



The Administrator's **Advocate**

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Every Administrator's and Nursing Director's Daily Adventure:

Keeping Your Ducks in Line!

The 2014 INHAA Convention and Trade Show October 29-30 - Springfield Crowne Plaza

11 CEs are available for administrators and nursing directors with 15 different educational choices, 80 Trade Show exhibitors and separate programs for SNF & NF, DD, ALF & SLF.

Hear the Latest Topics and Trends from Front-line Experts for Keeping Those Ducks of Yours in Line:



- Wound Infection: "Houston, We Have a Problem!"
- What You Need to Know About Marketing Strategies
- Becoming a Preferred Provider in an ACO / Managed Care World
- Curing Adulthood: A Prescription for Less Stress
- Dementia Care and Culture Change – New Thinking
- Avoiding the Handwash Training Dead End
- Admission Best Practices in a Data Driven World
- The Changing Marketplace Need for Accreditation
- The 2012 New Life Safety Code and More
- Developments in Technology, Law and Reimbursement
- Nursing Facility IDPH/HFS Update
- DD Facility IDPH/DHS Update
- Hot Topics and Trends in ALF/SLF
- The Treatment Plan for Healthcare Burnout
- The Hero Effect: Making a Difference When It Matters Most

A conference brochure and registration form [is linked here](#).

Notice of INHAA Annual Meeting

In accordance with the by-laws of the Illinois Nursing Home Administrators Association, this is an official notice to the membership of the Annual Membership Meeting with election of new board members taking place at the Springfield, Illinois Crowne Plaza Hotel and Conference Center from 11:45 am to 12:45 pm on October 29, 2014. Lunch will be served.

Nominations for INHAA Board of Directors

Are you or someone you know committed to the professional advancement of nursing home administration? Board members of the Illinois Nursing Home Administrators Association have accepted the challenge of representing and advancing the administrator and nursing profession. Each year five of the fifteen board positions are open for nomination for a three-year term. If you or someone you know is willing to help set the direction of our profession, please submit your name to the nominating committee chairs: Dwight Miller (dmillercare@mchsi.com or 618-546-5638) or Kim Kohls (kim.kohls@symphonyhc.com or 630-896-4686).

Changes to Background Check Process

On August 15, the Illinois Department of Public Health (IDPH) Identified Offenders Program sent a memorandum to all long term care facilities describing a new process for obtaining background check information from the Illinois State Police (ISP). The State Police will be transitioning its current, struggling FeeSub process to a new CHIRP process. Facilities with an existing State Police account should be receiving an email from the State Police on how to transition to the new CHIRP, plus contact information should the facility need assistance. When facilities receive the email from the ISP in the next few months, they should act on the information as quickly as possible.

Should a facility wish to transition to the CHIRP process on its own prior to receiving notice from the State Police, the facility can request registration instructions from Melissa Baldwin at Melissa_Baldwin@isp.state.il.us. There is also a CHIRP brochure available at www.isp.state.il.su/deocs/2-650.pdf. The FeeSub system should remain available to facilities until they have transitioned to CHIRP, but the sooner you transition to the upgraded new system, the better.

Reducing Hospital Readmissions – Cooperation Between Hospital and Long Term Care Facilities

By Bill Bell, Regulatory Director, Illinois Health Care Association BBell@ihca.com

President Obama recently signed legislation that will tie skilled nursing facility Medicare reimbursements to hospital readmissions, starting in 2018. A recent HHS OIG report noted that 22% of Medicare beneficiaries experienced an adverse event – most of them preventable- during a nursing home stay after a hospitalization. Federal CMS is focusing on this and it has become imperative that LTC facilities and hospitals work much closer together to reduce hospital readmissions and assure the best quality of care.

The process of transferring patients/residents between hospitals and LTC facilities is often suboptimal due to communication delays and breakdowns, ineffective documentation, competition between LTC facilities for residents and the challenging nature of post-acute care residents. The net result can be poor medical care for residents and excess costs and capacity constraints for hospitals due to unnecessarily long hospital stays. Common problems that may arise include:

- Communication delays, leading to prolonged hospital stays, higher costs and potential capacity constraints. Hospitals often wait until a patient is ready or nearly ready to be discharged before trying to identify a suitable LTC facility with an available bed. Many hospitals do not use structured assessments to identify potential transitional care needs at admission. As a result, the patient may spend extra nights in the hospital, which is more expensive than the LTC facility.
- Inappropriate placements, leading to readmissions. When a patient is discharged to LTC facility that fails to meet their medical needs or is not adequately prepared because of poor communication, the resident may experience complications and require readmission to the hospital. These problems can occur if the LTC facility does not have appropriately trained medical staff, the right equipment, or the resident fails to receive the proper medications.
- Poor communication for LTC residents returning to hospital. Poor communication may lead to a surgery or a test being cancelled or delayed for the resident as a result of the LTC facility's failure to ensure that the proper paperwork has been completed, the resident is competent to understand the procedure or is accompanied by a legal guardian if necessary, and/or there is complete contact information for next of kin or the legal guardian.

Specific issues/problems from the LTC facilities perspective include:

- 1) Poor communication from the hospital;
- 2) Unable to read the doctor's handwriting on discharge orders;

- 3) No telephone number to call for clarification;
- 4) Calls to the hospital's main number often prove to be useless;
- 5) Care managers did not send appropriate paperwork regarding discharge;
- 6) Nursing notes were not thorough and often did not include last blood sugar test and time of the last insulin given;
- 7) LTC staff were not updated about resident's progress in the hospital;
- 8) Finding out about a resident's death only after the family arrived to retrieve the resident's belongings;
- 9) Residents sent to the ER and returned without proper notice and without any discharge reports;
- 10) Late discharge of hospital patients that didn't give the LTC facility enough time to get necessary equipment and medications;
- 11) Lack of coordination with regard to hospice care and hospice care providers.

Specific issues/problems from the hospitals perspective include:

- 1) When calling the LTC facility to give a report or inquire about a resident's baseline mental status or prior level of activity, no one answered the phone, the person answering did not know the information or they were put on hold indefinitely;
- 2) Case managers complain that they do not get timely answers to their inquiries for LTC placement;
- 3) When patients that did not need an ambulance transportation and were ready for discharge, the LTC facility did not pick them up, especially at night.

Both the hospital and the LTC facility must make a conscious effort to work together to find solutions to these various problems/concerns. Only by working together collaboratively will both be able to meet the new federal direction, reduce costs and most importantly, ensure quality of care through the continuum. Some suggested solutions that others have tried and put into practice, include:

- 1) Standardized Transfer Form – to reduce the chances of miscommunication, LTC facilities and their partner hospitals use a single transfer form that standardizes information. The form can be designed collaboratively between both facilities to include all the information necessary to assure a smooth, efficient and effective transfer between entities.
- 2) Development or use of an electronic referral process – the hospital can use such a tool to identify early in a SNF transfer what LTC facilities have vacant beds and who can meet the care needs of the hospital patient.
- 3) Paperwork policy on surgery/tests – local ambulance services that transport patients/residents back and forth between hospitals and LTC facilities are trained to ensure that the patient consent forms, discharge plans, medication forms, and any other relevant paperwork is transported with the resident/patient.
- 4) Establishment of both a hospital and LTC facility liaison to communicate regularly to discuss issues of concern and to establish workgroups from both facilities to work on various items of common interest.
- 5) At least monthly meetings between chosen/key facility staff to discuss issues/concerns/ideas/solutions/etc.
- 6) Ongoing education and information exchange – training for hospital and LTC facility staff to make each aware of the other's capabilities. This could include facility tours, joint in-services, lunches, manuals, etc.
- 7) Ongoing performance and measurement and feedback. Identify best practices, target improvement efforts, recognize outstanding performance and improve communication and collaboration.

Only by working together as a team can both hospitals and long-term care facilities address the issue of hospital readmissions.

Contacting the INHAA Office

Illinois Nursing Home Administrator Association Office
P.O. Box 4407, Oak Park, Illinois 60304
Phone: 708-800-6161
Fax: 708-848-4219
Email: tsullivan@inhaa.org
Coordinator: Terry Sullivan

Contacting INHAA Board Members

Contact Information for any of INHAA's board members can be found on the Board of Directors page at our website at www.inhaa.org.

Upcoming 2014-2015 INHAA Events Calendar

October 29-30, 2014 Convention and Trade Show at the Crowne Plaza Hotel in Springfield (Brochure here)

March 18-19, 2015 Conference at the Par-A-Dice Hotel in East Peoria

June 17-18, 2015 Conference at the Chateau in Bloomington

August 5-6, 2015 at the Par-A-Dice Hotel in East Peoria (please note a change in dates)

Administrator Licensing Information

Information about 2014 Administrator Licensure Examination dates and locations, Administrator Test Review Courses for 2014, Requirements for Obtaining NHA Continuing Education Credits, and how to contact the Illinois Department of Financial and Professional Regulation (IDFPR) can be found on the IDFPR page at our website at www.inhaa.org.

Employment Alley

POSITIONS AVAILABLE:

Full Time Administrator in Sterling: Our long term Administrator has decided to retire. Therefore, we are looking for a licensed Administrator in the Sterling, IL area. Applicants must be energetic, willing to get their hands dirty, and experienced with residents with a psychiatric diagnosis. If you have strength in operations, a desire to succeed, and love working to make the lives of others better, we want to talk to you about this opportunity. Interested parties, please send your resume to healthcare@hicaremanagement.com.

Long Term Campus Administrator: Heritage Health of Beardstown is seeking an energetic person to fill our leadership position of Administrator. This person would be responsible for overseeing the entire operation of our 79-bed Medicare/Medicaid licensed skilled facility and our 29 unit Evergreen Place Supportive Living Facility. We are looking for someone who has great communication skills, a strong background in long term care regulations, active in the local community, and can create a memorable living environment for our residents and families. LNHA, Bachelors degree and 5-7 years management experience required. Please apply online at www.HeritageOfCare.com or send resume to: Heritage Health, Attn: Dennis Toohill, 8306 St. Luke's Drive, Beardstown, IL 62618.

SEEKING POSITION

Interim Administrator. Experienced administrator seeking short-term interim administrator position. Capable leader, knowledgeable of state and federal regulations, and proficient in the management of a short-term rehab unit or a long term care facility while you search for a permanent administrator or fill in

for your current administrator during an extended leave of absence. Willing to accept assignment in any part of the state. Contact Harry C. Poole (618-806-2125 or hcpoole@gmail.com).

LNHA seeking a position as Interim Administrator. I have been an Interim Administrator at three previous facilities, as well as been a full time Administrator, with over two decades of experience in the field. I am also a Qualified Mental Retardation Professional, having worked for ARC in Springfield and was a special education teacher for ten years. I have a BA in Management from the University of Illinois. For more information, contact Linda Cox at 217-529-7657.

Full Time Administrator with front-line experience. Working up from being a CNA, Registered Nurse, Human Resource Manager, Patient Care Manager, and Administrator in Training over the past 10 years, I have a BS in Business Administration (2008), BSN (2012) and Master in Business Administration (2013). For more information, contact Amanda Gallagher at 724-747-8814.

Employment Alley is published monthly for members and business members. The cost for nonmembers is \$30 a month - \$50 for two months - \$70 for three months. A business member listing is \$25 for one month - \$40 for two months - \$55 for three months. Send your approximate 55-word ad and payment to INHAA, PO Box 4407, Oak Park, IL 60304 or fax it to 708-848-4219. For further information call Terry Sullivan at 708-800-6161.



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