LNHA
LOUISIANA NURSING HOME ASSOCIATION

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New Long-term Care Nursing Group to Debut in 2016

Leaders of an association for nurse assessment coordinators have announced they will be rolling out a new organization for long-term care directors of nursing in 2016. A "soft" opening will occur in March, with a full rollout expected to occur at a conference in September, they told McKnight's.

The effort is being led by leaders of the American Association of Nurse Assessment Coordination (AANAC), which in July announced that it had acquired the assets of the American Association of Long-Term Care Nursing (AALTCN).

"It makes sense. We have the staff and the infrastructure," said AANAC President and CEO Diane Carter, RN, MSN, RAC-CT, C-NE, FAAN. "We have 15,000 members in AANAC and about half of them are directors of nursing."

Carter said that AANAC also recently attempted to acquire the National Association of Directors of Nursing in Long Term Care (NADONA) but the offer was rebuffed. Attempts to obtain comment from NADONA's executive director were unsuccessful.

Carter said that AANAC would continue to exist as it is now, focusing on serving MDS coordinators. New will be the American Association of Directors of Nursing Services (AADNS), which will comprise nurses employed in skilled care facilities.

Both groups will exist under an umbrella organization called the American Association of Post-Acute Nursing, which will not be as commonly referenced as its two constituent groups, Carter explained. There will be one governing board and one CEO, with Carter the likely leading candidate for the top post. She said that meetings with vice presidents of clinical nursing around the country have revealed strong interest in the new organization.

When AANAC and AALTCN announced their merger in July, leaders said the main goals of the bigger organization were to create a director of nursing certification program and to strengthen the presence of the nursing profession in Washington.

In late September, NADONA officials announced their move to new headquarters in a nearby suburb of Cincinnati "to help accommodate more staff and members." (continued on page 2)

Join the conversation and connect with LNHA today!

Getting Beyond Blaming Staff: A Facility Example

0945 Brriinngg, brriinngg…… "Hello, this is Janet."
"It's Sue on unit 100. I'm sorry to bother you but Betty fell. It's bad."
"What happened?"
"She fell out of the Hoyer sling."

Administrators and Directors of Nurses, you've all had calls like this one, the calls that cause your heart to skip a beat and your pulse to shoot through the roof. As much as you don't like getting them, the staff hates making them. Betty may not be her real name but this is a real story. Betty has quadriplegia and two nurses aides were transferring her from her bed to her electric wheelchair using a Hoyer lift, which they've done dozens of times before, when she slipped out of the sling and crashed to the floor.

I chose this scenario as the topic for this month's newsletter because it demonstrates an oft missed crucial aspect of performance improvement. A knee jerk reaction to scenarios like these is to ask "why" at least five times just to find out "who." Who can take responsibility and get written up or even fired. Let me share the rest of this story and why I chose to write about it.

The physician happened to be in the facility at the time of the fall and immediately assessed Betty. It was clear that her shoulder was likely fractured and she was sent to the hospital. Indeed, it was fractured and she later returned to the facility in a sling and then later that day had to return to the hospital and was diagnosed with a concussion. The staff felt terrible. Betty felt terrible and now she was also terrified of transfers.

There is a good side to this story however.

I want to introduce the concept of three Levels of Fixes (Fourth Generation Management by Brian Joiner). The first Level Fix, Incident, is where the incident or accident gets an immediate reaction. Think of this level as "damage control and cleaning up the aftermath." Betty's condition was assessed and she received the proper medical care to tend to her immediate injury. Now, in many facilities, the process stops here. The nurses aides would be blamed for the outcome and likely reprimanded or fired. Think of the popular carnival game "Whack a Mole" where the club wielding gamer attempts to keep the moles in their holes by whacking them on the head when they pop up. Insane? Yep. The analogy of this type of insanity for a nursing home is embodied in this question, "If we fired everyone involved in this incident, could it happen again with other staff?" Be truthful and you'll see that the answer is usually a resounding "YES."

But, the facility in this story didn't react that way, they took the next step to a Level 2 Fix which examines the process that led to the incident. Incidents don't just happen in a vacuum. Usually, there is a sequence of events that lead up to the event. During the investigation, several important contributing factors came to light such as a sling that was too long, that is, the wrong size, for Betty.
(cont. page 3)

Getting Beyond Blaming Staff: A Facility Example (cont.)

Additional processes that impacted this incident were that staff was not aware of what sling size was to be used for each resident and were interchanging the slings. Why were they doing that you might ask? There weren't enough slings in the facility and slings were not assigned to each resident. Furthermore, the labels on the slings were so worn from multiple washings, so it was impossible to tell the size or the date of purchase. And yet another problem was that the Hoyers routinely "acted up" and stalled. These are all process issues that culminated in a sad outcome for Betty.

Leadership might have stopped the investigation with just the one Hoyer involved in this incident but they looked beyond that one unit. And, it's a good thing they did as further investigation revealed that the manuals for the Hoyer lifts were not to be found in the facility nor had there been consistent, or documented, inspections of the machines. The Hoyers were taken out of circulation and immediately replaced with rentals at which time all staff were trained on the new machines.

Here's one of the most essential points of the story. Upon learning about the problems with Hoyer inspections and the overall safety program, they took their inquiry a HUGE step further and achieved a Level 3 Fix by asking these two crucial questions, "Is this the only process that causes harm to our residents?" and "Is there a problem with how we are implementing the protocol?"

And, guess what? There were other opportunities for improvement that had they never asked those questions, would have gone unnoticed (or until there was an incident). They now have improved safety protocols for inspection and overall maintenance for all equipment including oxygen concentrators, IV administration machines and electric beds. By evaluating the entire SYSTEM of safety, they improved many processes.

Let's recap – leadership could have stopped at a Level 1 fix and simply fired the staff involved in the incident. They didn't. They could have stopped at a Level 2 fix when they bought new slings sized and labeled for each resident. They didn't. Instead they achieved the best improvement outcome possible by evaluating the entire system in which they work each day. They didn't succumb to a knee jerk reaction and make an already difficult situation more problematic. By improving the entire system involving a variety of equipment, they made their facility safer for their residents and safer for their staff. I wish I could personally thank each staff member at this facility!

Author: Paige Hector, LMSW. Reprinted from the Nursing & Assisted Living Professional newsletter.

Important AHCA Date to Know!

- January 28: Bronze, Silver and Gold application deadlines

What Can You Do to Achieve a Five-Star Rating?

If you ask people at Mirador, a Masterpiece Living Community, how we achieved a Five Star rating in Nursing Home Compare, you won't be given a 10-step plan or any detailed account of the perfect formula.

Instead you would hear about our humble approach that focuses on care and compassion and strives for excellence each and every day. For those of us at Mirador, the key is having the right team and conveying a professional and positive attitude to anyone who walks through our doors.

You can feel the difference that makes, whether you're working in the community, living here or visiting. It is with this idea that our executive director, Aaron DeNovellis, set a standard for a friendly, caring culture of team members. By making sure the right people are in the right positions, a positive and professional tone is set and team members are supportive of each other. The team makes a conscious decision to do the right thing every time, and every action is taken to deliver high-quality care while positively enhancing the lives of the residents.

When you walk into Mirador, you feel the tone. Our beautiful environment and amenities set the backdrop for impeccable standards in the dining, nursing, therapy and lifestyle programs that we provide. Whether a resident lives independently or in The Plaza Health Services at Mirador, hospitality is always our focus. We make sure that we are doing everything we can to go above and beyond, exceeding expectations. One way to ensure that each resident receives a custom and specialized plan for care is by attending care plan meetings with staff to get to know the residents. This gives residents the knowledge that they can reach out to anyone on staff at any level any time they need anything.

We make an effort that no resident voice is unheard, and in turn residents tell us of their appreciation. Their satisfaction is our goal, and as a management team, it is critical for us to let the staff members know how the residents feel by providing recognition. This helps to encourage positivity and job satisfaction while reducing turnover. When residents feel that a particular staff member has been exceptional in his or her job or has really been there for them personally, they have the opportunity to nominate that individual as the “Perfect Gem.” This recognition is then awarded in front of everyone at one of our Town Hall Meetings. With a small reward that goes far, we are able to raise morale and create pride and a sense of camaraderie among the staff and residents. This ensures that employees know their hard work is being recognized and not going unnoticed.

It is with these ideals that Mirador has created a five-star atmosphere. For the staff here at the community it is an honor, but it is also a constant reminder for all of us that we won't stop there. We will strive to continue providing excellent care each and every day in an environment that focuses on the residents' every need.

Budget Bill Includes CMP Increase

A provision included in the Bipartisan Budget Act of 2015 that would double the maximum amount of civil monetary penalties for providers has one leading healthcare organization crying foul.

Under the provision, facilities governed by the Social Security Act or the Occupational Safety & Health Administration would no longer be exempt from a 1996 law that requires federal agencies who impose CMPs to increase those fines each year in accordance with the consumer price index.

Currently, the maximum CMP for healthcare providers is capped at $10,000 per day for each day a facility is out of compliance. Without that cap, which was put in place by the Nursing Home Reform Act of 1987, the maximum per day fine would rise to $20,626. (continued on page 5)

Budget Bill Includes CMP Increase (cont.)

Although the maximum fines are reserved for the "most egregious" offenders, providers should be aware that CMPs will increase — up to 150% — across the board, Lyn Bentley, senior director of regulatory services for the American Health Care Association, told McKnight's. Without the cap on maximum CMPs, those fines will be updated annually as the CPI changes.

As a CMP-imposing agency, the Centers for Medicare & Medicaid will have until August 1, 2016, to submit a proposal on how they plan to implement the adjusted fines. CMS also has the ability to increase fines by a lesser amount than the 150% called for by the adjusted formula, if the maximum increase would have a negative economic impact.

AHCA is currently working to decide what the best legislative options are for remedying the CMP provision, which President and CEO Mark Parkinson said was "outrageous." The provision, known as the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, was included in the budget bill's judiciary section. The bill was signed by President Obama in November.

Telehealth: Care That's Virtually Everywhere

Innovation is the vehicle that spurs progress in the health care industry and telehealth is the latest practice to revolutionize the way physicians treat patients and manage their care.

Telehealth is arguably the "next big thing," as more physicians begin to adopt it nationwide. IHS Technology predicts that by 2018, the number of patients using telehealth services will increase to seven million. This anticipated growth comes as the need for health care access continues to rise, and the catalyst for that access is health information technology (IT).

As one of the front-runners in the nation for the adoption and meaningful use of health IT, Louisiana is now preparing to position itself at the forefront of the telehealth movement.

The Louisiana Department of Health and Hospitals (DHH) is leading the charge in bringing telehealth to more patients in our state. The agency formed a special task force that works as an advisory body on policies and practices that expand access to telehealth services. The group submitted a report to the legislature on Louisiana's telehealth landscape, identifying several projects that are currently taking place. Among them are subspecialty Neurology and Orthopedics services, provided by LSU Health, to Department of Corrections facilities and parish jails. Additionally, DHH says its Office of Public Health has been utilizing telehealth to provide inmates with HIV/STD care, resulting in a significant increase in the HIV care rate of recently released prisoners in the two years since the program's inception.

These are just two examples of the critical, life-changing services made possible through telehealth, and state health officials believe this approach is the key to transforming the state's health care system. "Our goal is to maximize the availability of health care to the residents of Louisiana, and to shift health care toward primary and preventive care and away from more expensive emergency and inpatient care," says DHH Secretary Kathy Kliebert.

DHH believes telehealth has the potential to redefine care delivery, reduce costs and to dramatically broaden the scope of care, specifically for underserved and high-risk populations. "The expansion of quality telehealth has the potential to greatly improve health care access in Louisiana. The majority of our state is considered medically underserved for primary care, and specialty care is even more difficult to access," says Kliebert. "When you also consider that many patients live in rural areas and physicians are primarily located in high population areas, the importance of improving access to care is highlighted."

Patients in north Louisiana are already benefitting from the telehealth services provided through independent organizations like the Louisiana Rural Health Information Exchange, or LARHIX. Having seen measurable success in the region, LARHIX is working to expand its reach even further. The organization has begun offering services in south Louisiana and is conducting health care mission work in Guatemala through telemedicine consults with stateside providers. Its efforts speak to the limitless possibilities of telehealth to improve health care and patient outcomes on a global scale.
(continued on page 6)

Telehealth: Care That's Virtually Everywhere (cont.)

Like LARHIX, the Louisiana Health Care Quality Forum is a strong supporter of telehealth and its capacity to improve the health care experience for both patients and providers.

Lonnie DuFour, Director of Client Services for the Louisiana Health Information Exchange (LaHIE) and Telehealth Project Coordinator says, "Our partnership with the Texas/Louisiana Telehealth Resource Center enables us to conduct telehealth education and outreach across the state. This federally-funded programming helps to familiarize physicians with telehealth and explains how it can advance their medical practices."

Through LaHIE, participating doctors and facilities have the added advantage of accessing patient's health information electronically. This facilitates the telehealth consult by allowing doctors time to review patient data before, during and after the appointment, as necessary. They can also document the visit in the patient's electronic health record and transfer it into LaHIE, making it available for the referring physician or any other authorized user in the patient's circle of care.

Many providers have begun to realize the full advantages of telehealth. Behavioral health providers across the state, whose resources are often stretched thin, now see the value of utilizing telemedicine, as its usage allows for less driving time between facilities. In addition to its convenience, telehealth also provides patients with timely access to specialty care, which they may not receive otherwise from their primary care physician.

Despite its overwhelming potential, the path to universalizing telehealth has not been the easiest to navigate. Industry leaders acknowledge that insurance issues, such as payment and coverage for services delivered, have hindered widespread adoption. But in recent years, experts have witnessed a shift nationally, with more lawmakers taking action to overcome these policy barriers.

According to the American Telemedicine Association (ATA), the number of states with telemedicine parity laws - which "require private insurers to cover telemedicine-provided services comparable to that of in-person" services - has doubled since 2012. These changes are also evident in a recent analysis by ATA that found that the Medicaid policies for 41 states, including Louisiana, cover telemedicine services statewide, without distance restrictions or geographic designations.

Last year, state lawmakers created the Louisiana Telehealth Access Act, which enables providers to consider telehealth as a means to improve access to quality care. The law also establishes guidelines for providers to follow in order to maintain the integrity of the medical practice, regardless of how care is delivered. One provision calls for physicians to use the "same standard of care" as they would if the services were provided in-person.

Although Louisiana is making progress with implementing telehealth in medical practices, many rural areas of the state have little to no broadband access and this poses a great challenge. State health officials also cite cost and education as the two biggest challenges to expanding telehealth throughout the 64 parishes.

"The cost for telehealth equipment and clinician training is significant. We also have to make sure patients, third party payers, providers and government agencies understand the benefits of telemedicine and are comfortable with its use. Many regulations and payment provisions have not yet caught up with significant advances in technology," Kliebert says.

Moving forward, we, as health care practitioners and advocates, must remain diligent in our efforts to advance telehealth in the hopes that its opponents will ultimately recognize its significance and value in treating patients and improving their access to health care.

The advent of the telehealth delivery method reflects the continued evolution of health care and the further integration of science and technology to facilitate patient care. Though statewide implementation may be difficult to achieve, it is not impossible, and the long-term benefits far outweigh the obstacles in its path.

Author: Cindy Munn, Chief Executive Officer, Louisiana Health Care Quality Forum. Reprinted with permission from Healthcare Journal of Baton Rouge, November/December 2015.

MDS/Resident Assessment Instrument (RAI) Coding and Interpretation Case Mix Documentation Requirements

A two-day seminar presented by Myers and Stauffer LC with DHH-Health Standards will be held in January 2016. The MDS/Resident Assessment Instrument (RAI) Coding and Interpretation Case Mix Documentation Requirements seminar will include a basic MDS item overview with coding instructions for all sections of the MDS 3.0.

SEMINAR OBJECTIVES:

- Item-by-item overview to avoid common coding errors
- Review supporting documentation requirements
- Overview of OBRA and PPS requirements including proper assessment sequencing
- Gain a better understanding on calculating the 66 RUG-IV classification model
- Gain better knowledge of the care planning requirements

WHO SHOULD ATTEND: This intensive two-day session is for new and experienced MDS Coordinators, Directors of Nursing, and Assessment Nurses.

DATES AND LOCATIONS:

- Tuesday-Wednesday, January 26-27, 2016, Best Western Plus Landmark Hotel, 2601 Severn Avenue, Metairie, LA 70002
  To receive a discount on your hotel room, call 1.504.888.9500 before December 26, 2015 and mention code LANursingHomeAssociation
- Thursday-Friday, January 28-29, 2016, Paragon Resort, 711 Paragon Place, Marksville, LA 71351
  To receive a discount on your hotel room, call 1.800.642.7777 before January 6, 2016 and mention code LNHJ27G

PRICING: $275 members; $550 nonmembers

CONTACT HOURS: This session has been approved by the Louisiana Board of Examiners of Nursing Facility Administrators for 11.5 continuing education hours. This activity is co-provided by LSUHSC School of Nursing and Louisiana Nursing Home Association. Louisiana State University HSC School of Nursing, Faculty Development Continuing Nursing Ed & Entrepreneurial Enterprise is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity has been submitted for continuing education credit for nurses.

Register online today at www.lnha.org. Space is limited.

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. 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:

- January 26-27, 2016: MDS Training Update, Metairie
- January 28-29, 2016: MDS Training Update, Marksville
- March 8-11, 2016: Resident Activity Director Certification Workshop, Marksville

SAVE THE DATES:

- May 3-4, 2016: LNHA Spring Conference, Baton Rouge

Follow LNHA on your social media sites for the latest in news and updates!

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