PADONA UPDATES April 29, 2024

NURSES MAKE THE DIFFERENCE

HAPPY NURSES WEEK 2024!!!   MAY 6-12, 2024

WE RECOGNIZE THAT ONE WEEK PER YEAR IS NOT ENOUGH TO RECOGNIZE AND SHOW APPRECIATION FOR OUR NURSES!!!

We hope you know that you are PADONA and you are why we do what we do – to serve and support you!

THANK YOU FOR ALL YOU DO –
FOR YOUR RESIDENTS;
FOR YOUR TEAM MEMBERS; AND
FOR YOUR PROFESSION!

PADONA is so very proud of each of you and humbled by all you do and all you have accomplished! You are leaders in your profession!

It is truly our honor to be your association and to serve you!

THANK YOU FOR THE OPPORTUNITY TO SERVE AND SUPPORT YOU!

PADONA HOSTED EDUCATION WEBINARS

- **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
- **Preventing, Identifying and Managing C-Diff in the Long-Term Care Setting**
  Date: May 21, 2024
  Time: 11:30 am until 12:30 pm
  Educator: Dr. David Nace, Associate Professor of Geriatric Medicine at the University of Pittsburgh and Clinical Chief of Geriatric Medicine, and Chief of Medical Affairs for UPMC Senior Communities.
  Topic: Focus on C-Diff in the long-term care resident to prevent it, identify it, know when to isolate and treat to maintain resident and staff safety from illness.
  Registration Fee: $35 members and $50 non-members
- **Addressing Agitation Associated with Dementia in the Long Term Care (LTC) Setting**
  Date: May 29, 2024
  Time: 11:30 am until 12:30 pm
  Educator: Michelle Lavagnino, DrPH in Epidemiology and Biostatistics for Otuska
  Topic: Focus current research, treatment interventions and other information unmet needs within this population. Specifically, reviewing the prevalence of AAD, describe challenges in diagnosing AAD, and explore the potential pathobiological correlates in AAD.

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

INFECTION PREVENTIONIST BOOTCAMP

June 4 and 5, 2024 – 4 hours each day in the morning (8 am until 12:30 pm each day)

Educator is QIO Infection Preventionist Jennifer Brown, RN

Provided in collaboration between PADONA and the QIO (Quality Insights Organization)

Registration Fee: $80

Following the Bootcamp, 3 additional monitoring and mentoring sessions will be scheduled with registered attendees and Jennifer Brown, RN

Virtual education and follow up mentoring and monitoring

Registration closes at 4 pm on June 3, 2024

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!

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 are 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

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MARK YOUR CALENDARS! TWO PADONA 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:

- **PREVENTION OF READMISSIONS**
- **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

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 Northeast regions

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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.

Leadership Snippets

How Can You Cultivate Success as a Leader?

If you like what is happening in your current context, figure out what accounts for success and build on it, reward it, model it, and perpetuate the success. Bake it into how you do things and never underestimate the extent to which the introduction of new variables can change everything. This ability to account for and build on success is the added value of leadership.

On the flipside, if you don't like what is happening in your current context but never make any changes, you should expect more of the same. If you reflect on where you are now and negative thoughts come to mind (e.g., low staff morale, poor performance, toxicity, poor communication), then this is the time to consider what needs to change and explore ideas for the best pathway to get to a better place.

Typically, there are three variables of success that you have to work with in your context.

1. Individual and collective staff motivation
2. Individual and collective staff capacity/skill
3. The workplace culture/environment (free of distractions, well organized, good communication, psychologically safe, clear direction, fair, equitable, supportive, etc.)

In a world where these variables contribute equally to success, having a low score in any one area represents a serious impediment (e.g., having a high level of skill and an excellent workplace culture while personal motivation is low is going to make me, as an individual, a six-out-of-ten employee). Having a low score in two areas may be fatal!

As a leader, where do you need to put your focus to make things better than they are today?

. As you consider your next steps, remember:

- ***You're not alone.*** Work with coworkers, share your thinking, test your assumptions, and run ideas past a trusted colleague.
- **Lean into a small number of ideas.** Quantity of aspirations is inversely proportional to the likelihood that any of them will be meaningfully realized.
- **There is no linear path.** This will be an incremental journey of trying, learning, adapting, and trying again.
- **Build on small wins.** Small wins yield "an influence disproportionate to the accomplishments themselves." This is a close cousin of an equally true saying: "The journey of a thousand miles starts with a single step."
- **You are there to influence direction – not to control the path.** The systems in which you lead are extraordinarily complex. For example, no one could have predicted the effects of COVID-19 on the workplace – sometimes things outside our control happen. But you can still dip your paddle in the white water and influence direction and outcomes. In fact, your paddle can make a BIG impact. It can be the difference between white water as productive energy and white water as oppositional force.
- **Just do your best.** You aren't there to be perfect, and no one around you is perfect. You are there to operate to the best of your ability, continually strive to get better, and learn from each situation while modelling kindness and integrity. When you do that, you've done what you can – you don't need to take things personally, and you deserve a good night's sleep (no guarantees at my stage of life)

Compliance Communications

Texas Nursing Home Employees Sentenced after Restrained Resident's Death

Two former employees of a Tyler, Texas nursing home have received sentences of five years in prison and probation, respectively, following a 2022 incident in which a resident with dementia fell to his death while tied to a wheelchair.

The first employee arrested in the case received two concurrent five-year sentences for charges of injury to an elderly or disabled person and tampering with evidence, despite pleading not guilty and claiming that he had restrained the resident to protect him from harm as he had dementia and a history of falling.

A second employee was later charged with injury to an elderly or disabled person causing reckless body injury, due to him causing harm by ignoring the restraints. The indictment said that the second employee had a legal duty to act, and had assumed care, custody, or control of the elderly individual by virtue of his employment at the facility. He was found partially at fault for the fatal injury suffered by the resident because of his omission in ignoring the restraints.

The second employee pleaded guilty on April 12, 2024, and was sentenced to 5 years' deferred probation. He was also ordered to complete 400 hours of community service.

Compliance Considerations:

1) Review policies and procedures related to use of restraints in the facility with residents and educate all staff at least annually.
2) Educate all staff regarding what meets the definition of a restraint, so they are aware and know what to look for a report. It is not always the old definition of "tying the resident to the chair"
3) Educate all staff in all departments at least annually regarding what to report and to whom to report when they witness restraints used with residents.
4) Evaluate all procedures used with residents to ensure that none of them meet the definition of a restraint. If they do re-evaluate.
5) Address both physical and chemical restraints with physicians and physician extenders to ensure they are aware of the definitions and regulations before they order.
6) Review 24-hour reports routinely and documentation to ensure there is not evidence of restraint use that may have occurred when you were not aware.
7) Periodically audit through walking through the resident care areas to ensure there are items being used that meet the definition of a restraint and discuss with team members during the walk through.

Bill Aims To Compel Unique Surveyor-Nursing Home Collaboration

A bill that would require the Pennsylvania Department of Health to hold yearly meetings to collaborate with nursing homes on survey practices and results passed through the state House Monday April 15. Long Term Care leaders have praised the measure as a unique way of fostering much-needed collaboration between regulators and providers.

If the bill is eventually signed into law, it would require the DOH to invite providers to a meeting at least once a year. This gathering would be used to promote communication and cooperation about the survey process between providers and the department, according to lawmakers.

HB 1853 passed the House comfortably (124-77). The Democrats control the chamber 102-100. The bill (btCheck.cfm (state.pa.us) is now under consideration in the Senate.

"House Bill 1853 will strengthen … collaboration by bringing Department of Health surveyors and providers together to enhance care outcomes," said Zach Shamberg, president and CEO of the Pennsylvania Health Care Association (PHCA). "This legislation is another important step forward as we continue to prioritize the care of our state's elderly and adults with disabilities."

Tim Ward, director of advocacy and government affairs at PHCA, worked directly with the bill's bipartisan sponsors (Shusterman celebrates passage of H.B. 1853 (pahouse.com) to develop the legislation.

"This legislation is essential to creating a relationship that doesn't quite exist, where providers can learn from regulators to better understand a surveyor's interpretation of a regulation so caregivers can continue to improve resident care outcomes," he stated. He also stated that the meetings would be an important step in fostering collaboration that should be the default.

The proposed requirement wasn't based on any other state's existing laws and, to the PHCA's knowledge, would be a unique requirement — though some states have enacted or proposed other methods of increasing collaboration (Iowa Legislature - BillBook) between providers and regulators.

"If this legislation becomes law, it will require collaboration to take place and better ensure there is a uniformed understanding of regulations," he explained. "We, at PHCA, feel collaboration is key to supporting resident care, especially in a heavily regulated industry like long-term care … The hope is that line of communication remains open throughout the year to create more clarity and a universal understanding of regulatory interpretations."

Labor Department Announces Final Overtime Rule

The Department of Labor announced on Tuesday, April 23 the final overtime rule. (Biden-Harris administration finalizes rule to increase compensation thresholds for overtime eligibility, expanding protections for millions of workers | U.S. Department of Labor (dol.gov) a final rule that expands overtime protections (Microsoft Word - Part 541 final rule 04-22-24 with disclaimer (dol.gov) This will impact salaried workers beginning this summer. The overtime rule increases the salary thresholds necessary to exempt a salaried executive, administrative or professional employee from federal overtime pay requirements.

Effective July 1, the salary threshold will increase to the equivalent of an annual salary of $43,888 and will increase to $58,656 on January 1, 2025. The July 1 increase updates the current annual salary threshold of $35,568, which is based on a 2019 overtime rule update.

In addition, the new rule will adjust the threshold for "highly compensated employees". Starting July 1, 2027, salary thresholds will update every three years by applying up-to-date wage data to determine new salary levels.

"This rule will restore the promise to workers that if you work more than 40 hours in a week, you should be paid more for that time," Acting Secretary Julie Su said in a release. "Too often, lower-paid salaried workers are doing the same jobs as their hourly counterparts, but are spending more time away from their families for no additional pay. That is unacceptable."

Wage and Hour Administrator Jessica Looman said the rule "establishes clear, predictable guidance for employers on how to pay employees for overtime hours and provides more economic security to the millions of people working long hours without overtime pay."

The DOL previously said the rule change will affect 3.6 million salaried workers and highly compensated employees eligible for overtime pay. The Labor Department had announced its proposal for a new threshold for overtime pay eligibility in August. Senior living industry advocates are concerned that this rule will worsen workforce issues for providers.

The Fair Labor Standards Act requires covered employers to pay their workers a minimum wage and, for employees who work more than 40 hours in a week, overtime pay of at least 1.5 times the employee's regular rate of pay. Certain executive, administrative and professional employees are exempt, however.

According to DOL, the rule will:

- Restore and extend overtime protections to low-paid salaried workers who do not receive paid time-and-a-half for hours worked over 40 in a week.
- Better identify which employees are executive, administrative or professional employees who should be exempt from receiving overtime pay.
- Automatically update the salary threshold every three years to reflect current earnings data.

Measles Becoming Increasing Threat to Nursing Home Residents and Caregivers

Measles outbreaks have been in the headlines in recent weeks as the number of cases and outbreaks in more than a dozen states is already the highest since 2019. The highly infectious disease poses multiple challenges to nursing homes that have become more pressing in recent years, according to Deborah Burdsall, PhD, director at the Association for Professionals in Infection Control and Epidemiology.

"Twenty-five or 30 years ago, this wouldn't have been such a big deal," she stated. "You would have had a majority of residents and most of the staff born before 1957 — so you would have a lot of acquired immunity through infection, because people had measles."

Today, in contrast, many staff and even residents are entirely reliant on MMR vaccines for immunity, and many nursing homes are not checking for vaccination rates in their communities. While vaccination rates remain effective and generally widespread in the US ([Transmission of Measles | CDC]), rising anti-vaccine sentiment has made it important to check immunization coverage in facilities. Checking vaccination rates and increasing vaccination awareness should be a key role for the infection preventionist.

Measles is one of the most contagious diseases, according to the CDC. Even a single case of measles in a facility can pose a serious risk to community health and to daily care operations. A staff member exposed to measles should isolate from day 5 after their first exposure through day 21 after their last exposure, Burdsall reported.

Beyond examining immunity rates in a facility and getting help from the infection preventionist, Burdsall stressed that it is vital to partner with local health officials in the event of an exposure, confirmed case or outbreak of measles. She stated that even if there is a suspicion of measles, it should be reported to the local health department and they will assist the provider to work through this.

Another key is to ensure that clear lines of communication are open between different leadership groups in the facility — from administrators to infection preventionists to corporate leaders.

Burdsall drew parallels between a potential outbreak in a nursing home setting and the recent outbreak that hit a Chicago migrant shelter. That outbreak has made Illinois the state with the most measles cases in 2024 so far. "It's the same situation. You have a lot of people — some potentially vulnerable — in close proximity, living and sharing the same air," she explained.

Measles is so contagious that should an outbreak occur, nursing homes should make use of an airborne infection isolation room (Glossary | Isolation Precautions | Guidelines Library | Infection Control | CDC) when available, Burdsall said. If an AIIR is not available, providers should ensure residents are transferred to a healthcare facility that can provide those precautions.

Medicare Audits Increasing Frequency With Isolation Coding As a Focus

Auditors are paying special attention to isolation coding amid already heightened Medicare nursing home audits that are expected to increase in coming months.

The staffing situation in many provider facilities and the use of contracted agency staff may be resulting in documentation concerns for providers. Compliance officers and nurse leaders note that when nurses work they often leave documentation as the last thing to do and it is often either not completed or completed inaccurately.

MDS assessment coding requirements for resident isolation are fairly simple, when documentation does not support or states something that is inaccurate and isolation is incorrectly coded and the provider receives higher reimbursement, this has become an easy audit target. Partial denials and adjustments have been issued based on the isolation item alone because of the high impact on reimbursement.

Auditors and regulators have come increasingly under pressure to recoup potential overpayments since the end of the pandemic — such as when the Government Accountability Office pressured the Centers for Medicare & Medicaid Services to recoup more Medicaid overpayments (Medicaid: CMS Oversight and Guidance Could Improve Recovery Audit Contractor Program | U.S. GAO) in June.

Accurate documentation for isolation has been a significant sticking point since 2020 (Ask the payment expert: Can you explain why my MDS nurse is refusing to code "isolation" on our residents in precautionary isolation for COVID-19? - McKnight's Long-Term Care News (mcknights.com), both for auditors trying to protect government resources and for nursing homes trying to ensure they are fully compensated for the care they provide.

Educating staff on accurate documentation is a vital step for providers to take. A key point in that education should include avoiding insufficient documentation, such as merely saying isolation protocols were used rather than specifically documenting which ones were used. Systematically verifying documentation accuracy should also be included in provider practices. For example, when isolation is documented there should evaluation of what the diagnosis is that supports isolation and is it "true" isolation.

If there is a gap in documentation, an RNAC often can write a retroactive summary using information gathered at the time. Most auditors will accept this as long as the information was from the data collection period.

Another strategy is to ensure that at least one day of isolation is documented in as much detail as possible by nursing staff. Future days of isolation can then more quickly and simply refer back to those details. As long as one full day of isolation is clearly detailed and outlined, nursing homes should be able to manage audits.

It is important to note that this strategy of auditors targeting relatively simple requirements (Isolation Coding on the MDS: MAC Target Drives Home Documentation Needs - AAPACN) that may not always be clearly documented will likely extend to other areas of the MDS in the future — such as mechanically altered diet codes.

CMS: Provider Burdens, Closures Likely in Wake of Nursing Home Staffing Mandate But 'Status Quo' Is Not Acceptable

The Centers for Medicaid & Medicare Services' (CMS) officials said Tuesday, April 24 that they are confident that facilities will be able to meet the newly finalized staffing mandate requirements given the plan to implement it in three phases.

"As the rule's provisions are carefully calibrated and carefully phased in, we believe that with time, with the careful phase in, facilities can meet the requirements," officials said during a call with. "And while some facilities will certainly have to add staff because they have very low staff ratios today … these changes are very much affordable."

CMS officials acknowledged that some facilities will end up closing, but said that the current situation with inadequate staffing had resulted in poor quality of care being rendered and a change was necessary. "We cannot accept the status quo," CMS officials said.

The implementation of the staffing mandate will be staggered, with the first phase beginning within 90 days of the final rule's official publication, whereby facilities will be required to meet the facility assessment requirements. The rule is expected to be published on May 10, and the new facility assessment standards will go into effect on August 9, CMS stated.

The rule mandates a minimum of 3.48 hours per resident per day (HPRD) of total staffing, with specific allocations for registered nurses (RN) and nurse aides. This standard includes 0.55 HPRD of direct RN care and 2.45 HPRD of direct nurse aide care. CMS said that facilities can use a mix of nurse staff, including RNs, LPNs/LVNs, or nurse aides, to meet this standard.

The rule does make clear that facilities can seek waivers and be granted exemptions to the 24/7 Registered Nurse (RN) requirement. For instance, if facilities are located in an area where the RN to population ratio is a minimum of 20% below the national average, they may receive an exemption from the 0.55 RN HPRD and an exemption of up to eight hours per day for the 24/7 on-site RN requirement. About 25% of facilities would be eligible for such exemptions, officials noted, citing the Impact Assessment section of the rule.

And as for the workforce shortage criteria, facilities would also have to demonstrate "good faith efforts" to hire and retain staff as well as document financial commitment to staffing, officials said. Facilities will need to convey this intent to hire by sharing the amount of income they spent on wages as well as by showing that the hiring attempts included paying workers competitive wages. "The core principle here is that we want every facility across the country to make strong efforts to improve their staffing ratios, to improve the quality of care. And so, while we expect some facilities to qualify for exemptions, we also expect every facility to make a positive step forward to improve their staff," CMS officials said.

CMS officials emphasized that the exceptions are limited in scope and temporary. Also, providers will have to report information to CMS quarterly if they are availing the exemptions. The exemption and waiver information will be publicly accessible. “It will be on our nursing home Care Compare website to alert any current or prospective residents that that nursing home is availing that exception,” officials said.

There are financial and logistical hurdles to successfully enforcing the staffing mandate, according to nursing home advocates. This includes, the federal government’s plan to provide $75 million in funds for nurse training is an amount deemed woefully inadequate by advocacy groups. Meanwhile, a KFF Health News analysis reveals that nearly 80% of nursing homes aren’t in compliance with the staffing mandate.

Officials seem to indicate that the staffing program – and perhaps the exact funding amount – is yet to be fully finalized, with financial assistance expected to be augmented by states. “One of the key design attributes will be that it just won’t be CMS that will be funding this program,” officials said. “We expect other states to join too. So that’s still being developed,” they said, noting that the funding will likely be more than the amount previously shared. “We’re still finalizing the program.”

Officials also offered some clarity on the enforcement of the requirements, underlining that these will be built into the existing survey process. “A surveyor would be able to determine as part of the annual recertification process or through a complaint survey [if the requirements are met],” officials said. “And because we now have this Payroll Based Journal [PBJ] data written into the rule, it actually should be pretty straightforward for surveyors to see whether or not a facility meets the standards, especially in comparison to the current standards which can sometimes be difficult to determine objectively.”

As for the self-assessments conducted by facilities to determine their clinical staff needs, state surveys will be used to check whether the self-assessments are in fact accurate. “That is part of the survey process … making sure that the facilities are doing those thoroughly and doing them using the requirements that we set out in the bolster portion of this rule, which includes the kinds of input that the facilities have to get on those assessments,” officials said.

In the finalized rule, CMS said that it plans to partner with states to bolster nurse recruitment. “States will be able to invest funds to improve their nurse aide training information and increase the number of financial incentives available. CMS will also work with other partners to amplify impact,” the federal agency shared. “We partner with state survey agencies for that process and expect them to use that facility assessment really robustly,” officials said.

Pittsburgh Health Care Facility Owner Indicted on 33 Counts, Including Fraud, Money Laundering, and Making False Statements Related to Health Care Matters

U.S. Attorney's Office, Western District of Pennsylvania

PITTSBURGH, Pa. – A resident of Pittsburgh, Pennsylvania, has been indicted by a federal grand jury in Pittsburgh on charges of health care fraud, making false statements relating to health care matters, and money laundering, United States Attorney Eric G. Olshan announced today.

The 33-count Indictment named Kelley Oliver-Hollis, 59, as the sole defendant.

According to the Indictment, from December 2016 to July 2023, Oliver-Hollis, as owner of SerenityCare LLC, located in Penn Hills, schemed to overbill Pennsylvania Medicaid in connection with services SerenityCare provided to residents with intellectual disabilities. The Indictment asserts that, as part of the scheme to defraud, Oliver-Hollis failed to adequately train direct care workers in the proper care of residents, failed to keep adequate records, and allowed the residents' homes to fall into a state of disrepair. In addition, according to the Indictment, Oliver-Hollis submitted false and fraudulent claims regarding the care and staffing provided to residents, which caused an overpayment of Medicaid benefits in excess of $2 million dollars.

The law provides for a maximum total sentence of up to 10 years in prison and a fine of up to $250,000 on the health care fraud charge; up to five years in prison and a fine of up to $250,000 on the false statements relating to health care matters charge; and up to 10 years in prison and a fine of $250,000 on the money laundering charge. Under the federal Sentencing Guidelines, the actual sentence imposed would be based upon the seriousness of the offenses and the prior criminal history, if any, of the defendant.

The Federal Bureau of Investigation, Internal Revenue Service, Department of Health and Human Services, U.S. Department of Labor, Allegheny County District Attorney's Office, and Pennsylvania Attorney General's Office conducted the investigation leading to the Indictment in this case.

An indictment is an accusation. A defendant is presumed innocent unless and until proven guilty.

The United States Attorney's Office's efforts to combat healthcare fraud are frequently made possible by tips from the community. To report suspected fraud, please contact the FBI's healthcare fraud tipline at WDPAhealthcarefraud@fbi.gov or the Department of Health and Human Services at 1-800-HHS-TIPS.

Antipsychotics Used With Dementia Found More Harmful Than Previously Understood

People with dementia who use antipsychotic drugs have a higher risk for serious adverse outcomes such as stroke, blood clots, heart attack, heart failure, fracture, pneumonia and acute kidney injury, according to a study published in *The BMJ* (User account | The BMJ).

Authors said that the findings show there are more dangers linked to antipsychotic drugs in people with dementia than previously acknowledged. The highest risks occur soon after a person starts taking the medications.

Antipsychotics are usually prescribed for behavioral and psychological symptoms of dementia such as anxiety, depression, aggression, irritability, delirium and psychosis. Warnings on the labels of the medication call out risks for stroke and death, but the other adverse outcomes aren't as well advertised.

Researchers looked at the drug and its link to outcomes such as stroke, major blood clots (venous thromboembolism), heart attack (myocardial infarction), heart failure, irregular heart rhythm (ventricular arrhythmia), fractures, pneumonia and acute kidney injury. Data came from 173,910 people in England who were diagnosed with dementia at an average age of 82 between January 1998 and May 2018. The people weren't prescribed antipsychotic drugs in the year before they were diagnosed.

A total of 35,339 people on antipsychotics on or after the date of their dementia diagnosis were matched with up to 15 randomly selected patients who hadn't taken the drugs. Risperidone, quetiapine, haloperidol and olanzapine were most commonly prescribed. Those made up about 80% of all prescriptions.

People on the drugs had increased risks for all of the outcomes except ventricular arrhythmia. During the first three months of starting a drug, rates of pneumonia among antipsychotic users were 4.48% compared to 1.49% for non-users. After one year, the numbers rose to 10.41% for antipsychotic users versus 5.63% for non-users.

Older adults with dementia had a 1.7-fold increased risk for acute kidney injury and a 1.6-fold increased risk for stroke and venous thromboembolism if they took the drugs compared to those who didn't.

For almost all of the adverse outcomes, the risks were highest — particularly for pneumonia — during the first week of starting an antipsychotic. During the first six months of starting an antipsychotic, the drug was linked to one additional case of pneumonia for every nine people treated, and one additional heart attack for every 167 people treated. After two years, there was one additional case of pneumonia for every 15 people treated, and one additional heart attack for every 254 people who took the drugs.

Any potential benefits of antipsychotic treatment need to be weighed against risk of serious harm. Doctors should review treatment plans regularly if they order someone with dementia on the medications.

'Aggressive' CMS Penalties for Nursing Homes in New SNF Rule

The Centers for Medicare & Medicaid Services (CMS) has announced proposed expansions to CMS' existing enforcement authority – including higher fines – related to financial penalties for nursing homes.

The proposed SNF rule for 2025 will allow CMS more flexibility to impose penalties, within statutory limits. The potential alterations have raised concerns about the heightened financial strain the new penalties could impose on skilled nursing facilities if implemented, irrespective of the star rating. And all facilities are at risk of facing substantial penalties for a single incident, especially if CMS enforces both per-day and per-instance penalties, experts said. Another area of contention is CMS' plan to review facility compliance over the past three years.

In a press release, CMS said this move is intended to encourage facilities to promptly address and maintain lasting compliance with health and safety requirements. CMS currently enforces civil money penalties (CMPs) for noncompliance, applying penalties per day (PD) or per instance (PI) based on deficiency severity, but PD and PI penalties cannot be imposed simultaneously for the same issue.

Currently, PD CMPs are applied until noncompliance is corrected, while PI CMPs are for isolated instances. Under the current system, both PD and PI penalties cannot be imposed during the same survey, and PI penalties cannot be imposed concurrently for the same deficiency.

In the proposed rule, however, CMS seeks to expand the penalties that can be imposed by revising regulations to allow for more per-instance and per-day CMPs. These revisions would not exceed statutory daily limits but would provide CMS with greater flexibility to impose penalties that more directly reflect the health and safety impact on residents. CMS said the goal is to incentivize permanent correction of deficiencies and ensure that nursing homes are held accountable for providing safe and quality care. CMS could wield the power to impose both per-day and per-instance CMPs simultaneously, with the combined amount not surpassing the daily limit.

One of the most contentious aspects of the proposed rule is CMS' plan to review facility compliance over the past three years. This requires providers to sustain ongoing compliance monitoring and continuous root cause analysis to mitigate potential penalties and ensure sustained quality improvement.

The concern expressed by providers regarding the three-year time frame for review is that previous survey findings should have been addressed and corrected and they are penalized. Is this over penalization for the same occurrence. The question is whether the motivation is quality improvement or a focus on penalizing providers.

Benefits Outweigh Wages for Staff Recruitment and Retention

Seventy percent of respondents to a new survey say that better employer-sponsored benefits would be enough to entice them to make the jump to another job.

The survey of 1,500 full-time workers, published by Benefits 2.0 (Benefits 2.0 (economist.com)), examined the effect of benefits at three levels — workers, employers and the broader US economy — to provide insights "into the evolving landscape of employee priorities and needs." It was sponsored by Nuveen, the investment manager of TIAA.

"By getting creative and looking to fill real-world gaps faced by workers across demographic groups, organizations can build a more competitive talent function, access productivity and innovation gains and even save on costs," Vaibhav Sahgal, principal for policy and insights at Economist Impact, the company behind the survey, said in a statement (The Economist Group - 70% of US workers would be willing to switch jobs for better benefits according to an Economist Impact study). "Benefits should be seen as strategic business investments, with the return on investment measurably linked to specific business goals."

A weak benefits package can end the discussion with a prospective employee or drive current workers out the door, according to the research. But a one-size-fits-all approach to benefits won't work either, the authors noted.

Offering a retirement plan or pension (Employees' Retirement System Of Rhode Island: Examination Of Turnover Trends Since Retirement Reforms - National Institute on Retirement Security (nirsonline.org) ranked high as a lucrative incentive, especially among younger and minority respondents.

"By offering comprehensive retirement plans and clearly communicating retirement benefits with workers, especially younger cohorts, employers can create a sense of financial security

and stability that will resonate deeply with a younger and more diverse workforce," survey report authors noted.

Tuition assistance and training programs are especially welcomed by younger workers, yet less than half of American employers offer those benefits, according to the survey.

Employers must make a significant investment in benefits packages to recruit and retain workers, although "money is left on the table when these go unused," the authors said.

Anticipated Five-Star Changes Should Drive Changes to Daily Operations

Upcoming changes to Five-Star rating methodology will require long-term care providers to overhaul several key daily processes related to staffing and quality measure reporting, according to experts.

The Centers for Medicare & Medicaid Services (CMS) has changed the calculations it uses for its staffing measures. Beginning in July, the staffing acuity adjustment will be measured through case mix groups to determine how much staffing is needed to care for resident needs. The updates also replace four QMs entirely, changing how providers will code declines in activities in daily living, pressure ulcers, and other changes in mobility and function.

While methodology is updated, Five-Star data (Care Compare Nursing Home Five-Star Quality Rating Technical Users' Guide (cms.gov) for the affected staffing and QM measures are currently frozen. Staffing data will unfreeze in July, with QM updates finalizing in October 2024 and January 2025.

It will be important to adapt to the staffing reporting changes. Low staffing as well as significantly inaccurate reporting can result in a 1-star score and automatically deduct a star from a facility's overall rating.

The new methodology will likely have mixed reviews. It will better capture residents' acuity and comorbidities, which could lead to higher PDPM payments. But it could also mean higher expectations for staffing levels to handle those complexities.

Providers should plan ahead for the Quality Measure coding changes by being aware of the new measures being used, tracking data internally during the data freeze and anticipating any rating changes that might result during the unfreeze. Staying ahead of the data restoration will be vital to providers.

Communication with partners, residents and their families is also vitally important. It is important to understand the changes and to work on messaging strategies around any updates and transparently keeping key groups informed.

Senate Bill Includes Hospital 'Observation' Days Toward Qualifying Stay For Skilled Coverage

A Senate bill introduced Wednesday April 24 would count days spent under 'observation status' in a hospital toward Medicare's three-day qualifying stay requirement. The Improving Access to Medicare Coverage Act is a companion to a House bill by the same name introduced last August.

Currently, federal regulations require patients be admitted to a hospital for three days to have post-acute care services covered by Medicare, but hospitals have increased their use of "observation status" in recent years. Patients often do not know when they've been placed in an observation stay.

Adding to the confusion, the three-day stay rule was widely exempted during the pandemic but the waiver was revoked along with the end of the public health emergency last May.

Senators Sherrod Brown (D-OH), Susan Collins (R-ME) and Sheldon Whitehouse (D-RI) said the bipartisan legislation would update the observation stay loophole "to help protect seniors from high medical costs for the skilled nursing care they require after hospitalization."

Brown said the change would save money on hospital readmission costs. But federal regulators and researchers have raised questions about how changes to the three-day stay policy would impact Medicare spending.

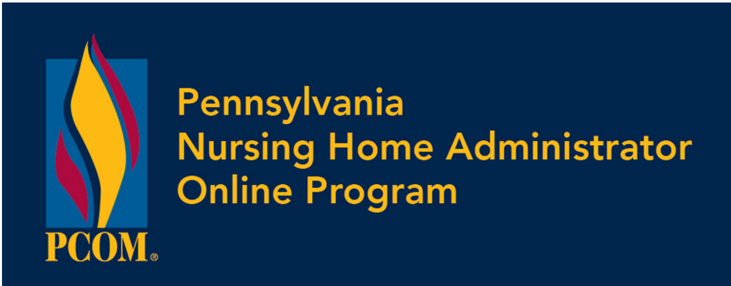
An April 2023 study in JAMA Internal Medicine found that removing a hospital stay as a requirement for Medicare-covered nursing home care shifted many long-term residents to more costly skilled care coverage. And John Kane, SNF lead for the Centers for Medicare & Medicaid Services, also noted last spring that a Congressional Budget Office estimate had found that removing the 3-day stay requirement altogether could increase the cost of SNF care by $60 billion over 10 years.

It was unclear Wednesday how many more stays might be covered should observation stays be counted toward the three-day stay requirement, or how much that could drive up Medicare costs.

In addition to changing Medicare rules moving forward, the new Senate bill proposes a 90-day appeal following passage. Patients who had a qualifying hospital stay since Jan. 1, 2024, but were denied skilled nursing care would be eligible.

The legislation (Brown, Collins, Whitehouse Introduce Bipartisan Legislation to Protect Older Americans from High Costs of Necessary Medical Care | Senator Sherrod Brown (senate.gov) has been endorsed by 19 national patient and provider advocacy organizations, the sponsors noted. The bill's House companion was backed by 30 associations when it was introduced last year.

At the time, American Health Care Association (AHCA) President and CEO Mark Parkinson said "seniors who spend three days in a hospital, regardless of their inpatient or observation designation, must be able to recover safely in a skilled nursing facility when they need it without fear of considerable out-of-pocket costs. It's time to eliminate this confusing, costly policy and barrier to post-acute care, and this legislation will best serve our Medicare beneficiaries as well as the Medicare Trust fund," he added.



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This 120-hour program is offered completely online and runs from **August 27 – December 17, 2024**. Each week, participants will complete online course requirements asynchronously with an option to engage in live interactive webinars each Tuesday. For those unable to attend the Tuesday webinar, on-demand recorded sessions will be made available.

For more detailed information or to register, please follow this link:
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If you have any questions, please reach out to **Tinach@pcom.edu**
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