



FOCUS

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LTC Commission Includes Assisted Living In Quality Report

Assisted living is included in a report on long term care quality that suggests the same quality measures should apply to all care settings, that licensure or certification ensure acceptable performance, and that quality reports be disseminated through a government quality Web site that tracks quality, such as Nursing Home Compare.

These are some of the recommendations included in the National Commission for Quality Long-Term Care's final report, "From Isolation to Integration: Recommendations to Improve Quality in LTC."

The commission's report advocates for modernizing the nation's long term care system through four major areas: quality, workforce, technology, and financing.

The commission believes that in 2008 Congress needs to hold hearings on the issue and that the nation's next president should launch the modernization.

Congress should hold hearings in 2008 to "investigate and recommend workable strategies to design and implement a new and better long term care system that will help older people and people with disabilities remain independent for as long as possible," the commission said in its report.

The 94-page report is a culmination of three years of work by the commission and includes analyses and next steps pertaining to quality, workforce, and technology, as well as guiding financing principles that the "nation should take to build a sustainable and high-quality long term care system."

The report stated that "a common set of measures for quality of long term care should be developed that is standardized, comprehensive, and clear." The report established what should be covered in the core measure of quality, including both quality of care and quality of life, and that these measures should be "common across all long term care settings so that outcomes can be compared across settings."

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NCAL Executive Director Elected Chair Of CEAL

NCAL's Executive Director David Kylo is the new chair of the Center for Excellence in Assisted Living (CEAL), a coalition of 11 national stakeholder organizations working together to promote high quality and affordability in assisted living through research, policy, and evidence-based quality practices.

"I am honored to be elected chair of the Center for Excellence in Assisted Living and look forward to upholding this group's important goal of advancing quality efforts in assisted living," said Kylo, in explaining his priorities for leading the nation's premiere quality organization for assisted living.

Kylo believes the first priority for 2008 is to participate with the American Healthcare Research and Quality agency in its effort to develop consumer disclosure tools. The second is ensuring that CEAL's Medication Administration Summit, being held this month, is successful and that its planned discussion on the latest developments in medication administration and best practices will be turned into a useful white paper for assisted living professionals. The third useful priority, says Kylo, is to keep CEAL's work on affordability in assisted living moving forward.

As chair, Kylo will oversee a board consisting of representatives from the following organizations: AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of America, Consumer Consortium on Assisted Living, NCAL, NCB Capital Impact, Paralyzed Veterans of America, and Pioneer Network. Prior to becoming chair, Kylo was CEAL's treasurer.

Kylo has been with AHCA and NCAL for 13 years and frequently lectures on assisted living and long term care

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Commission Includes Assisted Living In Report

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The commission, which is overseen by The New School and supported by the American Health Care Association (AHCA), the Alliance for Quality Nursing Home Care, and the American Association of Homes and Services for the Aging, also called on the 2008 presidential candidates to take heed of a looming crisis in long term care by addressing the issues in their policy platforms and on the campaign trail.

“We believe the issue of long term care is one of the great unreported, undebated issues of the campaign,” said commission co-chair, former U.S. Sen. Bob Kerrey, during a briefing to release the report. “Our hope is that during the 2008 debate candidates will begin to understand that long term care is at least as big an issue as health care.”

Commission Co-chair and former Speaker of the House Newt Gingrich called on lawmakers at both the state and national levels to “keep in mind that this [report] is the beginning of a process, not the end; the data indicate that people are more than ready for leadership on this topic,” he said.

Included in the report are recommendations for addressing the long term care workforce problems, such as offering tangible support in the form of improved compensation, better working conditions, training, and opportunities for advancement to formal long term care caregivers. The report emphasizes the use of technology to achieve quality in long term care and advises strengthening federal and industry efforts to develop health information technology and conduct

innovative research that enhances consumer independence while safeguarding privacy.

Less concrete were the commission’s recommendations regarding how to finance the nation’s long term care system. Proposed financing strategies were adopted from the Georgetown University Long Term Care Financing Project, including promoting private long term care insurance while retaining public financing as a safety net; expanding the safety net for people with low to modest incomes while expecting those who are able to rely on private financing; establishing public catastrophic long term care insurance, while stimulating complementary private insurance to fill in the gap for those who can afford it and providing a safety net for those who cannot; and establishing universal public long term care insurance, while supplementing that with private financing and a public safety net.

In conjunction with the release of the report, AHCA, NCAL, and the Alliance issued a statement announcing the impending release of their own comprehensive reform proposal in early 2008.

“We believe the policy roadmap...put on the table today, as well as the plan we will offer in January, will engender a detailed, thoughtful, much-needed discussion of these key issues as the 2008 presidential race unfolds,” said Bruce Yarwood, AHCA president and chief executive officer.

According to David Kylo, NCAL executive director, the commission’s recommendations are of major importance across the entire spectrum of long term care. “The public needs

to hear a broader discussion of, frankly, the most important health care policy issues not currently being discussed in appropriate detail,” he said.

The commission also released results of a national voter survey that shows broad agreement on the need to address the nation’s system for long term care. Conducted in September 2007, the survey reveals that 94 percent of voters feel that reforming the long term care system is important, including 74 percent who feel it is very important. In addition, 61 percent reported having experience with a relative in the long term care system, including 25 percent of those Americans who have a relative who is currently receiving long term care.

Elected Chair

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issues across the country. During his tenure as NCAL executive director, he has participated in many profession-wide efforts, including the Assisted Living Quality Coalition and the National Commission on Nursing for Long Term Care.

His 24-year career in government, regulatory, and public affairs in Washington, D.C., includes working for two White House administrations, the U.S. House of Representatives, and the U.S. Senate. He is a supporter of the Pioneer Network and was named as one of the top 25 most influential people in long term care by *Contemporary Long Term Care* magazine. Kylo also belongs to the American Society on Aging and the American Society of Association Executives.



Missouri Enacts New Fire Safety Legislation For Long Term Care

Missouri's Gov. Matt Blunt signed into law fire safety legislation that requires sprinklers in new long term care facilities sets standards and goals for installing sprinklers in existing facilities and improving fire alarm systems; and makes provisions for increasing fire safety, education, and planning. The new laws call for:

- All new or upgraded long term care facilities in Missouri to install and maintain commercial-grade sprinkler systems.
- All existing residential care and assisted living facilities with more than 20 residents to install a residential-grade sprinkler system by 2012 unless the facility already

meets other life safety standards set by the National Fire Protection Association.

- Facilities to install approved fire alarm systems connected to a local fire department or dispatch service so firefighters can arrive as quickly as possible.

The legislation was based on recommendations from a multi-departmental review of safety laws and regulations after 11 people died in a fire at a 33-bed residential care facility in Anderson, Mo., that housed people with developmental disabilities and seniors.

"The Missouri Health Care Association [MHCA] was pleased

to work with the legislative sponsors and the governor in passing this legislation," said Jon Dolan, executive director of MHCA.

"Safety of all residents in long term care is our top priority, and we appreciate the governor's leadership and decisive action in promoting this safety initiative.

"Gov. Blunt's leadership and collaboration with the legislature and the Department of Health and Senior Services combined with the support of MHCA and its many member facilities to make 2008 the most safe and successful year for long term care in Missouri's history."



Hand Washing Key To Preventing Spread Of Multidrug-Resistant Organisms

Kensington Court, an assisted living facility in Tinton Falls, N.J. has acquired 30 disinfectant hand sanitizers and has placed them strategically throughout the residence to combat Methicillin-resistant Staphylococcus aureus (MRSA).

“We have them in the dining room, at the elevator banks, and anywhere they can be accessible to staff and residents,” says John Woznisky, general manager of the facility.

Kensington Court is not taking any chances. The facility also provides adult day care, and its Director of Resident Care Charles Larobis is teaching the family members of residents the benefits of good hygiene and hand washing.

Placing hand sanitizers filled with alcohol-based disinfectant and educating staff, residents, and visitors about the benefits of washing hands with soap are some of the prevention strategies a residence can undertake, according to the Centers for Disease Control and Prevention (CDC). The CDC recommends that all health care facilities adapt the standard precaution protocols used in hospitals. About 85 percent of all invasive MRSA infections were associated with health care settings. Two-thirds of the 85 percent surfaced in the community among people who were hospitalized, underwent a medical procedure, or resided in a long term care facility within the previous year, according to a study on MRSA published in the *Journal of the American Medical Association*. The report also revealed that the 2005 rates of invasive infection were highest among people 65 years of age or older.

MRSA can be transmitted to the blood stream if left untreated. Since MRSA is resistant to commonly

prescribed antibiotics, it is more difficult than other strains of staph to treat. Approximately 25 percent to 30 percent of the population is colonized—meaning bacteria is present but not causing infection in the nose with staph bacteria, and 1 percent of the population is colonized with MRSA. MRSA occurs more frequently in people with weakened immune systems.

Proper Hand Washing And Alcohol-Based

Sanitizer Use

When washing hands with soap and water:

- *Wet your hands with clean running water and apply soap. Use warm water if it is available.*

- *Rub hands together to make a lather and scrub all surfaces.*

- *Continue rubbing hands for 20 seconds. Need a timer? Imagine singing “Happy Birthday” twice through to a friend!*

- *Rinse hands well under running water.*

- *Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.*

Remember: If soap and water are not available, use alcohol-based gel to clean hands. When using an alcohol-based hand sanitizer:

- *Apply product to the palm of one hand.*

- *Rub hands together.*

- *Rub the product over all surfaces of hands and fingers until hands are dry.*

Source: CDC

Factors contributing to the spread of MRSA skin infections include close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items and surfaces,

crowded living conditions, and poor hygiene, according to the CDC.

The primary conduit of MRSA transmission is through individuals’ hands that have been in contact with a colonized or infected individual, a colonized or infected body site of another person, or items or surfaces that have been contaminated with body fluids containing staph or MRSA.

In addition, the CDC recommends “contact precautions” to be taken if a residence identifies any multidrug-resistant microorganism to be of special clinical and epidemiologic significance. The CDC suggests using the contact precautions if a resident has draining wounds or difficulty controlling body fluids.

No recent MRSA outbreaks or deaths have been linked to assisted living residences, however, if staff at a residence determine there is an outbreak, the staff should consult with state or local health departments or an experienced infection control professional for reporting requirements and management of MRSA outbreaks.

Hand-washing with regular soap is believed to be one of the best forms of prevention control. The increased use of antimicrobial agents in soaps is believed to have lead to more organisms developing resistance to antibiotics. Regular soap and water or the use of alcohol-based sanitizers provides top line defense, according to the Mayo Clinic in Minneapolis.

“The skin is the body’s primary line of defense,” says Larobis. “You need to clean it well and cover it. Singing Twinkle, Twinkle Little Star under warm water combined with soap and using friction is a good way to remember and help prevent the spread of MRSA.”

For more information, visit CDC’s Web page, www.cdc.gov/ncidod/dhqp/ar_mrsa.html.



Team Work Key To Step I Quality Award Application

Hearthstone of Beaverton has recently upgraded its advertising tag line from “Assistance with Love” to “An Assisted Living Community with Exceptional Care,” says co-owner Bev Ecker, a member of the family-owned company. They feel honored to be one of three facilities to be recognized from the applicants in Oregon, she said.

The 58-unit assisted living community, located in Beaverton, Ore., earned a Step I Quality Award from the American Health Care Association/NCAL in 2007.

Ecker and the managers began preparations for filling out the application last January. NCAL is encouraging member facilities to begin working on applications for Step 1 now, as the AHCA/NCAL Quality Award deadline this year is Feb. 28, 2008.

It took Ecker and her six managers several weeks to work on the application for the award. In January 2007, she held a meeting with the department heads to explain the award project’s requirements. At the time, Ecker was acting as the facility’s interim administrator.

The Step I application is an overview of an applicant’s organization. The intent of the application is to provide the organization with an opportunity to explain what is important to the residence and the key factors that influence how the organization operates. The Organization Profile includes six sections:

1. The Basic Description of the Organization
2. Stakeholder Requirements

3. Supplier and Partnering Relationships
4. Competitive Environment
5. Organizational Opportunities and Challenges
6. Measures

Each section has specific requirements. As directed by the Step I application, Ecker and Hearthstone managers wrote descriptions of the residence’s caregiving mission, its characteristics, and its key challenges. The objective was to provide the Quality Award judges a context for understanding Hearthstone’s organization. The award criteria also require that applicants describe how the residence’s mission or vision is communicated to its residents, suppliers, and any other business partners.

Ecker and her management team wrote up the sections on the residence’s competitive analysis and quality efforts, which included an explanation of their improved medication room procedures and team-building efforts. The other managers each took sections that they were most familiar with. As the deadline approached, Ecker found that she had to convene weekly meetings to discuss the application’s progress.

Soon the group discovered that it had written enough to fill 12 pages.

“We had to start editing material out of the application,” Ecker says. The Step 1 Award restricts the application to five pages.

Last year’s application marked the second year that Hearthstone at Beaverton’s sister facility Hearthstone

at Murryhill had applied for the Step I award.

“Everybody wants to win the award, but the benefit really is the process of applying,” Ecker says. She plans to continue the quality improvement process at both facilities. She is preparing Beaverton for the Step II award. She’s using the book, “Baldrige Award Winning Quality: How to Interpret the

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Sen. Rockefeller Lends Support To Part D Co-Pay Elimination Bill

Sen. John Rockefeller (D-W.Va.) has signed on as a co-sponsor of the Home and Community Services Copayment Equity Act of 2007 (S 1107). Rockefeller is the 16th co-sponsor of S 1107.

The bill seeks to eliminate co-pays for dual eligibles—those eligible for both Medicare and Medicaid—in assisted living and other specific types of residential care facilities. S 1107 was introduced by Sen. Gordon Smith (R-Ore.) in early 2007.

NCAL thanked Sen. Rockefeller.

“Assisted living providers are concerned about the quality of life of their dual-eligible residents, and we applaud Sen. Rockefeller for his support for West Virginia’s seniors and those seniors around the nation impacted by this oversight in the Medicare law,” said David Kylo, NCAL’s executive director.

For more information, contact MaryAnne Sapio at msapio@ahca.org or (202) 898-6328.



Assisted Living Claims Have Highest Severity: Report

Assisted living residences had the highest average severity of claims between 2001 and 2006, according to CNA HealthPro, a Chicago-based professional liability insurer.

With resident falls the most frequent allegation, the average claim payout for a non-profit assisted living facility was \$223,000 and for a for-profit assisted living facility was \$212,000, according to "Transforming Aging Services - CNA HealthPro Long Term Care Claims Study 2001 - 2006." The report examines key elements of long term care professional liability claims and presents practical risk management strategies that can be incorporated into clinical and operational practices.

The report is the insurer's fifth study on legal claims filed against long term care operators. CNA HealthPro examined a database of 8,083 professional open and closed liability claims brought against CNA clients between Jan. 1, 2001, and Dec. 31, 2006. The clients included skilled nursing, assisted living, continuing care retirement communities, and independent living (67 percent of the CNA clients are skilled nursing). CNA reported it spent about \$11.8 million defending 774 closed claims—a claim resolved through a judgment, settlement, or verdict. Closed claims with indemnity payment of less than \$5,000 were excluded from the analysis, which left 1,916 open and closed claims. A subset of 895 closed claims was used for analysis of severity, where severity refers to the money paid for indemnity plus expense costs incurred by CNA clients resulting

from the settlement or jury verdict. It is expressed as the average total paid—indemnity plus expenses.

The report found that the top five frequent allegations against CNA assisted living clients were resident falls, at 39 percent; improper care, 12 percent; sexual or physical abuse, 12 percent; medication error, 7 percent; and pressure ulcers, at 6 percent. Resident falls was the most frequent claim made against all long term care segments in the study.

The highest-cost allegation, among CNA's closed claims averaging total payment of \$150,000 or more for assisted living residences, was "failure to monitor residents," which garnered the No. 1 position with an average total payout of \$322,000.

Another major observation of the report was that the failure on the part of "assisted living and independent living facilities to move residents to a higher level of care when appropriate appears to play a significant role in claims with allegations related to elopement, failure to monitor, and improper care."

Using the trends in litigation and the information extracted from the CNA HealthPro claims, CNA developed risk management recommendations to aid long term care organizations in minimizing risk across the enterprise. These recommendations include strategies for incorporating quality improvement, risk management, and patient safety principles into resident services.

Copies of this study are available from CNA by calling 888-600-4776 or accessing the CNA Web site at www.cna.com.

Discount Registrations Available To Health Lawyers Conference In New Orleans

Discounted registrations are available to NCAL members who want to attend the American Health Lawyers Association's (AHLA) popular Long Term Care (LTC) and the Law Conference being held Feb. 27 through Feb. 29, 2008, at the InterContinental in New Orleans.

NCAL is a co-sponsor of the event. This year marks the first time AHLA's conference will offer educational sessions focusing on assisted living as well as other long term care settings. Traditionally, AHLA's long term care conference focused on nursing facilities. The AHLA Program Panel also has made a concentrated effort to include programs with practical information useful to providers, as well as those who represent them, in areas of Medicare, Medicaid, enforcement, fraud, diversification, transactions, and risk management. As a co-sponsor of the conference, NCAL is pleased to announce that all NCAL members will receive a special discounted rate of \$550 for non-attorney providers, and \$690 for NCAL members' in-house counsels. These special rates are much lower than

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Quality Award

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Baldrige Criteria for Performance Excellence,” which can be purchased through AHCA/NCAL’s bookstore. In addition, she is taking advantage of AHCA/NCAL’s free online Webinars on applying for the Quality Award.

Quality Award examiners and program administrator Tim Case provide detailed information about the award criteria and tips on understanding technical aspects of the application.

The Webinar “Step 1, Session One: Orientation to the Criteria/Technical and Ethical Requirements,” can be replayed at a viewer’s convenience. Visit www.ncal.org, and click on “2008 Quality Awards” to find the recorded Webinar.

Discount Registrations

Discount, continued from page 7
offered ever before. Under this special offer, NCAL members who write “NCAL Member–non-attorney provider or in-house counsel” on their registration forms will receive the respective discounted rate. This compares to the normal early registration fees of \$790 per person for AHLA members; group rate fees of \$715; and \$990 per person for non-members of AHLA.

To obtain more information, go to www.healthlawyers.org, or call (202) 833-0766.

For additional program registration information, please contact AHLA at (202) 833-0766, or view the registration form and brochure electronically at www.healthlawyers.org.

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A Commitment for Affordable
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