Partnership News & Best Practice

Partnership News   December 2018

Welcome back to the November Edition of the Partnership News & Best Practices.

We continue to make every effort to ensure open communication with all providers.

We welcome your calls and emails with comments and suggestions.

Our phone number is 605.773.3356.

Challenging Behaviors In Long Term Care

The Department of Human Services' Division of Long Term Services and Supports (LTSS), in partnership with the Department of Health's Office of Licensure and Certification (OLC), continues to engage with partners and stakeholders to promote education, awareness, and strategies for nursing facilities to successfully admit and retain individuals with challenging behaviors.

One primary focus will be offering training opportunities to nursing facilities on Person-Centered Thinking (PCT) tools and practices that can be incorporated into the service delivery and plan of care to assist with effectively providing care to individuals with challenging behaviors. LTSS will be offering several upcoming PCT trainings facilitated by State Long Term Care Ombudsman, Donna Fischer. In addition to

offering PCT trainings, LTSS and OLC will be seeking input from partners and stakeholders regarding other training opportunities that would be beneficial for nursing facility staff to become adequately trained to provide care to individuals with challenging behaviors. For more information about PCT training or to request a PCT training at your facility, please contact Donna Fischer at 605.773.3656.

SOUTH DAKOTA DEPARTMENT OF HEALTH
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Essential Oils

Essential oils use historically is intertwined with herbal medicine and spans across cultures, continents, and centuries. Through the generations they have been utilized for multiple areas of human care whether to aid in wound healing, aid in effective sleep, or behavioral modification. Look at our current culture of desiring pleasant smells with our laundry and cleaning products. We want them to uplift us.

Essential oils are again being looked to as an alternative to care in dementia care; addressing symptoms such as sun downing, memory loss, alleviating anxiety and depression, and stimulating appetites to name a few. The challenges to implementing effective use of essential oils in a long-term care setting or any healthcare setting are adequate staff education, recognizing and addressing any safety concerns, appropriate delivery method for the individual, development of policies, procedures, and protocols of care.

While essential oils have been around and used for generations and many are thought to be safe, essential oils are not regulated by the Food and Drug Administration. When contemplating and exploring the use of essential oils in the care of any individual, do consult with the physician and pharmacist to ensure the oils will not have a negative interaction with any of the prescribed medications.

In addition to involving the physician and pharmacist, do your homework:

- Identify the person in charge of the process.

- Use therapeutic grade, 100% pure oils – they will be a higher cost but worth it.

- Use quality carrier oils.

- The potion is only as good as its ingredients.

- Practice safety –

- Essential oils are not to be swallowed.

- Keep out of reach of those who may not understand not to swallow.

- Be aware of safety in the sun.

- Patch test an essential oil on the skin.

- Start with just one challenge that the essential oils might help with.

- Identify for the individual why it is used.

- Any potential interactions or side effects with use.

- How you will monitor or review for the efficacy of the use.

- Educate, educate, educate – get the whole team including individual and family on board.

- Ensure all are aware and follow the policies and procedures.

- Identify those staff who have been appropriately trained and may provide the essential oils.

Throughout the years essential oils made from fragrant plants, flowers, woods, and resins have been valued for their healing powers and their relaxing and uplifting effects on the mind. If you are integrating and implementing an essential oil policy and procedure involving diffusing into the air or application to the skin, the goal is to improve quality of life and the use of the essential oils is one approach. This is an art and science process.

Essential oils are highly concentrated, used in small quantities. There is no absolute essential oil or blend that will work for everyone.

Please contact Diana Weiland at email **Diana.Weiland@state.sd.us** or phone 605.995.8057 if you have any questions.

Infection control continues to be the #1 cited deficiency not only in South Dakota but across the entire nation.

Why do you suppose that happens year after year?

Improper or lack of handwashing is a major contributing factor for that citation.

Did you know CDC says using alcohol-based hand rub (ABHR) is the preferred method of doing hand hygiene when hands are not visible soiled?

As we are once again entering into the flu season, here are some tips to remember:

⇒ Resources for performing hand hygiene in or near lobby areas or entrances should be provided

⇒ Providing conveniently-located dispensers of ABHR is a good reminder to use and saves staff time

⇒ Adopt the slogan: everyone **wash in – wash out** … every time you're in a resident room (takes 20 seconds with ABHR).

⇒ During times of increased prevalence of respiratory infections in the community, facilities must have facemasks available and they should be offered to coughing or sneezing visitors/family members.

⇒ If facemasks are not used, symptomatic visitors should maintain at least a three-foot separation from others in common areas.

⇒ Consider posting signs in the facility with instructions to family/visitors with symptoms of respiratory infection to cover their mouth/nose when coughing or sneezing; use and disposal of tissues; & to perform hand hygiene after contact with respiratory secretions.

⇒ See CDC's website for additional information: *http://www.cdc.gov/ handhygiene/ providers/index.html*

Emergency Preparedness

Need help with planning? Need to know how to connect with a HealthCare Coalition in SD?
Go to **http://doh.sd.gov/providers/preparedness/hospital-preparedness/system/**

The **South Dakota Hospital Preparedness Program (HPP)** works with hospitals and other medical facilities to ensure that South Dakota's medical community is as prepared as we can be! For additional information about HPP, go to **http://doh.sd.gov/providers/Preparedness/Hospital-Preparedness/** or contact the HPP at 605-773-4412.

Use this link to find your **local Emergency Manager: https://dps.sd.gov/emergency-services/emergency-management**

CMS Emergency Preparedness Site:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

The Assistant Secretary for Preparedness and Response (ASPR) **Technical Resources Assistance Center and Information Exchange (TRACIE)** is a resource for developing emergency plans and can be found at **https://www.asprtracie.hhs.gov**

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Privacy – what it means for the Long Term Care resident and the staff

Personal privacy can be difficult in a long-term care setting. While the nursing home is usually the primary residence of those that reside there, it is the place of employment for those working there.

- The resident has the right to have the door closed, whether dressing, visiting with someone, sleeping or just wanting some peace and quiet.

  Staff and visitors alike should always knock or announce themselves before entering.

  If there is shared occupancy, hopefully all options may be explored and exhausted to ensure both residents are satisfied with an open or closed door.

- Curtains, whether on the window or the privacy curtain should not be flung open without asking permission. If shared occupancy, the same should be true as the door.

- Nursing homes may ask visitors to sign in for two reasons – one, so they know how many people are in the building in the event of an emergency. Two, so they might track people if there is an outbreak of a communicable disease or illness.

- The fact that someone resides in a nursing home does not mean that there is no control of their health information. If competent, the resident maintains control. If incapable, the designated substitute decision-maker whether family or friend maintains control. The competent resident authorizes the home to release information about their health and well-being to family member(s) or whom they designate; this is for information purposes only and does not allow them to take over care decisions.

- Privacy in treatment means – NOT providing treatment in a public area, NOT discussing treatment in a public area, and protecting information by "closing" or "exiting" screens. Medications may be administered in the dining room if resident prefers, but not announcing details about the medication without resident permission.

- Residents may choose to have or not have their photos posted and their names listed on a registry. For whatever reason the nursing home should obtain consent to share photos or their name.

- Many nursing homes utilize cameras in public areas for security reasons. While these cameras can be very helpful; care should be exercised in considering placement. If the camera inadvertently captures a resident receiving any treatment, it may be viewed on the monitor at another site that is very public.

The use of a "Granny-Cam" or "Nanny-Cam" is a very invasive process. While it may substantiate concerns that could not be proved otherwise, cameras should always be a last resort. The pros and cons should always be carefully considered given the intrusion on the resident's dignity. Cameras may pick up intimate care. In shared occupancy, cameras should strictly be limited to the space of the resident and not their roommate. Whenever possible, consent should be obtained for the use of the camera from the roommate or their designated substitute decision-maker.

As previously stated personal privacy can be difficult in a long-term care setting, but it is a right and expectation of care.

If you have any questions, please contact Diana Weiland at email Diana.Weiland@state.sd.us or phone 605.995.8057.

Eggcellent thoughts…

Pasteurized shell eggs have been processed to destroy Salmonella. They are considered ready-to-eat and are not a source for cross contamination but do need to be refrigerated. They should be protected when stored so they are not contaminated by other raw animal foods, especially if they will be served raw or undercooked. They can be consumed raw or uncooked in various recipes i.e. Hollandaise sauce, ice-creams, soft boiled, and easy over fried eggs.

Non-pasteurized (NP) eggs (including pooled eggs that have been removed from their shell) should also be protected when stored so they are not contaminated by other raw animal foods. They should also be stored in a way to not contaminate ready to eat foods.

For more information on eggs please refer to: https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/egg-products-preparation

CDC and APIC Announced Quick Observation Tools to Help Prevent Healthcare-associated Infections

The Association for Professionals in Infection Control and Epidemiology (APIC) and Centers for Disease Control and Prevention (CDC) announce the availability of free, downloadable Quick Observation Tools (QUOTs) for infection control. These tools are designed to help healthcare facilities quickly identify infection prevention deficiencies and take corrective action in real time to protect patients from healthcare-associated infections (HAIs). QUOTs are a set of ready-to-use, quick assessment forms or "cards" that enable frontline healthcare personnel to do infection prevention checks at the patient-care level in a matter of minutes and quickly identify, investigate, and remediate deficiencies.

The QUOTs were developed for use in acute care hospitals, ambulatory settings, critical access hospital care units, and critical care hospital high-level disinfection areas

Learn more and download the QUOTs for infection control today! Tool: http://ipcobservationtools.site.apic.org/observation-tools-library/ and read more at: http://ipcobservationtools.site.apic.org/

Event Reporting Link:
http://doh.sd.gov/providers/licensure/complaints.aspx
The Reporting of injuries of unknown and reasonable suspicion of a crime algorithm is located at the following link:
https://apps.sd.gov/PH91HcOsr/Website/CompFormOnline.aspx

Skilled Nursing Facility Provider Preview Reports- Now Available

Skilled Nursing Facility Provider Preview Reports have been updated and are now available. Providers have until November 30, 2018 to review their performance data on quality measures based on Quarter 2 -2017 to Quarter 1 - 2018 data, prior to the January 2019 Nursing Home Compare site refresh, during which this data will be publicly displayed. Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data scores displayed are inaccurate.

For More Information we invite you to visit:

CMS SNF Quality Public Reporting webpage, which also includes directions for accessing your preview report.

CDC Sepsis Website

CDC has redesigned its sepsis website to make it easier for patients, families, and healthcare professionals to find the life-saving resources they need to protect their loved ones and patients from sepsis. Sepsis is the body's extreme response to an infection, including those caused by antibiotic resistant bacteria. It is life-threatening, and without timely treatment, sepsis can rapidly cause tissue damage, organ failure, and death.

The new sepsis website includes:

- **Improved organization** of content and educational materials

- **Optimized search function** to find information quickly and easily

- **Mobile-friendly format** to access sepsis information on the go

- **Educational materials in Spanish** available for download

Visit the new website today to learn more about sepsis and how to prevent infections at **www.cdc.gov/sepsis**.

Special points of interest:

- *Nursing Home Compare: http://www.medicare.gov/nursinghomecompare/?AspxAutoDetectCookieSupport=1*

- *Hospital Compare: https://www.medicare.gov/hospitalcompare/search.html*

- *Home Health Compare: https://www.medicare.gov/homehealthcompare/search.html*

- *CMS Memos:*
  http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html

- *Licensure and Certification website: https://doh.sd.gov/providers/licensure/*

Electronic Building Plans

In an effort to save paper and increase efficiency, the office of Licensure and Certification is requesting that all plans be submitted in electronic (PDF) format. This will ensure that the proper individual will receive them in a timely manner. Please keep in mind that due to the South Dakota State security system some exterior drop boxes may not be accessible. All plans must include a letter of intent explaining the nature of the proposed project. Plans can be sent to Jim Bailey, Medical Engineer Supervisor at **james.bailey@state.sd.us.** Please include contact information in the event that the plans cannot be accessed. Jim can be reached by phone at 605.367.5434.

Draft Assisted Living Center Rules

The Assisted Living Center Administrative Rules of South Dakota have been revised and remain posted on the departments webpage. The link to view the proposed rules, the changes made, or who you may contact to ask questions or to make recommendations is **http://doh.sd.gov/providers/licensure/ALC-rules.aspx.** The department encourages Assisted Living providers to review those draft rules.

Do you know how many opioid prescriptions were written in 2016 or how many Americans abused or are depended on prescription opioids?

Providers wrote approximately 4.45 billion opioid prescriptions in 2016—with wide variation across states. In addition, an almost 1.8 million Americans, aged 12 or older, either abused or were dependent on prescription opioids in 2016. Improving the way opioids are prescribed through clinical practice guidelines, can ensure patients have access to safer, more effective pain treatment while reducing the number of people who misuse or overdose from prescription opioids. The CDC National Center for Injury Prevention and Control has developed and released the **Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain**. The quality improvement (QI) measures provided in the resource are meant to be flexible so that healthcare systems and practice leaders can pick interventions that will work best for their practice and patient population. They are offered as voluntary measures that could help incorporate the evidence contained in *CDC's Guideline for Prescribing Opioids for Chronic Pain* in clinical workflow. The purpose of the resource is to encourage careful and selective use of long-term opioid therapy in the context of managing chronic pain through: evidence-based prescribing, quality improvement (QI) measures to advance the integration of the guideline into clinical practice; and practice-level strategies to improve care coordination and a resource toolkit To access the resource and supporting materials, visit our website at **www.cdc.gov/drugoverdose/prescribing/qi-cc.html.**

Providers interested in joining the listserv can subscribe at **https://listserv.sd.gov/scripts/wa.exe?A0=SDOLC** .

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