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Caregiver Communications

According to the Alzheimer’s Association, 1 in 9 Americans age 65 and older has Alzheimer’s disease. With such high prevalence, most of us have been touched by this disease either personally and/or professionally.

Alzheimer’s disease (AD) is an irreversible, progressive brain disease that slowly destroys all cognitive abilities, eventually leading a person to be unable to carry out the most basic of tasks. Alzheimer’s disease and other dementias can affect a person’s ability to understand information and make their needs known. This can result in confusion, irritation/agitation, stubbornness, and argumentative and verbally abusive behavior. By understanding this, we can utilize some simple strategies to help manage and prevent difficult behaviors in residents with Alzheimer’s/dementia.

Approach with care

- People, including those with dementia, are usually uncomfortable when others get too close. Respect their need for personal space.
- If you are going to touch someone, first tell them what you are going to do.
- Residents with dementia are especially sensitive to nonverbal cues. Smile reassuringly and use gentle touch to calm the resident.

(Continued on page 2)

CPR Update

On January 23, 2015, CMS released a revision to their directive regarding Cardiopulmonary Resuscitation (CPR) in Nursing Homes (Ref: S&C: 14-01-NH) regarding guidance to surveyors in Appendix PP under the F155 to clarify a facility’s obligation to provide CPR.

In the update, CMS points out that among the provisions guaranteed to residents are the “right to a dignified existence” and “self-determination which includes the right to formulate an advanced directive.” In the event, that a resident indicates in his directive that he wishes CPR, it must take place. (Continued on page 3)

Join the conversation and connect with LNHA today!

Caregiver Communications (Cont.)

Be aware of paraverbal communication

- Paraverbal communication is the tone, volume, rate and rhythm of your speech.
- Similar statements can have completely different meanings based on paraverbals used.
- Be sure paraverbal communication is consistent with the message you want to send.

Call the resident by name and introduce yourself

- Calling the resident by their name helps get their attention.
- Remind the resident who you are – if you ask them to identify you, you may increase frustration and agitation.

Keep it short and simple

- Give directives one step at a time.
- State what you want the resident to do and show them at the same time.
- It can take up to 30 seconds for a resident with dementia to process information and respond.

Don't argue

- Try to understand how the resident is feeling rather than argue the facts of a situation.
- Fear and confusion can often affect behavior.

Be flexible

- Offer choices when possible.
- Try to remember personal preferences.
- When you encounter resistance, try a different approach.

Advertise in the Lagniappe and Meet Your 2015 Business Goals!

LNHA's newsletter, Lagniappe, hits providers' desks twice a month with the latest news in regulatory issues, innovative ideas and membership news. If your company has information that you want to get into the hands of long term care providers quickly and efficiently, Lagniappe is the perfect vehicle for your message. For more information on sizes and pricing visit the LNHA website. If you have questions, contact Karen Miller at kmiller@lnha.org.

Did You Know?

LNHA is now offering the member mailout in an email version. Electronic delivery allows us to provide better, faster and more efficient service while going paperless. To receive this monthly informative member mailout, email Karen Miller at kmiller@lnha.org.

LNHA is now posting the weekly Region VI Insider on our website at www.lnha.org under "News and Events." The tab will be on the left called "CMS Region VI Insider."



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CPR Updates (Cont.)

The American Heart Association (AHA) established guidelines, published every five years, which state that “all potential rescuers must initiate CPR unless: 1) a valid DNR order is in place; 2) obvious signs of clinical death (e.g., rigor mortis, dependent lividity, decapitation, transection or decomposition) are present; or 3) initiating CPR could cause injury or peril to the rescuer.” The AHA noted that the facility staff must not wait for EMS to arrive before starting CPR as brain damage begins four to six minutes following cardiac arrest. The AHA guidelines are the standard for all healthcare providers, EMTs, the Red Cross and the general public.

Of special note in the Revised C&S is data from a report contained in the Journal of the American Medical Directors Association (JAMDA) stating that “post CPR-survival rates among nursing facility residents ranged from two to eleven percent.” Additionally, and perhaps more troubling, the survival rate was two percent with only sixty-seven percent of residents receiving CPR while awaiting arrival of EMS, and 33 percent of residents who wanted CPR did not receive it prior to the arrival of EMS.”

Nursing facilities must not implement policies that prevent full implementation of advance directives and do not promote person-centered care. Previously, there

was some question as to whether or not online training/certification for CPR was acceptable for healthcare providers.

CMS has clarified once again, that online training/certification for CPR is **not** acceptable.” CPR training and certification must be completed “through a CPR provider whose training includes both hands-on practice and in-person skills assessment.”

Further, CMS notes that “resuscitation science stresses the importance of properly delivered chest compressions to create blood flow to the heart and brain which allows for the complete recoil of the chest.” CMS will permit a CPR certification that includes an online knowledge component but it must be accompanied by an “in-person demonstration and skills assessment to obtain certification and/or recertification.” The survey teams are to “ascertain that facility policy, at a minimum, directs staff to initiate CPR as appropriate.” CPR staff must be available at all times to ensure that CPR is available if needed. **The bottom line: “A facility-wide no CPR policy violates the right of residents to formulate an advance directive.”**

Author: KarenSue Zoeller, LNHA Regulatory Director

Six Questions to Consider When Choosing a Customer Service Program



It’s a problem found in every long term care facility: how do you get your front line staff – who have little or no training in customer service – to stop treating your residents less like patients and more like customers?

Referring to your residents as customers is necessary in order to change how your front line staff might think about them (a person to be served rather than someone who they are tasked to care for).

Do your staff members know why they should be in the customer service business? At your facility your residents expect meals, activities and a comfortable bed, but they also want what we all need every day: connection, respect, love and belonging.

Changing your staffers’ frame of mind from delivering services to connecting with residents, prospective residents and their families in the most genuine terms is a big challenge. The QIS and standard survey are becoming more focused on interpersonal skills which are best described as “customer service.”

There are solutions that address these training challenges, but which one is right for your facility’s specific needs? Here are some questions to consider when choosing a customer service training program:

(Continued on page 4)

Six Questions to Consider When Choosing a Customer Service Program (Cont.)

1. What specific skills should be taught? There are many soft skills that can improve communication, avoid conflicts or guide an interaction, but which ones do you focus on?
2. How much time should be dedicated to customer service training? Many training programs involve all day or multiple day trainings, often away from your facility. These expensive and time consuming sessions usually result in low information recall and, therefore, poor on-the-job application. What more time-efficient alternatives exist?
3. How much can you afford to invest in training? Most facilities have few discretionary funds budgeted for customer service training. Do you have a per-head training line item for customer service?
4. How much top-down support exists for improving your facility's customer-centric focus? Will management join in the training? Are they interested in a culture change or just a few tips to improve service?
5. How will training be conducted? Will it be instructor-led by an outside consultant or staff member? Participant-led using training materials? A combination?
6. What materials should be used? Is the training content "evidence-based"? Do you wish to use DVDs? Written materials? Online training and testing? Interactive learning with role plays and exercises? Combinations of all the above?

As you can see, there is much to consider when choosing a program to improve customer service at your facility.

Update: \$10.10 Hourly Minimum Wage



On Thursday, January 15, 2015, AHCA presented a webinar to explain the President's Executive Order (E.O.) 13658 which establishes a \$10.10 hourly minimum wage for contracts. Representatives from the VA noted that they will "re-examine reimbursement policies for nursing homes to provide their contracting officers with an equation that is fair and equitable to both the government and the providers." At the present time, the equation is still "an open question." Nursing facilities will most likely be affected by the E.O. through Davis Bacon or Service Act Contracts.

The new minimum wage applies only to (1) new contracts that are offered through a solicitation after January 1, 2015 or (2) a contract that is awarded outside the solicitation process on or after January 1, 2015. The normal VA contract is a one year contract with four yearly renewal periods. These renewal periods are not considered new contracts and, as a result, would not be subject to the new minimum wage requirement. Employees covered by FLSA are covered by the E.O. Workers employed in a "bona fide" executive, administrative or professional capacity and are exempt from the FLSA minimum wage and overtime provisions are exempt.

There is one other class of employees who may, depending on the situation be eligible for the \$10.10 minimum wage. These employees are in a class called "in conjunction with" the contract. For example, if a payroll clerk spends 20% or more of her time performing work in conjunction with the contract, she is paid the \$10.10 wage. Individuals who provide services such as laundry, food, lawn care are not covered. (continued on page 5)

Update: \$10.10 Hourly Minimum Wage

For workers who are performing work that is tied specifically to the contract, e.g. actually caring for the patient, he/she is entitled to the \$10.10. However, the nurse aide receives the \$10.10 only for the time he/she spends caring for the residents under contract. As an example, if the nurse aide is caring for five VA patients and eight non-VA patients, he/she is paid the \$10.10 per hour only for the five VA patients. Facilities will be required to keep documentation of these hours. The choice of the type of documentation is left to the facility.

There are still some questions left to consider regarding the Service Act Contracts and AHCA plans additional webinars with the VA and US DOL to provide further guidance. The E.O. contains provisions for an administrative process, administrative hearings to adjudicate violations of the E.O. The US DOL Fact Sheet on the implementation of the E.O. is available [here](#).

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Notes from “The Future of Health Care Delivery in Louisiana” Statewide Summit

On Thursday, January 21, 2015, the Louisiana Action Coalition (LAC) with funding from Rapides Foundation sponsored “The Future of Health Care Delivery in Louisiana,” a statewide summit.

The LAC grew out of a Robert Wood Johnson project to implement the recommendations of the Institute of Medicine’s 2011- report, “The Future of Nursing: Leading Change, Advancing Health.” The Report highlighted the need to strengthen nurse education and training and enable all nurses to practice to the full extent of their education and training.

At this year’s summit representatives from the medical community, directors and administrators, provider associations (including the Louisiana Nursing Home Association), policy makers, employers and payers/ insurers met to discuss health care delivery innovations. Dr. Rebekah Gee, MD, Assistant Secretary at the Department of Health and Hospitals, noted that it is essential that our medical delivery system must focus on quality outcomes and new delivery methods – including telehealth and interdisciplinary teams of health professionals who are working to their full scope of practice.

Dr. Gee also said that almost all of the state is a health shortage area (primary care, mental health care and dental care) and Advanced Practice Registered Nurses (APRNs) and Physicians Assistants (PAs) could do much to ease the shortages of health care providers in those areas.

Dr. David Carmouche, MD, Executive Vice President of External Operations and Chief Medical Officer of BlueCross and BlueShield of Louisiana, said the “ACA [Affordable Care Act] has changed everything.” With the need to provide insurance to so many previously uninsured individuals, BlueCross/BlueShield can no longer depend solely on the “risk based” model.

In Louisiana, BlueCross/BlueShield “processed over 70,000 new claims that were far in excess of the premiums paid.” As a result, insurers are looking for new models of delivery. Many of the newly insured elected premium packages are now faced with “huge financial burdens from co-pays and medical bills.” Insurers want more collaboration in managing the costs with providers.

BlueCross/Blue Shield has developed a care management team in house to provide assistance and support to primary care physicians. There is a need for more “well care” provided outside physician offices which could be accomplished with APRNs and PAs working at their full scope of practice. Insurers will be paying for quality not just service.

Dr. Kenneth Cole, MD, Vice President of Care Delivery of BlueCross and BlueShield of Louisiana noted that among the ten highest spending Medicare Hospital Referral Regions (HHRs) six are Louisiana cities: Monroe, Alexandria, Lafayette, Shreveport, Baton Rouge and Metairie. “The variation in health care delivery often cannot be explained on the basis of illness, medical evidence, or patient preference.” Only a thorough understanding of the data available can do that.

Summit participants agreed that to address the changes needed to the health care delivery system in Louisiana changes will be required and all those at the meeting, as well as consumers of health care, will have a part to play.

Author: KarenSue Zoeller, LNHA Regulatory Director



The deadline to register for the [2015 Independent Owner \(IO\) Leadership Conference](#) is less than two weeks away.

The IO Leadership Conference is a fantastic opportunity to network, learn new strategies that will help you meet your 2015 goals, and earn CEUs. **The registration deadline is February 9, 2015.**

This year's theme is "How To Survive Medicaid Managed Care as an Independent Owner." Take part in a range of education sessions and get inspired to tackle your greatest challenges in new and successful ways. Now run entirely in the popular Town Hall format, you'll hear more from each other, share ideas, and engage in lively, facilitated discussions. Additional networking and social opportunities include a reception on Wednesday evening, and a networking lunch and spectacular dinner on Thursday, all in the relaxing atmosphere of the Westin Beach Resort & Spa. Visit io.ahcancal.org to see the complete agenda and register. Hotel rooms are going fast so [reserve yours](#) today! The special AHCA/NCAL group rate is \$209 per night single or double occupancy plus 11% occupancy tax. This rate will be extended for three days before the conference based on hotel availability. Hotel reservations must be made by February 9, 2015.

Louisiana Long Term Care Foundation Gero Nurse Prep Course Scholarships



This year the Louisiana Long Term Care Foundation awarded three Gero Nurse Prep scholarships to interested, deserving RNs with several years of experience working in LNHA member long term care nursing facilities. The Gero Nurse Prep course is online and offered through the Nebraska Medical Center College of Nursing. AHCA is a sponsor of this program and we are excited to have members participating this year. If you would like to nominate a deserving RN from your facility to receive a partial scholarship for this course, email kmiller@lnha.org with the facility name, staff member name and a phone number. Below are some frequently asked questions along with more detailed information regarding the program. For more information, visit the website [here](#).

1. What fees are involved:

- Facility of student pays LNHA \$300 initially and gets reimbursed once the student successfully completes the course
- LNHA pays up front (\$600) to Gero Prep
- Facility pays \$395 for the exam fee

2. Does the applicant need a Bachelor's degree?

No, just an RN license.

3. Nurse eligibility criteria to take Gerontological Certification exam:

- Current active RN licensure in a U.S. state or territory - or the legally recognized equivalent in another country
- Two years full-time practice as a RN
- A minimum of 2,000 hours of gerontological nursing practice in last 3 years
- Has completed 30 hours of continuing education in gerontological nursing within last 3 years - fully satisfied by this Gero Prep certification training program

4. How long does the course take?

It is all online and is self-paced. There are 10 learning modules. Gero Nurse Prep encourages RNs to devote 30 minutes every day. If the student does this, the course will be completed in 3-4 months.

Congratulations to the 2014 scholarship recipients: Denise Davis (Our Lady of Wisdom), Kourtney Kincade (Shreveport Manor) and Penny Teagle (The Guest House).

LNHA's Upcoming Events and Save the Dates!



New events have been added to the [News and Events web page](#) and to the e-calendar. Check the website today to view the flyer and agenda for upcoming trainings. To register for an event, visit www.lnha.org and click the calendar icon on the home page and select the appropriate event.

UPCOMING EVENTS:

- February 10: Staying Compliant Through the Involuntary Discharge Process, Sam's Town Casino Hotel, Shreveport
- February 12: Staying Compliant Through the Involuntary Discharge Process, Crowne Plaza, Baton Rouge
- March 10-13: Resident Activity Director Certification, Paragon Casino, Marksville

SAVE THE DATES:

- May 5-6: Spring Conference
- September 21-23: Annual Convention and Trade Show

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