Members Begin Enrolling In PSO And Reporting Clinical Performance Data

The National Patient Safety Organization for Assisted Living (PSO) has begun collecting data on 11 clinical and process categories from NCAL members—a groundbreaking moment for the profession.

“The launch of the PSO is an historic and innovative occasion for NCAL and the profession,” says Pat Giorgio, NCAL’s Chair and owner of Evergreen Estates in Cedar Rapids, Iowa.

“We are looking forward to participating in an initiative that will help us continue to improve the quality of our operations and allow us to interact with hospitals and accountable care organizations with quantifiable outcomes.” Members agree, and early enrollees say submitting data is easy. They are eager to see their outcomes and use the PSO’s tools to improve performance.

“I am interested in measuring my communities’ outcomes against my peers regionally and nationwide,” says Gerald Hamilton, owner of four BeeHive Homes located in Albuquerque, N.M., and the surrounding rural area. Each building is home to 15 residents, he says.

NCAL and the New Jersey Hospital Association’s Institute of Quality and Patient Safety Organization (NJHA PSO), the organization collecting the assisted living data. Enrollment in the PSO is open to NCAL members only.

After enrollees go through a short application process, participants can start submitting data electronically to the NJHA PSO on a number of clinical outcomes and processes, including: depression screening rates, HCQIP screening rates, falls, pressure ulcers, medication errors, adverse drug events, misuse of antipsychotics, and ventilator-associated pneumonia.

To Join visit: www.NCALPSO.org.

CDC Researchers Call For States To Implement Infection Control And Prevention Standards

Centers for Disease Control and Prevention (CDC) researchers recommended that state regulations include standard infection control and prevention for assisted living communities to contain outbreaks of infectious diseases such as influenza and norovirus. Researchers examined state regulations and found that:

- 54 percent of the state regulations require some basic infection control training for staff;
- 50 percent require assisted living communities to report disease outbreaks to state health departments;
- 30 percent require communities to offer or mandate that vaccines be given to residents; and
- 18 percent of states require communities to offer or require staff to have vaccinations.

Their study results were published in JAMDA (Journal of American Medical Directors) in an article titled “Infection Prevention and Control Standards in Assisted Living Facilities: Are Residents’ Needs Being Met?” by Rachel Kossover, MPH, RD, and others. These researchers work in the Healthcare Quality Promotion division of CDC.
Members Enroll  continued from page 1

infection control, provision of end-of-life care, the number of fall assessments and resident falls, and advanced care planning.

In addition, providers can submit information on hospital readmission rates, the prevalence of off-label use of antipsychotics in residents, number of residents who received skin assessments, and how many acquired pressure ulcers or needed pain management.

As the health care system in the United States moves away from fee-for-service payments to payments based on quality outcomes and performance, participating in the PSO can help NCAL members communicate their quality outcomes to hospitals and accountable care organizations (ACOs).

Due to a number of Medicare and Affordable Care Act initiatives, hospital and ACO executives are looking for providers that track clinical outcomes, according to an Avalere Health report.

“Hospitals and ACOs are looking for data on hospital readmissions, pressure ulcers, the rates of influenza and pneumococcal vaccinations, falls, the use of advanced care planning, and end-of-life care,” says Lindsay Schwartz, PhD, NCAL’s director of Workforce & Quality Improvement Programs.

The PSO initiative is the result of a multi-year effort that began with the launch of the Performance Measures Survey in 2010. Building upon those measures in 2011, NCAL’s Quality Committee identified 11 areas of clinical outcomes and processes that could be tracked. Under the direction of NCAL’s Quality Committee, Schwartz issued a request for proposals to PSOs nationwide. A number of PSOs responded, and in late 2012 NCAL’s Quality Committee chose NJHA’s Institute. In January of 2013, NCAL’s Board of Directors approved the collaboration with NJHA’s Institute to collect clinical performance data from NCAL members.

The PSO is now ready for data collection, and BeeHive’s Hamilton says submitting data is easy as long as you have the information ready for entry. Hamilton recommends that providers have their staff collect the information or know where to locate it before submitting the data.

“I know most of the information off the top of my head,” says Hamilton. “And if I don’t know the information, I know exactly where to find the information.”

Hamilton also found benefit in submitting the data. “Just going through the process of submitting the data provided me with some insights into my operation,” he says. “I am looking forward to those opportunities to improve,” Hamilton says.

Another provider is interested in using the PSO to manage residents’ needs. Executive Director Sarah Silva of Avamere at Hillsboro, Ore., is using the PSO in addition to the community’s own quality measurements.

“We have been tracking clinical data before the PSO opened, but since it opened it has encouraged us to dig deeper within certain measures,” she says explaining the reasons Avamere is using the PSO. “The PSO is also significantly more proactive. It can better prepare us to manage our residents’ needs by predicting potential health issues, which gives us time to create a care plan that addresses that resident’s need before it becomes an emergency.”

In addition, Avamere wants to use the PSO to measure its rehospitalization rates.

“We are very interested in rehospitalization due to the emergence of ACOs,” Silva says. “The PSO is heavily focused on the assessments and subsequent plans for both new residents and residents who have been discharged from the hospital. We plan on using this tool to help us prevent hospitalizations.”

In a few months, Silva, Hamilton, and other participating members will be able to learn from the trends identified by the PSO on a national and state basis.

The PSO will provide feedback to participating NCAL members that includes benchmarks, education and training resources.

Silva adds, “It will be an excellent resource for us to stay on top of the issues in our profession.”

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—Sarah Silva

Pat Giorgio  Gerald Hamilton
Members looking for resources on risk management can access a new NCAL Web page. NCAL’s Risk Management Work Group created the site and reviewed the documents posted on the page found here: http://bit.ly/NCALRisk-Management. The work group’s mission is to develop educational tools and resources to help assisted living providers identify, mitigate, and reduce risk.

Attorneys with experience in assisted living and long term care issues have contributed four articles:

1. **Emerging Legal Risk For Assisted Living:** Attorney Rebecca Adelman, of Hagwood Tipton Adelman, wrote “Litigation in Assisted Living – Case Studies for Risk Management.” Her article analyzes the emerging legal risks for assisted living providers and how they can best prepare to deal with them. One of the many points Adelman makes in the article is that as residents age in place and their needs increase, providers are increasingly being held accountable in court for staffing and staff training levels that can be above minimum standards set in state regulations.

2. **Motorized Mobility Aides:** In another article, “Motorized Mobility Aides In The LTC Residence—Policy Considerations,” authors John Hessburg, Margaret Chamberlain, and Andrea DeLand of The Kitch Firm, attorneys for Health Cap, explore the complex issues surrounding the use of motorized scooters in assisted living settings.

3. **Active Shooter Policies:** The Active Shooter section provides guidance on what to do if there is an active shooter in a building and how to prepare for such an event.

**Risk Resources Created For Members Available On NCAL Website**

The 2014 Spring Conference will be an intense, in-depth learning experience focusing on what assisted living providers need to plan for the future. Ensure a successful future by learning new skills, networking with contacts, and earning CEUs.

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Branding Expert and Marketing Mastermind From Starbucks and Whole Foods

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The number of recent disease outbreaks in assisted living communities illustrates the need for standard infection control policies, they wrote.

About 1,600 infectious disease outbreaks, mostly of norovirus and influenza, occurred in licensed assisted living communities in 12 states between 2010 and 2012, according to the article.

The researchers recommend states adopt regulations that require assisted living operators to adopt CDC’s Standard Precautions guidelines or that states outline basic infection control methods that protect residents from being infected with a preventable disease.

In addition, state regulations must require communities to implement an infection control plan, “preferably under the direction of a licensed health care professional,” and provides staff with infection control and prevention training upon hire and at least annually after, they wrote.

They also recommended that state inspections of assisted living communities require the state to assess the community’s infection control practices, they wrote.

“Our review identified that offering or requiring immunization of staff and residents offers much room for improvement and opportunity to better align with nursing home requirements,” they wrote.

Researchers acknowledged the study’s several limitations, including not collecting data or policies from assisted living providers.

In addition, they pointed out several resources that would be helpful to providers.

They say federal guidelines for basic infection control procedure are included in CDC’s Standard Precautions. The Center for Excellence in Assisted Living’s Infection Control pocket guide was another helpful resource.

“Although some states have recently passed laws to ensure safe delivery of health care in these settings,” they wrote, “few state regulations specify requirements for infection control training or oversight.”

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**CDC Flu Information For Healthcare Professionals**

www.cdc.gov/flu/professionals/index.htm. This page contains links to information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza.

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**CDC Tips To Prevent Spread Of Norovirus**

- Follow hand hygiene guidelines, and carefully wash hands with soap and water after contact with residents who have norovirus.
- Routinely clean and disinfect high-touch surfaces (such as doors or countertops) and equipment with an Environmental Protection Agency-approved product that kills norovirus.
- Employees who have norovirus symptoms should take sick leave and remain home.
- Use gowns and gloves when caring for or in contact with residents who have norovirus symptoms.

For more information, visit: www.cdc.gov/features/Norovirus.
Seniors Housing Industry Performed Well In 2012 Despite Higher Workforce Costs

Marketing and sales staff in assisted living communities had to work harder to keep beds occupied in 2012. The “State of Seniors Housing 2013” reported annual resident turnover for assisted living communities was more than 54 percent.

The second-highest resident turnover rate (50.3 percent) was the national median rate for communities offering assisted living and Alzheimer’s care. In comparison, the median resident turnover rate for independent living units was 31.6 percent in 2012, according to the report.

The report also includes a section called “Same-Store Analysis.” The same-store analysis means the same operators have provided data for multiple years allowing an “apples-to-apples” comparison of operating metrics.

American Seniors Housing Association President David Schless points out an interesting data point related to labor expenses.

“Nationally, for independent living/assisted living properties in two consecutive years, the labor expenses are up 5 percent,” he says. Operators of assisted living/Alzheimer’s care residences experienced the same increase (5 percent) nationally while assisted living residence labor expenses increased 2 percent.

In general, labor-related costs are the biggest expense for seniors housing operators. Labor costs include employee benefits and payroll taxes.

Overall, he says, “The industry performed quite well, with room for improvement in certain areas such as occupancy.”

“The State of Seniors Housing 2013” summarizes data collected from more than 1,600 senior housing properties that responded to a survey asking for 2012 operating and financial results. Results are reported by type of seniors housing. The main property types included are continuing care retirement communities, assisted living (AL) communities with or without Alzheimer’s units (ALZ), independent living (IL), and senior apartments as well as campuses containing combinations of independent and assisted living. Assisted living property types were IL/AL, assisted living residences, and AL/ALZ residences.

“What makes ‘The State of Seniors Housing’ a unique and user-friendly resource is its ability to provide anyone who wants to understand key operating metrics an opportunity to see how their operations compare with others,” says Schless.

Another interesting data point in the same-store analysis, he says, is that “Assisted living/Alzheimer’s care residences had an increase in net operating income of 7 percent above

Construction Of Assisted Living Units Hits Record Levels

Minneapolis and Houston are the hot markets for builders of new assisted living units, with more than 2,000 units being built in those two metropolitan areas alone, said the National Investment Center for Seniors Housing and Care Industry (NIC), Annapolis, Md.

In fact, during third quarter 2013, assisted living construction hit a record level—47 percent above a pre-recession peak that was reached during fourth quarter 2008, says Chris McGraw, NIC’s senior research analyst. During fourth quarter in 2008, there were 6,885 units under construction, or 3.9 percent of the existing units.

In 2013 during the third quarter in the 31 largest markets in the United States, there were 10,129 units being constructed, or 5.2 percent of the national number of assisted living units available for occupancy, NIC reported.

The number of assisted living units under construction in third quarter was 2 percent above second quarter 2013, and a 39 percent increase compared to third quarter 2012.

For more information visit, www.nic.org. ◆
Experts Say Being Prepared Key To Active Shooter Response Crisis

An active shooter in an assisted living community is not a crisis situation any owner, administrator, staff member, or resident could imagine handling; however, experts say being prepared, developing policies and procedures, and working with local law enforcement is essential in today’s world.

“During the past few months and years, we have seen far too many headlines about shooting incidents occurring at airports, college campuses, hospitals, military bases, and primary schools. Why do these events continue to happen, and how can we become alert to the warning signs?” asks Angie Szumlinski, director of HealthCap Risk Management Services. “Unfortunately there are no easy answers to these questions, so we need to be prepared.”

While statistically mass shootings completed by a lone shooter don’t occur in long term care centers, it is a scenario that could happen.

“Nursing homes and assisted living facilities are not immune to the dangers associated with an active shooter entering their operations,” says David Weidner, director of emergency preparedness for the Health Care Association of New Jersey (HCANJ).

Fifty-one percent of active shooter incidents occurred in the workplace, 17 percent occurred in a school, another 17 percent occurred in a public place, and 6 percent occurred in a religious establishment, according to a study of 35 active shooter incidents during 2012 reported by the FBI.

Another reason to prepare for an active shooter incident is that most likely law enforcement and first responders are going to arrive after the shooting ends.

The average active shooter incident lasts 12 minutes, and 37 percent last less than five minutes, according to the bureau. In addition, 49 percent of the shooters committed suicide, 34 percent were arrested, and 17 percent were killed, according to FBI statistics.

NCAL’s model active shooter policy recommends working with local law enforcement when developing the active shooter plan and inviting law enforcement to tour the building. By having officers tour the building, you familiarize them with the layout of the building before an emergency situation occurs.

HCANJ’s Weidner recommends that assisted living communities have all their employees go through a 90-minute seminar developed by the Federal Emergency Management Agency (FEMA), “FEMA IS-907 Active Shooter.”

This seminar is available online through FEMA’s website. The agency has also created a PowerPoint for people who want to give the active shooter presentation. This class will teach participants:

1. What actions to take when confronted with an active shooter and how to interact with law enforcement officers;
2. How to identify potential workplace violence indicators;
3. What actions to take to prevent and prepare for potential active shooter incidents; and

Active Shooter Resources

NCAL Risk Management Active Shooter
- Model Lockdown Policy
- Active Shooter Poster
- Sample Active Shooter Policy

Department of Homeland Security
Active Shooter Preparedness Resources
http://www.dhs.gov/active-shooter-preparedness
FEMA Course
Active Shooter: What You Can Do
Active Shooter, continued from page 6

4. How to manage the consequences of an active shooter incident.

Taking the class is Weidner’s first recommended step; the second step is having administrators and department heads participate in an active shooter tabletop exercise. FEMA defines tabletop exercises as a discussion-based situation that allows participants to discuss their roles and responses to emergency situations.

Last year, Weidner prepared and was the facilitator of a day-long tabletop active shooter exercise held for HCANJ members. As the facilitator, he guided the participants through an active shooter scenario where they discussed their roles and responses from the beginning of the incident, through the lock down of a community, and how to conduct the incident’s resolution. Weidner asked the participants questions designed to raise issues that must be addressed by staff.

The last phase of the exercise included an assessment phase allowing participants to identify the strengths and weaknesses of their communities’ plan and processes.

Before completing the exercise, Weidner recommends that administrators and department leaders review their communities’ emergency response plans after completing the exercise. The tabletop exercise is designed to test the operation’s response policies, plans, and procedures in response to an active shooter incident. Most importantly, Weidner says, after completing the exercise, these policies, plans, and procedures may need to be changed as indicated during the final phase of the exercise called the “after action review process.”

“Workplace violence within the health care setting is becoming an increasingly frequent occurrence across the nation,” Weidner says.

Seniors Housing Industry, continued from page 5

last year.”

The median length of stay for residents in assisted living residences was 22 months in 2012. The combination assisted living/Alzheimer’s care communities had a slightly longer median length of stay at 23.9 months, the report revealed.

The median annual revenue for assisted living residences was $55,819 per occupied unit/bed in 2012. The total median operating expenses were $38,598, with labor-related costs at $22,249.

The report revealed additional key financial indicators for assisted living residences in 2012 such as:

- Median Annual Revenue: $47,207
- Total Annual Operating Expenses: $32,814

The report is published by the American Seniors Housing Association and supported by NCAL, Assisted Living Federation of America, LeadingAge, and the National Investment Center for the Seniors Housing & Care Industry.

“The quality of this industry data is tied to the number of people participating,” he says, adding, “We encourage everyone to take the time to participate because the more properties that participate, the richer the data becomes.”

ASHA will send out surveys in early 2014 to collect 2013 data, he says. To obtain a copy of the report, visit seniorshousing.org.

Reminder: Complete And Post OSHA Illness And Injury Forms Between Feb. 1 And April 30

February 1st is the deadline for employers to post the Summary of Occupational Safety & Health Administration Occupational Work-Related Injuries and Illnesses Summary Form 300A, which must remain posted until April 30, 2014. The injuries and illnesses being reported are for calendar year 2013.

Work-related injuries and illnesses that must be reported are those that occur in a work environment and result in one of the following conditions: a loss of consciousness, sick days, medical treatment beyond first aid, restricted work activities, a job transfer, and death. Other conditions that must be recorded are needle-stick injuries or cuts from sharp objects as well as sprain and strain injuries to muscle joints and connective tissue, according to OSHA Form 300. For a complete list of injuries and illnesses that need to be recorded, go to https://www.osha.gov/recordkeeping/RKforms.html. There are forms that can be completed by printing a blank form or forms can be filled out online.

An employer must keep OSHA’s log and summary for five years after the reported year. For example, 2012 must be retained through 2017.
Time Limits Set For Quality Award Recipients

The AHCA/NCAL National Quality Award program has introduced a new recertification policy starting in 2014. Under this policy, Bronze-, Silver-, or Gold-level Quality Award recipients have a total of three or five years to apply for the next award level before being designated a “past recipient” of the award. The ‘past recipient’ status requires the award winner to reapply at its current award level if the center decides to participate in the program again.

In previous years, the program did not limit the number of years a center could promote their facility as a Quality Award recipient. The 2014 Bronze recipients have until 2017 to apply for Silver. 2014 Silver recipients will need to submit a qualified application for a Gold Quality Award or a state equivalent program by 2017. Gold recipients will have five years to re-apply for a Gold or state program equivalent. All past award recipients 1996 and 2013, will follow the same timeline.

Send questions to quality-award@ahca.org or visit the Quality Awards website on NCAL.org.