Office of Health Facilities Licensure and Certification

South Dakota Department of Health

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Partnership News

Partnership News

& Best Practice

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Welcome to another edition of the ***Partnership News & Best Practice*** newsletter. Our office continues to reach out to our healthcare providers and partners to ensure the health, safety, and welfare of our residents and patients.

Thank you for your comments and suggestions for articles to include in this Newsletter. We encourage and welcome your feedback.

If you have questions or suggestions for topics, please email chris.qualm@state.sd.us.

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

Inside this issue

Did You Know?

An interactive online training series that supports providers in practicing safer and more effective opioid prescribing for chronic pain in primary care setting is now available! This series currently includes 11 modules that feature recommendations from the CDC Guideline for Prescribing Opioids for Chronic Pain . Providers can move through each module at their own pace while learning about important factors to consider when starting, continuing, or stopping opioids. Each module offers free continuing education and includes clinical scenarios and tools and a resource library to enhance learning. The entire series can be found on our Training for Providers webpage: **https://www.cdc.gov/drugoverdose/training/online-training.html**

Providers interested in joining the listserv can subscribe at **https://listserv.sd.gov/scripts/wa.exe?A0=SDOLC** .
Click on the ***Subscribe*** function found on the right side of the page.
Receive newsletters as well as updates and information on licensing, survey, certification, rules, and regulations.

Mandatory Reporting Requirements for Medical Facilities

Health care facilities in South Dakota are required to report incidents or events which results in a negative outcome for residents and patients. A review of the reporting requirements for your facility type is critical to ensuring the health and safety of all residents and patients.

The South Dakota Department of Health (SD DOH) require facilities to notify the department of any incident or event where there is a reasonable cause to suspect abuse or neglect by residents, patients, or any person. When an injury of unknown source or an allegation of a reasonable suspicion of a crime has been reported or discovered take immediate and necessary actions to provide appropriate medical care and appropriate interventions for the resident(s) and patient(s).

As defined in section 2011 of the Affordable Care Act, facilities that receive at least $10,000 of Federal funds annually and meet the definition of long-term care facility include the following: nursing facilities (NFs), skilled nursing facilities (SNFs), hospice programs operating in SNF/NFs, and intermediate care facilities and individuals with intellectual disability (ICF/IID). A reasonable suspicion of a crime with serious bodily injury is defined "as an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation."[1] These facilities must report events of reasonable suspicion of a crime with serious bodily injury within the reporting requirement time frames:

A. If the event results in serious bodily injury, it should be reported immediately but no later than two hours after forming the suspicion.

B. If the event does not result in serious bodily injury, it should be reported within 24 hours.

The mandatory reports of incidents or events should be submitted online using the Launchpad reporting software. The responsibility of the facility is:

1. To submit an initial written report within the specific timeframe documented in the South Dakota Administrative Rules for the provider type.
2. To conduct an internal investigation focusing on the "problem" and answering the who, what, when, where, how, and why.
3. To submit a final written report of the investigation results within five working days after the event.

Additional mandatory reporting requirements for medical facilities include:

- Any deaths resulting from other than natural causes (i.e., accidents, suicides) originating on facility property.
- Missing patients.
- Resident-to-Resident altercations.
- Falls that involve injury of a serious nature.
- Report as soon as possible any fire with damage or where injury or death occurs; any partial or complete evacuation of the facility resulting from natural disaster; or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarms, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

Reporting incidents of abuse or neglect may leave room for uncertainty and confusion. The following guidelines may be helpful in determining what is reportable and what is not:

Mandatory Reporting Requirements for Medical Facilities *(continued)*

- If an injury occurred and required emergency treatment beyond what was provided in the nursing facility, ALC, ASC, or hospital or was hospitalized because of the injury. Conduct a thorough investigation and report.
- If through resident, patient, and staff interviews and recreating the occurrence with a thorough investigation with those involved as best as possible how the resident or patient was discovered, and abuse or negligence cannot be ruled out, report.
- If through resident or patient interview and recreating the occurrence with those involved, abuse or negligence can be substantiated, report.

If the resident or patient can communicate to the provider what occurred and after conducting a thorough investigation, abuse and/or neglect can be ruled out, do not report.

Health care facilities please refer to both the state and federal rules for reporting requirements.

This table shows the provider type, the statue rule on reports, and the specific time frames for reporting allegations of abuse/neglect, death other than natural causes, and missing resident.

Provider Type	South Dakota Administrative Rules	Any allegation of Abuse/Neglect	Death other than natural causes	Missing Resident
Assisted Living Centers	44:70:01:07	Within 48 hours	Within 48 hours	Within 48 hours
Adult Foster Care	44:77:01:09	Within 24 hours	Within 48 hours	Within 48 hours
Ambulatory Surgical Centers	44:76:01:07	Within 24 hours	Within 48 hours	Within 48 hours
Birth Centers	44:69:01:06	Within 48 hours	Within 48 hours	
Community Living Homes	44:82:01:08	Within 24 hours	Within 24 hours	Within 48 hours
Hospice - Inpatient	44:79:01:07	Within 24 hours	Within 48 hours	Within 48 hours
Hospice - Residential	44:80:01:07	Within 24 hours	Within 48 hours	Within 48 hours
Hospitals, Specialized Hospitals, and Critical Access Hospitals	44:75:01:07	Within 24 hours	Within 48 hours	Within 48 hours
Inpatient Chemical Dependency Treatment Facility	44:78:01:06	Within 24 hours	Within 48 hours	Within 48 hours
Nursing Facilities	44:73:01:07	Within 24 hours	Within 24 hours	Within 48 hours

If you have any questions or if you have not been set-up in Launchpad to complete and/or submit reports, please contact Shelly Walstead at 605-367-4640 or Jolene Hanson at 605-367-7499 or email **DOHOLCComplaint@state.sd.us**.

SDDOH Office of Licensure and Certification - Complaints **https://doh.sd.gov/providers/licensure/complaints.aspx**

Home Health Agency Q&A

This question was submitted to SD DOH - Can the HH or Hospice RN transport medications for a patient (with patient approval, pick up the medications from the pharmacy and take to the patient home) who can't easily obtain them on their own?

CMS Central Office Response regarding this provider's question was - "There is nothing in the conditions of participation that prohibit HHA or hospice RNs from picking medications up from a pharmacy and transporting them to a patient's home when the patient/caregiver has given their permission to the provider. The hospice and HHA should have established policies and procedures that specify how and when RNs provide this service; it would not be considered as a noncompliant practice that results in a deficiency."

The department recommends to the provider's while developing or making revisions to your policy and procedures to consider best practice and include in your process ways to prevent drug diversion.

Mandatory Reporting Requirements for Medical Facilities *(continued)*

Other Resources:

[1]Affordable Care Act "Reporting to Law Enforcement of Crimes Occurring in Federally Funded Long-term Care Facilities" **https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter11_30.pdf**

SDDOH Office of Licensure and Certification - Complaints **https://doh.sd.gov/providers/licensure/complaints.aspx**

Reporting of Injuries of Unknown Source and Reasonable Suspicion of a Crime **https://doh.sd.gov/documents/Providers/Licensure/Reporting.pdf**

Power point presentation on Reporting Process for Long Term Care Facilities in South Dakota **https://doh.sd.gov/documents/Providers/Licensure/ReportingProcessLTC.pdf**

Power point presentation on Reporting Process for Hospitals/Critical Access Hospitals/Ambulatory Surgery Center Facilities in South Dakota **https://doh.sd.gov/documents/Providers/Licensure/ReportingProcessHosp.pdf**

Power point presentation on Reporting Process for Assisted Living Centers/ Adult Foster Care/Inpatient Hospice/Residential Hospice in South Dakota **https://doh.sd.gov/documents/Providers/Licensure/ReportingProcessALC.pdf**

Fall Reporting Requirements **https://doh.sd.gov/documents/Providers/Licensure/FallReportingRequirements.pdf**

Special points of interest:

- ***Nursing Home Compare:*** ***http://www.medicare.gov/nursinghomecompare/?AspxAutoDetectCookieSupport=1***
- ***Hospital Compare:*** ***https://www.medicare.gov/hospitalcompare/search.html***
- ***Home Health Compare:*** ***https://www.medicare.gov/homehealthcompare/search.html***
- ***CMS Memos:***
- ***http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html***
- ***Licensure and Certification website:*** ***https://doh.sd.gov/providers/licensure/***

Discharge Planning: How Prepared are Your Patient's?

Depending on which statistic you read, approximately 20% of hospitalized patients are discharged to a post-acute care setting. The South Dakota Department of Health, over the past year, has seen an upward trend in patient complaints related to discharge planning.

South Dakota Article 44:75 Hospital, Specialized Hospital, and Critical Access Hospital Facilities requires a facility to have policies and procedures for discharge planning. The policies and procedures must include the person responsible, members of the discharge team, a list of all agencies and resources, and a description of the discharge process.

Within 24-hours after a patient's admission, the hospital is responsible for determining each patient's potential for post-acute care. The facility's responsibility extends to planning with appropriate agencies to meet the patient's identified needs and aid patients in making needed services available. To ensure continuity and coordination of care, healthcare providers are obligated by regulation to make necessary information available to the receiving facility or referral agency.

According to the Institute for Healthcare Improvement creating a seamless transition and a reduction in re-hospitalizations healthcare providers should:

- Perform an enhanced assessment of post-hospital needs.
- Provide effective teaching and facilitate enhanced learning.
- Ensure post-hospital care follow-up is conducted.
- Provide real-time handover communication.

Communication and understanding of discharge expectations between all stakeholders will ensure the best possible outcome at the time of the patient's discharge. As a member of your facility's discharge process ask several questions:

Are we putting the patient's needs front and center? Yes, payer sources are part of the discharge equation, however patient recovery and safety should be the driving force.

Upon admission are we anticipating the patient's length of stay to get ahead of discharge needs? Patient stays can be 48-hours or less making discharge planning even more critical. For patients with short stays, early involvement in discharge planning by the patient and family can improve their acceptance of the discharge plan.

How much assistance is provided to patient when they are selecting a post-acute facility or referral agency? From personal experience, the provision of a list of agencies to the patient and family is not enough. Assist the patient and their family in selecting the appropriate post-acute care provider or referral agency based on the patient's priorities and needs.

Regardless if discharges are simple or complex ensure guided and frank discussions on the advantages and disadvantages related to the patient's choices, priorities, and needs are conducted to achieve optimal outcomes after discharge. Effective communication with all involved will make the discharge process less daunting for everyone.

References:
1.Cheney, Christopher. (11/21/18). Is your hospital discharge planning failing patients? HealthLeaders
2.Institute for Healthcare Improvement (n.d.). Improving Transitions from the Hospital to Post-Acute Care Settings to Reduce Avoidable Rehospitalizations

Registered Sex Offenders in Long-Term Care (LTC)

As the population continues to age and as acuity levels increase, individuals with criminal or correctional histories that include registered sex offenders will need care and services in LTC facilities. Aging inmates or ex-cons often have had hard lives, having faced issues such as substance abuse, and/or mental illness, trauma, homelessness, and poverty; experiencing after effects from heart disease, diabetes, tobacco use, substance abuse, strokes, and cognitive decline.

Federal law requires that law enforcement in the 50 states enact sex offender registries and notification laws to receive funding for law enforcement. All persons convicted of serious sex crimes, including federal, military, out-of-state convictions, and certain adjudicated juveniles, must register if residing in South Dakota.

Federal statutes and regulations governing the operation of LTC facilities do not address the issue of registered sex offenders residing in LTC facilities. Federal guidance has established that nursing homes should not accept any individual where the nursing home determines that it cannot appropriately meet the individual's needs and simultaneously protect the health, safety, and rights of other individuals (other residents, staff, and visitors).

Under federal and state regulations, nursing homes are required to develop an admission policy and procedure that does not unlawfully discriminate against applicants and provides discretion on making admission decisions by not requiring nursing homes to admit every applicant. The decision to admit or not to admit must be based on several factors, including whether the provider can meet the needs of the individual and whether they can ensure the protection of other residents, staff, and visitors.

Suggestions to consider when faced with the decision to admit or not admit a registered sex offender, or challenges faced when made aware of a registered sex offender's status after admission include:

- Have an admission policy and be consistent with implementation – Example: Do not deny admission to male registered sex offenders but admit female registered sex offenders.
- Have your legal counsel and governing board involved in policy development.
- Do involve the local ombudsman.
- Registered sex offender status is not a protected class under federal and state regulations. The sex offender registration information is public information.
- Balance potentially competing goals of safeguarding protected health information, and informing staff, residents, and visitors of sex offender registration status of the individual resident.
- Maintain registered sex offender information separate and apart from the main medical file. With electronic record keeping, limit the field to need to know.
- Do include how and with whom history will be shared. If the individual will be maintained in one area and not interact with other areas of care; consider the logistics of the facility, does the entire facility staff and residents require notification?
- Determine any risk to the community – Think beyond the other residents, also consider visitors such as children and staff who may have fit the "victim" descriptor.
- Weigh the pros and cons – weighing things such as level of offense, years since an offense was committed, nature of offense, any rehabilitation that the offender received, and of course the current medical condition (s).
- Familiarity with the laws governing registered

Registered Sex Offenders in Long-Term Care (LTC) *(continued)*

sex offenders.

- As part of the working care plan, devise a safety plan –
- May not be possible to place them in a semi-private room.
- May require more frequent checks or staff expectations for how care is provided.
- May require placing them closer to the nurse's station, away from hallway rooms on corner or alcove – "blind spots."
- Proactive communication – social services and/or DON interaction with individual on regular basis.
- Establish clear expectations for staff to share any identified concerns or inappropriate tendencies.
- Communication with those including other residents with whom the individual may encounter on a regular basis.
- Keep in mind the LTC isn't a prison and is still the least restrictive setting.

In South Dakota, a "community safety zone" is defined as the area that lies within five hundred feet from facilities and grounds of any school, public park, public playground, or public pool, including the facilities and grounds itself.

While many LTC facilities are located within proximity to schools, parks, and playgrounds a registered sex offender may be placed for residency per SDCL §22-24B-23. Restrictions on residence within community safety zone-- Violation as felony. No person who is required to register as a sex offender pursuant to this chapter may establish a residence or reside within a community safety zone unless: (4) The person is placed in a health care facility licensed pursuant to chapter 34-12 or certified under Title XVIII or XIX of the Social Security Act as amended to December 31, 2001 or receiving services from a community service provider accredited or certified by the Department of Human Services or the Department of Social Services, which is located within a community safety zone.

You may review the entire list of allowances:

https://sdlegislature.gov/Statutes/Codified Laws/DisplayStatute.aspx?Type-Statute&Statute=22-24B-23

A sex offender must complete an initial sex offender registration within three (3) business days of coming into any county to reside, temporarily domicile, attend school, classes or to work.

- The registration shall be with the chief of police, or if no chief of police exists, the sheriff of the county.
- Offenders must register every six (6) months. They are first required to register during their birth month and then required to register six (6) months after their birth month.
- A sex offender is required to complete a verification form sent out by the Division of Criminal Investigation (DCI) at least annually and return the form to the DCI within ten (10) calendar days of receipt of the form.
- Any change of residence or location requires the sex offender to submit, within three (3) business days of the move, a Registration Update form to the law enforcement agency where the offender last registered.

This is a summary only about the registered sex offender in the LTC.

Not to detract from the seriousness involved in the consideration of admitting or not admitting a registered sex offender perspective should be maintained. Residents with cognitive impairment or suffering from other behavior disorders or mental conditions may be more dangerous to the residents of a long-term care community. The long term-care provider must be ever vigilant.

Emergency Preparedness

Need help with you Emergency Preparedness planning? Need to know how to connect with a **HealthCare Coalition in SD?**
Go to **http://doh.sd.gov/providers/preparedness/hospital-preparedness/system/**

The **South Dakota Hospital Preparedness Program (HPP)** works with hospitals and other medical facilities to ensure South Dakota's medical community is as prepared as we can be! For additional information about HPP, go to **http://doh.sd.gov/providers/Preparedness/Hospital-Preparedness/** or contact the HPP at 605.773.4412.

Use this link to find your **local Emergency Manager: https://dps.sd.gov/emergency-services/emergency-management**

CMS Emergency Preparedness Site:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

The Assistant Secretary for Preparedness and Response (ASPR) Technical Resources Assistance Center and Information Exchange (TRACIE) is a resource for developing emergency plans and can be found at https://www.asprtracie.hhs.gov

There are no shortcuts to safer opioids prescribing

In a new commentary in the New England Journal of Medicine, authors of the 2016 Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain - Opens in a new window advise against misapplication that can put patients' health and safety at risk. Some policies and practices attributed to the guideline are inconsistent with its recommendations.

The CDC has resources to help you correctly apply the guideline:

Pocket Guide: Tapering Opioids for Chronic Pain - Opens in a new window : Quick-reference tool for when and how to taper and important considerations for safe and effective care; https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf and

CDC Opioid Prescribing Guideline Mobile App - Opens in a new window : Apply the recommendations in clinical practice, including a morphine milligram equivalent calculator, key recommendations, motivational interviewing techniques, resources, and glossary; https://www.cdc.gov/drugoverdose/prescribing/app.html and

• Applying CDC's Guideline for Prescribing Opioids Series - Opens in a new window : Interactive, web-based training featuring 11 self-paced learning modules with case-based content, knowledge checks, and integrated resources; https://www.cdc.gov/drugoverdose/training/online-training.html

Avoid Opioid

https://www.avoidopioidsd.com/

South Dakota Opioid Resource Hotline 1.800.920.4343