

LONG TERM CARE (LTC) E- NEWSLETTER – March 2014: Volume 12, Number 3

The [LTC E-Newsletter](#) is a monthly electronic newsletter of the [Long Term Care Community Coalition](#). Note to Readers: To go directly to an article, click on its page number in the Table of Contents. Once you are at the article, click on any underlined text for a link to more information or to send a message in “Spotlight on Advocacy.”

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Table of Contents

[Nursing Home Penalties Drop 33% in 2013 as New Federal Study Finds One in Three Harmed in Nursing Home Rehab – Majority Preventable](#)..... 1

[Research Finds AHRQ Program Reduces Pressure Ulcers](#) 3

[Spotlight on Advocacy: Speak Out to Support Safe Staffing Standards in NY State](#) 3

We’re on the Web!..... 3

LTCCC Links of Interest..... 4

[Nursing Home Penalties Drop 33% in 2013 as New Federal Study Finds One in Three Harmed in Nursing Home Rehab – Majority Preventable](#)

The federal Office of Inspector General (OIG) released a report this month on a study which evaluated the “national incidence rate, preventability and cost” of harm to individuals who go to skilled nursing facilities (SNFs) for Medicare rehab services. Findings indicate that one-third of these individuals are harmed in the nursing home and that 59% of the time harm is “clearly or likely preventable.” According to the summary of the report on the OIG’s website,

Physician reviewers... attributed much of the preventable harm to substandard treatment, inadequate resident monitoring, and failure or delay of necessary care. Over half of the residents who experienced harm returned to a hospital for treatment, with an estimated cost to

Medicare of \$208 million in August 2011. This equates to \$2.8 billion spent on hospital treatment for harm caused in SNFs in FY 2011.

All of the harm described in [the report](#) is “attributable to the care provided in the SNF.” The study found that two-thirds of these harm incidents were serious and one-third were temporary. Serious harm was identified as incidents which (1) required a prolonged SNF stay or transfer to a hospital for treatment, (2) caused permanent harm, (3) necessitated life sustaining intervention, or (4) resulted in death. Six percent (6%) of the incidents resulted in the individual’s death. So-called “temporary” incidents were those that did not result in any of the above four actions. Some of them resulted in minor harm while others resulted in significant harm that was treated in the facility. Incidents characterized as temporary included pressure ulcers, “fall or trauma with injury” and medication-induced delirium. In addition, “[a]n estimated 4 percent of Medicare SNF residents experienced at least one “cascade” adverse event, wherein multiple, related events occurred in succession.”

LTCCC’s review of [nursing home enforcement actions nationwide](#) found that they have been dropping significantly in recent years. From 2012 to 2013, penalties for failing to meet minimum standards went down over 33%, from 3,094 to only 1,909 nationwide. “It is difficult to understand why, in the face of persistent nursing home abuse and neglect, our survey system increasingly shuns enforcement in favor of collaboration with this industry,” Richard Mollot, LTCCC’s executive director said. “The American public is essentially being blackmailed, with the safety of our frail elderly at stake.”

The fact that many states are moving to mandatory managed care for their Medicaid and Medicare beneficiaries makes this an issue of particular concern to seniors and other consumers and their families. LTCCC’s recent report, [Mandatory Managed Care in NY State Nursing Homes](#), found that Managed Long Term Care (MLTC) plans are contracting with nursing homes with little or no discrimination as to the safety or quality of care a nursing home provides. Many nursing homes with extremely poor records of abuse and neglect are in MLTC plan networks across New York State. The report’s findings indicate that people will soon find that they are being sent to the nursing home that works best for the managed care plan, not necessarily the one that provides good or appropriate care. Roll-out of mandatory MLTC for nursing home care is set to begin next month (April 2014).

[Click here](#) for LTCCC’s report on nursing homes in managed care in New York [<http://www.nursinghome411.org/?articleid=10076>].

[Click here](#) for the federal dataset on nursing home penalties [data.medicare.gov/d/2shu-hjj2].

[Click here](#) to support LTCCC’s work to protect nursing home residents and everyone’s access to good and appropriate long term care.

Research Finds AHRQ Program Reduces Pressure Ulcers

The Federal Agency for Healthcare Research and Quality (AHRQ) reported in January that a pressure ulcer intervention program tested in New York State resulted in a “significant reduction in pressure ulcers.”

As noted in the study’s [abstract](#), “[p]ressure ulcers present serious health and economic consequences for nursing home residents.” AHRQ partnered with the New York State Department of Health to implement “the pressure ulcer module of On-Time Quality Improvement for Long Term Care (On-Time), a clinical decision support intervention to reduce pressure ulcer incidence rates. They “implemented the pressure ulcer module of On-Time Quality Improvement for Long Term Care (On-Time), a clinical decision support intervention to reduce pressure ulcer incidence rates...” in 12 nursing homes with a total of 3,463 residents.

AHRQ reports that there was “a 59 percent reduction in the incidence of pressure ulcers per 100 residents per month.... Assuming 2.6 pressure ulcers avoided per month, this implies approximately \$20,880 per month in cost savings in nursing homes with 100 residents, according to the authors.”

[\[http://www.ncbi.nlm.nih.gov/pubmed/24374408\]](http://www.ncbi.nlm.nih.gov/pubmed/24374408)

Spotlight on Advocacy: Speak Out to Support Safe Staffing Standards in NY State

Nursing homes in New York and across the country too often fail to provide safe care and a dignified quality of life for their residents. The problem in many facilities is lack of staffing - about 90% of the nursing homes in NY do not have enough staff to provide adequate care for their residents! The March 2014 study by the Office of the Inspector General (1st article, above) found that harm was connected to “substandard treatment, inadequate resident monitoring, and failure or delay of necessary care.”

This not only hurts residents, it hurts care staff too. Nurse aides have high rates of injury. Nurses and aides get burnt out because they are spread to thin.

It is about time that NY join with the large majority of states and pass minimum staffing standards for the nursing homes caring for vulnerable elderly and disabled individuals. Now that NY will begin mandating private Managed Care for nursing home access this year, a base staffing standard is even more crucial. Please send a quick message now in support of decent staffing standards – [click here](#) or go to

http://capwiz.com/nhccnys/issues/alert/?alertid=62598586&MC_plugin=3202.

We’re on the Web!

www.ltccc.org: Our main website, with access to all of our issues, policy briefs and research.

www.assisted-living411.org: For information on assisted living, including consumer issues and policies.

www.nursinghome411.org: For information on developments in nursing home care, regulation and policy issues.

LTCCC Links of Interest

[View](#) the latest enforcement actions against nursing homes in New York State.

[Read](#) the latest edition of LTCCC's quarterly newsletter, *The Monitor*.

LTCCC's dedicated [webpage on antipsychotic drugs and dementia care](#).

[Report on NY State Nursing Homes in Managed Long Term Care](#)

[Piecing Together Quality Long-Term Care: A Consumer's Guide to Choices and Advocacy in New York](#).

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