

ISDH Long Term Care
Newsletter Issue # 11-25
December 1, 2011

In Today's Issue:

- Do Not Resuscitate Form
- Bed Tracking System
- Webinar: HAI and Cancer
- Medical Error Report for 2010
- *Public Health Matters*

Do Not Resuscitate Form

In 2011, the Indiana General Assembly amended IC 16-36-5-5 regarding out of hospital do not resuscitate declarations. Indiana Public Law 24-2011, Sec. 1, deleted the phrase "health facility licensed under IC 16-28" from the definition of "out of hospital".

The ISDH reviewed the new statute for conflicts with existing documents and policies. The ISDH identified two documents that are impacted by the change.

The *Out of Hospital Do Not Resuscitate Declaration and Order* is a form required by statute under IC 16-36-5-15. The state form (State Form 49559) was created by the Indiana Department of Homeland Security in compliance with the statute. The Department has updated their form to comply with the change at IC 16-36-5-5. The revised form is now available through a link on the ISDH Web site at <http://www.in.gov/isdh/20511.htm> (scroll down to consumer information to click on the Do Not Resuscitate form).

The ISDH will be updating the *Advance Directives* brochure soon to reflect the change. The ISDH has received a question as to whether a facility may continue to use to previous form for existing residents or whether they must have the resident resign the form using the revised form. The facility may continue to use the previous form. As new residents complete the form, the revised form is the only one available on the state forms site so will be the form used.

Bed and Personnel Tracking System

In our November 28 Long Term Care Newsletter, we announced the new ISDH Long Term Care Bed and Personnel Tracking System. We appreciate your attention to this new system. We have received some questions about the process that we thought we would share with you. Hopefully this helps to answer some of your questions as well.

QUESTION: Are residential care facilities required to report in the Bed and Personnel Tracking System? We received an email directing us to report the information.

ANSWER: At this time, the ISDH is only requiring that nursing homes (comprehensive care facilities), including those that may have some licensed residential beds, complete the bed and personnel tracking information. Stand alone licensed residential care facilities do not need to

enter the information.

QUESTION: Please confirm that the ISDH Bed and Personnel Tracking System is due to you the first day of every month as you state "Bed availability data should be based on the last day of the month." Therefore, I need to see the nursing census for day's end (midnight) of the last day of the month before filling out the report.

ANSWER: You are correct. The bed census data should be based on the last day of the month. We therefore would like the information in the tracking system entered/updated on the first business day of every month. A day or two after the first business day is acceptable.

QUESTION: I don't see that the information is clear as to when our first report is due. Is it due on December 1, or early January for information relating to December 2011? If we submit on December 1, the information would be for November 2011. Please advise.

ANSWER: Facilities should begin entering data on December 1, 2011, or immediately thereafter, based on bed information as of November 30, 2011. Our goal was to use the December 1 update to get the data tables initially populated and make sure everyone could access the system.

QUESTION: We have primary care physicians and specialty physicians that some residents go to and some come in to the facility. Are they considered attending MD's? If so, what hire date would I put down if they are not paid by the facility? Our attending physicians would bill Medicare/Medicaid or private. The only MD or group paid by the facility is our medical director.

ANSWER: Attending physicians are the primary care physicians who come to see residents at the facility. The hire and termination dates are not mandatory fields so you can leave them blank for attending physicians. The "hire date" can be used however to help to keep track of the current attending physicians who work with your facility. Even though they are not employees of the facility, we recommend entering as the "hire date" the date when the physician began providing care to a resident at the facility and entering a "termination date" when that attending physician no longer has any residents in the facility. Entering a termination date will automatically remove that individual from the system.

QUESTION: When you have a patient that pays for a private room but is only counted once on the census - how does this affect your available beds?

ANSWER: If you have a room that technically has two licensed beds but one bed has been placed in temporary storage because the room is being used as a private room, then the bed in storage would be included as an available bed in the count. The bed is still licensed and it can quickly and easily be brought out and set up in the room.

Webinar: Preventing Healthcare Associated Infections in Cancer Patients

Join us in December for *Preventing Infections in Cancer Patients*. The Centers for Disease Control and Prevention (CDC) recently launched the Preventing Infections in Cancer Patients Initiative to provide healthcare providers and cancer patients information, action steps, and tools to reduce the risk of infections during chemotherapy treatments. This 30 minute webinar, led by Cheryl Perego, MPH, CIC, at the University of Texas MD Anderson Cancer Center, will focus on best practices and strategies for preventing infections in patients undergoing treatment for cancer.

The webinar is part of the ISDH infection prevention initiative. The webinar was developed by the University of Indianapolis Center for Aging & Community. The webinar is open to all Indiana health care facilities.

The same webinar content will be shared three times to accommodate schedules. To enter the webinar, please use the links below to access the day and time that works best for you.

December 13, 7:30 AM EST - <https://uindy.invisionmeeting.com/join/yzyywwr>

December 14, 11:30 AM EST - <https://uindy.invisionmeeting.com/join/bfwhyxx>

December 14, 3:30 PM EST - <https://uindy.invisionmeeting.com/join/yzztjcz>

STATE RELEASES 2010 MEDICAL ERRORS REPORT

November 28, 2011

INDIANAPOLIS-The Indiana State Department of Health today released its Medical Error Report for 2010. The annual report is based on the National Quality Forum's 28 Serious Adverse Events. The most reported event in 2010 was a stage three or four pressure ulcer acquired after admission to a hospital. In four out of five years, pressure ulcers have been the most reported event.

There were 107 reported events in 2010. This is slightly higher than the 105 events reported in 2007 and 2008 and is the most number of reported events in the five-year history of the report. Some of the increase is attributable to a 2009 change in the falls standard that likely resulted in an increased number of reportable falls events.

The most reported events in 2010 were:

- 34 stage 3 or 4 pressure ulcers acquired after admission to the hospital;
- 33 foreign objects retained in a patient after surgery (30 in hospitals, 3 in ambulatory surgery centers);
- 17 falls resulting in a death or serious disability; and,
- 14 surgeries performed on the wrong body part (12 in hospitals, 2 in ambulatory surgery centers)

In a positive outcome from previous years, there were no reported medication errors resulting in a death or serious disability. Previous years reported from three to eight medication error events per year.

In 2006, Indiana became the second state to adopt the National Quality Forum's reporting standards. The reporting standards are not intended as a comprehensive study of medical errors, but rather as representing a broad overview of healthcare issues. Prevention of medical errors generally requires a system-based approach. By focusing on a few fundamental prevention activities and an organized prevention system, errors can be prevented.

An emerging healthcare issue is healthcare associated infections. The State Health Department recently adopted hospital reporting rules for healthcare associated infections. Infection reporting will begin January 1, 2012. Hospitals will report central line associated bloodstream infections, surgical site infections, and catheter associated urinary tract infections.


"The new reporting rules are the result of a recent initiative led by the State Health Department to reduce healthcare associated infections in Indiana," said State Health Commissioner Gregory Larkin, M.D. "As the 15-month initiative comes to a close in December, we will continue to evaluate the data and look for meaningful ways to use it in order to protect the health of Hoosiers. I am confident we will see a reduction in healthcare associated infections in Indiana as a result of these new reporting requirements."

The 2010 Medical Error Report may be found on the Indiana State Department of Health's website at www.statehealth.in.gov.

"Public Health Matters": A New ISDH Newsletter

The Indiana State Department of Health (ISDH) is introducing a new online newsletter about state health issues. The newsletter is called "Public Health Matters" and will provide updates on state health programs. The first edition is expected to be released in the next couple of weeks. The online newsletter is free to anyone wanting to subscribe and will be delivered via email.

Please share this newsletter and subscription information to your patients, residents, families, colleagues and anyone that you think would benefit from this information. To subscribe to *Public Health Matters*, go to <http://bit.ly/publichealthmatters>.



Improving health is important. The ISDH recently released the *Indiana State Health Improvement Plan* identifying state health priorities. The Plan is available on the ISDH Web home page at <http://www.in.gov/isdh/>. The new *Public Health Matters* newsletter supports statewide efforts to improve the health of Hoosiers.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health