Seven ideas to improve your quality assurance committee

Quality indicators. Quality measures. Quality improvement.

Has there ever been a time when there was more focus on the efforts to improve the quality of care in nursing homes?

And as federal regulations require, a key component in every nursing home's quality improvement efforts is its quality assessment and assurance (QA) committee.

Federal regulations actually say little about the operation of QA committees. The regulations require nursing homes to have a QA committee that meets at least quarterly to identify and correct quality deficiencies and improve care.

At a minimum, the committee must include the director of nursing services, a physician designated by the facility, and three other members of the facility's staff.

The January Office of Inspector General (OIG) report, Quality Assurance Committees in Nursing Homes looked at the... > p. 2

HIPAA privacy deadline approaches like a freight train for nursing homes

It may seem hard to believe, but nursing homes are coming down to the wire in regard to compliance with the HIPAA privacy rule.

The privacy rule compliance deadline for most nursing homes covered by HIPAA is April 14, which means it's time to do a last-minute check on your facility's compliance efforts.

One step you need to take is to train staff members on your privacy policies and procedures.

You need to make all staff members aware of the HIPAA requirements and remind any employees with regular access to residents' protected health information (PHI) of the precautions they need to take.

If you haven't provided staff training yet, you need to make that a priority right away.

To help you get started, consider the tips provided in the audioconference "Understanding HIPAA in Long-Term Care: The 10 Most Critical Areas of Nursing Homes."

As time runs short, you may want to review the following with your staff to help them... > p. 4
effectiveness of these committees. The following are seven ideas that can help you improve your own QA committee:

**Include a broad membership on the QA committee to ensure that the group represents all areas of the home.**

One nursing home administrator included all department managers on her facility’s committee.

The OIG report indicated that 99% of nursing homes met the Centers for Medicare & Medicaid Services’ (CMS) requirement for QA committee membership. In fact, most nursing homes go beyond that minimum requirement.

In 80% of nursing homes surveyed by the OIG, QA committees consisted of seven or more members, with members coming from several departments within the facilities. Nursing home QA committees include a variety of staff (see chart below), including a core of key personnel. Committee members include directors of dietary services, activities, and housekeeping departments, business office managers, Minimum Data Set coordinators, medical records coordinators, and environmental and maintenance staff.

Many QA committees also comprise individuals who are not on the nursing home staff. For example, 70% of nursing homes reported that pharmacy consultants regularly participate in committee meetings.

**Consider including certified nursing assistants (CNAs) on your committee.**

Typically, QA committees do not include CNAs as regular participants, the OIG report said. Its survey found only 24% of nursing homes reported that CNAs regularly participate on their committees.

That’s unfortunate, seeing that nursing home professionals stressed to the OIG the value of including CNAs on QA committees, as they are the primary caregivers in facilities. “They possess a wealth of knowledge about a home’s residents, in addition to knowing which processes and products work best in caregiving,” the OIG report said. One director of nursing told the OIG, “CNAs know 90% of the answers.”

Nursing home professionals cited time and staff shortages as the reasons they do not have CNAs participate on their QA committees, according to the report. When CNAs participate in a committee meeting, they are taken away from caring for residents. “If a nursing home has a staffing shortage, as most do, taking time away from caregivers is a tradeoff that few nursing homes can afford,” the OIG report said.

**Hold QA meetings frequently.**

The regulations require committees to meet quarterly, and 98% of the nursing homes surveyed met that requirement.

In fact, 61% of nursing homes indicated on the survey that their committees meet more frequently than required by regulation.
“The more frequently a QA committee meets, the more visible the committee is likely to be in the nursing home,” the report said. Frequent meetings can also give attention to issues in a timely manner.

Although time pressures and other priorities may make it difficult to hold frequent meetings, nursing home professionals told the OIG it is important. As one nursing home stakeholder told the OIG, “Does anyone think that meeting once a quarter is going to improve quality?”

Use your quality indicator (QI) data to target problem areas where your facility needs improvement.

Seventy-three percent of nursing homes reported to the OIG that CMS’ QIs are a major influence on the work of the QA committee. One nursing home administrator commented, “They are the pulse of our residents’ quality-of-care issues.”

Nursing homes reported that they systematically review and use the QIs, with 68% reviewing QIs monthly. Some facilities review their QIs more often, with 17% looking over the data weekly or more frequently.

You may want to create your own indicators to target problem areas outside the 24 QIs created by CMS.

Some nursing homes also rely on clinical indicators other than the government QIs, which the nursing homes either create or their their corporate or parent offices send to them. On the OIG survey, 65% noted that such indicators had a major influence on the work of their QA committees.

One nursing home that OIG inspectors visited uses its own indicators. It created those indicators to target certain problem areas that existed, both clinical and nonclinical, such as medication transcription errors and resident activity participation.

Use your survey results to target the work of your QA committee.

For example, 81% of facilities reported that results from certification surveys were a major influence on the work of their committees.

“Surveys review a nursing home’s entire operation, from quality of care to administration to safety. The results of the survey and the deficiencies found alert the committee to areas of concern, which they then may address,” the OIG report said.

Rely on input from staff and residents to detect problems in the nursing home.

In its survey, the OIG found 66% of nursing homes reported that staff input had a major influence on the work of the committee.

Additionally, 55% reported that resident input also affected QA committee focus. One nursing home that investigators visited even conducts focus groups with residents and their families.

“As this nursing home has an ethnically diverse population, these focus groups have allowed the committee to make changes in the nursing home, especially in dining and activities, that better reflect the residents’ needs,” the OIG said.

What needs improvement?

Almost 80% of nursing homes surveyed in a January Office of Inspector General (OIG) report detected quality concerns through their review of the facility’s quality indicators—and launched projects to further improve in those areas.

Nursing homes most commonly undertook quality improvement projects that addressed the following areas:

Accidents—77%
Skin care—76%
Nutrition/eating—71%
Elimination/incontinence—63% ■

Source: OIG report, Quality Assurance Committees in Nursing Homes.
Privacy deadline

understand the day-to-day issues that affect the confidentiality of health information:

1 Make sure your staff members know what a resident’s PHI is and what it includes. PHI is individually identifiable health information that your facility maintains or transmits in any form or medium.

PHI can include the resident’s name, address, age, telephone number, e-mail address, medications, any information regarding the resident’s medical condition, the identity of the resident’s treating health care providers, and any oral or written communication received from outside entities concerning a resident’s medical condition.

2 Inform staff members that the admissions department will obtain a resident’s consent to use and disclose PHI and will also provide the resident with a copy of the facility’s notice of privacy practices—and that these steps are necessary for your facility to be allowed to care for residents.

3 Instruct staff members that before they use or disclose health information, they should ask themselves whether the information they use or disclose is the minimum amount of information necessary to accomplish the purpose of the use or disclosure.

Make standard protocols available that identify the minimum necessary information that can be used or disclosed for routine disclosures.

Who needs HIPAA training?

You may wonder exactly whom within your facility you need to train on the HIPAA regulations, including the privacy rule that takes effect April 14.

The simple answer is, you need to train anyone who has access to resident information. This includes, but is not limited to the following:

- Administration
- Business office employees
- Medical director/medical staff
- Director of nursing/nursing staff
- Other health professionals
- Volunteers
- Students
- Trainees
- Part-time/registry or agency staff
- External vendors/contractors/business associates

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Remind staff that they should use low voices when discussing residents' PHI in hallways or other public areas—and that they should try to move the discussion away from high-traffic areas. Also, inform staff members not to pass along information that they overhear.

Maintain care plans at the nursing station in an area that is either under constant observation or out of the main view of individuals who pass by. Do not leave care plans on the tops of counters where anyone can look at the information.

Inform your staff that it is a violation of facility policy—as well as a breach of the HIPAA regulations—to intentionally seek out PHI that they don’t normally have access to—and that they might be fired if they do.

Inform staff members that releasing a resident’s health information to the local media is prohibited unless the resident has given his or her specific written authorization to do so. For instance, staff can’t submit names of new admissions or discharged residents to the local newspaper.

Remind staff that hard copy medical records must be kept in the appropriate physical location, whether at a monitored nursing station or in a separate medical records room accessible only by key, key card, or keypad access. Inform your staff that they must not leave medical records lying around the unit for anyone to see.

Have staff be sure to draw the curtain and discuss PHI in low voices for residents who occupy semi-private rooms.

Tell your staff to avoid discussing a resident’s PHI in general use areas, such as elevators or cafeterias.

To the extent possible, have staff members avoid using e-mail to send/receive PHI. If they do use e-mail, then your facility should explore the use of encryption or some other secure network communication option. Residents’ PHI sent via unsecured e-mail could be easily accessed by individuals who do not have authorization to receive that information.

Editor’s note: You can buy a tape of this audioconference by going to www.hcmarketplace.com or by calling customer service at 800/650-6787. If you need more help understanding HIPAA or training your staff, you’ll also find books and training handbooks on the Web site.

Creative ways to provide HIPAA training

Have you already scheduled training sessions to bring your staff up to speed on HIPAA regulations but you’re not sure whether the training stuck? Or maybe you’re in a situation where you don’t have time for a full-blown inservice. Consider these other methods to train staff:

- Include information in your facility newsletters
- Put up posters in your facility reminding staff to maintain resident privacy
- Send out e-mail reminders to staff who have computer access
- Create “cheat sheets” with HIPAA reminders

Remember that HIPAA training is an ongoing process.

Illustration by Dave Harbaugh

“Thanks.”

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The Hancock Geriatric Treatment Center is a 190-bed facility that serves geriatric psychiatric patients. The center is part of the Eastern State Hospital, a 500-bed psychiatric hospital in Williamsburg, VA, which underwent a survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in January.

The hospital opted for a one-day focus survey for its long-term care center, which comprises just less than half the beds in the facility. Under this option, the JCAHO sends a surveyor for one day to survey the long-term care program for compliance with the standards found in the Comprehensive Accreditation Manual for Long-Term Care. The JCAHO surveyed the hospital under a separate survey for compliance with its hospital standards. The Hancock Geriatric Treatment Center was found in 100% compliance with the JCAHO standards.

The survey
If your nursing home or long-term care unit is anticipating a JCAHO survey, take a tip from Larry Simmons, NHA, director of quality management at Eastern State Hospital, including its geriatric center. You’ll need to closely focus on the JCAHO’s patient/resident safety goals and educate staff members on your compliance efforts. In fact, a JCAHO surveyor interviewed Hancock’s nursing staff about their knowledge of resident safety. (See the January and February issues of LTCM for tips on how to comply with the six goals and 11 recommendations from the JCAHO to prevent medical errors and increase resident safety.)

Be prepared for surveyors to ask your nurses, “What is the facility’s resident safety program?” Make sure you train all staff, from nurses to housekeepers, on your resident safety policies, says Simmons. Also, expect to see surveyors spending more time on your units, he says.

Surveyors ask about goals
During the hospital portion of the survey, the JCAHO inspectors asked many questions about compliance with the patient safety goals. Simmons said he would expect a similar review in the long-term care unit, if his facility did not opt for the separate focus survey, and had a full, standard survey of its nursing home beds.

One of the resident safety goals is to improve the effectiveness of communication among caregivers.

“The main question they asked was ‘How do you take verbal orders? What they wanted to hear was, ‘I write down the order and I read it back to the physician,’ ” says Simmons. This ensures that staff verify the exact order to prevent mistakes.

You also need to apply the resident safety goals broadly.

For instance, consider the goal to improve the safety of using infusion pumps. When surveyors learned the hospital did not have any infusion pumps, they scrutinized other devices the facility uses, such as drip bottles and peg tubes. Even though the resident safety goal mentions infusion pumps, facilities need to look at all devices to ensure that there is free-flow protection, Simmons says.

Sample questions
Here are some of the questions the surveyor asked during the survey at the Hancock Geriatric Treatment Center:

- How was the patient/resident safety program presented in orientation?
- When did the patient/resident safety initiative begin?
- What do you do when you get a verbal order?
- What can you tell me about your performance improvement initiative.
Surveyors also looked at the facility’s patient/resident identification policies, looking for compliance with the goal intended to improve the accuracy of identification. Surveyors wanted to make sure that the facility included two resident/patient identifiers and that staff were aware of the policies.

Other focus areas
During the hospital survey, the JCAHO team asked about the facility’s staffing standards studies. Hospitals must comply with new JCAHO staffing standards that took effect in July 2002. The accreditor expects to implement similar staffing standards in long-term care facilities in 2004.

The long-term care surveyor was particularly interested in Hancock’s pain management efforts. “She wanted to know how staff identify pain in the elderly and demented patients,” Simmons says. Staff look for changes in behavior and use the pain scale that shows various facial expressions to indicate the level of pain.

January was the first time that the Hancock Geriatric Treatment Center in Williamsburg, VA, took advantage of the option to have a one-day focus survey.

Under this option, one long-term care surveyor spent a day at the Hancock Center, while a regular survey team inspected the hospital beds that are part of the Eastern State Hospital, Hancock’s adjoining facility.

In the past, the JCAHO surveyed the Hancock Center in a traditional long-term care survey that lasted three days.

Larry Simmons, NHA, director of quality management, liked the one-day survey, but advises anyone considering the option to be well prepared and organized.

“You’ve got to have your act together right up front,” Simmons says. After all, one surveyor will spend a limited amount of time in your facility and will expect to move quickly to review all aspects of your unit for compliance with the long-term care standards.

“You’ve got to have it all together,” says Simmons, who prepared a separate notebook with all the relevant documents for the long-term care surveyor. He also provided her with a copy of the geriatric center’s last state survey showing compliance with the Centers for Medicare & Medicaid Services (CMS) regulations.

Hancock had no quality of care deficiencies in its state survey, otherwise Simmons says the JCAHO surveyor would have focused on those problems.

If deficiencies were found during a facility’s annual state survey, its staff must be prepared to explain how the nursing home corrected those problems, Simmons says.

Expect the surveyor to move quickly through an established agenda that includes a human resource interview, a review of your credentialing process, and a review of your environment of care.

“The surveyor randomly selected wards and did record reviews and spoke to clinical staff,” he says.

The one-day option means a very concentrated review of your programs.

“I think it made it easier for me and the staff, too,” Simmons says, of the one-day survey.
You can prepare your CNAs for survey stress

The job your frontline workers do can help make or break your facility’s next survey.

And perhaps no group of employees is more in the spotlight when it comes to surveys than your certified nursing assistants (CNAs).

Your CNAs provide much of the direct care to residents, and when surveyors are in your building they are always watching to check on the quality of care your nursing home staff provide.

So you need to make sure your CNAs are ready for what can be one of the most stressful times in their jobs—the survey. “When push comes to shove, what your CNAs do or don’t do sets the tone for your whole survey,” says Cindy Frakes, LNHA, administrator at the Medicalodge Post-Acute Care Center in Kansas City, KS.

By preparing your CNAs for the survey and making sure they know what to expect, your survey will be less stressful—and hopefully more successful—for everyone.

A training tool
That’s why Frakes was excited at the prospect of creating a training handbook especially for CNAs.

Frakes previously was the advisor in putting together survey handbooks for the dietary staff, as well as housekeeping, laundry, and maintenance staff. But she said those books left a gaping hole for one of the most important employees: the CNA.

Frakes teamed up with LTCSM’s parent company, HCPro, to develop the new Survey Training Handbook for CNAs: Your Lifeline for Survey Success. Like the previous handbooks, the CNA book teaches your nursing assistants about the survey process and how it relates to their day-to-day jobs. (See an excerpt from the handbook on p. 9.)

“They are your biggest frontline work force. Besides that, people wanted a handbook for CNAs,” Frakes says.

While it’s important for facilities to have nursing procedures and policies to do well in survey, Frakes says it’s also crucial to have well-trained CNAs.

“They’re the center—the absolute center—of resident care. There’s a lot of silent observation of the CNAs by surveyors. Everything they do is important,” she says.

A resource to turn to
The handbooks are designed for supervisors to hand out to staff, so your CNAs can keep them as a resource.

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“I think people need a reference book,” says Frakes. Since no one can memorize all of the hundreds of regulations facilities must follow, the handbooks provide a reminder for staff on dining regulations, proper glove use, protecting residents’ dignity, and other key issues.

Like looking up a word in the dictionary, the training handbooks allow CNAs to reference the information they need when they have a question.

Frakes said she plans to use the handbooks in her own facility. And they have one more advantage, she says. “I think it puts value on the role of CNAs in the survey process. It says the job they do is important.”

Editor’s note: If you are interested in learning more about the handbooks for CNAs, or those written for dietary, housekeeping, laundry, and maintenance staff, visit www.hcmarketplace.com or call customer service at 800/650-6787.

Advice from our new CNA training handbook

Editor’s note: The following are excerpts from the new Survey Training Handbook for CNAs: Your Lifeline for Survey Success. The first topic provides your certified nursing assistants (CNAs) with some tips on what surveyors will look for as they observe staff at work. The second topic tells CNAs how to create a safe, but hopefully home-like environment for residents.

Are you lookin’ at me?

During the inspection of a facility, surveyors always want to observe CNAs giving daily care to residents.

Surveyors will watch for good skin care techniques, such as washing urine and feces off the skin of a soiled resident. They will check for your awareness of good infection control techniques, such as cleaning urine and feces away from any wounds, not across them. They will expect to see “front-to-back” perineum area care when you are cleaning a resident. Surveyors will also watch to see whether you are aware of a resident’s plan of care. For instance, if the care plan calls for a resident to try and improve her range of motion, do you encourage her to fully extend her arms during dressing and bathing so that she stretches her muscles and moves her joints during the activity?

Remember that good habits pay off. Doing things right each time you perform a task means you are prepared to be “observed.” If you are uncomfortable when a surveyor is observing you as you provide resident care, it is okay to ask a supervisor or another CNA to be with you in the room.

A safe environment

Yes, this is a nursing home, but surveyors expect to see a home-like environment. Surveyors will look for personal items in residents’ rooms such as family photographs, books and magazines, bedspreads, knickknacks, mementos, and furniture.

When you go into a resident’s room, can you learn something about his or her everyday life and interests? Are there signs of who the resident was prior to coming to the nursing home? Do staff respect the resident’s personal property? Surveyors will check to see that resident care equipment is clean and properly stored. The facility must be uncluttered, neat, and well-kept.

Tips: Don’t leave personal items on sink tops. Mark personal items and be sure they are put away. Keep resident rooms uncluttered and in good repair so residents and staff can move around without tripping or having to move around obstacles.

Make sure that trash barrels are emptied and covered. Be sure that bedside commodes are emptied and cleaned. Keep residents’ rooms clean and free of dirty linen. Store away any urinals/bed pans, and be sure that beds are made.
Follow the rules on advance directives to avoid survey trouble

Surveyors in at least one state are putting the spotlight on advance directives.

According to leaders at two Maryland facilities, state surveyors were asking about advance directives during their recent surveys.

The message is: Don’t ignore advance directives in your facility or you risk survey trouble. You’ll find the regulations governing advance directives under the Centers for Medicare & Medicaid Services F-Tags 155 and 156.

The federal guidelines define an advance directive as a written instruction—such as a living will or durable power of attorney for health care—recognized under state law relating to the provision of health care when an individual is incapacitated. Under F155, a resident has the right to formulate an advance directive.

The guidelines advise surveyors that “as provided under state law, a resident who has the capacity to make a health care decision and who withholds consent to treatment or makes an explicit refusal of treatment either directly or through an advance directive may not be treated against his or her wishes.”

So be sure your staff document advance directives in the medical record and that your health care professionals honor the directives within the limits of the law.

“Surveyors will expect to see that a resident has been advised of his or her rights—and if they have executed an advance directive that the facility is honoring it,” says Susan V. Kayser, Esq., a partner at Duane Morris, LLP, in New York.

Kayser says nursing homes need to take the following seven steps:

1. Have policies and procedures in place that address advance directives.

2. Advise all residents at the time of admission of their right to have an advance directive. Specifics about advance directives will depend on your state’s laws.

3. Document whether a resident has executed an advance directive. Keep a copy of the advance directive in the medical record, since that is where staff will check for the information.

4. Make certain you are complying with a resident’s advance directive and honoring the resident’s stated wishes.

5. Train your staff about advance directives.

6. Regulations also require that nursing homes provide community education on advance directives. Kayser says a practical way to meet that requirement is to invite an attorney who specializes in elder law to do a presentation on advance directives at your facility and extend the invitation to people in the community.

7. Be sure to document all of the steps you take to comply with the regulations.

Other issues to consider

As you now know, nursing homes need to advise all residents of their right to have an advance directive. If they do not have the capacity to understand their right, family members or a guardian may accept the information on their behalf. Keep in mind, however, that if a resident is no longer incapacitated in his or her ability to understand this right, you must go back and give the information about advance directives to the person directly.

Another point to consider is that nursing homes often give residents and families information about advance directives at admission, which can be a confusing and emotional time. “Advance directive information can be the sort of thing that can fall to the
also address advance directives. The JCAHO defines an advance directive as “a document or documentation allowing a person to give directions about future medical care or to designate another person(s) to make medical decision if the individual loses decision-making capacity.”

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) long-term care standards also address advance directives. The JCAHO defines an advance directive as “a document or documentation allowing a person to give directions about future medical care or to designate another person(s) to make medical decision if the individual loses decision-making capacity.”

Advance directives are not only beneficial to residents and families, but can also benefit the nursing home, Kayser says. “I personally think it can help a facility down the road if a resident signs an advance directive,” she says, especially having a health care proxy that gives someone else the legal authority to make medical decisions if the resident is incapacitated. “It may eliminate gray areas in a difficult medical situation.”

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) long-term care standards also address advance directives. The JCAHO defines an advance directive as “a document or documentation allowing a person to give directions about future medical care or to designate another person(s) to make medical decision if the individual loses decision-making capacity.”

The JCAHO says advance directives may include living wills, durable power of attorney, do-not-resuscitate orders, right to die, or similar documents expressing a resident’s preferences as specified in the Patient Self-Determination Act—a federal law regarding advance directives. JCAHO standard RI.2.25, found in the Residents Rights chapter of the Comprehensive Accreditation Manual for Long-Term Care, is one of the standards that addresses advance directives.

Trends & tips

Survey scuttlebutt
It always pays to be extra careful of what all staff members say when surveyors are in your nursing home. Consider the following story:

A nursing home leader, whose facility recently underwent a survey, reported that surveyors were very interested in abuse prevention and the protection of residents’ dignity. The facility ran into a problem, however, when a clerk in the nursing home, who normally kids around with a certain resident, commented, “Here comes trouble,” when she saw the resident. A surveyor, who overheard the comment, then followed the resident to her room and asked whether she liked being called “trouble,” according to the nursing home leader. The resident responded, “Not particularly,” and the surveyor warned the nursing home that the incident bordered on abuse.

Round two of QMs
If you haven’t done so already, be sure to check out your newest quality measures (QM) data on the Centers for Medicare & Medicaid Services (CMS) Nursing Home Compare Web site.

CMS posted the second round of QMs on its Web site in late February. CMS is using the same 10 QMs it originally released in fall 2002, but the government updated the measures. They now include data from July through September 2002 Minimum Data Sets (MDSs) for the long-term care measures and from April through September 2002 MDSs for post-acute care. Go to www.medicare.gov and click on the “Nursing Home Compare” heading to check your facility’s data.

OIG reports on the medical director role
The Office of Inspector General (OIG) is trying to help CMS get a firmer grip on what a medical director’s duties should be in nursing homes. Medical directors from seven states answered a survey from the OIG about their time spent on nursing home-related issues. Of those 119 directors surveyed, 62% said they visit the nursing home once a week or less, 86% said they spend eight hours or less per week performing duties, and 70% said of their overall medical practice, 1%-10% are devoted to their role as medical director in the nursing home.

Eighty-seven percent of responding medical directors report they participate in nursing homes’ quality assurance committees. (See related story on p. 1.)
Medical directors routinely perform duties in four key areas—quality improvement, resident services, residents’ rights, and administration. The OIG said that CMS should use the results of its investigation as it continues to clarify and enhance the role of the medical director. Go to www.snfinfo.com/ppssrc/#Reports to read the survey report.

Fire safety regulations

Fire safety is on the minds of many nursing home administrators following some tragic fires in facilities around the country.

The worst fire occurred in Hartford, CT, where 13 residents of a nursing home died and others were injured during a February blaze. The recent tragedies have lawmakers in Connecticut calling for tougher fire regulations, including requiring sprinkler systems in all nursing homes.

One Connecticut legislator also plans to seek legislation to separate psychiatric patients from nursing homes and the less-mobile elderly.

Ergonomics for nursing homes

Too many nursing home employees are being injured from lifting residents manually.

At least, that’s the main focus of the Occupational Safety and Health Administration’s (OSHA) new guidance, “Ergonomics for the Prevention of Musculoskeletal Disorders: Guidelines for Nursing Homes.”

Released in March, the final ergonomics guidelines for nursing homes contained two main recommendations: That facilities switch to using mechanical lifts to raise and transfer residents whenever possible, and that employers create and implement good processes for addressing and improving hazards to employee safety.

OSHA chose nursing homes for its first foray into developing industry-specific ergonomics guidelines because “nursing home workers are suffering too many ergonomics-related injuries,” said the agency’s administrator John Henshaw, in a press release.

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