Partnership News

& Best Practice

South Dakota Department of Health

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Educational Power Point Presentations

The Office of Health Care Licensure and Certification has developed educational materials for all provider types. This educational opportunity is to assist providers with the reporting process. The topics covered are: How to Conduct an Investigation, The Reporting Process, and Customer Relations.

How to Conduct an Investigation educational objectives are; to ensure understanding of and consistency by the provider community of what constitutes an investigation process. Also, to ensure the appropriate leadership and/or authorities are notified of resident events/incidents.

The Reporting Process educational objectives are to ensure understanding by the provider community of the reporting process that includes Federal and State consideration.

Both of the listed Power Points have an objective for the State Survey Agency to receive more clear and concise reports from providers.

The educational objectives for the Customer Relations educational Power Point stems from the South Dako-

ta Department of Health having an exponential increase in reported health care complaints and customer relations was the common theme. It has been found, when complaints are managed at the facility level there is; a better resident/patient/client outcome. Resident/patient/client/family members are more satisfied. And, a less likelihood of a complaint survey to be initiated.

The materials can be found on our website located at http://doh.sd.gov/providers/licensure/.

Complaint Automated Calls

It has come to our attention providers are receiving calls stating "You have been named in a complaint, for more information please touch 0." The call ID indicates it is coming from is 222-8564. Please know these calls are **not** coming from the South Dakota Department of Health, Complaint Program. In talking with the telephone company, they

believe these are "Spoofing" calls. According to the FCC (Federal Communications Commission) Caller ID "spoofing" occurs when a caller deliberately falsifies the information transmitted to your Caller ID display to disguise their identity.

Spoofing is often used as part of an attempt to trick someone into giving away

valuable personal information so it can be used in fraudulent activity or sold illegally. U.S. law and FCC rules prohibit most types of spoofing.

You may submit a complaint to the FCC. https://www.fcc.gov/ https://consumercomplaints.fcc.gov/hc/en-us/articles/202654304-Spoofing-and-Caller-ID

Retention Time Period Change for the MDS 3.0 Facility-Level Quality Measure and MDS 3.0 Resident-Level Quality Measure Preview Reports

The retention time period for the MDS 3.0 Facility-Level Quality Measure and MDS 3.0 Resident-Level Quality Measure Preview reports will be changing. These automatically-created preview reports are stored in each nursing home's shared facility folder for a period of 230 days.

Effective November 1, 2016, the above-mentioned preview reports will only be stored in the shared facility folder for a period of 90 days.

Affected Reports

The report retention time period change affects the following:

- Any new MDS 3.0 Facility-Level Quality Measure and Resident-Level Quality Measure Preview reports saved into each nursing home's shared facility folder after November 1, 2016. These new reports will be retained for a period of 90 days following the date the report was added to the folder.

- Any existing MDS 3.0 Facility-Level Quality Measure and MDS 3.0 Resident-Level Quality Measure Preview reports with a create date older than 90 days prior to November 1, 2016 will be automatically deleted from the system.

Note: The report retention time period change does not affect the MDS 3.0 Five Star Preview reports. The Five Star Preview reports will continue to be retained for a period of 60 days in the shared facility folder. After the Five Star Preview reports are 60 days old, they will automatically be deleted from the facility's shared folder.

Additional Information

- Early notification is being implemented to allow nursing home facilities ample time to save or print the MDS 3.0 Facility-Level Quality Measure Preview and MDS 3.0 Resident-Level Quality Measure Preview reports from their shared facility folder prior to the report retention time period change.

- Any reports not printed or saved prior to the retention period time change will be permanently deleted from the facility shared folder if the date the report was added to the folder is older than 90 days. These reports cannot be recreated once they have been deleted.

Informational messages will be posted at the following locations:

- "Welcome to the CMS QIES Systems for Providers" web page for nursing home facilities.

- MDS 3.0 information page on the QIES Technical Support Office (QTSO) website at https://www.qtso.com/mds30.html

Coming Soon

The final Federal Long Term Care Rules are scheduled for release in November 2016 with added statutory requirements related to quality assurance, antibiotic stewardship, dementia care and nurse aide training. These new regulation sets are expected to go into affect November 2017.

Assisted Living Resident Safety and Public Safety

A concern had been brought to SD DOH's attention for assisted living resident safety as well as public safety. Utilization of ALC staff calling 911 has increased to provide non-emergency 'lift assists' when a resident had fallen during the evening or night hours. Frequently it had been identified the resident had no injury and perhaps another staff member or two was standing nearby who potentially could have assisted with helping the resident back into the bed or chair. When the calls are activated to 911 to provide a non-emergency 'lift assists' the concern is the emergency responders are not readily available to assist in an emergency requiring medical interventions by the EMT personnel, paramedics, or emergency rooms.

Falls among our elderly residents in an assisted living center (ALC) is inevitable. Statistics have shown roughly 20 to 30% of falls result in moderate to severe injuries such as hip fractures, head injuries, or broken bones (2014 National Center for Assisted Living). Internal factors contributing to falls in the older adult are from muscle weakness or loss of strength, vision changes, balance problems, associated medical conditions, cognitive impairment, or medications. External factors that might contribute to falls is a cluttered room or excess furniture in the room, slippery floors, new surroundings, throw rugs, or the lack of proper lighting. Bedrooms and bathrooms are the most common places for falls to occur.

ALCs are required to provide safe and effective care by having adequate qualified personnel on the premises.
• 44:70:04:03 Personnel. The facility shall have a sufficient number of qualified personnel to provide effective and safe care.
• 44:70:04:06 Admissions or retentions of residents. The facility may admit and retain, on the orders of a physician, physician assistant, or nurse practitioner, only those residents for whom it can provide care safely and effectively.

General approaches to minimize falls:
• Evaluation of the staff schedule and resident care needs.
• Staff education for fall prevention.
• Staff education for when it is appropriate to call 911 for medical emergencies or emergency procedures.
• Review of the provider's policy and procedures for emergency situations.
• Staff problem-solving conferences after each fall to identify what could be done differently to prevent further falls.
• Investigation into the fall that may lead to the cause of the fall from external factors or potentially related to the availability of the staff to meet the resident needs.
• Review of the resident's medications or current health status.
• Physical therapy or occupational therapy consultation.
• Individualized care planning i.e. the fall was due to the resident incontinence. Implementation of a toileting plan in the evening and throughout the night the falls could be reduced.

Certified Nurse Assistant (CNA/Unlicensed Assistive Personnel (UAP) Notes

1. The scope of practice of the CNA/UAP role in the care of ostomy appliances is limited. The education and training revolves around emptying an ostomy bag. The task of emptying an ostomy bag may include separating the bag from the wafer portion of the appliance. The CNA/UAP does not change the wafer because that would involve assessment. Assessment is not in the scope of practice for the CNA/UAP role.

2. While not giving appropriate notice of resignation to an employer is not a desirable trait, in and of itself, it is not sufficient reason to take action with CNA/UAP certification. It is not a reportable event.

The mission of the South Dakota Department of Health is to

promote, protect and improve the health of every South Dakotan

Discharge Planning

Several incidents were brought to the SD DOH L&C regarding inappropriate patient discharges. Discharge planning applies to all patients and hospitals have a responsibility to identify and determine appropriate post-hospital destinations for patients. Well executed discharge planning promotes a smooth and safe transition from the hospital so the patient can continue progress towards goals identified in their plan of care. Inappropriate discharge planning increases patient readmissions, slows or complicates recovery, and can result in patient deaths. Consideration must be given to the patients' condition prior to the time of discharge. For example, if patients are discharged with drainage tubes and are unable to complete basic activities of daily living then an assisted living facility or residential living facility would not be the best placement immediately post-discharge. Coordination of care and communication between the hospital and community-based services can ensure patients are discharged to the most appropriate after-care facility that can meet their needs.

Staff members responsible for discharge planning must have knowledge of the Condition for Participation regarding discharge planning. Information for hospitals and critical access hospitals can be located at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf.

Should you have any questions please contact Patricia Brinkley at **patricia.brinkley@state.sd.us** or (605) 367-5375.

OLC Listserve

The OLC Listserve was developed to share information with all providers. You may subscribe to the Listserve at https://listserv.sd.gov/scripts/wa.exe?A0=SDOLC . Click on the **Subscribe** function found on the right side of the page. Information on licensing, certification, rules, and regulations will be posted. Future Newsletters will be sent through the Listserve.

Did you know?

The Centers for Disease Control and Prevention (CDC) is a resource for best practices and information regarding the use and abuse of opioids. Did you know the overdose deaths involving prescription opioids have quadrupled since 1999? Find more at: **https://www.cdc.gov/drugoverdose/index.html** and **https://www.cdc.gov/drugoverdose/data/overdose.html**. Did you know the **U.S. Surgeon General Dr. Vivek H. Murthy** letter to 2.3 million American health professionals this week, asking them to lead a national movement to turn the tide on the nation's prescription opioid epidemic has a pocket care for prescribers which contains best practices for prescribing opioids. Find the information at: **http://turnthetiderx.org/treatment/#**

Special points of interest:

Nursing Home Compare:

http://www.medicare.gov/nursinghomecompare/?AspxAutoDetectCookieSupport=1

CMS S&C's:
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html

Home Health Compare:

https://www.medicare.gov/homehealthcompare/search.html

New DOH Online Incident Reporting System

The Office of Healthcare Licensure and Certification, South Dakota Department of Health has completed the development of a new online electronic Healthcare Facility Event Reporting system. Our office has worked with several healthcare facilities assisting in the testing and improvement of the new reporting system. Please note, there have been no changes to what incidents need to be reported; only the reporting process has changed.

Beginning September 1, 2016, we request all providers submit reports electronically using the new online reporting system. Please do not fax or email the reports. The report forms currently on our website will be removed on September 1st.

For your convenience, there are two different options for reporting:

1) The first option is located on the Office of Healthcare Licensure and Certification website (this can be used by front line staff).

   a) Log onto the South Dakota Department of Health website @ **http://doh.sd.gov/**.

   b) Click on "A-Z topics."

   c) Scroll down to Complaints.

   d) Click on "Health Care Facility."

   e) Click on "Online Reporting."

   f) **http://doh.sd.gov/providers/licensure/Complaints.aspx**.

2) The second option is available on the Launchpad application used with licensing (this way most likely will be used by the administrative staff).

   a) Access the Launchpad website.

   b) Enter your username and password – used for licensing.

   c) Click on the PH91HcOsr application.

The procedure to submit an electronic report:

Once logged into the reporting form:

1. Complete the report making sure to notice the asterisks (*) as these are mandatory fields that need to be completed prior to submission.

2. Also, note if the report is an initial and final report together, click the final button.

3. When you click the "submit" you will receive an email stating the form has been submitted to the Department of Health.

4. After our office reviews the report, there is an option to accept or reject the report.

5. You will receive another email stating the report has been accepted or rejected.

   i. When the report is rejected the reason why it was rejected will be included in the email.

   ii. The report needs to be completed and resubmitted.

View Submitted Report Screen: The Launchpad application has a report screen that shows the reports that have been submitted and what stage in the process the reports are. The report will state if a report is an initial or final; also it will indicate the report as submitted, accepted, or rejected.

If you want to view all reports that have been submitted, click the button that states to "Include all accepted complaint forms".

Reporting instructions are located at the following link: **http://doh.sd.gov/documents/Providers/Licensure/Reporting_Instructions.pdf**

If you have questions regarding how or when to report please contact us at 605.773.3497.

http://doh.sd.gov/providers/licensure/

SOUTH DAKOTA
DEPARTMENT OF **HEALTH**

Assisted Living Centers (44:70) - Administrative Rules Update

The South Dakota Department of Health, Office of Health Care Facilities Licensure and Certification, has developed a website to allow the public access to draft administrative rules regulating assisted living centers, prior to the initiation of the formal rules promulgation process which is planned for the fall of 2016.

To access the draft administrative rules as well as a summary of the major changes proposed, please go to **http://doh.sd.gov/providers/licensure/ALC-rules.aspx.** Only those sections with changes are presented. Additional review has occurred and changes have been made since the draft rules were initially posted.

If you have any questions or feedback please feel free to contact Chris Qualm at **chris.qualm@state.sd.us** or at 605.773.3356.

Healthcare Associated Infections

The national goal is to prevent, reduce, and ultimately eliminate healthcare-associated infections (HAIs). South Dakota is actively engaged, with support from the Centers for Disease Control and Prevention, in working to address the issue of HAI prevention.

According to the U.S. Department of Health and Human Services, HAIs are infections patients get while receiving treatment for medical or surgical conditions. They are among the leading causes of preventable deaths in the U.S. and are associated with a substantial increase in health care costs each year. HAIs occur in all types of care settings, including:

- Acute care within hospitals
- Same-day surgical centers
- Ambulatory outpatient care in health care clinics
- Long-term care facilities (e.g., nursing homes and rehabilitation facilities)

In hospitals, HAIs lead to extended hospital stays, contribute to increased medical costs, and are a significant cause of morbidity and mortality.

To learn more, visit the SD Department of Health website at **http://doh.sd.gov/diseases/hai/**

CMS Training Videos for MDS Section GG

CMS has released several new training videos for **MDS Section GG – Functional Goals and Abilities**. Follow these links to watch the training videos on YouTube:

⇒ **Section GG – Part 1** at **https://www.youtube.com/watch?v=pNgQ3OSaxYg**

⇒ **Section GG – Part 2** at **https://www.youtube.com/watch?v=M1JdQxjNOqE**

⇒ **Section GG – Part 3** at **https://www.youtube.com/watch?v=ok3U2-mQymk**

⇒ **Section GG – Part 4** at **https://www.youtube.com/watch?v=oRmMT_uYS8Y**

The updated MDS Manual, which includes this section, is effective October 1, 2016. Section GG will be used for one of the Quality Measures of the SNF Quality Reporting Program (SNF QRP).