

Long-Term Care Survey Alert

CLINICAL & SURVEY NEWS UPDATE

Washington recently provided a wake-up call on the status of the swine flu pandemic. The President's Council of Advisors on Science & Technology issued a report on the 2009 novel H1N1 flu with a disturbing warning. While the novel H1N1 virus isn't more deadly than other flu strains -- it's "likely to infect more people than usual because it is a new strain against which few people have immunity. This could mean that doctors' offices and hospitals may get filled to capacity," stated a White House release summarizing the report.

Be proactive: Nursing facilities should have a good disaster plan in place in case of a community outbreak of flu [or other infectious disease]," says **Kristin Lueschow, RN, RRT, WCC**, with Boyer & Associates in Brookfield, Wis.

Resource: Check out "Planning for a Pandemic/Epidemic or Disaster: Caring for Persons With Cognitive Impairment," for tips on managing residents during a crisis. Numerous long-term care professional and trade groups developed the resource. (Access the report at www.amda.com/tools/clinical/pandemic_disaster.pdf.)

Coming to your state, if it hasn't already: The Quality Indicator Survey, which the Centers for Medicare & Medicaid Services is implementing nationally, according to a survey & cert memo (S&C-09-50) issued on Aug. 7. The memo offers states guidance to prepare for QIS implementation. "To date, the implementation of the QIS includes 11 States: Connecticut, Kansas, Ohio, Louisiana, Florida, Minnesota, North Carolina, New Mexico, West Virginia, Maryland, and Washington," states the memo. While only Connecticut has fully implemented the QIS, the other 10 states are in various phases of QIS training and rollout, according to the memo.

CMS has organized states into six implementation bands at this time. "For band 1, CMS is beginning QIS training in Delaware, Maine, and Vermont in summer 2009," states the memo. "QIS training in Georgia and Arizona is scheduled to begin in early winter of 2010. Training for states in band two can be expected to begin in late 2010 or early 2011." Read the memo at www.cms.hhs.gov/surveycertificationgeninfo/downloads/SCLetter09_50.pdf.

"Any state may request at any time that CMS consider an earlier QIS implementation," states the survey and cert memo. "The rollout is real," says **Kenneth Daily, LNHA**, chief operating officer at Elder Care Systems Management in Fairborn, Ohio, which operates two west-central Ohio skilled nursing facilities. "CMS likes what it has seen with the QIS so far," he says. In reality, however, the national QIS rollout will take at least three years to complete, Daily adds.

Researchers are sniffing out how C. diff causes illness.

Researchers at Monash University have found evidence that toxin B rather than toxin A "is essential for virulence" of *Clostridium difficile*, according to their work published in *Nature*. The work suggests that if that's the case, toxin B "would be a more promising potential target for therapeutic or preventative measures," according to the editor's summary of the article (www.nature.com/nature/journal/v458/n7242/abs/nature07822.html).

New research on mice suggests that antibiotic treatment itself could start the C. diff. transmission ball rolling. In the study, **Trevor Lawley, PhD**, Wellcome Trust Sanger Institute researcher and lead author of the study, and his fellow researchers found that mice carrying the microorganism shed low levels of spores and "crucially, they did not infect other mice." But when treated with antibiotics, the mice began to shed more spores at a dramatically increased rate, moving into what the researchers call a "supershedder state" and transmission of C. difficile among mice. "Importantly, transmission occurs even in the absence of clinical symptoms," said Lawley in a press statement. Most of the mice treated with short-term antibiotics stopped their super shedding within a couple of weeks of going off the antibiotics. But some of the mice exposed to long-term antibiotic therapy remained in the "supershedder" state for weeks or even longer after stopping the antibiotic treatment, the researchers found.

More danger: "Spore-mediated transmission to immunocompetent mice treated with antibiotics results in self-limiting mucosal inflammation of the large intestine," noted the researchers in an abstract of the study published in the June 29, 2009 e-pub edition of *Infection and Immunity*. In contrast, transmission to immunocompromised mice leads to a severe, often fatal intestinal disease, they warned. The study suggests that "widening the targets of infection control in hospitals, to include all patients receiving antibiotic treatment -- although logistically complex -- is worth investigating," according to the press statement.