

Nurse's Notes

April 2008,

Volume 1, Issue 1

Open House Membership was a success



Chocolate Fruit Fondue

The LTC nursing group of RIHCA recently held their Annual Open House Membership Drive on March 12th at Chelo's.

Nurse's from many different facilities attended and had a great time meeting

other professionals in their own field. A special Thank You to our vendors who sponsored the event as well as offer some fabulous prizes to our attendees:

Smith & Nephew

Specialty Medical Equipment

Odyssey Healthcare

Healthtrac

Omnicare of RI

Integra Geropsychiatry

Attendees received some of the most up to date in-

formation regarding the proposed nursing facility cuts, as well as learned about what becoming a member of the group could offer.

If you missed the open house, you can still be part of the team by signing up to be a member of our group. For just \$15 a year, you will get the most up to date information, and become a voice to all and support your profession in **our state of RI. Don't miss our next gathering, and check out our upcoming events on page 4.**

Special points of interest:

- Have you signed the petition to stop the LTC Nursing Home proposed cuts for 2009?
- **Don't miss the "hot topic" areas inside.**
- Now is the time to send in your nominations for Nurse of the Year.
- Do you know someone who is currently enrolled in nursing school and deserves a scholarship for their efforts? Send in your nomination.

Balancing the budget on the backs of the elderly?

By Virginia M. Burke, Esq. President/CEO of RIHCA

In January, Governor Carcieri publicly announced his plans to reform Rhode Island's long term care system. Part of his plan involves enhancing home care options for seniors - a welcome development. As he stated, ailing seniors deserve to have a choice of long term care options. Of serious concern however, are his plans for seniors who are too ill, frail and/or mentally impaired to be safely cared for at home.

When this is the case it is vital that good nursing home care be available. As anyone who has required nursing home care for themselves or a loved one knows, seniors in nursing homes require and depend on skilled nursing facilities to provide the continuous services they need. As a group they are far more acutely ill and disabled than nursing home residents of the past. They need 24-hour assistance

with multiple activities of daily living like walking, dressing or feeding themselves. They often require complex medical care for chronic illness, wound care and extensive rehabilitation. They may have complicated conditions like tracheotomies, cardiac problems or cancer, to name a few. On top of that they may be dealing with dementia, Alzheimer's disease or other cognitive impairments.

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Balancing the budget on the backs of the elderly?

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Medicaid funding for nursing home care is seriously threatened by our Governor's budget proposal. The Governor is seeking nearly \$10 million in savings from funding cuts, which will directly affect the quality of care and availability of services provided to the elderly in nursing homes. The majority of Rhode Island nursing home residents are paid for by the state Medicaid program, which routinely under reimburses for the actual cost of care. The shortfall amounts to millions of dollars each year, losses which are directly borne directly by our nurs-

ing homes. Our state faces a serious fiscal crisis. Nursing homes do not, therefore, expect this shortfall to be remedied this year. However, skilled nursing facilities simply cannot absorb further funding cuts. Each of our long term care delivery options (including home care, assisted living, adult day care and nursing home care) must receive the resources necessary to ensure the adequacy and safety of the care our citizens deserve.

When first in office, Governor Carcieri addressed a group of

nursing home providers by saying, "We must not balance the budget on the backs of the elderly" and yet now, the care that many of them need is in peril. It's up to all of us to demand that our elected officials protect a generation that has given a life time of contributions to our state and in return, deserves appropriate care in their hour of need.

"We must not balance the budget on the backs of the elderly"

How can you help!!!!

The Rhode Island Health Care Association has set up an online "tool kit" on rihca.com to help people communicate the impact of funding cuts to nursing home care to our legislators. Given that approximately 9000 people live in Rhode Island's skilled nursing facilities, and just as many are employed there, funding cuts will take an enormous toll on our state's population and economy. I urge you to take the time to visit RIHCA.com

Rally at the State House

April 29th from:

3pm—5pm

Come support your facility and the LTC residents in all our facilities that will suffer

from these proposed cuts to the 2009 budget. For details on the Rally please see your administrator. We are encouraging all employees of Long Term Care facilities to attend and welcome any residents and families.

National Nursing Home Week Starts May 11th

The American Health Care Association (AHCA) recently announced the theme of its 2008 National Nursing Home Week observance: "Love is Ageless." Established by AHCA in 1967, National Nursing Home Week will be celebrated nationwide beginning Mother's Day, May 11, 2008, and continuing through May 17th. This event is an opportunity for the profession and individual nursing facilities to bring into focus the residents who mean so much to the community and their families, says AHCA, as well as caregivers who give so much of themselves to help those less able to do so. Look out for promotional products for the observance in your facilities. All facilities are open to suggestions on how to make Nursing Home Week a

success. If you would like to volunteer your time or should have any suggestions for Nursing Home Week, see you Activity Director and or Administrator for details.

We all look forward to seeing what how each of our RI nursing facilities celebrate this distinguished week. Be sure to take many pictures and submit them to us, along with a story on why you think your facility should be highlighted in our next newsletter.

We will review and select a nursing home from the entries and spotlight them in our next newsletter, so be sure to submit your stories and pictures to us by June 30th.



"What did your facility do for Nursing Home Week?"

Submit your story and picture by June 30th.

This newsletter has been generously printed by:
Clafin Contract Furnishings

“MDS Coding Corner”

“MDS 3.0 is coming”

The MDS 3.0 will be in effect by October 1, 2009.

The goal of the new assessment tool is to increase the clinical relevance, accuracy and efficiency of assessments, obtain information directly from resident, include assessment items used in other care-settings, and move items toward future electronic health record formats. Studies have proven that this new tool is more efficient and accurate for **today’s resident care environment**. The MDS 3.0, on average, took 45% less time to complete than the MDS 2.0. The questions aim for greater consistency in look-back windows,

and to the extent possible, items that did not screen for clinical symptoms and syndromes were eliminated.

Stay ahead of the game and get **educated**. The LTC nurse’s of RIHCA will ensure that adequate education be offered throughout this process to all our members. Keep an eye on our Upcoming Events list for up to date education seminars.

For more information on the MDS 3.0, and view a copy of the current draft version visit:

http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

March 25, 2008 CMS released an update to the MDS QI/QM reports. Previously to March 25th, all MDS assessments coded for Admission (AA8a = 1) were included into the **calculations for QI/QM’s and were counted for residents discharged within the last 6 months for measures like new fractures**. With the updated release, Admission Assessments are now listed as EXCLUSIONS to all of the chronic care measures. The information coded on these assessments will not appear in your QI/QM numbers. For more information please visit:

https://www.atso.com/download/mds/MDS_QIQM_Tech_Specs.pdf

“What is a Turning / Reposition Program, and are you coding it correctly?”

Program—means a specific approach that is organized, planned, documented, monitored and evaluated. Simply using a standard turning schedule whereby residents are turned every two hours does not constitute a turning/repositioning program that would allow you to code item M5c.

Consider the following when evaluating whether a turning/reposition program may be coded at M5c:

1. The turning/repositioning plan/program is specific as to the **approaches for changing the resident’s position and realigning the body**. This plan/program is organized and planned.
2. Progress notes, assessments, or other documentation (as dictated by facility policy) supports that the turning/repositioning plan/program is monitored and evaluated over time to determine the effectiveness of this intervention.
3. The frequency with which position changes are performed must be based on the individualized assessment of the resident.

For more information visit: http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp

Source document: DAVE 2 MDS tip sheet Sept 07

“The MDS 3.0, on average, took 45% less time to complete than the current MDS 2.0 version”

Investigating Abuse: One person’s word against another

www.nursinghomesmagazine.com February 2008

On a daily basis many nurse executive have to face the situation of staff and/or resident abuse, and trying to do the right thing with so little evidence can be difficult. The following steps can help to mitigate potential risks and improve the odds of a positive outcome for your organization:

1. Take quick action to protect the resident and others from further abuse. Remember the regulation F225: **“The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with state law through established procedures.”**
2. Begin the internal investigation immediately. Key pieces of the investigation

should include: details of activity that was occurring at the time of the alleged incident. The names and statements of staff members working on the unit at the time. A review of the environment. Specifics about the resident, including a head-to-toe assessment, any visible signs or changes in behavior; and disruption to **the resident or the resident’s room**, and statements or interviews from the witness, other residents, and the alleged violator.

3. Dig deeper than the basic facts. Once the initial investigation has been completed, evaluate the credibility of both the alleged participant and the witness. Be sure to document the entire investigation thoroughly.
4. Take corrective action, if needed. If at the

completion of the internal investigation, the witness to the alleged abuse is found **to be credible, the nurse executive’s greatest responsibility must remain with protecting residents—even if the alleged participant is considered a quality employee**. Regulation requires that appropriate corrective action be taken. Corrective actions may include termination or, depending on the circumstances, retaining the employee with a specific plan of action, including consistent oversight.

If at the completion of the investigation, the witness is found NOT to be credible, and based **on the witness’s reasons for communicating such grave allegations, serious disciplinary action must occur**. This can be a sensitive issue so that other staff members are not discouraged from reporting abuse.



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Check us out at:
www.rihca.com

Upcoming Events

- Rally at the State House
April 29th 3pm-5pm
- General Membership meeting June 17th,
Time TBA @ RIHCA
- July 22nd - "The People
Challenges of being in
Charge" @ Radisson
- September 19th—RIHCA
Trade Show @ Crowne
- November 3rd & 4th—
"Professional
Development for
Certified Nursing
Assistants"

Have you joined the LTC nurse's group yet?

We need you!!!!



The Long Term Care Nurses of RIHCA has been an established Satellite group since 1980. While other nursing organizations focus more on hospital centered nursing, our group promotes the professional growth of those nurses who have chosen long term care as their specialty. We recognize and embrace the differences that distinguish us from our counterparts in other areas of nursing and continually strive to promote excellence in long term care. As long term care continues to evolve, we are committed to enhancing the image of this very unique area of nursing.

Our main purpose is to provide a forum where LTC nurse can meet for support, networking and educa-

tion. Each year we host a variety of seminars covering a myriad of topics specific to our industry. In addition, we are working to promote LTC nursing as a viable career choice for new nurses by increasing their awareness of those qualities which make it such an exceptional and rewarding vocation. To that end, we also award several scholarships for nursing students currently working in long term care facilities. It is our hope that this organization will continue to expand to the degree that we become a formidable influence on those issues that directly affect the long term care profession.

Becoming a member is EASY!

Membership is \$15.00 a year

General membership meetings are every other month.

Would you like to be a sponsor or want to post an employment opening?

To defray from the cost of publishing and mailing this newsletter, we are offering space for your company and/or organization to display your product or business. We are accepting requests for display space, employment listings, as well as "product spotlight" from our area vendors and facilities. If you are interested and would like to be in our next newsletter. You may contact one of the following:

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