



Subacute Care

November / December 2002

Bulletin

OIG Targets SNFs

The Office of Inspector General (OIG) has nursing homes in its sights for next year. OIG's 2003 work plan includes increased focus on:

- The effectiveness of the state survey process.
- The role of quality assurance committees in improving care.
- The accuracy of survey and deficiency data.
- Identification of SNFs with repeated deficiencies relating to quality of care.
- A study of whether some Medicaid payments could be covered by Medicare, as many states may lack controls to prevent duplicate payment.
- An examination of whether Medicaid pays twice for some ancillary services delivered to SNFs. ♦

California Ranks Nursing Homes

The California Healthcare Foundation is providing consumers with everything they ever wanted to know about nursing homes in the state. Their California Nursing Home Search website is being called the most comprehensive available anywhere in the country. Potential clients and their families can access the site to find out detailed information on more than 1,400 nursing homes. Among the information available: staffing levels, clinical performance measures, complaint and deficiency ratings, staff wages and percent of total expenditures on care.

The site also assigns overall ratings to nursing homes, ranking them as better than average, average, or worse than average on three common conditions: weight loss, being in bed all or most of the time and use of physical restraints.

Check out the site at : <http://www.calnhs.org>. ♦

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ORYX Delayed for Long-Term Care

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is allowing all accredited long-term care, home care and behavioral health care organizations to defer the reporting of data from their ORYX measures to the Joint Commission until applicable core measures are identified. However, these organizations must continue to meet standards-based requirements for performance measurement and to present relevant performance data and actions taken in response to these data during their onsite surveys.

Accredited organizations that wish to continue to report measurement data to the Joint Commission may continue to do so through a JCAHO-listed performance measurement system. In addition, the Joint Commission is developing and will offer an extranet option beginning in mid-2003 that will permit accredited long-term care and home care organizations to use the same data to satisfy both federal performance reporting requirements and ORYX requirements. This low-cost option is being designed for the approximately 93% of accredited long-term care organizations and 60% of accredited home health agencies that are already required to gather and report MDS/OASIS data.

JCAHO says the modified ORYX refinements acknowledge the slow pace at which national consensus is being reached on appropriate performance measures for non-hospital settings of care. The modifications will also eliminate what some organizations have seen as duplicative federal and private accrediting body requirements.

The Joint Commission will continue to work with the Centers for Medicare and Medicaid Services, the National Quality Forum and other stakeholders in the long-term care, home care and behavioral health care fields to identify appropriate core measure sets. Once suitable core measures have been identified for organizations in any or all of the three accreditation programs, the Joint Commission will require accredited organizations to transmit core measure data to the Joint Commission via its extranet site or through a JCAHO-listed performance measurement system.

The Joint Commission expects core measures to be identified for the long-term care field by mid-2003. A time frame for final development of core measures for the other two fields has yet to be determined.

The goal of the ORYX initiative is to integrate outcomes and other performance measurement data into the accreditation process. By focusing on the actual results of care, JCAHO believes it will be providing a continuous accreditation process that brings value to all stakeholders. ♦

Quit Complaining, says Scully

Nursing homes need to quit complaining about funding and work on their image, says Tom Scully, administrator of the Centers for Medicare and Medicaid Services (CMS). Scully made the comment during the 12th annual conference of the National Investment Center, held in October. The admonition came on the heels of a scathing article on nursing home financing in a recent issue of U.S. News and World Report. Basically, the article claimed the nursing home industry overstates its financial problems, using the issue to explain care deficiencies while pocketing profits. The authors write, "although public funding has effectively made nursing home care a full-blown government program, the money comes with no guarantees of quality."

In his comments, Scully went on to suggest nursing homes spend more time improving their reputation among the public by enhancing services. Those that do, he says, will benefit from higher quality rankings under the new government program publicizing nursing home quality measures to the public. The Nursing Home Quality Initiative rolled out nationwide in November. ♦

Shorter Stays/ Higher Costs

According to new data from the Agency for Healthcare Research and Quality, average hospital stays have dropped for many high-cost conditions. But that doesn't mean hospitals are saving money. The same research shows average hospital costs for these conditions - including several common respiratory diagnoses - are going up. Consider the following comparison of costs and LOS:

- Blood poisoning: costs rose from \$17,909 to \$24,365; LOS declined from 10.0 days to 8.2 days.
- Cardiac dysrhythmias: costs rose from \$10,152 to \$14,213; LOS declined from 4.7 days to 3.6 days.
- Stroke: costs rose from \$15,365 to \$19,956; LOS declined from 9.5 days to 6.7 days.
- Diabetes: costs rose from \$11,021 to \$14,779; LOS declined from 7.4 days to 5.6 days.
- Pneumonia: costs rose from \$12,860 to \$15,104; LOS declined from 7.8 days to 6 days.
- Congestive heart failure: costs rose from \$11,995 to \$15,293; LOS declined from 7.4 days to 5.6 days.
- Nonspecific chest pain: costs rose from \$5,135 to \$7,543; LOS declined from 2.5 days to 1.8 days.
- COPD: costs rose from \$11,263 to \$12,491; LOS declined from 7.2 days to 5.3 days.

The report attributes these discrepancies to new technologies and rising medication costs, which have increased average hospital charges while economic pressures have shortened the average patient stay. ♦

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Easing the Rules on Flu Shots

The Centers for Medicare and Medicaid Services (CMS) removed a major barrier to flu shots for seniors living in long-term care settings just in time for this year's flu season. As of October 2, nursing homes no longer had to have a physician's order to vaccinate residents against influenza and pneumonia. CMS hopes the new rule will increase the number of seniors who receive the shots and also improve the efficiency of standing orders programs already in place. In addition to nursing homes, the rule also applies to hospitals and home health agencies. ♦

More Geriatric Specialists Needed

The number of Americans over age 65 is expected to double over the next 28 years, to 70 million by 2030, but the statistic apparently isn't enough to entice medical students to specialize in the care of seniors. The Cleveland, Ohio, Plain Dealer recently reported the number of physicians certified in geriatric medicine has actually declined by 34% since 1998, to just 6,000. The reason probably lies in the pocketbook. According to the newspaper, geriatricians make less than other doctors and may become disillusioned with their financial outlook, particularly now that the average medical school student graduates with \$100,000 in loans. The newspaper says a new study finds 45% of geriatric specialists fail to renew their certificates after ten years.

But the outlook isn't all doom and gloom. Another study, published in the Archives of Internal Medicine, finds geriatric internal medicine is one of five specialty areas where doctors report a relatively high level of career satisfaction. ♦

Keeping the Faith

Patients suffering from debilitating illnesses often turn to religion for spiritual support. That's not a bad idea, finds a new study based on 21 cardiac rehabilitation patients. Researchers from Geisinger Health System in Pennsylvania found patients with strong religious beliefs were more confident of their abilities to perform physical tasks during rehab and ultimately had better perceptions of their physical abilities during the 12-week program.

The study involved 11 men and 10 women with an average age of 61 who were classified by age to determine associations regarding spirituality and religiosity (a person's religious practice vs. their spiritual beliefs). Each was administered four questionnaires measuring:

- Religiosity
- Spiritual and Religious Concerns
- Quality of Life
- Self-Efficacy (confidence to perform physical tasks)

Regardless of age, the researchers found ritual and overall religiosity were related to a patient's self-efficacy at the start of the program and ultimately, their improvement throughout its duration. A larger study - with a target of 100 cardiac rehabilitation patients looking at five-year outcomes in first-time heart attack and bypass patients - is presently underway to confirm these findings. ♦

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COPD and Osteoporosis

Canadian researchers find patients with COPD are at risk for vertebral fractures, but may not be getting the care they need to prevent them from occurring.

Their review of chest radiographs found 25.5% of patients had at least one vertebral fracture. But only 17.8% of the fractures were recorded in hospital charts, and just 38.8% of those who suffered fractures had a diagnosis of osteoporosis in their medical records. Just 19% had been prescribed an osteoporosis medication. The authors conclude vertebral fractures and osteoporosis are underdiagnosed in COPD patients.

The study was presented at a recent meeting of the American Society for Bone and Mineral Research. ♦

Get Them Involved!

Nursing home residents who participate in their own care planning are more satisfied with the care they receive, finds a new study by Press Ganey Associates. They're also more likely to recommend their facility to others seeking nursing home care for themselves or a loved one. "Feedback from the residents and their families provides valuable insight into the customer's perception of care and allows facilities to serve them better," says Sabina Gesell, PhD, Press Ganey research product manager. "The key is to foster an environment where customers feel comfortable offering both positive and negative feedback."

The health care research firm surveyed more than 9,500 residents across the country, asking them about various factors influencing their satisfaction with their current living arrangement. Other factors influencing a resident's satisfaction: treatment of visitors, likelihood of being treated with dignity by nurses and likelihood of being treated with dignity by aides. ♦

Smoking, Infections, and Artherosclerosis

Cigarette smoke can turn the entire body into a breeding ground for infection, leading to chronic infections that in turn foster the buildup of artery-clogging plaque, according to a study reported in the September issue of Stroke. The finding may help explain why some smokers prematurely develop the artery-clogging process that causes most heart attacks and strokes, while others remain free of arterial plaque buildup until they are older.

In the study, current and ex-smokers who had common chronic infections - such as bronchitis, ulcers, urinary tract infections and even gum disease - were more than three times as likely to develop early atherosclerosis than people without such infections.

The researchers used ultrasound scans to examine changes in the carotid arteries of 826 men and women ages 40 to 79. Over the five-year study period, 332 developed new carotid plaques. The risk of developing atherosclerosis was closely associated with the number of years and quantity of cigarettes smoked, regardless of gender, but chronic infection also had a role in plaque development. Nonsmokers with chronic infection had 1.8 times the risk of premature atherosclerosis as nonsmokers free of infection. Among former smokers with infection, the risk was 1.9 times higher, while current smokers with infection had 2.9 times the risk for premature atherosclerosis as infection-free nonsmokers. In ex-smokers with chronic infection, the risk of early atherosclerosis remained elevated even 10 years after they quit, while ex-smokers without infection showed a gradual decrease in risk over time.

The study concludes smokers should be made aware of these dangers and be advised to seek treatment for their chronic infections. ♦

Florida Pushes for Additional Vent Payments

Nursing home providers in Florida are seeking a supplement to Medicaid payments to cover additional resources necessary to provide care to ventilator patients. The legislation, they say, is necessary for SNFs in the state to keep the doors to their ventilator units open and ensure residents can remain in their centers. Care required by vent patients runs about two to three times more than standard nursing home care, continue the providers.

A study approved by the Florida legislature in 2000 is studying ventilator bed shortages in the state, but providers believe additional funding is needed now for them to continue to offer the service. ♦

JCAHO-Accredited Facilities Have Better Outcomes

According to a new study from LTCQ, Inc., nursing facilities accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) have better outcomes in four major areas of care. When researchers compared results from JCAHO-accredited facilities with those from non-accredited facilities, JCAHO homes had:

- Significantly fewer high-level health-related deficiencies
- Significantly fewer Life Safety Code deficiencies
- Significantly fewer medication errors
- Significantly fewer complaints and fewer substantiated allegations

LTCQ is an independent information services company. ♦

Send Us Your Email Address!

Beginning next year, the Bulletin will be published on a quarterly, rather than bimonthly, basis. But that doesn't mean we'll be communicating with you less often than before. The plan is to increase communication to members via a monthly email which will feature items of interest to the section. If you're already receiving email messages from the AARC, you will automatically receive these emails. If you aren't getting AARC email, that means we don't have your email address. To ensure you don't miss out on these timely publications, send your email address to: mendoza@aacrc.org. ♦

Women More Sensitive to Cough

Researchers testing the responses of both sexes to tussive agents find cough sensitivity is greater in females than males. The study tested 118 patients, 68 of whom were female, with inhalation cough challenges at a clinic for chronic cough.

The inhalation cough challenge materials were inhaled through a mouthpiece for 1 second, and the number of coughs in the first 10 seconds after inhalation were recorded. The researchers used inhaled capsaicin, a white crystalline extract of red pepper, and citric acid to cause coughing. Measurements of each successive cough challenge were significantly lower for female patients when compared with male patients. Cigarette smoking and the type of cough being treated did not influence the results.

The investigators note this study of a large group of patients with chronic cough has shown for the first time that women have a heightened cough reflex sensitivity to both capsaicin and citric acid cough challenges. A similar difference between the sexes was also seen in the clinic for two principal diagnostic categories, asthma and gastroesophageal reflux disease.

The study was published in the first October issue of the American Journal of Respiratory and Critical Care Medicine. ♦

Smokers Say, "Pay Me Now"

Most smokers know quitting smoking can bring eventual health benefits, while continuing smoking holds great potential for future health harm. But for many, this recognition isn't enough to get them to kick the habit, say researchers publishing in a recent issue of Nicotine & Tobacco Research. You have to show them more immediate benefits to increase the chances of a successful quit attempt.

The investigators arrived at this finding after evaluating 23 current cigarette smokers, 21 ex-smokers, and 22 people who had never smoked to compare the values they placed on health issues. Each was presented with different scenarios involving a serious sexually transmitted disease, a health problem the researchers chose because it is not related to smoking and therefore equally likely to occur for all participants. In one scenario, designed to see how the subjects weighed future health gains, they were told to imagine they were sick right now but could get well later. In another, designed to see how they weighed future health losses, they were told to imagine they were well right now, but could get sick later.

Smokers placed less value on future damage to their health than did nonsmokers. For example, the smokers said they would rather deal with a chronic illness for a longer period of time, 10 years versus 8 1/2, if they could put the illness off for a year.

The authors conclude smoking cessation therapies that illustrate the immediate consequences of not smoking, rather than rely on possible benefits in the distant future, hold greater potential for success. For example, contingency management therapy, in which people are checked regularly to verify their smoking status using physiological measures and then given vouchers for consumer goods and services if they haven't smoked, has proven successful. This type of therapy, say the investigators, can help get people through the difficult initial periods of quitting, to the point where they can start realizing some of the more delayed benefits of not smoking, such as better health. ♦