Partnership News

& Best Practice

SD Electronic 2567 and PoC

Inside this issue:

The Office of Health Care Licensure and Certification has fully initiated the process of emailing survey reports to providers following surveys. We will no longer mail paper copies of the documents to providers.

In addition to improving efficiency of our work, sending the 2567 and the PoC will save time. The electronic PoC will allow the provider to make edits to the document when needed.

The survey team will request the administrator's email address at the time of survey.

The survey report, cover letter, plan of correction (PoC) guide, and additional documents as needed are then emailed to the provider. Providers can then put their PoC on that document and return it via email to

doholcpoc@state.sd.us. The first page must be signed. A typed signature is not acceptable.

If addendums are required, providers will be notified via email regarding the specific information. The provider can then add the additional information to their copy. The addendums must be bolded, dated, and initialed. Then the revised PoC is submitted to the

doholcpoc@state.sd.us email address.

Please watch for your electronic 2567.

As always, I welcome calls or emails from Administrators with comments and suggestions.

My phone is 605.773.3356 and email address is chris.qualm@state.sd.us

Thank you. *Chris*

MDS Section Q Webinar Training

Special points of interest:

- ***Nursing Home Compare:*** *http://www.medicare.gov/ nursinghomecompare/? AspxAutoDetectCook- ieSupport=1*

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

Attention all Long Term Care Providers! MDS Section Q Training will be available via webinar in late March. The training is a collaboration of the Great Plains Quality Innovation Network, the South Dakota Health Care Association, South Dakota Association of Health Care Organizations, the SD Department of Human Services, and the SD Department of Health-

Office of Health Care Licensure and Certification.

The learning objectives for this training are:

1. Describe the purpose and intent of Section Q of the Minimum Data Set (MDS),

2. Translate the Section Q implications into operating practices,

3. Discern opportunities for long range planning for effective transitions of care, and

4. Determine areas of improvement at the facility level to implement change.

We will send notification out once the webinar is posted on our websites.

Online Incident Reporting

The updated online reporting system has been useful in identifying trends with the quality of reports being submitted. We are providing you with some helpful information to prevent rejection of the repots that are submitted.

Elopement Report—Please make sure to include the following information when reporting an elopement.

- What door did the resident exit through?
- Was the door alarmed or not?
- Was the attendant present or did the door alarm sound?
- Did staff respond to the alarm? Did they ensure all residents were accounted for?
- Where was the resident located? How far away from the building/area were they?
- If the resident went outside, what was the outside temperature? Were they dressed appropriately?

Please note: a wander management system is not a substitute for door alarms.

Reporting of misappropriation of resident property/theft—Please be sure law enforcement is notified. In general, when submitting a report, please make sure:

- The correct facility is chosen for the facility name, especially when a LTC facility and an ALC have the same name.
- The email address that auto-populate is correct, especially if there has been a change in the personnel.
- If yes is chosen as personnel involved, click "add" to include the personnel information. DO NOT free text the personnel information into the narrative box.
- If licensed staff is involved, have you notified the Board of Nursing?

Editing and finalizing reports are to be submitted by accessing the initial report.
- Find the initial report, click "edit".
- Add the additional information.
- Click "Save, and then click Submit".
- For a report that has been completed within

24 hours, the first report submitted may be a final. Make sure to click it as a final report and then document the necessary information.

A new feature has been added. You are now able to attach files to the report. The procedure for that is:

- Complete the report as usual.
- Click "Save without submitting".
- Click "Browse" and locate the file you would like to add.
- Double click on the file, and then click on "Attach file".
- Your file is now attached. You now can click "Back to List".

If you have identified additional information and you want to inform the SD DOH, and your final report has been accepted, please send us an email at doholccoplaint@state.sd.us. We will have to reject your final for you to put in the addendum information.

Thank you for your assistance. If you have any questions please call LaJeanne Armstrong at 605.773.3497.

New Interpretations Now Available in the Food Code Reference System

The Food Code Reference System is a searchable database that provides access to FDA's interpretative positions and responses to questions related to the FDA Food Code. The System is a resource for stakeholders from federal agencies, state, local, territorial and tribal jurisdictions, consumers, academia, and industry interested in preventing foodborne illness and injury in retail food, vending and foodservice operations.

FDA is releasing a new interpretive position related to the FDA Food Code.

For more information, visit **http://www.fda.gov/retailfoodprotection**.

Rural Emergency Medicine (REM) Course — April 19-21, 2017 at the University of Nebraska Medical Center, Omaha, NE

The following message went out via the SDRU-RALHEALTH@LISTSERV.SD.GOV.

The Rural Emergency Medicine Course is designed for physicians, physician assistants, and nurse practitioners to review low-frequency, high-risk emergencies and practice lifesaving procedures in a realistic, controlled teaching environment. Our highly relevant and informative core sessions are updated each year by board-certified emergency medicine physicians. The

2017 event will include small group skills labs using patient simulators, lightly embalmed cadavers, and standardized patients. Procedure-based learning will include basic intubation, rescue airway devices and surgical airways, splinting, intraosseous access, chest tubes, domestic violence recognition and treatment, mega-code simulations, and EKG interpretation. The University of Nebraska Medical Center and Children's Hospital & Medical Center of Omaha are co-providing this event with

the goal to offer diverse learning opportunities related to both adult and pediatric emergencies.

Below is a link to the full website and contains a schedule of events. We applied for accreditation and we hope to be fully accredited by the end of this week. Enrollment fills quickly. We suggest you sign-up at your earliest opportunity.

http://www.unmc.edu/emergency/rem-course/index.html

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Have you updated your "Out of Service Policy"?

The Life Safety Code requires your facility to have a policy which outlines what to do when the fire alarm system or your automatic fire sprinkler system is not functioning for a period of time.

Previously the code required that you take the prescribed actions when either of the systems were out of service for more than 4 hours in a 24 hour period. The 2012 Life Safety Code has increased the amount of time allowed

for the automatic fire sprinkler system to be non-operational for a period of 10 hours within a 24 hour period. This increased time period allows greater flexibility for maintenance, testing, or re-construction of

the sprinkler system. The time period for the fire alarm system has remained unchanged. Your facility will need to update your existing "Out of Service Policy" to reflect this change. Ten hours for the sprinkler system and four hours for the fire alarm system.

Did You Know?

Did you know the Agency for Healthcare Research and Quality (AHRQ) released a new *Nursing Home Antimicrobial Stewardship Guide?* The guide is a research-based resource that offers step-by-step instructions and materials to help nursing homes improve antibiotic use and decrease harm caused by inappropriate prescribing. The guide, which is consistent with the Centers for Disease Control and Pre-

vention's (CDC) core elements of antibiotic stewardship, can also help healthcare providers meet the Centers for Medicare & Medicaid Services' (CMS) new infection prevention and control program requirements for nursing homes. AHRQ's stewardship guide, which is customizable to meet facilities' specific needs, includes four toolkits designed to implement, monitor, and sustain an antimi-

crobial stewardship program; determine whether it is necessary to treat a potential infection with antibiotics; help prescribing clinicians use an antibiogram to choose the right antibiotic to treat a particular infection; and educate and engage residents and family members. For more information, go to: www.ahrq.gov/nhguide/index.html. The following is an excerpt from the state operations manual for long term care facilities which

references the Agency for Healthcare Research and Quality (AHRQ). "Clinical standards of practice and clinical guidelines established by professional groups are useful to guide clinicians. Some of the recognized clinical resources available for understanding the overall treatment and management of medical problems, symptoms and medication consequences and precautions include the: Agency for Healthcare Research and Quality (AHRQ) http://www.ahrq.gov.

"All of life is the exercise of risk" – *William Sloane Coffin*

The mission of the South Dakota Department of Health, Office of Health Care Facilities Licensure and Certification is to partner with consumers, families, healthcare providers, healthcare organizations, and other regulatory agencies to ensure the health, safety, and appropriate care of patients and residents in South Dakota.

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

SOUTH DAKOTA
DEPARTMENT OF HEALTH

Just because someone grows old or resides in a care center doesn't mean they no longer take a risk. It is reasonable to accept some risks as a trade-off for potential benefits, such as maintaining dignity, self-determination, and control over one's daily life. The challenge is a balancing act of protecting the right to make choices and the facility's responsibility to comply with all regulations and protect the resident from harm.

Per the regulations "risk" is any external factor or characteristic of an individual resident that influences the likelihood of an accident. The regulations also reflect the facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. The regulations hold the facility ultimately accountable for the resident's care and safety.

Assessment-the act of making a judgment or estimation about something could be the ultimate tool in the toolbox. Recently, there have been events that occurred where it appeared assessment, assessment of risks, or lack of identification of risks transpired causing injury to a resident. As a reminder:

"Resident smoking" – assess the individual resident capabilities and deficits whether or not supervision is required. Designate certain areas for smoking and appropriate disposal of smoking materials, limiting accessibility of matches and lighters, placing signage. There is no safe way to smoke when using oxygen.

The air we breathe every day contains about 20 percent oxygen. For the resident using oxygen, the air contains nearly 100 percent. It is an extremely flammable environment. Oxygen builds up not only in the environment, but on the hair, clothes and body of the user and may ignite when a heat source such as the cigarette is close. Fires caused by smoking and oxygen usually result in severe burns to the body and can cause a lot of property damage.

Recognize while you may believe you are "smoke-free," residents may still have desire and access to smoking materials. Take every opportunity to provide education. Should a resident feel the need to smoke, it is important to first turn off the oxygen tank, wait 10 full minutes or more before going outside to smoke.

"Resident falls" – a fall refers to unintentionally coming to rest on the ground, floor, or other lower level, but not as the result of an overwhelming external force. An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is still a fall. A fall without injury is still a fall.

"Electric blankets/heating pads" – proper use of such items is essential to avoid thermal injuries. A resident should not go to sleep with an electric blanket/heating pad turned on. Manufacturer's instructions for use should be followed closely.

"In-room heat registers" – bed placement away from heat registers should be assessed to ensure avoidance of thermal injuries and/or fire danger

from bedding draping across the register.

"Resident bathing" – skin injury may occur even with safe temperatures for bathing observed due to decreased cognition, decreased mobility, decreased ability to communicate, and the length of time in the steamy tub or shower.

Do observe manufacturer's recommendations for safe use of tub/shower transfer conveyance equipment and their seat belts and safety straps. Do perform preventative maintenance.

"Bed rails" – regardless of the purpose for use, bed rails (side rails, safety rails) and other bed accessories may increase resident safety risk. Entrapment may occur when a resident is caught between the mattress and the bed rail or in the bed rail itself. The use of specialty air-filled or therapeutic air-filled bed may also present an entrapment risk that is different from rail entrapment with a regular mattress.

"Elopement" – occurs when an identified resident leaves the premises or a safe area unnoticed without authorization and/or any necessary supervision to do so. Whether a resident is cognizant or not cognizant they are not under house arrest. Educate and re-educate staff, family, and friends about appropriate exit from the facility. When a resident leaves the facility was it a planned event or an elopement? A wander management system is not a substitute for a door alarm system.

Use your assessment tool(s) and care plan including the resident and resident family.