



Michigan Medical Directors Association

AUGUST 2012 E-NEWSLETTER

PRESIDENT'S MESSAGE

Dear Colleagues in Long-term Care,

Summer is flying by, and I need to update you on the affairs of MiMDA.

Our annual conference is coming on October 5 and 6 at the Park Place Hotel in downtown Traverse City. We have expanded our educational opportunities to Friday evening and all day Saturday. We have a great program agenda, including Friday dinner, two presentations, and entertainment by a local Celtic band, Banshee, and The Happy Tappers will entertain you at lunchtime on Saturday. Please make plans to be there, and please invite other medical directors, attending physicians, nurse practitioners, physician assistants, nursing home administrators, and leadership nurses to join us. Last year, my three nursing homes sent 13 leadership nurses from Traverse City to Grand Rapids, and it was very well received and appreciated by them.

For more information about the conference, visit <http://www.mimda.org/attendees/>

The link for registration is now open at: <http://www.signmeup.com/86047>

We would like to recognize the following organizations that are generously assisting MiMDA by providing support for the conference:

Gold Sponsors at the \$2500 level include:

- Heartland Home Care and Hospice
- MCHC LTC/AL Pharmacy, Munson Services, Inc.

Bronze Sponsors at the \$500 level include:

- Evangelical Homes
- McLaren-Macomb

Please help MiMDA continue to provide a quality affordable educational experience by sharing the attached sponsorship materials with your local long term care organizations. If your organization is interested in becoming a sponsor, please contact michiganmda@gmail.com.

Who will provide geriatric care in the future? I do not see medical students flocking into primary care, especially geriatrics. I was twice reminded this year of the influence of an enthusiastic mentor on the career choice of a medical student. My daughter had a terrific experience in her Radiology rotations, and chose that as her career. My wife and I have had the pleasure of a medical student living with us for 7 months. One very enthusiastic preceptor in Cardiology changed her plans from being a family doc to being a cardiologist. What can we do? I think we need to put ourselves out there as teachers and mentors and role models. Medical students need to see highly skilled physicians that are doing good in the world and really enthusiastic about their profession...that is us! We need to give lectures and have students and residents work with us, see what we do, and how we help people. The American Geriatrics Society has downloadable teaching slides on a multitude of geriatric topics. Let's do it!

http://www.americangeriatrics.org/publications/shop_publications/teaching_slides/

Finally, I am looking forward to seeing everyone in October. I appreciate comments on the newsletter and MiMDA. Please feel free to contact the Board for questions on LTC, or questions to be referred to our state surveyors.

Mark Jackson, MD, CMD
majdeerhunter@gmail.com

2012 Michigan Chapter NADONA/LTC Annual Convocation and Expo, November 2012

MiMDA has been asked by NADONA to participate in their educational program this year. Again, we are honored. Mark Jackson, MD, CMD, will be speaking on the *2012 Beers Criteria for Inappropriate Medications in the Elderly* and on *Infection Control...Do I Need this Antibiotic*. This is another opportunity to support interprofessional educational as well as to promote MiMDA in the long-term care community.

<http://www.hcam.org/content.cfm?m=190&id=190&startRow=1&mm=0>

Senate Bill 844-Nursing Home Survey Process: SB 844 addresses changes in the nursing home survey process. The Nursing Home Stakeholder Workgroup has asked MiMDA to be one of 8 participants in discussions on this bill. The first meeting was on August 1. We are honored that MiMDA was chosen to participate in this process. See the following link for more information on SB 844:

[http://www.legislature.mi.gov/\(S\(2aocxj55ucih2xycz0rtvd55\)\)/mileg.aspx?page=getObject&objectName=2011-SB-0884](http://www.legislature.mi.gov/(S(2aocxj55ucih2xycz0rtvd55))/mileg.aspx?page=getObject&objectName=2011-SB-0884) .

ASK THE SURVEYOR:

Q&A FOR Howard Schaefer, Director, Division of Nursing Home Monitoring, and Roxanne Perry, Director of Operations, Bureau of Health Professions

Howard Schaeffer and Roxanne Perry are the two lead members of our survey teams. They are speaking at our October conference and are answering questions of our members. I appreciate their candid answers and recognize that they face the same dilemmas that we do.

Question 1: Are all fractures reportable? Our interpretation is that reporting is required if there is suspicion of abuse, an allegation of abuse, the nature of the injury is suspicious and/or there are a number of injuries. For example, an alert and cognitively intact resident stumbles and falls, suffering a fracture. It is not witnessed but the resident clearly states what has happened, and appropriate care is given. Do you feel that this injury still needs to be reported?

Reply from Howard Schaefer: What is reportable under state and federal requirements is currently under a great deal of discussion in regulatory circles as well as within the provider community. Confusion abounds. Roxanne (Perry) and I are currently working on a presentation for our September Joint Provider Surveyor Training. In that presentation, we plan to try to answer as many of the questions circulating as we can. It is tricky to answer some of the related questions because CMS sets policy in this regard, and we continue to await definitive answers from CMS. Have you seen the Draft Clarifications Memo from CMS on Abuse and Neglect reporting? [Mr. Schaefer can forward this upon request; please contact MiMDA.] It is only a draft, but CMS released it to the providers and state agencies, pending final discussions and clarification. The draft shows their direction in many of the contested issues. All of that being said, meanwhile, to try to take a stab at your question, I will tell you that we have been answering the question "Are all fractures reportable?" in this way:

We can't think of one that isn't. The reason for this answer is that witnessed fractures, even pathological fractures, may have surrounding contributing factors, such as failure to adhere to the plan of care during transfer, etc., that can trigger reporting due to neglect ("failure to provide necessary services to avoid harm"). Reporting fractures to the State Agency on a BHS 362 and a BHS 363 form does not mean that there will be deficient practice cited, or that the matter will be investigated onsite by the state agency, but we do want to review the investigation results. We may clarify this further or amend this position in our September presentation. I would urge you to hold off on publishing further guidance pending the September conference.

Question 2, regarding end of life care: A resident is transferred to our facility with orders including DNR (Do Not Resuscitate). Is that adequate for initial care in the facility, before we can make our own determination? For instance, we may not know if two physicians have documented that the patient does not have capacity, or the document may not be appropriately witnessed. If the resident has a legal guardian, can they sign a DNR document? On the other hand, are we able to make every resident a full code while these issues are settled? This seems like disregard for the resident's expressed decision.

Reply: Again, you are asking a question that is currently undergoing considerable discussion in regulatory, provider and legal arenas. I would recommend a cautious, but reasonable approach to initial care. If a resident is admitted with DNR orders, I would review the supporting documentation that shows the DNR decision was made by the resident, or the resident's legal representative, or by the resident's advocate for healthcare decision-making under state law. If there are flaws in the execution of the documents, these issues should be clarified and corrected immediately, but a common sense approach meanwhile would be to decide if the documents indicated the resident's wishes in convincing enough terms to proceed with corresponding care choices. In the total absence of any such documentation, the resident would have to be managed as a full code. Staff should initiate immediate actions with the resident and family members to ascertain the resident's choices in this regard, and then to pursue the appropriate legal authority if needed. I am working within a network of several groups trying to gain clarification on some of the inherent ambiguities in Michigan law or Michigan's legal decisions. I will keep you in mind as we make progress and get better guidance. Your comments and insights would be helpful.

SAVE THIS WEBSITE: State of Michigan Nursing Home Monitoring Division website has invaluable information for medical directors. There are contact numbers, best practices, even a Q&A. Visit http://www.michigan.gov/lara/0,1607,7-154-27417_27655_27662---,00.html .

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