

MDS Alert

Industry News to Use: Improve Dementia Care With These New Tools

Plus: Your Five Star Preview Report is now available.

Improving dementia care has become a hot topic in many facilities, especially nursing homes. And now you have more resources at your fingertips to accomplish your dementia care goals.

On Feb. 26, the **Centers for Medicare & Medicaid Services** (CMS) held an MLN Connects Call to discuss the National Partnership to Improve Dementia Care in Nursing Homes. The initiative aims to promote individualized, comprehensive care approaches to, among other things, reduce the use of unnecessary antipsychotic medications in dementia patients.

In the call, dementia care experts discussed the role of surveyors, the importance of leadership, proper pain assessment, and more. If you missed the provider call, CMS has posted all the materials, including the audio recording, transcript and slide presentation, at

www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2014-02-26-Dementia.html?DLPage=1&DLSort=0&DLSortDir=descending.

CMS also posted on this webpage a new tool entitled, "Helpful Resource: Nonpharmacologic Approaches to Care and Effective Pain Assessment & Management." The direct link for this tool is:

www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/Helpful-Resources-Nonpharmacologic-Approaches-to-Care-and-Effective-Pain-Assessment-and-Management.pdf.

In other news ...

Check Out Updated 5-Star Docs & Preview Reports

Heads up: Want to know how your facility ranks? Now you can get a peek at your Five Star Preview Report.

As of March 11, the Five Star Preview Reports are accessible via the CASPER Reporting link at the top of your MDS State Welcome page, **QIES Technical Support Office** (QTSO) announced on March 10.

Click on the Folders button and access the Five Star Report in your "st LTC facid" folder, QTSO instructs. The "st" is the two-character postal code of the state where your facility is located, and "facid" is your facility's state-assigned Facility ID.

On March 20, Nursing Home Compare will update with February's Five Star data. The Five Star Help Line (800-839-9290) will be available March 17 through March 21. You may also direct inquiries via email to BetterCare@cms.hhs.gov.

Also: In February, the **Centers for Medicare & Medicaid Services** (CMS) posted updated documents on its Five Star Quality Rating System webpage.

CMS has updated the Five Star Quality Rating System State-Level Cut Point Tables for February 2014, as well as the Expected and Adjusted Staff Time Values Data Set. You can access both updated documents via the webpage at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html. Scroll down to the Downloads section at the bottom of the page.

You may also access the documents directly. The State-Level Cut Point Tables document is at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/cutpointstable.pdf. The Values Data Set zip file is accessible via www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/staffingdatafile.zip.

Are You Following Hospital Discharge Instructions?

You know how important your discharge instructions are when a resident leaves your nursing home to go to another facility, hospice or home. But what about the discharge instructions you receive when a resident transitions from a hospital to your facility?

In fact, many nursing homes are ignoring hospital discharge instructions, which appears to increase the chances of hospital readmissions, according to a recent study published in the Journal of Aging Research. Researchers conducted a retrospective cohort study of patients discharged from an academic medical center and admitted to nursing homes.

Specifically, the researchers investigated the type of hospital discharge recommendations and rate of completion, as well as the 30-day hospital readmission rate. The hospital discharging team made 152 recommendations on the 51 subjects, but the nursing homes failed to act on nearly one-quarter of those recommendations, the study found.

Also, about 20 percent of the subjects returned to the hospital within 30 days. "Further investigation is warranted to determine if an association exists between missed recommendations and hospital readmissions from the nursing home setting," the study noted. To view the study, go to www.hindawi.com/journals/jar/2014/873043/.

Brace Yourself for More Scrutiny of Adverse Events

What do your adverse event statistics look like for your skilled nursing facility (SNF)? The **HHS Office of Inspector General** (OIG) has determined that far too many preventable adverse events are occurring in SNFs and wants surveyors to crack down on the issue.

The OIG recently released "Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries," a study that found that 22 percent of short-stay residents experienced an adverse event and another 11 percent experienced a temporary harm event. The real problem? The OIG deemed about 59... percent of these events as preventable.

CMS and the **Agency for Healthcare Research and Quality** (AHRQ) agreed with the OIG recommendations in its report, which included raising awareness of nursing home safety and "collaborating to create and promote a list of potential nursing home events." Developing Patient Safety Organizations was also a suggestion in the OIG report.

Another OIG recommendation was for CMS to "instruct state agency surveyors to review nursing home practices for identifying and reducing adverse events." This recommendation was not well-received by some in the industry, however.

"I disagree with the report that looks to surveyors to 'reduce adverse events,'" wrote **Dr. Cheryl Phillips**, senior vice president of public policy and advocacy for Washington, D.C.-based **Leading Age**, in a Feb. 27 response to the OIG report. "We have yet to see evidence that a punitive oversight process, that is built on fines and punishment, as a driver of excellence and safety."

"We need surveys to ensure compliance with regulations," Phillips continued. "We need a safety culture to transform care." Each facility should look closely at its own "culture of quality and safety," she said. Staff must integrate the principles of the Quality Assurance/Performance Improvement (QAPI) framework into their daily work.

You can read the entire OIG report at <http://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf>.

Update Your Emergency Preparedness Checklist

If you utilize CMS's Emergency Preparedness Checklist Recommended Tool for Effective Health Care Facility Planning, then you need to access the now-updated version.

On Feb. 28, CMS issued a Survey & Certification (S&C) notice (S&C-14-12-ALL) announcing that it has revised the checklist. The revisions include more detailed guidance regarding resident tracking, supplies, and collaboration.

Link: You can view the S&C notice at



www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-12.pdf.