Newsletter for November 2018

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News from around our organizations and our members:

Your WAMD held its Annual Meeting at the Mead Hotel, Wisconsin Rapids, October 5-6, 2018.

CME topics included
- Ophthalmology Pearls for Geriatrics (Bartow, MD)
- Fallout of Mega Rule Implementation and Revised Security Protocols (Purtell)
- Oral Health and Aging (Davidson DMD)
- Transitions in Care (Riello MD, Herbert MD, and Bruns MD)
- Fellows Panel (Hot Topics in PA/LTC)
- Department of Quality Assurance Update (Virnig RN)
- Osteoporosis and metabolic bone disease in Geriatrics (Mayeux MD)
- Building Networks on Survey Process (Virnig RN)
- Ethical Vignettes from Long-term Care (Ratner)
- Complying with S&C 17-30 Reducing Facility Risk for Legionella (Momont MD)
- Dementia Update (Przybelski)
- Bright Light Therapy in LTC (Ederer)

At the annual meeting itself
- The financial position of the organization remains sound
- Recruitment and retention is a full-time job for everyone
- Malik Ali and Paula Hardgrove were re-elected to the board of directors
- Membership fees will be increased somewhat
• If you want to be a delegate or alternate delegate the AMDA meeting, contact President Ron (address above); we will have a joint reception with Minnesota again—information to follow

• Past-president and long-term director Robert Smith and long, long-term associate director NHA Cliff Woolever were honored for exceptional service to the organization.

Other News— from around our state and our partners:

2018 FOCUS Conference Registration Now Open!

The Wisconsin Department of Health Services (DHS), Division of Quality Assurance (DQA), is pleased to announce the registration is now open for the 17th Annual FOCUS Conference!

Special Session

Wednesday, November 14, 2018

"The Art and Science of Mental Health"

Keynote: Mettie Spiess “There's No Health Without Mental Health"

FOCUS 2018 Conference

Thursday, November 15, 2018

"Teach, Learn, Collaborate"

Keynote: Desiree Matel-Anderson “Innovating Real-Time In Disasters”

Register and Review Breakout Session Descriptions now at the Conference Registration webpage.

From the Trenches—questions about the meaning of PA/LTC life

From time to time we survey the membership about medical director and attending physician practices. This is the sample list of questions for polling by Survey Monkey in January—reply to Karen Miller or myself if you have other questions that are yearning for answers.

For medical directors—
• CME? Yes or No
• # of buildings
• # of residents
• Hourly rate ($)
• Travel time/month?
• Call time/month?
• Paid for call?
• Satisfied?
For attending physicians-
- Certification?
- # of visits/month?
- # residents on service in a month?
- Paid salary, FFS, or blend?
- Travel time/month?
- Frequency of night call?
- Paid for call?
- Satisfied?

For NPs-
- Certified
- %FTE?
- # visits/FTE/month
- # residents on service/FTE/month
- Travel time/FTE/month
- Frequency of night call?
- Satisfied?

**Other Reviews** - publications from around the world of geriatrics and PA/LTC:

**Diagnosis is not best predictor of avoidable hospitalizations of nursing home residents:** Coordination is key to preventing unnecessary hospitalizations

The care of long-term nursing home patients can be fragmented by hospitalizations and re-hospitalizations, which are especially burdensome for frail older adults. There is a significant likelihood of reduced functioning and overall negative impact on their health after discharge from the hospital. Preventing transfers of long-stay nursing home patients to hospitals improves continuity of care and decreases costs to the healthcare system.

Traditionally, clinical diagnosis is used to judge whether the hospital transfer of a nursing home patient is potentially avoidable or unnecessary. However, a recent study from the Regenstrief Institute and Indiana University Center for Aging Research, reports that a patient's diagnosis is not the best predictor of whether that individual will be transferred to a hospital or remain in place.

“Our data show that preventing avoidable hospitalization is less about clinical diagnosis and more about having coordinated systems in place,” said Kathleen Unroe, M.D., M.H.A. of Regenstrief and IU. "These systems can prevent potentially harmful events that result from unnecessary transfers to the hospital.

"We need to be asking and answering a lot of questions in order to determine if a nursing home patient should be transported to the hospital."
Dr. Unroe, who led the new study, co-directed Phase I of OPTIMISTIC, short for Optimizing Patient Transfers, Impacting Medical quality and Improving Symptoms: Transforming Institutional Care, and is directing Phase II of OPTIMISTIC. She is the interim director of the Regenstrief and IU Center for Aging Research.

OPTIMISTIC nurses, embedded in 19 nursing homes, reviewed hundreds of transfers to the hospital. The nurses looked at whether patients had one of six diagnoses commonly associated with potentially avoidable hospitalizations: pneumonia, urinary tract infections, dehydration, pressure ulcers, cellulitis, heart failure and chronic obstructive pulmonary disease/asthma. The nurses determined that 25 percent of acute transfers of patients had a diagnosis commonly associated with potentially avoidable hospitalizations versus 22 percent of transfers associated with other diagnoses.

The most common quality improvement opportunities associated with potentially avoidable transfers were a lack of nursing home resources, resources not available at the time of transfer or that the condition might actually have been managed safely with available resources. Improved communications; earlier detection of a change in condition, sign, or symptom; earlier palliative care services and the need for earlier discussion of preferences for care were also reported as opportunities for improvement.

"A long-stay nursing home resident shouldn't be sent to the hospital just because of miscommunication between doctors and nursing facility staff - we can do better than that," said Dr. Unroe. "Keeping complex patients in the nursing facility is often the right choice. A nursing facility setting - a familiar place with staff and clinicians who know the patient - may be the patient's best option in many circumstances. We need to address this issue and improve care. Our findings highlight quality improvement opportunities and strongly reflect the need for multi-targeted solutions like OPTIMISTIC."

"Investigating the Avoidability of Hospitalizations of Long Stay Nursing Home Residents - Opportunities for Improvement" is published in Innovation in Aging, a peer-reviewed, open access journal of The Gerontological Society of America.

Reflections-
If you want to be a Badger,
Just come along with me,
By the bright shining light,
By the light of the moon;
If you want to be a Badger,
Just come along with me,
By the bright shining light of the moon.

By the light of the moon,
By the light of the moon,
By the bright shining light,
By the light of the moon.
If you want to be a Badger,
Just come along with me,
By the light of the moon.

Badger Ballad, by Julian Olson, 1919

The Wis-PALTCM Mission Statement

It will be the purpose of this organization:

- To promote quality and compassionate medical care for patients of all ages in post-acute and long-term care.
- To establish better communication among physicians serving as medical directors and other providers.
- To promote better communication between medical directors and (a) other post-acute and long-term care professionals,
(b) various long-term care associations, and
(c) officials of various government agencies.

- To represent medical directors in defining their roles and equitable compensation.
- To serve as a conduit between AMDA and the WAMD membership.
- To conduct continuing education programs, emphasizing the area of geriatrics and post-acute and long-term care.
- To promote a better understanding by the public of issues concerning the post-acute and long-term care facilities and residents.
- To support evidence-based treatments and best practice policies to manage post-acute and long-term care facilities.

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