

Connections

The Assisted Living Facility Provider Newsletter for Pima Health System Fall / Winter 2009

PIMA HEALTH SYSTEM

OUR VISION

To improve the quality of life for the community and the people we serve through an integrated system of health and social services.

OUR COMMITMENT

To promote prevention, wellness and maintenance of optimal health by providing and utilizing education, service, and treatment

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Working Together We All Make A Difference
3950 S. Country Club Rd., Suite 400
Tucson, AZ 85714
www.pimahealthsystem.org

QUARTERLY ASSISTED LIVING PROVIDER MEETING

Please mark your calendar. The last quarterly meeting of the year is scheduled as follows:

December 14, 2009
10:00 A.M. -11:30. A.M. Room 1108
OR
2:00 P.M. – 3:30 P.M. Room 1108

The meeting will be held in the Abrams Public Health Center at 3950 S. Country Club Road. We hope to see you at one of the above scheduled meetings.

PHS WEBSITE CHANGE:

Our website address has been changed to www.phs.pima.gov. The old address www.pimahealthsystem.org will still bring viewers to the site for some time. Please make note of the new website address.



ASSISTED LIVING UPDATE

The cool weather is finally approaching and the holiday seasons will be here before we know it. The Assisted Living Facility Program staff wishes each of you continued success and happiness in the months ahead. We know each of you works diligently to provide a warm and caring environment for each of your residents and we appreciate and thank you for all you do.

Susan Lashley who has been providing administrative support to our division has decided to make a major life style change and move to the state of Washington. She will be close to her daughter and grandchildren as she begins this new adventure. We will all miss her and wish her well. Susies last day with Pima Health System is October 13, 2009.

Sandra Pesqueira is cross training with Susan to provide administrative support to the assisted living program staff. Sandra has been with Pima County for 20 years with the last 17 years being at Pima Health System. She has worked in various divisions over the years with PHS and I'm sure many of you will recognize her. Sandra has lived in Tucson most of her life, is married, has three children and three grandchildren. Sandra is bilingual in English/Spanish. Please join the AL division staff in welcoming Sandra. She can be reached at 243-8112.

Nadine Martinez has joined our division to provide assistance one day a week. Nadine is an LPN and has been employed with Pima County 15 years, with the last 6 years at Pima Health System. She currently works in Home Care Support, Utilization Management, and Assisted Living. Nadine is married and has 13 year old twins. She has already met some of you and is looking forward to working with each of you. We are very pleased to have her join us and know you will find her to be supportive, enthusiastic, and knowledgeable. Please extend a warm welcome to her.

CORPORATE COMPLIANCE

As a PHS contracted provider for health care services, your compliance with the rules, regulations, standards, and quality of care is of utmost importance to us. Any compliance issues, suspected provider fraud, member eligibility and Share of Cost concerns should be reported to the Compliance Officer, Elizabeth Temple M.P.A., J.D.

For compliance & fraud issues, she can be reached at:

Office: 520-243-7834
P HS Compliance Hot Line: 520-349-4087
P.O. Box 27895
Tucson, Arizona 85726



You can call or write or you can report concerns anonymously. If you report anonymously, make sure that we have enough details of the situation so that we can look into it.



“STOP THE SPREAD”

Flu season is rapidly approaching. It is imperative that you educate your residents, family members, and caregivers on the reasons for receiving the seasonal flu vaccine. If you need additional consent forms or educational information from the CDC that we gave out at the quarterly meeting in September, please contact any of the staff in the Assisted Living Facilities division. Please be diligent in assisting in the scheduling for the vaccine administration through Quality of Life (QOL). You may also contact QOL at 733-2250 and speak with Tara to schedule a time if a member wants to have the immunization at the QOL clinic site. Please remember to keep the yellow copy of the consent in the resident record in your home/facility. If the member receives the vaccine from someone other than QOL, send the pink copy of the completed consent, following immunization, to Ginger Liebrecht, RN, Quality Management: FAX #: 748-9184. If the member refuses the vaccine, please complete the details of the refusal on the consent form, including the date (month, day, and year) on the consent form and send to Ginger. **NOTE:** Some people who receive the flu vaccine still contract the flu. This doesn't mean that the vaccine is ineffective. The capability of the vaccine to prevent the flu depends on how well the viruses contained in the annual vaccine match those circulating in the human population at a given time.

H1N1 Influenza

As you know, in addition to the seasonal flu, we are anticipating H1N1 flu (formerly known as swine flu) to be active this season. H1N1 is known as a “novel” flu because, unlike seasonal flu which involves combinations of flu strains that people’s immune systems have been regularly exposed to over the years, it is a new virus that many people haven’t previously encountered. The H1N1 vaccine is expected to be available in mid October. The CDC has identified a priority list for persons at risk for the H1N1 flu as follows:

- ◆ Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated
- ◆ Individuals who live or care for children < 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated.
- ◆ Health care and emergency services personnel because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity.
- ◆ All people from 6 months through 24 years of age:
 - Children from 6 months through 18 years of age because of the many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread. Young adults 19 through 24 years of age because of the many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population.
- ◆ People ages 25-64 years of age that have chronic health disorders and compromised immune systems that increases their risk of medical complications from influenza.

Note: One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of H1N1 related complications thus far. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to 2009 H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against 2009 H1N1 flu by any existing antibody.

“STOP THE SPREAD”

The H1N1 virus is thought to spread the same way seasonal flu spreads. Primarily the spread is through respiratory droplets via:

- ◆ Coughing
- ◆ Sneezing
- ◆ Touching respiratory droplets on yourself, another person, or an object, then touching mucus membranes (e.g., mouth nose, eyes) without washing your hands.

The influenza virus can survive on environmental surfaces up to 2 to 8 hours. The virus can be destroyed by heat. Chemical germicides, including chlorine, hydrogen peroxide, soap, and alcohol are effective against human influenza viruses. Your typical household disinfectants are effective when used in accordance with the directions on the product label. To prevent the spread of the virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom and kitchen counters) clean by wiping them down with your household disinfectant in accordance with the product label.

It is important to ensure both you and your caregivers follow key prevention steps to stop the spread of the virus.

- ◆ Wash your hands frequently and thoroughly (15-20 seconds). To ensure you are spending enough time washing, imagine singing happy birthday twice while washing. If using an alcohol-based hand rub, rub the product over all surfaces of your hands and fingers until they have dried.
- ◆ Use good respiratory etiquette: Cover your nose and mouth with a tissue or sleeve when you cough or sneeze. Wash hands after touching used tissues and similar waste and after coughing and / or sneezing. Note: [ADHS Infection Control Guidance](#) in healthcare settings includes the use of a surgical mask within 6 feet of a patient with a febrile (fever) respiratory illness. Avoid re-using disposable facemasks.
- ◆ Use a tissue once, throw it away and then wash your hands.
- ◆ Do not touch your face, eyes, nose and mouth.
- ◆ Follow Universal Precautions—Treat all body fluids as potentially infectious. Remember to avoid “hugging” used/dirty laundry prior to washing it to prevent contaminating yourself. Wash your hands right after handling dirty laundry and after every contact with the sick person or the person’s room or bathroom.
- ◆ Avoid close contact with sick people.

Stay home if you are sick until you have been **symptom and fever free for 24 hours without the use of fever reducing medication** (whichever is longer) to keep from infecting others.

Signs and Symptoms: Symptoms of H1N1 flu in people are similar to those associated with seasonal flu:

- ◆ Fever **Note:** Some people may be infected with the seasonal flu or H1N1 and have respiratory symptoms without a fever.
- ◆ Cough
- ◆ Sore throat
- ◆ Runny or stuffy nose
- ◆ Body aches
- ◆ Headache
- ◆ Chills
- ◆ Fatigue
- ◆ In addition, vomiting (25%) and diarrhea (25%) have been reported. (Higher rate than for seasonal flu.)

“STOP THE SPREAD”

Contagiousness:

1-4 days after you catch the virus, you feel sick. Infected people shed (cast off) the virus, making others ill. Shedding can begin 1 day before symptoms develop and you feel sick. More virus is shed during the first 3 days of illness and subsides by 5-7 days. This period can be 10 + days in young children and those who are immunosuppressed (have a weakened immune system).

Preparedness:

Educate staff, residents and families on flu prevention strategies.

Ensure you are getting adequate rest and appropriate nutrition to support your health.

Tell visitors not to visit if they have symptoms or know they have been exposed to the virus.

Don't let your staff work when they are ill. Plan for the need for additional caregiver coverage.

Keep ill residents out of common areas where other residents congregate as much as possible.

Encourage staff to get both the seasonal influenza and H1N1 vaccines.

Make sure you have adequate supplies, i.e., tissues, masks, plastic bags for trash., disinfectant, stock containers of acetaminophen and ibuprofen, and fluids your residents like when they are ill.

Check your thermometers and blood pressure cuffs to make sure they are in working order and make sure the caregivers in the home know where these items can be located and how to use them correctly.

Emergency warning signs that need urgent medical attention in adults include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

For the latest information on novel H1N1 visit:

ADHS website at:

www.azdhs.gov/h1n1flu/

CDC website at:

www.cdc.gov/h1n1flu/

PCHD website at:

www.pimahealth.org/

Additionally, there are two sites you can access regarding how to sneeze. We need to discard the attitude that sneezing into a sleeve is not acceptable and that using tissues is showing “better manners”.

Both of these videos are worth watching. The videos can be viewed at:

www.youtube.com/watch?v=a07eyqoilYs and www.youtube.com/watch?v=SpPA73SZJYE

MEDICAL SUPPLIES

As you know Danny's will be closing this month and authorizations for medical supplies are being transitioned to other vendors through the Prior Auth section of Utilization Management. Life Care Solutions is the preferred provider for medical supplies and the majority of authorizations will be transitioned to this vendor. If the member is already receiving medical supplies or equipment from Dependable or Preferred, the member needs to notify the case manager if he/she wants to continue with their current vendor. **Please note:** Preferred does not provide gloves.

Menu Planning

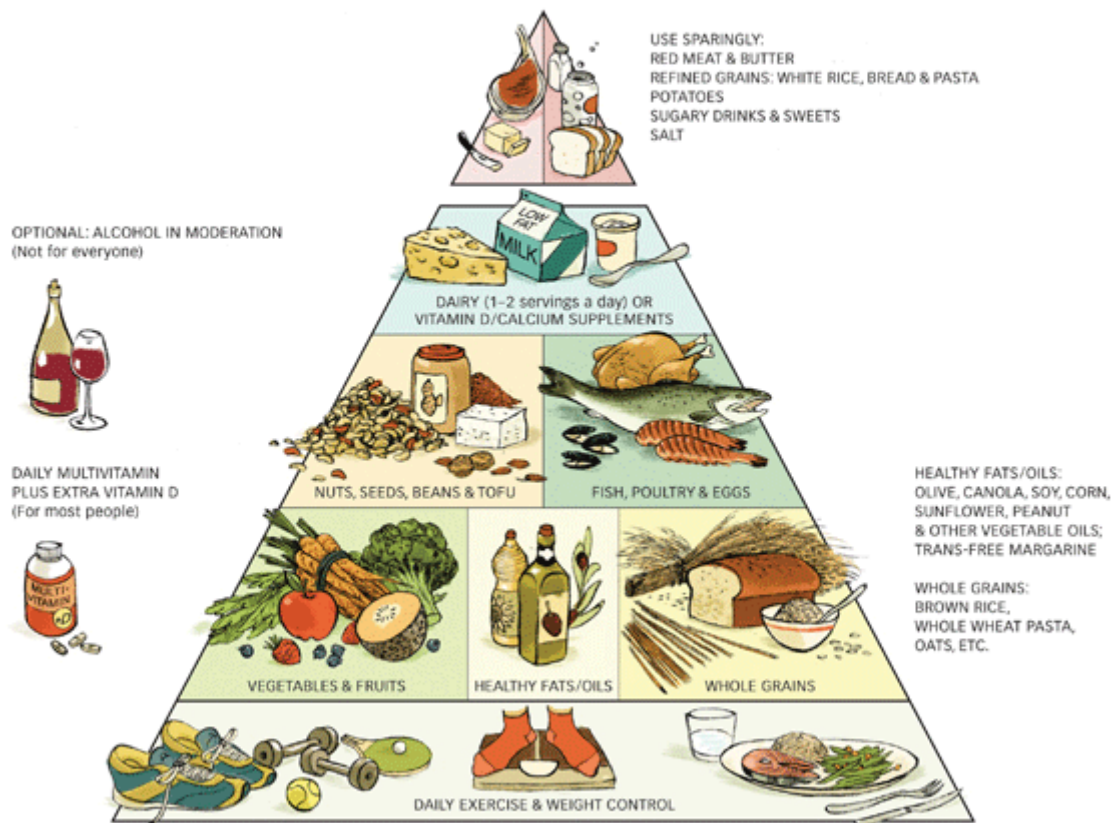
Nutrition and diet are important considerations to our members overall health and well being. Menus need to be planned with this in mind, taking into consideration the age and medical needs of the individual residents and any therapeutic diets that have been ordered by the PCP. According to the rules and regulations of ADHS Title 9 R9-10-715 food preferences, eating habits, customs, appetites, cultural, religious and ethnic backgrounds are to be taken into consideration when planning menus.

Remember a good diet includes more foods from the base of the pyramid (vegetables, whole grains) and less from the top (red meat, refined grains, sugary drinks).

The Healthy Eating Pyramid” diagram may be downloaded from the website:
www.hsph.harvard.edu/nutritionsource/what-should-you-eat/pyramid/

THE HEALTHY EATING PYRAMID

Department of Nutrition, Harvard School of Public Health



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Adapted from *Eat, Drink, and Be Healthy* by Walter C. Willett, M.D. and Patrick J. Skerrett (2005)
Free Press/Simon & Schuster Inc.

PIMA COUNTY PUBLIC LIBRARY READRUNNERS MOBILE LIBRARY SERVICES

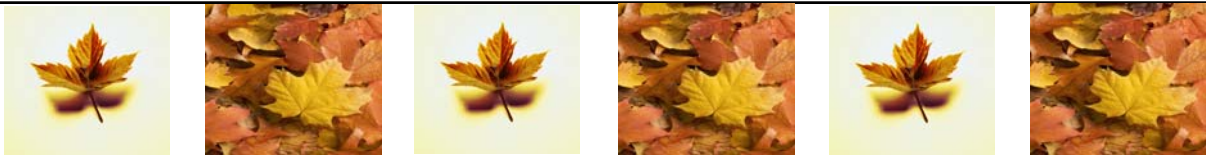
Bookmobile Books-By –Mail Deposit Collection

Bookmobile: The bookmobile provides monthly service to citizens of all ages who live in all areas of Pima County. The bookmobile carries over 2,500 items, including not only books, but also audio books, magazines, bestsellers, CD's, boardbooks, DVD's and large print materials. Over 17,000 items are circulated annually.

Books-By-Mail Service: This service provides large print materials to individuals with a visual impairment such that they can only read large print for extended periods of time, or individuals with a physical disability that would prevent them from frequenting their local library on a regular basis. Free mailing privileges are allowed by the U.S. Postal Service for these large print materials. Selections are made from a catalog using the order forms provided and items will be sent as well as returned using the mailing bags provided by the library.

Deposit Collection Service: This program provides library materials to nursing homes, assisted living facilities, senior day care centers, adult care homes and other related residences. Reading materials are in both English and Spanish, regular and large type print, as well as audio-books, movies, and magazines. These items are delivered on a quarterly basis and the library staff only asks that you provide shelving to place them on and monitor their usage. Since all the items are recycled materials from the library system, there are no charges for lost, missing or damaged items. All library services are free.

This is a wonderful opportunity for your residents to receive reading, audio, and visual materials without leaving your home/facility. For more information on these services, please contact Readrunners at 594-5415



CASE MANAGER'S CORNER

In a recent meeting, Case Managers were reminded to look closely at the Service Plan for each of our members at every review. It becomes easy to assume there haven't been changes and to simply sign the Plan without really paying attention to what it is saying about our members. A well-written Service Plan reflects the individuality of every resident in your home. It details the amount, type and frequency of health-related services needed by your resident, as well as who is responsible to provide these. It can include information about your resident's preferences, their behaviors, along with solutions to manage them and any detail that will assist your caregivers to know and understand how to give the best possible care to each resident. Assisted Living Case Managers will ensure the Service Plan matches the Functional Assessment they complete during each review with your input. The two of you may agree to add information, or make changes to the Plan so it will present an accurate picture of each member. If a nurse is writing your Plans, the Case Manager will meet with the two of you annually to discuss each member's care in more detail. That way, everyone is well-aware of each resident's baseline, so, if and when a change occurs for your resident, your Case Manager can problem-solve with you to provide optimal support.

MORE from the CASE MANAGER'S CORNER

If you are called by an outside agency, like hospice, and asked to accept a resident, PLEASE contact the case manager from your home so they can research whether the member meets criteria for an ALF placement. If you are unable to reach your case manager, you may contact ALF Supervisors, Roslyn Reich at 243-8079 or Anna Lambert at 243-8129. Sometimes, case management is left out of the loop when a placement decision is being made, yet we often have history about a member that a hospital or hospice doesn't know. We want you to fill to your capacity with the residents who are appropriate for ALF and who are a good fit for your home. It's hard on everybody when someone arrives with challenging behaviors or who has needs you cannot meet. Let us know when you have a potential admit. We will screen the person promptly and, if they meet criteria, assist the sending agency to make the move easy and successful.



RED FLAG RULES: PREVENT MEDICAL IDENTITY THEFT

Health Care Providers are required to comply with the "Red Flag" rules in accordance with the Federal Trade Commission (FTC) requirements. The implementation for these rules have been suspended three times in the past to give creditors time to develop and implement written identity theft prevention programs. The requirements are now scheduled to go into effect November 1, 2009. You may have received information from health care providers that your residents will be required to provide a picture ID when they arrive at a health care provider's office for a scheduled appointment or an unscheduled appointment at Urgent Care or the Emergency Department. Hospitals and other health care companies are required to know, with reasonable certainty, the identity of each person obtaining treatment. Health care providers who have been seeing an individual for a period of time may not feel they need to see the picture ID. However, this is especially important when the individual is seeing a new health care provider or is seeking medical care at a hospital, an Urgent Care Center, or an Emergency Care Department. Providing picture identification is one way health care providers can accomplish knowing, with reasonable certainty, that the person presenting for medical care is the person who is stated on the medical insurance care. If a member/resident living in your home/facility does not have picture identification, work with the family to obtain the picture ID. If the member doesn't have family or the family is out of town and unavailable to provide assistance, talk to the member's health care provider to determine what form of picture identification would be accepted. You may also talk with the member's case manager.



REMINDERS

Please send your updated ADHS Licenses to AHCCCS Provider Registration to ensure your AHCCCS Provider ID number is not terminated. Remember to include a note stating your AHCCCS Provider ID number. You may fax the information to 602-256-1474. If you have any questions, please contact the AHCCCS Provider Registration Unit at 1-800-794-6862.

We continue to collect the information needed for the Diabetic Performance Measures. As you know, these measures include annual HbA1c test results, annual lipid profile screening and annual retinal eye exam. Please send the results of the above tests or the information regarding date and lab used to Ginger Liebrecht, RN, Quality Management: FAX #: 748-9184

MEMBER PROVIDER COUNCIL

Assisted Living Facility providers are invited to attend the Member Provider Council meetings held quarterly at Pima Health System. The purpose of the meetings is to promote a collaborative effort between members, providers, and others in the community, along with PHS staff, to work together to fulfill PHS's commitment to quality care. Those who attend the meetings can provide input regarding Pima Health System's program and its service delivery, as well as to request topics for discussion at future meetings.

All of the **Tucson** meetings are scheduled to meet on the first floor of the Abrams Building at 3950 S. Country Club Rd. from 1:30 P.M. to 3:30 P.M. on the following Thursdays:

October 15, 2009, January 21, 2010, April 15, 2010, July 15, 2010, and October 21, 2010.

All of the **Santa Cruz County** meetings are held in Nogales at Alamo Plaza, 441 N. Grande Ave., Suite 9 from 1:30 P.M. to 3:30 P.M. on the following Thursdays:

October 22, 2009, January 28, 2010, April 22, 2010, July 22, 2010, and October 28, 2010.

We hope to see you at the meetings.



CORRECTIVE ACTION PLANS

We know how hard each of you works to comply with all of the rules and regulations and there are times when things go awry in spite of the best laid plans. When there are identified areas of non-compliance you are asked to provide a corrective action plan. This is required by ADHS as well as the PHS ALF program. Sometimes providers seem to struggle with the information and / or the format needed to address the non-compliance. The Corrective Action Plan or "CAP" is a permanent part of your record and is considered public record, as it is with ADHS. It is meant to address specific areas. When writing the CAP, stay focused and present accurate information that addresses the non-compliance, not the details leading up to the non-compliance. Don't personalize the situation. You need to be focused on the following:

- The deficiency as it relates to the rule;
- How you corrected the problem for the specific citation; and
- What action you will take to keep the non-compliance from being repeated.

If you have any questions or need recommendations/guidance in writing the CAP, please call the AL office to speak with the nurse who completed the Statement of Deficiency. It is important to turn in the CAP on or prior to the due date specified on the Statement of Deficiency. If you have concern about not being able to meet the due date, please contact the AL nurse and discuss the need for an extension.

Something to think about.....

CRABBY OLD MAN

When an old man died in the geriatric ward of a nursing home in North Platte , Nebraska , it was believed that he had nothing left of any value ..

Later, when the nurses were going through his meager possessions, They found this poem . Its quality and content so impressed the staff that copies were made and distributed to every nurse in the hospital ..

One nurse took her copy to Missouri . The old man's sole bequest to posterity has since appeared in the Christmas edition of the News Magazine of the St. Louis Association for Mental Health. A slide presentation has also been made based on his simple, but eloquent, poem.

And this little old man, with nothing left to give to the world, is now the author of this 'anonymous' poem winging across the Internet.

Crabby Old Man

*What do you see nurses? . . What do you see?
What are you thinking when you're looking at me?
A crabby old man, not very wise, Uncertain of habit with
faraway eyes?*

*Who dribbles his food and makes no reply .
When you say in a loud voice 'I do wish you'd try!'
Who seems not to notice . . . the things that you do .
And forever is losing A sock or shoe?*

*Who, resisting or not lets you do as you will, With bathing
and feeding The long day to fill?
Is that what you're thinking? Is that what you see?
Then open your eyes, nurse you're not looking at me .*

*I'll tell you who I am . As I sit here so still, As I do at your bidding,
as I eat at your will.
I'm a small child of Ten with a father and mother, Brothers and
sisters who love one another.*

*A young boy of Sixteen . . with wings on his feet Dreaming that soon now .
. a lover he'll meet..
A groom soon at Twenty . my heart gives a leap.
Remembering, the vows that I promised to keep.*

CRABBY OLD MAN *(Continued)*

*At Twenty-Five, now I have young of my own.
Who need me to guide And a secure happy home.
A man of Thirty My young now grown fast, Bound to each
other With ties that should last.*

*At Forty, my young sons . . have grown and are gone, But my woman's
beside me to see I don't mourn.
At Fifty, once more, babies play 'round my knee, Again, we know
children My loved one and me.*

*Dark days are upon me . . my wife is now dead.
I look at the future shudder with dread..
For my young are all rearing young of their own.
And I think of the years . . and the love that I've known.*

*I'm now an old man and nature is cruel.
Tis jest to make old age look like a fool.
The body, it crumbles grace and vigor, depart.
There is now a stone where I once had a heart.*

*But inside this old carcass . . a young guy still dwells, And now and
again my battered heart swells.
I remember the joys I remember the pain.
And I'm loving and living life over again.*

*I think of the years, all too few gone too fast.
And accept the stark fact that nothing can last.
So open your eyes, people open and see.
Not a crabby old man. Look closer see ME!!*

*Remember this poem when you next meet an older person who you might
brush aside without looking at the young soul within we will all,
one day, be there, too!*

PLEASE SHARE THIS POEM

*The best and most beautiful things of this world can't be seen or touched.
They must be felt by the heart.*



PIMA HEALTH SYSTEM

Assisted Living Department
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Tucson Arizona 85714

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CAREGIVER LOOKING FOR WORK

Recently Alma Gonzalez, certified caregiver, contacted PHS ALF program asking if anyone was looking for a caregiver. We know it is often difficult to find caregivers so if we receive calls like we did from Alma, we will include them in the newsletter. If you are interested in talking with her she can be reached at 304-9615.

