

Quality Counts

Arizona Nursing Home Quality Initiative

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What's New

Nursing-Home Citations Increase

An article published last month in *The Arizona Republic* stated that nursing-home citations have increased in recent years. To search a database of nursing-home enforcement actions since November 2004, please visit http://www.azcentral.com/news/databcenter/longterm_care.html.

Most MRSA Infections in the United States Are Health-Care Associated

Invasive methicillin-resistant *Staphylococcus aureus* (MRSA) infections are a major public health problem. Recent study results found that although they are primarily health-care associated, they are no longer confined to a particular type of institution.

Researchers from across the country recently participated in a study to describe the incidence and distribution of invasive MRSA. The Active Bacterial Core surveillance system is an ongoing, population-based, active laboratory surveillance system, and it is a part of the Emerging Infectious Program of the Centers for Disease Control and Prevention (CDC). For this study, researchers from several Emerging Infections Program sites conducted surveillance for invasive MRSA infections from July 2004 through December 2005.

During this time, there were 8,987 reported cases of invasive MRSA. Most were health-care associated, with 5,250 (58.4 percent) community-onset, health-care-associated infections; 2,389 (26.6 percent) hospital-onset, health-care-associated infections; 1,234 (13.7 percent) community-associated infections; and 114 (1.3 percent) that could not be classified.

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Quality Basics Series Now Available on MedQIC

A Quality Basics Series is now available on MedQIC. This archived WebEx series includes topics such as:

- The history and evolution of quality.
- Dimensions of quality.
- Quality improvement models.
- Quality measurement: a data-driven approach.
- Structure, process, outcome: systems thinking.

Registration is free. Visit <http://www.medqic.org> and click on Quality Basics under the Latest News section.

In 2005, the standardized incidence rate of invasive MRSA was 31.8 per 100,000, and the standardized mortality rate was 6.3 per 100,000. People who were aged 65 years or older had the highest incidence rates (127.7 per 100,000), followed by blacks (66.5 per 100,000), and men (37.5 per 100,000). Children aged 5 to 17 years had the lowest incidence rates (1.4 per 100,000).

Of the total number of patients with MRSA infection, 1,598 died while they were inpatients.

“For the first time, we have a measurement of the burden and distribution of invasive MRSA infections. Given that the majority [of cases] were health-care associated, we need to step up our prevention efforts in health care facilities,” said Monica Klevens, DDS, from the CDC, who was a researcher for the study.

To view the complete article, please visit <http://www.infectiousdiseaseneews.com/200711/mrsa.asp>.

Source: <http://www.infectiousdiseaseneews.com/200711/mrsa.asp>. Accessed on January 2, 2008.

Upcoming Events

Lori Porter—Conflict Resolution (*two dates*)

Presented by AHCA

Tuesday, January 15, from 9 a.m. to noon
TLC Companies, Tucson, AZ

Thursday, January 17, from 9 a.m. to noon
HSAG, Phoenix, AZ

For more information and to register, please contact John Linda at 602.265.5331 or at johnlinda@azhca.org.

CMS SNF/LTC Open Door Forum

Thursday, January 17

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

How To Write a Plan of Correction Seminar

Presented by ADHS, AHCA, and AzAHA

Thursday, January 24, from 9 a.m. to noon
HSAG, Phoenix, AZ

For more information and to register, please contact Genny Rose at 602.230.0026 or at grose@azaha.org.

Engaging With Physicians in a Shared Quality Agenda

Presented by the Institute for Healthcare Improvement

February 12–13
Scottsdale, AZ

For more information and to register, please visit <http://www.ihl.org/IHI/Programs/ConferencesAndSeminars/EngagingWithPhysiciansFebruary2008.htm?TabId=9>.

Prescription Abuse Seen in Nursing Homes

Powerful antipsychotics used to subdue elderly; huge Medicaid expense

An article last month in *The Wall Street Journal* said that Medicaid has spent more money on antipsychotic drugs for Americans in recent years than on any other class of pharmaceuticals—including antibiotics, AIDS drugs, or medicine to treat high blood pressure.

One reason: Nursing homes across the U.S. are giving these drugs to elderly patients to quiet symptoms of Alzheimer’s disease and other forms of dementia.

Nearly 30 percent of the total nursing-home population is receiving antipsychotic drugs, according to the Centers for Medicare & Medicaid Services (CMS). In a practice known as “off label” use of prescription drugs, patients can get these powerful medicines whether they are psychotic or not. CMS said nearly 21 percent of nursing-home patients who don’t have a psychosis diagnosis are on antipsychotic drugs.

To view the entire article, please visit http://online.wsj.com/public/article/SB119672919018312521-Zdj6ueIa9DkEXD3w87qmOTtmwBg_20080102.html?mod=tff_main_tff_top.

Source: http://online.wsj.com/public/article/SB119672919018312521-Zdj6ueIa9DkEXD3w87qmOTtmwBg_20080102.html?mod=tff_main_tff_top. Accessed on January 2, 2008.

Statement on Antidepressant Use Issued by Key Clinical LTC Leaders

The Long Term Care Professional Leadership Council (LTCPLC) has issued a joint statement on one of the most challenging clinical issues in long-term care—the use of antidepressants. The Centers for Medicare & Medicaid Services' (CMS') release of the updated nursing-home regulation F329 guidance for surveyors in December of 2006 has raised many questions about appropriate use and compliance.

The Wall Street Journal carried articles last month questioning the use of antipsychotic drugs in nursing homes. The statement from the LTCPLC is intended to provide clear guidance on the clinical consensus from LTC leadership for working practitioners on this complicated and controversial topic. The LTCPLC wants to foster interdisciplinary collaboration on critical patient-care issues.

Many Osteoporosis Medications Prevent Fractures, But None Is Proven Best

Many medications reduce the risk of bone fractures in people with osteoporosis, but the most commonly used drugs—bisphosphonates—have not been proven more effective than alternatives, according to a new AHRQ-funded report.

The report compared the effectiveness and risks of six bisphosphonates: alendronate (sold as Fosamax), etidronate (Didronel), ibandronate (Boniva), pamidronate (Aredia), risedronate (Actonel), and zoledronic acid (Zometa). The report also looked at estrogen, calcitonin (a man-made hormone), calcium, vitamin D, testosterone, parathyroid hormone, and selective estrogen receptor modulators.

The report, Comparative Effectiveness of Treatments To Prevent Fractures in Men and Women With Low Bone Density or Osteoporosis, was authored by AHRQ's Southern California Evidence-based Practice Center—RAND Corporation in Santa Monica, CA.

To read the full press release, visit <http://www.ahrq.gov/news/press/pr2007/osteomedpr.htm>.

Regardless of whether depression is underdiagnosed or overtreated, the Council believes the diagnosis of depression should be made carefully and based on evidence such as that in established, relevant clinical practice guidelines, noting “no one symptom defines depression.”

The statement also provides guidance on treatment of mood disorders, reasons for initiating the use of an antidepressant, risks, the Minimum Data Set quality indicator for depression, and the ability to make judicious decisions under the F329—including a discussion of requirements for tapering. The Council members conclude that “it is reasonable to promote the careful use and periodic reconsideration of the need for antidepressants, with specific recommendations.”

The statement is the first in a series from the Council. Members of all the participating organizations and professions contributed to the statement. “We sincerely believe a simple statement based on evidence, the principles of clinical decision making, and acknowledgement of regulatory requirements will be a big help to all LTC team members in delivering quality care,” said Steven Levenson, MD, CMD, Immediate Past President, AMDA, and lead author of the statement.

The LTCPLC consists of the leaders of the major professional leadership associations of LTC—AMDA, ASCP, NADONA, and AHCA.

For more information and to read the complete version of the statement, please visit <http://www.ascp.com/advocacy/coalitions/LTCPLC.cfm>.

Source: <http://www.ascp.com/advocacy/coalitions/LTCPLC.cfm>. Accessed on January 2, 2008.

Nursing Home Collaborative Results Published

An article reporting results from a CMS-sponsored project to reduce pressure sores was published in the October 2007 issue of the *Journal of the American Geriatrics Society*. The National Nursing Home Improvement Collaborative (NNHIC) reduced the number of new, serious pressure ulcers by more than two-thirds

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overall for the 35 nursing homes that reported data from the project. Nursing homes that participated in the NNHIC worked voluntarily with Quality Improvement Organization (QIO) experts on reducing the onset of pressure ulcers and healing existing ones.

Through the NNHIC, the QIOs also helped CMS to change data collection and public reporting mechanisms so that CMS can do a better job informing residents, family members, and the nursing homes themselves about nursing home quality.

Serious bed sores often develop before a patient enters a nursing home, and the project's results will encourage hospitals, home health agencies, emergency services, and nursing homes to collaborate to identify and eliminate the causes of bed sores. The project also found that direct-care providers—often certified nursing assistants—could be effective leaders of quality improvement efforts.

Qualis Health, the QIO for Washington State, coordinated the project for CMS. The improvement materials used in this project are available free-of-charge to anyone interested in reducing rates of bed sores. See the Medicare Quality Improvement Web site at <http://www.medqic.org> and click on the Nursing Home tab.

Special Open Door Forum—MDS 3.0

Thursday, January 24, from 11 a.m. to 1 p.m.

This Minimum Data Set, Version 3.0 (MDS 3.0), special Open Door Forum is scheduled to report on the findings of a five-year Centers for Medicare & Medicaid Services (CMS) Nursing Home MDS 3.0 validation study. CMS will post the MDS 3.0 timeline for implementation at the following location: http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage.

The updated draft version of the MDS 3.0 form with written introduction is delayed and will be posted before the Forum. The MDS has not had extensive clinical updating since 1995.

The changes in MDS 3.0 have been designed to improve data assessment, care planning, and quality measurement. Changes were based on extensive written and oral provider feedback, a town hall meeting, a CMS/Veterans Administration Research Collaborative, a technical expert review, and data collection in eight states.

We look forward to your participation

To register to participate by telephone, please visit <http://registration.intercall.com/go/cms2>.

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