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FYI -- Updates



Date: May 2005

National Nursing Home Week -- National Nursing Home Week begins on Mother's Day, May 8 and continues through May 14, 2005. The American Health Care Association (AHCA) established the week-long celebration in 1967. Go to www.NNHW.org for more information. This year's theme is "Taking Center Stage." The CHC team takes this opportunity to extend our congratulations and best wishes to you and each member of your cast, from the lead actors to the behind the scenes support crew, on the stellar production in which you have a part EVERY DAY.

SOM Changes -- We are anticipating changes to F-315 [Indwelling catheter] and F-316 [bladder incontinence/prevention of UTI] to be effective 6/27/05. CMS has sent an advanced copy of the revised Interpretive Guidelines to the state survey agency to use in training the surveyors. The revisions will require that many NFs change their philosophy and management of urinary incontinence. If you have not seen a copy of the advanced copy, please contact me and I will forward to you.

MDS Changes -- As you know, the MDS changes scheduled for implementation 5/1/05 were recalled by CMS. The next scheduled CMS release is for May 23, 2005. Watch the CMS website www.cms.hhs.gov/quality/mds20 for the latest updates.

American Medical Directors Association -- If you do not already receive *Caring for the Ages*, an official publication of AMDA, you can subscribe by calling 1 800 422 2681 or visiting www.icainfo.com/caring. This free monthly newspaper for long-term care practitioners includes brief news summaries and articles on clinical and management issues. The April 2005 issue announces the release of two new Clinical Practice Guidelines, *Common Infections in the Long-Term Care Setting* (December 2004) and *Stroke Management in the Long-Term Care Setting* (April 2005). If you are not familiar with these excellent clinical resources, you will want to review them at www.amda.com. They can be downloaded from this site, as well.

Survey Focus -- The way that nursing facilities manage a resident's code status is multi-faceted; is critical to resident care; and is rapidly becoming a critical survey issue. Over the past year, we have seen several facilities receive significant citations. Points to consider and monitor:

1. That code choice of the resident is clearly identified in the clinical record and by any other resident identifier methods in accordance with facility policy.
2. That DDNR forms are complete [including both Section 1 & 2, physician signature & phone number, and appropriate signature by resident and/or responsible party]. You must maintain original DDNR forms, so evaluate your process for keeping an original available.
3. That the clinical record contain consistent documentation regarding the resident's code status [i.e. physician order, social work notes, care plan, MDS, etc.]
4. That staff are aware of their responsibility should a resident be found unresponsive-- this includes how to identify code status, how to assess the resident; when to initiate CPR or when not to; when to call 911; when to call physician, who may pronounce death. This should be clearly articulated in your policy; if you need a sample, contact me.

Teambuilding -- CHC continues to receive requests for teambuilding workshops. An important element in sustaining the success of interventions identified through Quality Assurance/Improvement activities is the ability of the team to work together over time. Please, call if we can assist you in developing your team.



Facilitating Quality Health Systems Thru Care and Compliance