



Weekly Roundup

...Reporting the state and national long term care news

Please disseminate relevant information to the appropriate department.

qAdministration

qNursing

qDietary

qActivities

q Social Services

qRehabilitation

qHousekeeping

q Maintenance

q Laundry

Friday, October 10, 2014

ANHA NEWS

ANHA Offers My InnerView Customer/Employee Satisfaction Survey

ANHA is funding a statewide initiative to measure nursing home satisfaction in partnership with My InnerView by National Research Corporation. The initiative focuses on family, resident and employee satisfaction levels. This is an excellent opportunity to discover how your most important customers view your facility and what they are sharing with the rest of the community.

To participate in this year's initiative, *complete the attached ANHA 2014 sign-up form*. The deadline to sign-up for this initiative is **Friday, October 24**.

My InnerView will be contacting you to provide instructions for signing up to take full advantage of this opportunity. ANHA encourages every facility to take part in this continued effort to drive nursing home satisfaction.

Please see the attached My InnerView Timeline and Sign Up Form for more details.

If you have any questions, contact My InnerView by National Research representatives Allison Thomas, athomas@nationalresearch.com, or Mary Ann Castillo, mcastillo@nationalresearch.com, or call 800-601-3884. You may also contact John Matson at the ANHA Office at (334) 271-6214 or jmatson@anha.org.

ANHA 2014 Activity/Social Services Annual Convention

Join ANHA as we present the 2014 Activity/Social Services Annual Convention October 22 -24 at The Hyatt Regency Wynfrey Hotel in Birmingham. This year's convention is packed with great educational offerings for ***ALL*** nursing home staff. Continuing education will be offered for activity professionals (14 hours), social workers (14 hours), nursing home administrators (14 hours) and nurses (16.8 hours).

During the convention, we will hold the Annual Activity/Social Services Auxiliary General Business Session and officers will be elected for 2015. The Activity/Social Services Auxiliary Nominating Committee is charged with the task of collecting the names of individuals interested in serving the Auxiliary Association in a leadership role.

The Committee is accepting nominations for the following positions:

- Vice President

- Secretary
- Treasurer

If you are interested in one of the above positions, or if you have additional questions, please contact *Ina Brown* (ina@tlcnursingcenter.com) or *Endya Gibbs* (egibbs@ballhealth.com). Elections will be held during the General Business Session of the Activity/Social Services Auxiliary Annual Convention on Thursday, October 23 at 8:00 a.m. at The Hyatt Regency Wynfrey Hotel in Birmingham.

Host Hotel Reservations for 2014 Activity/Social Services Convention

The newly renovated Hyatt Regency Birmingham – The Wynfrey Hotel will be the host hotel for this year’s convention. Reservations can be made by calling the hotel at 800-233-1234, or online at www.hyattregencywynfrey.com and using code “AAS4”.

The following rates have been negotiated with the Hyatt Regency Birmingham – The Wynfrey Hotel for our 2014 Activity/Social Services Annual Convention Attendees:

- \$140 per Standard/Double Room
- \$170 per Concierge Level Room

Based on space availability, these rates will be offered one day before and following the meeting dates. *Please see the attached flyer for more details.*

2014 ANHA Owners’ Meeting & Educational Symposium October 26 - 29 – Register Now!

Sponsored by:

American Medical Technologies
 Arthur J. Gallagher & Co.
 Associated LTC Insurance Company
 Gericare Medical Supply
 Healthcare Services Group, Inc.

Senior Care Pharmacy
 Sherlock, Smith & Adams
 Starnes Davis Florie, LLP
 Restore Therapy Services

Join ANHA for the 2014 Owners’ Meeting and Educational Symposium. The event will be held October 26-29 at the Beau Rivage in Biloxi, Mississippi. The annual owners’ meeting and lunch will be held on October 28. ANHA will hold its annual Board Retreat and planning session on October 29.

To make overnight reservations, please contact 888-567-6667 and identify yourself as being part of the Alabama Nursing Home Association.

This entire event has been approved for a total of 4.5 hours of continuing education credit for nursing home administrators. *Please see the attached flyer for more details.*

Online Registration Open for “The Nursing Home Survey Process – Update 2014” Seminar

Please mark your calendars for November 18, 2014, as ANHA will present a seminar entitled “The Nursing Home Survey Process – Update 2014”. This seminar will be held at the Embassy Suites located in Montgomery, Alabama. The seminar will begin at 8:30 a.m. and conclude at

4:30 p.m. This seminar is approved for 6 hours of continuing education for nursing home administrators. It is approved for 7.2 contact hours for nurses. *Please see the attached flyer for more information. Attendees should check www.anha.org approximately one week prior to the seminar to download the handouts.*

Updated Voting Procedures for 2014 General Election

Alabama's 2014 General Election will be held Tuesday, November 4.

Attached is a memo from ANHA's legal counsel outlining recent election law changes and how the changes affect your residents, family members and employees. Also attached is a copy of the Alabama Secretary of State's 2014 Voter Guide and an Application for Absentee Ballot.

As a profession caring for over 24,000 Alabamians, it is important that we understand election laws and how to properly assist nursing home residents who want to vote.

Please contact Jackie Ayers at the ANHA office at 334-271-6214 or jayers@anha.org if you have any questions.

Send Medicaid Cost Reports to ANHA

The Alabama Nursing Home Association is collecting Medicaid cost reports for analysis by our independent reimbursement consultant, Dave Bishop. As in the past, our reimbursement consultant will provide you a detailed analysis of your costs compared to the costs of other facilities of a similar size. ANHA cannot stress enough the importance of sending in your cost report. In order to negotiate with Medicaid on various issues, we need to have accurate information concerning the profession. This information has proved very beneficial in the past.

Please send a copy of your 2013 Medicaid Cost Report to kmagdon@anha.org or by mail to:

Alabama Nursing Home Association
4156 Carmichael Road
Montgomery, Alabama, 36106
ATTN: Katrina Magdon

NATIONAL NEWS

President Obama Signs IMPACT into Law

Earlier this week President Obama signed into law the Improving Medicare Post-Acute Care Transformation Act (IMPACT) of 2014. IMPACT sets the stage for a site neutral payment system and supports the American Health Care Association's (AHCA) Quality Initiative. This law has four components:

1. The incorporation and use of standard assessment tools across all post-acute settings (i.e., IRFs, LTCH, SNFs, and Home Health).
2. Public reporting of a set of quality measures related to post-acute care, many of which align with AHCA's Quality Initiative, such as rehospitalizations, staff turnover and customer satisfaction.
3. Funding to support CMS's use of payroll data to evaluate staffing.

4. Reports from HHS and MedPAC on how to better measure quality and reform payments in post-acute care settings.

The President also issued an Executive Order to make changes to the CMS Five- Star Quality Rating System. Although we continue to have concerns and criticisms about the program, it has helped our members to improve their ratings over time.

The President's Executive Order directs CMS to:

- Implement auditing of MDS data among a sample of centers in each state starting in January 2015;
- Use payroll data to validate staffing information and report turnover and retention;
- Adjust the scoring methodology by giving higher weight to quality and staffing measures that independent sources have verified;
- Ensure the survey inspections in each state are completed in a more timely manner; and
- Add additional quality measures to Five-Star, specifically rehospitalizations, discharge back to community and antipsychotic use.

Most of these recommendations align with AHCA's current position that quality measures and staffing information should be accurate and consistent with IMPACT or other existing laws. The Executive Order also indicates a greater recognition of the importance of our Quality Initiative's four goals (reduce rehospitalizations, reduce antipsychotics, decrease staff turnover and increase customer satisfaction) and the significant progress our membership has made in these areas. AHCA will work with the Administration and CMS staff to ensure the Executive Order is implemented in a manner that is fair to our members. We will keep you informed as we learn more on how these changes will impact you.

Changes to CMS Five-Star Rating System Coming in 2015

Nursing Home Five-Star Rating System

Beginning in 2015, CMS will implement the following improvements to the Nursing Home Five-Star Quality Rating System:

- **Nationwide Focused Survey Inspections:** Effective January 2015, CMS and States will implement focused survey inspections nationwide for a sample of nursing homes to enable better verification of both the staffing and quality measure information that is part of the Five-Star Quality Rating System.
- **Payroll-Based Staffing Reporting:** CMS will implement a quarterly electronic reporting system that is auditable back to payrolls to verify staffing information. This new system will increase accuracy and timeliness of data, and allow for the calculation of quality measures for staff turnover, retention, types of staffing, and levels of different types of staffing.
- **Additional Quality Measures:** CMS will increase both the number and type of quality measures used in the Five-Star Quality Rating System.
- **Timely and Complete Inspection Data:** CMS will also strengthen requirements to ensure that States maintain a user-friendly website and complete inspections of nursing homes in a timely and accurate manner for inclusion in the rating system.
- **Improved Scoring Methodology:** In 2015, CMS will revise the scoring methodology by which we calculate each facility's quality measure rating, which is used to calculate the overall Five-Star rating.

Medicare Part B Therapy MMR Update

The American Health Care Association (AHCA) has received information from the Centers for Medicare and Medicaid Services (CMS) that the Medicare Part B therapy manual medical review (MMR) program that has been in a ‘pause’ since the end of February 2014 will not be resuming in the immediate future. CMS intends to “...restart the therapy conversations with the industry sometime in November.” AHCA will keep you up to date as new information emerges. Below is a brief background of this issue.

Background:

Medicare Part B therapy, including physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services, including that provided in skilled nursing and assisted living settings, have been subject to annual per-beneficiary financial limitations (caps) in various forms since 1999. However, since 2006, beneficiaries were eligible for unlimited exceptions to the cap limits if the services were attested to as being medically necessary. However, to the continued growth in spending, Congress enacted a mandatory manual review (MMR) process for any claims with services furnished above \$3,700 per year for PT and SLP services combined, and a separate \$3,700 threshold for OT services. The therapy MMR program reviews were administered by Medicare Administrative Contractors (MACs) from October 2012-March 2013. In April 2013, CMS reassigned therapy MMR reviews to Recovery Audit Contractors (RACs). In most states, therapy MMR was conducted on a post-pay basis. However, in 11 states (CA, FL, IL, LA, MI, MO, NY, NC, OH, PA, and TX) therapy MMR was added to the CMS prepayment demonstration and these claims were subject to pre-pay review.

In February 2013, CMS announced a ‘pause’ in RAC review activities, including therapy MMR while CMS completed the procurement process for new RAC contractors. However, that procurement process has been delayed indefinitely due to legal protest challenges. Recently, CMS announced that due to the procurement delays, it had issued contract modifications to the current RACs so that they could resume limited reviews. Specifically, CMS stated, “*Most reviews will be done on an automated basis, but a limited number will be complex reviews of topics selected by CMS.*”

Since the therapy MMR program began, AHCA has been engaged in periodic meetings with CMS and other therapy stakeholders, most recently in early August 2014, discussing issues and potential solutions. In addition, AHCA recently contacted CMS regarding whether therapy MMR was included in the limited resumption of RAC review activities, and if so, how would the reviews be conducted. This week CMS responded via email that they “...believe it’s time to restart the therapy conversations with the Industry sometime in November, so these type conversations can happen again. In the interim, there’s nothing new to report outside of what’s on the CMS website, and specifically, no manual medical reviews.” In addition, AHCA commented that the recently released CMS RAC Report to Congress did not provide sufficient detail related to the impact of therapy MMR. CMS responded that “*planning is underway to drill down into information referenced in the Report to Congress (and gather specifics behind the Outpatient Therapy Reviews). We used our standard process, which does not break out therapy services separately. The next step is to begin analyzing the results, so that we can ultimately share that information with you and others.*”

Reference links:

- CMS Therapy Cap MMR Page: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/TherapyCap.html>
- CMS RAC Program Recent Updates: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Recent_Updates.html
- CMS FY2013 RAC Report to Congress: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/FY-2013-Report-To-Congress.pdf>

2015 Medicare Part B Premiums and Deductibles to Remain the Same as Last Two Years

Secretary of Health and Human Services (HHS) Sylvia Burwell announced this week that next year's standard Medicare Part B monthly premium and deductible will remain the same as the last two years. Medicare Part B covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items. For the approximately 49 million Americans enrolled in Medicare Part B, premiums and deductibles will remain unchanged in 2015 at \$104.90 and \$147 respectively. This leaves more of seniors' cost of living adjustment from Social Security in their pockets.

According to the HHS Office of the Assistant Secretary for Planning and Evaluation, as compared to Congressional Budget Office (CBO) projections for 2015 made in 2009, premiums will be more than \$125 lower over the course of a year.

The Centers for Medicare & Medicaid Services also announced today that for the small number of beneficiaries who pay Medicare Part A monthly premiums, their monthly bill will drop \$19 in 2015 to \$407. Medicare Part A covers inpatient hospital, skilled nursing facility, and some home health care services. Although about 99 percent of Medicare beneficiaries do not pay a Part A premium since they have at least 40 quarters of Medicare-covered employment, enrollees age 65 and over and certain persons with disabilities who have fewer than 30 quarters of coverage pay a monthly premium in order to receive coverage under Part A. Beneficiaries who have between 30 and 39 quarters of coverage may buy into Part A at a reduced monthly premium rate which is \$224 for 2015, a decrease of \$10 from 2014.

The Medicare Part A deductible that beneficiaries pay when admitted to the hospital will be \$1,260 in 2015, a modest increase of \$44 from this year's \$1,216 deductible. The Part A deductible covers beneficiaries' share of costs for the first 60 days of Medicare-covered inpatient hospital care in a benefit period. Beneficiaries must pay an additional \$315 per day for days 61 through 90 in 2015, and \$630 per day for hospital stays beyond the 90th day.

For beneficiaries in skilled nursing facilities, the daily co-insurance for days 21 through 100 in a benefit period will be \$157.50 in 2015, compared to \$152.00 in 2014.

Since 2007, beneficiaries with higher incomes have paid higher Part B monthly premiums. These income-related monthly premium rates, which affect less than 5 percent of people with

Medicare, will also remain the same as they were in 2014. They are shown in the following table:

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Part B income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to \$85,000	Less than or equal to \$170,000	\$0.00	\$104.90
Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	\$42.00	\$146.90
Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	\$104.90	\$209.80
Greater than \$160,000 and less than or equal to \$214,000	Greater than \$320,000 and less than or equal to \$428,000	\$167.80	\$272.70
Greater than \$214,000	Greater than \$428,000	\$230.80	\$335.70

Monthly premium rates to be paid by beneficiaries who are married and lived with their spouse at any time during the taxable year, but file a separate return, are as follows:

Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	Part B income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to \$85,000	\$0.00	\$104.90
Greater than \$85,000 and less than or equal to \$129,000	\$167.80	\$272.70
Greater than \$129,000	\$230.80	\$335.70

Rule Expanding Requirements to Report Severe Injuries to OSHA, Updated Recordkeeping Requirements Published in the Federal Register

The final rule that will require employers to notify OSHA of all work-related hospitalizations, amputations or losses of an eye in addition to workplace fatalities has been published in the Federal Register

(https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=24728). The rule, which also updates the list of employers partially exempt from OSHA record-keeping requirements, will go into effect January 1, 2015, for workplaces under federal OSHA jurisdiction. For more information, visit www.osha.gov/recordkeeping2014.

DEA Final Rule on Disposal of Controlled Substances – More Information Released

On September 8, 2014 the Drug Enforcement Administration (DEA) released their final rule (<https://www.federalregister.gov/articles/2014/09/09/2014-20926/disposal-of-controlled-substances#h-92>) regarding the disposal of controlled substances which takes effect October 9, 2014. This rule governs the secure disposal of controlled substances by registrants and ultimate users. These regulations will implement the Secure and Responsible Drug Disposal Act of 2010

by expanding the options available to collect controlled substances from ultimate users for the purpose of disposal, including: take-back events, mail-back programs, and collection receptacle locations. Significant changes are made in this final rule which the DEA states are to help ensure that long term care centers have adequate disposal options. These changes are outlined below:

- Expands authority of authorized hospitals/clinics and retail pharmacies to voluntarily maintain collection receptacles at long-term care centers.
 - (1301.51 Modification in registration) A hospital/clinic with an onsite pharmacy or retail pharmacy applying for a modification in registration to authorize such registrant to be a collector to maintain a collection receptacle at a long term care facility in accordance with 1317.80, shall also include the name and physical location of each long term care facility at which the hospital/clinic with an onsite pharmacy, or the retail pharmacy, intends to operate a collection receptacle.
- Alleviates two security requirements proposed to apply to collection receptacles at long term care centers:
 - DEA is permitting authorized hospitals/clinics and retail pharmacies to store inner liners that have been sealed upon removal from collection receptacle at long term care centers in securely locked, substantially constructed cabinet or securely locked room with controlled access for up to three business days until liners can be transferred for destruction.
 - DEA relaxed the two employee integrity requirement for inner liner installation, removal, storage, and transfer at long term care centers. Collectors will retain the option to authorize two of their own employees to install, remove, store, and transfer inner liners; however, the DEA is permitting collectors the option to designate a supervisor-level employee of the long term care center (e.g., a charge nurse, supervisor, or similar employee) to install, remove, store, or transfer inner liners with only one employee of the collector.
 - With this rule, the DEA allows all pharmaceutical controlled substances collected through take-back events, mail-back programs, and collection receptacles to be comingled with non-controlled substances, although such comingling is not required.
 - Collection receptacle must be located in an area regularly monitored by long term care center personnel.

The American Health Care Association (AHCA) would like to highlight three aspects of this rule that are important considerations from an operational perspective:

1. Definition of long term care facilities (LTCFs) - DEA's definition of long term care facilities is broad and seems to include assisted living. *LTCF is defined at 1300.01(b) and "means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients."* (see page 53540 of Federal Register
2. Definition of ultimate user - *An ultimate user is defined by the CSA as a "person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household." ...Individuals lawfully entitled to dispose of an ultimate user decedent's property are authorized to dispose of the ultimate user's pharmaceutical controlled substances by utilizing any of the three disposal options. All of the collection methods are voluntary and no*

person is required to establish or operate a disposal program. The rule also does not require ultimate users to utilize any of these three methods for disposal of controlled substances...this rule does not prohibit ultimate users from using existing lawful methods. (see page 53521 of Federal Register)

3. Exposure to DEA inspection - *The location of the collection receptacle is both a registered location and a controlled premise...LTCFs with authorized collection receptacles are "controlled premises" pursuant to 21 U.S.C. 880(a) and 21 CFR 1316.02(c); accordingly, the DEA may enter LTCFs and conduct administrative inspections in furtherance of, and in carrying out, the responsibilities charged to the DEA by the CSA pursuant to 21 U.S.C. 880 (b) and 21 CFR 1216.03. (see page 53541 of Federal Register)*

Under the Secure and Responsible Drug Disposal Act of 2010, DEA already has the authority over disposal of controlled drugs (including in long term care centers), and they also have the authority to issue regulations governing disposal of drugs in long term care centers and to ensure compliance with those regulations. It is not clear how frequently DEA will visit centers if they do or do not have collection receptacles.

While the rule states it is voluntary to maintain collection receptacles at long term care centers, AHCA recommends members seek advice of their legal counsel.

STATE NEWS

State Offices Closed Monday – PASRR Reminder

The OBRA PASRR Office will be closed on Monday, October 13, 2014, for Columbus Day. They will reopen on Tuesday, October 14, 2014. The internet application will remain available for an immediate Level I Determination.

The Level I Screenings must be into the OBRA PASRR Office by 3:00 p.m. on Friday, October 10, 2014, to ensure a Level I Determination this business day.

Medicaid Alert: Upcoming General Overview ICD-10 Teleconferences

The HP ICD-10 team will offer "ICD-10 General Overview" teleconferences on October 21, 2014, at 10:00 a.m. and January 22, 2015, at 10:00 a.m. The teleconferences will provide an overview of changes being implemented by Alabama Medicaid for ICD-10. The sessions will include a segment where the HP ICD-10 team will be available to answer questions. Registration for both sessions is now open and available on the Alabama Medicaid website at http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12.6_ICD-10_Teleconference_Training.aspx.

If you have any questions or require assistance with ICD-10 testing, contact the HP ICD-10 team via e-mail at alabamaictesting@hp.com

FACILITY NEWS

Facility News is posted on www.anha.org. Recent articles include:

- [Difference Makers: Women Living at Nursing Home Meet Local, International Needs](#)
- [Alabama Nursing Homes to Conduct Statewide Customer Satisfaction Survey](#)

OTHER NEWS

AHCA Refreshes Trend Tracker

Earlier this week, the American Health Care Association (AHCA) revealed a new and improved online platform for LTC Trend TrackerSM. An exclusive benefit for our members, LTC Trend Tracker has transformed how skilled nursing providers maximize their quality improvement efforts and their operational performance. This more modern, user-friendly version gives more information up-front, allows the creation of custom reports, and offers additional options in choosing peer comparisons.

Current users of LTC Trend Tracker received new, personalized login credentials for the new platform on October 6 from AHCA. Members not yet signed up for LTC Trend Tracker should utilize this exclusive member benefit and register today!

LTC Trend Tracker offers our members a central place to access all the data CMS collects on skilled nursing centers. Additionally, it includes exclusive, in-house measures to help members gain insight on hospital readmissions and discharges to the community. Members can also upload their RUG data, and use a simulator to help identify how to possibly increase their Five-Star rating.

Visit www.LTCTrendTracker.com for more information.

For any questions, please contact the LTC Trend Tracker team at http://www.ahcancal.org/research_data/trendtracker/Pages/Contact.aspx.

2014-2015 Influenza Resources for Health Care Professionals from MLN Matters

The Medicare Learning Network, MLN Matters, released a special edition article for all health care professionals who order, refer, or provide flu vaccines and vaccine administration to Medicare beneficiaries. Please visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1431.pdf> to view this MLN Matters article and refer to it throughout the 2014 - 2015 flu season.

New eLearning Lesson on Preventing Adverse Drug Events Available

The Agency for Healthcare Research and Quality would like to make you aware of the following eLearning course offered by the Office of Disease Prevention and Health Promotion: [Preventing Adverse Drug Events: Individualizing Glycemic Targets Using Health Literacy Strategies](#).

Adverse drug events (ADEs) are the largest contributor to hospital-related complications and account for more than 3.5 million physician office visits each year. The U.S. Department of Health and Human Services (HHS) recently released the National Action Plan for Adverse Drug Event Prevention (ADE Action Plan), which targets diabetes agents as a significant contributor to ADEs and advocates for the use of patient-centered communication strategies to prevent hypoglycemia among patients with diabetes.

The interactive eLearning course, “Preventing Adverse Drug Events: Individualizing Glycemic Targets Using Health Literacy Strategies,” teaches health care providers how to:

- Apply health literacy strategies to provide personalized care for patients with diabetes, and to help them understand and act on information to prevent hypoglycemia
- Apply current, evidence-based guidelines for individualizing glycemic target goals
- Adopt the teach back method and shared decision-making in the health care setting

Continuing education (CME, CNE, CEU, and CPE) is available to participants who complete the course. To launch the course, visit: http://health.gov/hai/training.asp#preventing_ades

Share your Story - Submit a Poster for the 2015 Quality Symposium

The American Health Care Association (AHCA) is accepting Poster Session proposals for the 2015 AHCA Quality Symposium in Austin, Texas, February 23-25, 2015.

AHCA is particularly interested in proposals showing how improvements in the Quality Initiative goals have led to positive business outcomes.

- Safely Reducing Hospital Readmissions
- Safely Reducing Off-Label Antipsychotic Drug Use
- Reducing Staff Turnover
- Improving Customer Satisfaction

To submit an application visit: <https://www.surveymonkey.com/s/DXJQZN3>. The deadline to submit is November 17, 2014. Applicants will be notified on December 15, 2014. For questions contact Urvi Patel at upatel@ahca.org.

Track Hospitalizations with Advancing Excellence Tracking Tools

The Advancing Excellence (AE) hospitalization tracking tools allow you to document your work, monitor outcomes and processes related to those outcomes. Data-driven quality improvement projects require ongoing data collection and analysis. It is important to start collecting data to establish a solid baseline and set a target for improvement. Keep your workbook up-to-date on a daily or weekly basis and look at data often to support a rapid cycle quality improvement project.

This website <https://www.nhqualitycampaign.org/goalDetail.aspx?g=hosp#tab2> allows you to download the data tracking tool.

Contact the AE Helpdesk with any questions at: help@nhqualitycampaign.org

CALENDAR OF EVENTS

<u><i>Date</i></u>	<u><i>Event</i></u>	<u><i>Location</i></u>	<u><i>Time</i></u>
October 15	ANHA Region II Act/SS Auxiliary Meeting RSVP: Mary Anne Parsons 256-218-3706 Speaker: Local Ombudsman	Catfish Cabin Albertville	11:00 a.m.
October 22-24	ANHA Act/SS Annual Convention	Hyatt Wynfrey Birmingham	
October 26-29	ANHA Owners' Meeting & Board Retreat	Beau Rivage Biloxi, MS	
November 18	Seminar: The Nursing Home Survey Process – 2014 Update	Hyatt Wynfrey Birmingham	8:30 a.m.

Alabama Nursing Home Association

4156 Carmichael Road ♦ Montgomery, AL 36106 ♦ PH: (334) 271-6214 ♦ FAX: (334) 244-6509

Links:

Alabama Nursing Home Association <http://www.anha.org>

AL Board of Examiners of Nursing Home Administrators <http://www.alboenha.state.al.us>

AL Dept. of Public Health <http://www.adph.org>

CMS <http://cms.gov>