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Respiratory Care Journal Publishes Two Landmark Special Issues on Palliative Care

The November and December issues of *Respiratory Care* featured the proceedings of a unique conference convened by the *Journal* in May of last year. The conference, “Palliative Respiratory Care,” brought together a faculty of internationally-recognized experts to review and discuss aspects of end-of-life care pertaining to the respiratory field.

Among the topics addressed at the conference were: how to assess and treat dyspnea in terminally ill patients, how to talk to families about death and dying in the ICU, the nuts and bolts of withdrawing life support, and the role of respiratory therapists in palliative care. The two *Journal* issues contain the formal papers presented by the faculty, the often spirited discussions following each presentation, and an insightful conference summary.

According to Dr. David Pierson, *Journal* editor, “although almost nothing has previously been published on this specific aspect of palliative care, respiratory care clinicians have long played a vital role in this arena. The material presented in these special issues breaks new ground, and is sure to become a valuable and practical reference source for everyone participating in the care of patients with severe respiratory disease.”

For more information on the conference, visit the *Journal’s* website, www.rcjournal.com.
IOM Report Looks at Long-term Care

In a report issued late last year, the Institute of Medicine (IOM) said that while the quality of long-term care in the United States has generally improved over the past decade, care delivered in the nation’s nursing homes “continues to be problematic.” The organization is recommending that the Department of Health and Human Services and other groups support research to develop quality assessment instruments that can be used across the long-term care continuum.

The IOM also wants the Health Care Financing Administration to implement a 1996 IOM recommendation that nursing homes have RNs available 24 hours per day and is suggesting that the agency develop minimum staffing levels governing nursing homes. Since these improvements would cost nursing homes more money, the organization is also calling on Congress and state Medicaid agencies to adjust their Medicaid reimbursement formulas to take into account any new nursing home staffing requirements.

You can access the complete report, “Improving the Quality of Long-Term Care,” at: http://books.nap.edu/catalog/9611.html.

HCFA Puts More Information About SNFs Online

The Health Care Financing Administration (HCFA) is now posting results from a nursing home’s last three surveys on its Nursing Home Compare web site, Medicare’s most visited homepage. Previously, HCFA posted only the most recent survey on the site. HCFA is also gearing up to provide the public with even more information about nursing homes. According to the American Association of Homes and Services for the Aging, the government agency plans to include data from three quality indicators early this year: restraints, high- and low-risk pressure ulcers, and bowel and bladder incontinence. You can check out the information available on the site by going to: http://www.medicare.gov/NHCompare/Home.asp.

Nursing Homes Hit with Record Numbers of Fines

According to a report in the New York Times late last year, the federal government imposed five times as many fines on nursing homes in 2000 as it had in 1996. The number of fines increased from 199 to 1000, and some of them topped more than $1000 a day per violation. This increase in fines is partly due to a new Justice Department (JD) strategy, says the article. The JD is now accusing nursing homes of violating the False Claims Act by seeking Medicaid or Medicare payments for care that harmed residents and did not meet federal standards.

Ergonomics Standard Set for Implementation

The final Ergonomics Program Standard published in the Federal Register last November 13 by the Occupational Safety and Health Administration (OSHA) is designed to minimize employee exposure to ergonomic risk factors on the job that lead to musculoskeletal disorders (MSDs) of the back and upper and lower extremities. The rule, which will affect 102 million employees, including those in the health care industry, is intended to help reduce the nearly 600,000 MSDs requiring time off from work that are reported every year by the Bureau of Labor Statistics. OSHA estimates that the standards will prevent about 4.6 million work-related MSDs over 10 years.

The standard, which is expected to cost American employers $4.5 billion annually in compliance costs, is scheduled to go into effect on
“Ergonomics” continued from page 2

January 16, but workers may not see immediate effects in many places. Numerous employers and industries have issued petitions challenging the implementation of the standard, saying that it is vague, costly, and lacks scientific basis. To view the standard, visit www.access.gpo.gov/su_docs/aces/fr-cont.html and scroll down to “Occupational Safety and Health Administration.”

COPD Takes Toll on Mental Health

British researchers who compared symptoms of clinical depression and/or anxiety in 50 patients with advanced COPD and 50 patients with inoperable lung cancer found that COPD takes a larger toll on these aspects of mental health. Ninety percent of the COPD patients were found to suffer from clinical depression and/or anxiety, compared to 52% of those with lung cancer. One reason for the discrepancy may be that COPD patients were much more likely than lung cancer patients to be housebound, 82% versus 36%. In addition, lung cancer patients were more likely to have received support from visiting nurses or hospices or to know that such services were available. About a third of these patients had received such services and another 56% said they were aware of them. By contrast, none of the COPD patients had received such assistance.

The study was published in a recent issue of Thorax.

E-zine Targets COPDers

Did you know that COPD patients now have their own e-zine? Boehringer Ingelheim Pharmaceuticals, Inc., is publishing the online magazine, called Airwaves, especially for patients with emphysema and chronic lung disease. Each issue includes a variety of features aimed at helping patients take control of their disease and get the most out of life. Recent articles have focused on learning how to handle your HMO, tips on clearing the air at home, travel opportunities for those with chronic lung disease, and how to stay organized and energized at home. The publication also features a column on the latest news and developments in COPD written by well-known pulmonologist, Thomas Petty, MD. The e-zine’s editorial director is Dennis Doherty, MD, from the University of Kentucky Medical Center in Lexington, KY. You can check out the content at: http://www.airwavesonline.com.

HCFA Requests Standing Orders for Flu Shots

The Health Care Financing Administration (HCFA) wants to make annual flu and pneumonia shots almost automatic in the nation’s nursing homes and is asking the states to help in the process. In a letter sent to all state Medicaid directors last fall, HCFA’s Center for Medicaid and State Operations encouraged the states to request that their Medicaid nursing facilities adopt the use of standing orders in residents’ medical charts to improve immunization rates. “Preventive care should be routine medical care,” says HCFA Acting Administrator Michael Hash. “We believe the standing orders project will do this, and the new initiative will extend our outreach to the 1.6 million Americans living in nursing homes.”

HCFA believes placing permanent entries authorizing flu and pneumonia immunization in medical charts will better assure that nursing home residents get a personal reminder each fall when it is time for a flu shot. The shot can then be administered on the spot by appropriate health care professionals without the need for a doctor to write a new order each year.

Stress Makes Vaccination Less Effective

A new study published in a recent issue of Psychosomatic Medicine indicates that stress can weaken the long-term effectiveness of the pneumonia vaccine in the elderly. In the study, researchers from Ohio State University looked at 52 older adults (three-quarters of them women) who had never before received a pneumonia vaccine. They were divided into three groups: 11 current primary caregivers of spouses suffering from dementia, 13 former caregivers, and 26 controls. Dealing with the daily needs of dementia patients is known to cause chronic stress and changes in caregivers’ immune systems.

All participants completed psychological tests to determine their current stress level, and blood samples were taken to gauge their immune status. Each then received a vaccination against pneumococcal

“Stress” continued on page 4
bacteria. Similar blood samples were taken and analyzed two weeks, one month, three months, and six months post-vaccination. The investigators found that all three groups — current caregivers, former caregivers, and members of the control group — showed an initial positive response to the vaccine. But after six months, the immune status of the current caregivers dropped precipitously while that of the controls and former caregivers remained the same.

**High Cholesterol Linked to Poor Oxygen Transport**

University of Minnesota researchers have found that people who suffer from high cholesterol have a low oxygen transport rate, a discovery that they believe has implications for the diagnosis of a wide range of conditions, including heart disease and diabetes. The study appeared in the November 3 issue of the *Journal of the American College of Surgeons*.

The investigators arrived at their findings by analyzing blood samples from 100 patients. When results showed that the blood oxygen transport rate was different between the high and low plasma cholesterol groups, they concluded that the plasma cholesterol level is a controlling factor in red blood cell membrane cholesterol content, which in turn regulates oxygen transport in and out of red blood cells, and thereby, tissue oxygen availability.

“The findings suggest it would be simpler, safer, and far less expensive to test the oxygen transport rate in a small sample of the patient’s blood instead of (doing) a cardiac stress test, which is sometimes invasive,” says lead author, Dr. Henry Buchwald. In addition to establishing the presence or absence of heart disease, he says measurement of the oxygen transport rate can be important in evaluating other diseases, such as diabetes, and can also be used to assess non-disease conditions such as athletic potential or overall health.

**Public Dissatisfied with Health Care**

Americans are becoming more critical of many aspects of the health care system, more confused about managed care, and more concerned about escalating medical costs, according to the results of a new survey from the nonpartisan Employee Benefit Research Institute (EBRI).

EBRI’s 2000 Health Confidence Survey (HCS) found that although the vast majority of Americans with health insurance are enrolled in some type of managed care program, respondents were less likely than in previous years to say they were familiar with managed care. The percentage describing themselves as somewhat familiar with managed care dropped from 29 percent in 1998 to 23 percent in 2000. At the same time, the percentage saying they were not at all familiar with managed care increased from 28 percent to 39 percent.

Other key findings include:

• Twenty-seven percent of respondents reported feeling that health care in general has gotten better in the last five years, but 39 percent said it has gotten worse. In comparison, 31 percent in 1998 felt health care had gotten better and 35 percent felt it had gotten worse.

• Among those respondents who had received care in the past two years, 39 percent were extremely or very satisfied with the care they received, down from 46 percent in 1998.

• Twenty-two percent named health care as the most critical issue facing America today, up from 16 percent in 1999 and 14 percent in 1998, placing health care just behind education (25 percent) and ahead of crime (16 percent), Social Security (11 percent), gun control (10 percent), and taxes (9 percent).

• Women were more likely than men to identify health care as the most critical issue facing America today (25 percent versus 18 percent), to believe they will suffer hardship to afford health care once they are eligible for Medicare (54 percent versus 44 percent), to feel they will not have enough choice about who provides their medical care (51 percent versus 41 percent), and to believe they will not be able to get the treatments they need (42 percent versus 33 percent).

**AARC Wants to Know Your Top Five Areas of Concern**

The AARC is currently seeking input from section members regarding the top five areas of concern unique to our specialty area. Please mail, email, or fax your top five concerns related specifically to the specialty (not to the AARC or the practice of respiratory care in general) to: Kelli Hagen, 11030 Ables Lane, Dallas, TX 75229, email: hagen@aarc.org, FAX (972) 484-2720 or (972) 484-6010. The Association will utilize our input in determining priorities for the coming year.
The AARC is currently seeking information on JCAHO accreditation site visits. Please use the following form to share information from your latest site visit with your colleagues in the Association. The information will be posted immediately on the AARC web site at http://www.aarc.org/members_area/resources/jcaho.html and will also be featured in the Bulletin.

Accreditation visit you are reporting (choose one):

- Home Care
- Hospital
- Long Term Care
- Pathology & Clinical Laboratory Services

Inspection Date: ___________________________________________________________________________
Facility Name: ____________________________________________________________________________
Contact: __________________________________________________________________________________
(Please provide name and e-mail address.)

1. What was the surveyors’ focus during your site visit? ____________________________________________
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2. What areas were cited as being exemplary?
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3. What suggestions were made by the surveyors?
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4. What changes have you made to improve compliance with the guidelines?
   _________________________________________________________________________________________
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   _________________________________________________________________________________________

Additional comments:
Mail or fax your form to:
William Dubbs, RRT
AARC Associate Executive Director
11030 Ables Lane
Dallas, TX 75229
FAX (972) 484-2720
Specialty Practitioner of the Year

Don’t forget to make your nominations for the 2001 Subacute Care Specialty Practitioner of the Year. This honor is given to an outstanding practitioner from this section each year at the AARC’s Annual Convention.

The recipient of this award will be determined by the section chair or a selection committee appointed by the chair. Each nominee must be a member of the AARC and a member of the section.

Use the following form to send in your nominations for this important award:

I would like to nominate ____________________________ for Subacute Care Specialty Practitioner of the Year because ______________________________________________________________________________________
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Nominee  
Hospital
Address
City State, Zip
Phone

Your Name  
Hospital
Address
City State, Zip
Phone

Mail or FAX your nomination to the section chair at the address/number listed on page 2 of this issue.