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“Fire Prevention” class can answer questions about YOUR facility – Do you have questions about the Ohio Fire Code specific to your facility that you would like answered by a code enforcement official? Then plan on attending the upcoming **“Fire Prevention: Safety & Code Enforcement.”** This popular regional education class will review common citations and answer questions specific to your facility. Each class will feature both a Fire Safety Educator and a Code Enforcement Official from the Ohio Department of Commerce Division of State Fire Marshal. Fire Prevention: Safety & Code Enforcement will be held from 10 a.m. to 3 p.m. and will include lunch. This class has been approved for four (4) hours of CEU from BENHA. Academy members may attend this popular program for \$89 and non-members may attend for \$129. A member facility may send three employees for the discounted price of \$199, a savings of \$68! This is great opportunity for administrators, maintenance directors and nursing staff to learn together how to make their facilities safer. Dates and locations:

- **Wilmington - Monday, June 20**
Roberts Centre
123 Gano Rd.
Wilmington, OH 45177
- **Cleveland - Tuesday, June 21**
Crowne Plaza (formerly Skyline Hotel)
5300 Rockside Rd.
Independence, OH 44131

Information about this course has been faxed. You can also register [online](#). For questions, contact [Dawn Kennedy](#). ([Back to top](#)).

Senate substitute budget bill contains little changes to LTC – The Senate Finance Committee amended Sub. H.B. 153 this week. They made few changes to long-term care issues and instead focused more on education and local governments. Home and community based services did see a slight increase in funding of \$15 million and the increase to the LTC Consumer Guide fee was removed. However, the bulk of additional funds, mostly from Medicaid caseload discrepancies, went to education (\$115 million) and local government (\$100 million). The substitute bill would also allow private management of the Ohio lottery and provide for more accountability in charter schools. On a lighter note, the bill would increase the maximum alcohol content for beer from 12% to 18%. For more

information on the budget bill, please contact [Chris Murray](#). ([Back to top](#)).

Free MDS Section Q webinar slated for June 15 – Join experts from the Ohio Department of Job & Family Services (ODJFS) for a free webinar on Ohio's implementation of MDS Section Q on Wednesday, June 15 from 1 to 3 p.m. To reserve your webinar seat, you must register [online](#). After registering you will receive a confirmation email containing information about the webinar. As a high number of participants are expected, ODJFS asks that you please conserve resources and facilitate group participation from your organization if a number of staff are interested. This webinar will provide an overview and outline the implementation of MDS Section Q in Ohio, explain how the referral process works in Ohio's implementation plan and identify the role of the state agencies, the local contact agencies and the nursing facility. The webinar will also address questions regularly received about Ohio's implementation of Section Q. If you have further questions about the webinar, contact [Terry Moore](#), MDS Section Q Statewide Manager. ([Back to top](#)).

Physician defends use of antipsychotics for dementia patients in nursing homes – In response to a [recent report](#) from the Office of the Inspector General (OIG), a prominent psychiatrist is defending the practice of prescribing antipsychotic medications for nursing home residents with dementia. The OIG report stated that off-label use of these drugs is widespread and dangerous. In his CNN.com opinion piece, [Daniel Carlat, M.D.](#), contends that just because a medication is used off-label, doesn't mean that drug's use is ineffective or "erroneous" as the OIG report states. Rather, it means that a drug hasn't undergone the expensive FDA approval process for a given indication, he said. Furthermore, Carlat says antipsychotics are used to treat agitation associated with dementia, a symptom for which there is no approved drugs. He says agitation can be dangerous for caregivers and for the resident, but that it is especially upsetting for family members. Agitation is often the result of psychosis, Carlat writes. Carlat argues the OIG's claim that antipsychotics can be lethal for dementia patients is questionable. He says that when antipsychotics such as Risperdal, Seroquel and Zyprexa were studied separately against placebos, there was no significant difference in the mortality rates. While more research is needed, Carlat writes the most humane treatments for dementia patients, at the end of their lives, include any measures that calm them, including antipsychotics.

(Source: McKnight's Long-Term Care News & Assisted Living, 06/02/11, [www.mcknights.com](#)) ([Back to top](#)).

Neace Lukens Insurance and Risk Management offers customized solutions – June's OANH Premier Partner of the Month, Neace Lukens Insurance and Risk Management, can develop insurance, risk management and financial protection strategies that fit your unique needs. Neace Lukens also offers numerous programs to protect you and your business: Property & Casualty Insurance, Employee Benefits Insurance, CORE Solutions and Personal Lines Insurance. Their teams within each discipline work with you to construct organized programs that stabilize your entire organization. With the resources of a large firm—and the service of a local, independent office—they become your trusted insurance broker and risk assessment advisor for the long term. The unmatched experience of Neace Lukens gives their clients unparalleled products and services. For more information, contact [Clete Richardson](#) at 614/220-9225 or 800/664-0772. ([Back to top](#)).

Update from CMS – The Centers for Medicare and Medicaid Services (CMS) recently released the following information of interest to long-term care providers:

- **Survey & Certification Memos**

- [11-28: State Operations Manual \(SOM\) Hospital Appendix A Update \(5/13/11\) \(Revised 5/20/11\)](#)

This memo was released May 13, and a revised version was released May 20. SOM Hospital Appendix A has been updated. Revisions have been made to reflect regulation changes governing orders for rehabilitation (42 CFR 482.56) and respiratory care services (42 CFR 482.57). Clarifications have been made for provisions related to: (1) Nursing requirements related to blood transfusions and intravenous medications (42 CFR 482.23(c)(3)) and (2) Immediate reporting of medication administration errors, adverse events, and incompatibilities (42 CFR 482.25(b)(6)).

- [11-29: Verification of Recipient and Donor Blood Type and Other Vital Data: Frequently Asked Questions and a Comparison of Requirements with the Organ Procurement and Transplantation Network \(5/27/11\)](#)

[Verification of Compatibility of Blood Type \(ABO\) and Other Vital Data:](#) (42 CFR 482.92) The verification of blood type and other vital data between the organ donor and recipient is

currently the most frequently cited condition-level deficiency during the transplant program surveys. Since the implementation of the regulation CMS has received many questions related to this section of the regulation from surveyors, providers and other components involved in transplantation.

Frequently Asked Questions: This memorandum addresses frequently asked questions about CMS' requirements for this Condition of Participation (CoP), Organ Recovery and Receipt (42 CFR 482.92), tags X071-X074. This guidance will be used by the surveyors during the transplant surveys to determine whether or not a transplant program meets the CoP requirements during the transplant surveys.

Comparison of Requirements: This memorandum also describes the similarities and differences between CMS' requirements in this area as compared to the Organ Procurement and Transplantation Network (OPTN).

- **GPRA**

[Click here](#) for the Midwest Consortium Restraint and Pressure Ulcer GPRA Measure Charts updated for CY 2010, Quarter 3. This will be the final update for these measures for approximately a year due to MDS 3.0. View also the [CMS FY 2012 Online Performance Appendix](#), which has the GPRA goals. The survey and certification performance goals are as follows:

- MCR4 – Decrease the prevalence of restraints in Nursing Homes – pages 10-11
- MCR5 – Decrease the prevalence of pressure ulcers in Nursing Homes – pages 12-13
- MCR6 – Percentage of States that Survey All Nursing Homes at least Every 15 Months – page 14
- MCR7 – Percentage of States that Survey All Home Health Agencies at least Every 36 Months – page 15
- MCR8 - Percentage of States for Which CMS Makes a Non-Delivery Deduction from the States' Subsequent Year Survey and Certification Funds for Those States that Fail to Complete all Statutorily-Required Surveys – pages 16-17.

There is one CLIA goal:

- CLIA1 - Improve Cytology Laboratory Testing – pages 103-104

QIO measures are on pages 105 – 117.

- **Next SNF/LTC Open Door Forum**

The next Skilled Nursing Facility (SNF)/Long Term Care (LTC) Open Door Forum is scheduled for Thursday, June 16, 2011 from 2 to 3 p.m. To participate, dial 800/837-1935; conference ID: 59677634.

- **Special Open Door Forum: The Pioneer ACO Model – A Review of the Application**

A Special Open Door Forum has been scheduled for Tuesday, June 7 from 12 to 1:30 p.m. and will focus on the request for applications for the Pioneer Accountable Care Organization (ACO) Model released on Tuesday, May 17, 2011. The RFA, application, and other background materials are available on the [Innovation Center website](#). A full call announcement [is available here](#). To participate via conference call, dial 800/837-1935; conference ID: 70961782.

- **A7 Claims Adjustment Reason Code to Force Balance the Remittance Advice**

CMS has identified an institutional remittance advice problem where claim adjustment reason code A7 is being used to explain adjustments where other appropriate codes that better explain the adjustments are available. Be assured that CMS is working to resolve this problem and will inform providers when this issue has been resolved.

- **Five New FAQs Posted on Electronic Health Record Meaningful Use**

Five New FAQs on meaningful use have been added to the CMS website:

- 1) For the meaningful use objective of “capability to exchange key clinical information” for the Medicare and Medicaid EHR Incentive Programs, does exchange of electronic information using physical media, such as USB, CD-ROM, or other formats meet the measure of this objective? [Read the answer.](#)
- 2) For the Medicare and Medicaid EHR Incentive Programs, how should an eligible professional (EP) who orders medications infrequently calculate the measure for the “computerized provider order entry (CPOE)” objective if the EP sees patients whose medications are maintained in the medication list by the EP but were not ordered or prescribed by the EP? [Read the answer.](#)
- 3) How should patients in swing beds be counted in the denominators of meaningful use measures for eligible hospitals and critical access hospitals (CAHs) for the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)
- 4) How should nursery day patients be counted in the denominators of meaningful use measures for eligible hospitals and CAHs for the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)
- 5) What lab tests should be included in the denominator of the measure for the “incorporate

clinical lab-test results” objective under the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)

For more information about meaningful use and its requirements, take a look at the [Meaningful Use](#) page of the [EHR website.](#)

- **The Pulse of CMS**

The most recent edition of [The Pulse of CMS](#) is now available.

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CMS issues final rule on Medicaid payments for preventable injuries and illness

– CMS issued a final rule Wednesday that will reduce or prohibit Medicaid payments to doctors, hospitals or other healthcare providers for services that resulted in preventable healthcare-acquired illness or injury. This rule, which was intended to lower states' Medicaid costs, is based on successful Medicare policies placed on hospitals. According to CMS, the rule better aligns Medicare and Medicaid payment policy, while offering states some flexibility. States will be allowed to expand the list of preventable conditions and identify which healthcare settings Medicaid may or may not deny payment. Preventable conditions include falls and trauma, blood incompatibility, catheter-associated urinary tract infections, pressure ulcers, poor glycemic control and others.

(Source: McKnight's Long-Term Care News & Assisted Living, 06/02/11, www.mcknights.com)

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FDA approves treatment for *Clostridium difficile* infection – The U.S. Food and Drug Administration recently approved Difigid (fidaxomicin) tablets for the treatment of *Clostridium difficile*-associated diarrhea (CDAD). *Clostridium difficile* (*C. difficile*) is a bacterium that can cause diarrhea and lead to colitis, other serious intestinal conditions, and death in severe cases. *C. difficile* bacteria are found in the stool of an infected person, and others can become infected if they touch items or surfaces contaminated with the bacteria or spores and then touch their mouths. The safety and efficacy of Difigid were demonstrated in two trials that included 564 patients with CDAD that compared Difigid with vancomycin, a common antibiotic used to treat CDAD. The clinical response was similar in the Difigid group compared with the vancomycin group in both studies. In some patients with CDAD, symptoms can return. In the Difigid trials, a greater number of patients treated with Difigid had a sustained cure three weeks after treatment ended versus those patients treated with vancomycin. Difigid, a macrolide antibacterial, should be taken two times a day for 10 days with or without food. To maintain the effectiveness of Difigid, and to reduce the development of drug-resistant bacteria, the drug should be used only to treat infections that are proven or strongly suspected to be caused by *C. difficile*. The most common side effects reported with Difigid included nausea, vomiting, headache, abdominal pain, and diarrhea. People at risk of developing the bacterial infection include the elderly, patients in hospitals or nursing homes, and people taking antibiotics for another infection. The most effective way to prevent CDAD is thorough hand washing with soap and warm water.

(Source: U.S. Food and Drug Administration)

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Do you still need CEUs for your July 1 renewal? – If you're short a few CEUs for your upcoming renewal, then check out all the great classes available on the Academy's virtual university! Our online training makes CEUs available wherever you are—at work, home or on the road. These online classes have been approved by the Board of Examiners of Nursing Home Administrators (BENHA), and administrators may use online or home study courses to fulfill up to five of their yearly 20-hour CEU requirement. Some of these great classes include:

- Introduction to OSHA and the OSH Act
- Employment Law
- Managing Electronic Communication
- Customer Service
- Fire Safety
- Building Security

You may sample any class for free, with no commitment. If you would like to take the class and receive CEU credit from BENHA, the cost is \$20-\$25; however, Academy members receive a discount. Members will need to use a discount code, which is available by the logging into the [OANH website.](#) Go [online](#) now to learn more about these courses. If you have any questions, please contact [Dawn Kennedy.](#) [\(Back to top\).](#)

The 2011 OANH Membership Directory & Resource Guide is on the way– *The 2011 OANH Membership Directory & Resource Guide* will soon be in your mailbox! This issue contains

alphabetical listings, including addresses, phone numbers, fax numbers and websites of our facility and associate members. The directory also includes a government index, which contains: the Ohio Delegation of the U.S. Congress, Elected Officials, Senate and House of Representatives. Keep a copy of this industry resource within reach and when you use the directory to contact Academy members, tell them where you found their name! Thank you to the following members who purchased ads in this issue—your support continues to enable the Academy to seek new goals and initiatives: Accu Medical Waste Services; Benesch; CHAMPS Management Services; Chester Willcox & Saxbe, LLP/Geoffrey Webster; CompManagement, Inc.; Gaslite Villa Health Care; Gulf South Medical Supply; H&G Nursing Homes (Adams County Manor); HW&Co.; Love Funding; McKesson Medical Surgical; MetroHealth; Mosaic Design Studio; National Eligibility Solutions, Inc.; Plante & Moran, PLLC; PrevMED (Senior Dental Insurance Solutions); Reminger Co., LPA; Resor Financial Group; Risk Management Solutions; Salsbury & Salsbury, LPA; Senior Healthcare Associates; Taft, Stettinius & Hollister, LLP; and Weltman, Weinberg & Reis, LPA. ([Back to top](#)).

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