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OCTOBER/NOVEMBER 2014 • VOL. 63, NO. 8 • A VENDOME PUBLICATION

LONG-TERM Living

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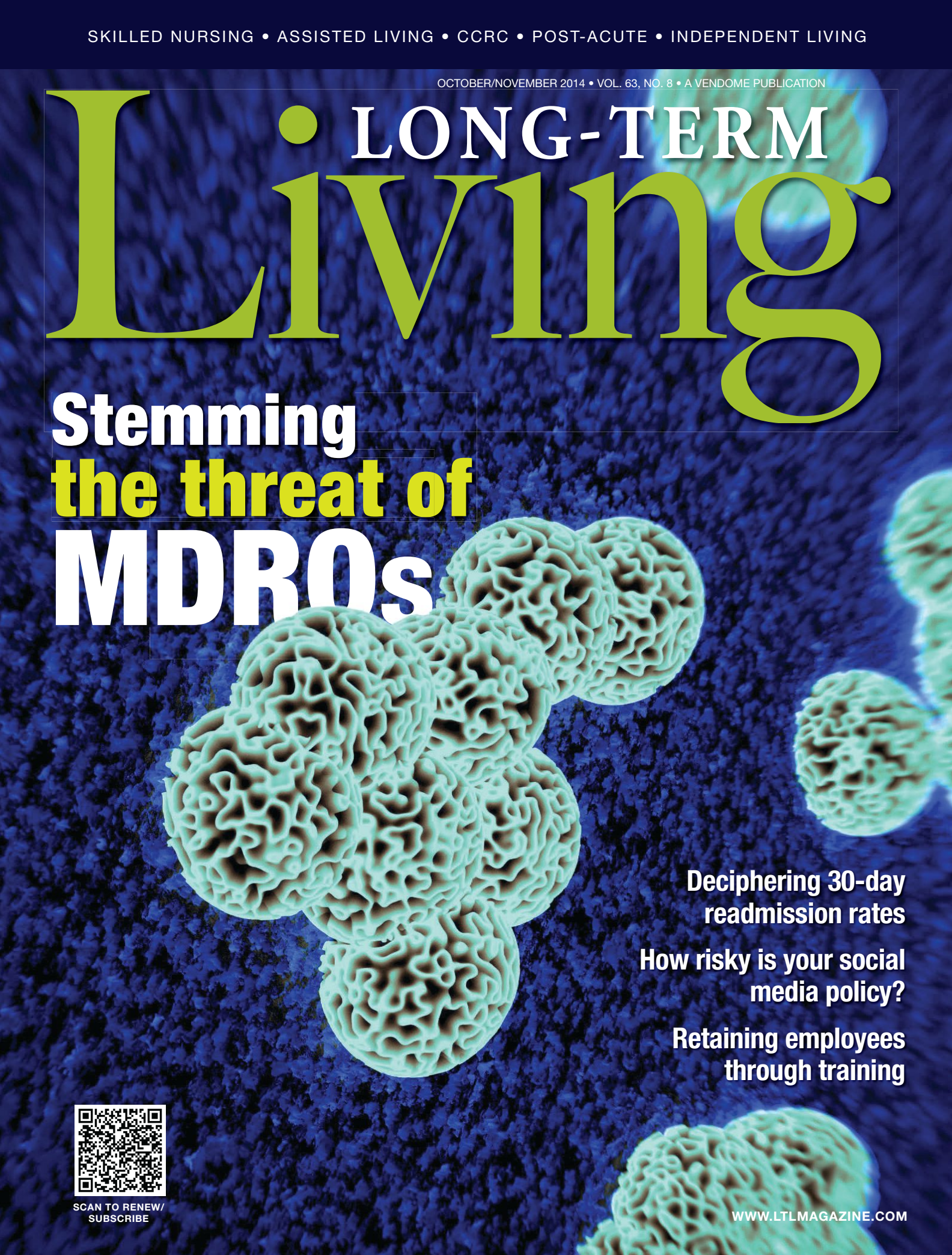

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LONG-TERM Living

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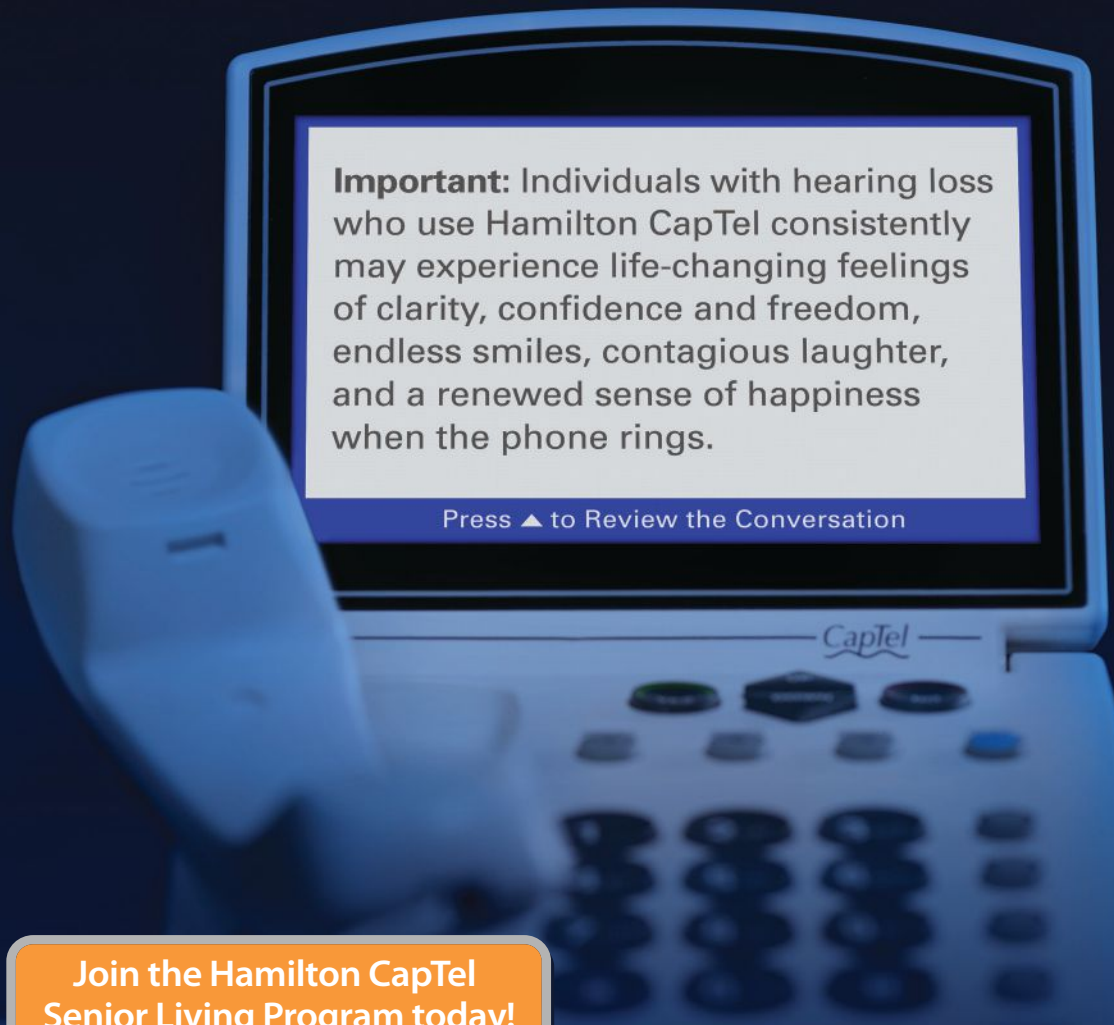

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LONG-TERM Living

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Suitcase season: Packed for learning

By Pamela Tabar, Editor-in-Chief

The arrival of fall had the *Long-Term Living* editors greasing their suitcase wheels to cover some of the long-term care (LTC) industry's most influential trade shows, including the annual American Health Care Association/National Center for Assisted Living (AHCA/NCAL) convention and the LeadingAge national meeting, both held in October.

AHCA's educational sessions sparked leadership and the need to unify the goals of quality improvement across the LTC continuum. AHCA offered a day-long non-profit component to its conference again this year, changing up its historical focus on the for-profit sector. Meanwhile, the LeadingAge conference continued its foray into innovative business and care models, bringing in more sessions on project planning, marketing strategies, quality care initiatives, medication management and regulatory compliance.

And, since no one dares to forget where the community development wallet resides, we also kept a close eye on the housing investment and development news from the National Investment Center for Seniors Housing & Care (NIC), which held its annual meeting in early October.

As editors, the busy travel month of October is both grueling and vastly inspiring. But we attend conferences because we can learn so much more at them than any press releases or webinars can teach us. At conferences, we are privileged to meet and speak with a whole bucket of new sources who can provide insights on trends and new story ideas for the future. In short, we attend conferences because the people we meet—providers, RNs, administrators, owners and vendors—can give us their insights on what those working in the LTC industry need to know—what the *next* "big stories" should be. We've learned about a boatload of new trends and stories during our travels this fall, some of which we've reported on already online and some of which will become deeper, in-depth articles in the coming months.

If you missed any of these key meetings, you can catch up on all the news and on-site articles on our website, **www.ltlmagazine.com**. If you attended these conferences, we'd love to hear your feedback on what you learned (or didn't learn?)—please feel free to email me at ptabar@vendomegrp.com.

LONG-TERM Living

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Technology designed to make the great indoors even greater.

Let's go back a few hundred years.
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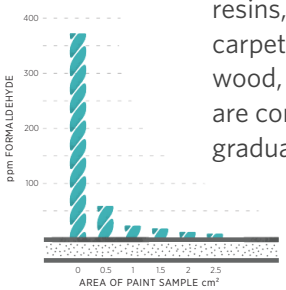
Why these problems are such a problem.
Used in producing plastics, synthetic resins, upholstery, carpet and pressed wood, aldehydes are compounds that gradually "off-gas", resulting in emissions. Mold and mildew can irritate skin, eyes and respiratory tracts and cause staining, rotting, and bacterial odors. And while odors from pets, cooking, smoke and other sources may not pose health problems, they can make indoor spaces unpleasant.



Aldehydes are emitted from carpet and other products over time.†

The science behind the technology.
It starts with odor eliminating technology that deconstructs carbon molecules, neutralizing and dissipating odors. Then, new formaldehyde reducing technology* helps to transform airborne aldehydes into water molecules and harmless inert gas, reducing these VOCs from potential sources like insulation, carpet, furniture and fabrics. And finally, antimicrobial agents inhibit the growth of mold and mildew on the paint film and related bacterial odors, addressing these issues before they can become a problem.

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*Formaldehyde Reducing Technology is currently available in flat and eg-shel sheens. The length of time Harmony actively reduces odors and formaldehyde depends on the concentration, the frequency of exposure and the amount of painted surface area.

†Based on methods:
ISO 17226 Determination of formaldehyde content in leather by High Performance Liquid Chromatography
ISO 16000-3 Determination of formaldehyde and other carbonyl compounds in indoor air and test chamber air

Small vials are one of the many ways Lilly supports your diabetes care of post-acute rehab patients.

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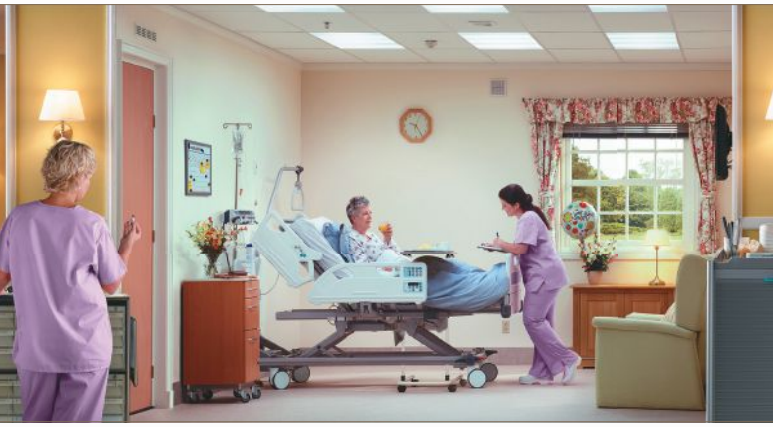

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For more information on training, educational resources, and the many other ways Lilly can help, talk to your Lilly Diabetes representative or visit insidehumalog.com.

*Smaller vials contain 3 mL of insulin in a 5 mL vial.

Indication for Humalog

- Humalog is an insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus.

Select Safety Information for Humalog

- Humalog is contraindicated during episodes of hypoglycemia and in patients who are hypersensitive to Humalog or any of its excipients.
- Closely monitor blood glucose in all patients treated with insulin. Change insulin regimens cautiously.

Select Safety Information for Humalog, continued

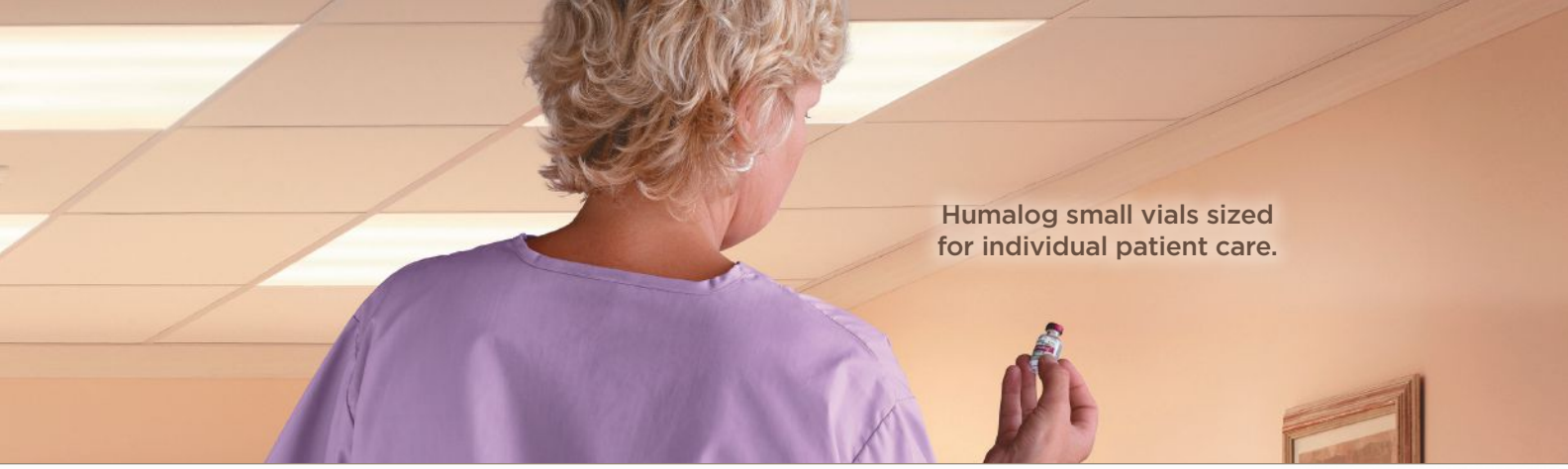
- Hypoglycemia is the most common adverse effect of Humalog therapy. The risk of hypoglycemia increases with tighter glycemic control. Severe hypoglycemia may be life threatening and can cause seizures or death.
- Humalog should be given within 15 minutes before or immediately after a meal.

Please see Important Safety Information and Brief Summary of Prescribing Information on following pages.

Humalog®

insulin lispro injection, USP (rDNA origin)
100 units/mL

Lilly



Indication for Humalog

- Humalog is an insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus.

Important Safety Information for Humalog

Contraindications

- Humalog is contraindicated during episodes of hypoglycemia and in patients who are hypersensitive to Humalog or any of its excipients.

Warnings and Precautions

- **Dose Adjustment and Monitoring:** Closely monitor blood glucose in all patients treated with insulin. Change insulin regimens cautiously. Concomitant oral antidiabetic treatment may need to be adjusted.

  The time course of action for Humalog may vary in different individuals or at different times in the same individual and is dependent on many conditions, including delivery site, local blood supply, or local temperature. Patients who change their level of physical activity or meal plan may require insulin dose adjustment.
- **Hypoglycemia:** Hypoglycemia is the most common adverse effect of Humalog. The risk of hypoglycemia increases with tighter glycemic control. Educate patients to recognize and manage hypoglycemia. Hypoglycemia can happen suddenly and symptoms may vary for each person and may change over time. Early warning symptoms of hypoglycemia may be different or less pronounced under conditions such as long-standing diabetes, diabetic nerve disease, use of medications such as beta-blockers, or intensified diabetes control. These situations may result in severe hypoglycemia and possibly loss of consciousness prior to the patient's awareness of hypoglycemia. Severe hypoglycemia may be life threatening and can cause seizures or death.

  Use caution in patients with hypoglycemia unawareness and who may be predisposed to hypoglycemia. The patient's ability to concentrate and react may be impaired as a result of hypoglycemia. Rapid changes in serum glucose levels may induce symptoms similar to hypoglycemia in persons with diabetes, regardless of the glucose value.

  Timing of hypoglycemia usually reflects the time-action profile of administered insulins. Other factors such as changes in food intake, injection site, exercise, and concomitant medications may alter the risk of hypoglycemia.
- **Allergic Reactions:** Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with Humalog.
- **Hypokalemia:** Humalog can cause hypokalemia, which, if untreated, may result in respiratory paralysis, ventricular arrhythmia, and death. Use caution in patients who may be at risk for hypokalemia (eg, patients using potassium-lowering medications or medications sensitive to serum potassium concentrations).
- **Renal or Hepatic Impairment:** Frequent glucose monitoring and insulin dose reduction may be required in patients with renal or hepatic impairment.

Important Safety Information for Humalog, continued

Warnings and Precautions, continued

- **Mixing of Insulins:** Humalog for subcutaneous injection should not be mixed with insulins other than NPH insulin. If Humalog is mixed with NPH insulin, Humalog should be drawn into the syringe first. Injection should occur immediately after mixing.
- **Subcutaneous Insulin Infusion Pump:** Humalog should not be diluted or mixed when used in an external insulin pump. Change Humalog in the reservoir at least every 7 days. Change the infusion set and insertion site at least every 3 days.

  Malfunction of the insulin pump or infusion set or insulin degradation can rapidly lead to hyperglycemia and ketosis. Prompt correction of the cause of hyperglycemia or ketosis is necessary. Interim subcutaneous injections with Humalog may be required. Train patients using an insulin pump to administer insulin by injection and to have alternate insulin therapy available in case of pump failure.
- **Drug Interactions:** Some medications may alter glucose metabolism, insulin requirements, and the risk for hypoglycemia or hyperglycemia. Signs of hypoglycemia may be reduced or absent in patients taking anti-adrenergic drugs. Particularly close monitoring may be required.
- **Fluid Retention and Heart Failure with Concomitant Use of PPAR-gamma Agonists:** Thiazolidinediones (TZDs), which are PPAR-gamma agonists, can cause dose-related fluid retention, particularly when used in combination with insulin, including Humalog. This may lead to or exacerbate heart failure. Observe patients for signs and symptoms of heart failure and consider discontinuation or dose reduction of the PPAR-gamma agonist.

Adverse Reactions

- Adverse reactions associated with Humalog include hypoglycemia, hypokalemia, allergic reactions, injection-site reactions, lipodystrophy, pruritus, rash, weight gain, and peripheral edema.

Use in Specific Populations

- **Pediatrics:** Humalog has not been studied in children with type 1 diabetes less than 3 years of age or in children with type 2 diabetes.

Dosage and Administration

- Humalog should be given within 15 minutes before or immediately after a meal.

Please see Brief Summary of Prescribing Information on adjacent pages.

HI HCP ISI 29MAR2013

Humalog®

insulin lispro injection, USP (rDNA origin)
100 units/mL

HI90913 07/2014 PRINTED IN USA

Lilly

Humalog®

(insulin lispro injection, USP [rDNA origin])

Brief Summary: Consult the package insert for complete prescribing information.

INDICATIONS AND USAGE

Humalog is an insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus.

ADMINISTRATION

Humalog has a rapid onset of action and should be given within 15 minutes before a meal or immediately after a meal.

CONTRAINDICATIONS

Humalog is contraindicated:

- During episodes of hypoglycemia.
- In patients who are hypersensitive to Humalog or to any of its excipients.

WARNINGS AND PRECAUTIONS

Dose Adjustment and Monitoring — Glucose monitoring is essential for patients receiving insulin therapy. Changes to an insulin regimen should be made cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type, or method of administration may result in the need for a change in insulin dose. Concomitant oral antidiabetic treatment may need to be adjusted.

As with all insulin preparations, the time course of action for Humalog may vary in different individuals or at different times in the same individual and is dependent on many conditions, including the site of injection, local blood supply, or local temperature. Patients who change their level of physical activity or meal plan may require adjustment of insulin dosages.

Hypoglycemia—Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. The risk of hypoglycemia increases with tighter glycemic control. Patients must be educated to recognize and manage hypoglycemia. Hypoglycemia can happen suddenly and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life threatening or cause death.

The timing of hypoglycemia usually reflects the time-action profile of the administered insulin formulations. Other factors such as changes in food intake (eg, amount of food or timing of meals), injection site, exercise, and concomitant medications may also alter the risk of hypoglycemia) (see Drug Interactions).

As with all insulins, use caution in patients with hypoglycemia unawareness and in patients who may be predisposed to hypoglycemia (eg, the pediatric population and patients who fast or have erratic food intake). The patient's ability to concentrate and react may be impaired as a result of hypoglycemia. This may present a risk in situations where these abilities are especially important, such as driving or operating other machinery.

Rapid changes in serum glucose levels may induce symptoms similar to hypoglycemia in persons with diabetes, regardless of the glucose value. Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as longstanding diabetes, diabetic nerve disease, use of medications such as beta-blockers (see Drug Interactions), or intensified diabetes control. These situations may result in severe hypoglycemia (and, possibly, loss of consciousness) prior to the patient's awareness of hypoglycemia.

Hypersensitivity and Allergic Reactions—Severe, life-threatening, generalized allergy, including anaphylaxis, can occur with insulin products, including Humalog (see Adverse Reactions).

Hypokalemia—All insulin products, including Humalog, cause a shift in potassium from the extracellular to intracellular space, possibly leading to hypokalemia. Untreated hypokalemia may cause respiratory paralysis, ventricular arrhythmia, and death. Use caution in patients who may be at risk for hypokalemia (eg, patients using potassium-lowering medications, patients taking medications sensitive to serum potassium concentrations).

Renal or Hepatic Impairment—Frequent glucose monitoring and insulin dose reduction may be required in patients with renal or hepatic impairment.

Mixing of Insulins—Humalog for subcutaneous injection should not be mixed with insulin preparations other than NPH insulin. If Humalog is mixed with NPH insulin, Humalog should be drawn into the syringe first. Injection should occur immediately after mixing.

Do not mix Humalog with other insulins for use in an external subcutaneous infusion pump.

Subcutaneous Insulin Infusion Pumps—When used in an external insulin pump for subcutaneous infusion, Humalog should not be diluted or mixed with any other insulin. Change the Humalog in the reservoir at least every 7 days; change the infusion sets and the infusion set insertion site at least every 3 days. Humalog should not be exposed to temperatures greater than 98.6°F (37°C).

Malfunction of the insulin pump or infusion set or insulin degradation can rapidly lead to hyperglycemia and ketosis. Prompt identification and correction of the cause of hyperglycemia or ketosis is necessary. Interim subcutaneous injections with Humalog may be required. Patients using continuous subcutaneous insulin infusion pump therapy must be trained to administer insulin by injection and have alternate insulin therapy available in case of pump failure (see Dosage and Administration and How Supplied/Storage and Handling).

Drug Interactions—Some medications may alter insulin requirements and the risk for hypoglycemia and hyperglycemia. Some medications may mask the signs of hypoglycemia in some patients. Therefore, insulin dose adjustments and close monitoring may be required.

Fluid Retention and Heart Failure with Concomitant Use of PPAR-gamma Agonists—Thiazolidinediones (TZDs), which are PPAR-gamma agonists, can cause dose-related fluid retention, particularly when used in combination with insulin, including Humalog. Fluid retention may lead to or exacerbate heart failure. Observe patients for signs and symptoms of heart failure and consider discontinuation or dose reduction of the PPAR-gamma agonist.

ADVERSE REACTIONS

Hypoglycemia and hypokalemia are discussed in Warnings and Precautions.

Clinical Trial Experience—Because clinical trials are conducted under widely varying designs, the adverse reaction rates reported in one clinical trial may not be easily compared with those rates reported in another clinical trial, and may not reflect the rates actually observed in clinical practice.

The frequencies of treatment-emergent adverse events during Humalog clinical trials in patients with type 1 diabetes mellitus and type 2 diabetes mellitus are listed in the tables below.

Table 1: Treatment-Emergent Adverse Events in Patients with Type 1 Diabetes Mellitus (adverse events with frequency ≥5%)

Events, n (%)	Lispro (n=81)	Regular human insulin (n=86)
Flu syndrome	28 (34.6)	28 (32.6)
Pharyngitis	27 (33.3)	29 (33.7)
Rhinitis	20 (24.7)	25 (29.1)
Headache	24 (29.6)	19 (22.1)
Pain	16 (19.8)	14 (16.3)
Cough increased	14 (17.3)	15 (17.4)
Infection	11 (13.6)	18 (20.9)
Nausea	5 (6.2)	13 (15.1)
Accidental injury	7 (8.6)	10 (11.6)
Surgical procedure	5 (6.2)	12 (14.0)
Fever	5 (6.2)	10 (11.6)
Abdominal pain	6 (7.4)	7 (8.1)
Asthenia	6 (7.4)	7 (8.1)
Bronchitis	6 (7.4)	6 (7.0)
Diarrhea	7 (8.6)	5 (5.8)
Dysmenorrhea	5 (6.2)	6 (7.0)
Myalgia	6 (7.4)	5 (5.8)
Urinary tract infection	5 (6.2)	4 (4.7)

Table 2: Treatment-Emergent Adverse Events in Patients with Type 2 Diabetes Mellitus (adverse events with frequency ≥5%)

Events, n (%)	Lispro (n=714)	Regular human insulin (n=709)
Headache	63 (11.6)	66 (9.3)
Pain	77 (10.8)	71 (10.0)
Infection	72 (10.1)	54 (7.6)
Pharyngitis	47 (6.6)	58 (8.2)
Rhinitis	58 (8.1)	47 (6.6)
Flu syndrome	44 (6.2)	58 (8.2)
Surgical procedure	53 (7.4)	48 (6.8)

Insulin Initiation and Intensification of Glucose Control

Intensification or rapid improvement in glucose control has been associated with a transitory, reversible ophthalmologic refraction disorder, worsening of diabetic retinopathy, and acute painful peripheral neuropathy. However, long-term glycemic control decreases the risk of diabetic retinopathy and neuropathy.

Lipodystrophy

Long-term use of insulin, including Humalog, can cause lipodystrophy at the site of repeated insulin injections or infusion. Lipodystrophy includes lipohypertrophy (thickening of adipose tissue) and lipoatrophy (thinning of adipose tissue), and may affect insulin absorption. Rotate insulin injection or infusion sites within the same region to reduce the risk of lipodystrophy (see Dosage and Administration).

Weight Gain

Weight gain can occur with insulin therapy, including Humalog, and has been attributed to the anabolic effects of insulin and the decrease in glucosuria.

Peripheral Edema

Insulin, including Humalog, may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Adverse Reactions with Continuous Subcutaneous Insulin Infusion (CSII)

In a 12-week, randomized, crossover study in adult patients with type 1 diabetes comparing Humalog (n=38) to regular human insulin (n=39), the rates of catheter occlusions per month (0.9 vs. 0.10, respectively) and infusion site reactions (2.6% vs. 2.6%, respectively) were similar.

In a randomized, 16-week, open-label, parallel design study of children and adolescents with type 1 diabetes, adverse event reports related to infusion-site reactions were similar for insulin lispro and insulin aspart (21% of 100 patients versus 17% of 198 patients, respectively). In both groups, the most frequently reported infusion site adverse events were infusion site erythema and infusion site reaction.

Allergic Reactions

Local Allergy—As with any insulin therapy, patients taking Humalog may experience redness, swelling, or itching at the site of the injection. These minor reactions usually resolve in a few days to a few weeks, but in some occasions, may require discontinuation of Humalog. In some instances, these reactions may be related to factors other than insulin, such as irritants in a skin cleansing agent or poor injection technique.

Systemic Allergy—Severe, life-threatening, generalized allergy, including anaphylaxis, may occur with any insulin, including Humalog. Generalized allergy to insulin may cause whole body rash (including pruritus), dyspnea, wheezing, hypotension, tachycardia, or diaphoresis.

In controlled clinical trials, pruritus (with or without rash) was seen in 17 patients receiving regular human insulin (n=2969) and 30 patients receiving Humalog (n=2944).

Localized reactions and generalized myalgias have been reported with injected metacresol, which is an excipient in Humalog (see Contraindications).

Antibody Production

In large clinical trials with patients with type 1 (n=509) and type 2 (n=262) diabetes mellitus, anti-insulin antibody (insulin lispro-specific antibodies, insulin-specific antibodies, cross-reactive antibodies) formation was evaluated in patients receiving both regular human insulin and Humalog (including patients previously treated with human insulin and naive patients). As expected, the largest increase in the antibody levels occurred in patients new to insulin therapy. The antibody levels peaked by 12 months and declined over the remaining years of the study. These antibodies do not appear to cause deterioration in glycemic control or necessitate an increase in insulin dose. There was no statistically significant relationship between the change in the total daily insulin dose and the change in percent antibody binding for any of the antibody types.

USE IN SPECIFIC POPULATIONS

Pregnancy—Pregnancy Category B. All pregnancies have a background risk of birth defects, loss, or other adverse outcome regardless of drug exposure. This background risk is increased in pregnancies complicated by hyperglycemia and may be decreased with good metabolic control. It is essential for patients with diabetes or history of gestational diabetes to maintain good metabolic control before conception and throughout pregnancy. In patients with diabetes or gestational diabetes insulin requirements may decrease during the first trimester, generally increase during the second and third trimesters, and rapidly decline after delivery. Careful monitoring of glucose control is essential in these patients. Therefore, female patients should be advised to tell their physicians if they intend to become, or if they become pregnant while taking Humalog.

Although there are limited clinical studies of the use of Humalog in pregnancy, published studies with human insulins suggest that optimizing overall glycemic control, including postprandial control, before conception and during pregnancy improves fetal outcome.

Nursing Mothers—It is unknown whether insulin lispro is excreted in human milk. Use of Humalog is compatible with breastfeeding, but women with diabetes who are lactating may require adjustments of their insulin doses.

Pediatric Use—Humalog is approved for use in children for subcutaneous daily injections and for subcutaneous continuous infusion by external insulin pump. Humalog has not been studied in pediatric patients younger than 3 years of age. Humalog has not been studied in pediatric patients with type 2 diabetes.

Geriatric Use—Of the total number of subjects (n=2834) in eight clinical studies of Humalog, twelve percent (n=338) were 65 years of age or over. The majority of these had type 2 diabetes. HbA1c values and hypoglycemia rates did not differ by age. Pharmacokinetic/pharmacodynamic studies to assess the effect of age on the onset of Humalog action have not been performed.

OVERDOSAGE

Excess insulin administration may cause hypoglycemia and hypokalemia. Mild episodes of hypoglycemia usually can be treated with oral glucose. Adjustments in drug dosage, meal patterns, or exercise may be needed. More severe episodes with coma, seizure, or neurologic impairment may be treated with glucagon or concentrated intravenous glucose. Sustained carbohydrate intake and observation may be necessary because hypoglycemia may recur after apparent clinical recovery. Hypokalemia must be corrected appropriately.

STORAGE

Do not use after the expiration date.

Unopened Humalog should be stored in a refrigerator (36° to 46°F [2° to 8°C]), but not in the freezer. Do not use Humalog if it has been frozen. In-use Humalog vials, cartridges, pens, and Humalog KwikPen® should be stored at room temperature, below 86°F (30°C), and must be used within 28 days or be discarded, even if they still contain Humalog. Protect from direct heat and light.

PATIENT COUNSELING INFORMATION: See FDA-approved patient labeling and Patient Counseling Information section of the Full Prescribing Information.

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Social media challenges for healthcare employers, employees

by Alan C. Horowitz, RN, JD

As youngsters, many of us heard our parents admonish us: "If you have nothing good to say, then say nothing at all." That sage counsel is even more important when it comes to social media.

Joseph Talbot worked as an LPN at Desert View Care Center in January 2013 when he posted the following on Facebook: "Ever have one of those days where you'd like to slap the ever loving bat snot out of a patient who is just being a jerk because they can? Nurses shouldn't have to take abuse from you just because you are sick. In fact, it makes me less motivated to make sure your call light gets answered every time when I know that the minute I step into the room, I'll be greeted by a deluge of insults."

A nursing professor who saw the Facebook posting notified Desert View, and the facility fired Talbot for violating its social media policy. Talbot then applied for unemployment benefits, which initially were granted by the Idaho Department of Labor (IDOL).

Desert View appealed the IDOL decision to the Idaho Industrial Commission, which reversed the IDOL's decision because an employee is not entitled to unemployment benefits when he or she is discharged for misconduct in connection with employment. On further appeal, the Idaho Supreme Court, in *Joseph E. Talbot v. Desert View Care Center*, also held that Talbot was not eligible for unemployment compensation because his employment was terminated for misconduct (that is, violating Desert View's social media policy). Although Talbot argued that Desert View had not communicated the policy to him, his signature on a document attested to the fact that he "received the updated Social and Electronic Media policy and agree[d] to the requirements of that policy."

Employers should have in place a clearly articulated policy regarding social media and should ensure that all employees acknowledge and abide by it.

LESSONS LEARNED

Among the many lessons gleaned from the *Talbot* case, one is that employers should have in place a clearly articulated policy regarding social media and should ensure that all employees acknowledge and abide by it. Two of the five justices on the Idaho Supreme Court disagreed with the majority opinion, saying that the facility's social media policy was vague. Thus, the need for clarity cannot be overstated. When tension exists between a person's First Amendment right of freedom of speech and prohibited speech, a coherent policy can help make clear the boundaries of each.

Desert View's policy prohibited "slanderous, vulgar, obscene, intimidating, threatening or other 'bullying' behavior electronically towards any physician, vendor, conservator, regulator, competitor, fellow employees, managers and the family members of our patients…or…other stakeholders." Talbot claimed he was "just frustrated and venting." The court held otherwise, maintaining that the facility did not have to wait until a resident was slapped or until Talbot refused to answer a call bell in a timely manner. The threat of those actions, which violated the policy, was sufficient grounds for employment termination and denial of unemployment benefits, the court held.

CHALLENGES

Increasingly, employers seek to use social media for legitimate marketing purposes but realize the need to prevent inappropriate comments from being posted on such platforms. Although not an issue in the *Talbot* case, the possibility exists that an employee, in addition to violating a healthcare facility's social media policy, also will violate the Health Insurance Portability and Accountability Act (HIPAA) or a resident's federally protected privacy rights. A YouTube video or a Facebook posting with a picture of a resident's pressure ulcer not only would violate HIPAA but also can

Employers should avoid vague or ambiguous terms and provide examples of prohibited content for social media.

have a devastating effect on an organization's overall image.

An inherent tension exists between employees' First Amendment rights protecting free speech and the prohibition against hateful or otherwise wrongful speech. First Amendment protection extends to written words and other forms of postings on social media. The right of free speech is not without limitations, however. Employers face the challenge of developing a comprehensive social media policy that does not run afoul of the law. If an employer takes a disciplinary action based on a violation of its social media policy, it may have committed an unlawful act if the policy is later determined to be overbroad or otherwise unlawful.

The National Labor Relations Board (NLRB) has the authority to determine whether an employer has impermissibly interfered with the rights of workers—even if those workers are not members of a union. The NLRB has held that social media policies are unlawful when they interfere with employees' "concerted activity," their right to speak about the terms and conditions of their employment. This excerpt from an actual policy provides an example of an unlawful social media policy, according to the NLRB:

"Use technology appropriately.

"If you enjoy blogging or using online social networking sites such as Facebook and YouTube, (otherwise known as Consumer-Generated Media, or CGM) please note that there are guidelines to follow if you plan to mention [employer] or your employment with [employer] in these online vehicles…

"Don't release confidential guest, team member or company information…"

The NLRB determined that this portion of the policy was unlawful because employees have a right to discuss wages and conditions of employment with third parties as well as with each other.[1]

In a different case, after three of a company's employees appeared in a YouTube video and criticized their employer's workplace safety efforts, the company terminated their employment.[2] The NLRB determined that the YouTube video was protected and filed a charge against the employer. In yet another case, the NLRB found that a company's social media policy was unlawful where it admonished employees to "[b]e respectful of the company and its employees and to refrain from engaging in name-calling, unfounded statements or behavior that will reflect negatively on the employer."[3] That sentence could be construed as preventing criticism of the employer's treatment of employees and its labor policies, which therefore made it "unlawfully overbroad," according to the NLRB.


Alan C. Horowitz, RN, JD

Employers should avoid vague or ambiguous terms and provide examples of prohibited content for social media. The NLRB's website has additional examples of social media policies that have been deemed "unlawful."[4]

Notwithstanding the NLRB's rulings, employers have a right—and, indeed, an obligation—to have coherent and appropriate social media policies. Organizations such as the American Nurses Association (ANA) provide a wealth of information regarding appropriate uses of social media by nurses. For example, the ANA notes that nurses should maintain professional boundaries in the use of electronic media; not share or post information, pictures or videos gained through the nurse-patient relationship; not make any disparaging remarks about patients, employers or co-workers, even if they do not identify these people; promptly report a breach of confidentiality or privacy; and help develop policies regarding online conduct.[5]

Concerned about the challenges presented by social media, the American Medical Association (AMA) adopted a social media policy in 2010. "Using social media can help physicians create a professional presence online, express their personal views and foster relationships, but it can also create new challenges for the physician-patient relationship," according to the AMA, which provides specific guidelines.[6]

AMDA–The Society for Post-Acute and Long-Term Care Medicine established a Social Media Task Force to address the concerns associated with social media. "AMDA initiated multifocal efforts in 2012 to support the educational advancement, integration and use of social media in post-acute and long-term care," Patricia Bach, PsyD, MS, RN, a founding member of the task force, tells *Long-Term Living*. "AMDA is fully committed to the integration of social media as an emerging technology for enhanced communication and practice development in the long-term care continuum," she added. As with other AMDA guidelines, its suggested framework for the use of social media will provide a valuable resource for interdisciplinary teams.

MORE RECOMMENDATIONS

Additional suggestions when developing a social media policy:

- Draft and revise as needed a social media policy that addresses all employees' obligations to maintain compliance with HIPAA and privacy protections for all residents/patients.
- Provide training regarding permitted and prohibited types of social media postings.
- List the types of disciplinary action, including employment termination, that may result from violations of the policy.
- Inform all employees that no form of harassment, threat, intimidation or defamatory conduct involving any resident, family member, employee or anyone connected to the organization is acceptable.
- Tell employees that they should not

expect privacy regarding any material transmitted over the organization's computers or phones.

- Require that when employees identify themselves as members of your organization, they include a disclaimer stating that any postings on their pages or by them are their opinions solely and do not reflect the views or opinions of the employer.
- Nurses and other professionals should adhere to the social media guidelines of their respective professional organizations, recommend Nancy Spector, PhD, RN, and Dawn M. Kappel, MA, in "Guidelines for Using Electronic and Social Media: The Regulatory Perspective," a 2012 article in the *Online Journal of Issues in Nursing*, an ANA publication.
- Remind employees that they are not permitted to use company equipment for postings on social media or to make postings during the hours that they are working.
- Remind employees that they may be civilly liable for defamation and may be prosecuted either civilly or criminally for violations of HIPAA.
- Remind licensed professionals that certain actions may result in disciplinary action by their respective licensing boards. LTL

RESOURCES

1. *Cintas Corp.*, 344 NLRB 943 (2005), enforced. 482 F.3d 463 (D.C. Cir. 2007).
2. NLRB Complaint, Rain City Contractors, Inc. and Pacific Northwest Regional Council of Carpenters, Case 19-CA-31580. January 29, 2009. Available at: www.nlrb.gov/sites/default/files/attachments/basic-page/node-3313/raincitycomplaint.pdf.
3. *Stant USA Corporation,* Case 26-CA-24098, Advice Memorandum at 5, (October 13, 2011).
4. Office of Public Affairs, National Labor Relations Board. Acting General Counsel releases report on employer social media policies. Available at: www.nlrb.gov/news-outreach/news-story/acting-general-counsel-releases-report-employer-social-media-policies.
5. American Nurses Association. 6 tips for nurses using social media, September 2011. Available at: www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social-Networking-Principles-Toolkit/Tip-Card-for-Nurses-Using-Social-Media.pdf.
6. American Medical Association. New AMA Policy Helps Guide Physicians' Use of Social Media, November 8, 2010. Available at: www.ama-assn.org/ama/pub/news/news/social-media-policy.page.

Stemming the

threat of MDROs

By Tobi Schwartz-Cassell

It takes more than soap and water to keep infections at bay. Prevention protocols, adequate staffing and awareness are key

The dire statistics from the Centers for Disease Control and Prevention (CDC) on the soaring rates of antibiotic-resistant infection and resulting mortality haunt the long-term care (LTC) industry. Data show that antibiotic-resistant organisms account for roughly 2 million illnesses per year and 23,000 deaths; *Clostridium difficile* infections result in roughly 250,000 illnesses per year with 14,000 deaths. Although the total yearly cost to the U.S. economy of antibiotic-resistant organisms associated with urinary tract infections (UTIs), pneumonia, skin and soft tissue infections and *C. diff* have been difficult to calculate, estimates have ranged as high as $20 billion (for direct healthcare costs) and an additional $35 billion in lost productivity (2008 dollars).

And even though the simple act of hand-washing is the first line of defense against these insidious bugs, it's going to take more than a burst of soap to mop up this mess.

WHAT'S POSING THE THREAT?

"The 'garden variety' multidrug-resistant organisms (MDROs) such as Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant *enterococcus* (VRE) and extended-spectrum beta-lactamases (ESBLs) continue to be identified in the LTC population and cause a variety of infections," says Phenelle Segal, RN, CIC, president of Infection Control Consulting Services in Delray Beach, Fla. "Unfortunately however, we are seeing the 'newest kid on the block' that was originally identified in the hospital setting but has become more common in LTC facilities. The highly-resistant carbapenem-resistant enterobacteriaceae (CRE) group of organisms that was limited to *Klebsiella pneumoniae* but is now represented by many gram-negative organisms, has a high mortality rate, and there are no traditional antibiotics to combat illness from this group."

David Condoluci, DO, chief patient safety and quality officer for Kennedy University Hospital in Stratford, N.J, adds: "In skilled nursing facilities, the antibiotic-resistant infections become a major problem because many residents are in closed quarters, plus they're very debilitated. So if strict infection control procedures are not in place, these organisms can be transferred from one patient to another and can spread throughout the facility. And an infection such as *C. diff* can cause complications like sepsis."

And if all that weren't enough, "Hospitals are discharging patients at such an early stage of their illness that residents are being admitted to nursing homes with similar issues to the acute care facilities," Segal says.

WHAT CREATED THIS SITUATION?

Beyond diligent hand-washing, Condoluci says, there is one blatant culprit: "Over the years, the use and abuse of antibiotics have caused these organisms to become resistant. In particular, the multiresistant gram-negative rods are sometimes immune to—not just some—but all of the traditional antibiotics we have available."

The situation is critical, Segal explains, because "resistant organisms continue to outsmart the development of antibiotics to combat the infections resulting from them. Morbidity and mortality statistics tell the story of how dire a situation it is."

But with stringent infection control, as outlined below, Condoluci says, "We will be able to control the emergence of these organisms. But in the end, organisms are very adaptable to their environment. So while we need to be diligent about how infections spread, we're always going to see resistant organisms because the use of antibiotics is very pervasive in our society."

And that pervasiveness is not limited to physicians prescribing antibiotics. Antibiotics are put in the feed of animals to help fatten them up and avoid some of the infections they might be predisposed to. "That, too, creates resistant bacteria. So I think MDROs are going to be around for the foreseeable future for sure, but that doesn't mean we can't be judicious and control how we use antibiotics and how we can prevent the emergence of these resistant organisms with good infection prevention practices and the use of antimicrobial agents," Condoluci advises.

BEST PRACTICES

Condoluci outlines specific standards to be adhered to by not just LTC facilities, but by physicians, sub-acute facilities and hospitals:

- Restrict antibiotic usage to only those with absolute infections. Limit usage to short periods of time, and do not extend usage any longer than necessary. Prescribe the least broad and most effective antibiotic so you're not putting pressure on the facility's environment. This approach will preserve the opportunity to use other antibiotics in the future.
- Remove any devices as quickly as possible once they're no longer needed for the resident's care. Any device that's put into the body that breaks the skin is an opportunity for infection. This includes Foley catheters, tubes that deliver nutrition or antibiotics, PICC lines and long-term vent units. All of these can be colonized with MDROs, leaving residents vulnerable to pneumonia or sepsis.
- Reposition immobile residents to avoid decubiti, another potential source of infection.
- Schedule adequate staff for each shift to ensure that your volume of residents is being cared for, and that complexities are being addressed.
- Instruct staff to adhere to good infection control practices, and require everyone to use these practices in their daily routines. Proper and continual staff training is important.
- Encourage family members to be advocates for their friends and loved ones. Just the fact that someone is watching over the care of a resident heightens everyone's awareness. Administrators and directors of nursing need to have an open door policy and encourage family and friends to ask questions and state their concerns.

Incontinence: Curbing infections with dignity

Incontinence is one of the leading causes of urinary tract infections (UTIs). Leah Klusch, RN, BSN, FACHCA, executive director of Alliance Training Center in Alliance, Ohio, says wet undergarments offer the perfect place for an infection to blossom, because they're moist, warm and dark. Other causes are overuse of antibiotics and catheters that are left in place too long or are not well-maintained.

Another hidden problem is a variance in body temperature. "A lot of elders, especially those in their 80s and 90s, have suppressed body temperatures. Their baseline can be lower than the average adult, sometimes by as much as 2 degrees. If someone with an early UTI has a temperature that isn't dangerously high to the average clinician, by the time that person gets to 99 degrees, they may be septic."

Potential embarrassment can sometimes render incontinence a well-kept secret in the skilled nursing facility (SNF). "Some family members bring product in or take mom's underwear home and wash it," Klusch says. "The other issue we're dealing with is that this age group is not open to talking about these private matters."

Klusch is now working with the Department of Urology at the University of Pennsylvania to establish assessment protocols to be used upon admission or re-admission to the SNF. "You must question residents in a very kind but very persistent way about what their level of continence was before coming into the SNF. Use everyday practical terms. For example, 'Before you went to the hospital, if you were going to go out with your friends, would you wear a panty pad or any kind of an incontinence product?' That is so much better than a nurse coming into the room and asking, 'Are you incontinent?' For someone to admit that is a tremendous self-exposure."

SOME HOPEFUL NEWS

Sept. 18, the White House released a 33-page report entitled "National Strategy for Combating Antibiotic-Resistant Bacteria," in which a series of goals and benchmarks have been targeted to be met by 2020. Among these anticipated outcomes:

- eliminate the use of medically important antibiotics for growth promotion in animals;
- develop and disseminate licensed point-of-need diagnostic tests to distinguish between bacterial and viral infections in 20 minutes or less; and
- accelerate the development of new antibiotics, other therapeutics and vaccines. The government's Biomedical Advanced Research and Development Authority has been challenged to file FDA new drug applications for a new antibiotic by the end of 2018.

Wound care: A different type of infection challenge

"Residents in long-term care are so immunocompromised, that even simple wound infections that aren't resistant to antibiotics can become problematic," says Diane Krasner, PhD, RN, CWCN, CWS, MAPWCA, FAAN, a wound and skin care consultant in York, Pa. "It's because they have so many comorbidities, and their perfusion isn't good."

Ischemic feet and limbs and leg ulcers can prevent systemic antibiotics from getting into the bloodstream, so these wounds are now treated topically. Krasner outlines just some of the new wound care options that are now available and more effective.

Silver agents have become a favorite because they're broad-spectrum antimicrobials that deal with all kinds of organisms, such as Methicillin-resistant *Staphylococcus aureus*, Vancomycin-resistant *enterococcus*, viruses, bacteria and fungus. Silver dressings have been developed that are sustained-released. Some absorb and others donate moisture.

Newer forms of iodine have been developed, such as cadexemer iodine, which doesn't kill new cells.

Another good alternative is hydroferra blue that is impregnated in a foam dressing. It's also a broad-spectrum antimicrobial.

"Honestly," Condoluci says, "People want to do the right thing. They don't go into this field to hurt people. But that said, there's a lot of pressure and a lot of demands today, and we need to make sure that everybody is adhering to the best standards and practices." LTL

Tobi Schwartz-Cassell is a freelance writer based in Cherry Hill, N.J.

RESOURCES

Antibiotic resistance threats in the United States, 2013. Available at: www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf.

Applying high reliability principles to the prevention and control of infections in LTC. Available at: www.jointcommission.org/HRipcLTC.aspx.

Assessment tool for C.diff. Available at: https://www.nhqualitycampaign.org/files/EarlyID_Assessment.pdf.

Catheter-associated UTI Baseline Questionnaire. Available at: www.cdc.gov/HAI/recoveryact/PDF/CAUTI_EvalQuestions_Final_ClearedVersion32910.pdf.

National Strategy for Combating Antibiotic-Resistant Bacteria. Available at: www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf.

Nursing Home Survey on Patient Safety Culture. Available at: www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/nursing-home/2011/index.html.

Prevention Toolkits. Available at: www.cdc.gov/HAI/prevent/prevention_tools.html#ltc.

WoundSource, www.woundsource.com.

Train to retain

Organizational development helps to manage rapid change and retain great employees

BY CHRISTINA MURPHY, EDD, PHR

Healthcare organizations have faced a torrent of change, from the implementation of healthcare reform and other significant regulatory changes to disruptive advances in technology. Long-term care (LTC) providers in New York State have faced an additional change that also presented a huge opportunity: a state mandate for Medicaid patients needing significant LTC services to enroll in managed care plans.

These factors have redefined the competitive marketplace for CenterLight Health System, a nonprofit provider of rehabilitation and short- and long-term healthcare services based in New York City. We have introduced a series of sustainable improvements to make the most of the opportunities and challenges we face.

A central part of this process is to create, from scratch, an organizational development program at CenterLight with three goals in mind:

- to improve training and coaching;
- to drive a performance-based culture; and
- to develop more career paths for employees and reduce the need to seek skilled employees from outside of CenterLight.

Our organizational development program focuses on strengthening several key abilities in our managers.

As hard as this work is, we have one built-in advantage. CenterLight has a hunger and passion for learning that sets it apart. In many industries, continuing education and training are seen as a necessary evil. At CenterLight, it is a huge imperative for success because the world of healthcare is changing so much and so rapidly.

TRAINING TEAM LEADERS

Our organizational development program focuses on strengthening several key abilities in our managers:

- Managers are coached on how to conduct crucial conversations when there is potential for conflict that can have a long-term effect on productivity and job satisfaction. They have access to materials they can draw on for crucial conversations ranging from disseminating tasks to building a collaborative team where everyone has a vital role.
- In healthcare, team-based models of care are growing more important, so we are strengthening the interpersonal skills of our managers. Our orientation process used to be segmented, with different processes for our nursing centers, our health plan and the corporate office. Now, we have a single orientation, building relationships across departments and ensuring everyone learns the bigger picture of what CenterLight is trying to accomplish.
- We developed training for managers on employee and labor relations, to ensure a consistent approach to these matters. The training began with small group sessions, using role-playing exercises and other methods to teach managers concepts needed to gauge situations and determine the right response.
- Managers are learning how their interactions with employees should complement corporate communication efforts to convey the vision and strategy of CenterLight to employees. We train managers in both written and verbal communications to enable them to have a constant stream of touch points with employees.
- We also are training managers to help their employees handle change in their work environment and the skills required of them to do their jobs effectively.

We have vastly expanded training and continuing education through a computer-based system that offers 300 managerial courses. We also provide one-on-one, personalized coaching for executives at the level of vice president and higher in our organization.

PURSUING SUSTAINABLE PERFORMANCE

A major focus of our work with managers is to ensure they are driving a performance-based culture at CenterLight. It is not only about what goals they achieve but how they achieve those goals that matters. This emphasis is at the heart of ensuring that we build sustainable internal systems, processes and expectations.

We use a performance manager system to track all of the feedback managers give to their direct reports, which are used as the basis for employee reviews. The system also sends reminders to managers to provide feedback. For example, tasks and goals for each employee can be logged in the system, and then it prompts managers to check on progress as the due dates approach.

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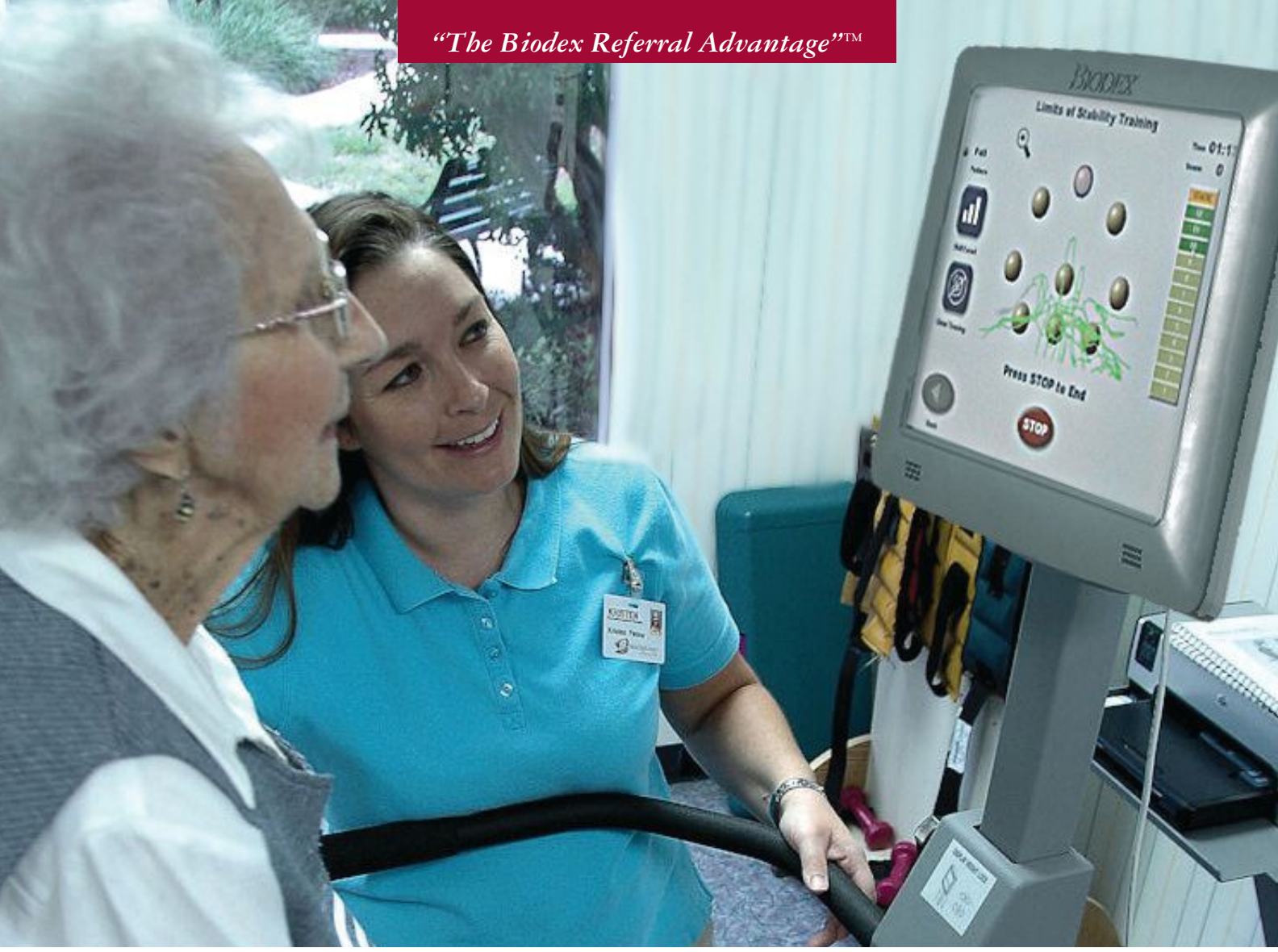

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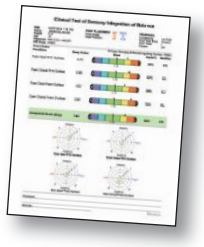

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Expanded competency training for employees forms the backbone of a performance-based culture. Employees feel empowered when they are given the tools to help them deliver the performance that is expected of them.

TRAIN TO RETAIN

We use training to expand career paths and help our employees improve their skills so they can better adapt to rapid change in healthcare. For example, under a state grant, we are providing opportunities for certified nursing assistants and licensed practical nurses to continue their education. This program is expanding from nursing homes to home health, as employees in the home setting are being called on to do more as the first line of defense in the healthcare system.

With our registered nurses, we train them on the skills they need for our team-based approach to care, such as customer service, and managerial and organizational skills. Technology is a huge change for nurses because they often have used paper records for their entire careers and lack the working knowledge that new information systems require. They are trained on clinical (both electronic health records and clinical decision support) and customer-relation management software systems.

Another key element is our new employee onboarding program. Over a new employee's first six months, she meets regularly with a mentor, can choose from a variety of educational opportunities and interacts regularly with the human resources department.

LEARN OR PERISH

A healthcare organization that is not committed to continuous learning is probably not going to survive in the topsy-turvy healthcare world of today. A strong organizational development program is critical for both sustainability and growth in a healthcare organization. Your workforce won't be flexible enough to embrace innovation without a formal education and training program that keeps employees' skills and knowledge up to date.

Organizational development also is the key to keeping great talent. If your organization fails to offer training, education and career paths, great employees will move to an organization that does. LTL

Christina A. Murphy, EdD, PHR, is Corporate Director of Organizational Development for CenterLight Health System, a nonprofit provider of rehabilitation and long-term healthcare services based in the Bronx, NY.

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Partnering for post-acute care

Shift to risk-based integrated networks necessary

BY JIM BOWE

Editor's note: This is the second part of a two-part series on post-acute care strategies and tactics. Read part one in Long-Term Living, *September 2014, p. 28.*

Post-acute care (PAC) partnerships with clinically integrated care networks made up of physicians, hospitals, rehabilitation providers, skilled nursing facilities (SNFs) and community-based services are burgeoning, driven largely by the need under the new rules of pay-for-performance reimbursement to control Medicare expenses and shift utilization to lower-cost settings. Working closely with hospitals, in particular, to adapt to the multifaceted dynamics of value-based payment is absolutely critical to the financial vitality of these integrated networks.

Hospital stays no longer are an isolated event; rather, they have become part of the continuum for an entire episode of care. Traditional hospital inpatient stays, in fact, are on the decline as outpatient clinics and other alternative settings move to the forefront. Lower-cost PAC options, meanwhile, are benefiting from a higher profile in this new risk-based environment, with case management that maximizes Medicare margins superseding the push for Medicare admissions volume.

DATA PROVIDE INSIGHTS

PAC operators and hospitals are following several tactics to fine-tune their interactions. At the same time, they also are repositioning themselves for better alignment within the broader context of clinically integrated care networks.

One of the keys to forging partnerships is developing data-driven metrics that track outcomes to validate a PAC operator's qualifications and measure its ongoing performance. (For more details, read the first report in this series in the September 2014 issue of *Long-Term Living* or online at **ow.ly/AzymB**.)

At the same time, PAC organizations also must analyze Medicare-related trends at their referring hospitals to identify performance-improvement opportunities that their acute-care counterparts may have overlooked.

Medicare billing and cost report data provide detailed insights into hospital-related trends that directly affect PAC utilization. This financial and statistical information from Medicare assesses patient/resident origin using zip code data, analyzes total hospital discharges by discharge disposition, identifies the total number of discharges to SNFs and inpatient rehabilitation facilities (IRFs), enables a PAC operator to determine its present market share based on number of admissions captured in comparison with total hospital discharges to SNFs and breaks out the number of discharges in individual diagnosis-related group (DRG) categories to SNFs and IRFs. It also compares the hospital length of stay with the Centers for Medicare & Medicaid Services (CMS) geometric length of stay (GMLOS) for DRGs that are commonly treated in PAC settings, and it measures how hospital readmission rates stack up against CMS targets.

Tracking these Medicare trends points the way to reducing hospital lengths of stay, minimizing readmissions, expanding PAC programs based on high-volume DRGs and enhancing throughput/access. Another benefit of this ongoing analysis is that, by identifying the highest-volume of MS-DRGs that result in SNF placement—and these often rack up excessive costs in the hospital by surpassing the national GMLOS benchmark for SNF-bound length of stays—an opportunity exists for PAC operators to collaborate with hospitals to develop a series of clinical care pathways and protocols. Grounded in evidence-based practices, these interventions can deliver impressive results by streamlining transitions for patients/residents in high-volume DRGs that are related, for example, to congestive heart failure, chronic obstructive pulmonary disease, stroke/cerebral vascular accidents, cardiac events, urinary tract infections, post-orthopedic events, septicemia and pneumonia.

Care pathways play a critical role in clinically integrated networks by providing detailed guidance for each stage in the management of a specific condition in a

Specialized, high-acuity post-acute care

To optimize physician relationships, post-acute care (PAC) providers should define standards for attending staff and medical directors that match the acuity and complexity of patients'/residents' conditions, encourage physician rounding, add hospital physician specialists to the PAC staff or multidisciplinary committees and use midlevel providers. Some specialized, high-acuity post-acute areas of care include:

- intravenous therapy;
- tracheostomy care;
- stroke and neurologic care;
- cardiac care;
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patient/resident over a given time period. They encompass an entire episode of care and have the potential to improve multidisciplinary communication, teamwork and care planning by supporting continuity and coordination of services across the continuum of care. Adhering to explicit and well-defined standards for care helps reduce variation by promoting consistency.

TECHNOLOGY VITAL

Information technology/electronic health record systems with interoperability capabilities linking multiple care-delivery sites are the backbone of clinically integrated care networks. Information access is how evidence-based care plans, quality outcomes and reimbursement benchmarks are shared. These systems identify, assess and stratify target populations, use care management interventions, exchange data and information across the care continuum, manage contracts and financial information and monitor and analyze performance.

Physician alignment also is growing more important with the emergence of the medical home model and its emphasis on case management. Engaging physicians in PAC settings who influence referrals and have strong hospital ties strengthens the link with networks.

To optimize physician relationships, PAC operators should define standards for attending staff and medical directors that match the acuity and complexity of the patients'/residents' conditions, encourage physician rounding, add hospital physician specialists to the PAC staff or multidisciplinary committees and use midlevel providers such as physician assistants and nurse practitioners.

A successful PAC stay is finalized by a safe transition to the next level of care. Transitional care planning should begin on admission to post-acute care and engage network partners such as home care agencies, hospices, durable medical equipment companies, area agencies on aging and pharmacies.

All signs point to integrated healthcare networks methodically consolidating referrals with groups of best-in-class PAC operators that will capitalize on scale and volume. Top priorities in this new environment are mastering value-based and at-risk contracting, reinforcing operations leadership, improving cost efficiencies and achieving ongoing quality gains. LTL

Jim Bowe is principal of GlenAire HealthCare, LLC, in Bloomfield Hills, Mich. GlenAire works to realign the continuum of care with an emphasis on rewarding quality outcomes and cost-efficient operations through developing, expanding and repositioning post-acute care and senior living operations. Contact him at (248) 904-6766 or bowejp@att.net.

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30-day readmissions rate: What's behind the number?

Some missing pieces to solving the readmission puzzle are offered

BY KEVIN R. MCMAHON, MPA, LNHA

Both the acute care and post-acute care (PAC) industries have their full attention focused on the much discussed and hyper-analyzed 30-day readmission metric. On the acute care side, this number determines whether a reimbursement penalty will be applied—affecting revenue streams. On the PAC side, the number increasingly will be used to judge the quality of PAC partners and ultimately communicate that information to discharging patients. High stakes stuff for sure. Unfortunately the fixation on this magical metric might be obscuring various subtle and more nuanced aspects of this readmission puzzle.

As I have considered this metric and its implications both as a PAC administrator and in my current job on the acute care side of the of the healthcare world, I have stumbled on three not so obvious angles that PAC providers need to be aware of and, if at issue, develop a means to address.

Medicare managed care plans are exerting ever-increasing downward pressure on PAC lengths of stay.

FAILED DISCHARGE VS. AVOIDABLE READMISSION

As a lifelong PAC administrator, I am well acquainted with the notion that if something goes wrong in our industry, it is pretty much preordained to be our fault. With respect to the 30-day readmission challenge, the general assumption is that if the readmission was avoidable, the fault must lay with the PAC provider in some way, shape or form.

Fortunately for beleaguered PAC providers, this assumption is not always the case. This is especially true with readmissions that occur within a short period of time after the discharge from acute care. The debate about what constitutes a short time period could go on forever. For my purposes, any readmission that occurs within seven days of discharge from acute care has the potential to be related in part, or in the whole, to a problematic discharge from acute care. Obviously the closer to the acute care discharge that a readmission occurs, the greater the likelihood that the acute care discharge may have been a major contributing factor.

The analysis of readmissions is in its infancy. Until such time that this analysis evolves into a more systematic and encompassing review, PAC providers would be well served to nominally track and trend the numbers associated with re-admissions that occur within seven days of discharge from acute care. If, in fact, they are experiencing an inordinate number of readmissions in this one- to seven-day category, engaging with acute care partners for a more in-depth analysis might well make sense.

PAC DISCHARGE FOLLOW-UP CALL

Medicare managed care plans are exerting ever-increasing downward pressure on PAC lengths of stay. This pressure has resulted in stays of 10 to 20 days becoming the norm and no longer the exception. Among many things, this phenomenon of shorter stays fuels the "turnstile effect," with admissions and discharges churning turnover of patients. This activity forces PAC providers to focus on the person who will fill an empty bed (those that help meet next week's payroll) and not so much on the patient who is going home (those not in a position to help to cover payroll).

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This ever-shorter length of stay magnifies the importance of sound PAC discharge planning for several reasons, including the greater number of days remaining in the 30-day readmission window. In the old days, when lengths of stay routinely exceeded 30 days, the patient was inside of the PAC provider's four walls with a far greater ability to control outcomes and avoid rehospitalizations. This is no longer the case, as patients routinely spend 20 or more days of their post-hospital stay in their own homes.

On the PAC side, PAC facilities might have a sense that once the patient has been discharged from a facility to the community, the facility no longer has an impact on the PAC's 30-day readmission rate. This thinking might be driven by the perception that when such patients return to the hospital, their discharge location will show as the community—not the discharging PAC facility.

Although this largely may be true now, acute care providers eventually will acquire the ability to track patients for the whole of their post-acute journey. They will come to understand that connecting the dots on readmissions from the community will include identifying the PAC provider involved in providing immediate care and the number of days between the discharge from the PAC facility and readmission to acute care.

Similar to the failed discharge from acute care discussed previously, PAC providers will have responsibility for sound discharge planning and, at some level, will share responsibility for the impact that these readmissions have on a hospital's 30-day readmission rate.

The bottom line is that PAC providers must make it an organizational imperative to connect with all discharged patients. Ideally this contact should occur within 24 hours and absolutely no later than 48 hours after discharge. In spite of gold standard discharge plans, discharges to an unstructured community setting are ripe for system and people failures. A simple phone call to check on how the discharged patient is doing and to identify any gaps in the discharge plan, followed by assistance with addressing such issues, can potentially salvage a discharge plan that is heading south.

IDENTIFYING A LATENT READMISSION PROBLEM

PAC professionals by necessity live by the credo that there is no need to actively dig for problems because, more often than not, they will find you. Unfortunately as it relates to the 30-day readmission conundrum, what you don't know may hurt you. Plainly stated, the simplistic 30-day readmission rate may not tell the whole story.

As a PAC administrator, I worked in a market with a health system that pioneered

the tracking and reporting of 30-day readmission rates (Summa Health System). Upon learning that my facility's 30-day readmission rate was below the magical standard of the time, I would turn my attention to the literally hundreds of other issues confronting me. Although this may have seemed like a sound approach back then, in today's environment PAC administrators need to be pointedly aware of near-miss readmissions. Near-miss readmissions are ones that occurred outside of the magical 30-day window and that if the winds of fate had blown in a different direction may have resulted in readmissions inside of that window.

Kevin R. McMahon, MPA, LNHA

Again, the comparative metrics for such near-miss readmissions do not currently exist. As with potentially failed acute care discharges discussed previously, PAC administrators should, at a minimum, seek to determine the gross number of readmissions in the 31- to 37-day range, for example. If this number is high, then PAC administrators need to further analyze the effect that a percentage of these readmitting sooner would have on the facility's overall 30-day readmission rate. If this impact is significant, then steps should be taken similar to what would be done for an out-of-standard 30-day readmission rate.

Finally, it must be said that nothing is magical about the "30 days" in this whole readmission conundrum. At some point the 30-day readmission rate no longer will present a challenge to the PAC industry. At that point I can well imagine we will be discussing the 37-day readmission rate. For this future reason as well as the current imperative of identifying a latent readmission problem, tracking and trending readmissions above 30 days makes a good deal of sense.

SUMMARY

The 30-day readmission conundrum is by no means a simple, easy-to-solve puzzle. No single solution exists and, likewise, an infinite number of potential causes exist in the intertwined worlds of acute and post-acute care. PAC administrators who make themselves aware and responsive to the nuances of the readmission phenomenon will be steps ahead as they seek to identify paths to managing this increasingly important issue. LTL

Kevin R. McMahon, MPA, LNHA, is Seniors Program Coordinator, Summa Institute for Senior Health at Summa Health System in Akron, Ohio. He can be reached at mcmahonk@summahealth.org.

'It's time to go on the offensive'

LTC providers must set the agenda and offer solutions to the federal government to address challenges facing them

BY LOIS A. BOWERS, SENIOR EDITOR

Senior living providers have made much progress addressing the challenges that have confronted the industry over the past several years—attempts to reduce the provider tax, proposed reimbursement cuts and proposed assisted living regulations, American Health Care Association/National Center for Assisted Living (AHCA/NCAL) President and CEO Mark Parkinson told those attending the opening session of the group's recent annual meeting.

> "Assisted living has changed in the past 10 years, even two years" because of the provision of therapy and dementia care as well as changing consumer expectations.
>
> *Pat Giorgio, chair of NCAL*

"It's not an overstatement to say that our survival was at risk, so we played defense because we had to," Parkinson said. The organization created a quality initiative, offered solutions on policy to the federal government and hired "big-name" lobbyists to see that its messages were heard, he added.

"It's time to take our newfound strength and go on the offensive" to address the challenges still facing the industry," Parkinson said. Among those challenges, he added, are new payment models for skilled nursing—managed care, accountable care organizations, bundled payments for dual eligibles.

Mark Parkinson

"They all have things in common: reduction in length of stay, reduction in rate, exclusion of providers and nothing good for our residents," Parkinson said. "If we just sit back and wait and see which of these new models catches on, it's not going to turn out well. The alternative is that we must play offense" by setting the agenda and offering solutions.

Assisted living providers face challenges, too, from those who propose regulating providers similarly to skilled nursing, Parkinson said. "Overregulation is the enemy of person-centered care," he added. "Overregulation forces us work on things that don't matter and, worse, it forces us to spend less time on things that really do matter."

> "We cannot endure living in a vacuum. Collaboration is key. We must view all sectors as opportunities to spread our reach and mission."
>
> *Dave Kyllo, executive director of NCAL*

He continued: "To those who would believe that they're going to enact a federal regulatory scheme on assisted living and further burden our skilled nursing members, my message is simple: It is not going to happen on my watch. It is not going to happen." But bold statements don't mean anything without action, he added, and they come with a price. He encouraged attendees to join their state associations if they aren't members, to become politically active if they aren't already, and to improve or maintain quality in their communities. "It is never our turn" to accept cuts in Medicare or Medicaid reimbursement from the government, Parkinson said. "We've been cut enough." LTL

> Providers are still challenged to be compensated appropriately for the care they provide, but AHCA/NCAL will unveil a "fresh" approach to payment reform in the next few weeks.
>
> *Len Russ, chair of AHCA*

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Technology can build community among residents' families, staff

Providers find new ways to increase involvement

BY SHARON RISSER, BSN

Message to Lori Yoder:
"Today I met Herb in the hall, and he said, 'Hi there, trouble,' and I responded with 'I thought we were buddies?' His response was, 'We are; that's why we can talk like this to each other.' I love that guy."
—Audrey Christman, Supervisor, Housekeeping/Laundry Services, Waterford Crossing, Goshen, Ind.

Message to Waterford Crossing:
"This is what I like about WC. A friendly, joking atmosphere that is perfect for my dad, who loves to rib people. You just have to take everything he says with a grain of salt."
—Lori Yoder (daughter of Herb), Glendale, Ariz.

The communications technology has supported Waterford Crossing's memory care center, Emily's House (some residents are pictured here), by ensuring that residents with memory issues are scheduled for and attend a balance of activities that support their overall well-being. Those include social, cognitive, spiritual and physical activities.

The above exchange, conducted via a web-based platform called Smile, is a wonderful expression of my organization's motto: "Celebrating and Supporting Life's Journey." Too often in long-term care, we only communicate with families when a problem occurs:

- "Mom fell."
- "Dad's condition is declining."
- "Mom had an issue with her meds."

Rarely does a staffer pick up the phone and say, "I had such a fun time with your mom today. She won the prize for the best outfit for Crazy Dress-Up Day."

Using modern communications technology, my team at Waterford Crossing in Goshen, Ind., can instantly celebrate the fulfilling parts of our residents' lives with their families through words, photos, audio and video.

SUPPLEMENTING EXISTING EFFORTS

Before rolling out use of the web platform this year, we already had worked hard on communicating. We have a weekly newsletter called *The Grapevine*, which is available to all the residents and families via email or our website. It conveys community news and lists all upcoming activities. Our executive director, Bryan Mierau, also produces *The Infogram*, a monthly publication that relays the big picture of where our organization is headed and the major events on the horizon. It is sent with our billing statements. Our staff puts much effort into outreach to family members whenever a need or opportunity arises.

Those are good examples of traditional community-wide communications, but we wanted to establish a channel for individual outreach. "I actually thought we were communicating as well as we could with family members and residents, but Smile has taken it to a whole other level, where staff, families and residents can much more spontaneously interact," Mierau says. "Staff have cameras and smartphones with them more often, so now when something good happens, they can easily and spontaneously capture and share it. It builds on our positive culture."

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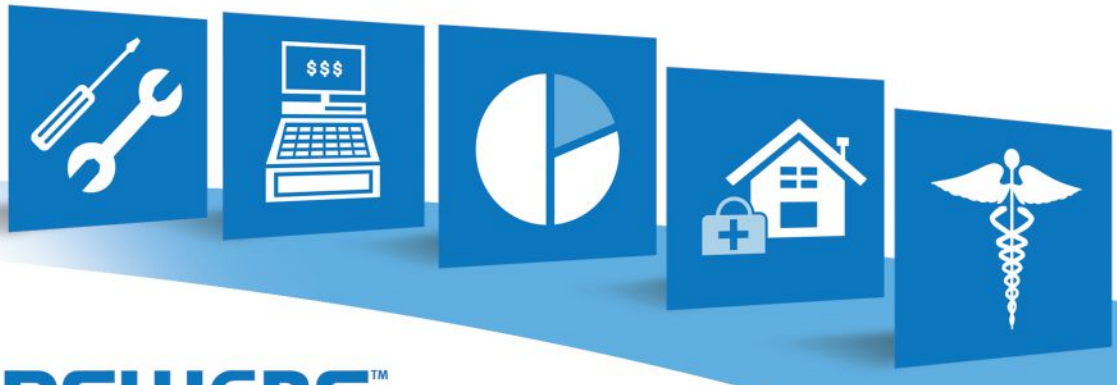

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Staff members can send a resident's family members photos such as this one, of a resident wearing pink at an event observing Breast Cancer Awareness Month, via the web platform.

Crossing with cloud-based technology through which we can send and receive text messages and emails from any computer or mobile device. Staff can share text, photos, video and audio files about special events using fully secure data encryption that is compliant with the Health Insurance Portability and Accountability Act and excludes personal health information. Frankly, I had never seen anything like it. It is something like a family Facebook page but is centered around one person or couple.

Smile facilitates the planning and scheduling of activities tailored to residents' individualized needs and assists in creating groups of residents based on shared interests. Families can use the portal to enter information on residents' life stories and prior interests to help caregivers learn more about them as individuals.

"Living as far away as I do, I'm very grateful for this new way of communicating," says Yoder, whose father resides at Waterford Crossing. "I get to see pictures of Dad and [stepmother] Anna, and I get notes from staff members who interact with them. I like seeing what activities they are participating in and what other options are available to them. I also like telling stories about my dad through the personal profile; this gives the staff something to talk and laugh about with my dad. It has been a lot of fun."

Other communications platforms have been developed for senior living communities, and some of Smile's functionality is similar to the existing tools. We like the flexibility and utility Smile offers for all users—staff members, caregivers and family members—and its analytics and reporting functions, which allow us to track levels of engagement by resident and activity as well as how frequently we are in communication with which families.

PLANNING AN EFFECTIVE LAUNCH

It's nice to have a good app, but success comes with good implementation of that app.

About Smile

Smile was developed by Carex Technologies, a company founded in 2011 by University of Notre Dame professor Sarv Devaraj, PhD, who teaches health technology and management. The web platform is in use at or in various stages of implementation in a few dozen assisted-living communities.

"We developed Smile to address the critical fact that 41 percent of the 1.7 million Americans in assisted living communities don't get a weekly family visit," Devaraj says. "The lack of interaction with loved ones is a contributing factor in loneliness, anxiety, isolation and depression among residents. We felt that if families receive messages about the good things happening in their parents' lives, we could help build a greater sense of connectedness within families and with the places where the parents live."

Carex conducted a research survey of 120 families who were in the process of choosing an assisted living community and found that 94 percent of respondents said that having some kind of engagement technology would be a factor in their decision-making. On average, respondents said they were willing to pay about $35 per month more to have access to that technology.

Emerson, a Waterford Crossing resident, paints a bird house. Emerson's son, Marc, says the web platform used by the community has helped him develop closer relationships with staff members, whom he now feels he can call directly with questions.

Carol Srun, Waterford's community life coordinator, trained senior staff members and nurses to use the technology, then rolled it out at an all-staff meeting. "We wanted everyone to contribute, and [so we] created a form to fill out when they reported on something," she says. "We created a saying: 'If you smiled and the resident smiled, then you probably had a Smile moment.'"

It helps that the tool is easy to learn and use, Srun says. "It only takes 15 to 20 minutes to train new staff members, and they are sending messages to families the same day."

Srun developed a flier for families about the web platform and what it can do in the future. "We pushed the flier out to every power of attorney and asked, if that person was not able to participate, to pass it along to another family member," Srun said. "Just a few months into the process, half of our families are using Smile, and recently everyone who has moved in has had family become part of program."

Marc Blosser, whose 81-year-old father, Emerson, is a Waterford resident, says the web platform has helped him develop closer relationships with staff members, whom he now feels he can call directly with questions. "I had a general rapport from the process of selecting the facil-

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ity and moving Dad in, but I wouldn't necessarily have continued to interact with people like the activities director or the nurses if it had not been for the Smile program."

ENHANCING MEMORY CARE, MARKETING

The platform also has supported the community's memory care center, called Emily's House, by ensuring that residents with memory issues are scheduled for and attend a balance of activities that support their overall well-being. Those include social, cognitive, spiritual and physical activities.

Sharon Risser, BSN

For the families of residents who have dementia, the platform has been a boon, as they get to see a parent doing things they may not have known he or she could do. "Mom is painting?" We get that response a lot. Many people think, "Dad doesn't remember if I visit or not," but if they see how engaged he is in events, it may become, "I want to be part of this."

Bryan Mierau

The platform also has enhanced our marketing efforts. It provides us with a way to record contacts, set reminders for phone calls and visits and identify a referral's level of interest. "It is just the right tool to help us be more alert and diligent in capturing information and doing follow up," Mierau says. "Overall, it has improved our customer satisfaction, so family members wind up doing our marketing for us."

Carol Srun

For Rose Stutzman, whose parents, James and Ruby, live at Waterford, the platform has allowed her to keep abreast of their progress, despite an erratic work schedule in retail. "I want to know how they are doing, at my convenience, without interfering with their independence. My real focus has been on activities. My parents lived out in the country and did everything as a couple. I know that at some point I am going to lose one of them, and I want the one who is left to have some interests of their own."

Adds Blosser: "If we are fortunate enough to have parents who live long enough, most of us will be in a position to have to find the next place for them to live, a place where they are safe and are cared for, where all the pieces fit together as they should. There is kind of a role reversal that goes on: parents become children, and children become parents."

Technology enabling communication can help in that transition, Blosser adds, and can be a factor in families' decisions about where loved ones should live. "I am a very busy person, with a career and young kids of my own, so this is one way for me to easily stay connected with my dad and help to reassure me that he is doing all right." LTL

Sharon Risser, BSN, is Managing Owner of Waterford Crossing Senior Village, which includes a privately held assisted living facility with 80 apartments, a memory care group home and 66 condominiums located in Goshen, Ind.

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New life for unused meds

Donation program can save you time and money while helping others

BY LOIS A. BOWERS, SENIOR EDITOR

Long-term care (LTC) communities looking to improve efficiencies and finances while helping the less fortunate may find an ally in a California-based nonprofit organization. Through SIRUM, skilled nursing facilities, assisted living communities and other healthcare providers that have unused medications destined for destruction are connected with community clinic pharmacies that can use these drugs for their low-income patients.

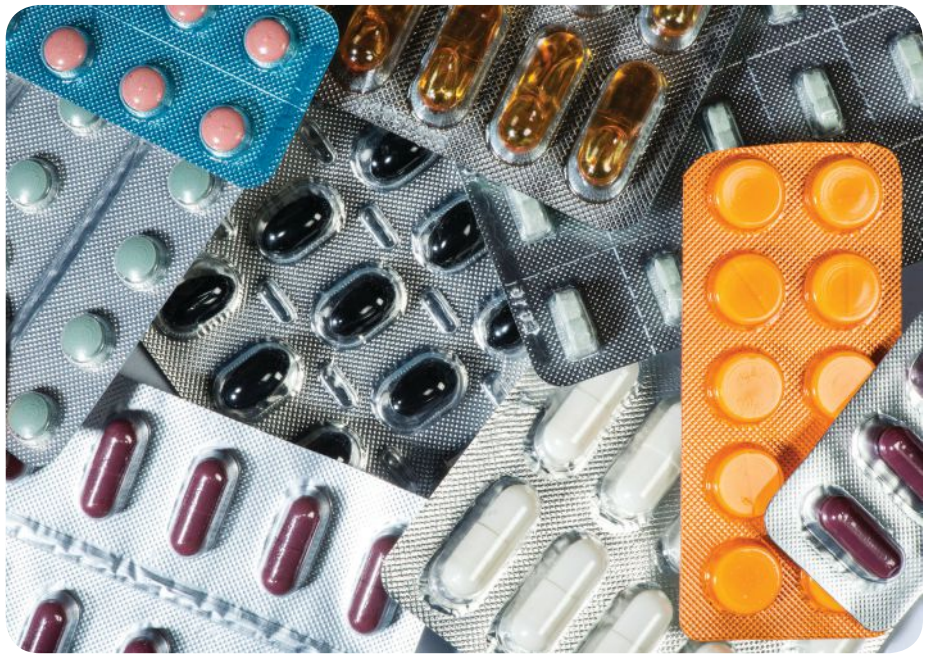
"We bill ourselves as a match.com for unused medicine," says Kiah Williams, a co-founder and director of the health-focused tech company (the name is an acronym that stands for Supporting Initiatives to Redistribute Unused Medicine). The company began as a student research project at Stanford University, then morphed into a student group and ultimately became a nonprofit.

"A lot of our work is made possible by legislation in 40 odd states that allows for and protects medicine donation, specifically from institutions like nursing homes and assisted living, to these community clinics specifically for low-income patients," Williams tells *Long-Term Living*. Many of these "good Samaritan" laws are inactive, however, she says.

All medications accepted for redistribution via the program must be unused, unexpired, unopened, uncontrolled and in tamper-evident packaging such as blister packages. Also, only drugs that have been centrally stored and under the supervision of staff (not residents or their families) are eligible for recycling.

Here's how the donation process works:

- SIRUM maintains lists of organizations that have expressed interest in contributing or receiving unused medications as well as a list of acceptable medications. Donors indicate which drugs they have, and recipients indicate which drugs they need.
- The donor decides what drugs it would like to donate, and to whom.
- The donor collects and records the medications it is contributing, typically using its usual disposition/destruction recordkeeping method.
- The donor removes or renders illegible Health Insurance Portability and Accountability Act-protected information from the medicine containers.
- The donor submits a copy of its disposition/destruction record to SIRUM via the Internet or fax.
- The donor ships the drugs directly to the recipient pharmacy using a pre-addressed, prepaid shipping label. Donations are automatically picked up and shipped using SIRUM's patent-pending technology platform.
- A licensed pharmacist at the recipient pharmacy checks, inventories and repackages the medications for clients.
- The donor receives quarterly reports estimating how many people its recycling has assisted.



Donors realize three main benefits, Williams says. "It's saving them a little bit of time and a little bit of money," she continues. "Oftentimes, we're hearing about how long it takes a nurse to punch out a bunch of pills from a partially used card of medicine [or squeeze creams out of unused tubes], and facilities oftentimes are paying up to $3 per pound for the destruction of medications that they legally are responsible for destroying," she adds. Donating the medication, on the other hand, does not involve such costs.

In fact, the process costs nothing for donors. To offset SIRUM's expenses, recipient pharmacies pay a fee that represents a percentage of the value of the assistance

NEW SURVEY HIGHLIGHTS THE IMPORTANCE OF PROVIDING A HOME-LIKE ENVIRONMENT IN LONG-TERM CARE FACILITIES

As loved ones transition into the later years of their lives, family members strive to provide them with the safest and most comfortable environment possible. This sentiment is shared by the caregivers working within those facilities as well. In fact, according to the "Gentle on Skin" Survey[1] conducted by the American Association for Long Term Care Nursing (AALTCN) and P&G Professional™, 100 percent of long-term care nursing staff respondents indicated that they consider themselves to be the voice of the residents they care for. Dedicated to providing residents with a comfortable environment, all of the respondents also agreed that providing a like-home environment is either somewhat or very important to a resident's well-being.

There are a number of ways caregivers can provide residents with the comforts of home, including everything from hanging photos of beloved family members on a resident's bedroom wall, to serving familiar meals and hosting social activities. One daily activity that those outside the industry may not consider in helping residents feel at home, however, is laundry. As noted in the survey results, caregivers do understand the importance of laundry care.

The same survey found that 98 percent of caregivers agree that the quality of a laundry system, including detergent, is important to a resident's comfort and well-being. That said, only 62 percent agree that they would wash their own family's clothes in their facility's current laundry system.

"The survey findings reinforce that nursing staff directly see the subtle differences that different laundering processes and chemicals can make, and prefer to see products used for residents that they would use for their own families," said Charlotte Eliopoulos, executive director, AALTCN.

"At P&G Professional, we value the dedication that long-term care nursing staff give to improving the quality of life for their residents, and that's why we've devoted ourselves to being able to provide the only professional laundry system that's clinically tested to be gentle on skin[2]– Tide® Professional," said Barbara Richter, healthcare segment manager P&G Professional. "We also understand that the familiar scents of Tide and Downy® help provide residents with the comforts of home that they know and recognize, as they transition to long-term care."

Additional Survey Findings:

- 91 percent of caregivers are more likely to use a professional laundry care product that is clinically tested to be gentle on skin over a system that is not
- 83 percent of caregivers agree they would recommend Tide Professional Laundry System for their residents over other systems because it is clinically tested to be gentle on skin
- 68 percent of respondents agree that residents feel more at home with brands they know and trust
- Nearly all of those surveyed (97 percent) agree that they are willing to "go above and beyond to provide their residents with linens that are gentle on their skin"

"Alkaline detergents are often corrosive, can cause safety concerns in handling among employees and cause linens to retain mineral encrustation, creating stiff, rough feeling fabrics," said Arturo Pimentel, products research section head, P&G Professional.

Unlike other commercial laundry systems, Tide Professional uses a non-alkaline, phosphate-free, near-neutral pH formula designed to minimize calcium deposits and promote softness for sensitive skin.

For more information on Tide Professional or for free educational resources for your facility's staff, please visit pgpro.com/solutions/for-healthcare/ and pgpro.com/university respectively.

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[1] The "Gentle on Skin" Survey was conducted in association with the American Association for Long Term Care Nursing (AALTCN). Implemented in June 2014, Wakefield Research assisted in the development of the Survey for AALTCN membership.

[2] A board-certified dermatologist determined that fabrics washed in Tide Professional Laundry System are gentle on sensitive skin, proven in scientifically controlled clinical testing.

Providers now can collect controlled substances

Whereas the SIRUM program collects non-controlled prescription medications from long-term care facilities and sees to their redistribution to low-income individuals, a new Drug Enforcement Administration (DEA) regulation allows such facilities to collect from residents unneeded controlled substances, which then will be destroyed to ensure that they don't end up in landfills or in the water supply.

The new policy aims to combat prescription drug abuse and misuse, especially among children. Opioid pain relievers were responsible for almost 17,000 of the 41,300 unintentional drug overdose deaths in the United States as recently as 2011, U.S. Attorney General Eric Holder said in a video message posted on the Department of Justice's website to coincide with the Sept. 8 announcement of the new regulation.

The new policy also will allow pharmacies, hospitals, clinics and other authorized collectors to serve as drop-off sites for unused prescription drugs. Prescription drug users also will be permitted to mail their leftover medications directly to authorized collectors.

The new policy builds on existing "take-back" programs launched by the DEA. At such an event in April, 390 tons of prescription drugs were collected at a total of almost 6,100 sites, according to Holder. Over the past four years alone, he added, the DEA and partner organizations have collected more than 2,100 tons of prescription pills.


Kiah Williams

they receive.

In addition to time and money, donating has intangible benefits, Williams says. "A lot of nurses have expressed appreciation and support for the program; they got into this business because they wanted to help," she explains. And help they have: "In California alone, these facilities have donated millions of dollars of medicine within the past couple of years," Williams says, noting that SIRUM has more than 200 donor-partners in that state.

Medication donation is not a new concept, Williams says, but whereas many traditional programs involve planned excess production for charitable giving purposes, SIRUM's program focuses on existing medication that otherwise would be destroyed. "A National Resource Council white paper that came out in 1999 said that generating one pound of active ingredient for a prescription drug can generate up to 1,000 pounds of waste," she says. "If we can redistribute one pound of active ingredient rather than create another pound of active ingredient, we could save up to 30,000 pounds of waste."

The organization currently operates in California and Colorado and is looking to expand in those states as well as around the country. LTC providers interested in donating medication can visit SIRUM's website (**sirum.org**) or call (650) 488-7434 to learn more about the organization and how to get involved.

"SIRUM will help them set up a program in their building," Williams says. "We will come on site, if it's helpful, to help give demonstrations and help with on-site technical support with any building that is interested in the program," she adds. LTL

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SCA Care of Life

CMS' new antipsychotic drug reduction goal

Total cut of 30 percent from 2011 baseline sought by end of 2016

BY LOIS A. BOWERS, SENIOR EDITOR

The majority of the professional associations representing long-term care say they support the National Partnership to Improve Dementia Care's goal of continuing to reduce the off-label use of antipsychotic medications in long-stay nursing home residents, although some say more action is needed.

In a September press call, the public/private collaboration announced new goals of reducing the use of the drugs in nursing home residents by 25 percent by the end of 2015 and by 30 percent by the end of 2016; both percentages are in relation to a baseline rate from the fourth quarter of 2011. The new goals build on an initial reduction of 15.1 percent (with total use decreasing nationwide from 23.8 percent to 20.2 percent), which occurred over time from 2011 to 2013.

'VARIETY OF EFFORTS'

"CMS and all of our partners will continue to look at a variety of efforts and approaches to help meet our goals," said Patrick Conway, MD, deputy administrator for innovation and quality and chief medical officer at the Centers for Medicare & Medicaid Services (CMS), which assembled the partnership, a group of consumers, advocacy organizations, providers and professional associations. The approaches, Conway added, will include:

- focused dementia care surveys,
- review of surveyor feedback on the new guidance and trends in enforcement,
- additional opportunities to measure and publicly report on improved dementia care,
- continuation of national education sessions on nonpharmacologic person-centered care,
- ongoing work of grassroots state coalitions in all 50 states,
- technical assistance through quality improvement organizations or other quality improvement partners,
- monitoring potential consequences and
- promoting research on improving systems of care in nursing homes.

In 2011, Medicare Part D spending on antipsychotic drugs was $7.6 billion, according to CMS. Antipsychotic medications were the second highest class of drugs prescribed to Medicare beneficiaries that year, accounting for 8.4 percent of Part D spending, the agency said. The primary focus of the partnership's effort, however, Conway said, "is a quality goal around patient-centered care. We started this work and we continue to do this work because of the focus on the quality of care" rather than a cost savings, including savings related to hospital admissions and readmissions.

Conway said that antipsychotic medication use would become a measure in the five-star quality rating system of Nursing Home Compare in 2015 and added that CMS is looking at adding other measures to the web tool as well. LTL

To read comments about the goals from organizations serving long-term care, visit ow.ly/BP0Sz.

State performance

From the second quarter of 2011 to the first quarter of 2014, the national prevalence of antipsychotic medication use for long-stay nursing home residents was reduced by 17.1 percent, from 23.8 percent to 19.8 percent, according to the Centers for Medicare & Medicaid Services (CMS). All 50 states showed some improvement over the 21 months, some more than others.

States with the largest reductions in the use of antipsychotic drugs:

- Hawaii (31.4 percent)
- North Carolina (29.9 percent)
- Vermont (28.2 percent)
- Georgia (28.1 percent)

States with the smallest reductions in the use of antipsychotic drugs:

- Nebraska (1.6 percent)
- Wyoming (1.8 percent)
- Nevada (6 percent)
- Illinois (6.1 percent)

A CMS fact sheet, accessible at ow.ly/C4mnb, contains all state rankings.

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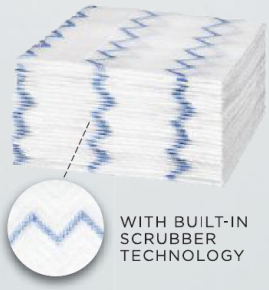

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When domestic violence comes to the workplace

Advice on keeping all employees safe at work

BY STEVE WILDER, CHSP, STS

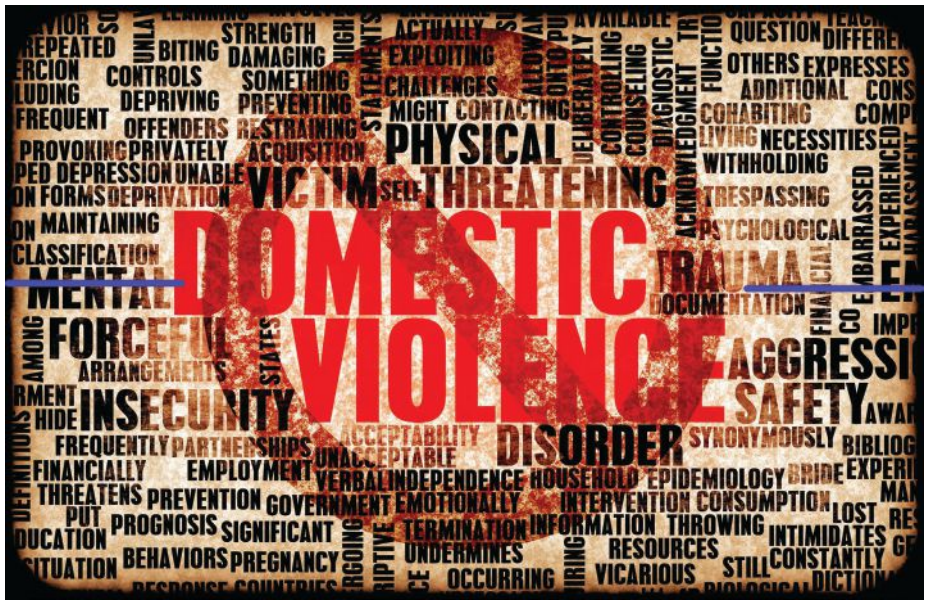
Domestic violence is a subject that none of us wants to talk about, and all of us wish we never had to address. But sometimes an employee's problems at home can follow him or her to work. The risk of domestic violence incidents finding their way into the workplace community is very real and can end with catastrophic consequences.

Consider the 2009 incident at Pinedale Health and Rehab in Carthage, N.C. Robert Stewart drove to Pinedale with the intent of shooting his wife, an employee at the facility, who had recently filed for divorce. As he approached the building, Stewart shot a visitor in the parking lot. Unable to get to his wife, who was working in a locked Alzheimer's unit, Stewart began randomly shooting residents and staff. By the time police arrived on the scene, Stewart had killed seven residents and one employee.

"Domestic violence" is a pattern of abuse by one partner against the other for the purpose of maintaining power and control. Domestic violence does not always include physical abuse; other recognized forms include:

- sexual abuse;
- verbal abuse;
- isolation or restriction from friends, family and other support systems;
- destruction of property;
- financial exploitation;
- jealousy and possessive stalking; and
- monitoring the other person's behavior

As you can see, it goes well beyond physical battering. And sadly, often the offender does not even realize that his/her behavior constitutes domestic violence; yet to the victim, the pain and injuries go much deeper than just the skin.



Over the years, I have worked with several companies after an incident of domestic occurs (including fatal incidents), and have seen firsthand the catastrophic impact it has on employees—and on future business. So what can we advise our employees to do? At work, employees should take the following precautions.

FOR THE EMPLOYEE EXPERIENCING DOMESTIC VIOLENCE

- Notify your supervisor about circumstances of your situation so that you can be safe in the workplace.
- Discuss options available to you, such a scheduling changes, safety precautions, special parking arrangements, escorts into and out of the building, etc.
- Obtain an order of protection if you're being physically abused.
- Submit a recent photo of the perpetrator to the security or human resources administrator so that person may be recognized if he or she enters the building.
- Contact human resources for confidential help and advice, and for access to the Employee Assistance Prorgam (EAP) for additional help.

FOR COWORKERS OF SOMEONE EXPERIENCING DOMESTIC VIOLENCE

- If you suspect a coworker is suffering abuse, do not directly confront him or her. It is important for an individual to self-disclose, for his or her own safety, well-being and privacy.

- Express concern and willingness to listen and be supportive.
- Offer support and listening; when the individual is ready, they will confide.
- Suggest the individual contact the human resource department or the EAP for confidential help and advice if there's a problem.

By Steve Wilder, CHSP, STS

- If you witness an incident at work, notify security and/or human resources right away. Make sure the incident is documented.

FOR THE SUPERVISOR OR MANAGER OF AN EMPLOYEE EXPERIENCING DOMESTIC VIOLENCE

- Be aware of unusual absences or behaviors and take note of any physical signs or any emotional distress.
- Offer your support and listening; let the employee know that you›re available should he or she decide to discuss the problem.
- Do not try to diagnose or help solve the problem.
- If the employee has disclosed the situation to you, you may contact the EAP or the human resources department to discuss resources available to the employee.
- Assist the employee in documenting all incidents which occurred in the workplace.
- Encourage the employee to seek help.
- Do not discuss the situation with anyone without the employee's knowledge and permission. This is very important.
- If the employee's job performance is suffering as a result of a personal problem, use regular, administrative remedies to deal with those issues. Avoid lumping personal problems in with job performance issues.

Domestic violence is a crime that crosses all barriers. It is not limited to any race, religious denomination, financial class, social group or any other category. Any person can be a victim, and others around the person may not even be aware. One thing we can be sure of: Violence doesn't stop at our organizations' front doors, so knowing how to handle threats and acts of domestic violence can help protect everyone on the campus. LTL

Steve Wilder, CHSP, STS, is President and CEO of Sorensen, Wilder & Associates (SWA), a healthcare safety and security consulting group based in Bourbonnais, Ill. He is the co-author of the book *The Essentials of Aggression Management in Healthcare: From Talkdown to Takedown*. He can be reached at (800) 568-2931 or at swilder@swa4safety.com.

ADVERTISER INDEX

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UniMac

Since the 1940s, UniMac® has been known for developing and manufacturing some of the most innovative and cutting-edge on-premises laundry (OPL) equipment in the industry.

Through the years, the company has continued to expand its product offerings with features to help customers in a variety of markets including hospitality, long-term care, corrections, fire, athletics, military and many more. UniMac has maintained its position as the market leader with a reputation for unmatched industrial quality and efficiency.

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Long-term care facility laundry operators have come to trust and rely on UniMac to provide the most durable and technologically-advanced equipment. UniMac works closely with its customers to identify key concerns they may face and design equipment and technology solutions to address these challenges at the lowest cost of ownership in OPL.

A long-term care facility's OPL is constantly working to deliver a continuous supply of soft and immaculate linens to residents. However, a recurring concern is high operational costs. UniMac is focused exclusively on producing machines designed to control utility and labor costs — which combined make up over 60 percent of laundry operation expenses — and keep OPLs comfortably within their budgets.

UniMac offers the easy-to-operate UniLinc™ control system that reduces employee training time and increases productivity through data monitoring, as well as maximizing operational efficiency and management of an OPL. The control system has new OPTispray™ Rinsing Technology and OPTidry™ Over-dry Prevention to reduce utility use, labor costs and drying times even further. Facility managers are able to optimize laundry operations and increase throughput with the latest controls and technologies.

Backed by the experts

As an Alliance Laundry Systems brand, UniMac is backed by the manufacturer's industry-leading services such as in-house financing, a state-of-the-art test lab, laundry design and Genuine Parts. The company's customer support is also complemented by a global network of committed and experienced distributors who are true OPL laundry experts.

Whether long-term care facilities require industrial-size machines or something smaller, they can rely on UniMac to meet their needs at the lowest operating cost in the industry with products built for durable performance that exceed the demands of the commercial market. UniMac is committed to developing reliable equipment with innovative technology to lower energy use and increase productivity.

UniMac Product Milestones

- In the late 1940s, UniMac's Norman McEwen invented the first washer-extractor capable of washing, rinsing and extracting 60 to 90 pounds of laundry per hour.
- UniMac introduced the industry's first super high speed washer-extraction device.
- UniMac launched the first programmable, micro-controlled on-premises laundry washer-extractor.
- UniMac invented and patented its distinctive rapid spray rinse technology.
- UniMac added the large, high-performance 150-pound washer-extractor.
- UniMac was the first OPL manufacturer in North America to introduce a networked control for washer-extractors. UniLinc allowed laundry managers to monitor laundry operations from a remote location.
- UniMac announced that the UniLinc control system was available for tumble dryers–and became the first in the industry to offer the same control system across all machines.
- UniMac equipped tumble dryers with OPTidry Over-dry Prevention Technology to assure load stops at optimal dryness level to protect linen life and save energy.
- In 2013, UniMac introduces OPTispray Rinsing Technology and ECO Cycles to the UW45 and UW65 washer-extractors, delivering superior rinsing with less water.
- UniMac expanded its on-premises line with the addition of the UT200, a 200-pound tumble dryer.
- In 2014, UniMac redesigned its UW washer-extractor line to include 85- and 160-pound capacities.
- UniMac updated washer-extractors and tumble dryers with a new, sleek design for a consistent and premium look.

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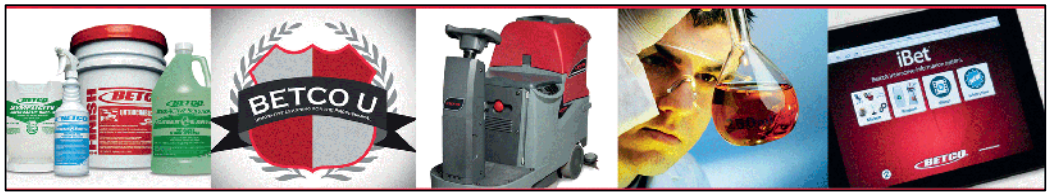

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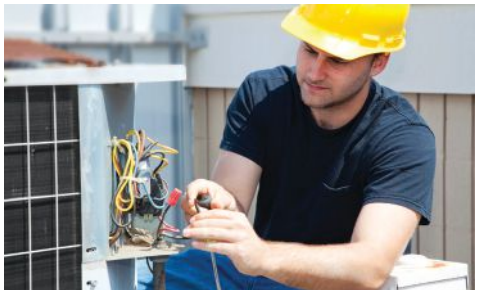


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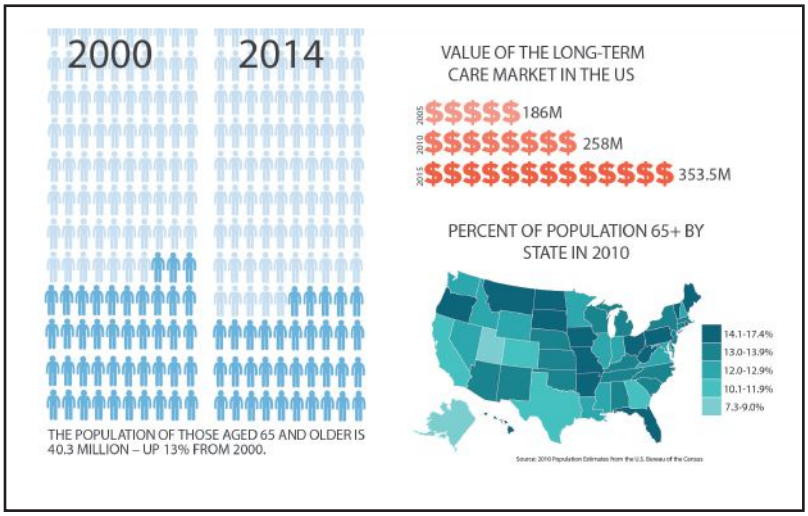

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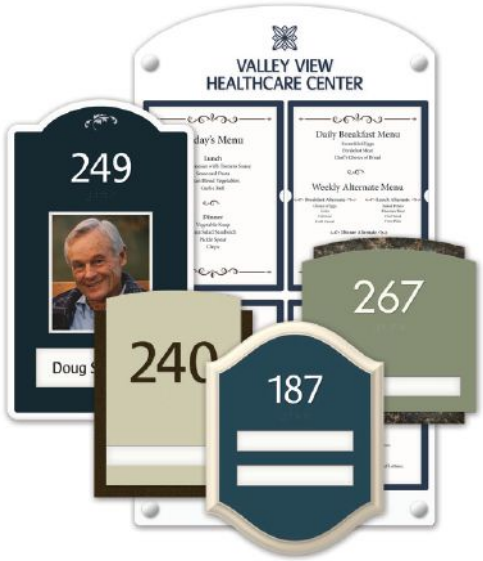

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With HealthcareSigns.com, you can put away your compliance concerns. For over twenty years, we have created the highest quality, code compliant signs in the industry. We stay at the front of the pack when it comes to ADA, IBC, and NFPA updates and changes, so you can feel secure that your signs are compliant. From an in-house compliance manager, to online ADA resources, and a website that allows you to customize, proof, and order ADA compliant signage with ease; we've got you covered.

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Be sure to check out our newest line of menu and display systems, Ovation©. These stylish message display boards help provide an engaging focal point, becoming the perfect addition to your facility. Elegant and durable, each display system is easy to update daily information such as the weather, activities, and most importantly, the menu. It's the perfect addition for the holiday visitor season!

For all of your sign and wayfinding needs, check us out online or give us a call. Do you have a signage related ADA compliance question? Please call us toll free or email us: emailus@healthcaresigns.com.

At HealthcaresSigns.com, we'll take care of the signs.

PROFILE

Name: Healthcare Signs, Inc.
Location: 2156 Amnicola Hwy.
Chattanooga, TN 37406
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Web: www.healthcaresigns.com

SALES CONTACT

Mike Kelly
Vice President of National Accounts
Phone: (423) 697-2385; Cell (423) 580-4501
Email: mikekelly@healthcaresigns.com

J+J FLOORING GROUP

INVISION kinetex

Healthier, Safer Floorcoverings for Senior Living

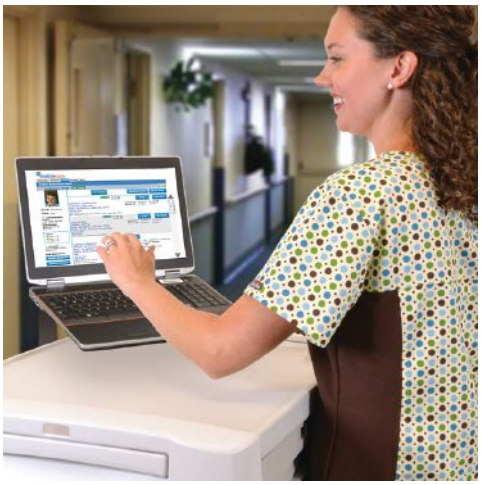
Whether you're repositioning, renovating, or designing an entirely new environment for senior living, the floor coverings you choose will impact the comfort, health, and safety of residents, patients, and staff as well as employee productivity, operational efficiencies, and costs.

For more than 50 years, J+J Flooring Group has worked closely with building and design professionals throughout North America to create the best floor coverings for senior living and healthcare. The result: soft-surface solutions that deliver the highest levels of styling, value, quality, sustainability, durability, and ease of installation and maintenance.

Combined with the practiced approach of evidence-based design, our two product brands - Invision broadloom and modular carpet and Kinetex textile composite flooring - provide a solid foundation for enhanced living and healing environments ranging from independent and assisted living to skilled nursing, Alzheimer's, and memory care facilities.

800.241.4586 **jjflooringgroup.com**

matrixcare
Superior Care. Better Outcomes.



PROFILE

Company Name: MatrixCare
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Bloomington, MN 55438
Phone: 866-469-3766
E-mail: info@MatrixCare.com
Website: www.MatrixCare.com

MatrixCare

MatrixCare solutions have powered the long-term care continuum for over 30 years. Used in more than 5,500 care settings, MatrixCare is the industry leading, cloud-based EHR with care-setting specific solutions across the continuum of care. It helps long-term care and senior living communities deliver superior care, resulting in better clinical and financial outcomes. The MatrixCare Architecture for Long-Term Care includes product suites to help providers deliver person-centered care while maintaining high occupancy rates, maximizing revenues, reducing readmissions, and integrating with partners and physicians across the continuum of care. In today's fee-for-service model, MatrixCare helps to improve revenue and cash flow performance by maximiz- ing reimbursements and shortening payment cycles. In the outcome-based model of tomorrow, MatrixCare will deliver the elements necessary for success: enterprise- wide clinical decision support, interoperability to support participation in ACOs and HIEs, purpose built functionality that spans the continuum of care, and highly scalable technology to service thousands of facilities with a low total cost of ownership. MatrixCare supports executive decision- making by providing visibility to costs and purchases across the enterprise to facilitate the lowest cost per unit resulting in improved profit margins. MatrixCare delivers superior service to its clients resulting in better business outcomes for their organizations.

Our Philosophy

MatrixCare's philosophy is to deliver solutions that will help our clients be the most valuable provider in the healthcare networks strategic to their success. In the rapidly changing healthcare landscape, high-growth provider organizations require HIT solutions that not only meet their needs today but position them to meet the regulatory, interoperability, and scalability require- ments of tomorrow. MatrixCare works with the largest providers under mutually agreeable, unique and creative licensing agreements that cater to their organizations' need to scale.

What We Offer

Fully integrated, care setting specific product suites include:

Clinical and Resident Management	MatrixCare clinical and resident management functions give you the power to ensure maximum reimbursements, quality of care and organizational efficiency. Features include MDS, care plans, service plans, user-defined assessments, physician and nursing orders, eMAR & eTAR, and point of care.
Marketing	MatrixCare Marketing manages sales leads and maxi- mizes marketing strategies. Features include lead and referral source tracking, managing and tracking lead follow-up activities and contact history, analysis of cost per lead and conversion rates, and a mobile application so sales and marketing staff can manage their activities and access their information on the go.
Analytics	MatrixCare Analytics offers powerful, easy- to-use tools for mining the vast amounts of data contained in MatrixCare. Analytics extracts data from MatrixCare and enables organizations to develop valuable dash- boards, reports, charts, and graphs that capture the pulse of the business, driving better business and clinical decisions and improving the bottom line.
Connections	MatrixCare Connections is an innovative program that formally certifies the interoperability between MatrixCare and third-party systems and service organizations that support long-term care and senior living providers.

A Successful Partnership

MatrixCare strives to be a trusted advisor that helps our clients meet the demands of a rapidly changing long- term care and senior living environment and leverage technology to gain a competitive advantage. We work with our clients to understand their growth strategies and determine how healthcare information technology solutions can support and accelerate their growth.

P&G Professional™

P&G Professional™ Provides Products and Solutions to Boost Cleanliness and Customer Satisfaction

PROFILE

Company Name: P&G Professional
Address: Two P&G Plaza
Cincinnati, OH 45202
Phone: 800-332-7787
Website: www.pgpro.com

Committed to helping cleaning professionals deliver the best guest experiences, P&G Professional™ offers high-quality, multipurpose cleaning products that work effectively and efficiently to create a clean, hygienic, "just like home" environment in long-term care facilities – boosting cleanliness and resident satisfaction.

In fact, in the 2014 Cleaning Industry Insights Survey from P&G Professional, conducted by P&G in partnership with Ipsos Public affairs, cleaning managers overall rank keeping customers satisfied (36 percent) as their top business priority. In just the healthcare sector, 49 percent of cleaning managers polled cited customer dissatisfaction or complaints as one of the top causes of worry when it comes to concerns about cleaning or disinfection as it relates to their business.

As cleaning industry professionals place more emphasis on keeping customers satisfied, they realize the importance their staff plays in the resident experience. Cleaning managers surveyed note their top three challenges when managing cleaning staff, include: quality of work (55 percent), lack of interest, motivation or dedication (45 percent) and employee turnover (34 percent) – all of which can impact cleanliness and a customer's overall experience.

"At P&G Professional, our top priority is creating great experiences that help lead to customer satisfaction," said Kevin Wenzel, associate brand director, Global P&G Professional. "Our programs can even help cleaning managers address their top cleaning staff challenges. For example, several of the multipurpose products can help clean and sanitize in half the time of leading competitors, which can help make it easier for healthcare cleaning professionals to create a compliant, clean and welcoming environment."

P&G Professional offers a full-line of products with brands that long-term care cleaning professionals and residents know and trust, such as Spic and Span® Disinfecting All-Purpose Spray and Glass Cleaner and Comet® Disinfecting Sanitizing Bathroom Cleaner, and Mr. Clean® Magic Eraser®. These multipurpose cleaning solutions can both clean and disinfect in a single step to help staff get the job done right the first time, helping to save labor time and money.

Additionally, P&G Professional's trusted brands, like the Tide® Professional Laundry System, help keep linens whiter, softer and stronger for longer. This helps create a more home-like environment for long-term care residents.

In a poll of more than 500 professionals working in long-term care facilities across the country, 85 percent of those surveyed agreed that residents who are surrounded by familiar sensory experiences, such as the softness of linens washed with Tide, say they feel more comfortable and at home in their living environment. Similarly, 82 percent of respondents reported that residents say they feel more at home in their facility when they use brands they know and trust.

From daily cleaning to laundry care, P&G Professional products help staff provide a facility that's sparkling clean, fresh smelling and welcoming for staff, residents and visitors.

TRAINING AND EDUCATION

Managers and other key decision makers often cite training as a key challenge in helping them meet the standards of clean required and desired by long-term care residents and their families.

"Businesses should seek out a cleaning products supplier that will act not only as a vendor, but also as a partner, by going beyond supplying product to also include training, education, service and support," said Wenzel. "This is an area in which P&G Professional thrives by offering a wide range of easy to access training and educational resources both online and off."

P&G Professional University, a free, web-based educational resource provides valuable insights, training and tools for cleaning professionals. The University's Professional Development section offers video-based educational content and allows participants to test their knowledge through self-study sessions and quizzes. The Resource Library provides a more robust offering of industry-related articles and expert insights, while the Product and Procedures section leads users to P&G Professional's catalog of hands-on training tools.

"Recently launched P&G Professional University is a virtual campus that offers a wide variety of educational content relevant to executives, managers, and/or the staff members who are tasked with managing and executing the cleaning operations for their business," said Renee Buchanan, communications manager, P&G Professional. "True to our mission of helping businesses thrive, our faculty of experts has been assembled to ensure we continually provide updated content most relevant to the needs of our industry professionals."

While the University is open to both customers and non-customers alike, P&G Professional customers do receive exclusive access to additional in-depth training materials and other resources, as well as customized training materials specific to their business.

For more information on P&G Professional's cleaning solutions for healthcare professionals or for free educational resources for your facility's staff, please visit pgpro.com/solutions/for-healthcare/ and pgpro.com/university respectively.

P&G Professional is the away-from-home division of Procter & Gamble, serving the foodservice, building cleaning and maintenance, healthcare, hospitality, food/drug/mass, and convenience store industries. P&G Professional offers complete solutions utilizing its parent company's scale, trusted brands and strengths in market and consumer understanding. P&G Professional features such brands as Dawn®, Mr. Clean®, Comet®, Spic and Span®, Bounty®, Safeguard®, Febreze®, Swiffer®, Tide®, and its own brand, P&G Pro Line®. Please visit www.pgpro.com for the latest information about P&G Professional's solutions and services.

RF TECHNOLOGIES, INC.

Glenn Jonas founded RF Technologies in 1987 with one product and a singular focus: Designing discreet, dignified and reliable wireless products that protect residents, reduce risk and increase staff efficiency. Jonas owned one of the top physician search firms in the United States and used his extensive knowledge of the healthcare market to give RF Technologies its start-up.

Today, the company designs and delivers radio frequency identification (RFID) safety and security solutions for the senior living and healthcare markets. All the work is done in-house, including project management, product development, engineering, manufacturing, sales, service and technical support.

PROFILE

Name: RF Technologies, Inc.
Location: Brookfield, Wisconsin
Contact: Senior Living Sales Team
Phone: (800) 669-9946
Email: moreinfo@rft.com
Web: www.rft.com
Year Established: 1987
Number of Employees: 140+
Public/Private: Private, Veteran-owned
Products/Services: Safety/security solutions for senior living communities and hospitals

Security That Feels Like Home

RF Technologies aids memory care communities with its Code Alert® Wandering Management Solution, a safe and discreet method of reducing the risk of resident elopements. Doors lock when a resident's RFID transmitter gets close to a monitored exit, while staff is allowed to pass through without entering a code on the Touchpad Exit Controller (TEC). Designed based on customer feedback, the TEC has a white LED backlight that illuminates the touchpad when a digit is pressed. When not in use, the backlight turns off, helping the controller blend into a community's surroundings. Lightweight CodeWatch transmitters come in a variety of decorative faces, providing protection that preserves residents' dignity and increases acceptance.

Used as a nurse or emergency call system, the Code Alert Quick Response® Wireless Call Solution uses mobile and fixed call device options so residents can easily call for assistance from anywhere in a community. Wireless pendants enable room- and area-level resident locationing to ensure reliable and quick response.

Improving Caregiver Efficiency

RF Technologies' wandering, call and fall management solutions are fully integratable and operable from a single platform for cost-effective, efficient operations. Fall management can be integrated with nurse call to generate a silent, local alarm for a quieter environment.

Optional caregiver notification devices, including LED displays, pagers and wireless phones, enable caregivers to be more mobile. Software stores event data that can be used to monitor response and care times. Staff members can study alarm trends to predict behavior, useful in improving efficiency and care.

Dedication to Privacy and Dignity

RF Technologies remains dedicated and focused on solutions for the ever-changing healthcare industry. Its products are always designed with resident safety in mind, yet are discreet to help maintain residents' privacy and dignity.

With RFID industry experts on its team, RF Technologies is sized to respond quickly to the needs of the market and its customers. Moreover, RF Technologies is prepared to continue designing and delivering innovative products that incorporate the safety and security needs its customers have asked for in health care.

PROFILE

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Huntersville, NC 28078
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Email: alison.kapp@newellco.com
Website: http://www.rubbermaidcommercial.com
Year Established: 1968
Public/Private: Public
Products: Plastics

RUBBERMAID COMMERCIAL PRODUCTS, LLC

Rubbermaid Commercial Products, headquartered in Winchester, Va., is a manufacturer of innovative, solution-based products for commercial and institutional markets worldwide. Since 1968, RCP has pioneered technologies and system solutions in the categories of food services, sanitary maintenance, waste handling, material transport, away-from-home washroom, and safety products. RCP, an ISO 9001:2000 manufacturer, is part of Newell Rubbermaid's global portfolio of brands and continues to develop innovative products.

In 2007, Rubbermaid Commercial Products acquired the assets of United Metal Receptacle Corporation, a leading brand in decorative waste management and smoking management products and accessories for commercial facilities.

In 2008, Newell Rubbermaid acquired Technical Concepts Holdings, LLC, ("Technical Concepts") a leading global provider of innovative restroom hygiene systems for several high-growth segments of the away-from-home ("AFH") washroom category. Technical Concepts' products included touch-free and automated health, wellness and odor control solutions, as well as proprietary refills.

Today, Rubbermaid Commercial Products continues to expand into product categories where brands matter and customers place a premium on innovation and offers the market a more substantial product offering, and best-of-breed business practices as a strong, successful partner.

SCA is a global hygiene and paper company that develops and produces personal-care products, tissue, packaging solutions, publication papers and solid-wood products. Sales are conducted in over 100 countries. We have many well-known brands and, in North America, sell the TENA® line of personal care products for incontinence and Tork® brand napkins, paper towels, bath tissue, wipers, skin care and dispensers.

As the world's leading brand for continence care, we are the experts in providing customized product and service plans for Long Term Care and Assisted Living:

- 40+ years of incontinence expertise from 20,000+ SNFs/ALs worldwide
- The Fearless Protection of TENA Technology™ provides your residents, and their families, true peace of mind
- Full line of high quality, absorbent protective products ranging from light liner pads to super absorbent night briefs complimented by a full skincare system

Innovative Tork dispensing solutions from SCA can help your facility reduce cost, increase hygiene, improve image, and lighten its environmental footprint. No-touch, one-at-a- time dispensing options reduce usage and waste and eliminate cross-contamination and a variety of high-quality soaps and hand sanitizers help keep residents and staff healthy.

Surface and object cleaning is critical in preventing the transmission of bacteria. The Tork Performance™ line of wiper dispensers ensures that you have the tools for your task at hand. Highly absorbent Tork wipers can be used to quickly and effectively clean your facility to ensure the highest level of safety and hygiene.

PROFILE
Name: SCA
Phone: 888-722-8675
Web: sca.com/us; torkusa.com; tena.us

APOLLO Corporation
Caring for Generations

Apollo has been the industry leader and champion of innovation in **bathing systems**, **hydrotherapy**, **infection control** and **skin care** for over 35 years, serving the needs of Long Term Care and Senior Care professionals while delighting their residents. Committed to delivering the highest level of products and service, Apollo provides a full range of cost-effective bathing systems that support efficient use of staff time while enhancing the quality of life of each facility's particular resident mix.

What Sets Apollo Apart in the Long-Term Care Industry

Infection Control
- The only bathing systems with an FDA-Approved, UV germicidal water purification system, clinically proven to reduce UTI's by 50% and reduce Respiratory Infections by 35%

Safety/Security
- Safe, familiar and comfortable transportation of residents that minimizes transfers, and system offerings which cater to both ambulatory and non-ambulatory residents

True Hydrotherapy
- FDA Class II whirlpool hydrotherapy spa options, providing a broad range of holistic, therapeutic health benefits including increased blood circulation and endorphin production, strengthening the immune system, reducing inflammation, promoting healing and energizing the body and spirit

Total Body Health
- Complete line of skin care essentials made from premium ingredients that address every need, from hygiene and odor control to maintaining healthy, resilient skin and restoration of damaged areas

Reliability/Longevity
- Apollo's commitment to quality and robust design provides the most dependable and longest lasting systems in the industry, delivering outstanding Return on Investment

Responsive Support
- Commitment to service excellence and same-day shipping of parts or consumables, as well as design consultation and on-going technical support

Continuous Innovation
- Apollo has a long history of innovation and introduced the world to the tub door, quick fill reservoir, integrated infection control and other original technologies. We continually evolve with the needs of our customers-

Partnership Engagement
- Collaborative relationship with customers includes sharing best practices, creating bathing and skin care programs, and applying their input to shape the future of Apollo

Contact Apollo today for more information or to discuss how we can best help meet the needs at your facility

PROFILE
Name: Apollo Corporation
Location: Somerset, WI
Phone: (715) 247-5625
E-mail: apollosales@apollobath.com
Web: www.apollobath.com
Public/Private: Private
Products: Bathing Systems, Skin Care products, Cleaning Products

BIODEX

BIODEX MEDICAL SYSTEMS, INC.

Biodex Medical Systems, Inc. has been providing customers with innovating products and service excellence for more than 60 years. Several years ago, Biodex stepped out of its traditional physical medicine and rehabilitation market by providing medical devices for balance and mobility to skilled nursing facilities, eldercare facilities and short-term rehabilitation hospitals.

Improving Patient Outcomes and Attracting ACO Partnerships.

Biodex Balance & Mobility medical devices work seamlessly together for an integrated approach to rehabilitation. Independently, each device builds on strength towards improved mobility; together they address balance, strength, cardiovascular health and confidence.

Objective reporting is a marked distinction with Biodex products - necessary in this changing environment – allowing you to justify need, demonstrate progress and accurately report outcome.

Biodex Balance & Mobility will set your facility apart, making it attractive for ACOs, referring hospitals, doctors, and the community. Expand your rehabilitation capabilities while at the same time accelerating rehabilitation time, maximizing staff, providing objective documentation and reducing the risk of hospital readmission.

PROFILE
Name: Biodex Medical Systems, Inc.
Location: Shirley, New York
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Year Established: 1949
Public/Private: Private
Products: Medical devices for balance and mobility, and cardiac health/confidence – building on strength towards improved mobility.

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f. Total Distribution *(Sum* of *15c and* e)	37722	32368
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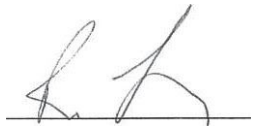
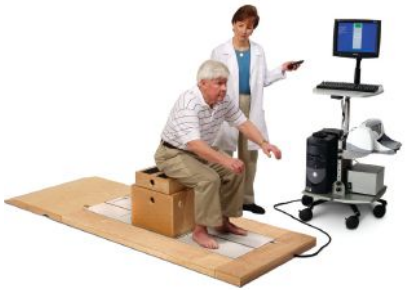
I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).



Welcome to our 10th annual Resident Care Guide. This targeted guide will direct you to an array of products and clinical resources used in resident care and provide you with easy access to further information about the items of interest to you. We hope you find it informative and useful to your entire staff.

BALANCE SYSTEMS



Natus Medical Incorporated
San Carlos, CA
Contact: Kristina Malloy
(800) 303-0306
Email: NCMadmin@natus.com
Web: www.onbalance.com

NeuroCom balance products help assess older adults at risk for falls. The biggest problem for older people is that their balance issues cause them to restrict activities, which leads to more weakness and puts them at greater risk for falls. Early intervention is key to snapping the cycle. Improve senior outcomes, increase strength and confidence, and catch a fall before it happens with NeuroCom Balance Systems—call today for a free quote!

BARIATRIC EQUIPMENT

Barrier Free Lifts, Inc.
Ocala, FL
(800) 582-8732
Email:
Brenda.Treibley@barrierfreelifts.com
Web: www.barrierfreelifts.com

DETECTO Scale
Webb City, MO
Contact: Lance Linou
(800) 641-2008
Email: detecto@cardet.com
Web: www.detecto.com

DETECTO is the largest clinical scale manufacturer in the United States and produces a variety of scales for long-term care weighing, including digital and mechanical wheelchair scales, bariatric scales, and eye-level physician scales, plus waste receptacles and glove box holders. America's name brand in medical scales since 1900, DETECTO's factory and headquarters are located in Webb City, MO and the company has been featured on the TV shows "How It's Made" and "World's Greatest!..."

BARRIERS/PROTECTANTS

DermaRite Industries LLC
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(800) 337-6296
Email: info@dermarite.com
Web: www.dermarite.com

SCA Personal Care
Philadelphia, PA
(866) 722-6659
Email: info.usa@TENA.com
Web: www.tena.us

BATHING EQUIPMENT/SUPPLIES

Barrier Free Lifts, Inc.
Ocala, FL
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Email:
Brenda.Treibley@barrierfreelifts.com
Web: www.barrierfreelifts.com

Invacare Continuing Care
Elyria, OH
Contact: ICC Customer Service
(800) 668-2337
Email: info_icc@invacare.com
Web: www.invacare-cc.com

SureHands Lift & Care Systems
Pine Island, NY
Contact: Joyce Moraczewski
(800) 724-5305
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Web: www.surehands.com

BRIEFS, DISPOSABLE

Covidien
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Web: www.covidien.com

SCA Personal Care
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DEMENTIA CARE PRODUCTS

MED-PASS, Inc.
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Web: www.med-pass.com

MED-PASS has been chosen as the distributor of FIT Kits™, a unique collection of items to stimulate and engage persons who are living with dementia. Person-centered engagement between individuals living with dementia, their family members and other care partners provides meaningful activity that is important for emotional and physical well-being. With 10 different themed FIT Kits, there is something to spark the interest and ignite the spirit to emotional connections for people living with dementia and their care partners.

DIABETES SUPPLIES

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Web: www.arkrayusa.com

See our ad in this issue

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EXERCISE EQUIPMENT

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(888) 521-2278
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EYEGLASS LABELS

EzProducts International Inc.
Wauchula, FL
Contact: Diane Rue
(877) 906-1818
Email: diane@ezproductsinc.com
Web: www.ezpi.us

Eliminate lost residents' eyeglasses with permanent eyeglass labels. Stop wasting staff time looking for eyeglasses and money spent replacing them. Choose from 3 sizes of labels and print from one of our 3 portable light weight printers. Place the label around the earpiece and shrink with a hair dryer for permanent marking. No more money spent on pegboards to hang eyeglasses. No more placing the wrong eyeglasses on residents. Contact us today.

FALL PREVENTION/PROTECTION

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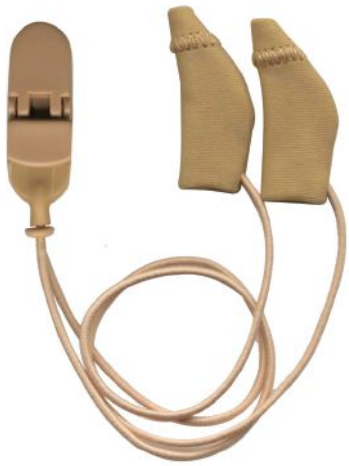

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One-on-one with… Maureen Hewitt

Keeping seniors active in their communities and providing the services and care they need to remain healthy at home is a growing service model in long-term care. One of its most passionate champions is Maureen Hewitt, president and CEO of InnovAge, one of the largest PACE programs in the United States, with centers in Colorado, California and New Mexico. InnovAge helps older adults and disabled individuals remain in their homes by offering a broad range of services.

Hewitt, a 25-year veteran of the long-term care (LTC) industry, says most seniors want to stay in their home as long as possible and should be given the tools to do that. The LTC industry is noticing this need, she says, and is stepping up to help make it happen. Advanced technology is delivering products that bridge the gap between aging parents and their adult children, many of whom live states apart. Likewise, construction companies are becoming savvier with home modifications that make living spaces safer and more accommodating.

Long-Term Living recently spoke with Hewitt about the role that PACE programs like InnovAge play in the ever-evolving senior living industry, and how the industry is responding to the need to help older adults age in their own homes.

Tell us more about the PACE program.

PACE stands for the Program for All-Inclusive Care for the Elderly. It was the first full at-risk healthcare program that was done by a three-way agreement between the state that you operate in, the federal government and yourself as the provider. The folks who come into a PACE program receive all services and everything is inclusive to what they need.

Our program is focused on providing services that keep older seniors—frail seniors—out of institutionalized environments. We work with nursing homes because there are people who need to use nursing homes. [But] most people are trying to make sure that they stay in their own homes or that they are in a lower level of care as they get older. PACE pays for all healthcare services, so there are no co-pays if you need assisted living or surgery, and all of our medicines are included. It is funded by Medicaid and Medicare dollars. And so it is a great program and it really matches what today's senior is looking for.

How feasible is it for older adults to stay in their homes longer?

It is a reality, and it's becoming more of a reality. [Older adults] are staying in their own homes and having some minimal construction done to their home to help them to stay—to make sure their doorways are wide enough and their bathrooms are more accessible. And the [housing] development and construction industry is becoming much more familiar with home modifications.

We have a program called InnovAge Care Management that allows us to help coordinate the care for older adults so that they can stay at home. We help them with all the pieces such as figuring out primary care and specialty care, getting home care and even getting the home set up for renovation and remodel. I think it is very doable today as more people want to remain at home.

How is technology helping seniors to receive care in their environment of choice?

Technology is a very expansive area. Companies like Intel are very much involved in assisting folks with the right software to put in their homes. [Technology facilitates] the ability to connect if your son or daughter lives in another state enabling them to speak with each other through email, video conferencing or other types of software. Technology plays a role in medication reminders and alert systems that help with seniors who are dealing with dementia.

How do PACE programs help the sandwich generation?

When you think of the sandwich generation it is the son or daughter who is probably in their 50s and their kids are in college and their parents are starting to decline. And often one of those children will take the lead in caring for that parent while they are working full time and taking care of their kids. There are economic pressures and obviously emotional stress that occurs in that generation. That is where these services come into play—especially if a son or daughter has to leave their job and take care of mom or dad. That is the economic effect. But there is an emotional impact in doing that as well. So that is where programs like PACE or Innovage Care Management come in and really become the right arm in that family to help pull things together during a pretty stressful time. LTL

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