PENNSYLVANIA
STATE BOARD OF

# EXAMINERS OF NURSING HOME ADMINISTRATORS

NEWSLETTER

WINTER 2007-2008



*INSIDE:*



For more information, visit us at
www.state.pa.us
or visit the
Department of State directly at
www.dos.state.pa.us

Board telephone: (717) 783-7155
E-mail: ST-NHA@state.pa.us

# Message from the Chairman

***by Barry S. Ramper II***

The 15 members of the State Board of Examiners of Nursing Home Administrators and represent all facets of our industry. Twelve members are appointed by the governor. Appointed board members serve a term of four years with eligibility to serve two full consecutive terms. Two members each are representative of not-for-profit, for-profit and county-owned facilities. Three members are designated as consumer representatives. Additionally, three members are actively involved with the care of chronically ill seniors while representing occupations and professions other than nursing home administration. Bringing the total to 15 are representatives from the Department of Health, the Office of Attorney General and the Commissioner of Professional and Occupational Affairs.

This group of dedicated individuals meets monthly to conduct business as defined in the Nursing Home Administrators License Act and according to the regulations listed in the Pennsylvania Code, Title 49, Chapter 39. All decisions made by the board regarding NHA licensure, continuing education, temporary permits and disciplinary proceedings are based on the board's license act and accompanying regulations. The act and regulations can be obtained by contacting the board office or by visiting the board Web site.

The board's highest priority is the creation of an administrator-in-training (AIT) program in Pennsylvania. Currently, the board's regulations contain no provision for prospective licensees to gain experience in an AIT program. An effective AIT program will provide structured opportunity for licensure and create curriculum opportunity for educational institutions. The program will assist in ensuring a licensure applicant has the greatest opportunity to be successful in serving senior Pennsylvanians residing in skilled nursing facilities. As of the writing of this article, the proposed regulation has been delivered to the House and Senate Committees and the Independent Regulatory Review Commission (IRRC). After the board addresses the questions and comments posed by the committees and IRRC, the final form rulemaking will begin the regulatory process. When the final regulation is published in the *Pennsylvania Bulletin*, the AIT program will become official. The board is hopeful that the AIT program will become a reality in the next few months.

Your commitment and dedication is greatly appreciated. As a licensed and practicing NHA, I understand the challenges you face on a continuing basis. The responsibility and satisfaction attained from fulfilling this responsibility is second to none. Pennsylvania's seniors entrust the last segment of their lives to us, so we must be committed to ensuring the highest level of quality care and quality of life. On behalf of the Board of Examiners of Nursing Home Administrators, I thank you for your commitment and dedication.

## 2008 Board Meeting Dates

**Jan. 23**
**Feb. 27**
**April 9**
**May 21**
**June 25**
**July 23**
**Aug. 20**
**Oct. 1**
**Nov. 26**

# Risk Management Strategies in Long Term Care

***by Leonard S. Oddo, Chairman, Education Committee***

With the increasing litigious environment in the long term care industry, facilities must develop strategies to increase quality of care to our residents and families and to decrease professional liability.

Ongoing education must occur at all levels to understand that these strategies should be implemented prior to the residents' admission to the health care facility.

The following strategies discussed are not all inclusive; however, they are highlights of areas of concern noted through experience as both registered nurses and legal nurse consultants in the long term care arena.

## Realistic expectations

A formal educational packet should be developed for the resident or responsible party to include the normal aging process and its effects on the resident. These changes can contribute to falls, weight loss and pressure sore development. The liability of these areas makes it vital to hand out the educational packets during the initial referral process.

## Thorough history

Knowledge of a resident's complete medical and social history is key to minimizing a facility's risk. With such knowledge, clinicians can properly assess for risk factors and individualize preventative measures into the resident's plan of care.

## Comprehensive diagnosis list and medication review

By continually updating and expanding a resident's diagnosis list and thoroughly reviewing a resident's medication, you can ensure that proper care is being given consistently and, therefore, reduce the facility's risk for liability.

## Welcoming residents and responsible parties coupled with ongoing communication

Welcoming the resident and responsible party allows the resident and responsible party to identify an initial facility contract in the event concerns arise that they would like to discuss. Ongoing and continued communication to discuss resident's status with the resident and responsible party will continue the education process as well as allow time for questions in relation to the resident's plan of care and current medical condition. Keeping a line of communication open, and fostering a relationship with resident/ responsible party will allay anxiety and build a trust that may decrease the facility's exposure in the event of a negative outcome.

## Wellness documentation

Unfortunately, with today's regulations in long term care, facilities tend to "chart by exception." Wellness charting is crucial, especially after an unexpected event such as a fall or injury. By documenting the wellness of the resident through eating habits, activities, and socialization, the facility is able to show evidence that, although an unusual event occurred, the resident had no negative outcomes.

By implementing these risk management strategies, a facility cannot only reduce their exposure to liability, but can increase the quality of care to residents, and thereby create a more positive view of long term care.

# Quality Insights of Pennsylvania: Pennsylvania's Medicare Quality Improvement Organization (QIO)

***by Naomi Hauser, Director HCQIP, Quality Insights of PA***

Quality Insights of Pennsylvania is Pennsylvania's Medicare Quality Improvement Organization (QIO) and is an affiliate of the West Virginia Medical Institute – the non-profit, physician-sponsored Medicare QIO for the state of West Virginia. Quality Insights is governed by Pennsylvania physicians, health care professionals and consumers. It has locations across the state in Wayne, Harrisburg and Pittsburgh.

Quality Insights completed the eighth scope of work contract with the Centers for Medicare and Medicaid Services (CMS), which runs from July 2005 – July 2008. Quality Insights is contracted by CMS to be a partner and a resource to the Pennsylvania health care community, which includes community-based health and advocacy agencies. Its services are provided free of charge to hospitals, home health agencies, nursing homes, physician offices and Medicare beneficiaries.

Quality Insights is currently a Local Area Network for Excellence participant in the Advancing Excellence in America's Nursing Homes national campaign. The campaign goal is to improve the quality of life for residents and staff of America's nursing homes. Quality Insights encourages all Pennsylvania nursing homes to visit the campaign Web site, www.nhqualitycampaign.org, to obtain further information about the campaign and instructions on how to sign up as a participating provider. Interested homes may contact any participating Pennsylvania LANE member for information on this campaign.

## Nursing Home Quality Initiative

The CMS-sponsored Nursing Home Quality Initiative was launched nationwide in November 2002 with an overarching goal of improving the quality of care in nursing homes across the country. NHQI is designed to assist nursing homes in their quality improvement efforts related to the publicly reported quality measures listed on Nursing Home Compare.

Quality Insights is focusing its work with Pennsylvania nursing homes on implementing culture change and improving QM scores.

1. Care measures – to improve the knowledge base for quality care delivery
   - Reducing pressure ulcers in high risk residents
   - Reducing pain
   - Reducing restraint use
   - Target setting on the star Web site: www.nhqi-star.org

2. Organizational measures – to ensure the provision of consistent quality care
   - Reducing staff turnover
   - Completing staff and resident satisfaction surveys

3. Leadership training – to enhance the role of leadership within the nursing home

Quality Insights offers educational programs, resources materials and quality improvement expertise at no cost to Pennsylvania nursing homes. It provides additional services to a select group of NHQI participants, including individual consultation, telephone and onsite visits to support these facilities with quality improvement strategies, and technical assistance.

## NHQI Team

Quality Insights' team consists of experienced professionals with a variety of backgrounds in the nursing home setting. The team is a free quality improvement resource for all nursing homes in the state. Contact a team member

***Continued on next page***

# Quality Insights of Pennsylvania

***Continued from previous page***

by e-mail or phone. To reach any team member listed below, first dial 1.877.346.6180, then the person's individual extension number:

Dr. David Wenner, Medical Director, x.7625, dwenner@wvmi.org
Naomi Hauser, Project Director, x. 7808, nhauser@wvmi.org
Deb Herron, Project Coordinator, x. 7719, dherron@wvmi.org
Pat Keefauver, Project Coordinator, x. 7630, pkeefauver@wvmi.org
Penza Imes, Project Coordinator, x. 7644, pimes@wvmi.org
Toni Daly, Project Coordinator, x.7843, mdaly@wvmi.org
Carol Hann, Project Coordinator, x. 7826, chann@wvmi.org

Visit Quality Insights' Web site at www.qipa.org or www.medqic.org to download tools, publications or reference materials.

## Educational Opportunities

Quality Insights provides educational opportunities and resource materials on quality improvement, clinical topics, team building and leadership. It offers a variety of opportunities including training videos, learning sessions, teleconferences and electronic newsletters. Quality Insights facilitates opportunities for your staff to share experiences and tools with other nursing homes.

## Quality Improvement Expertise

Quality Insights' nursing home team makes regular visits to participating NHQI nursing homes to provide technical assistance and private consultations on the facilities' quality improvement strategies, activities and progress. Quality Insights analyzes national and statewide data and share the reports with participating facilities to trend the performance on each of their publicly reported QMs. These reports can be used to monitor QM scores over time, evaluate activities and identify opportunities for improvement.

The team is a free resource that can provide technical assistance to help you understand and use the reports. Please contact any member of the team for further information and assistance.

## Quality Insights' Vision for the Future

- All nursing homes participating in NHQI and other quality initiatives have restraint rates under two percent and pressure ulcer rates under four percent.
- No chronic care or post acute residents ever experience untreated pain.
- The average tenure of an NHA is 10 years and a DON, 15 years
- There is a waiting list for CNAs who report high satisfaction with their jobs and only 20 percent annual turnover, mostly due to promotion and career advancement.
- Acute hospitals acknowledge the big improvements they are making in the care of Medicare beneficiaries started when nursing homes showed that it was possible.
- Nursing home employees are sought out by all sectors of health care as quality improvement consultants, and the US nursing home profession is widely respected by Congress and in other countries.
- School children around the country regularly visit nursing homes to learn the value of and respect for a life well lived.

*This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization for Pennsylvania, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.*

*Publication number 8SOW-PA-NH07.495. App. 4/9/07.*

# Love Them or Hate Them, Meetings are Here to Stay

***by Gordon E. Kutler, Director, Institute for Continuing Education and Research***

NHAs and their management personnel at all levels tell us about their concerns, skills, techniques, results and other issues surrounding the subject of meetings.

Below is a checklist that you can use to raise the level of effectiveness for meetings you initiate.

**Q1: Why am I calling this meeting?**

It doesn't matter that the number of possible answers to this "Why" question may be without end. What does matter is that you identify at least one main reason which you can state to yourself as a complete sentence.

**Q2: How will I know if the meeting is a success?**

Useful criteria for success are those that are expressed in concrete measurable terms rather than in glittering generalities. Our view is that if you are not willing or able to measure success, don't call the meeting.

**Q3: What do I assume or expect meeting participants will have done prior to attending?**

Whether through an announcement, a formal agenda or any other means of communication, people need to know in advance what is to be expected of them at the meeting.

**Q4: Will the meeting start on time no matter what?**

The greater the number of people scheduled to attend a meeting, the greater the need for an on-time start. A meeting of 12 people delayed 10 minutes equals two hours of lost time. Delay also implies a certain level of disrespect for the plans, priorities and activities of those who are there on time.

**Q5: Will I finish within the announced time limit?**

One way to announce the time frame for your meeting is to be very specific (e.g., starts at 9:30, ends at 10:20). This would be appropriate for such highly structured and timed activities as a teleconference. Another way to express the time frame would be with an open-ended finish time (e.g. starts at 9:30, ends by 10:20). Our view is that "ends by" usually is better than "ends at." "Ends by" places a firm time limit but allows for the meeting to end earlier if the business of the meeting is completed.

**Q6: Will I make sure there are some kind of written responses/feedback/minutes distributed to all attendees within a reasonable time period?**

This step is essential, in our view. It brings a sense of closure to the meeting process and provides you, and others, with answers to items Q1 and Q2 above.

**Q7: Is this meeting likely to be an efficient means of achieving my goal(s)?**

If the goal is information dissemination, it might be better to distribute in advance by e-mail or paper, and have the meeting devoted to Q&A based on participants having read the information prior to attending.

This article does not attempt to justify anything with research data or theory. Rather, it assumes that much of the information in it may not be new to you; however, you may not be using some of what you already know.

Please use the suggestions under the questions as a practical checklist and reminder of what you can do to raise levels of effectiveness of the valuable meetings you initiate.

I would like to hear what works for you and what, if anything, does not.

*Gordon Kutler can be reached at 215-836-2383*

# Disciplinary Actions

*Following is a chronological listing of disciplinary actions taken by the board from May 24, 2006, through July, 2007. Each entry includes the name, certificate or registration number (if any), and last known address of the respondent; the disciplinary sanction imposed; a brief description of the basis of the disciplinary sanction; and the effective date of the disciplinary sanction.*

*Every effort has been made to ensure that the following information is correct. However, this information should not be relied on without verification from the Prothonotary's Office of the Bureau of Professional and Occupational Affairs. One may obtain verification of individual disciplinary action by writing or telephoning the Prothonotary's Office at P.O. Box 2649, Harrisburg, PA 17105-2649; (717) 772-2686.*

*Please note that the names of persons listed below may be similar to the names of persons who have not been disciplined by the board.*

**Jane Sistek**, license no. NH004970L, of Sewell, N.J., was assessed a $1,000 civil penalty and must obtain the lacking 18 credits of continuing education credits before July 1, 2006. Failure to do so will result in indefinite suspension. Sistek failed to provide proof of having completed 48 hours of continuing education between July 1, 2002 and June 30, 2004. (05-24-06)

## UNETHICAL OR UNLICENSED ACTIVITY

**If you believe the practice or service provided by a licensed professional to be unethical, below an acceptable standard or out of the scope of the profession, or if you are aware of unlicensed practice, please call the Bureau of Professional and Occupational Affairs hotline:**

**In Pennsylvania: 1-800-822-2113**

**Out of State: 1-717-783-4854**

A complaint form is available on the Department of State's Web site: **www.dos.state.pa.us**

## Right to Know Law and Home Addresses

The Bureau of Professional and Occupational Affairs is sensitive to its licensees' concerns about personal privacy. However, the Pennsylvania Right to Know Law, 65 P.S. § 66.1, mandates release of information contained in a "public record" stored by that agency if a member of the public requests it.

The bureau will take all reasonable steps to safeguard personal information contained in your licensure records. We realize that many of you use your home address on the licensure records maintained by the bureau. However, given the uncertainty over what the Right to Know Law requires, neither the bureau nor the board that issues your license can guarantee the confidentiality of the address shown on your licensing record. Therefore, we recommend that if you have a personal security concern, you might want to consider what many of our licensees have already done: use a business address or box number as the official address on licensure records.

Also, with the License 2000 computer system, you may indicate to the board an address for release to the public that may be different from your home address.

To further protect your privacy and identity, the bureau will only accept a request to change a licensee's address if it is submitted in writing and includes the licensee's Social Security number, license number and the old and new addresses.

PENNSYLVANIA
EXAMINERS OF NURSING HOME ADMINISTRATORS
P.O. Box 2649
Harrisburg, PA 17105-2649



## Board Members and Staff

Eva J. Bering, Vice Chairperson
Lebanon, Lebanon County

William Bordner, Secretary of Health Representative
Director, Division of Nursing Care Facilities
Harrisburg, Dauphin County

A. Sidney Brookes, Jr., Public Member
Chadds Ford, Chester County

Romaine J. Campenni, Secretary
Pittston, Luzerne County

Robert A. Etchells
State College, Centre County

Seth D. Levy
Harrisburg, Dauphin County

William B. McIlwaine, Ed.D., Public Member
Millersville, Lancaster County

James E. Miller, Jr.
Archbald Borough, Lackawanna County

Leonard S. Oddo
North Huntingdon, Westmoreland County

Barry S. Ramper, II, Chairman
Harrisburg, Dauphin County

Robert V. Smith
Erie, Erie County

Kimberly J. Wuchina, Bureau of Consumer Protection Representative
Consumer Protection Agent
Harrisburg, Dauphin County

Barbara Zsigovits, Public Member
Orefield, Lehigh County

Roberta Silver, Esquire
Board Counsel

Christina Stuckey
Board Administrator