Notes from the Chair: Thoughts at 31,000 Feet
by Carol C. Dague, BS, RRT

A little less than two months into my tenure as chair of the Subacute Care Section, and I am curious. A call for speaker and topic proposals for the 2002 AARC International Respiratory Congress has gone unheeded. A survey sent to the section membership via email received sparse attention. I know you’re out there. And I know you have made your departments successful by facing challenges head-on. Your patients and their families find you knowledgeable, compassionate and professional. You solve problems every day. Your administrator admires your business acumen. Indeed, you may even be the administrator of a skilled nursing facility or long-term acute care facility.

So, why are you so silent? Your colleagues are anxious to hear your experiences, learn from your challenges and network for success across the entire profession of respiratory care. You have much to share. I challenge you to bring it on. Bring this section to life.

Understanding Post-Acute Care

 Licensing for health care organizations depends largely on the environment in which the health care services are provided. We are most familiar with the traditional hospital setting consisting of emergency departments, inpatient surgical suites, post-anesthesia recovery areas, intensive and critical care units, onsite diagnostic imaging, onsite laboratory, multiple onsite ancillary services (including respiratory care) and of course, inpatient medical care and treatment. Such hospitals operate under an “Acute” license and survey process.

Providing health care in any setting other than a hospital is done in the “Post-Acute” environment. This multi-faceted environment includes the following:

1. outpatient Clinics (rehabilitation and/or surgery)
2. Home Care (visiting nursing, DME)
3. Acute Rehabilitation Hospitals (free-standing or hospital-based)
4. Long-Term Acute Care Facilities (LTAC) (free-standing or within a hospital)

Providing health care in any setting other than a hospital is done in the “Post-Acute” environment. This multi-faceted environment includes the following:

5. Skilled and Intermediate Nursing Facilities (SNF) (includes subacute care facilities)
6. Assisted Living Facilities
7. Independent Living Facilities
8. Personal Care Boarding Homes

Each of these areas has a separate licensing and survey process that is specific to the type of patient treated within. Outpatient clinics, home care, acute rehabilitation, LTACs and SNFs also come under the regulation of CMS (Centers for Medicare and Medicaid Services formerly HCFA), and as such are subject to additional surveys from the individual state departments of health.

Additionally, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) provides a voluntary (purchased) survey for acute care, home care, acute rehabilitation, LTACs and SNFs providers, including a specific survey process for subacute care.

JCAHO And Subacute Care

Accredited long-term care organizations can seek separate recognition for subacute care programs. In order to achieve JCAHO accreditation for subacute, the organization must comply with the regular long-term care standards and intent statements as well as the subacute intent statements.

Subacute program surveys are conducted by surveyors who have expertise and current clinical experience in subacute care. There is a separate fee for conducting the subacute care survey; however, the organization will receive only one score and accreditation decision. The subacute program will receive a separate special award certificate.

A subacute program is defined as one which provides inpatient care for people who have had an acute illness or injury. According to JCAHO, subacute care:

• Is rendered immediately, after or instead of acute hospitalization.
• Treats one or more specific, active, complex or unstable medical conditions, or administers one or more technically complex treatments.
• Requires services of an interdisciplinary team whose members are trained to assess and manage specific conditions to perform necessary procedures.

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- Staffing ratios in nursing homes, even though such ratios are widely advocated federal requirement for minimum staffing ratios in nursing homes, “is not enough to derail any requirements for minimum staffing ratios in nursing homes, even though such standards would help raise quality care.

The report, which was sent to Congress earlier this year, states that there is “strong and compelling evidence on the relationship between staffing ratios and quality of nursing home care.” But it goes on to say that the widely advocated federal requirement for minimum staffing ratios in nursing homes, “is not currently feasible,” mainly because it would take $7.6 billion annually – an 8% spending level increase – to achieve the necessary staffing levels.

SNFs Facing Severe Manpower Shortages

A new study from the American Health Care Association (AHCA) also outlines the severe shortage of skilled health care professionals currently facing the nation’s nursing homes. (See previous article.) During testimony at a recent Congressional hearing on helping displaced workers find jobs, AHCA urged the House Education and Workforce Committee to consider the fact that more than 100,000 health care professionals are urgently needed to help care for the nation’s frail, elderly and disabled citizens residing in skilled nursing facilities.

The figures quoted before the committee come from the AHCA analysis of workforce trends, which documents both vacancy and turnover rates in approximately 16,500 nursing homes throughout America. Among the key finding of the AHCA study:

- 106,982 nursing positions are now vacant in nursing homes throughout the United States.
- Of that cumulative number, there are 65,333 vacancies for certified nurse assistants (CNAs), 25,433 vacancies for licensed practical nurses (LPNs) and 16,196 vacancies for registered nurses (RNs).
- The annualized turnover rate for CNAs, LPNs and RNs is 76.1%, 51.5% and 55.5%, respectively.


AARC Section Survey

We want to provide you with the information and service you desire for your specialty section membership. Please take a minute to fill out this small survey and fax it back to: 972-484-6010

Why did you join this specialty section?

- To receive information about my specialty
- To participate in designing programs and information about my specialty
- To network with and learn from others working in my specialty

How many times a year do you want to receive a newsletter?

- 6 times a year
- 4 times a year
- 2 times a year
- No opinion

Would you prefer to receive this newsletter by reading it on the website?

- Yes
- No
- No opinion

Nursing Home Chains Emerge from Bankruptcy

The introduction of prospective payment for skilled nursing facilities sent many of the nation’s for-profit nursing home chains into a tailspin over the past few years. According to a recent article in Modern Healthcare magazine, five of the ten largest firms had ended up in bankruptcy court by January of last year. The good news is, two of those companies had already emerged from the shadows and the other three should be pulling out soon.

Kindred Healthcare, formerly Vencor, emerged from Chapter 11 in April of 2001, followed closely by Genesis Health Ventures in October of last year. The magazine reports that Sun Healthcare Group appears ready to successfully complete its reorganization sometime this spring. That leaves only Integrated Health Services and Mariner Post-Acute Network still struggling to find their way.

Why did these companies fail? The article admits that reimbursement woes had a lot to do with their collapse, but emphasizes that money alone

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Beverly settles ergonomics case

Beverly Enterprises, Inc., has settled its ergonomics case with the Occupational Safety and Health Administration (OSHA). Under terms of the agreement, the nursing home chain will adopt specific measures aimed at reducing back injuries among employees involved in lifting nursing home residents. The company has also agreed to establish a training program to teach employees how to deal with lifting situations and will purchase mechanical lift equipment to assist in lifting patients.

The case came about after an OSHA review of Beverly’s injury and illness records revealed excessive musculoskeletal injuries resulting in extensive lost-time absences aimed at reducing back injuries among employees involved in lifting nursing home residents. The company has also agreed to establish a training program to teach employees how to deal with lifting situations and will purchase mechanical lift equipment to assist in lifting patients.

MedPAC recommends SNF increases

The Medicare Payment Advisory Commission (MedPAC) is asking Congress to increase 2003 payments to hospital-based skilled nursing facilities. According to a recent article on AHA News, the online newsletter published by the American Hospital Association (AHA), MedPAC is recommending the full market basket update for SNFs, along with a 10% increase until an effective patient classification system is developed. The article says the AHA supports an increase in Medicare SNF rates because hospital-based SNFs incur higher costs due to higher patient acuity levels, shorter lengths of stay and the higher skill mix of staff.

Are seniors up to the task?

The Centers for Medicare & Medicaid Services (CMS) wants to find out if senior citizens have what it takes to play an active role in the care of their health. Earlier this year, the federal agency proposed a survey of 16,000 households aimed at determining whether or not Medicare beneficiaries possess sufficient communications skills, motivation and basic knowledge of their own health care status necessary to participate in medically-related decisions.

Reports outline problems with Medicare+Choice

Two new reports from The Commonwealth Fund reveal that Medicare+Choice enrollees paid nearly 50% more in out-of-pocket costs for their health care in 2001 than they did in 1999, and those in poor health had even greater cost increases. Enrollees faced increased premiums and cost-sharing burdens and reduced coverage of prescription drugs during the three-year period.

Both reports say their authors, point to weaknesses in the Medicare program that have a disproportional impact on the sickest beneficiaries, who are also more likely to have low incomes. “Increasing payments to health plans alone will not solve the problems of the Medicare program,” says Karen Davis, president of The Commonwealth Fund. “We should consider modernizing Medicare’s basic benefit package to meet the health care needs of our growing population of older Americans in the 21st century.”

The Commonwealth Fund is a private foundation supporting independent research on health and social issues.

Depression May Lower Disease-Fighting Abilities in the Elderly

Previous research has estimated that 15%–57% of older adults experience some form of chronic depression at some time during their later years. Now a new study from investigators at Johns Hopkins and Ohio State University suggests this may compromise their ability to fight off infections and cancers.

According to a report on the research in a recent issue of the Journal of Abnormal Psychology, even chronic, sub-clinical mild depression may suppress an older person’s immune system. The 18-month prospective study involved 22 older adults who suffered from chronic depression and 56 who didn’t. Forty of the participants were caring for spouses with dementia and 38 others were not caregivers. The non-depressed group included 25 caregivers and 31 non-caregivers, while the depressed group included 15 caregivers and seven non-caregivers. Females accounted for 64% in both the depressed and non-depressed groups. The depressed and non-depressed groups were compared for their ability to generate enough white blood cells to fight off an infectious agent.

No significant difference was found for risk of depression according to marital status, education or income levels. All the depressed participants reported clinically relevant depressive symptoms at the beginning of the study and 18 months later, but fewer than half of these participants met formal diagnostic criteria for depression.

This information, along with previous research findings, suggests that depressive symptoms can exacerbate and accelerate the immunological declines that typically accompany aging. “Changes in the immune response, including dysregulation of the proinflammatory cytokines and endocrine functions has been associated with depression as well as aging, especially in adults over 60,” say the authors. They also note that other factors in addition to aging can have a role in lowering older adults’ immunity. For example, lack of social support has been reported as a risk factor for depression.

The researchers postulate that age-related changes in cell-mediated immunity caused by mild depression is linked to the increased risk and severity of infections and cancer found in older adults. They believe these findings suggest that detection and treatment of even mild depression may be crucial for better health in older adults, since the prevalence of mild depression is high in this age group.

Get It on the Web

Want the latest news from the section in the quickest manner possible? Then access the Bulletin online or print out a copy for later.

The AARC is encouraging all section members who use the Internet to opt for the electronic version of the Bulletin over the mailed version. Not only will you get the newsletter faster, you will be helping to save the AARC money through reduced printing and mailing costs. These funds can then be applied to other important programs and projects, such as ensuring effective representation for RTs on Capitol Hill.

To change your option to the electronic section Bulletin, send an email to: mendoza@aarc.org.
JCAHO Accreditation Report

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?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

2. What areas were cited as being exemplary?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

3. What suggestions were made by the surveyors?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

4. What changes have you made to improve compliance with the guidelines?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Mail or fax your form to:
William Dubbs, RRT
AARC Associate Executive Director
11030 Ables Lane
Dallas, TX 75229-4593
FAX (972) 484-2720

Additional comments:
_____________________________________________________________________
_____________________________________________________________________
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Subacute Care Section Survey

A strong Subacute Care Section of the AARC will provide good support and information to its members. In an effort to provide appropriate information and programming in the future, we need some basic information about our members, where they work, and what they do. Please take a few moments to complete this brief survey and return it to Carol Dague, 1324 Maywood Lane, Greensburg, PA 5601.

Name_________________________________________________________________________________
Facility_______________________________________________________________________________
Address_______________________________________________________________________________
City___________________________________________________State___________Zip_____________
Phone_______________________________________Email____________________________________

1. What type of facility best describes your workplace?
   __Hospital-based subacute or skilled unit
   __Free-standing subacute or skilled unit
   __Hospital-based long-term acute care (LTAC)
   __Free-standing LTAC
   __Hospital-based inpatient rehabilitation unit
   __Free-standing inpatient rehabilitation unit

2. What services do you provide in your facility? (check all that apply)
   _Ventilator management-weaning activities
   _Ventilator management-chronic and long-term care
   _Consult services using protocols
   _Consult services without protocols
   _Respiratory therapeutic modalities
     _Medication nebulizers
     _MDIs
     _Incentive spirometry
     _Chest physiotherapy and/or bronchial drainage
     _Other (please list)_____________________________________________________________
   _Diagnostic studies
     _ABGs
     _Puncture/draw
     _Analysis onsite
     _Bedside spirometry
     _Metabolic studies
     _Other (please list)_____________________________________________________________
   _Care planning activities
     _MDS preparation
     _Discharge planning/case management
     _Patient assessment prior to admission
     _Committee participation (please list)
     _Nursing training/orientation/competency assessment
     _Respiratory therapy training as a clinical affiliation or preceptor site
     _Other (please list)______________________________________________________________________

3. Everyone has successes that they are proud of within their facility. What are some accomplishments that you have participated in (i.e., cost reduction, public relations and community education, clinical practice, outcomes data, etc.)?
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

4. Are you willing to be interviewed in order to share your success stories in our Subacute Care Bulletin? __Yes __No

5. How do the Local Medical Review Policies or Practice Acts of your state affect the practice of respiratory care within your facility?
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

6. What areas of challenge do you have or what additional information do you need to be more successful within the subacute care environment?
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_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________