

ISDH Long Term Care
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In Today's Issue:

- QIS Update
- CMS: Nursing Home Compare
- Recall Information
- ISDH Staff Update

QIS Update

The ISDH began Quality Indicator Survey (QIS) training for long term care surveyors in January 2011. In 2011 the ISDH completed QIS training for our QIS trainers and one team from each of the seven survey areas. In January 2012, the ISDH began training remaining teams from each area.

The survey teams in four of the seven survey areas have completed QIS training. We have completed QIS training for a total of 15 of 21 survey teams. The following are the Survey Areas that have completed QIS training:

- Survey Area 3 - January 2012
- Survey Area 6 - March 2012
- Survey Area 5 - April 2012
- Survey Area 2 - June 2012

The ISDH began classroom training for two more survey teams on July 30, 2012. The QIS class will include the two remaining teams for Survey Area 0 along with a few other individuals. The mock survey is scheduled for August 6-9. The ISDH expects the teams to complete training by the end of August. Each training class completes one week of classroom training followed by one mock survey and two surveys of record.

The July 30, 2012 QIS class includes:

Area 0, A Team:

- Diana Dierks
- Kim Perigo
- Marla Potts
- Sharon Whiteman
- Suzi Worsham

Area 0, B team:

- Cheryl Fielden
- Penny Marlatt
- Gloria Reisert
- Jill Ross
- Diana Sidell

Looking ahead, we will only have four survey teams remaining to complete QIS training. The remaining two Area 1 teams will be in QIS training from September 24 - October 26, 2012. The remaining two

Area 4 teams will be in QIS training from October 29 - November 30, 2012.

The September 13 ISDH Long Term Care Leadership Conference will focus on the Quality Indicator Survey (QIS) Process and Quality Assurance and Performance Improvement (QAPI). The Conference will include speakers from the University of Colorado discussing the implementation of QIS and using QIS as a quality improvement tool.

CMS Update

Nursing Home Compare
July 19, 2012

The Centers for Medicare and Medicaid Services (CMS) announced that two websites that help Americans make informed choices about hospitals and nursing homes have been redesigned and will make more information available to the public.

The two sites - [Hospital Compare](#) and [Nursing Home Compare](#) - have been enhanced to make navigation easier by users, and have added important new comparison tools like findings from nursing home inspections. "These enhanced tools give patients, their families, and caregivers the ability to make an informed decision on where to seek care by looking at how well hospitals and nursing homes are performing on important quality measures, and" said Acting CMS Administrator Marilyn Tavenner. "Anyone looking to compare hospitals or nursing homes - not just those on Medicare - can take advantage of these websites."

Both sites contain important data on how well these facilities perform on quality measures - such as the frequency of infections that develop in the hospital, how often patients have to be readmitted to the hospital, and the percentage of nursing residents who report having moderate to severe pain while staying in the nursing homes. Researchers will now be able to access the data on both of these sites through mobile ready applications.

On both websites, navigation has been improved for consumers, who will find large and easy to use maps for pinpointing hospitals, and new search functionalities that allow the user to input the name of a hospital. Glossaries and web resources have been enhanced to make the information easier to understand.

In addition, new information is available on each of the websites. Updates to Nursing Home Compare include:

- Narratives that detail specific findings from inspections of nursing home facilities;
- Two new measures that report a nursing home's use of antipsychotic medications;
- Updated data for quality measures previously available on the site; and
- Information on nursing home ownership available thanks to the Affordable Care Act.

Additions to Hospital Compare include two new measures that cover potential health risks of imaging services, such as exposure to unnecessary radiation, and updated data for existing quality measures.

These two consumer tools are highly popular with patients, their families, and caregivers. In the first half of 2012 there were over 1.2 million visits to the Hospital Compare site, and over 500,000 visits to Nursing Home Compare. The sites can be found online at www.hospitalcompare.hhs.gov and www.medicare.gov/nhcompare. The Eldercare Locator can be found at www.eldercare.gov. This public service of the Administration on Community Living is a nationwide service that connects older adults and their caregivers with information on senior services.

Recall Information

CareFusion EnVe Ventilators: Class I Recall - Leak In Patient Breathing Circuit or System

July 20, 2012

ISSUE: Recall of CareFusion EnVe Ventilators manufactured from December, 2010 through January, 2012 and distributed from December, 2010 through May, 2012. A leak may occur in the patient breathing circuit or the system, resulting in the ventilator not holding the set Positive End Expiratory Pressure (PEEP) value either intermittently or continuously. The device will activate both audible and visual alarms to notify the health care professional that ventilation delivery to the patient may be compromised. This product may cause serious adverse health consequences, including death.

BACKGROUND: The CareFusion EnVe ventilator is intended for continuous breathing support for the care of newborns through adult patients who require mechanical ventilation. These ventilators are used in hospitals and other health care facilities. The firm sent an Urgent Product Recall letter to their customers.

RECOMMENDATION : If ventilation resumes after an intermittent leak and the audible alarm stops, the firm directs users to clear the alarm indicator on the ventilator display by entering the Alarm Messages tab and pushing the alarm reset to clear the display. If the ventilator has a continuous leak and normal ventilation does not resume, the firm directs users to provide an alternate method of ventilation to the patient. The firm instructs users to constantly monitor ventilator-dependent patients to ensure that if a malfunction occurs, alternate ventilation can be provided.

Staff Update

The following are staff changes in the Division of Long Term Care from June 2012:

Retirements: The following surveyors have retired from the ISDH. The ISDH thanks them for their years of service to the state and many contributions to health care quality. We wish them well in their retirements.

Avona Connell - Public Health Nurse Surveyor 3 - Survey Area 5 - 20 years of service

DeAnn Mankell - Public Health Nurse Surveyor 3 - Survey Area 3 - 13 years of service

Departures: The following surveyors have left their employment with the ISDH. We thank them for their service to the state and wish them well in their new opportunities.

Barbara Hughes - Public Health Nurse Surveyor 3 - Survey Area 6

Dorothy Navetta - Public Health Nurse Surveyor 3 - Survey Area 6

Sandra Haws - Public Health Nurse Surveyor 3 - Survey Area 1

New Staff: The Division welcomes the following staff who have transferred to the Division of Long Term Care.

Elnora Lacey - Clerical Assistant 4 - transferred from Maternal & Child Health effective June 2012

Adrian Walls - Clerical Assistant 4 - transferred from Maternal & Child Health effective June 2012