Newsletter for July 2019

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News—from around our organizations and our members:

The next WAMD board meeting, by teleconference, is Wednesday, July 17 at 5:15 PM. We will have a brief presentation by the Alzheimer’s Association. Please forward any agenda items for discussion to Karen and myself.

Thanks—President Ron

Save the date for our annual meeting October 11-12 2019 at the Radisson in Madison

Other News—from around our state and our partners.

Save the date for the DQA’s annual FOCUS conference November 20-21 at the Kalahari in Wisconsin Dells. This year’s special session will is “Let’s Talk About It: Topics Too Important to Ignore” including sexual expression, abuse and resident rights—Teepa Snow will deliver the keynote address “Dementia 360”

Save the date for AMDA’s annual meeting April 2-5 2020 at the Hyatt Regency in Chicago

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

Readmission rates and other starry subjects—
Recently president-elect Kristin asked other board members how their buildings were doing with readmission rates, and I said that what I was hearing didn’t sound well-authenticated. If you go to www.medicare.gov/nursinghomecompare/search.html, the official readmission rates are published, separately for short- and long-stay, along with a lot of other detail you are probably quite familiar with. If asked a medical director today what the great commandments are in long-term care, s/he’d probably say “avoid readmissions, and (another like unto it) discharge people home”—so, I made this table that with the five buildings I’m most closely related to, plus a number of Madison-area buildings of interest. To restart the benchmarks: WI short-stay readmissions, 21.2%; WI long-stay readmissions, 1.40 per 1000 patient days. Please note this is NOT 30-day readmission data.

<table>
<thead>
<tr>
<th>Home</th>
<th>Overall Stars</th>
<th>Short Stay Readmit WI avg 21.2%</th>
<th>Long Stay Readmit WI avg 1.40/1000</th>
<th>Percent sent home National avg 48.6%</th>
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<tbody>
<tr>
<td>A</td>
<td>Two stars</td>
<td>17.0/100</td>
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<td>Two stars</td>
<td>22.6/100</td>
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<td>C</td>
<td>Five stars</td>
<td>19.8/100</td>
<td>1.91/1000</td>
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<td>20.9/100</td>
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<td>25.2/100</td>
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<td>L</td>
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<td>16.7/100</td>
<td>0.70/1000</td>
<td>Worse</td>
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</table>

Personally, I’m associated with above average overall-rated, better than average readmissions for short- and long-stay admissions, and average on discharge home to home rate facilities. How’d you do? What does it mean? The highest LS readmitter is three times the least. The highest SS readmitter is fifty percent more than the last.

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

Do review the June 24, 2019 JAMA Internal Medicine article "Anticholinergic Drug Exposure and the Risk of Dementia". The authors conclude that exposure to several types of strong anticholinergic drugs is associated with an increased risk of dementia. This has made headlines in the lay press.

**Investigating the Avoidability of Hospitalizations of Long Stay Nursing Home Residents: Opportunities for Improvement**
Abstract

Background and Objectives: To examine the relationship between hospital diagnoses associated with hospital transfers of long stay nursing home residents, ratings of avoidability of transfer, and RN-identified quality improvement opportunities.

Research Design and Methods: Prospective clinical demonstration project, named OPTIMISTIC, with trained RNs embedded in nursing homes that performed root cause analyses for 1,931 transfers to the hospital between November 2014 and July 2016. OPTIMISTIC RNs also rated whether transfers were avoidable, identified quality improvement opportunities, and recorded hospital diagnoses. Resident characteristics were obtained from Minimum Data Set assessments. Relationships between six hospital diagnoses commonly considered “potentially avoidable” and OPTIMISTIC RN root cause analysis findings were examined. Facilities were participating in the OPTIMISTIC demonstration project designed to reduce hospital transfers during the study period.

Results: Twenty-five percent of acute transfers associated with six common diagnoses were considered definitely or probably avoidable by project RNs versus 22% of transfers associated with other diagnoses. The most common quality improvement opportunity identified for transfers rated as avoidable was that the condition could have been managed safely if appropriate resources were available, a factor cited in 45% of transfers associated with any of the six diagnoses. Problems with communication among stakeholders were the most commonly noted area for improvement (48%) for transfers associated with other diagnoses. Many other areas for quality improvement were noted, including earlier detection of change in status and the need for understanding patient preferences or a palliative care plan.

Discussion and Implications: Although some nursing home transfers may later be deemed potentially avoidable based on post-transfer hospital diagnosis from Medicare claims data, OPTIMISTIC nurses caring for these residents at time of transfer categorized the majority of these transfers as unavoidable irrespective of the hospital diagnosis. Multiple quality improvement opportunities were identified associated with these hospital transfers, whether the transfer was considered potentially avoidable or unavoidable.
No, it’s not a long-term care facility, it’s Baraboo’s Big Top Parade and Circus Celebration July 20 — the parade is at 11 AM.

**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.

Wis-PALTCM: The Wisconsin Association of Medical Directors

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