

Solutions for Risk Management

Issues directly or indirectly affecting the senior living industry can change overnight. *Solutions for Risk Management* provides the latest news, updates, trends and risk management tips.

- 1 The Final Edition of "Solutions for Risk Management"
- 2 How Do Your Stars Align?
- 3 Telehealth
- 3 Sun Safety
- 4 Avoid Dehydration While Enjoying Summer Activities



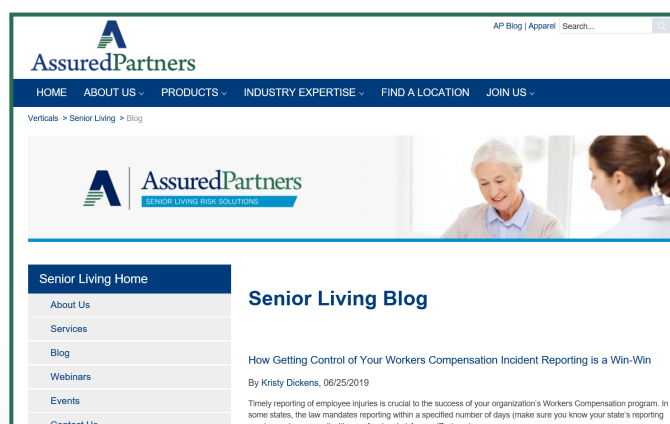
The Final Edition of "Solutions for Risk Management"



Our newsletter has been in publication for over 15 years. During that time, we strived to bring you the latest and most necessary news and tips pertaining to clinical risk management in the senior living industry. We also branched off into subjects specific to assisted living, hospitals, home care, and physicians.

Thousands of you have been faithful to read our publication, as well as pass it along to your associates and coworkers. We are so thankful for your faithfulness to Risk Management Solutions and our publication. Most importantly, we appreciate and recognize your shared goal of providing expert, quality and compassionate care to your residents and their families.

Over the years, we hope you have enjoyed and found benefit in reading our newsletters. However, this will be the last quarterly newsletter that we publish and distribute. Instead, we offer you a state-of-the-art electronic alternative!



We would like to introduce you to the AssuredPartners' Senior Living blog. AssuredPartners, our parent company, has an experienced Senior Living team who partner with us in providing necessary technical expertise to help you focus on caring for your residents. This elite group of professionals, combined with your Risk Management Solutions' consultants, work together to bring you high quality news and information through our blog.

We welcome you to continue following us by clicking on the link below:

<https://www.assuredpartners.com/Senior-Living/Blog>

Additionally, we welcome your suggestions for topics or subjects that you would like to see included in our blog. As always, the team at Risk Management Solutions stands ready to help you with your risk management needs. If you need assistance with anything, please contact us today!

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How Do Your Stars Align?

The Nursing Home Compare website now reflects the updates CMS has made to the Five Star Ranking System. Facilities feel the impact of the updates by having stars added or removed.



First, they have thawed health inspections. During the freeze, CMS was able to compare old survey findings with findings from the new survey process. CMS determined the average number of deficiencies cited in the new survey process is relatively consistent with the average number of citations cited under the former process and therefore the survey rating will continue to be based off three cycles of inspections and the previous weightings. (The most recent cycle having a weight factor of one-half, the previous cycle one-third and the third cycle at one-sixth.) In addition, if you are a Special Focus Facility your star rating will not show on the website.

In addition, CMS made changes in the staffing domain by adjusting the Total Staffing Hours per Resident Day (HPRD) and RN Staffing HPRD cut points for the Overall Staffing and RN Staffing Ratings by utilizing 2018 Q4 PBJ data submissions. As a result, the cut points intend to reflect the relationship between staffing and quality.

- CMS now restricts the Five-Star Staffing and Five-Star RN Staffing to 1-star for those facilities with four not seven or more days in a reporting quarter where there were one or more residents but no RN staffing hours.
- CMS emphasizes RN staffing levels by rounding the Five-Star Staffing toward the RN Staffing rating. For example - If a nursing home earns 4 stars on Total staffing (4.038-4.403 HPRD) and 5 stars on RN staffing (≥ 1.042 HPRD), the average would be 4.5. This will round toward the RN rating value (5) and the nursing home would receive a 5-Star Staffing Rating.
- CMS will calculate and publicly report star rating for all facilities based on hours submitted through the PBJ reporting process.

Final updates occurred in the quality domain. CMS decided to remove the long-stay restraint quality measure, replace short-stay pressure ulcer and short-stay discharge community measures with their analogous Quality Reporting Program (QRP), and include long-stay hospitalizations and long-stay outpatient emergency department (ED) visits. As a result, there is a new weighting system and separate short-stay and long-stay star ratings.

- The weighting system consists of nine measures, scored from 0-150 points (points will assigned in 15-point increments). These measures are long-stay ADL worsening, long-stay antipsychotic medication, long-stay mobility decline, long-stay hospitalizations, long-stay outpatient emergency department visits, short-stay functional improvement, short-stay readmissions, short-stay discharge to community, and short-stay emergency department visits.
- The weighting system will also consist of eight measures scored from 0-100 points (points will assigned in 20-point increments). These measures are long-stay pain, long-stay pressure ulcer, long-stay catheter, long-stay urinary tract infection, long-stay falls, short-stay pain, short-stay pressure ulcer, and short-stay antipsychotic medication.
- QM thresholds will update every 6 months and will increase by 50% of the average rate of improvement within the previous six months
- There now is a Long-Stay QM and a Short-Stay QM Rating alongside an Overall QM Rating.

The calculation of the Overall Five-Star Rating remains the same.

1. Start with the health inspection rating. If the health inspection rating is one star, the overall cannot be higher than three stars after factoring in staffing and quality.
2. Add one star if staffing is four or five stars and greater than the health inspection rating. Subtract one star if the staffing rating is one star.
3. Add one star if the overall quality measure rating is five stars; subtract one star if the overall quality measure rating is one star. The new short-stay and long-stay quality ratings have no impact.

If your stars do not shine as they once did, RMS is here to help improve health inspection results, ensure staffing is accurate and reported appropriately and improve quality measures.

Telehealth



Senior Living facilities face many challenges with the continued advancement of regulatory/licensure directives. At the forefront is to minimize emergency department visits and reduce possible avoidable hospitalization of their residents. Many facilities have already implemented communication systems such as Interact SBAR, employed nurse practitioners and secured weekly physician visits to help tackle this challenge. Could telehealth be the next step?

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.

Telehealth applications include the following:

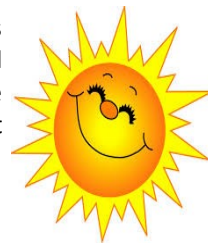
- Live (synchronous) videoconferencing: a two-way audiovisual link between a patient and a care provider
- Store-and-forward (asynchronous) videoconferencing: transmission of a recorded health history to a health practitioner, usually a specialist.
- Remote patient monitoring (RPM): the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.
- Mobile health (mHealth): health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.

Utilization of telehealth methods offers the opportunity to improve care coordination and achieve positive health outcomes for residents and providers. It would also allow the healthcare practitioner to address changes in resident conditions in a timely manner.

Introduction of a telehealth program requires thorough data collection, assessment and development of detailed, systematic plan. If considering implementing this program and needing assistance contact Risk Management Solutions.

Sun Safety

With the hot and sunny summer months upon us, we need to take steps to protect ourselves and residents from unsafe exposure to the sun. UV rays are ultraviolet light, a form of radiation that penetrates and damages skin cells. The most abundant is UVA rays which penetrate the top layer of skin. These rays increase the risk for skin cancer and eye problems. UVB rays are less abundant than UVA. UVB can cause damage, but do not penetrate as deeply into the skin. The Centers for Disease Control (CDC) advises that protection from UV rays is important year round. Because most people spend more time outdoors in the warmer months, protection is more important than ever. UV rays can also present a threat on cloudy and hazy days.



Previously considered cosmetics, the Food and Drug Administration (FDA) reclassified sunscreens as over-the-counter (OTC) medications in 1972. This ruling required sunscreen manufacturers to follow strict labeling requirements for product information and to include a Drug Facts box. This ensures appropriate testing and labeling for sunscreens marketed to protect for both UVA and UVB rays. Sunscreens have been officially capped at a sun protection factor (SPF) of 50+. Misnomers like “sweatproof,” “sunblock,” and “waterproof” have been eliminated by the FDA. A “principal display panel” provides consumers with necessary information that aids in making an appropriate choice. Other important aspects include the following:

- A broad spectrum statement may be used if a product protects against both UVA and UVB radiation
- A “Skin Cancer/Skin Aging Alert” statement is required on sunscreens with an SPF of less than 15
- Timeframes are required for claims of “water resistant” and “very water resistant”
- The Drug Facts box includes active ingredients, uses, warnings, inactive ingredients, other, and questions or comments
- Sections labeled “Uses and Warnings” should contain educational statements

In addition to always applying a broad spectrum sunscreen, other protective measures can be followed to filter out harmful rays. Wear a hat with a brim, as well as sunglasses, long-sleeved shirts, and pants, instead of shorts. Avoid sun exposure between 10:00 a.m. and 2:00 p.m. Apply the appropriate amount of sunscreen, according to the label directions. Seek the shade. Never tan using indoor tanning equipment.

Avoid Dehydration While Enjoying Summer Activities

Summer is here with its warm weather and outdoor activities. Most nursing home residents enjoy participating in summertime activities. Although it is important to encourage the residents' involvement in seasonal events, it is equally important to understand many residents have a greater risk of developing serious health complications resulting from the heat.

Dehydration is one common concern associated with the hot weather. Complications from dehydration can be difficult for the resident to overcome. Often, an aggressive treatment approach is required and, sometimes, an unplanned hospitalization. Dehydration is a serious problem identified as one of the top ten hospital admitting diagnoses for nursing home residents.



Defined as excessive loss of body fluid, dehydration occurs when the body loses more fluid than is consumed. This results in the body not having enough fluids to carry out its normal functions. If lost fluids are not replaced, the body can get dehydrated. Seniors are less sensitive to the thirst sensation than the younger population and, therefore, often do not take in adequate fluids. The aging process causes the body to lose fat and fat has been shown to hold fluid. With this loss of fat, the amount of fluid reserves decrease as well. Many medications (e.g., diuretics, laxatives) can interfere with fluid retention. Residents may purposely avoid drinking fluids for fear of not making it to the restroom in time, resulting in an embarrassing accident.

Signs of dehydration include fatigue, lethargy, confusion, weakness, nausea, poor skin turgor, dry mouth, concentrated urine, decreased urinary output, and increased heart rate. To avoid dehydration, follow the below tips:

- Encourage fluids throughout the day
- Encourage consumption of fruits and vegetables high in fluid content (e.g., tomatoes, watermelon, cucumbers, squash, strawberries, oranges, pineapples, broccoli, eggplant)
- Avoid caffeinated beverages, like iced tea and soft drinks
- Schedule outside activities before noon or in the evening
- Obtain a "quick reference" list of medications that interfere with fluid maintenance and make the list readily available for staff to use as a reference
- Educate families and others involved in residents' care on the risks and early symptom recognition for dehydration

Summer health risks are much easier to avoid than they are to treat and correct. CMS has been known to issue severe regulatory citations and large civil money penalties from adverse outcomes related to the season. Knowing the risk factors and implementing preventative protocols can help maintain compliance while allowing residents to take advantage of fun, warm weather activities.



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