

Thresholds Determine Need For In-Depth Investigation



The second installment of Provider's new series on the Quality Indicator Survey (QIS) looks at why surveyors are required to review 30 recent admissions during Stage 1 of the process. Andy Kramer, MD, a long term care researcher and professor of medicine, who was instrumental in the design and development of QIS, explains.

Kramer

A: The care needs of residents newly admitted to nursing facilities are quite different from the needs of residents who are residing long term in the building.

Providing high-quality care to this varied group of residents with unknown prognoses is a true challenge for nursing facilities.

The admission sample is designed to assess the care for these types of residents during the period following admission or readmission to the nursing facility.

The admission sample Quality of Care and Life Indicator (QCLI) related to rehabilitation gives the rate at which residents receiving rehabilitation services were not discharged to the community in 60 days, excluding residents with cognitive impairments, receiving end-of-life care, or previously residing in a long-term nursing facility. If this QCLI rate exceeds the thresholds, it triggers a Stage II review using the rehabilitation/community discharge critical element pathway.

To examine issues related to the provision of skilled nursing services during this vulnerable period in the 30 days following admission there are two QCLIs from the admission sample chart review: nonelective hospitalizations and deaths among residents not receiving end-of-life care. Like all Stage I QCLIs, this is only preliminary information. However, if the thresholds are exceeded, then the hospitaliza-

tion or death critical element pathway is used to determine the underlying issues and whether the facility did not comply with regulations with respect to assessment, care planning, provision of services, and professional standards.

Two other issues evaluated on the admission sample are "new pressure ulcers since admission" and "weight loss since admission" in residents not receiving end-of-life care.

The admission period is a time when residents are at increased risk for both of these occurrences, so the admission sample chart review captures pressure ulcer and weight information, prompting review using the pressure ulcer or nutrition critical element pathway.

Thus, the admission sample is used for several important purposes that relate to types of care provided by most nursing facilities.

In QIS the admission sample is larger and its purpose is much broader than the traditional survey's closed record reviews. In nursing facilities that admit very few residents, the admission sample will not be 30, and these issues will not be emphasized like they will in facilities treating more short-term residents or long-term residents with unstable medical conditions requiring more frequent acute hospitalizations.

For an in-depth analysis of the new QIS process, read *Provider's* Dec. 2008 cover story at www.ahcancal.org/News/publication/Provider/CoverDec2008.pdf.

Arbitration Advocates Continue Debate

As the debate on arbitration clauses in contracts grows on Capitol Hill, industry organizations, including the American Health Care Association (AHCA) and 20 other groups, emphasized their opposition to several anti-arbitration bills pending in Congress.

Arbitration clauses require that an arbitrator handle any legal disputes or claims instead of the traditional court system. Nursing facilities and other long term care providers usually have residents or their families sign these upon admission.

The clauses are used by a variety of other businesses, from home builders and car companies to retirement account or cell phone providers.

The Fairness in Nursing Home Arbitration Act, in both the House and the Senate, would prohibit the use of arbitration in disputes between nursing facilities and residents. The Arbitration Fairness Act, also in both chambers, would make arbitration voluntary.

A letter sent to members of Congress in April by AHCA, the National Center for Assisted Living, the American Seniors Housing Association, and others said the bills "are unnecessary and would undermine a system that has benefited consumers, employees, and businesses for decades, and on which many of them now rely."

The organizations point to a study by the Searle Civil Justice Institute that found that consumers paid an average of \$96 per case with claims seeking less than \$10,000 and won relief in more than 53 percent of the cases filed and reviewed by the American Arbitration Association.

The letter includes data from a poll by the U.S. Chamber of Commerce's Institute for Legal Reform, which found that 82 percent of consumers prefer arbitration to litigation as a ►

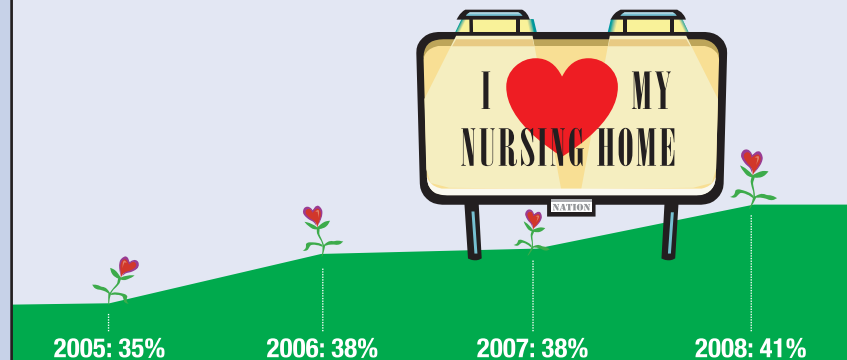
means to settle disputes, and 71 percent of likely voters oppose efforts by Congress to remove arbitration agreements from consumer contracts.

Meanwhile, supporters of the legislation are telling Congress why arbitration should be limited. "The Arbitration Fairness Act does not seek to eliminate arbitration and other forms of alternative dispute resolution agreed to voluntarily after a dispute arises," says the Fair Arbitration Now Coalition, comprised of the National Association of Consumer Advocates, the National Employment Lawyers Association, and the National Consumer Voice for Long-Term Care, among others. "Its sole aim is to end the unscrupulous business practice of forcing consumers and employees into biased arbitrations by binding them long before any disputes arise."

—Suzanne Struglinski

By The Numbers

Nursing home resident loyalty is growing over time



Annual percent of residents with responses of "Excellent" to the question, "What is your recommendation of this facility to others?"

Source: Nursing Home Resident Satisfaction Surveys conducted in 2005-2008 by My InnerView.



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