

Quality Counts

Arizona Nursing Home Quality Initiative

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Changes in MDS Transmission Are Almost Here

The old modem-to-modem method of transmitting MDS data is soon to be a thing of the past. The Centers for Medicare & Medicaid Services (CMS) has begun switching from AT&T's dial-up service to broadband, which many facilities already use for Internet access. Arizona is scheduled to switch to broadband starting August 7.

In order to begin using broadband transmission, each facility will need to update its AT&T Global Dialer to version 7.0 (version date 5/24/07). Facilities can check which version of Dialer they have by opening Dialer, left-clicking on Help located on the top menu bar, and selecting About. The version number and date will be displayed.

Note: if you have Windows Vista on your computer, you must have the 7.0 version of the Dialer. Version 6.9 will work on all Microsoft operating systems other than Vista.

Facilities can obtain a copy of the 7.0 version and installation instructions by visiting <https://www.qtso.com> and clicking the MDCN Information link on the homepage. This new version may take some time to download because it is a large file. Facilities can request a CD version of the Dialer by e-mailing a request to mdcn.mco@palmettogba.com.

If your facility is on a corporate-wide area network or local area network, your IT support staff will probably have to configure your

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CMS Open Door Forum

The next CMS Skilled Nursing Facility/ Long-Term Care Open Door Forum is scheduled for Thursday, August 9.

For more information and to register to receive updates, please visit http://www.cms.hhs.gov/OpenDoorForums/25_ODF_SNFLTC.asp.

Medicare Appeals: Provider Information

To view HSAG's new Medicare provider Web page that contains information about fee-for-service and Medicare Advantage benefits, visit <http://www.hsag.com/providers>.

The page contains information on:

- The beneficiary notices initiative (BNI).
- Managed care appeals and grievances.
- Sample notice forms (downloadable).
- The *Federal Register* BIPA regulation.

network to allow access to the broadband connection through the new dialer client. The instructions for network installs are provided on the <https://www.qtso.com> Web site in the same area as the Dialer download.

If your facility is able to install the new Dialer client without the assistance of AT&T, start using the broadband method of transmitting immediately. Facilities needing assistance from AT&T will need to wait until August 7 to call. At&T's Help Desk number is 1.800.905.2069.

If broadband access is available in your area, you will not be allowed to continue using the current modem-to-modem, dial-up transmission method. CMS requires facilities in areas where no broadband is available to submit a waiver request to continue using the current transmission method. The waiver is also available on the <https://www.qtso.com> Web site. For questions, please contact Sandy Enkey at 602.364.3062.

Source: Kay Huff, State Clinical RAI Coordinator, ADHS.

Grassley Urges Nursing Home "Watch List"

Senator Chuck Grassley (R-Iowa)—ranking member of the Senate Finance Committee—recently announced a request for CMS to create a national "watch list" to alert the public about nursing homes that fall short of federal health and safety standards. Grassley based his request on an April report from the Government Accountability Office (GAO), which examined 63 nursing homes in four states and found that 31 had a spotty compliance record over a five-year period.

The GAO made several recommendations on how to step up enforcement, but Grassley thought CMS should go a few steps further by identifying nursing homes that repeatedly fall out of compliance on its *Nursing Home Compare* Web site.

This "watch list" should be accessible to the public online, identify nursing homes that are repeat offenders, and provide information on the enforcement actions taken against these homes, Grassley wrote. A CMS spokesman had no comment. "Our Office of Legislation will process it promptly," he said of the Grassley letter.

Source: *Modern Healthcare*, July 24, 2007

Small, House-Style Nursing Homes Get High Marks

Residents of small nursing homes appear better satisfied and report a better quality of life than do residents of traditional, large nursing homes, research suggests.

Most noteworthy were the higher quality-of-life measures, such as meaningful activity and relationships; comfort and a sense of security; dignity; individuality and privacy; and the enjoyment of food reported by small-house residents. The small-house nursing homes contain private bedrooms and bathrooms, residential-style kitchens, and communal dining and sitting areas. They are staffed with the same professionals—nurses, physicians, social workers, dietitians, pharmacists, and therapy/activity personnel—as traditional nursing homes. However, the small-house units utilize certified nursing assistants to provide cooking, housekeeping, personal laundry, and personal care to residents.

In addition to higher quality-of-life measurements, 40 residents of small-house units (4 houses of 10 residents each) had a lower incidence of later decline in activities of daily living when compared with 40 randomly selected residents in each of two traditional nursing homes.

Researchers also found that the quality of care in the small-house units at least equaled that provided in the traditional nursing homes and that residents showed significantly higher satisfaction with the small-house nursing home as a place to live. Small-house residents were as socially active as residents in traditional nursing homes.

Additionally, aide-level staff at the small-house nursing homes felt more confident that they could help residents achieve better social and psychological outcomes, felt they knew residents under their care, and had much higher job satisfaction on a variety of measures—making them more likely to remain on the job, the research suggested.

Source: http://www.nlm.nih.gov/medlineplus/news/fullstory_51730.html.

Violence in NHs an Understudied Threat

While the traditional view of elder abuse in nursing homes involves staff harming residents, new research suggests that residents may have more to fear from their peers.

“I personally think . . . that it’s far more prevalent than any other form of interpersonal aggression that you see in older people,” Dr. Mark Lachs of Cornell University in New York City, the lead author of the study and an authority on elder abuse, noted in an interview with Reuters Health.

“There has been exceedingly little research in this area,” Lachs added, but he and his colleagues came across new evidence for the phenomenon in the current study—only the second published report on resident-on-resident violence in nursing homes.

While Lachs said he has seen plenty of evidence that this is a problem, and front-line nursing home workers can attest to it, “for some reason it’s not on the radar screen.”

Lachs and his team looked at police records for elderly people participating in a long-term, National Institutes of Health-funded study, which was originally intended to look at community crime. In most instances, cases involved two residents physically assaulting each other. Triggers included competition over a seat in front of a TV, unwanted touching, or a resident wandering into another’s room.

More research must be done to determine how prevalent resident-to-resident violence is in nursing homes, understand triggers, and find ways to deal with it.

Source: Reuters Health, updated 7/11/2007, accessed online at http://www.nlm.nih.gov/medlineplus/news/fullstory_52021.html.

CMS Increases Medicare Payments to Beneficiaries Using SNF Care

Under new Medicare payment rates issued on July 31 by the Centers for Medicare & Medicaid Services (CMS), Medicare payments for beneficiaries using skilled nursing facility (SNF) care will increase by approximately \$690 million in fiscal 2008. The 3.3 percent increase will be reflected in Medicare payment rates to SNFs and hospitals that furnish certain skilled nursing and rehabilitation care to Medicare beneficiaries recovering from serious health problems. The final rule for the SNF prospective payment system (PPS) was placed on display at the *Federal Register* on July 31.

“These new payment rates reflect our commitment to improving the quality of care in the long-term care setting while maintaining predictability and stability in payments for the providers who deliver those important services,” CMS Acting Director Herb Kuhn said.

A full copy of the SNF PPS final rule for fiscal year 2008 is available on the CMS Web site at <http://www.cms.hhs.gov/snfpps>. It was published in the *Federal Register* on Friday, August 3.

Oscar the Cat Predicts Patients’ Deaths

Oscar the cat seems to have an uncanny knack for predicting when nursing home patients are going to die, by curling up next to them in their final hours. His accuracy, observed in 25 cases, has led the staff to call family members once he has chosen someone. It usually means they have less than four hours to live.

“He doesn’t make too many mistakes. He seems to understand when patients are about to die,” said Dr. David Dosa in an interview. He describes the phenomenon in an essay published in a recent issue of the *New England Journal of Medicine*.

The 2-year-old feline was adopted as a kitten and grew up in a third-floor dementia unit at the Steere House Nursing and Rehabilitation Center. The facility treats people with Alzheimer’s, Parkinson’s disease, and other illnesses.

After about six months, the staff noticed Oscar would make his own rounds. He’d sniff and observe patients, then sit beside people who would wind up dying in a few hours. Staff also note that Oscar takes his work seriously, is generally aloof, and is not a cat that’s friendly to people.

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Doctors say most of the people who get a visit from the sweet-faced, gray-and-white cat are so ill they probably don't know he's there, so patients aren't aware he's a harbinger of death. Most families are grateful for the advanced warning, although one wanted Oscar out of the room while a family member died. When Oscar is put outside, he paces and meows his displeasure.

No one's certain if Oscar's behavior is scientifically significant or points to a cause. Some wonder if the cat notices telltale scents or reads something into the behavior of the nurses who raised him.

Nicholas Dodman, who directs an animal behavior clinic at the Tufts University Cummings School of Veterinary Medicine, said the only way to know is to carefully document how Oscar divides his time between the living and dying. If Oscar really is a furry grim reaper, it's also possible his behavior could be driven by self-centered pleasures like a heated blanket placed on a dying person, Dodman said.

Nursing home staffers aren't concerned with explaining Oscar, so long as he gives families a better chance at saying goodbye to the dying.

Source: http://www.mercurynews.com/ci_6466575.

Upcoming Events

How Arizona's Advance Directives Registry is Good for You, Your Residents, and Their Families
(Sponsor: Arizona Health Care Association [AHCA])
August 9, 2007, from 10:30 a.m. to 12:30 p.m. (includes lunch)
Citadel Campus
5121 E. Broadway, Mesa, AZ 85206
Contact John Linda at 602.265.5331 for more information.

Educational Endeavors to Encourage Advancing Excellence—Restraints Management
August 14, 2007, from 10:00 a.m. to noon
AHCA
5020 N. 8th Place, Suite A, Phoenix, AZ 85014
Contact John Linda at 602.265.5331 for more information.

Practical Nursing Solutions For Challenging Geriatric Patient Care (Sponsor: Arizona Geriatrics Society)
August 21, 2007
Mesa Convention Center
263 Center Street, Mesa, AZ 85201
Register by visiting <http://www.arizonageriatrics.org>.

AHCA Annual Conference & Trade Show
August 28–30, 2007
Doubletree Paradise Valley Resort/Scottsdale
5401 N. Scottsdale Road, Scottsdale, AZ 85250
visit <http://www.azhca.org/conference> for more information.

HSAG Nursing Home Team Contact Information

Mary Fermazin, MD, MPA Vice President, Health Policy & Quality Measurement mfermazin@hsag.com 602.745.6207	Joe Bestic, NHA, BA Director, Nursing Home & Home Health jbestic@azqio.sdps.org 602.745.6205	HSAG's Web Site http://www.hsag.com
Dawn H. Williams, BS Communications Project Manager dwilliams@hsag.com 602.745.6316	Zel Abrams Administrative Assistant III zabrams@azqio.sdps.org 602.665.6105	HSAG's Nursing Home Quality Initiative (NHQI) Web Site http://nhqi.hsag.com

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