

David Skipper

Subject: CHCA LTC MONDAY BRIEFING



LTC Monday Briefing

Colorado Health Care Association & Colorado Center for Assisted Living

Good morning! Today is Monday, October 5, 2009. In an effort to minimize the number of emails sent out from CHCA we are sending out this weekly Monday Morning Briefing. If you have information that you would like included in this briefing please Send it to the attention of David Skipper at dskipper@cohca.org Submissions are due each Friday by noon.

Photos Available From CHCA Annual Convention & Exposition Banquet

Photos are now available from the CHCA Annual Banquet. You may view the photos online at: www.familystudio.com Go to "my gallery" and look for Colorado Health Care. No user name or password required. Order directly from The Family Studio, 2128 Copley Road, Colorado Springs, CO 80920. Questions? Call Pete Moore at 719-264-9293.



Advertise in 2010 CHCA Resource Directory

The deadline for advertising in the 2010 Colorado Health Care Association Resource Directory is October 30, 2009 when all camera-ready copy and payments should be in. A special is being offered with a reduced rate for all members (Platinum, Silver, Individual and Facility Members until October 16th. Act now and save. Limited tab pages are available, so reserve yours now. Remember, Platinum members receive a ½ page ad with their membership with the option to upgrade to full or tab page. If you need a contract rate sheet or ad specs, please download the following here:

Contract rate sheet: <http://www.cohca.org/downloads/2010AdvertisingContractrates.pdf>

Ad Spec Sheet: <http://www.cohca.org/downloads/2010DirectoryContractspec.pdf>

Season Ticket Still Available At Reduced Rate Until October 30th

The Colorado Health Care Association Season Ticket is still available at a special reduced rate of \$75.00 off the \$600.00 value price. The following facilities received the \$100 off conference special by signing their facilities up during the fall convention & exposition: If you submit your request before October 30, 2009, you can still get the Season Ticket program for only \$525.00. After October 30th the Season Ticket will be available for \$600.00 So act now and save!

- Alpine Living Center
- Amberwood Court Care Center
- Aurora Care Center
- Bent County Healthcare Center
- Clear Creek Care Center
- Fowler Healthcare
- Highline Rehab Care Community
- Hillcrest Care Center
- Hildebrand Care Center
- Laurel Manor Care Center
- Minnequa Medcenter-Pueblo
- Pearl Street Health & Rehab
- Southwest Colorado Hosp.
- Spring Creek
- Sunset Manor
- Union Printers Home
- Western Hills Healthcare Center
- Westwind Campus of Care
- Woodridge Terrace

The following programs will be offered as part of the 2010 Season Ticket staff development workshops:

- Pay 4 Performance
- C.N.A. Empowerment Training
- Continuing the Challenge of Culture Change in LTC
- Legal Aspects of Nurse Documentation
- Falls Prevention Program
- Emergency Preparedness and Survey
- Activities Leadership
- Health Information Management Update

- Dietary Considerations in LTC
- Patient Rights vs. Patient Safety

For more information or to sign up today for the CHCA Special Season Ticket offering, call (303)861-8228 or email Bonita Jones at bjones@cohca.org

Fire Prevention Week

October 4–10 is the National Fire Protection Association’s (NFPA) Fire Prevention Week. This is a good time to organize fire safety inspections, workplace awareness programs and an awareness campaign for employees about how they can keep their homes safer as well. Home fire safety is a major focus of this year’s NFPA campaign along with burn awareness. In 2007, according to NFPA:

- Almost 2900 people (about eight per day) died in approximately 399,000 house fires
- Sixty-three percent of reported home fire deaths occurred in homes with no smoke alarms or nonworking smoke alarms
- About 1/3 of house fires and deaths occurred during the winter months
- Cooking continued to be the leading cause of home fires and injuries followed by heating, electrical and intentional fires
- **This is Fire!** - <http://www.usfa.dhs.gov/downloads/pdf/fswy6.pdf>
- **Fire Prevention Week** - <http://www.nfpa.org/itemDetail.asp?categoryID=1203&itemID=28255&URL=Safety%20Information/Fire%20Prevention%20Week%202009/Fast%20facts%20about%20fire>
- **Be Fire Safe** - (interactive approach to fire safety) http://www.befiresmart.com/?&src=~sggl~kfire+safety+month~cfiresafety_national~qbefiresmart_fire_safety_broad~mbroad
- **Smoke Alarms** - <http://www.cpsc.gov/CPSCPUB/PUBS/559.pdf> and http://www.nysconsumer.gov/pdf/cpsc_cpb_smokealarm.pdf
- **Smoke Alarm recall** - http://www.mass.gov/Eeops/docs/dfs/dfs_briefs/august_2009/cpsc_kidde_smoke_alarm_recall.pdf
- **Use, Placement, Maintenance and Testing of Portable Fire Extinguishers** - <http://www.labsafety.com/refinfo/ezfacts/ezf135.htm?CID=9EA127>

H1N1 “SWINE” FLU VACCINATION

Facilities should understand two key points regarding H1N1 swine flu vaccination in terms of the impact on patients/residents & facility staff.

1. Patients/Residents

Those over age 65 are NOT included in any priority group for the H1N1 vaccine. This group appears to be at lower risk for contracting the swine flu.

- While long term care patients/residents typically are not prioritized for the H1N1 vaccine, **long term care facilities are considered priorities for use of the antiviral drugs like Tamiflu®**. Tamiflu has been used prophylactically, for example, in the New York facility that had a confirmed case of H1N1.

Details on the use of antivirals can be found here: <http://www.cdc.gov/h1n1flu/antiviral.htm>

- **Important note:** According to the Department of Health & Human Services (HHS), **under no circumstances should a customer accept expired Tamiflu**, which is a doctor-prescribed anti-viral medicine for seasonal flu treatment and prevention. While the government might decide to allow use of expired Tamiflu that is in the national strategic stockpile (where the government oversees proper storage, i.e., temperature control), that would be the only expired Tamiflu allowed. AHCA/NCAL members are cautioned to stay away from expired medicines.

2. Staff

Health care workers – including long term care employees – are considered one of the 5 priority groups identified by the Centers for Disease Control & Prevention (CDC) for the H1N1 flu vaccine. Initial doses are being distributed, but in limited supply. H1N1 vaccine will be more readily available for targeted groups by mid-October.

Even so, we have learned from some members that some states may be trying to set priorities within the health care employee priority group, which could prove detrimental to the long term care workforce. While we are working with all involved to avoid such re-prioritizing (which states have the authority to do), **we encourage facilities to notify their local/state public health departments regarding each facility's need for vaccine for staff and to notify AHCA/NCAL of any incidences where access to the vaccine is limited.**

The CDC link to state/jurisdiction vaccine contact information can be found here:

www.cdc.gov/h1n1flu/vaccination/statecontacts.htm

Additional details regarding CDC's H1N1 flu vaccine recommendation are posted here:

www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm

H1N1 "SWINE" FLU INFECTION CONTROL

On September 3, the Institute of Medicine (IOM) released its *Letter Report—Respiratory Protection for Healthcare Workers in the Workplace Against Novel H1N1 Influenza A*, which **recommends that health care workers who interact with patients suspected or confirmed to be infected with novel H1N1 influenza A should wear N-95 respirators.** The IOM focused solely on the efficacy of medical masks and respirators in evaluating personal protective equipment designed to guard against respiratory infection; consequently, the report does not comment on economic, logistical, or other issues, which would affect deployment of N-95s in a care setting.

AHCA/NCAL opposes this recommendation. Long term care facilities already have proven success in control for seasonal flu without the use of N-95 respirators. Moreover, we have strong concerns about the burden that deployment of N-95 respirators will place on a facility since use of N-95s sets off Occupational Safety & Health Administration's (OSHA's) respiratory standard, requiring fit-testing and medical evaluations. In addition, there is a shortage of commercially available N-95 respirators.

It is our understanding that the CDC's revised interim H1N1 infection control guidance, which currently is in final clearance at the Office of Management & Budget (OMB), is respectful of the IOM recommendation, while also acknowledging that there is a shortage of N-95

respirators. This CDC guidance is anticipated to be released as early as today, October 2, followed by additional guidance that offers suggestions for prioritizing N-95s during a shortage. That guidance also awaits clearance.

While we understand the difficulties involved in using N-95 respirators, we also know that it may be important that facilities have N-95s on hand so workers feel safe, as well as to meet guidance recommendations. Thus, **AHCA/NCAL strongly urges facilities to check in with local public health departments that may have N-95 respirators as part of state strategic stockpiles.** AHCA/NCAL reached out to assist in the procurement of N-95s, but has learned that distributors will honor existing customers' orders before considering fulfilling orders for any new customers.

SEASONAL FLU VACCINE & ANTIVIRAL DRUGS

The CDC notes that some people are at increased risk of influenza complications and are prioritized for treatment with influenza antiviral drugs such as Tamiflu® – to include people hospitalized with suspected or confirmed influenza, adults 65 years and older, people with certain chronic medical conditions, and others.

On the September 9th conference call with members of the National Influenza Vaccine Summit, AHCA learned from CDC officials that **some providers are experiencing challenges in ordering seasonal flu vaccine** primarily due to increased demand for the vaccine and increased media around the H1N1 flu. Please let AHCA/NCAL know if you are having difficulty obtaining seasonal influenza vaccine.

POSITIVE PRESS

Given all that facilities are doing to prepare for the H1N1 “Swine” flu – not to mention the seasonal flu – it should be no surprise that recent press inquiries have resulted in generally positive media stories. For a good example of the outstanding preparations that facilities are (or should be) doing, please view the following links to the August 25th story, which aired on WJLA, the ABC affiliate in Washington, DC:

<http://www.wjla.com/news/stories/0809/653092.html> (story only)

http://www.wjla.com/news/stories/0809/653092_video.html (video)



Advancing Excellence to Launch Phase II

Advancing Excellence in America's Nursing Homes is about to usher in its first update to its goals since 2006. For all participants, this is an excellent time to review their activities and performance in the Campaign up to now, noting the challenges faced and milestones accomplished. Not all the goals will be new. However, even the goals carried over from the original Campaign have new objectives or have been significantly re-defined. Phase II of the Campaign has three clinical improvement goals and five operational improvement goals. Additionally, the order of the goals has

been changed to better reflect that staffing issues are clearly drivers of overall quality improvement in a nursing home. The eight new goals will be:

- Goal 1, Staff Turnover: Nursing homes will be expected to take steps to minimize staff turnover among RNs, LPNs and CNAs and other essential staff.
- Goal 2, Consistent Assignment: Nursing homes will practice consistent assignment in accordance with the definition established by *Advancing Excellence*.

- Goal 3, Restraints: Nursing home residents are independent to the best of their ability and rarely experience daily physical restraints.
- Goal 4, Pressure Ulcers: Nursing home residents receive appropriate care to prevent and treat pressure ulcers.
- Goal 5, Pain: This will be a two-part goal with objectives for long stay and short stay differing slightly
- Goal 6, Advance Care Planning: All nursing home residents will have the opportunity to discuss their goals for care - including their preferences for advance care planning - with an appropriate member of the healthcare team.
- Goal 7, Resident/Family Satisfaction: Almost all nursing homes will assess resident and family experience of care and incorporate this information into quality improvement activities.
- Goal 8, Staff Satisfaction: Almost all nursing homes will assess staff satisfaction at least annually, and upon separation, and incorporate this information into their quality improvement activities.

Be sure to check your inbox for news from the [*Advancing Excellence in America's Nursing Homes*](#) campaign and AHCA regarding Phase II of the new campaign.

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