

PADONA UPDATES May 23, 2022



National Nurses Week may be behind us but PADONA doesn't want you to stop celebrating – celebrating you and all you do and the profession of nursing!

It HAS been a very difficult two years and the pandemic isn't behind us yet, with reports of increased case numbers of both staff and residents across the state. The past two years have tested nurses and provided us with the opportunity to show how resilient we are as leaders, as professionals and as caregivers.

PADONA recommends we don't stop celebrating – who we are and what we do! Find something every day that is celebration worthy. The profession of nursing is worth a celebration simply because of the lives we touch but more importantly because of the outstanding individuals who are a part of the profession.

Tasking this one step further, the nurse leaders are a celebration as a group. Nurse leaders plan, implement and manage the largest department in every healthcare organization and for 24/7 unlike other departments. There is both planning for today and planning for tomorrow, as well as strategic planning for the department. But nurse leaders don't stop there! Nurse leaders function as servant leaders and care for their residents and staff. And it all works seamlessly! Celebrate every day!

PADONA celebrates each of YOU – every day!

We are grateful, inspired and humbled by you, all you do and your support.

PADONA appreciates the opportunity to be your organization and to serve you!

Education Program Title: Dementia Friends Pennsylvania Information Session

DATE: June 2, 2022

TIME: 11:30 am – 12:30 pm

COST: \$35 for members and \$50 for non-members.

Description of the Professional Practice Gap: All long-term care providers admit or have residents in the facilities with the diagnosis of dementia. Providing a safe and comfortable environment for residents with dementia is a goal of all providers but finding a source for staff education has been a critical factor to achieving this goal. The goal of Dementia Friends is to help all community members understand five key messages about dementia and commit to their own personal action. To become a Dementia Friend, you join others in a one-hour Dementia Friends Information Session. The session will cover five key messages about dementia and touch on what it is like to live with dementia. As a Dementia Friend you will turn your understanding into a practical action that can help someone with dementia living in your community. The action can be as big or small as you choose, because every action counts!

Learning Outcomes: At the completion of the education session:

1. 95% of learners will be able to describe dementia.
2. 95% of learners will be able to identify the most common type of dementia.
3. 95% of learners will be able to recognize five key messages about dementia.
4. 95% of learners will be able to apply communication techniques with someone living with dementia.
5. 95% of learners will be able to list at least one personal action to commit to in the next year related to dementia.
6. 95% of learners will attend the full 60-minute education webinar and complete the evaluation following the education.

Presenters: Please see the attached for the full bios of the two presenters from Dementia Friends of Pennsylvania.

Support Organization: Dementia Friends is a global social movement established with the goal of changing the way people think, act and talk about dementia. Developed by the Alzheimer's Society in the United Kingdom, the Dementia Friends initiative is underway in Pennsylvania. By helping everyone in a community understand what dementia is and how it affects people, each of us can make a difference for people touched by dementia.

1.0 Nursing Continuing Professional Development contact hours will be awarded after completion of an online program evaluation which includes submission of your license number, attending the webinar for the entire 60 minutes and inclusion of the correct beginning and ending codes on the evaluation form. PADONA is an approved provider, with distinction, of Nursing Continuing Professional Development contact hours by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Neither the presenters nor the planner has a relevant financial relationship(s) with ineligible companies to disclose.

PADONA Education Webinar: Review of the Pennsylvania Quality Incentives Program

PADONA is pleased to host an educational webinar provided by leaders from the Office of Long Term Living (OLTL) and the Pennsylvania Long Term Care Learning Network with a review of the Pennsylvania Quality Incentives Program.

PADONA has been forwarding information from the Long Term Care Learning Network related to educational webinars being provided related to the measures included in the Incentives Program and we have learned that many of our members are not aware or comfortable with the Program. PADONA heard your learning needs and has scheduled this webinar to provide the information and an opportunity to ask questions about the Program of our state leadership involved with the program.

This webinar is scheduled for July 14 from 11:30 am until 12:30 pm.

PADONA encourages you to join the webinar and hear the information and take the opportunity to ask questions. Nurse leaders and the nursing department are very closely and heavily involved in the measures that are involved in the program. There are still 6 months remaining in the performance year to assist in achieving the incentives for your facilities.

PADONA Education Recordings

If you have been unable to attend any PADONA education including webinars or the annual education convention (clinical track), the education is available in recorded format for you. PADONA records all educational events because we understand that nurse leaders are not always available or able to take the time for educational events. We also recognize that staff development is more necessary than ever for nursing team members but the budgets for these and the time is not always available.

We encourage you to go to the PADONA website within a week of each education event provided by PADONA for the recording. Each recording is available for purchase. The purchased education includes the power point materials used for the in-person education, the recording of the education and any additional materials provided. There are no nursing continuing professional development contact hours awarded as the result of listening to the recorded education. However, the recoded education can be used for education of team members in the facility.

Currently, all ten sessions included in the clinical track of the PADONA Annual Convention are available for purchase as individual education sessions, by the day of the convention or the full clinical track of the Annual Convention. Additionally, the most recent education webinar hosted by PADONA on the topic of Pressure Ulcer Overview from Prevention to Management and Quality Measures is also available for purchase.

Please go to the **PADONA website** to review the **educational recordings** that are available for purchase for your education and for use with your team members. Why pay for other educational webinars when there is so much great education available from PADONA?!

Let PADONA help you educate your staff while you reduce your workload related to education by using the recorded webinars for staff education.

SAVE THE DATE

PADONA annual Leadership Development Course is scheduled for Tuesday, September 27 through Friday, September 30.

The PADONA Leadership Development Course (previously called the DON certification course) is a four-day intense educational opportunity that reviews and provides information related to the various aspects of the role of director of nursing/director of nursing services. However, there are many aspects that are also applicable to the administrator of long-term care facilities.

The PADONA Leadership Development Course has been adjusted from being only sessions that will assist new nurse leaders to achieve certification, to a course that provides relevant and meaningful information related to the daily operations of the nursing department and the nursing department within the structure of facility operations.

The course will include

- a) infection prevention and the role of the infection preventionist in long term care from The Patient Safety Authority;
- b) the director of pharmacy consultants for a Pennsylvania pharmacy to review the role of the consultant pharmacist and the collaboration between the pharmacy vendor and nursing;
- c) a certified wound care nurse to review assessment and documentation of skin concerns and the role of the wound care nurse in long term care;
- d) a consultant who is certified as a compliance specialist to review HIPAA compliance;
- e) a vice president from a state consulting and management company to review nursing department budgets and legal aspects of importance for nurse leaders;
- f) review of the survey process and the top recently cited deficiencies with examples from the 2567s;
- g) the state Attorney General's Office will provide investigators who address reasons for their involvement in nursing homes and how to prevent investigations;
- h) a Clinical director from a consulting firm will review Quality Measures and the 5 Star Quality Rating Program;
- i) a Rehabilitation Therapy vendor will provide a regional manager to discuss the collaboration between the nurse leader and nursing department and rehabilitation therapy;
- j) an overview of restorative nursing and medical record documentation as well as the MDS for DONs;
- k) AND MUCH MORE!

The Leadership Development Course is also an opportunity for current and seasoned nurse leaders to refresh themselves on the current standards of practice and update knowledge their base. There is much in the Course that applies to nursing home administrators as well, so we do recommend the Course to nursing home administrators since the nursing department is the largest department in the facility and the department that is operational 24/7.

The 2022 PADONA Leadership Development Course will be provided virtually and will provide Nursing Continuing Professional Development contact hours as well as administrator NHA credit hours though NAB.

Please watch your email for the registration information for the PADONA Leadership Development Course!

PADONA hopes you will join us for the 2022 PADONA Leadership Development Course September 27 through 30!

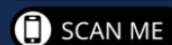
PADONA Posts Staff Needs to Website

If you are experiencing staffing needs, PADONA can assist. As a PADONA member, one of your benefits is that PADONA will post your ads for positions on our website without cost. If you are in need of posting a staffing ad, please send the ad as a Word document to Candy Jones at cjones@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.

Calling all Skilled Nursing Facilities to sign up before time runs out! Since May of 2021 the Bureau of Epidemiology within the Department of Health, in partnership with APIC Consulting Services, has been conducting onsite Infection Control Assessment and Response (ICAR) assessments in addition to onsite training and education as part of the ICAR project. Appointments for this opportunity will end in **July of 2022** so we urge you to schedule your visit today! The goal of this non-regulatory project is to improve outbreak response and general infection prevention and control (IPC) readiness in skilled nursing facilities throughout the Commonwealth. Participating facilities receive comprehensive consultation, education, and support to bolster their IPC programs, in addition to a personalized action plan to guide IPC improvement. Join the 330+ skilled nursing facilities that have taken part in this effective program. For more information and to sign up, visit the website below or scan the QR code.

Register for Your Free Facility On-Site Assessment & Training

Sign up at www.apicconsulting.com/pa-doh-link-tree or scan the QR code.



AMI RISE – Resiliency Infrastructure Support Empowerment

This is a long term care facility quality improvement program that offers free assessments, training and management tools with the goals of workforce resiliency, infection prevention and control and emergency preparedness and sustainable outbreak response operations. They are divided into three areas in the state of the southwest, northcentral and northeast.

The services offered include:

- Infection prevention and control
- Patient safety
- Outbreak policy and procedure
- Resident and family customer satisfaction
- * Palliative care, hospice, bereavement
- * Resident mobility and mentation
- * Staff resiliency and education
- * Emergency preparedness

*Additional information is attached



National Training Program

May is National Mental Health Awareness Month



This month we're raising awareness about the importance of mental health in the lives of all Americans. We launched a NEW [CMS Behavioral Health Strategy](#) that strives to support a person's emotional and mental well-being and promotes person-centered behavioral health care. The strategy focuses on:

- Accessing prevention and treatment services for substance use disorders, mental health services, crisis intervention, and pain care
- Enabling care that is well-coordinated and integrated
- Removing barriers to care and services
- Using data to evaluate our behavioral health programs and policies

Medicare covers [certain screenings, services, and programs](#) that aid in the treatment and recovery of mental health and substance use disorders. Download [Medicare and Your Mental Health Benefits](#) and other key resources:

- [SAMHSA.gov/programs/mental-health-awareness-month](https://www.samhsa.gov/programs/mental-health-awareness-month)
- [MentalHealth.gov](https://www.mentalhealth.gov)
- [CDC.gov/howrightnow](https://www.cdc.gov/howrightnow)

Future of Nursing Home 3-Day Stay Waiver in Doubt Post-PHE

While the Centers for Medicare & Medicaid Services (CMS) has been winding down certain waivers tied to the public health emergency (PHE), the agency has been noticeably silent about what could be the most impactful of the pandemic-related waivers – suspension of the three-day stay requirement.

Industry leaders aren't holding out much hope that the waiver will continue on a more permanent basis. So far, CMS has decided to discontinue select waivers, including one that allowed temporary nurse aides (TNAs) to work longer on the front lines prior to taking their certification exam.

Suspension of the three-day stay requirement allows Medicare patients to be discharged to a skilled nursing facility without having to stay at a hospital for at least three days. Without the waiver, patients transferred from a hospital to a SNF in fewer than three days would not be covered for a Medicare Part A skilled stay. The federal agency initially waived the requirement to free up hospital beds at the onset of the pandemic.

A decision on the waiver depends on data, Former CMS Administrator Seema Verma stated. If CMS can prove with almost two years of data that there was an increase in cost to the health care system, it's "unlikely" the waiver will be maintained in any meaningful way. If data shows it promoted greater flexibility, lower costs and improved quality, the pendulum could swing the other way, she said.

Accountable care organizations (ACOs) and Medicare Advantage also have plans in place to bypass the three day stay requirement. It's possible that about two-thirds of Medicare beneficiaries can already avoid the requirement if need be – 47% of Medicare patients are enrolled in an Medicare Advantage plan, and 43% of Medicare fee-for-service (FFS) beneficiaries are enrolled in ACOs. CMS plans to have all Medicare FFS patients in an ACO by 2030, according to AHCA/NCAL.

In the meantime, the U.S. Department of Health and Human Services has promised to give states 60 days notice when the PHE is ending. "Given the multiple surges experienced to date as well as the currently rising numbers of cases and hospitalizations due to BA.2, it would not make sense to end the waiver before the end of the PHE," the AHCA/NCAL said.

Three-day hospital stay as a barrier to care

Jodi Eyigor, LeadingAge director of nursing home quality and policy, believes the benefits of removing the three-day stay requirement fit in with everything else the Biden administration is doing right now to improve quality of care — including its reform initiatives and the Build Back Better Act.

"It does seem like CMS is at least evaluating that option of making it permanent or making some kind of change to the three-day stay requirement," Eyigor told Skilled Nursing News. "We would certainly support it because we see that the three-day stay can sometimes be a barrier to care."

Steve LaForte, director of corporate affairs & general counsel for Eagle, Idaho-based Cascadia Healthcare, said the waiver has helped not only the skilled nursing operator, but the communities they serve. "It's really created for us more nimbleness in how we provide necessary care," he said. "I think it's made care more efficient, it's made care more value-based ... I think it saved money." Bentley calls the waiver a "natural experiment" on the part of CMS, to see how much the waiver was used and the outcomes of utilization, while trying to separate Covid cases from non-Covid cases as the government entity looks to possibly end the waiver. "They are obviously looking at what happened with admissions, when the three-day stay waiver was put into place," said Bentley of possible government scrutiny into waiver utilization. "In Medicare fee-for-service, CMS has virtually no real utilization management tools. They look at something like the three-day requirement as at least one way to try and manage SNF utilization."

Legislation and three-day stay

While the industry has not seen any movement on a bill introduced last June to make the waiver permanent, aging services organizations are hoping to get aspects of the legislation to pass. Including, counting observation days toward the requirement.

Efforts by industry lobbyists to change the three-day stay requirement in this way has been a “torch” for many years, according to Finck-Boyle, LeadingAge’s vice president of health policy.

LeadingAge, along with AHCA/NCAL and other industry trade groups are part of the Observation Stays Coalition working to pass the observation day change as a crucial piece of the legislation.

“This will require Congressional action,” AHCA/NCAL said in an email of the waiver. “For years we have advocated to eliminate this confusing policy barrier by recognizing observation stays as qualifying stays for the purposes of the three-day stay requirement, or eliminating the three-day requirement altogether.”

Encouragingly, a court decision in January concerning observation days found failure to count observation days toward the Medicare requirement violates beneficiaries’ due process rights. The three-day stay doesn’t provide patients with an administrative review process for reclassification from observation to inpatient, according to the decision.

“There will be some increased scrutiny, there’s going to be audits. What we’ve heard from CMS is that [they aren’t] going to be auditing whether or not this waiver was utilized in a surge,” Eyigor said. “They’re going to be auditing to make sure that those individuals who utilize the waiver still meet the requirements for skilled care.” Three-day stay admits increased in 2020 from 2% to about 15% as a result of the waiver, LaForte said, referencing Health Affairs [data](#).

This is an important finding, the article said, as CMS and Congress have “long debated” potential effects on utilization. Still, further research is needed to understand the wider impact of the three-day stay waiver across the care continuum, authors noted, specifically if residents become SNF-eligible after no hospital stay, one or two days, or after observation days.

Three-day stay beyond the pandemic

There are a lot of other conditions beyond Covid that can be gained from a continuation of the three-day stay waiver, according to Bentley – residents who could benefit from a direct-to-SNF admission. Even a monitoring period during a SNF stay could be viable, he said, to stabilize a patient before the decision is made to bring them home or keep them as a long-term care resident.

Rare cases with Medicare Advantage plans have done something similar, in that they have the flexibility to get a patient into a SNF without the prerequisite hospital stay, but Bentley said such cases are “few and far between.”

AHCA/NCAL representatives believe it is “inevitable” that all Medicare beneficiaries will be eligible for SNF benefits without an inpatient three-day stay. The organization also pointed to Medicare Advantage’s ability to eliminate the requirement, along with Medicare fee-for-service (FFS) beneficiaries who are enrolled in accountable care organizations.

“In other words, about two-thirds of Medicare beneficiaries today already are in payment models that will continue to be able to waive the three-day inpatient stay requirement once the PHE ends,” AHCA/NCAL said in its email. “The question is – why don’t all Medicare beneficiaries have the same opportunities to access needed SNF care once the COVID-19 PHE ends?”

Nurse Aide Flexibilities Would Remain For 2 More Years Under New Bipartisan Bill

COVID-19 flexibilities for temporary nurse aide (TNA) certification requirements would be extended for 24 months after the public health emergency ends under a new federal proposal.

The measure, called Building America's Health Care Workforce Act, was introduced by Reps. Brett Guthrie (R-KY), Madeleine Dean (D-PA) and David B. McKinley (R-WV) late last week.

It comes in response to federal regulators saying they will sunset a COVID-related waiver for TNAs on June 7. That waiver has allowed facilities to employ the not-yet-certified aides for more than four months, even if they haven't completed the necessary training and certification requirements. _

The original four-month deadline will be back in place if nothing else is done.

In addition to extending the waiver for 24 months following the PHE, the newly proposed measure also would allow TNAs to continue working in the role and apply their on-the-job experience toward the 75-hour federal training requirement to become a certified nursing assistant

"My goal is to bring more qualified workers into senior care settings to ensure that our most vulnerable populations are receiving safe and quality care, while also providing workers an opportunity to further their professional development and earn higher wages," Kentucky's Guthrie said on May 12 . <https://guthrie.house.gov/news/documentsingle.aspx?DocumentID=387718>

Dean (D-PA) added that the measure will not only help address the workforce shortage in healthcare but it will also strengthen the sector and ensure that seniors receive the quality care they deserve.

"Temporary nurse aides have played a critical role in caring for our seniors during the pandemic, and we can allow them to gain more firsthand experience," Dean said.

She added "extending the waiver for TNAs to work in long term care facilities will give them the time to learn and grow in their careers and on their way to becoming [CNAs]."

The American Health Care Association/National Center for Assisted Living had warned that states didn't have the capacity to accommodate the training and testing needs for thousands of TNAs by the June deadline. The association on May 13 said the measure would give TNAs the support they deserve while also preventing further job losses. _

"With many states unable to meet current training and testing demands, this legislation will help temporary aides continue to serve their residents, supporting seniors' continuity of care," said Holly Harmon, RN, AHCA/NCAL's senior vice president of quality, regulatory and clinical services.

Infection Preventionist Job Considerations

Skilled nursing facilities should shift away from assigning infection preventionist roles to staff nurses and instead recruit professionals with a background in the field of infection prevention to ensure their programs are successful, a leading expert said during the LeadingAge Illinois 2022 Annual Meeting and Expo recently.

“One of the first questions I ask of the person who’s the infection preventionist is, ‘Do you like this job?’ Then I found that they were “volunteered/told” to do that,” said Deb Patterson Burdsall, Ph.D., an infection control expert and consultant with the Association for Professionals in Infection Control and Epidemiology (APIC).

“People who do this in acute care actually applied for that job. That’s a job that they wanted. That’s not so much in long-term care,” she added. “It’s [more of] an add-on to nursing, and nursing is critically important ... but it’s not infection prevention and control.”

An infection preventionists’ main job should be to “steer the [facility’s] ship” when it comes to infection control, Burdsall said. Outside of nursing homes, many infection preventionists have backgrounds as nurses, epidemiologists, public health professionals, microbiologists, doctors or in other healthcare positions where they have worked to prevent germs from spreading, according to APIC.

Burdsall suggested that providers also consider people in their therapy department, those in public health, laboratorians and workers who have other specialties for the role. “Think outside the box here, seriously. The point is you need to have somebody that’s interested in what they’re doing,” she said.

Burdsall also said infection preventionists, whose role is an interdisciplinary one, should report to facility administration and not the director of nursing.

She also outlined the key components an infection control program must consider. They include general vaccine administration, hand hygiene, personal protective equipment, healthcare personnel and resident safety, a respiratory protection program, surveillance and disease reporting.

“Every time I add something, you have to add time. That is the important thing and that is the thing that long-term care tries really hard to get away from,” Burdsall added. “It’s like you’re multitasking all over the place and everybody’s got 16 hats on. You have to make sure that somebody can actually do this.”

COVID-19 was a major pivot toward infection control and prevention, according to Burdsall. She added providers’ should continue strengthening their facility’s infection control and prevention infrastructure for the next one to five years. “The infection preventionist is going to take a lot of pressure off [facility administrators]” when done correctly, Burdsall said.

Using Artificial Intelligence Software for Employment Decisions Could be Discriminatory

Employers using artificial intelligence tools in the hiring process could be guilty of disability discrimination, according to the federal government.

The U.S. Equal Employment Opportunity Commission and the U.S. Department of Justice released technical assistances document May 12 regarding disability discrimination when employers use artificial intelligence and other software tools to make employment decisions. The information can be found here: https://www.eeoc.gov/laws/guidance/americans-disabilities-act-and-use-software-algorithms-and-artificial-intelligence?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

Computer-based tests or software increasingly are used by employees in hiring new employees, monitoring performance and determining wages or promotions. Many of those tools use algorithms or AI, potentially resulting in unlawful discrimination against people with disabilities in violation of the American with Disabilities Act.

Such tools already are in use by senior living employers. McLean, VA-based Sunrise Senior Living, for instance, has used AI to improve its employee retention rates. Benchmark Senior Living of Waltham, MA, announced in 2018 that it was turning to AI to recruit and retain workers. Both companies used Arena Analytics, which specializes in using predictive analytics and AI to help companies attract and retain workers. Other senior living clients of Baltimore-based Arena, according to the company website, include The Arbor Company and Brightview Senior Living.

The EEOC's technical assistance document is meant to help employers prevent discrimination against job seekers and employees with disabilities. The document is part of the agency's Artificial Intelligence and Algorithmic Fairness Initiative to ensure that the use of software in employment decisions complies with federal civil rights laws. The EEOC document can be found here: https://www.eeoc.gov/artificial-intelligence-and-algorithmic-fairness-initiative?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

The document provides guidance on practices to reduce the likelihood of disability discrimination, including providing reasonable accommodations when using AI, having safeguards to prevent screening applicants with disabilities out of a job or promotion, and avoiding disability-related inquiries or medical exams.

The DOJ, in its guidance, offers a broad overview of employee rights and responsibilities, including examples of the types of technological tools employers are using, considerations on how different tools might affect different disabilities, employer obligations when using algorithmic decision-making tools, and when to provide reasonable accommodations.

"If employers are aware of the ways AI and other technologies can discriminate against persons with disabilities, they can take steps to prevent it," EEOC Chair Charlotte A. Burrows said in a statement. The statement from the EEOC chair can be found here: <https://content.govdelivery.com/accounts/USEEOC/bulletins/3177e3d>.

How Nursing Home Operators Can Improve Survey Responses

With the recent statement of White House intention to raise the dollar limit on per-instance financial penalties levied on poor-performing nursing homes from \$21,000 to \$1 million, learning the specifics of the survey process from both the state and federal level will be more important than ever for operators.

Dealing with “rogue employees” is one way operators can encounter problems during surveys, as Adam Guetzow, a partner at law firm Hinshaw & Culbertson LLP, explained during a panel at the LeadingAge Illinois 2022 conference earlier in May. A rogue employee is defined as an employee that undermines a business by ignoring rules and policies, according to Guetzow.

Even if a facility feels good about the policies and procedures they have in place for Covid response and infection control, they remain responsible for rogue employees.

James Moriarty, deputy general counsel at AbleHearts, saw this firsthand at one of his facilities. A national senior care provider, AbleHearts has care centers across Illinois, Florida, Missouri and Texas and offers a range of services including short-term rehabilitation, dialysis and memory care.

Moriarty referenced one incident where an employee checked into work and marked that she didn't have any Covid signs or symptoms, but unbeknownst to the facility, she woke up that morning with a fever. “Two hours later she said to [a coworker] that she wasn't feeling well,” Moriarty explained. “That employee told her supervisor and [she] was sent home and ended up testing positive.” AbleHearts was cited for the incident.

“Was that fair? No. It wasn't fair because what else could we have done,” said Guetzow, who represented AbleHearts in a hearing. “They followed all of the regulations and took immediate action.” Guetzow said that while rogue employees may do what they want, the facility demonstrated it had strong procedures in place to deal with such situations as a coworker knew to immediately say something to their supervisor.

“Make sure your employee training is up-to-date to deal with rogue employees,” he added. AbleHearts requested a hearing with CMS over the citation and explained that the actions it took were proper and the mitigation responses were “above and beyond. We were able to negotiate and I think that is something that I don't want people to lose sight of,” Guetzow explained. “While you may not be able to prevent certain things, your response is just as important when you're looking at it in hindsight just three months later at the survey hearing.”

Determining when to challenge a citation

Just deciding to challenge a citation can be a difficult call for operators. If a facility waives its right in writing to a hearing within 60 days of receiving a CMS notice the amount of civil monetary penalty (CMP) is reduced by 35%, so just challenging one can be a pricey decision for operators.

Furthermore, facilities have 15 days to prove financial hardship, which can also reset and reduce the amount of the CMP. “You may be looking at a 50% reduction off the bat,” Guetzow said.

Moriarty said he considers several factors before waiving a CMP and pursuing a hearing including a facility's survey history, other litigation the facility may have and whether the surveyor recommended a CMP to CMS. The more citations a facility has the more likely its license will be targeted in the future, Moriarty explained. He also considers if the facility has any residents that could potentially bring professional liability claims under the Nursing Home Reform Act. “If there is, if you are having problems, then you need to do something to try to take the wind out of their sails later on down the road,” Moriarty said.

Importance of Respiratory Evaluation in PDPM Patient Classification For Reimbursement

Since taking effect in October of 2019, PDPM has reshaped the way care is provided in skilled nursing facilities. While it no longer drives industry conversation the way it did in its first two years since implementation, PDPM remains a critical element of the business of skilled care, with operators growing increasingly sophisticated in their understanding of the model. This sophistication includes the ability to drill down into key sub-sections of a patient's health to determine PDPM patient classification — such as respiratory evaluation, a focus under the payment model.

When PDPM took effect on October 1, 2019, skilled nursing operators had to make a number of adjustments around their day-to-day operations. One was increasing their attention on non-therapy ancillary services, or NTA, which is one of five components that determine reimbursement per patient day. These services account for the patient's use of medication or medical equipment, that increase cost of care.

CMS identified 50 conditions and services most associated with increases in NTA costs, and assigned each a point value. HIV/AIDS is the highest point value, at eight, while the need for a ventilator or respirator is fourth, at four points. Considering the increased need for vents and respiratory therapy post-COVID, understanding how to best manage NTA services, specifically respiratory care, is crucial for reimbursement success.

Correctly evaluating a patient for respiratory needs is essential for care outcomes — and, by extension, reimbursement. Under PDPM, every patient is classified into a group for each of the five case-mix components:

- Physical therapy (PT)
- Occupational therapy (OT)
- Speech-language pathology (SLP)
- Nursing
- Non-therapy ancillary (NTA)

The criteria used to classify each patient will ultimately determine PDPM payment. Patients are then assigned to a "group" for each of the five case-mix-adjusted components that PDPM uses. The areas where respiratory conditions and need for treatment have the most impact are the following, based on the documentation provided on the MDS 3.0 evaluation:

- Non-therapy ancillary (NTA)
- Nursing
- Speech-language pathology (SLP)

NTA classification is based on the presence of certain comorbidities, with the comorbidity score a weighted count of the comorbidities present. The patient's need for a ventilator, as well as other respiratory-related conditions, are scored in the MDS 3.0 completion process. The NTA score range maps to a NTA case mix group and a NTA case mix index, all of which impacts reimbursement.

The importance of respiratory therapy and other NTAs in reimbursement calculation can be seen in a review of the payment calculation within the NTA category. As noted above, each NTA has a point value. When the points for a patient are added together, the total ranges from zero (no NTAs) to 12+, where rates are maxed. The adjusted NTA per diem rate specific to each patient is then multiplied by three for the first three days of that patient's stay. For example, if the patient had a score of five on the NTA assessment and also required a ventilator (four points), the NTA per diem rate is \$108.53 compared to the \$206.45 if they had nine NTA points. The patient would actually have a score higher than four as a patient on a ventilator would require other services that would increase the total score.

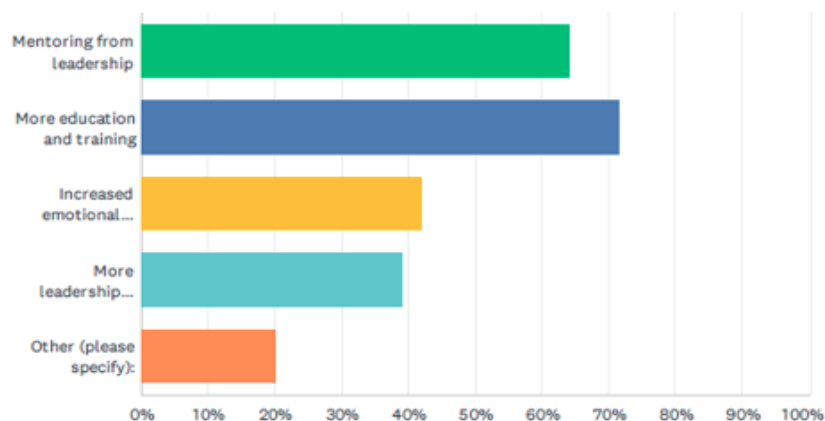
Patient Safety & Quality Healthcare Poll 2022: Taking the Pulse of Nursing’s Impact on Patient Safety

Strengthening Nursing’s Role in Quality and Patient Safety

Asked about how their organizations can help strengthen nursing’s role in quality and patient safety efforts, 71.7% of respondents said more education and training is needed. In addition, 64.2% said mentoring from leadership was necessary, while 42% called for increased emotional support and 39.2% said more leadership opportunities for nurses would be helpful. Other write-in responses included: “Roll out voluntary discussion with brunches: ‘Come learn and we’ll feed you.’”; “Include nurses as a team member of importance”; “More transparency on plans and goals”; “Give us a chemical-free environment to work in. COPD is killing us”; “Better wages”; “Involvement in teams and projects, relationship with quality team”; “Joy at work”; “Improved structural support services”; “Continue creation of a culture of psychological safety”; “Increased staffing.”

Q1 How can your organization help strengthen nursing's role in quality and patient safety efforts? Select all that apply.

Answered: 212 Skipped: 0



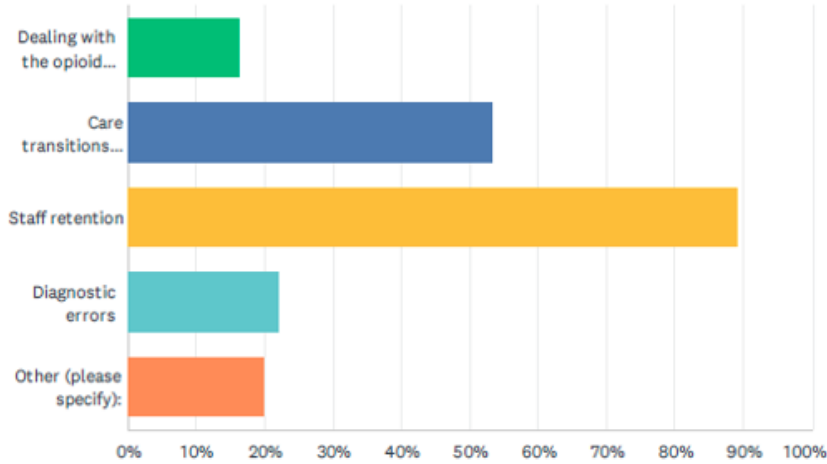
ANSWER CHOICES	RESPONSES
Mentoring from leadership	64.15% 136
More education and training	71.70% 152
Increased emotional support	41.98% 89
More leadership opportunities	39.15% 83
Other (please specify):	20.28% 43
Total Respondents: 212	

Post-COVID focus

COVID-19 has been a major focus for healthcare organizations for more than two years now, but when asked about what other issues need to be emphasized moving forward, 89.2% of respondents felt staff retention was the biggest concern. Other issues that deserve focus include care transitions between settings (53.3%), diagnostic errors (22.2%), and dealing with the opioid crisis (16.5%). Respondents also filled in specific issues including “Increasing understanding of managing risk in healthcare and the role of nurses in risk mitigation”; “Rewarding staff for 2+ years of hanging in”; “Interprofessional teamwork”; “Lack of experienced staff in practice and fewer mentors available”; “Improving staff morale”; “More flexible scheduling”; “Meaningful implementation of TJC perinatal safety measures”; “Shared responsibility for performance of agency staff is sometimes muddled, prolonged, and aggravating”; “Violence on staff and BH boarders in ED”; “Experience gap resulting from boomer retirements and new inexperienced RN”; “Physician accountability for behavior.”

Q2 Beyond COVID-19, what issues should your organization focus on more going forward? Select all that apply.

Answered: 212 Skipped: 0



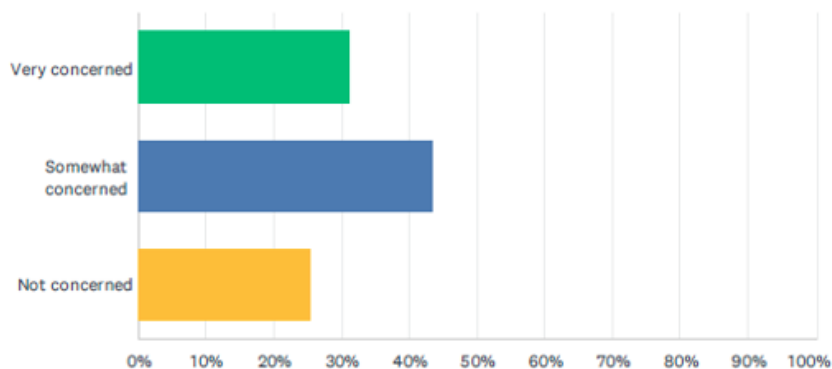
ANSWER CHOICES	RESPONSES	
Dealing with the opioid crisis	16.51%	35
Care transitions between settings	53.30%	113
Staff retention	89.15%	189
Diagnostic errors	22.17%	47
Other (please specify):	19.81%	42
Total Respondents: 212		

Workplace violence

Asked about their level of concern about workplace violence in their organization, 31.1% of respondents said they were very concerned, 43.4% were somewhat concerned, and 25.5% said they were not concerned.

Q3 How concerned are you about workplace violence in your organization?

Answered: 212 Skipped: 0



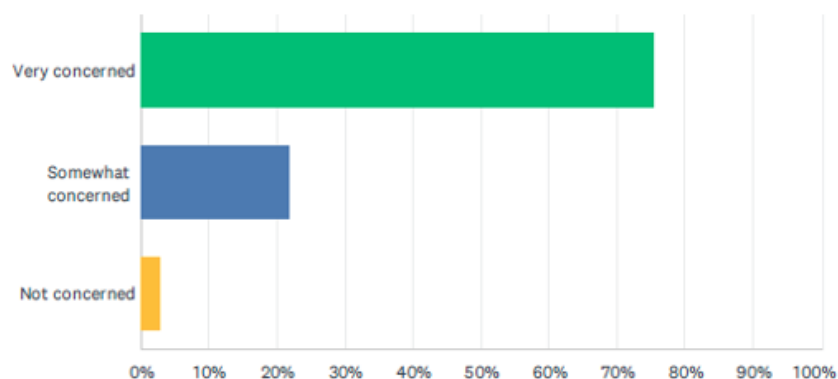
ANSWER CHOICES	RESPONSES	
Very concerned	31.13%	66
Somewhat concerned	43.40%	92
Not concerned	25.47%	54
TOTAL		212

Concern about RaDonda Vaught verdict

The case of former Nashville nurse RaDonda Vaught, who on March 25 was convicted of two felonies and faces eight years in prison for a medication error that led to a patient's death, has the nursing world buzzing. Asked how concerned they were about the Vaught decision, 75.5% of respondents said they were very concerned, 21.7%, said they were somewhat concerned, and 2.8% said they were not concerned.

Q4 How concerned are you about the recent court decision that convicted a former nurse in the medication error death of a patient?

Answered: 212 Skipped: 0

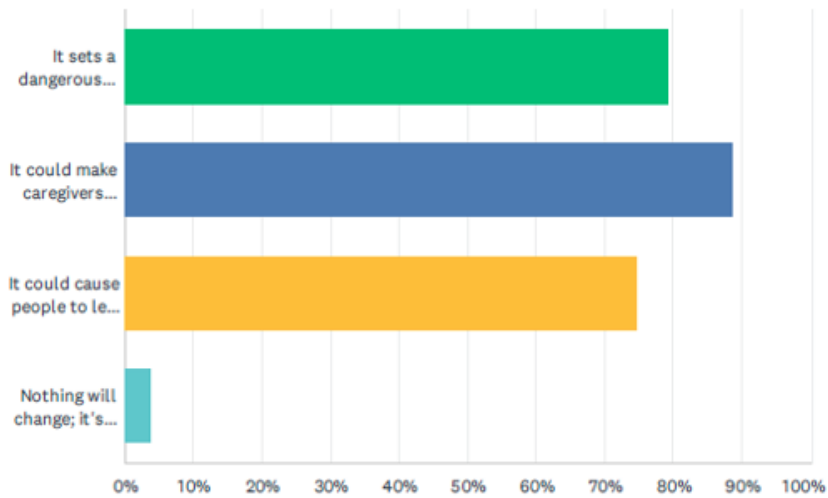


ANSWER CHOICES	RESPONSES	
Very concerned	75.47%	160
Somewhat concerned	21.70%	46
Not concerned	2.83%	6
TOTAL		212

A follow-up question asked about the potential ramifications of the Vaught verdict. About 88.7% of respondents said it could make caregivers fearful of reporting mistakes, while 79.3% said it sets a dangerous precedent that medical errors could lead to criminal charges, and 74.5% said it could cause people to leave the profession or avoid it altogether. Another 3.8% were less concerned, saying nothing will change because of the decision.

Q5 What are the ramifications of the court case mentioned in question 4?
Select all that apply.

Answered: 212 Skipped: 0



ANSWER CHOICES	RESPONSES	
It sets a dangerous precedent that medical errors could lead to criminal charges.	79.25%	168
It could make caregivers fearful of reporting mistakes.	88.68%	188
It could cause people to leave the profession or avoid it altogether.	74.53%	158
Nothing will change; it's only one case.	3.77%	8
Total Respondents: 212		

Nursing Shortage Reaches Crisis Level as Staff Exit the Profession : Noted in Survey

The shortage of nurses has reached the level of a national crisis, according to a report reflecting on the 2022 Nurse Salary Research Report by nurse.com https://www.nurse.com/nursing-salary-research-report?utm_source=pr&utm_medium=press-release&utm_campaign=nurse-salary-report

Many studies have documented high rates of nurse burnout, job dissatisfaction and attrition during the pandemic. The nurse.com survey supports these findings, showing an 18% increase in those considering leaving the profession since 2020. In 2021, 29% of nurses — across all licensures — said they are contemplating doing so.

Nurse.com queried more than 2,500 nurses about their pay and job satisfaction in late 2021. RNs made up 87% of the survey respondents, including advanced practice registered nurses (5%), and licensed practical nurses or licensed vocational nurses (8%). Nurse.com is a continuing education provider.

New nurses in the 18-to-24 age group and experienced nurses aged 65 years and older were most likely to be eyeing an exit from the profession. What's more, fully 28% of those surveyed reported that they had changed work settings in 2020 and 2021, and 47% said they are "open to new opportunities."

"Although nursing salaries are up overall in the survey, I truly believe that a substantial amount of workers are still underpaid, I guess we could say, in the long-term care space," Matthew Mawby, co-founder of StaffHealth.com, stated. He said the results were probably skewed toward large hospital systems and traveling nurses.

"Long-term care facilities are the ones that are struggling. The majority of them — and I deal with this on a daily basis — do not have the budget like big, large healthcare systems, regional healthcare systems, big hospitals. They depend a lot on Medicare / Medicaid and some other factors," Mawby said.

Despite an overall increase in salaries, registered nurses reported glaring differences in pay. They also had concerns about equity and overwork that could affect already troubled pandemic-era staffing levels, but Mawby said that has not been his experience in working to provide short-term staffing to long-term care providers.

Travel nursing, an assignment that has drawn many nurses away from their original settings during the pandemic, was an option for some respondents. Among the 4% who said they were travel nurses, fully 62% said that they had joined the ranks of that group recently, in 2020 and 2021. According to Mawby, in previous years, 2% of the nursing profession was made up of traveling nurses. Mawby said the average travel assignment lasts around 13 weeks. He said some nurses choose to take an assignment and be done with it; others choose to work as traveling nurses full-time.

Although the nursing shortage began before the pandemic, it has reached the level of crisis since 2020 as many nurses look to leave the profession, report authors said.

"The nurses were heroes one year and not the next year. They're overworked, underpaid. They're burning out," Mawby said. "There's the crisis level of the pandemic, but now these levels have exceeded the previous level. We're at a point where there's so many nurses who are retiring, they're switching careers, they're switching companies ... a large percentage just left their career altogether."

Legislation Directed to Protecting Healthcare Professionals From Violence in the Workplace

A bill introduced May 13 by U.S. Sens. Tammy Baldwin (D-WI) and Bill Cassidy (R-LA) is meant to protect healthcare professionals from violence in the workplace.

The Workplace Violence Prevention for Health Care and Social Service Workers Act directs the Occupational Safety and Health Administration to issue a standard requiring healthcare and social service employers to write and implement a workplace violence prevention plan to prevent and protect employees from violent incidents, according to a press release from Baldwin's office, which can be reviewed here: <https://www.baldwin.senate.gov/news/press-releases/senator-baldwin-introduces-bill-to-protect-healthcare-professionals-from-workplace-violence-during-national-nurses-week>.

According to Baldwin, healthcare workers were victims of 73% of all nonfatal injuries from workplace violence in 2018. She announced the legislation during a news conference May 11 as part of National Nurses Week alongside leaders from National Nurses United, the American Federation of Teachers and the AFL-CIO.

"Nurses report being punched, kicked, bitten, beaten, and threatened with violence as they provide care to others — and some have even been stabbed or shot," National Nurses United President Jean Ross, RN, said at the press conference.

The House version of the bill, H.R. 1195, led by Rep. Joe Courtney (D-CT), was passed on April 16, 2021.

The federal legislation is modeled after a California healthcare workplace violence standard that was the result of state legislation sponsored by the California Nurses Association / National Nurses United, according to National Nurses United. <https://www.nationalnursesunited.org/press/nurses-applaud-introduction-federal-legislation-to-prevent-workplace-violence-in-health-care>.

"We are bearing the brunt of a broken healthcare system at a time when people's frustration and stress are at their highest," Ross stated. "Nurses are conditioned by our employer to just take it, to accept that violence is part of the job. But we are not willing to take it any longer."

Baldwin's version also is supported by Sens. Cory Booker (D-NJ), Richard Blumenthal (D-CT), Sherrod Brown (D-OH), Bob Casey (D-PA), Ben Cardin (D-MD), Christopher Coons (D-DE), Tammy Duckworth (D-IL), Dick Durbin (D-IL), Dianne Feinstein (D-CA), Maggie Hassan (D-NH), Amy Klobuchar (D-MN), , Edward J. Markey (D-MA), Jeff Merkley (D-OR), Chris Murphy (D-CT), Patty Murray (D-WA), Alex Padilla (D-CA), Gary Peters (D-MI), Bernie Sanders (I-VT), Brian Schatz (D-HI), , Tina Smith (D-MN), Debbie Stabenow (D-MI), Chris Van Hollen (D-MD), Bob Menendez (D-NJ), Elizabeth Warren (D-MA), Sheldon Whitehouse (D-RI) and Ron Wyden (D-OR)..

"We fully support ensuring our caregivers work in a safe environment, and providers will continue to do everything they can to protect their employees from violent incidents," American Health Care Association / National Center for Assisted Living to

F-Tags Study Reveals Common Misuses of Psychotropic Drugs in LTC

A new study that explores deficiency-of-care citations in nursing homes offers a wealth of lessons on reducing overreliance on psychotropic medications in residents with dementia, according to researchers from Stony Brook University School of Nursing in New York, and the University of Maryland's schools of nursing and of pharmacy.

The study team analyzed care citations for inappropriate psychotropics across 444 nursing facilities that received survey F-758 tags in the first quarter of 2018. In these cases, the deficiency citations noted unnecessary use of psychotropics specifically in the care of residents with dementia.

Antipsychotics top the list

The F-758 tag citations most frequently involved antipsychotics medications. And there were three common reasons surveyors cited facilities: failure to identify and/or monitor behavioral symptoms, failure to attempt gradual drug reduction and failure to maintain 14-day limitations on PRN psychotropic orders.

There were distinct differences in care issues depending on which drug a facility was cited for using unnecessarily. When compared to facilities whose citations did not involve antipsychotics, for example, those that used antipsychotics inappropriately were less likely to identify and/or monitor behavioral symptoms, attempt gradual drug reduction or provide adequate indications for psychotropics use.

The nursing homes with F-758 tags related to inappropriate anti-anxiety medication use, meanwhile, were less likely to maintain 14-day limitation on PRN orders or to provide residents with nonpharmacologic interventions.

Addressing these problems is a place to start when attempting to further reduce inappropriate psychotropics use for individuals with dementia, Jung Min Yoon, Ph.D., RN, of Stony Brook, and colleagues urged clinicians.

Training and cooperation needed

Along with correcting these issues, Yoon and colleagues recommended that facilities support the dementia care staff by providing comprehensive training in areas such as behavioral symptom assessment and monitoring and proper drug use guidelines. Ongoing coaching and mentoring are also important to help improve staff attitudes toward challenging resident behaviors, they added.

Finally, cooperation is needed between staff, clinicians and families to ensure proper outcomes when psychotropic medications are used, they wrote.

When a citation is given, "ongoing efforts should be made to develop strategies to successfully reduce inappropriate, unnecessary psychotropics use and minimize detrimental effects in those living with dementia," the authors concluded.

Full findings of the study were published in *JAMDA* and can be found at:
[https://www.jamda.com/article/S1525-8610\(22\)00302-4/fulltext#%20](https://www.jamda.com/article/S1525-8610(22)00302-4/fulltext#%20).

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