

Long-Term Care Survey Alert

Survey News To Use

Watch out for MDS Section W before CMS starts watching your flu/pneumonia immunization rates. CMS is implementing a new section W on Oct. 1, 2005, to capture residents' flu immunizations during the flu season - and pneumonia vaccination status for residents who are 65 and older. The section will ask if the resident has been vaccinated and, if not, why. The new section is a prelude to a new immunization quality measure, according to CMS' **Mary Pratt, RN, MSN**, speaking at the March 31, 2005 SNF Open Door Forum.

Check out the data specifications for the new section at www.cms.hhs.gov/medicaid/mds20. CMS plans to do a satellite broadcast/Webcast this summer to review coding instructions, broader guidelines from the **U.S. Centers for Disease Control & Prevention** and quality measures, according to the Virginia RAI manager.

A new federal reg spells out tougher fire protection requirements and eases up on alcohol-based hand sanitizers. Nursing homes that do not have sprinkler systems or hard-wired smoke detectors will have to install battery-operated ones in patient rooms and public areas, according to an interim final rule published in the March 25 Federal Register. The rule has an effective date of May 24, 2005.

Newly constructed nursing facilities must be fully covered by a sprinkler system, while older homes built of noncombustible materials like concrete block do not. Nursing homes will be given a year in which to comply with the new requirement.

Facilities may also install dispensers of alcohol-based hand sanitizers in exit corridors that meet certain conditions. The dispensers can't be located next to a heat or ignition sources - and they must be at least four feet apart and placed in corridors at least six feet in width.

Read the interim final rule at www.access.gpo.gov/su_docs/fedreg/a050325c.html.

Aspirin may work as well as warafin (Coumadin) but with fewer side effects to prevent stroke in people with partial blockage of brain arteries (intracranial stenosis). That's according to findings of a recent clinical trial funded by the **National Institute of Neurological Disorders and Stroke (NINDS)**.

"This trial is good news. A simple low-cost drug works just as well as one that requires complicated and expensive monitoring and dose adjustments," said the NINDS' **John Marler, MD**.

Study participants treated with warfarin suffered significantly higher rates of major hemorrhage and death from all causes when compared to their aspirin-taking counterparts.

The study applies only to people with intracranial stenosis, researchers caution. They also point out that the dose of aspirin used in this study - 1,300 mg. - exceeds typical daily doses, which range from 81 to 325 mg. for stroke prevention.

Source: NIH news statement. Read the entire statement at www.nih.gov/news/pr/mar2005/ninds-30.htm.