

## **Long-Term Care Survey Alert**

## **News Briefs: Survey & Clinical News To Use**

CMS unveils details about DAVE rollout. DAVE was on the agenda at the Centers for Medicare & Medicaid Services' Dec. 16 SNF open forum. The Data Assessment Verification program, a computerized national intelligence program designed to target MDS accuracy, will roll out nationwide this year with facilities randomly selected for offsite record reviews and onsite reviews, according to a representative from DAVE contractor, Computer Sciences Corp. CMS will request records from facilities for the offsite review. "Targeted review" will begin later in 2004, and will involve a small sample to test the protocol that DAVE will use to help predict which MDSs are likely to contain inaccuracies. Computer Sciences Corp. recently held a press conference on the national DAVE kickoff (the transcript will be posted at <a href="https://www.cms.hhs.gov/providers/csc/dave/homepage.asp">www.cms.hhs.gov/providers/csc/dave/homepage.asp</a>). Providers can e-mail questions about DAVE to <a href="mailto:dave-project@csc.com">dave-project@csc.com</a> or call 1-800-561-9812.

**An old antibiotic shows new promise for treating Alzheimer's.** New research findings show that clioquinol, an antibiotic no longer in use, may target Alzheimer's by acting as a metal chelation agent. The study, reported in the December 2003 Archives of Neurology, found that people severely affected with AD who took the drug showed dramatically less progression of cognitive decline than did their placebo-taking counterparts.

The study researchers theorize that the drug works by leeching zinc and copper away from beta amyloid, the substance that forms the brain-clogging plaques in AD. Zinc allows the beta amyloid protein to stiffen into plaques - and copper turns toxic to the brain when it interacts with the amyloid protein.

Check Out the FDA's safety tips for preventing fires caused by motorized and manual beds. The U.S. Food & Drug Administration has issued a public health notification and safety tips for preventing bed fires in hospitals and other medical facilities (view them at (<a href="www..fda.gov/cdrh/safety/bedfires.pdf">www..fda.gov/cdrh/safety/bedfires.pdf</a>). The FDA's action comes in the wake of a deadly Nashville nursing home fire that may have been caused by an electric bed. (The bed is currently undergoing testing by Applied Technical Services in Marietta, GA to see if it caused the Sept. 25 fire in an NHC Healthcare Center facility, according to a media report.)

Some of the FDA's safety suggestions for preventing bed fires include the following:

- 1. Connect the bed's power supply directly into a wall-mounted outlet that can accommodate a heavy duty or hospital-grade plug. Also make sure the outlet is in good working order.
- 2. Don't cover the bed's power cord with a rug or carpet.
- 3. Do not connect the bed's power cord to an extension cord or to a multiple outlet strip.
- 4. Have staff inspect all parts of the bed, including the frame, mattress and the floor underneath, for accumulation of lint and dust.
- 5. Test the bed's hand and panel control features, including the patient lockout features.
- 6. Test the bed to assure it moves freely to its full limit in both directions. In many facilities, the FDA notes, wall-mounted outlets are located directly behind the hospital bed. So check to be sure the vertical motion of the bed does not interfere with the bed's power cord or plug.
- 7. Report to maintenance any unusual sounds, burning odors or movement limitations in the bed's controls, motors or



limits switch functions.	