providing inadequate care.

“The cornerstone of our efforts is our investigative and prosecutorial work to hold accountable those individuals and organizations engaged in elder fraud and abuse,” said Benjamin C. Mizer, the DOJ’s acting associate attorney, in opening remarks.

Those accountability measures will include educating law enforcement leaders how to investigate nursing homes, according to a DOJ report (Office of Public Affairs | Justice Department Gathers Stakeholders, Advocates for Inaugural National Elder Justice Law Enforcement Summit | United States Department of Justice). Mizer also outlined plans to coordinate efforts between the attending leaders from across different levels of government (Office of Public Affairs | Acting Associate Attorney General Benjamin C. Mizer Delivers Remarks at the National Elder Justice Law Enforcement Summit | United States Department of Justice).

Officials are signaling they will pursue more cases that seek large fines from nursing homes for providing care deemed inadequate, according to Jonathan Ferry, a partner at Bradley Arant Boult Cummings LLP.

Providers have largely applauded efforts to better police potential elder abuse and fraud situations, including the American Health Care Association (AHCA), which supported such efforts.

Providers have expressed concerns over increased regulatory burdens straining resources. Increased scrutiny and penalties are appropriate responses to real deficiencies and that Justice’s investigations can become burdensome to nursing homes, especially if no deficiencies are ultimately found. The investigations are expensive and burdens for providers even when there are no findings of gross negligence that would result in liability.

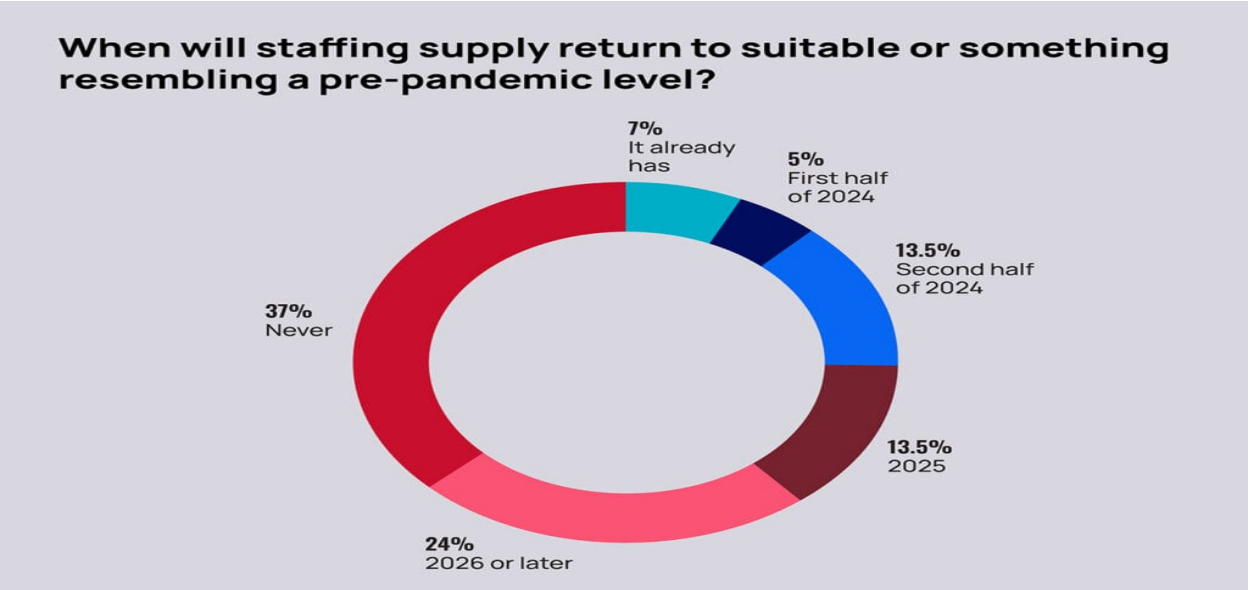
Following this summit, officials are prepared to increase oversight of chronic understaffing, failure to budget for staffing, as well as problems with daily operations such as injuries, lack of cleanliness and unaddressed resident complaints. These are all areas where providers can, and should, self-assess and proactively address potential concerns.

Prior to the summit, the DOJ increased focus on elder abuse and fraud, including pursuing nearly 300 civil and criminal cases against alleged perpetrators of elder fraud. In an October report to Congress (Office of Public Affairs | The Justice Department Issues Fifth Annual Elder Justice Report | United States Department of Justice), Attorney General Merrick Garland described these renewed efforts as an aggressive pursuit of justice.

Providers Feeling Threatened By Agency Use Levels and Admission Restrictions Required

More than half (55%) of skilled nursing leadership say they would need to increase agency staff usage if the proposed federal staffing mandate is enacted. Providers also stated they were in desperation mode regarding staff recruitment. This information is part of the McKnight's 2024 Outlook Survey which was completed online December 1 through December 28.

Other findings show that nearly a quarter of respondents (24%) said they don't expect staffing availability to return to pre-pandemic levels until 2026, and another 37% said that workforce will *never* return to previous levels. Nearly two-thirds (63%) said they've already restricted admissions related to staffing.



That's the backdrop facing owners, administrators and nursing leaders as they plan for the demands of the year ahead, which could bring a federal staffing rule so stringent that 75% to 80% of all US facilities are projected to need more nursing staff to meet the mandate levels. Combined with other significant pressures, hiring challenges could push more providers out of business.

Skilled nursing occupancy reached 82% in August for the first time since April 2020, according to the latest available NIC Map Vision statistics. Just 8% of respondents (and 5% of administrators) predicted their census would decrease in 2024. Nearly 50% expected census would increase, despite others issuing warnings about potential service restrictions if the mandate is implemented. About 31% of respondents said they had already returned to pre-pandemic census levels, with another 34% projecting full recovery in 2024.

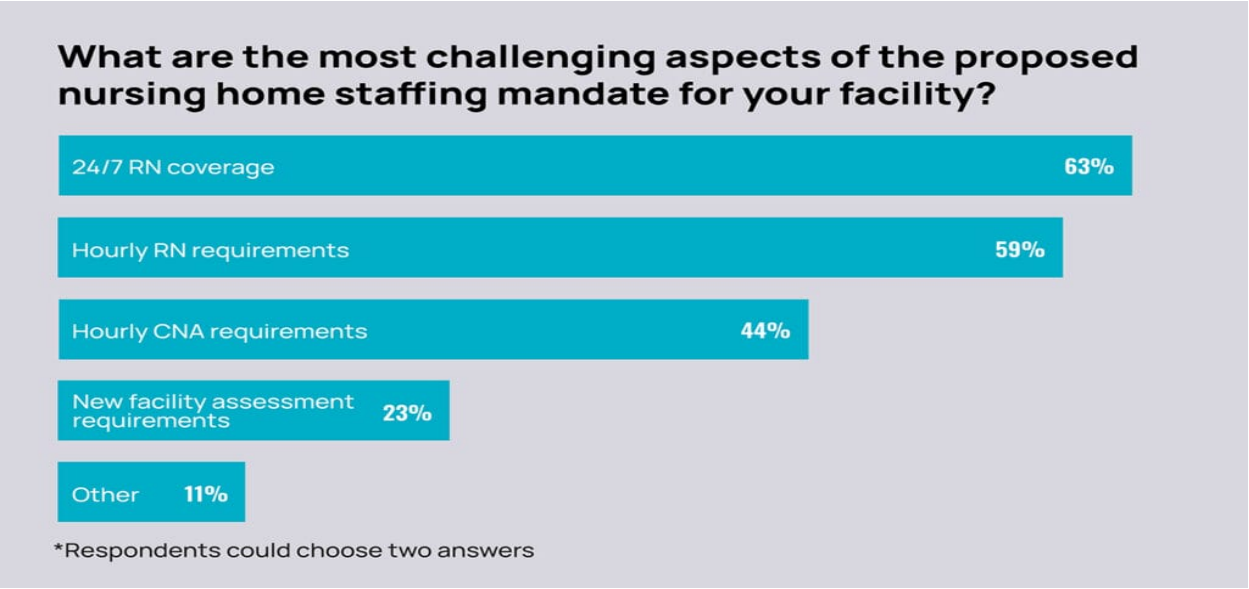
Regarding whether they expected to use more or less contract agency staff in 2024, respondents were evenly split. One quarter stated they don't, and won't, use temporary staff. When asked how they would manage with a finalized staffing rule, 55% said they would have to hire more nurses and would be required to use contract agency nurses, with that number at 60% among administrators.

Without using contract agency, providers will need to increase hourly coverage and at least triple their RN shifts under a federal staffing mandate and will be forced to implement more overtime or layer more duties onto existing workers, especially those in administrative roles. That creates added stress on the retention side.

Another 17% of survey responders said they'd consider converting beds to a different license type when confronted with the staffing mandate. Still another 31% predicted they'd need to restrict units or wings due to the mandate. More generally speaking, regardless of a mandate, 51% of respondents said they could foresee having to restrict admissions in 2024 "due to staffing or other COVID-related challenges."

Without a doubt, a lack of staff contributed to ongoing closures and admissions limitations throughout 2023. Survey respondents who restricted admissions in 2023 was 63%, reinforcing reports from state associations regarding increased access issues. That was down from 69% and 73% of providers reporting partial closures in 2023 and 2022, respectively. In its own commissioned analysis in late 2023, the American Health Care Association found the mandate could displace n early 300,000 residents if facilities choose to close rather than face stiff penalties for non-compliance.

For new nurse graduates, stereotypes about skilled nursing have continued to make it a second choice behind settings where they think they'll have more opportunities or be able to practice more advanced skills. Others that used to consider RN careers are following the trend of becoming nurse practitioners, a concern underscored by a 2023 report that found some 900,000 RNs would leave the workforce by 2027. While others are simply struggling to gain entry to a convenient and affordable training program, with faculty recruitment issues limiting enrollment and further reducing the job pool, Stewart noted. In many places, there are willing students but not enough instructors.



Most survey takers (63%) rated the 24/7 RN rule a top concern from the mandate, followed by the hourly requirement for RNs (which 59% chose in the survey). About 44% of survey-takers ranked hourly requirements for CNAs as a top concern, followed by 23% citing additional facility assessment requirements. Another 11% picked "other" concerns, such as what to do with licensed practical nurses (LPNs).

When asked to rank changes that would make the staffing mandate more palatable, providers seemed resigned to the fact that a final rule would be implemented. Respondents chose inclusion of LPNs in RN time requirements (59%); allowing RNs in administrative roles to count toward hourly

stipulations (56%); and providing more funding (52%), respectively. as their top three desired changes. Another one-third said they preferred a “complete withdrawal” by the Centers for Medicare & Medicaid Services, which is currently reviewing nearly 50,000 stakeholder comments on its proposal.

PEPPER Report Pause Should Continue With Self -Monitoring By Nursing Homes

Federal regulators have suspended the PEPPER report tool used by some nursing homes for internal auditing, but providers should not let this pause in reporting deter compliance efforts.

The Centers for Medicare & Medicaid Services (CMS) paused the PEPPER reports, which note trending metrics for nursing homes often tied to potential payment irregularities. PEPPER is the *Program for Evaluating Payment Patterns Electronic Report*, and, in nursing homes, the program reports how often and to what extent facilities are billing traditional Medicare for key therapy and nursing services and length of stay data.

The report metrics were last updated after the rollout of the Patient Driven Payment Model (PDPM). CMS said in its announcement (Data Analysis Support and Tracking | CMS) that it would use the next several months to review the indicators it tracks to improve the reporting system “and enhance the quality and accessibility of the reports.”

During the PEPPER report pause, providers have the opportunity to internally monitor the same metrics. Providers can use the same sampling to review practices periodically and ensure that all elements of care and billing are aligned. Data should be available from the business/billing office and the assessment office. These audits could focus on: a) what was coded on the MDS and what was billed; b) was all support documentation present for the MDS coding; c) Was therapy and nursing documentation clear and supportive; d) was anything missed in documentation or in care that might have resulted in increased reimbursement?; and e) understanding facility practices that result in billing for Medicare services.

Skilled nursing PEPPERs are usually released in April. In some years, fewer than 50% of providers downloaded their reports to check how they were performing against peers regionally or nationally or simply to monitor them for internal concerns or potential improvements.

CMS said it would issue a request for information to better understand how the program might better serve providers. Revisions may include increased metrics related to CMS focus areas and potentially releasing the data more frequently than annually.

Understaffing and Clinical Demands Are Leading To Nurses Leaving Profession

More than three-quarters of care workers are considering a job change and 45% are considering changing careers entirely, according to the results of a new survey. The survey (conducted by IntelyCare, of nearly 3,000 nurses and nursing assistants highlighted concerns, care workers' priorities, and advice for providers looking to retain and attract workers during an ongoing staffing crisis. The main concerns were understaffing and clinical workloads that keep workers from providing meaningful, individualized care.

Staffing concerns were a widespread issue for respondents (New Survey Highlights Dire State of Nursing in 2024, Finds (globenewswire.com), with 46% reporting working in an understaffed environment and 84% working additional shifts every week. Notably, addressing staffing shortages was ranked as more important than increasing salaries by respondents.

The survey also showed related concerns about clinical workload. Asked if they were responsible for nine or more residents per shift, 63% of registered nurses and 76% of certified nursing assistants agreed. The survey highlighted that COVID-era workplace issues are here to stay despite the end of the pandemic , a draft report on the survey (2024 Nursing Trends Survey | IntelyCare) was issued.

The survey highlighted that, despite concerning trends, 74% of care workers were hopeful they could spend more time on individual interactions with residents in the coming year. That hope may be due to an expectation of more care workers on the way if a proposed federal staffing mandate is finalized.

Despite the challenges of the job, care workers say they are still finding meaning in their work and looking for more opportunities to impact residents through their care. When the respondents answered the question for the most meaningful part of nursing, they ranked caring for residents, helping people, and working as part of a team as the top factors that helped them persevere through each day.

Providers can take the data from the survey and consider the environment in which the nursing staff are working and do they have the opportunities they seek to have a rewarding job with more time with residents and in a place where they work as a team. It is good information to use to evaluate nursing staff daily work and work environment as part of the retention effort.

The survey results should provide impetus for facility leadership (not just nursing leadership) to be more engaged with staff, especially nursing staff on all shifts and all care areas. It should provide the green light for leadership to meet with staff and ask questions and ensure they are ok and learn about their concerns in an effort to address them while demonstrating care for staff. This would also point to retention ideas such as routine "stay interviews" with staff to learn why they stay and why they are still working there and what will keep them at the facility and in a nursing role. While most facilities have "sign-on bonuses" a "stay bonus" is also a great retention tool and shows current staff that they matter and what they have done and continue to do is appreciated and valued.

Long Term Care Resident Preferences Identified to Effectively Tailor Resident Care

A recent study has identified four distinct preference groups among long-term care residents, further addressing the importance of comprehensive, person-centered care.

Researchers looked at the Centers for Medicare & Medicaid Services' (CMS) Minimum Data Set (MDS) to examine how important residents rated 16 key elements of daily care and activities, such as participating in group activities, getting fresh air, involving family in care, and caring for one's own belongings.

"We found that 16 preference items … can group residents into four groups," the authors wrote. "The finding can guide the development of systematic approaches to care planning for diverse groups of residents while maintaining a high level of individualization."

The largest of the four groups (almost 44%) was labeled the "high salience" group because they rated all 16 criteria as important. The "low salience" group was less than 9% of the sample and notably rated few items as important.

The other groups were the "socially engaged" and "socially independent" groups — 27% and 21% respectively. These groups labeled most activities as important, but the socially engaged group placed far more emphasis on group activities while the socially independent group prioritized personal privacy over social engagement.

The research was published in the February issue (Nursing Home Resident Preferences for Daily Care and Activities: A Latent Class Analysis of National Data | The Gerontologist | Oxford Academic (oup.com) of *The Gerontologist,* drew special attention to the low salience group. Though a small portion of the nursing home population, its members typically have elevated levels of cognitive impairment and depressive symptoms as well as difficulties with physical and sensory functions.

The researchers recommended conducting regular assessments of the low salience residents and their personal histories to determine why they rated so few factors as important and if anything can be done to meet unaddressed care needs ."It is critical to discern the mismatch between residents' real needs and expression of preferences," the researchers said, "as the real needs may be suppressed due to perceptions of [their own] incompetency in pursuing these needs."

Similar challenges exist for the socially independent group, which reported higher levels of depressive symptoms and hearing loss. The study's authors could not determine whether the lack of group activities was causing the symptoms or whether the reverse might be true, but they recommended that care providers remain aware of the correlation.

"The results underscore the importance of tailored social and recreational activities that are suitable for the socially independent group, as well as continuous monitoring of their mental and functional health," they said.

Providers must address resident preferences in care and daily life in the facility. Perhaps most straightforward would be increasing the level of activities staff at facilities. Low staffing in this area is "significantly associated" with residents falling into the three lower-salience categories, the researchers noted. Other possible steps include asking residents about other preferences beyond the 16 included in the MDS and regularly keeping track of how preferences and health indicators

change over time. The researchers also suggested that examining how changing preferences and changing health indicators are related to each other would be ripe for further study.

Clinicians and Caregivers Must Be Aware of New Pacemaker Technology Available

As new pacemaker and implantable heart technology becomes available, it has become increasingly important for caregivers to keep track of the different models.

A new survey classifies cardiac implantable electronic devices, or CIEDs, according to both their function and where in the heart their components are placed. The various categories also overlap, the study indicates, as CIEDs can be leadless — that is, have no wires connecting heart implants to the battery — and can include defibrillator shock capabilities.

“The field of CIEDs has evolved substantially in the past two decades,” the study authors wrote (Cardiac Implantable Electronic Devices | NEJM). “Despite these major advances, several gaps in knowledge remain. The increasing number of patients with a CIED has made it necessary for all clinicians to have a basic understanding of what these devices do, and the consideration of how they should be managed.”

More than 400,000 CIEDs are implanted every year in the United States, the report states. More than 70% of pacemaker recipients are older adults, according to Yale Medicine (Cardiac Pacemaker > Fact Sheets > Yale Medicine).

The biggest advance in pacemaker tech over the past few years is the use of leadless models that can be used in multiple heart chambers, the report states.

Leadless pacemakers have led to more successful implantation and less major complications, according to the report. One exception, however, is a heightened risk from leadless models of tearing of the heart muscle wall, which happens in very rare instances but is a life-threatening emergency, the report authors noted.

Although the different categories can be confusing, the report classifies different types of pacemakers as follows:

- Bradycardia pacemakers, which are the oldest type and typically are used for sick sinus syndrome and/or complete heart blockage.
- Biventricular pacemakers, which go into both heart chambers and often are used to treat heart failure.
- Conduction system pacing, which is meant to better model physiologic heart muscle movements and is considered slightly easier to deploy.
- Implantable defibrillators, which can re-engage the heart during sudden cardiac arrest.

The CIED review was published Thursday in the *New England Journal of Medicine*

Nursing Assistant Correlating COVID infection With Work at Nursing Home

A certified nursing assistant (CNA) will continue pursuing worker's compensation for lung injuries she allegedly sustained after contracting COVID-19 while on the job in June 2020. The Alabama Court of Civil Appeals reversed a lower court decision stopping the lawsuit and remanded the suit for further action.

While not a decision on the ultimate merits of the plaintiff case, the ruling does give new life to one out of a massive number of COVID-related lawsuits leveled against nursing homes during the past several years.

The defendant (Opp Health and Rehabilitation LLC of Opp, AL), argued that the CNA could not prove her injuries/illness were caused on the job or that her risk of contracting COVID at work was any higher than it would be in daily life. These arguments were initially successful in trial court, but the appeals court saw more potential merit to the case.

Specifically, the unanimous decision from five appellate judges noted that the timing of the CNA's sickness (What Do You Think: Can CNA Tie COVID-19 Infection to Nursing Home Work During Pandemic's Peak? - WorkersCompensation.com) is relevant to whether her request for workers' compensation will ultimately be approved or denied.

"We can envision a set of circumstances in which, at the time — early in the COVID-19 pandemic when many schools and businesses were closed and before vaccines were available … this CNA was required to work closely with numerous patients who had COVID-19, exposing her to a risk materially in excess of the danger that most people were ordinarily exposed to at that time," the justices wrote.

The judges explained that the trial court is required to view the facts of the case in the most favorable light at the current early stage of the litigation. They also cited other cases from around the country in which states, such as New York and Arizona, ruled that certain employees were eligible for workers' compensation after contracting COVID.

"We are not prepared to hold that COVID-19 is not compensable under the [Workers' Compensation Act] as a matter of law," the judges declared. "This CNA is entitled to pursue her claim that she contracted COVID-19 while working within the line and scope of her employment."

Nursing homes and other eldercare facilities have faced heightened legal challenges in the wake of the COVID pandemic. Some have won key victories, including in cases that dealt with COVID cases from the earliest days of the pandemic.

CDC May Lift COVID-19 Five-Day Home Isolation Guideline — But Not for Nursing Homes

One key distinguishing factor of COVID-19 from other viruses is the five-day quarantine guideline. The Centers for Disease Control and Prevention (CDC) may soon reduce this public health recommendation, but the potential to change the policy wouldn't apply to nursing homes and hospitals.

If the lifting of the restriction occurs, it'll be the first time since 2021 that the agency has considered easing the restriction. The agency wants to align COVID-19 guidance with guidelines for flu (Weekly U.S. Influenza Surveillance Report | CDC) and RSV, the Washington Post reported (CDC plans to drop five-day covid isolation guidelines - The Washington Post).

The potential change in guidance would not apply to healthcare settings including hospitals and nursing homes, CDC officials stated.

"Public health has to be realistic," Michael Osterholm, an infectious disease expert at the University of Minnesota, stated. "In making recommendations to the public today, we have to try to get the most out of what people are willing to do. You can be absolutely right in the science and yet accomplish nothing because no one will listen to you."

The agency could recommend that people evaluate their symptoms when deciding whether to isolate for five days, the article said. That is, people with COVID-19 would no longer be advised to stay home if they were fever-free for at least 24 hours without taking medication. Symptoms should also be mild and improving, agency officials told the *Post* anonymously.

CDC experts told the news outlet that the science around the contagious nature of the virus hasn't changed. Revising guidance could raise concerns and anger vulnerable groups, officials from the CDC said.

Loosening the guidelines "sweeps this serious illness under the rug," Lara Jirmanus, MD, a clinical instructor at Harvard Medical School, said in the article. COVID-19 shouldn't be treated like other respiratory viruses, Jirmanus said. It's deadlier than the flu and there's a risk to others due to lingering symptoms, Jirmanus said.

PADONA Posts Position Openings to Website

PADONA can assist with your recruitment efforts. As a PADONA member, one of your benefits is that PADONA will post your ads for open positions on our website without cost. If you need posting a staffing ad, please send the written ad to Sophie Campbell at scampbell@padona.com and it will be posted on the PADONA website.

The PADONA website is where Pennsylvania nurses and nurse leaders go to look for available positions. We are here to help you fill those needed positions.

Providers Have Opportunity For $20 M Grant to Develop Dementia-Specific Respite Services

Senior living providers who provide, or are considering providing, respite services for family caregivers of people living with dementia can apply for a part of $20 million in grant funding.

The Alzheimer's Association will use a $25 million, five-year grant award from the US Department of Health and Human Services' Administration for Community Living to establish a new Center for Dementia Respite Innovation tasked with making respite services and service providers more dementia capable. Of the funds, up to $20 million will go to respite providers, with the remaining $5 million being used to administer the program.

The center will be led by Sam Fazio, PhD, the Alzheimer's Association's senior director of psychosocial research and quality care, and Joseph Gaugler, PhD, director of the Center for Healthy Aging and Innovation at the University of Minnesota. The goal is to develop and pilot cost-efficient, effective, strengths-based, person-centered, innovative models of dementia-specific respite care.

"This grant provides an exciting opportunity to improve the quality and availability of respite care for more than 11 million Americans who are dementia caregivers," Fazio said in a statement (Alzheimer's Association Awarded $25M Grant to Enhance Respite Care). "Providing dementia caregivers access to respite care can support and strengthen their ability to be good caregivers, while ensuring the person living with dementia is well cared for in a safe environment."

Beginning in June, the CDRI will provide a maximum of 20 grants totaling $4 million annually for the next five years to respite providers. The center also will offer online training and ongoing technical assistance to ensure that respite services are suitable for people living with dementia, especially in diverse and underserved communities.

The center will place an emphasis on developing, testing and replicating new and innovative approaches to delivering dementia-specific respite services.

Applicants the grant funding can provide respite care in a care setting, including a long-term care setting, an assisted living or memory care community or adult day center, or a home in the greater community, with respite care provided by a friend, family member, volunteer or paid service.

Grant applicants will be asked to identify their key quality development and improvement goals, including staff member training, evidence-based intervention adoption, partnership development with a local healthcare system or other community-based system, integration with faith-based organizations, expanded locations or flexible hours.

Applications (Professional Care Providers | Alzheimer's Association) will be accepted March 1 through May 1. Award notifications will begin June 1, with programs running July 1, 2024, through June 30, 2025. Awardees will have the opportunity to reapply for continuing funding for an additional year.

PART-TIME EVENING NURSING PROGRAM (PTENP)

VIRTUAL OPEN HOUSES

MARCH 21: 7-8PM • **MARCH 22:** 12-1PM

15-minute presentation followed by a Q&A session

PRE-REGISTER TO BE ENTERED INTO A $50 AMAZON GIFT CARD DRAWING!

HIGHLIGHTS:

- Part-time schedule - you can keep your job!
- Hybrid format - classes are held in the evening and online
- Earn your BSN in as little as seven semesters
- Nursing scholarships available
- Tuition reimbursement accepted

SCAN HERE TO REGISTER

misericordia.edu/PTENPopenhouse

MERCY THRIVES

100

1924 – 2024

MISERICORDIA UNIVERSITY

****

YOUR PADONA ASSOCIATION CONTACTS:

Executive Director and Board Chair:

cmcmullen@padona.com (Candace McMullen)

Executive Director Educational Programming and Services:

scampbell@padona.com (Sophie Campbell)

Administrative Assistant:

lu@padona.com (LuAnn White)

PADONA is on LinkedIn! Follow us at:
linkedin.com/company/padona

PADONA is an approved Directed Inservice Training Provider!!

We offer a Discounted fee with our Directed In-services and all education for providers with at least one PADONA member!

PADONA provides education for member facilities!
Contact PADONA for your education needs!

scampbell@padona.com

.

“