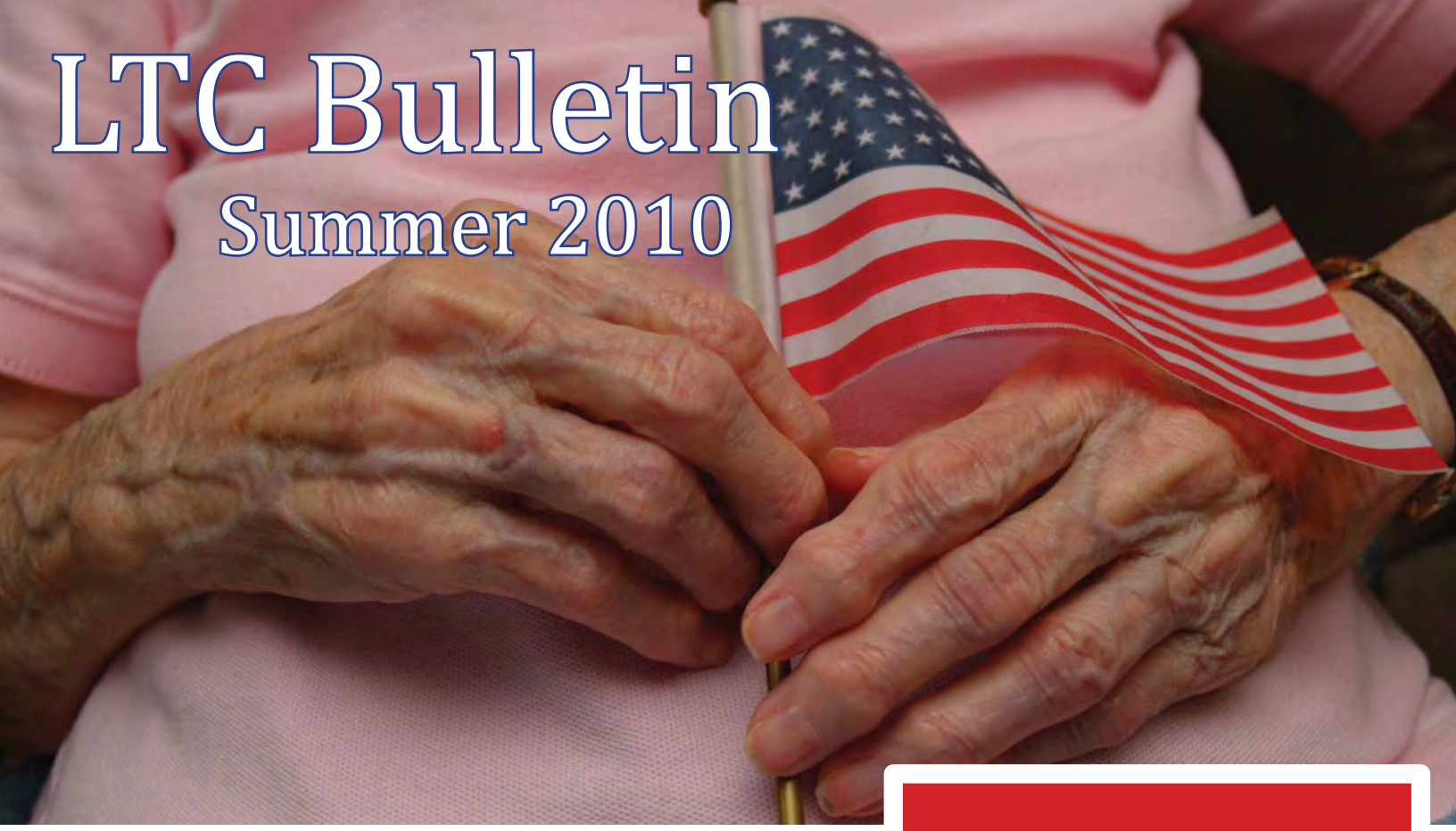
LTC Bulletin

Summer 2010



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P.O. Box 570
Jefferson City, MO 65109-0570
(573) 526-8514

Make Time for Summer Fun

But Remember, The Heat Can Be Deadly

By Kathryn Wolfe

Summer is all about fireworks, barbecues and enjoying the outdoors. But remember that outside activities also carry danger: Each year, people die when they succumb to heat-related illness. Fortunately, heat-related deaths are preventable. The following tips are meant to prepare you and your residents for the scorching days ahead.

Who is at risk for health-related illness?
Elderly people, infants, children and people with chronic medical conditions are at the highest risk of heat-related illness or death. Such conditions occur when people's bodies are unable to cool properly.

Factors that put a person at increased risk of heat-related illness are high humidity, advanced age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and the use of certain prescription drugs. To protect residents when temperatures are extremely high, have them drink plenty of fluids, wear appropriate clothing and sunscreen, and keep them in a cool area. Monitor high-risk residents for signs of heat exhaustion or heat stroke. Know the symptoms of heat disorders and overexposure to the sun, and be ready to give first-aid treatment.

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Summer Fun

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Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced fluid replacement. It is the body's response to an excessive loss of water and salt. Those most prone to heat exhaustion are the elderly, people with high blood pressure and people working in a hot environment.

Warning signs of heat exhaustion include the following:

*Heavy sweating
*Paleness
*Muscle cramps
*Fatigue
*Weakness
*Dizziness
*Headac
*Nausea or vomiting
*Fainting
*A person's skin might feel cool and moist, pulse rate will be fast and weak, and breathing will be fast and shallow.

Left untreated heat exhaustion can lead to stroke!

What to Do

Effective cooling measures may include:

-Drinking cool, nonalcoholic beverages
-Resting
-Taking a cool shower, bath or sponge bath
-Staying in an air-conditioned environment
-Changing into light-weight clothing

Heat stroke occurs when the body is unable to regulate its temperature. The body's temperature rises rapidly, the sweating mechanism fails and the body is unable to cool down. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

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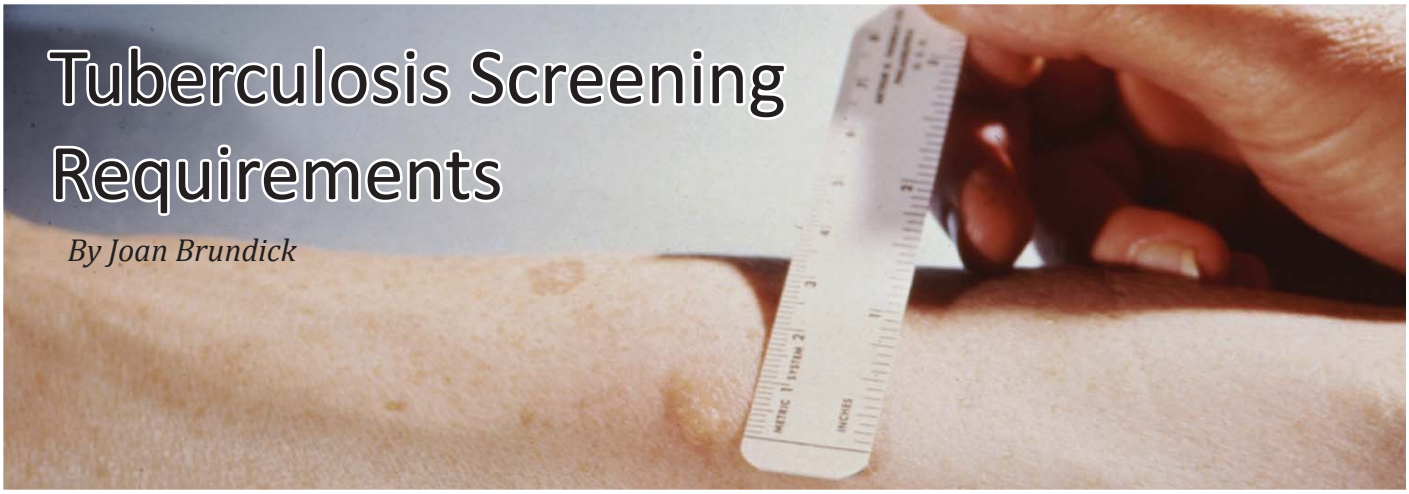


Tuberculosis Screening Requirements

By Joan Brundick

The department reminds all long-term care facilities they must perform a tuberculosis screening on all new residents, employees and volunteers who work ten or more hours per week. Facilities should use the Mantoux PPD two-step tuberculin skin test.

Facilities must also test employees and volunteers annually for TB and evaluate residents annually. The process can get confusing because there are different requirements for employees, residents and those who test positive.

TB is a contagious disease that can spread easily in residential populations such as those in long-term care facilities. TB is spread through the air when an infected person coughs or sneezes. Those near that person may become infected. Most people who become infected are able to fight off the disease. But the TB bacteria may still be in their bodies and can become active later in life. This is called latent TB infection (LTBI).

People with weak immune systems, such as elderly people in long-term care, are at risk of the latent bacteria becoming active and causing TB. The good news is that medicine can prevent them from developing the full-fledged disease. For that reason, we have regulations to identify people at high risk.

Most people have no harmful side effects from a Tuberculin Skin Test (TST). But it **should not** be administered to those who have experienced a severe reaction in the past such as necrosis, blistering, anaphylactic shock or ulceration. A physician's statement verifying a resident's, employee's or volunteer's previous, severe reaction to the test should be included in their record. In lieu of the test, those individuals should be evaluated upon admission or employment for coughing, bloody sputum, weight loss or other signs of TB.

The evaluations must be documented and must also occur annually. The TST test is safe for infants, children, pregnant women, HIV-infected people or those who have been vaccinated with the TB vaccine bacilli Calmette-Guerin (BCG).

Flowcharts to help long-term care facilities determine the steps to take to comply with the TB regulations are available at www.dhss.mo.gov/NursingHomes/ProviderInfo.html. The department also strongly encourages you to read the following regulations:

- 19 CSR 30-85.042 (27) for Skilled Nursing and Intermediate Care Facilities;
- 19 CSR 30-86.042 (17) and (18) for Residential Care I Facilities;
- 19 CSR 30-86.043 (4) and (17) for Residential Care II Facilities; and
- 19 CSR 30-86.047 (18) and (19) for Assisted Living Facilities

All these regulations, other than 19 CSR 30-86.043 for Residential Care Facilities II, make specific reference to 19 CSR 20-20.100, the Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities and State Correctional Centers.

Questions can be referred to Joan Brundick at 573-751-6308 or Joan.Brundick@dhss.mo.gov.

How to Write a Plan of Correction

By Kristi Luebbering

A plan of correction helps facilities remedy deficiencies cited as a result of a survey, inspection, or complaint investigation. Several criteria must be met before Section for Long-Term Care Regulation staff accepts a plan of correction. Listed below in boldfaced type are the required elements that must be provided for each deficiency, followed by some helpful hints and reminders.

What corrective actions will be accomplished for residents affected by the deficiency? Be sure your plan addresses each resident listed in the statement of deficiencies. Explain what has been done or what will be done to correct the deficiency for each resident listed.

How will you identify other residents who may be affected by the same deficiency, and what corrective action will be taken? Consider residents who have the potential to be affected. For example, for a deficiency related to indwelling catheters, all current and future residents with indwelling catheters may have the potential to be affected. Explain how facility staff will ensure that other residents will not encounter the same problem.

What measures will be put into place, or what systemic changes will you make to ensure the deficient practice does not recur? Have changes been made to your overall systems to attempt to prevent the deficient practice in the future? Have changes been made to a particular policy or procedure, and has training been provided for all applicable staff regarding the changes?

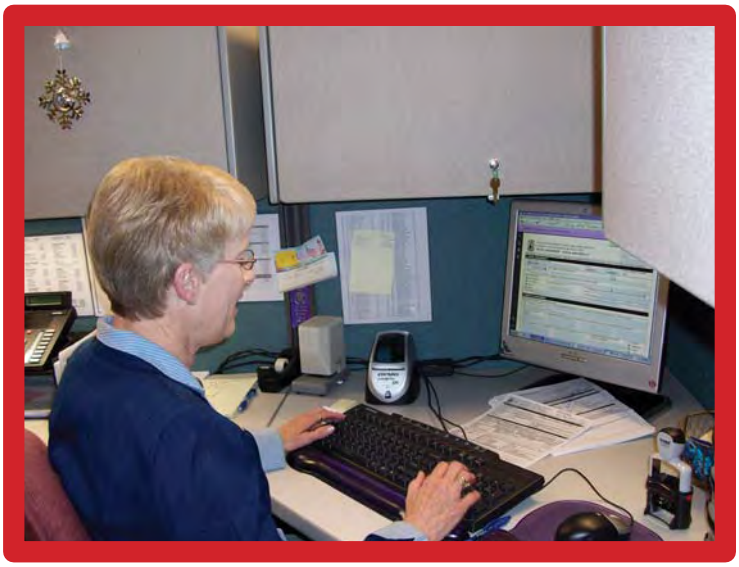
How does the facility plan to monitor its performance to ensure that solutions are sustained? The facility must develop a plan for ensuring that the correction is achieved and sustained. This plan must be put into practice, and the corrective action evaluated for its effectiveness. A good plan of correction includes a monitoring mechanism to ensure staff members are following the corrected plan and that it works. In **certified facilities**, the plan of correction must also be integrated into the quality assurance system. Explain the role that your quality assurance team will take in resolving the deficient practice and monitoring the plan.

Your plan of correction must include the dates the corrective action will be completed. The cover letter with the statement of deficiencies should provide timeframes.

Your plan of correction MUST NOT INCLUDE THE NAME OF RESIDENTS or their family members. In addition, your plan of correction should not include other resident-specific information such as medical records. This is very important, as the final plan of correction is available to the public on the Show Me Long Term Care website. Submitting a plan of correction that includes resident names or resident-specific information may result in rejection of your plan.

What's New in COMRU?

The Central Office Medical Review Unit (COMRU) has a new user-friendly online form for residents' initial assessments. The form, Initial Assessment – Social and Medical (DA124A/B), can be downloaded from www.dhss.mo.gov. Please use the new form rather than a previous version. Those able to scan their completed DA124A/B and DA124C forms may e-mail them to COMRU's new address, COMRU@dhss.mo.gov, rather than send them through the regular mail.



Brenda Seaton, COMRU brings up the DA 124A/B form online.

Summer Fun *Continued from Page 2*

Warning signs of **heat stroke** include the following:

An extremely high body temperature (103 F, orally)
*Red, hot and dry skin (no sweating)
*Rapid strong pulse
*Throbbing headache
*Dizziness
*Nausea
*Confusion
*Unconsciousness

What to Do

If a resident displays any of those signs, you may be dealing with a life-threatening emergency. Have someone call an ambulance, while you begin cooling the victim.

Do the following:

*Get the victim to a shady or cool area
*Cool the victim rapidly using whatever methods you can (immerse victim in tub of cool water)
*Monitor body temperature and continue cooling efforts until body temperature drops to 102 *F or 101*F
*Do not give the victim fluids to drink
*Sometimes a victim's muscles will begin to twitch uncontrollably as a result of a heat stroke. If this happens, keep the victim from injuring himself or herself, but do not place objects in the victim's mouth and do not give him or her fluids.
*If vomiting occurs, make sure the airway remains open by turning the victim on his or her side.

What is the Outside the Hospital Do Not Resuscitate Act?

When patients have made clear that they do not wish to be resuscitated in the event of cardiac or respiratory arrest, emergency medical services personnel are required to follow certain procedures. When treating patients outside a hospital, those procedures are outlined in the 2007 Missouri statute known as the "Outside the Hospital Do-Not-Resuscitate Act." This law also provides liability protection for physicians, EMS personnel and health care facilities that honor an OHDNR order. Regulations regarding this law took effect August 30, 2009.

What is the purple form that is described in the OHDNR Act?

Currently, several forms are in use to express a patient's desire not to be resuscitated. The purple form described in the new law is the *preferred* form. It clearly directs EMS personnel not to resuscitate the patient. The law states that this form may be signed only by the resident or a legally recognized "patient representative" such as an appointed agent or guardian. The preferred purple form is the only form that provides immunity from liability. However, that does not make other do-not-resuscitate forms invalid.

Does there need to be a purple form for each resident in the long-term care facility?

No, there is no regulatory requirement for long-term care or hospice facilities to have a signed purple form for every resident. In some cases, it may not be appropriate. In other cases, it may be impossible. Because some incapacitated residents do not have a legally recognized "patient representative," the purple form cannot be properly executed.

What do I do if the resident is incapacitated and does not have a "patient representative"?

A physician can complete a DNR order for a resident if the physician determines the order is medically appropriate and in the resident's best interest. If the resident has family, the physician should consult with them. Together, they can determine the resident's best interest. Physician orders written by an attending physician or co-signed by a facility's medical director may be an appropriate substitute for the purple form. If facilities maintain a policy that family members must concur with those orders, then documentation should be placed in the resident's medical record. Documents prepared prior to a resident's incapacitation are also acceptable.

Can nursing facility staff honor a signed physician DNR order if a resident suffers a cardiac arrest in a facility, even if the order does not meet the definition of being "properly executed" according to the regulation?

Any physician-signed DNR order is acceptable for regulatory compliance and should be honored.

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No Provider Left Behind

By Joan Devine

The person-centered care movement is alive and well in Missouri. The Missouri Coalition Celebrating Care Continuum Change, known as MC5, is growing by leaps and bounds. Regional coalition meetings are taking place regularly throughout our state, and MC5 just held a successful fourth annual conference.

Individual providers are involved in the movement, and provider organizations are also hosting conferences and sponsoring programs to put the "home" back in nursing. Together we are transforming the way we think about nursing homes and the people who live and work there.

The pioneering spirit and transformation of Missouri's providers will be evident when Missouri hosts the 2011 Annual Pioneer Network Conference Aug. 1 to 3, 2011, in St. Charles. MC5 has set a goal of having every Missouri long-term care provider represented at the conference. We're calling it the "No Provider Left Behind Campaign." We ask providers, provider organizations and other friends of MC5 to sponsor and participate in fundraisers such as silent auctions, raffles, garage sales, or other creative ventures. The money raised will help fund registration fees for providers who otherwise would not be able to attend the 2011 conference.

We believe the incredible pioneering spirit of Missouri's providers will be an example to the 2011 national conference attendees. We will "show them" the spirit and the heart that is driving the growth of culture change in Missouri, giving credence to our state motto.

For more information and to learn what you can do to help support MC5 and the 2011 Pioneer Network Conference, please visit our website at www.moMC5.com.

Do Not Resuscitate *Continued from page 6*

Will EMS honor physician DNR orders that do not meet the properly executed definition of the OHDNR regulation?

EMS can honor any valid physician order. However, first responders may be required by their local EMS protocol to call "medical control" for guidance if the order is not presented on a purple form and signed by both the doctor and the patient or patient's representative.

Before an actual emergency occurs, providers should communicate with local EMS representatives to determine what policies and procedures are in place regarding DNR orders.

Do you have a special resident that you would like to nominate for the *Resident Spotlight? Resident Spotlight* will feature a resident who has a special talent, lived an adventurous life, given back to his or her community or experienced another type of accomplishment. Nominations will be reviewed and selected by a team from the Section for Long-Term Care Regulation. Facilities should ensure that all privacy policies are followed. All written submissions are subject to editing and approval by the Office of Public Information. Please contact Tara McKinney at Tara.McKinney@dhss.mo.gov or 573-526-8514 to receive a nomination form.

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The *LTC Bulletin* is published quarterly by the Section for Long-Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to Tara.McKinney@dhss.mo.gov or you may call (573) 526-8514.