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Hot Topics 2013

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Disclosures

I have no relevant financial relationships with commercial interests to disclose.

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Objectives

Participants will be better able to:

- Identify at least five “hot topics” and indicate how these might impact your skilled nursing facility in 2013.
- Identify local, state and federal resources regarding “hot topics” in California.
- Develop a protocol to use MDS assessments such as the CAM, PHQ-9 and functional assessments off schedule to assist in resident care.

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What we know about Health Care Reform and LTC

Not much, but it is coming!

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Using the MDS off-Cycle for Other things

- Monitoring depression treatments (PHQ)
- Infection surveillance and ?diagnosis with McGeer's (FUNCTIONAL ASSESSMENT, CAM)

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Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: "*Over the last 2 weeks, have you been bothered by any of the following problems?*"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence
0. **No** (enter 0 in column 2)
1. **Yes** (enter 0-3 in column 2)
9. **No response** (leave column 2 blank)

2. Symptom Frequency
0. **Never or 1 day**
1. **2-6 days** (several days)
2. **7-11 days** (half or more of the days)
3. **12-14 days** (nearly every day)

	1. Symptom Presence	2 Symp Frequ
	↓ Enter Scores in Boxes	
A. *Little interest or pleasure in doing things*		
B. *Feeling down, depressed, or hopeless*		
C. *Trouble falling or staying asleep, or sleeping too much*		
D. *Feeling tired or having little energy*		
E. *Poor appetite or overeating*		
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*		
G. *Trouble concentrating on things, such as reading the newspaper or watching television*		
H. *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual*		

Look at total score, or individual items

- Total Severity Score can be interpreted as follows:
  - 1-4: Minimal depression
  - 5-9: Mild depression
  - 10-14: Moderate depression
  - 15-19: Moderately severe depression
  - 20-27: Severe depression
- Certain items highly associated with depression: *feeling down, depressed and hopeless* or *lack of interest or pleasure in activities.*
- *http://www.depression-primarycare.org/images/pdf/macarthur_toolkit.pdf*

We have to monitor the effectiveness of psychoactive medications.

Using the PHQ-9 or triggered parts of it is one way to do this.

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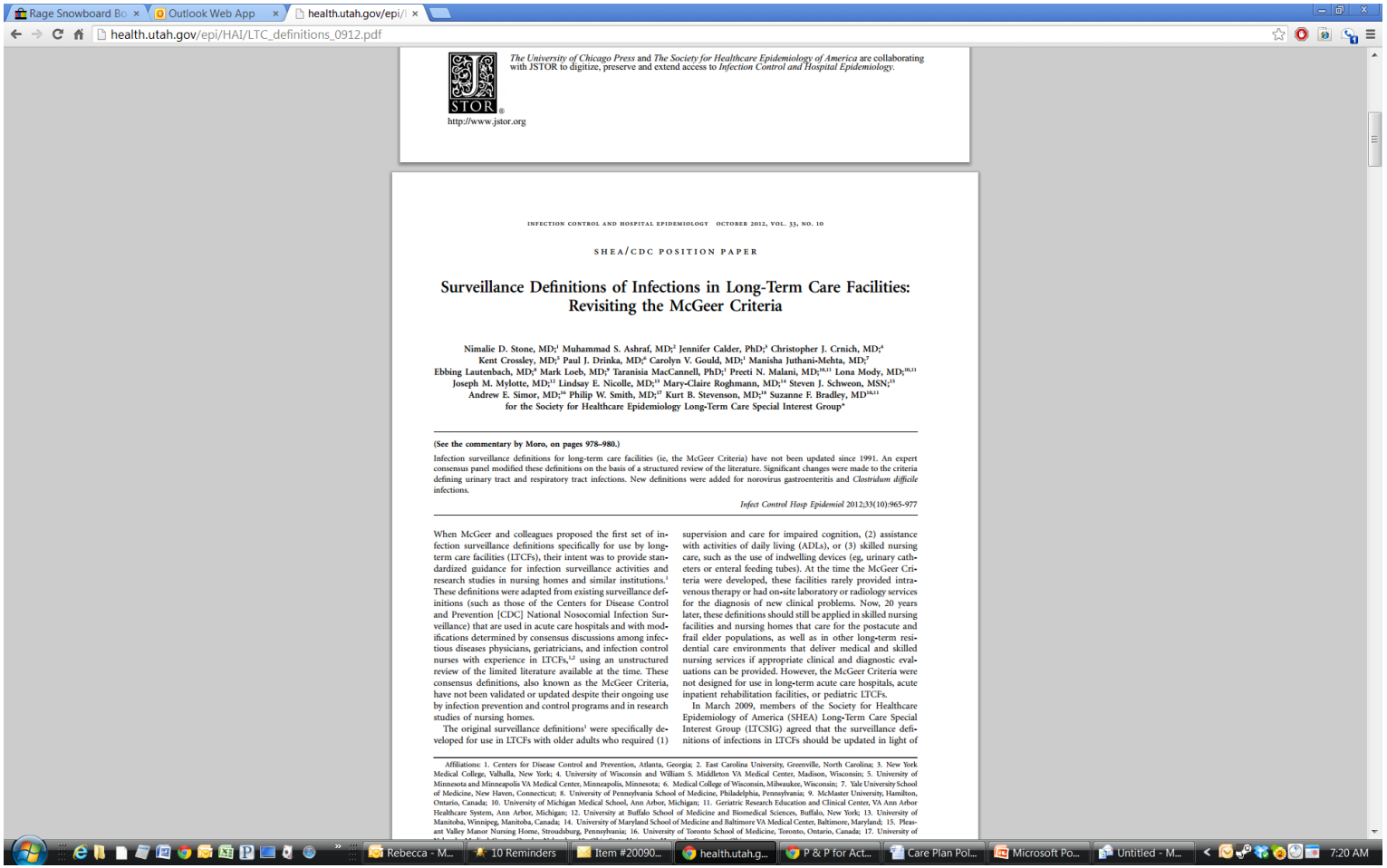
McGeer's Criteria updated to make nursing home surveillance data-driven.



Rage Snowboard Bo | Outlook Web App | health.utah.gov/epi/

health.utah.gov/epi/HAI/LTC_definitions_0912.pdf

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY OCTOBER 2012, VOL. 33, NO. 10

SHEA/CDC POSITION PAPER

Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria

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(See the commentary by Moro, on pages 978–980.)

Infection surveillance definitions for long-term care facilities (ie, the McGeer Criteria) have not been updated since 1991. An expert consensus panel modified these definitions on the basis of a structured review of the literature. Significant changes were made to the criteria defining urinary tract and respiratory tract infections. New definitions were added for norovirus gastroenteritis and *Clostridium difficile* infections.

Infect Control Hosp Epidemiol 2012;33(10):965-977

When McGeer and colleagues proposed the first set of infection surveillance definitions specifically for use by long-term care facilities (LTCFs), their intent was to provide standardized guidance for infection surveillance activities and research studies in nursing homes and similar institutions.[1] These definitions were adapted from existing surveillance definitions (such as those of the Centers for Disease Control and Prevention [CDC] National Nosocomial Infection Surveillance) that are used in acute care hospitals and with modifications determined by consensus discussions among infectious diseases physicians, geriatricians, and infection control nurses with experience in LTCFs,[1,2] using an unstructured review of the limited literature available at the time. These consensus definitions, also known as the McGeer Criteria, have not been validated or updated despite their ongoing use by infection prevention and control programs and in research studies of nursing homes.

The original surveillance definitions[1] were specifically developed for use in LTCFs with older adults who required (1) supervision and care for impaired cognition, (2) assistance with activities of daily living (ADLs), or (3) skilled nursing care, such as the use of indwelling devices (eg, urinary catheters or enteral feeding tubes). At the time the McGeer Criteria were developed, these facilities rarely provided intravenous therapy or had on-site laboratory or radiology services for the diagnosis of new clinical problems. Now, 20 years later, these definitions should still be applied in skilled nursing facilities and nursing homes that care for the postacute and frail elder populations, as well as in other long-term residential care environments that deliver medical and skilled nursing services if appropriate clinical and diagnostic evaluations can be provided. However, the McGeer Criteria were not designed for use in long-term acute care hospitals, acute inpatient rehabilitation facilities, or pediatric LTCFs.

In March 2009, members of the Society for Healthcare Epidemiology of America (SHEA) Long-Term Care Special Interest Group (LTCSIG) agreed that the surveillance definitions of infections in LTCFs should be updated in light of

Affiliations: 1. Centers for Disease Control and Prevention, Atlanta, Georgia; 2. East Carolina University, Greenville, North Carolina; 3. New York Medical College, Valhalla, New York; 4. University of Wisconsin and William S. Middleton VA Medical Center, Madison, Wisconsin; 5. University of Minnesota and Minneapolis VA Medical Center, Minneapolis, Minnesota; 6. Medical College of Wisconsin, Milwaukee, Wisconsin; 7. Yale University School of Medicine, New Haven, Connecticut; 8. University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania; 9. McMaster University, Hamilton, Ontario, Canada; 10. University of Michigan Medical School, Ann Arbor, Michigan; 11. Geriatric Research Education and Clinical Center, VA Ann Arbor Healthcare System, Ann Arbor, Michigan; 12. University at Buffalo School of Medicine and Biomedical Sciences, Buffalo, New York; 13. University of Manitoba, Winnipeg, Manitoba, Canada; 14. University of Maryland School of Medicine and Baltimore VA Medical Center, Baltimore, Maryland; 15. Pleasant Valley Manor Nursing Home, Stroudsburg, Pennsylvania; 16. University of Toronto School of Medicine, Toronto, Ontario, Canada; 17. University of

Rebecca - M... | 10 Reminders | Item #20090... | health.utah.g... | P & P for Act... | Care Plan Pol... | Microsoft Po... | Untitled - M... | 7:20 AM

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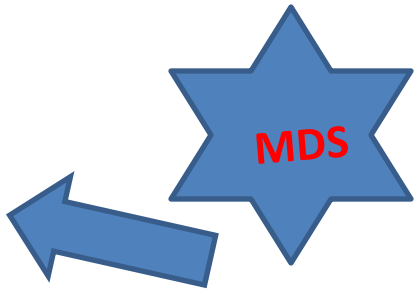
McGeer's uses MDS to define constitutional change in LTC residents.

A. Fever : Single oral temperature 137.8C (1100F OR Repeated oral temperatures 137.2C (99F) or rectal temperatures 137.5C (99.5F) OR Single temperature 11.1C (2F) over baseline from any site

B. Leukocytosis Neutrophilia (>14,000) OR Left shift (16% or ≥1,500 bands/mm3

C. Acute change in mental status (all)

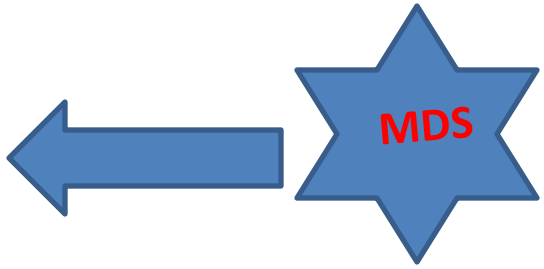
- 1. Acute onset
- 2. Fluctuating course
- 3. Inattention
- AND
- 4. Either disorganized thinking or altered level of consciousness



D. Acute functional decline

1. A new 3-point increase in total activities of daily living (ADL) score (range, 0–28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence)14

- a. Bed mobility
- b. Transfer
- c. Locomotion within LTCF
- d. Dressing
- e. Toilet use
- f. Personal hygiene
- g. Eating



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CAM (Confusion Assessment Method)

- **Acute onset :** Evidence of acute change in resident's mental status from baseline
- **Fluctuating** : Behavior fluctuating (e.g, coming and going or changing in severity during the
- assessment)
- **Inattention** : Resident has difficulty focusing attention (eg, unable to keep track of discussion or easily distracted)
- **Disorganized thinking:** Resident's thinking is incoherent (eg, rambling conversation, unclear flow of ideas, unpredictable switches in subject)
- **Altered level of consciousness:** Resident's level of consciousness is described as different from baseline (eg, hyperalert, sleepy, drowsy, difficult to arouse, nonresponsive)

- Criteria are adapted from a study by Lim and MacFarlane

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C1000. Cognitive Skills for Daily Decision Making

Enter Code

Made decisions regarding tasks of daily life

0. **Independent** - decisions consistent/reasonable
1. **Modified Independence** - some difficulty in new situations only
2. **Moderately Impaired** - decisions poor; cues/supervision required
3. **Severely Impaired** - never/rarely made decisions

Delirium

C1300. Signs and Symptoms of Delirium (from CAM©)

Code **after completing** Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

Coding:

0. **Behavior not present**
1. **Behavior continuously present, does not fluctuate**
2. **Behavior present, fluctuates** (comes and goes, changes in severity)

↓ **Enter Codes in Boxes**

A. **Inattention** - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?

B. **Disorganized thinking** - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

C. **Altered level of consciousness** - Did the resident have altered level of consciousness (e.g., **vigilant** - startled easily to any sound or touch; **lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch; **stuporous** - very difficult to arouse and keep aroused for the interview; **comatose** - could not be aroused)?

D. **Psychomotor retardation**- Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

C1600. Acute Onset Mental Status Change

Enter Code

Is there evidence of an acute change in mental status from the resident's baseline?

0. **No**
1. **Yes**

Activity Occurred 3 or More Times

0. **Independent** - no help or staff oversight at any time
1. **Supervision** - oversight, encouragement or cueing
2. **Limited assistance** - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3. **Extensive assistance** - resident involved in activity, staff provide weight-bearing support
4. **Total dependence** - full staff performance every time during entire 7-day period

Activity Occurred 2 or Fewer Times

7. **Activity occurred only once or twice** - activity did occur but only once or twice
8. **Activity did not occur** - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

0. **No** setup or physica
1. **Setup** help only
2. **One** person physica
3. **Two+** persons phys
8. ADL activity itself **di** and/or non-facility s 100% of the time fo entire 7-day period

	1. Self-Performance
	↓ Enter Codes i
A. **Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	
B. **Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)	
C. **Walk in room** - how resident walks between locations in his/her room	
D. **Walk in corridor** - how resident walks in corridor on unit	
E. **Locomotion on unit** - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	
F. **Locomotion off unit** - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). **If facility has only one floor**, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	
G. **Dressing** - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses	
H. **Eating** - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding,	

National Healthcare Safety Network (NHSN)

Tracking Infections in Long-term Care Facilities

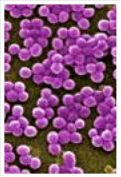
Eliminating infections, many of which are preventable, is a significant way to improve care and decrease costs. CDC's National Healthcare Safety Network provides long-term care facilities with a customized system to track infections in a streamlined and systematic way. When facilities track infections, they can identify problems and track progress toward stopping infections. On the national level, data entered into NHSN will gauge progress toward national healthcare-associated infection goals.

NHSN's long-term care component is ideal for use by: nursing homes, skilled nursing facilities, chronic care facilities, and assisted living and residential care facilities

1 to 3 million serious infections occur every year in long-term care.

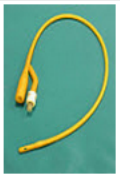
As many as 380,000 patients die of the infections they contract.

Infections are among the most frequent reasons LTC patients get admitted to hospitals



MDRO/CDI - Surveillance for *C. difficile*, MRSA, and Other Drug-Resistant Infections

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs



To report urinary tract infections, click here.

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

To report prevention process measures including hand hygiene adherence, click here.

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

For resources to help prevent infections in long-term care facilities, click here.

- Guidelines
- Toolkits
- Publications
- Key contacts

Training / Demo

Newsletters

E-mail Updates

State-based HAI Prevention Activities

HIPAA Privacy Rule

Page last reviewed: February 5, 2013
Page last updated: January 28, 2013

Contact NHSN:

Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333

800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348

New Hours of Operation
8am-8pm
ET/Monday-Friday
Closed Holidays

nhsn@cdc.gov

More contact info »

One more MDS thing

- The CDPH and DCHS are looking to mine MDS data in response to section Q0500
  - "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive care in the community?"
  - If they say yes, we must refer to state LCA (Local Contact Agency) and they call the resident
  - Document name, date, follow up and discharge planning.

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Behavioral Activation (BA)

- “Outside in” approach that focuses on engaging the resident in behaviors that improve mood and counter depressive tendencies to isolate and be inactive.

- Similar results to Cognitive/Behavioral Therapy and medication in the research.

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Behavioral Activation: Just do it!

- Changing what you do changes how you feel
- Increase activity levels, overcoming avoidance treats depression, improves QOL
- Tell it is working, mood is better, and resident wants to go to activities (PHQ-9 improves?).
- If they stop going, check for depression or decline.

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Some Core Principles of BA

- Change how people feel by changing what they do.
- Structure and schedule activities that follow a plan, not a mood.
- Emphasize activities that are naturally reinforcing.

From: Behavioral Activation for Depression: A Clinician's Guide. Martell, Dimidjian, and Herman-Dunn

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Medicare D and short cycle dispensing

- Section 3310 of the Patient Protection and Affordable Care Act requires Medicare Part D Plans to reduce the per-fill quantity of prescription medications dispensed in LTC
- "short cycle dispensing" reduces unused medications by reducing 30-day fills to biweekly, weekly, or daily to save money from waste (med changes, death, dsicharges).
- In April 2011, CMS issued a Final Rule to dispense all brand name drugs to Part D enrollees in LTC facilities in 14-day-or-less increments starting January 2013.
- The rule also requires Part D plans to collect data on the dispensing methodology and amount unused Part D drugs for each dispensing event.

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New California website rating nursing homes on quality

http://www.calqualitycare.org/about/data-sources.aspx

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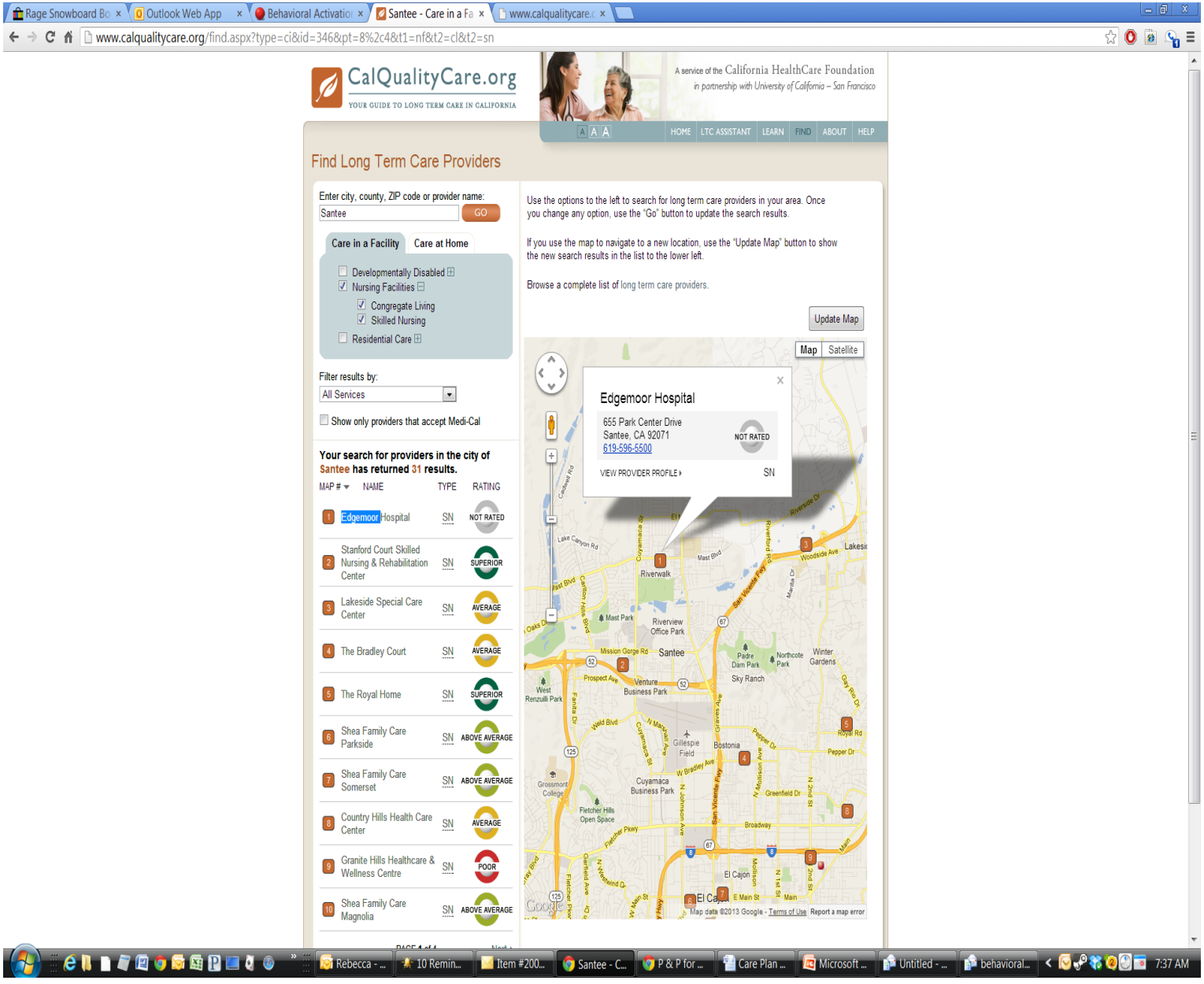

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The Royal Home

Overview
Staffing
Quality of Facility
Quality of Care
Costs and Finances
Map of Area
View All

<< BACK TO SEARCH RESULTS
BOOKMARK SHARE CREATE REPORT PRINT

Click on any ? for data definitions, sources, and reporting dates. Use the buttons to the right to generate a complete report on this provider or print just the page you are viewing. When the indicator is in gray and the data shows as a dash, the information has not been provided by the facility.

Overview	MORE INFO	Current	State Average
SUPERIOR	**CalQualityCare Rating**		
	U.S. Government Rating	★★★★★	
	Campaign for Excellence	No	
	U.S. Government Watch List	No	
	Accreditation	None	

Facility Characteristics	MORE INFO		
	Facility Type	Freestanding	
	Payments Accepted	Medi-Cal	
	Number of Beds	19	
	Occupancy Rate	100%	
	Type of Care		
	Intermediate Care	No	
	Psychiatric Care	No	
	Residential Care	No	
	Subacute Care	No	
	HIV/AIDS Special Unit	No	
	Alzheimer's Special Unit	No	
	Hospice Special Unit	No	
	Rehabilitation Special Unit	No	
	Ventilator Beds	No	
	Continuing Care Retirement Community	No	

Residents	MORE INFO		
	Age		
	Under 45 Years	0%	3%
	45 - 64 Years	74%	15%
	65 - 84 Years	26%	44%
	Over 84 Years	0%	38%
	Gender		
	Female	63%	64%

The Royal Home
12436 Royal Road
El Cajon, CA 92021

619-443-3886

Provider Type:
Nursing Facilities, Skilled Nursing

Ownership Date:
6/29/2007

Ownership Type:
For-profit - Sole Proprietorship

License Number:
080000017

Multi-facility Organization:
No

TOOLS & RESOURCES

Learn about Nursing Facilities: How to pay for, choose, and manage your care

OTHER PROVIDERS IN THE AREA

- Country Hills Health Care Center
- The Bradley Court
- Granite Hills Healthcare & Wellness Centre
- Cottonwood Canyon Healthcare Center
- Lakeside Special Care Center

COMPARE PROVIDERS ▸

Help “choose wisely” to eliminate unnecessary tests

- AMDA is joining campaign with other specialty organizations and Consumer Reports to select tests that may be unnecessary in LTC and devise materials to facilitate conversations about these tests between patients and providers. For more information about the campaign, visit http://choosingwisely.org/

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American Academy of Hospice and Palliative Medicine

- **Don’t recommend percutaneous feeding tubes in patients with advanced dementia; instead, offer oral assisted feeding.**
- **Don’t delay palliative care for a patient with serious illness who has physical, psychological, social or spiritual distress because they are pursuing disease-directed treatment.**
- **Don’t leave an implantable cardioverter-defibrillator (ICD) activated when it is inconsistent with the patient/family goals of care.**
- **Don’t recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis.**
- **Don’t use topical lorazepam (Ativan), diphenhydramine (Benadryl), haloperidol (Haldol) (“ABH”) gel for nausea.**

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American Geriatrics Society

- **Don’t recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.**
- **Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.**
- **Avoid using medications to achieve hemoglobin A1c <7.5% in most adults age 65 and older; moderate control is generally better.**
- **Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.**
- **Don’t use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.**

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Society of Hospital Medicine

- **Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.**
- **Don’t order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation.**
- **Don’t perform repetitive CBC and chemistry testing in the face of clinical and lab stability.**

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Have you heard of realignment?

- On October 1, 2011, California's corrections realignment plan went into effect.
- The plan shifts responsibility from the state to counties for the custody, treatment, and supervision of individuals convicted of specified nonviolent, non-serious, non-sex crimes.

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Share your experience!

- Have you noted an increase in those with criminal records in your LTC facility?

- Have you been asked to take someone directly from jail?
  - Advantages: good information about crimes and health status
  - Disadvantages: Gap in funding, some pose dangers to other LTC residents

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AMDA has new resource for care of younger residents in long Term care

Case based monograph

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What did you learn?

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