

What Right Looks Like

Twenty-eight years ago in the summer of 1986, I spent two months in Central New Jersey as a basic trainee at Fort Dix. Whether it was there, the ROTC program at Mizzou (University of Missouri), Airborne school at Fort Benning, GA, or the many active-duty training courses I took after being commissioned an Army officer, the Army always had slang phrases and acronyms - so many that they had a dictionary for them. One that stuck with me and I still use today is "what right looks like."

And so it has become, with society in the world of texting and Twitter, that abbreviations are so common place. I, for one, remain "old school" or still formal in my writing via email or text but for today and the remainder of this update, I will show you how prevalent acronyms, abbreviations, or slang are, even in LTC (long term care).

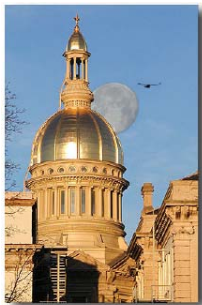


Jon Dolan
President/CEO

How so? Well, as we get set to "go live" (start) with MLTSS (Managed Long Term Services & Supports) you should be speaking with the MCOs (managed care organizations) about contracts, training and claims processing as we push DHS (Department of Human Services) for some real oversight.

Knowing some of the terms below and putting them to work for you in your quest for quality is "what right looks like" to ACOs (Accountable Care Organizations), QIOs (Quality Improvement Organizations), DOH (Department of Health), and the aforementioned MCOs and will be essential to your future success.

Meanwhile, CMS (Center for Medicare & Medicaid Services) is mandating continuous quality improvement and the monitoring of your QIs (quality indicators) using the QAPI (Quality Assurance & Performance Improvement) system. And, if you do not and it leads to substandard care, you may receive a citation or even an IJ (Immediate Jeopardy) which could result in a CMP (Civil Monetary Penalty) and, if repeated, lead to placement on the SFF (Special Focus Facility) List unless you are successful with an IDR (Informal Dispute Resolution) hearing.



News from the State House

***Budget Committees approve
SFY 2015 Budget – now on to a
vote & the Governor's desk***

In an exceedingly difficult budget year where pension issues and shortfalls were the order of the day, on Tuesday, June 24, budget committees in both houses of the Legislature simultaneously approved the fiscal year 2015 State Budget legislation along party line votes.

The Democrat-sponsored budget proposal includes funding for nursing facilities, special care nursing facilities and assisted living facilities above the flat funding (AKA - no increase) that was included in the Governor's budget proposal. However, each will receive half of what HCANJ sought.

This means that under the budget legislation, nursing facilities being paid under fee-for-service would receive \$8.5 million more State dollars for Medicaid reimbursement than what the Governor had proposed. Facilities that negotiate a rate with managed care organizations will receive that rate.

It appears that budget language – not available until just prior to the vote and not made available to the

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Camera-ready advertising is accepted for Health Care Update. Deadline for submission is the 15th of the month prior to publication. Rates: Full Page \$500, Half Page (horizontal or vertical) \$300, Quarter Page \$175.

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

JOAN KATES

*Provided extraordinary service to the community
through her 30-year dedication to teaching
the youth of our community.*

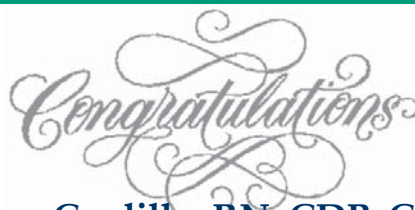
If you are at Merion Gardens Assisted Living in Carney's Point, NJ, you may be fortunate enough to speak with an extraordinary person – Joan Kates. Joan will greet you with her sparkling blue eyes and warm smile because no one is a stranger to her.

But the thing that makes Joan so special is her dedication to the children of the community during her 30 years of teaching. During the first five years of her teaching career, she taught regular elementary school in the Salem, NJ District. Then, for the next 25 years she taught art in high school and the lower grades in the Pennsville, NJ District.

Joan is the mother of three adult children: Hester, 53, Gwen, 50, and James 51. Hester is an accomplished violinist and came to Merion Gardens during the Christmas holidays to perform for the residents. Joan also has a special friend, Edgar Norton, who has been her friend since kindergarten. Edgar visits almost every day.

Joan is a graduate of Glassboro State College, receiving a BA and also an MA. She has served as President of the American Association of University Women, an organization that promotes education and community activism and provides college scholarship funding. Joan currently serves as the President of the Merion Gardens Resident Council, projecting her positive attitude on life as she conducts the meeting. Joan also enjoys painting, reading, and writing.

*Patricia A. Willis
Administrator
Merion Gardens Assisted Living*



Laura Cardillo, RN, CDP, CVW Director of Nursing - Avalon at Hillsborough

Laura has been selected as the National Center for Assisted Living's (NCAL) Nurse of the Year. This award recognizes an assisted living nurse who demonstrates outstanding compassion, supervisory success, innovation, achievement, and capabilities in their provision of high quality resident centered care in a service-oriented culture in an assisted living community. Additional award criteria include:

- Effective communication with family members, physicians, and others about resident needs
- Serve as mentor and role model to all caregiving staff by exhibiting leadership, supervisory and teamwork skills to provide quality care
- Receive recognition by subordinates as an exemplary leader and advocate of the elder and staff through displaying integrity and a high standard of ethical behavior
- Demonstrate success as a licensed nurse delivering outstanding resident-centered care and achieves heightened quality of life for residents
- Display personal and clinical leadership and dedication in care for residents and staff oversight

Laura will be honored at the 8th Annual NCAL Day Awards Luncheon on October 5th during the American Health Care Association/National Center for Assisted Living Annual Convention in Washington, DC.

Save the Date for
National Assisted
Living Week®
September 7 – 13, 2014



The National Center for Assisted Living (NCAL) is proud to announce that “The Magic of Music” is the theme selected for the 2014 National Assisted Living Week (NALW), which will be celebrated during the week of September 7 - 13, 2014.

“The Magic of Music” showcases the integral role that music plays in assisted living residences every day. The transformational effect of music continues as individuals age and can provide joy, comfort and in some cases, memories long ago experienced. The powerful connection that music provides to residents, team members, volunteers and families will be celebrated throughout National Assisted Living Week® through events, celebrations and more.

NCAL is proud to launch its annual NALW celebration and in the coming weeks and months will provide a logo, planning guide and product catalog centered on “The Magic of Music.” The planning guide will contain ideas that tie into the theme which help providers create their celebration events. As NALW approaches visit NALW.org for updated information and resources.

- NCAL



Upcoming Recognition Dates

JULY

Eye Injury Prevention Month
UV Safety Month

6 - 11

National Therapeutic Recreation Week

27

National Parents’ Day

AUGUST

National Medic Alert Awareness Month
National Immunization Awareness Month

10 - 16

National Health Center Week

5

National Night Out Against Crime

HCANJ CLASSIFIEDS

Recreation Director Dementia Care: Chelsea Senior Living, located in Toms River, is looking for a dynamic leader to join our team. If you are passionate and have experience working with seniors, we have an opportunity for you in our memory care unit which includes coordinating the daily activities and recreational programs for seniors. 3-5 years experience working with dementia/memory care is required. Send resumes to: jobrecruiter125@yahoo.com

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Clinical Corner

Research Project: Survey for Dementia Screening in Assisted Living Facilities:

How a Survey Project May Help You

If your facility is currently using or evaluating screening tests for dementia or would be interested in learning about different existing tests that other facilities use, Rutgers University Ernest Mario School of Pharmacy is conducting a research survey that may help you understand these practices. The goal is to identify certain screening tests that may be more convenient to administer or more sensitive in detecting milder forms of dementia than other tests in use.

This project includes a survey, that asks the facility which screening test it currently uses and gathers other useful pertinent information to ultimately determine the value of that screening test in assisted living. The survey takes approximately 4 minutes to complete and asks questions regarding the amount of time it takes to administer the screening test, relative difficulty of administration, relative sensitivity in detecting milder forms of dementia, and other aspects of the screening tool and its use in the facility. In an effort to help assisted living centers find the best screening test for their facility, a summary of results (omitting all confidential information that could potentially link the facility to its answers) will be generated and distributed to participating assisted living centers.

Giving facilities the opportunity to obtain feedback about screening tools others have already tried and tested will cut down on valuable time spent searching for a better test and allow them to go straight to improving their dementia screening process. If an assisted living facility feels that it has already found the tool that works best, completing this survey may help others improve their process by potentially adopting the same test. This will further the common goal of helping patients by being able to recognize dementia in its early stages.

If your facility is interested in this attempt to improve quality of care, look for an e-mail from me with a link to the Google Forms survey in the near future. A follow-up survey that takes approximately 2 minutes to complete would also be sent to participants after distributing the results, in order to determine if there was a change in policy due to feedback about other screening tests. Overall, this survey-based project has the potential to benefit both your assisted living facility and its patients by taking steps to improve dementia screening statewide.

*Kristina Vishnevetskaya
Pharm.D. Candidate, Class of 2017
Ernest Mario School of Pharmacy
Rutgers, The State University of New Jersey*

"Using Thermography to Detect Deep Tissue Injury in Pressure Related Discolored Areas of Intact Skin"

The Centers for Medicare and Medicaid Services (CMS) has granted HCANJ Civil Money Penalty (CMP) funds in the amount of \$285,000 to conduct a study using a thermographic camera to detect deep tissue injury in discolored areas of intact skin. The principal investigator of the project is Jill Cox, PhD, RN, APRN-BC, CWOCN, Assistant Professor at Rutgers University and Wound, Ostomy, Continence nurse at Englewood Hospital.

The original study was performed in Staten Island University Hospital by Karen Farid, DNP, CNS/CWON. It yielded significant evidence that using the thermographic camera to identify deep tissue injury was highly reliable.

HCANJ and Rutgers will work together to see if these results can be duplicated in the skilled nursing setting. A description of the program from the Rutgers Letter of Agreement follows.

The purpose of this study is to determine if thermography (measuring skin temperature) is a reliable and valid clinical assessment tool that can be used to enhance pressure ulcer risk assessment screening by providing earlier detection of the progression of pressure related areas of discolored intact skin (Stage I pressure ulcers or suspected deep tissue injury) to skin necrosis in long term care patients.

This study will be conducted in six nursing facilities representing the north, central and south geographic areas of the state of New Jersey. We are attempting to obtain a sample size (among all participating nursing homes) of 200 patients for this study with the goal of study completion within a one year time period. Nursing facilities will be asked to participate if specific selection criteria are met.

Overview of the research study

The aim of this study is to determine if thermography is a reliable and valid clinical assessment technique that can be used as part of current assessment techniques for the early detection of the progression of pressure related areas of discolored intact skin to necrosis in long term care patients.

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Using Thermography

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The potential clinical outcomes of this study include the following:

1. Validation that thermography is a reliable and valid method to predict the progression of pressure-related areas of discolored intact skin to necrosis
2. Validation that the operationalization of thermography can be efficiently and efficaciously used by practitioners in the long term care setting
3. Determination of the estimated timeframe from initial presentation of the pressure related area of discolored intact skin to appearance of the first signs of skin necrosis

Research questions:

1. *Is there a relationship between skin temperature at the site of a pressure related area of discolored intact skin and progression to skin necrosis in long term care patients?*
2. *What factors predict the progression of a pressure related area of discolored intact skin to necrosis?*
3. *What is the timeframe from initial presentation of an pressure related area of discolored intact skin to necrosis?*

Patient Selection Criteria and Data Abstraction

Study sites will notify the research team when a patient is identified with a pressure-related area of discolored intact skin. Eligibility of the patient will be determined by the research team based on the parameters set forth in the inclusion/exclusion criteria. Once eligibility for study inclusion has been determined by the research team members, the initial assessment performed by the nursing facility wound care-trained nurse (or other trained nurse designee if the wound care nurse is not available at the time of discovery) of the pressure-related area of discolored intact skin will include the following variables:

- Date/time of ulcer discovery
- Date/time of initial assessment
- Size
- Anatomic location
- Color of the pressure related area of discolored intact skin defined as either pale red, deep red, brown or purple

- Presence or absence of demarcation (defined as sharp distinct border of the discolored area)
- Presence or absence of capillary refill. (capillary refill will be dichotomously defined as positive (< 3 seconds) or negative (> 3 seconds or no visible blanching)
- Skin temperature of the pressure related area of discolored intact skin as well as the normal adjacent skin area. The adjacent skin area is defined as the area within 5-10 cm of the outer margin of the area of discolored intact skin.

Other data to be abstracted from the medical record by the the facility's trained wound care nurse in conjunction with the research team will include the following demographic variables: age, gender, race, admitting diagnosis, comorbid conditions (defined as any of the following: diabetes mellitus, peripheral vascular disease, cardiovascular disease, end stage renal disease, chronic pulmonary disease), Braden pressure ulcer risk assessment scale scores on admission to the facility and at the time of the initial study assessment; patient's body temperature at the time of the initial assessment; ambient room temperature at the time of the initial assessment, body mass index, serum albumin and pre-albumin closest to the time of the discovery of the pressure related area of discolored intact skin, and the location of the patient prior to admission to the long term care facility (e.g., acute care setting, rehabilitation center, home setting) will also be obtained.

On Day 7, a follow-up assessment of the appearance of the pressure-related area of discolored intact skin will occur by the facility's wound care-trained nurse in conjunction with the research team member and will include the following parameters:

- Presence or absence of demarcation (defined as sharp distinct border of the discolored area)
- Presence or absence of skin necrosis
- Color of the pressure related area of intact skin (pale red, deep red, brown or purple)
- Evidence of the use of pressure ulcer prevention strategies in place.

This process will be repeated on Day 14 to assess the progression of tissue damage.

State House Update

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public until after the committee votes – distributes this increase across all nursing facilities in accordance with the rate-setting methodology, parameters, and data used to calculate the June 30, 2014 rate, providing further that no facility would receive a per diem rate less than their June 30, 2014 rate. HCANJ had sought language that would have directed the increased appropriation to facilities whose rates were reduced in FY 2014 from what they should have received in order to subsidize the rate floor that kept other facilities' rates from going down below the floor.

For special care nursing facilities that are paid by a managed care organization through a provider contract but that have not yet negotiated a rate, the budget legislation provides the same reimbursement that they received on June 30, 2014, which rate shall be adjusted on January 1, 2015 to provide an additional \$2.45 million in State dollars.

Pursuant to the budget legislation, assisted living facilities and programs, and comprehensive personal care homes would receive \$1.5 million more than what was included in the Governor's budget proposal, essentially providing for a \$2.50 per diem rate increase.

Each of these increases would include an equal federal match.

As of this writing, the FY 2015 State Budget legislation was in position for a vote before both houses on Thursday, June 26. Whether or not the increases for long term care funding will withstand a line item veto by the Governor remains to be seen. However, HCANJ was advised that the reduction from what HCANJ had sought was initiated by the Governor's office, hopefully meaning that the funding increase remains intact when the new budget is signed into law. The budget legislation also anticipates Managed Long Term Supports and Services (MLTSS) being implemented on July 1.

Budget language changes relevant to long term care providers can be found at:

<http://www.hcanj.org/wp-content/themes/hcanj/emails/SFY2015Budget.pdf>

HCANJ will keep you apprised of further FY 2015 State Budget developments and will advise you of impacts upon member facilities following closer analysis of the budget legislation and the Governor's final action.

What Right Looks Like

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Fear not though, as HCANJ (Health Care Association of New Jersey), an AHCA (American Health Care Association)/ NCAL (National Center for Assisted Living), ALFA (Assisted Living Federation of America) and AALNA (American Assisted Living Nursing Association) affiliate, will be there to assist you and explain the many terms of "what right looks like" in the quality arena. In fact, in my former position at MHCA (Missouri Health Care Association), we actually designed a seminar called "The ABCs of Quality" just to help members decipher some important terms and know their importance.

AHCA has three major quality programs – AE (Advancing Excellence), QI (Quality Initiative) and the Quality Awards program. AE uses the LANE (Local Area Network Exchange) collaborators to push out helpful hints like the PUP (Pressure Ulcer Prevention) Tips. AHCA introduced their Quality Initiative in 2012 (www.ahcancal.org/quality_improvement/qualityinitiative). The program emphasizes four key areas of quality improvement. They also have the Bronze, Silver and Gold Quality Awards (http://www.ahcancal.org/quality_improvement/quality_award), a program of application and award for top quality providers. This fall, we will offer the Bronze Award training class to help facilities understand the quality improvement and application process necessary to achieve an award. Of course, having a dashboard to track your quality data and see it trend with others is possible through AHCA's LTC Trend Tracker (http://www.ahcancal.org/research_data/trendtracker). As AHCA has done so much work in the area of reducing re-admissions, I would be remiss if I did not mention INTERACT (Interventions to Reduce Acute Care Transfers). Loretta Kaes, HCANJ's Director of Quality & Clinical Services, is certified to come train you in this program.

Whew! That was a brain teaser! Let me finish with a universal abbreviation we can all appreciate "\$" (money, dollars, greenbacks, etc.). That is what our chronically underfunded Medicaid programs desperately need for us to render quality care in AL (Assisted Living Facilities), NF (Nursing Facilities) & SCNF (Special Care Nursing Facilities). Well, our HCANJ Government Affairs team and especially Vice President John Indyk achieved a wonderful win for all providers with the Legislature's approval of an all levels of care increase in the NJ (New Jersey) SFY2015 (State fiscal year 2015) budget. The 411 (key information) about this in this month's State House update and specific details will follow through an email alert when we finish our analysis.

Have a safe, enjoyable and meaningful Independence Day!