American Association for Respiratory Care's

Subacute Care

July / August 2002 Bulletin

Notes from the Chair: Your Efforts are Needed at the Grassroots Level to Stop the Funding Cuts

by Carol C. Dague, BS, RRT

Medicare funding is a critical issue facing the entire long-term care (LTC) industry. Recent Congressional activity, however, has caused some confusion relative to LTC future payment.

When Congress implemented the Balanced Budget Act of 1997, the resulting cuts were more than twice the amount originally intended. This led to five of the largest LTC providers filing for Chapter 11 bankruptcy protection in 1999 and 2000. On the heels of these filings, Congress took action to restore some of the funding by passing the Balanced Budget Refinement Act (BBRA) and Benefits Improvement and Protection Act, each of which provided temporary payment add-ons for certain Resource Utilization Group (RUG) levels. An additional provision of the BBRA charged the Department of Health and Human Services and Centers for Medicare and Medicaid Services (CMS) with making permanent refinements to the RUGs patient classification system so that there would be adequate payment at all levels going forward.

These temporary payment add-ons are set to expire in October of 2002 - just a few short months from now. This

Continued on page 3

Section Connection

GET IT ON THE WEB:
Help the AARC increase its efficiency by signing up to receive the Bulletin via the section homepage on the AARC web site (www.aarc.org). To change your option to the electronic Bulletin, send an e-mail to: mendoza@aarc.org.

JCAHO ACCREDITATION REPORT:
Please consider sharing information about your most recent site visit by filling out the form on the AARC web site found at the following link: www.aarc.org/members_area/resources/ jcaho.asp.

SECTION LISTSERVE:
Start networking with your colleagues via the section listserve. Go to the section home page on www.aarc.org and follow the directions to sign up.

It's Elementary: Benchmarking Your Subacute Respiratory Care Services Assures Success

by Carol C. Dague, BS, RRT

Benchmarking is a highly respected practice in the business world. It is an activity that looks outward to find best practice and high performance and then measures actual business operations against those goals. Developing a clinically sound and financially responsible model for respiratory care services in the subacute environment requires observation of successful models and replication of their elements of success. Integrated Health Services, a premier provider of post-acute care, including both subacute skilled and LTAC levels, operates at least 40 RC programs across the country. What follows are the critical elements of a successful respiratory care service as defined by IHS, benchmarks worthy of replicating.

Acuity and admission criteria

Identifying weaning potential prior to admission can set the stage for successful outcomes. Complicating comorbidities can change a weaning potential into a chronic status. Issues such as hemodialysis, cardiac arrhythmia or dysfunction, multiple wounds, nutritional deficits, length of ventilator dependency, and age are essential factors to weigh when making admission decisions. Developing a scoring guideline to direct patients into either the LTAC or subacute SNF level can be critical in your weaning programs.

Medical direction

Pulmonologist? Intensivist? Internist? Who will direct and manage your program? It makes a difference, especially as your marketing team begins to "sell" your service to the health care community. Will he attend all pulmonary patients admitted or consult under multiple PCPs? What is her risk-tolerance for high-acuity patients who are most assuredly to be referred for care? At the very least, the medical director will need to review all policies and procedures for safe community practice - and at the high end of involvement, he will promote the use of therapist-driven protocols and continuing education for all staff involved in patient care. Most critically, what is her availability? While patients may not require 24-hour physician attendance, emergency coverage protocols and initial order review are essential.

Nursing proficiency and competency requirements

Care of the pulmonary patient will be provided by nurses, certified nursing assistants, rehabilitation therapists (PT, OT, SLP), and respiratory therapists. Patient-to-therapist ratios can be as high as 10:1; therefore it is essential that ALL members of the health care delivery team be competent. Elements of a successful competency program include:

1. RN/LPN/CNA interval competency testing
2. RT staff competencies (peer review)
3. Ongoing CEU programming for RNs and RRTs/CRTs
4. Medical director involvement in monthly in-servicing on pertinent topics (match to type/diagnoses of patients admitted)
5. CPR (ACLS for RT staff)

More to come

The next two editions of the Bulletin will continue to discuss the elements of success for RC services in the post-acute environment, including policy and procedure development, CQI, staffing, use of TDPs, equipment and supply acquisition, and cost control. Your ideas and thoughts are welcome as we strive to provide the most professional level of respiratory care to our patients residing in subacute care and LTAC units across the country. ◆

Get the Latest 4-1-1 From the AARC

Did you know the AARC sends weekly news updates to AARC members through its News Now@AARC e-mail newsletter? Or that the executive office staff conducts surveys, issues AARC Store sales announcements, and sends other general messages via e-mail? If you aren't receiving these important updates, it's probably because your e-mail address is not in your membership record. To update your membership information and receive all the AARC 4-1-1, contact Catalina at mendoza@aarc.org. ◆

A Better Solution?

The American Association of Homes and Services for the Aging (AAHSA) thinks it has a better way to solve the staffing crisis in the nation's nursing homes than require nursing homes to deliver a set number of nursing hours per day to each resident. Their five-point strategy calls for:

- Better benefits and career options for nursing staff
- Alternative management approaches
- Incentives to encourage young people to choose a career in long-term care
- Freedom to allow non-nursing staff to perform duties such as feeding residents
- Better Medicare and Medicaid reimbursement so that nursing homes can increase wages for frontline workers

Congress is currently considering legislation that would mandate the hours of nursing care each resident must receive per day. ◆

Want to receive this newsletter electronically?

e-mail: mendoza@aarc.org for more information.

Subacute Bulletin

published by the
American Association for Respiratory Care
11030 Ables Lane
Dallas, Texas 75229-4593
(972) 243-2272
(972) 484-2720 FAX
e-mail:info@aarc.org

Chair
Carol C. Dague, BS, RRT
(724) 850-8958
(412) 558-4243
carol.dague@ihs-inc.com

Section Members Represented at CMS SNF Open Door Forum

Subacute Care Section members were well represented at the Skilled Nursing Facility Open Door Forum held by the Centers for Medicare and Medicaid Services (CMS) last May. Cheryl West, AARC director of state government affairs, attended the session on our behalf, ensuring our concerns regarding quality care for our patients were raised with the proper authorities.

In response to a question about hospital DRGs, CMS responded that they are considering adding more DRGs to the current list of ten under the hospital "post-acute care transfer payment." This proposal is part of the annual Medicare Hospital DRG update.

"For your information," West says, "In 1998, CMS singled out 10 DRGs, including one respiratory therapy-related DRG, in which data showed that hospitals were getting the full DRG, but then transferring the patient out to the SNF after the first few days." CMS changed its policy on these 10 DRGs, effectively creating a new "transfer payment"

Under the new rule, says West, "a hospital just gets a per diem - that is, a DRG payment divided by the average number of days allocated to the specific DRG, for the days that the patient was actually in the hospital before they were transferred to the SNF." The current proposal calls for the possible addition of 13 additional DRGs to the original 10. "Two of those possible 13 are respiratory care related," says West.

The Open Door Forum also addressed the issue of nurse-to-patient ratios in SNFs, something West notes has been a concern among consumer advocates for many years. There has been a movement to require nursing homes to have mandatory nurse staffing, and CMS officials told attendees they have a new report on this issue on their web site.

In addition, West says the CMS representatives offered information on their Nursing Home Compare web site, which provides quality indicators for nursing home clients and their families to look at when choosing a nursing home. "Since April 24, when the Nursing Home Compare site went live, more than 130,000 people have visited the site and more than 4,000 calls have been placed to the new 800 number, although not all of those were from beneficiaries," West reports. She also notes that Dr. Barbara Paul, the CMS staffer in charge of the six-state Nursing Home Quality Initiative pilot project, which is running ads in local newspapers to raise consumer awareness of quality care in nursing homes, told attendees the program will go nationwide this fall.

The AARC participates in CMS Open Door Forums each month, representing the interests of respiratory care professionals and patients. The forums are designed to give associations and providers the opportunity to ask CMS policymakers questions on key issues.

If you have a SNF question, e-mail it to Cheryl West at: west@aarc.org. ◆

Dental Problems Linked to Aspiration Pneumonia

Elderly patients who have dental plaque or certain types of bacteria in their mouths may be at increased risk for aspiration pneumonia, finds a new study presented at a recent meeting of the American Geriatrics Society. Although the authors of the report emphasize more study is needed to determine a link between the two conditions, they suggest nursing homes and other providers of care to older Americans stress the need for good oral hygiene among their patients. Use of mouthwashes to reduce the amount of bacteria present in the mouth may be a worthwhile preventive measure.

The study was conducted by investigators from the University of Michigan and the Veterans Administration. ◆

Vitamins May Combat Memory Loss

Vitamins may play a key role in maintaining memory in the elderly, says a new report from British and Scottish researchers. Their study, published in a recent issue of the *American Journal of Clinical Nutrition*, found older people with lower levels of folic acid and vitamin B12 had lower scores on tests of cognitive abilities than those with higher levels.

The study involved 331 men and women who took part in Scottish Mental Surveys, intelligence tests conducted on schoolchildren in Scotland, in 1932 and 1947. ◆

RT Sections Remain on Shorten MDS Form

Respiratory care services have retained their place on the revised MDS form that facilities began using earlier this summer. According to Cheryl West, AARC director of state government affairs, the new, shortened version of the MDS includes all of the original RT items - including the section under the "special therapy" category requiring documentation of RT minutes. The continued inclusion of RT items reflects the growing awareness at CMS of the important role respiratory care plays in the care of residents and the enhanced working relationship between CMS officials and the AARC.

"Before the MDS was finalized, the AARC worked with CMS staff to assure that respiratory therapy conditions and procedures were included in the assessment tool," says West. "The respiratory 'fields' included in the original, extensive assessment document are still included within the new shortened version."

SNFs began using the shortened version of the MDS on July 1 to update the patient's condition on days 5, 14, 30, 60, and 90 of the nursing home stay. The longer form will still be used for the initial assessment, the annual assessment, and to note a significant change in status.

CMS estimates the shorter form, at 3 1/2 pages, will require about 45 minutes to fill out. This compares to about 90 minutes to completely fill out the longer, eight-page version. ◆

Pneumonia Risk

A new study published in Family Practice News has identified four new risk factors associated with the spread of pneumonia among nursing home residents:

- Use of major tranquilizers
- Use of steroids
- Use of gastric or nasogastric tubes
- A history of chronic obstructive pulmonary disease

These risk factors join the traditional culprits - dysphagia and bed confinement - in increasing residents' likelihood of acquiring the illness, says the report. ◆

Texas SNFs Say No to Vent Patients

Nursing homes in Texas are becoming increasingly hesitant to accept patients requiring ventilator care, says a new report in the *Houston Chronicle*. The article, which appeared earlier this summer, noted that out of 1200 skilled nursing facilities in the state, just eight accept ventilator patients.

Nursing home executives pointed to insufficient reimbursement as the reason why they are refusing to admit vent patients, noting that even though Medicaid pays more for vent patients - three times as much as for low-maintenance residents - the added expense in labor and supplies involved in caring for a vent patient outweighs the additional reimbursement.

Consumer advocates interviewed for the article were quick to deny these claims, however. They say the reimbursement is adequate, and what's more, nursing homes licensed by the state have an obligation to take care of a wide variety of people, regardless of their health needs. ◆

Pulmonary Doc Appointed to MedPAC

The U.S. Comptroller General has appointed a pulmonary physician to serve on MedPAC, the independent federal body responsible for advising Congress on Medicare revisions and rates. Dr. Nicholas Wolter, pulmonary and critical care physician and chief executive officer of Deaconess Billings Clinic in Billings, MT, will join three other new appointees on the 17-member commission. ◆

Continued from page 1

NOTES FROM THE CHAIR: YOUR EFFORTS ARE NEEDED AT THE GRASSROOTS LEVEL TO STOP THE FUNDING CUTS

expiration has been dubbed the "Medicare Cliff" because it will result in a 17% reduction in Medicare payments to providers, or roughly $65 per patient day - shortfalls that may cause many providers to fall off the edge.

The Alliance for Quality Nursing Home Care and the American Health Care Association (AHCA) have been leading the lobbying effort to ensure that Congress extends the payment add-ons and takes steps to protect Medicare funding. As a result of this lobbying effort, CMS recently announced that they are not ready to release the RUGs refinements, thereby extending a portion of the add-ons for one more year.

Many view this as a win for the LTC industry, at least in the first half of the battle. At this stage we are looking at a $35 per patient day cut versus a $65 decrease in 2003, and the lobbying efforts continue. This is seen as a positive indicator of things to come for future RUGs refinement.

Additionally, lobbying efforts include a significant grassroots component in which many of us may have already participated. One example is the RV Tour, designed to collect petition signatures and attract media attention to the Medicare funding issues. As part of the effort, AHCA has released its Driving for Quality web site (www.drivingforqualitycare.com), where individuals can sign the petition electronically, write to their members of Congress, and send a letter to the editor of their local newspaper. Other features of the web site include a newsroom, a running countdown of remaining time before the cuts take effect, and quotes from our Congressional supporters.

We need your voice to increase the urgency of the Medicare funding crisis. Respiratory therapists across the country add value to the services being provided to our seniors, especially within the subacute care environment. Join me in adding respiratory care to the growing number of professions dedicated to Medicare beneficiaries everywhere. We need your help. ◆

American Association for Respiratory Care
11030 Ables Lane
Dallas, Texas 75229-4593

Healthy Lifestyles Benefit Even the Very Old

Elderly people who exercise more and smoke less are more likely to remain healthy into very old age, new research reveals. The study, published in the May/June issue of *Psychosomatic Medicine*, provides evidence that engaging in "proactive health-promoting efforts," even late in life, has important long-range benefits.

The investigators, from Case Western Reserve University, followed 1,000 people age 72 and older for nine years. All lived independently in retirement communities in Clearwater, FL, and were free of major mental or physical illness at the beginning of the study. Participants were interviewed annually about their health status and behaviors.

By the end of the study, 374 subjects had died and another 78 were too ill to continue. Researchers then compared this group to those still taking part in the study. Results showed participants who had smoked were less likely to survive than those who had never smoked, with the risk of dying more than twice as high among those who were smokers at the beginning of the study compared to those who had never smoked. Those who exercised the most at the start of the study generally reported fewer physical limitations, more frequent positive emotions, and a greater sense of meaning in life at the final interview, even when their health problems were taken into account. ◆

Government Data Flawed, Says Professor

The Bush administration's recently released data on the quality of care at more than 2,500 U.S. nursing homes is flawed, says Gettysburg College Psychology Professor Robert Bornstein. "It is good consumer information - and certainly better than nothing at all - but it is flawed in at least two respects."

The report, unveiled by U.S. Health and Human Services Secretary Tommy G. Thompson in April, includes six types of information: the proportion of residents who have bedsores, who are in physical restrains, who have lost too much weight, who are suffering pain, who have certain types of infections, and who need more help with daily activities.

The first problem with the report, according to Bornstein, is that it doesn't control as well as it could for differences in patient dysfunction. "As a result, those nursing homes that take on the most challenging clients could end up looking worse than they deserve, just as hospitals that do the riskiest operations may sometimes have higher than expected death rates, even though they give the best care."

Second, Bornstein believes it would be better to judge nursing homes on their record of responding to problems and complaints rather than on the number of problems and complaints themselves. "No nursing home is perfect; all have at least minor violations," he says. "The best nursing homes are those that respond quickly and completely to problems that arise. Nursing homes must document these response plans, and the good ones will make them available to anyone who asks."

Bornstein is co-author of the book, *When Someone You Love Needs Nursing Home Care*. ◆