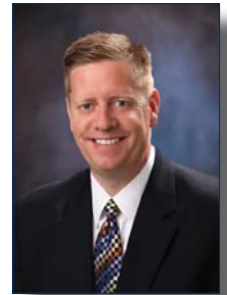


Building on What We Know

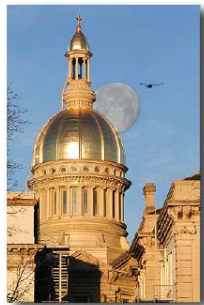
Our 20-Hour Symposium, held two weeks ago in Atlantic City, was a tremendous success. Not only did HCANJ members, leaders and vendors have a great new venue and event during which to interact with each other, the seminars were very well-received and relevant to the many challenges and changes facing our long term care profession.

The member reviews are in and there were many compliments about the "mock deposition" session. We

also heard plenty of great comments about how well the series of programs built upon each other. I am glad attendees recognized this fact, as it was the specific intent of your Education Committee in planning this year's event. I am also pleased that state leaders from DHS, DOH, MLTSS, and representatives from all the managed care plans attended.



Jon Dolan
President/CEO



News from the State House

*Commercial driver license relief in hand;
Medicaid application delays
now a top priority*

HCANJ member buses are rolling again! Thanks to legislation sponsored by Assembly Speaker Vince Prieto and Senate Transportation Committee Chairman Nick Sacco, drivers of certain health care facility buses no longer require a commercial driver license (CDL). This HCANJ initiative was signed into law by Governor Christie on March 23.

The new law, P.L.2015, c.31, applies to buses owned or leased by nursing facilities, assisted living facilities, adult and pediatric day health care facilities and facilities licensed or approved by the Department of Human Services or the Department of Health to render services to New Jersey residents. The buses must be used to transport eight or more, but fewer than 16 persons, including the driver, to and from recreational and social activities, shopping, and other health care

(Continued on Page 6)

There is no doubt that measuring and illustrating your quality is the new currency for facilities. In developing your quality assessment and process improvement (QAPI) programs, and all that we do in using best practices and workforce experience to produce great outcomes, we are always "building on what we know." That phrase, like others I often use, are nearly all derived from my education and life experiences.

Such a concept and the title of my column this month is not just opinion, but rooted in science as well. Our brain cognitively develops according to activities, experiences and knowledge gained throughout our lives. So, in addition to adding new systems and creative solutions to your facility operations, bringing your lifetime of learning, training and habits to the pursuit of quality, excellence and better outcomes for our residents is a key component.

This year's seminars provided insight and the building blocks for how data and metrics will be used by others as well. CMS, DHS, DOH, and managed care and accountable care organizations will all use data and metrics to judge your quality. Mastering the use of these indicators and illustrating positive outcomes while "building on what we know," are all concepts that will prepare you for the road ahead.

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As a Membership service, classified advertisements of 75 words or less for positions available can be placed without charge by HCANJ members for two consecutive months.

For further information contact Pattie Tucker by phone at 609-890-8700 or via e-mail at pattie@hcanj.org.

Who's Who in New Jersey Long Term Care Facilities

HENRY PERKOWSKI

A highly-decorated hero



Henry, a 98-year-old resident of Sunrise of Edgewater was born and raised in North Bergen, NJ. He worked as a licensed technician for Standard Brand Inc. for 38 years. Henry was drafted into the army where he served four very honorable years during WWII including in the Battle of the Bulge in France. He has five battle star decorated medals including, a bronze star ordered from the President of the United States and a New Jersey Medal for Distinguished Military Service.

Henry was drafted at 26 years old, where he trained with the 3rd Army Division at Camp Polk in Louisiana. He learned how to drive a tanker truck, how to throw hand grenades in a timely fashion and took target practice. Henry's first mission overseas was just before Christmas 1944, in Bastogne, Belgium fighting the Germans.

Henry is the oldest living soldier from his division from the Battle of the Bulge. Henry was nominated for the bronze star by his comrade, Major Draste, with whom he fought alongside protecting a gasoline depot from the Germans during the war. He also received a battle star medal from his hometown of North Bergen. Henry is also very proud of the fact that his younger brother, Steven, served 30 years in the army. He gets very emotional when talking about the war times. But, when told that his story will be shared, he was delighted, because as he says "it will be in memory of his fallen soldiers."

Henry has been living here at Sunrise of Edgewater for the past 6 years and is still very active. Rain, snow and sunshine, Henry takes his daily walks along the path to the Hudson River where he feeds the geese and a stray cat, whom he named Henrietta. Henry also enjoys entertaining the other residents here by playing the piano, the harmonica or his keyboard. We are privileged here at Sunrise of Edgewater that we have a hero/legend that calls our community home. We salute Henry along with all our other veterans who served this country with grace and dignity.

- Germaine Dignan

Executive Director, Sunrise of Edgewater

NORMA HORGER

"No matter what life brings you, be grateful for what you have."

At 101 years young, Norma was the youngest of seven children. She grew up in West Hoboken and as an adult moved to Leonia, NJ. Norma worked in the banking industry in NYC for 40 years. Her first job was as a bookkeeper and stenographer managing the bank's safe deposit boxes and Christmas Club savings accounts. Norma experienced three major bank acquisitions during her career and retired from JP Morgan Chase.

During her retirement, Norma enjoyed her home in Cape Cod, for 20 years before moving to The Avalon in Bridgewater, NJ. One of the hobbies she enjoyed was painting. Painting was a common interest with her and her sister. Norma also enjoys reading, anytime, any day.

Norma enjoys attending entertainment and is learning to use the computer to type correspondence and even search the internet! She is well liked by all the residents and staff and is an asset to our community. We all learn a lot from her experiences. When asked about her life and what she did to enjoy life to the fullest, her response is always "I lived an average life. You don't have to have it all, you just need to appreciate the love, support and care you do have and love the life you live!"

Norma recently underwent hip surgery, followed by an extensive rehabilitation period. Her work ethic and desire to recover as fully as possible have inspired not only other residents, but even her therapists! When asked by her OT if she would like to rest a little, she responded with an enthusiastic "No. I want to work!" This was not extraordinary for Norma. She was just being Norma, and it's things like this that inspire us all and why we look to her as a hero.

- Tom Rotella

Executive Director, Avalon at Bridgewater Assisted Living



Upcoming Recognition Dates

APRIL

National Parkinson's Awareness Month
National Occupational Therapy Month
National Cancer Control Month
Stress Awareness Month

6 - 12

National Public Health Week

12 - 18

National Volunteer Week

14 - 20

National Minority Cancer Awareness Week

19 - 25

Administrative Professionals Week

7

National Healthcare Decisions Day

22

Earth Day

23

Take Our Daughters and Sons to Work Day

MAY

Better Hearing and Speech Month
Employee Fitness and Health Month
Healthy Vision Month

National High Blood Pressure Education Month

National American Stroke Month

National Osteoporosis Prevention Month

National Melanoma/Skin Cancer Awareness Month

National Mental Health Month

Older Americans Month

6 - 12

National Nurses Week

10 - 16

National Nursing Home Week



National Hospital Week

11 - 17

National Women's Health Week

12

Florence Nightingale's Birthday (1820-1910)

27

National Senior Health & Fitness Day



Speak the language of Familia, Vida and Amor during National Nursing Home Week 2015!

Imagine an event that brings the long-term care (LTC) COMMUNITY of residents, rehab patients, families and care center staff together for a weeklong festival in 2015.

In fact, let's plan on a week-long bash in May, starting on Mother's Day. Think of all the fun your LTC community can have, which is precisely why the American Health Care Association (AHCA) will designate National Nursing Home Week (NNHW), May 10 to 17, 2015, as "Bring on the Fiesta!" week.

We call on everyone to strut their stuff this week. Make it a special time of entertainment and education for all while focusing on bringing to life the subtheme of "Familia, Vida and Amor" (family, life, love). Show how your care center, as part of culture change, brings these vital attributes of quality care to the forefront, irrespective of anyone's age or physical or intellectual ability.

Try to weave into your Fiesta! a celebration of cultures, and how people of various backgrounds put on a Fiesta.

We see this as an opportunity to entice in new guests, infrequent visitors and local VIPs to realize and appreciate the importance of a kind word, a personal touch and being connected to the resident.

Encourage visitors and younger volunteers to make time with loved ones a special event by putting aside the Smartphone along with Facebook, Twitter, Instagram, and all other impersonal distractions in order to be part of the Fiesta! and Familia, Vida, Amor.

So, BRING ON THE FIESTA! for all to enjoy the chance to whoop it up, enjoying the crowds, the activities, the comradery and the feelings engendered by Family, Life, Love (Familia, Vida, Amor).

Tell everyone to step out of their fast lane and have some old fashioned FUN!

- American Health Care Association



CLINICAL CORNER

Dehydration

Dehydration is a common cause of hospital admission and readmission. Hypodermoclysis is an effective method of getting fluids into the frail elderly and those with dysphagia who are at constant risk for dehydration. Those nurses who remember when clysis was used in pediatrics to hydrate children who had pernicious vomiting and diarrhea, was a highly effective method to rehydrate children.

The following article suggests that hypodermoclysis can be used effectively in the older adult.

Hypodermoclysis: The Hydration Solution
Prepared by: Rebecca Ogden, BSN, RN, CRNI,

Mable, a new, elderly post-CVA, confused resident, has developed a urinary tract infection. Despite efforts to push fluids, arms are contracted, she has very fragile veins; an IV is not feasible. Dehydration is the most common fluid and electrolyte disorder among long-term care residents, and if left untreated in the elderly, serious complications, including death, can occur. In order to prevent Mable from a hospital readmission, she needs another hydration option.

Hypodermoclysis (HDC) is the non-IV hydration solution to restore fluid balance and a very safe, easy, effective, and cost-saving means of hydration. Mable's physician is contacted to obtain HDC orders.

What is HDC? It is the administration of isotonic fluids into the subcutaneous space to prevent dehydration or to restore hydration. The rate of absorption is nearly as rapid as the IV route and solutions can even be infused up to a combined total of 125mL/hour with two separate sites. There are many advantages to HDC including less pain and more comfortable infusions for your residents. Initiation of HDC takes about 10% the time required to initiate IV hydration. Insertion is easy to learn. Many areas of the body can be used as a site, a variety of solutions can be infused, and specialized two sites combined, easy-to-use HDC sets are available.

INDICATIONS:

- Prevention of dehydration
- Mild to moderate dehydration
- Residents with active fluid loss
- Dysphagia
- Confusion
- Fluid requirements less than or equal to 3 liters/day
- Hydration prior to initiating venous access
- Limited venous access/need for repeated re-starts due to fragile veins
- Palliative care

SOLUTIONS (should be isotonic):

- 0.9%NS
- 0.2%NS, 0.45%NS with or without Dextrose 2.5-5%
- Lactated Ringers (LR), Ringers
- Should not infuse dextrose solutions alone (due to rapid absorption of the dextrose, leaving sterile water, which by itself is hypotonic and would worsen the dehydration)

SITE LOCATIONS:

- Posterior, upper arms
- Infraclavicular/upper chest – avoid breast tissue
- Abdomen – at least 2" from navel
- Anterior or lateral thigh
- Upper back below scapula
- Flank area in some residents

Mable responds well to HDC and within 48 hours has started drinking fluids and feels better, and a hospital readmission was averted. There is no need to wait until our residents are dehydrated to initiate HDC. If your resident is refusing fluids, instead of "pushing fluids", contact the prescriber for HDC orders to restore fluid balance and prevent dehydration and a hospital readmission for your resident.

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Building on What We Know

(from Page 1)

Making things new and functional again for better outcomes is a concept applicable not only to healthcare but to government as well. Gridlock, lack of efficient systems, fiscal challenges, delay and defeat have been hallmarks of the US Congress and many Executive branch agencies lately. From the IRS to the elite US Secret Service, people and systems appear to be facing daunting challenges and an erosion of trust.

As advocates in Trenton and our nation's capital, HCANJ & AHCA staff could arguably claim "nothing can be done." However, that phrase is not in our lexicon. Instead, we're leaning forward to strike as the system comes around to function and pursue efficiency again.

The best recent example of this was the way in which AHCA kept focused on a permanent solution to the "Doc Fix" legislation we've heard about for over a decade. The perennial bill also known as the "Sustainable Growth Rate" or SGR debate has loomed large as a \$200 billion dollar challenge that, if not passed, would lead to drastic 20% cuts in physician reimbursement rates for the Medicare services they provide.

Cuts to our Medicare or therapy programs were often looked at as the "pay for" as a fix. And, it was always a temporary fix at that. Luckily, this game of Kick the Can is almost over. The US House passed a permanent fix and did so with some good news for our sector. If the Senate returns after the Easter/Passover recess and passes the House Bill, we will see a two-year extension of the exceptions to the therapy caps, a fix to the cumbersome and unfair manual medical therapy review process, and a reduction of our 2018 SNF PPS rate increase to 1%. For the certainty, stability and efficiency of finally fixing this once and for all, that is a fine deal. It is also a hopeful sign that the US Congress wants to get to work again after years of gridlock. So, please keep your fingers crossed.

Regardless of the result, I admire and respect the leadership that AHCA President, Mark Parkinson has provided over the past few years. We are being creative, forward-thinking and we are staying ahead of such issues in the legislative and regulatory arena. We are offering solutions and taking our rightful seat at the table. In this case, we also were

absolutely "building on what we know." The failure to gain a permanent fix means a continued risk of draconian cuts at any time the Congress wills it. At a minimum, the collective death by a thousand cuts will be far worse than the reduction of the 2018 Medicare increase.

AHCA's work to keep our therapy needs as a part of the larger agenda also illustrated that our leaders were really listening. Now, we can set about helping our residents to talk, walk and work again and not unfairly limit their critical therapies. Additionally, halting or changing the onerous manual medical review process is essential and another solid victory.

As I am moving through my tenth year in long term care, I realize every day that I, too, am constantly "building on what I know." While developing strategies and solving new problems to promote our continued success, we have to use our experience and remember our history. So whether you have one year in the sector or forty, I encourage you to do the same and ready yourself for the challenges ahead by working hard and smart as you focus on illustrating the excellent quality work you do and the positive outcomes you and your facility create for your residents.

MARK YOUR CALENDAR!

17th Annual
HCANJ Assisted Living
Conference

May 12, 2015

Sheraton Eatontown Hotel
Eatontown, New Jersey

Registration information is available online at:

<http://www.hcanj.org/2015al>

For further information,
please call Michelle Palko -
(609) 890-8700.

News from the State House

(from Page 1)

providers. In addition, there can be no charge assessed each time a patient, resident, or client utilizes the transportation service.

HCANJ sought enactment of this law in response to Motor Vehicle Commission regulations establishing the vehicle registration classification of Omnibus 2 that inadvertently imposed the CDL requirement. While researching a remedy, HCANJ saw an opportunity in revising what is known as “Angelie’s Law,” which imposes the CDL requirement on drivers of autobuses, with some exceptions, for example hotel buses. By having member facility buses added to the exceptions in Angelie’s Law HCANJ succeeded in gaining relief from both the regulatory and statutory CDL requirements. Member facility buses are still subject to the Omnibus 2 registration requirement upon renewal. However, the CDL exemption takes effect immediately.

Another HCANJ initiative moving forward in March is the “Uncompensated Pending Medicaid Beneficiary Payment Relief Act,” Assembly Bill 3928. This legislation would allow nursing facilities to receive half of the reimbursement that they expect to be owed when resident Medicaid applications are delayed longer than 90 days. On March 2 the bill was unanimously released from the Assembly Health and Senior Services Committee.

Scheduled for a vote before the full General Assembly on March 26, the bill was initially on the consent list—meaning there would be no floor debate and presumably, another unanimous vote. However, one Republican member rose with a technical concern over when a facility would be able to request the partial reimbursement. He requested an amendment that it be 90 days after an application is “deemed complete,” rather than filed. That is precisely the problem that this legislation seeks to address. If only applications were deemed complete in a more-timely manner...there would be no need for the legislation!

Keep in mind that Medicaid applications for the elderly are supposed to be processed within 45 days pursuant

to New Jersey regulation. Nursing facilities must continue to provide care while these applications are pending. Not until the application is approved does a facility receive payment for its services. How many businesses can afford to provide services while waiting 90 days, six months and sometimes 18 months or more to be paid?

Fortunately, the amendment was rejected and the legislation passed with 56 votes in favor, none against and 18 abstentions (six members were not present for the vote). HCANJ was especially pleased to see twelve Republican members voting in support of the legislation, despite their colleague’s technical concern. The bill now moves to the State Senate. HCANJ plans to meet with Governor’s Counsel staff in the hope that the technical concern can be addressed in a manner that preserves the intent of this proposal.

This particular legislation was also a primary focus of the FY 2016 State Budget testimony that HCANJ presented, respectively, to the Assembly Budget and Senate Budget and Appropriations Committees on March 24 and 25. In addition to narrowing the now \$30.44 per day shortfall that nursing facilities face providing care for each Medicaid beneficiary, HCANJ noted that it is also imperative to address the cash flow problems that long term care facilities experience due to delays in the approval of Medicaid applications. As a result of these delays, individual facilities carry hundreds of thousands of dollars and sometimes a million dollars or more in uncompensated care expenses.

Until reforms are implemented and the State upgrades its computer system to expedite the application process, HCANJ urged the Budget Committee members to embrace Assembly Bill 3928 as stop-gap relief. In addition, HCANJ is requesting \$21 million more State dollars for nursing and special care nursing facilities as well as \$1.5 million State dollars for assisted living facilities to provide a modest cost of care adjustment needed to help these facilities care for the sicker patients that they are receiving under Managed Long Term Supports and Services, or MLTSS.