

Issue 3 - 2005

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NNEAHSA wants to help our members stay connected with their colleagues and stay current with information, ideas and resources in the senior care industry. And we've found a way to do it with no travel and no registration fees!

S.O.S. - Share Our Success, is NNEAHSA's new Best Practices program. With a simple click of the mouse you will be able to access new ideas, best practices and innovative approaches being used by your colleagues. And contact information will be provided so you can get in touch for more information or to discuss a Best Practice in greater detail.

With your participation *S.O.S.* can become an invaluable database of information and resources for your entire staff! We will begin building our *S.O.S.* database in just a few weeks and you will be able to submit your own Best Practices directly on NNEAHSA's website.

The *S.O.S.* website link will be up and running with information in the summer and you and your staff can begin tapping into this database of information, knowledge and expertise.

NNEAHSA's *S.O.S.* Best Practices program will include successful services or programs for residents, employees and your community-at-large and will encompass all departments. Categories will include:

- ⇒ Organizational Excellence & Leadership Development
- ⇒ Care and Service Delivery
- ⇒ Staff Education and Workforce Initiatives
- ⇒ Assistive Technology
- ⇒ Marketing and Public Relations
- ⇒ Architectural and Interior Design and more

S.O.S. is open to all NNEAHSA members in all departments and we urge you to start considering successful Best Practices that you might want to submit. Information will be mailed to all members in the next month detailing how you can participate.

JOB FILE

**ASSISTED LIVING
DIRECTOR**

Bartlett House, a 34 apartment assisted living facility in Rockland, seeks a dynamic, experienced Director to provide day-to-day management, leadership and direction. Successful candidate must possess experience in assisted living, senior housing and/or care management, a minimum of 3 years of management experience, ability to relate well to a senior population, a bachelor's or nursing degree, excellent communication skills, computer proficiency, and the ability to work well as part of a team. Please send resume, cover letter, and salary requirements to:

Human Resources, Methodist Conference Home, Inc., 46 Summer Street, Rockland, ME 04841

**Pessimism Raises
Dementia Risk,
Study Finds**

Pessimistic, anxious and depressed people may have a higher risk of dementia, U.S. researchers reported recently. A study of a group of 3,500 people showed that those who scored high for pessimism on a standardized personality test had a 30 percent increased risk of developing dementia 30 to 40 years later. Those scoring very high on both anxiety and pessimism scales had a 40 percent higher risk, the study showed.

"There appears to be a dose-response pattern, i.e., the higher the scores, the higher the risk of dementia," Dr. Yonas Geda, a neuropsychiatrist at the Mayo Clinic in Rochester, Minnesota who led the study, said in a statement.

Geda and colleagues looked at the medical records of 3,500 men and women who lived near the clinic between 1962 and 1965. They all took the Minnesota Multiphasic Personality Inventory, a standard personality and life experience test, Geda's team told a meeting of the American Academy of Neurology in Miami.

In 2004 the team interviewed the participants or family members. Those who scored higher for anxiety and pessimism on the test were more likely, as a group, to have developed dementia by 2004, including Alzheimer's disease and vascular dementia.

This did not mean a person who is pessimistic could assume he or she has a higher risk of developing dementia. "One has to be cautious in interpreting a study like this," Geda said. "One cannot make a leap from group level data to the individual. Certainly the last thing you want to do is to say, 'Well, I am a pessimist; thus, I am doomed to develop dementia 20 or 30 years later,' because this may end up becoming a self-fulfilling prophecy." And there is not any specific way to prevent dementia, although many studies have shown that a healthy diet, exercise, keeping active in other ways, doing puzzles and other activities lower the risk.

**Posters Outline
Prescription Costs
Savings**

Posters titled "*Have Limited Income? Social Security Can Help with Prescription Costs*" can be ordered free of charge on the Centers for Medicare and Medicaid Services (CMS) website. The posters direct Medicare beneficiaries with limited income to a toll free number where they can find out if they are eligible for help with prescription drug costs. The posters are suitable for display in a physician's, provider's, or supplier's office, as well as a pharmacy or other health care setting. Flat posters are suitable for wall display and easel posters are suitable for counter display; order the size and style appropriate for your use. Artwork cannot be specified as posters will be sent based on availability at the time the order is received. To view and order the posters, go to the Medlearn Prescription Drug Coverage web page located at <http://www.cms.hhs.gov/medlearn/drugcoverage.asp>

Assistance is needed in getting this information out to Medicare beneficiaries with limited income and resources and all health care providers are being encouraged to order and display the posters where Medicare beneficiaries will see them.

Proposed Rule For SNF PPS 2006

The Centers for Medicare & Medicaid Services (CMS) placed on display the proposed rule for the skilled nursing facility prospective payment system (SNF PPS). The rule includes the annual update for fiscal year 2006, refinements to the payment system, and other changes. You can find the proposed rule at www.cms.hhs.gov/providers/snfpps/rugrefine.asp

Comments on the proposed rule are due July 12. Here are the highlights of the proposed rule:

Annual Update and Policy Revisions - The rule includes a full market basket update of 3.0 percent that would take effect Oct. 1, 2005, increasing Medicare payments to SNFs by \$510 million. It also would change labor market area definitions to core-based statistical areas, using the definitions adopted for general acute care hospitals.

SNF PPS Refinement - CMS proposes to refine the SNF PPS by reclassifying certain medically complex patients into new payment categories and increasing payments for non-therapy ancillaries in all categories. Key changes include:

Elimination of Payment Add-ons - Current add-ons - 20 percent for medically complex resource utilization groups (RUGs) and 6.7 percent for rehabilitation RUGs - would expire Dec. 31, 2005. Removal of these add-ons means that payment would fall \$1.02 billion from 2005 levels.

New RUGs - Currently the SNF PPS is based on 44 RUGs. To reduce variability, the rule would establish nine new RUGs for medically complex patients who utilize the greatest amount of non-therapy ancillary services (such as drugs, IV therapy, and lab services).

Proposed Case Mix Adjustment for Nursing - To further address the current system's limitations in appropriately reimbursing SNFs for medically complex patients, the case mix weights for all 53 RUGs would be adjusted by increasing the nursing component for each RUG by approximately 8.4 percent, producing an overall payment increase of \$510 million.

For hospital-based SNFs, the net fiscal impact of this proposed rule would be an increase of 2.5 percent for urban units and 1.3 percent for rural units.

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JOB FILE

Administrator - Bangor Nursing and Rehabilitation Center

The Bangor Nursing and Rehabilitation Center is seeking an experienced nursing home administrator to oversee operations. Candidates must have a current Maine nursing home administrator's license, be conversant with both Medicare and MaineCare reimbursement regulations and have experience with the certificate of need process and subacute rehabilitation. Please direct inquiries to: Ken Huhn, President, BNRC Board of Directors, 103 Texas Avenue, Bangor, Maine 04401

AT-A-GLANCE

Revisions to the December 2002 RAI Manual Effective on May 1, 2005 Are Delayed

The December 2002 revised Long Term Care Resident Assessment Instrument (RAI) user's manual for the MDS version 2.0 has been updated to incorporate clarifications to existing coding and transmission policy. Due to ongoing efforts, the May 2005 revisions to the December 2002 RAI manual will be delayed. CMS anticipates a new posting on May 23, 2005 with an effective date of June 15, 2005.

Reverse Mortgages Not Likely to Play a Role in Financing LTC

There has been a fair amount of attention to the fact that most older persons own their homes and therefore might be in a position to borrow the equity in their home to help finance either long-term care services or long-term care insurance. The study, Home Equity Conversion Mortgages and Long-Term Care (Executive Summary or Full Report), by Mark Merlis, exam-

ines the extent to which reverse mortgages could be used to finance services or long-term care insurance. The author notes that about 8.8 million middle-income households age 62 and older "... without other resources might benefit from using reverse mortgages to help pay for needed home care".

However, it is not likely that this mechanism will play a major role in financing long-term care. In particular, it can not be expected that reverse mortgages will help to solve the long range financing problem for Medicaid. Reverse mortgages could make private long-term care insurance more affordable for many households. But those whose home is their largest asset are unlikely to be motivated to mortgage it for this purpose, because they may have other financial needs and because use of a loan to buy insurance is, under current market structures, very costly relative to benefits received."

Borrowing the equity in one's home to pay for long-term care is not the same as having insurance coverage to protect against the risk of needing LTC, but reverse mortgages could help to finance needed services. The combination of upfront charges and compounding interest on any reverse mortgage loan, however, makes the cost of borrowing the equity in one's home very expensive. Judith Feder and Sheila Burke are co-directors of the Georgetown University Long-Term Care Financing Project. Support for this project is provided by the Robert Wood Johnson Foundation.

Dementia Care Practice Recommendations

The Alzheimer's Association has published evidence-based dementia care practice recommendations for use by professionals working in assisted living residences and nursing homes. Included in this initial set of recommendations are the fundamentals for effective dementia care, which are

based on "person centered care" – tailored to the abilities and changing needs of each resident.

The recommended practices for care include comprehensive assessment and care planning, as well as understanding behavior and effective communication. The strategies for implementing person-centered care rely on having effective staff approaches and an environment conducive to carrying them out.

Three priority care areas (where intervention can make a significant difference in an individual's quality of life) have been chosen for the initial publication: food and fluid consumption, pain management and social engagement. To read and print these practice recommendations, go to <http://www.alz.org/Health/Care/dcpr.asp>

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AT-A-GLANCE

Civil Money Penalties

An OIG report on civil money penalties, one of eight remedies available to address deficiencies in quality of care or safety standards at nursing homes, found that only 42 percent, or \$34.6 million, of the \$81.7 million in CMPs imposed during 2000 and 2001 had been collected by December 2002. The report cites systematic reductions, appeals, settlements and bankruptcies as the reasons behind this decrease in payments.

At the time of review, 70 percent of CMP cases had received a 35 percent reduction in fees for waiving their right to an appeal; 14 percent had not been collected due to bankruptcies and inconsistencies in the collections process; and eight percent had been delayed by bankruptcy or appeals and were not yet due for collection.

Additionally, researchers found that CMS did not utilize the full dollar range allowed for CMPs as it tended to impose penalties toward the lower end of this range. Go to <http://www.oig.hhs.gov/oei/reports/oei-06-02-00720.pdf> to view the OIG report.

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AT-A-GLANCE

MedWatch - The FDA Safety Information and Adverse Event Reporting Program

MRL Inc. and FDA notified healthcare professionals of a voluntary worldwide recall of 597 AED20 Automatic External Defibrillators manufactured between February and July of 2004. The AED20 may display a "Defib Comm" error message during use resulting in a failure of the device to analyze the patient's ECG and deliver the appropriate therapy which prevents the defibrillator from resuscitating a patient. The company has received 12 related complaints with this specific group of AED20's, including one instance which may have prevented patient resuscitation.

Read the complete MedWatch 2005 Safety summary, including the link to the firm press release, at:
<http://www.fda.gov/medwatch/SAFETY/2005/safety05.htm#MRL>



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Medicare Drug Coverage Timeline

Medicare's prescription drug coverage begins on January 1, 2006 and everyone on Medicare will be required to make a decision regarding their coverage. The first group to receive direct information regarding the new Medicare drug coverage is those who are "dual eligible." These are individuals with Medicare and full

Medicaid benefits. This group includes nursing facility residents who are on Medicaid. They will receive a notification letter in mid-May, and it will inform them that they will automatically receive help with Medicare prescription drug coverage costs. The letter will tell them they do not need to apply for this financial assistance.

However, in accord with the timeline below, they will still have the opportunity to select and enroll in a particular Medicare prescription drug plan. If they do not, they will automatically be enrolled in one of the prescription drug plans on a random basis. Below are some of the key dates:

MID-MAY: Letter will be sent to "dual eligible" (those with Medicare and full Medicaid benefits) notifying them they will automatically receive help with Medicare prescription drug coverage costs. They do not need to apply for this financial assistance.

MAY 27 - AUGUST 16: SSA mailing to low income individuals. These individuals, based on their income, may be eligible for help with Medicare prescription drug coverage costs.

JULY 1: SSA will start taking applications for the extra help offered to people with low incomes.

SEPTEMBER: Medicare supplement plans must notify policy holders of options. Medicare will notify "dual eligibles" that they will be automatically enrolled in a Medicare prescription drug plan, but that they have the opportunity to select and enroll in a particular plan.

OCTOBER 1: Medicare prescription drug plans will start to market.

NOVEMBER 15: Enrollment in Medicare prescription drug plans begins.

DECEMBER 31: If enrolled in a plan by this date, Medicare prescription drug coverage will begin on January 1, 2006.

JANUARY 1, 2006: Medicaid drug coverage ends for people on Medicare. Medicare drug plans are effective. "Dual eligibles" are automatically enrolled in a drug plan, if they have not selected a particular plan.

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AT-A-GLANCE

AAHSA Facilities Management Professional Network

AAHSA recently launched its Facilities Management Professional Network, an e-mail service (listserv) that connects NNEAHSA/AAHSA members and serves as a communications vehicle, to foster excellence in facilities management by promoting operational, technological and educational resources and strategies to providers of aging services. Members may use this list to ask advice from their peers about particular challenges they are facing, as well as keep abreast of current issues within the field. To subscribe to the list, send an e-mail to join-fmp_networking@lyris2k1.aahsa.org.

AT-A-GLANCE**Saliva Supplement Swab Sticks May Contain Mold**

Swabs meant to relieve dry mouth or clean a patient's mouth may in fact spread infection, the manufacturer and the Food and Drug Administration (FDA) announced last week. Kingswood Laboratories, Inc. and FDA announced a nationwide recall of Moi-Stir Oral swab sticks due to the finding that certain lots contain molds including *Aspergillus* and *Penicillium*. The swab sticks contain a saliva supplement. They were distributed to hospitals, hospital wholesalers, pharmacies, nursing homes, physician and dentist offices, consumers, some government medical facilities and as free samples to a small number of individuals. Doctors and dentists should consider screening patients who are at risk for infections, especially those with weakened immune systems (low white blood cell counts) who have used the Moi-Stir Swabstick. Read the complete MedWatch 2005 Safety summary, which includes a press release at <http://www.fda.gov/medwatch/SAFETY/2005/safety05.htm> #MoiStir.

Skiping Meals May Contribute to Nurse Burnout and Jeopardize Nurses' Health

A new study suggests that nurses are regularly sacrificing their breaks and meal periods to provide patient care. The researchers found that nurses took a break or ate a meal free of patient care responsibilities in less than half (47 percent) of the shifts they worked over a 1-month period. During the remaining shifts, they either worked nonstop throughout the entire shift (10 percent of shifts) or were

able to sit down for only a short period, while remaining responsible for patient care activities during their breaks or meals (43 percent of shifts).

Nurses who were unable to take a break made no more errors than those who were able to take a break. However, staffing levels so low that nurses feel they must work nonstop to meet the needs of their patients may contribute to burnout and nurses leaving the profession, and it may jeopardize their health, says Ann E. Rogers, Ph.D., R.N., F.A.A.N., of the University of Pennsylvania. In a study that was supported by the Agency for Healthcare Research and Quality (HS11963), Dr. Rogers and her colleagues analyzed the breaks of 393 registered nurses (RNs) who worked full time as hospital staff nurses. The nurses completed logbooks for 28 days on their work hours, errors or near-errors, episodes of drowsiness and actual sleep on duty, duration of breaks taken during each shift, and whether they were relieved of patient care responsibilities during their meals and/or breaks.

Although nearly 40 percent of the shifts exceeded 12 hours, nurses working longer shifts were no more likely to be able to take a break than nurses working shorter shifts. There were 189 errors (most of them medication errors) reported by 30 percent of the nurses during the 28-day period. Although the absence of a break did not increase the risk of making an error, longer breaks appear to offer some protection against making errors. Breaks averaged 23.8 minutes on shifts without errors, whereas breaks averaged only 16.2 minutes on shifts when errors occurred. Also, nurses had 10 percent less risk of making at least one error when they had an additional 10 minutes for their breaks and meals.

See "*The effects of work breaks on staff nurse performance*," by Dr. Rogers, Wei-Ting Hwang, Ph.D., and Linda D. Scott, Ph.D., R.N., in the November 2004 *Journal of Nursing Administration* 34(11), pp. 512-519.

Reprinted from Research Activities, March 2005, No. 295, Agency for Healthcare Research and Quality

Variety of Activities May Lower Dementia Risk

A variety of activities like exercise, household chores and even dancing, can help people avoid Alzheimer's and other forms of dementia, U.S. researchers said. They found that variety was more important for preventing dementia than total calories burned in exercise and other physical activities. "We don't yet know why this association exists or what causes it," said Dr. Con-

stantine Lyketsos, a professor of psychiatry and behavioral sciences at Johns Hopkins University.

"It could well be that maintaining a variety of activities keeps more parts of the brain active, or that this variety reflects better engagement in both physical and social activities," he added in a statement. The study included 3,375 men and women over the age of 64 who did not have dementia when the program began.

Writing in the *American Journal of Epidemiology*, Lyketsos and colleagues said each volunteer answered questions about the frequency and duration of physical activities such as walking, household chores, gardening, dancing, bowling or swimming. Researchers then created an activity index, and considered other factors such as age, gender, education level, ethnicity, smoking and alcohol use.

Over the next 5 years, 480 people developed dementia. Of those, only 84 who listed four or more activities developed dementia, as opposed to 130 who listed one activity or none. The association held true for all types of dementia, including Alzheimer's disease and vascular dementia.

The study also took into consideration what type of APOE gene people had. APOE, or apolipoprotein-E, is related to cholesterol metabolism and people with one particular variant of this gene called APOE-4 have a higher risk of Alzheimer's. And in the study, exercise and other activities did not protect people with APOE-4.

An estimated 4.5 million Americans have Alzheimer's disease, the most common form of dementia, and this number is projected to reach 16 million by 2050, as the population ages, unless ways are found to prevent it.

AT-A-GLANCE

In-House Pharmacies News

AAHSA urges facilities and CCRCs that have in-house pharmacies to join the AAHSA In-House Pharmacy ListServe so that they can keep up to date with Medicare Part D. The federal rules for the new Medicare RX benefit require that the new Prescription Drug Plans (PDPs) contract with "any willing LTC pharmacy," but small in-house pharmacies need to make themselves known to the PDPs. To subscribe, contact Barbara Manard at BManard@aahsa.org or (202) 508-9435.

**Listen ...
Listen ...
Listen ...**

The most important communication skill you can use when someone comes to you for help is to LISTEN, LISTEN, LISTEN. Don't think you have to come up with some useful suggestion. Your job is to help the other person arrive at her own solution.

How do you do that? Withhold your suggestion until the other person explicitly says "Tell me what to do". Even then, pause for a moment, because more often than not, the other person will go right on talking. He'll continue because he's either fearful of your suggestion or doesn't really want it. In fact, he may want nothing more than the chance to share his story and have you listen to it.

Of course, some people tell me that's easier said than done. They say they have to do something, especially if the other person is really hurting. Not necessarily so.

The truth is, most of us are frightened by other people's tears. We want to rush in with our suggestion and say "Don't cry. Don't cry". In reality, when we listen, when we allow another person to cry, we permit healing to take place.

One of my associates had a woman come to him for counseling after her sister had been killed in a car accident. For weeks all of her friends had been telling her what to do and how to feel, but it didn't help. My associate said the grieving woman basically paid him for three sessions just to let her cry. After those three listening sessions, the woman was doing quite well and didn't need the counselor anymore.

Without a doubt, your listening helps the other person, but it also helps you. That's what one doctor found out. An old man in poor health visited the new doctor in town for the FIRST time. As he entered the doctor's office, he noticed a sign that read - "1st visit to doctor - \$50. Subsequent visits - \$25. "So the old man greeted the doctor by saying "Doc, it sure is nice to see you AGAIN. "

The doctor pulled out his stethoscope and began his exam. As he listened to the old man's vital signs, he began tapping and nodding and looking worried. The old man got a bit worried and thought something must be wrong. So he asked the doctor, "Doc, what do you think I outta do?" The doctor said, "Well, just keep doing the same thing I told you to do the last time you were here".

Action for Communication Skills:

This week I challenge you. When someone comes to you with a problem or concern, hold back when you're tempted to jump in with a suggestion. Listen as much as you can for as long as you can.

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