

ISDH Long Term Care
Newsletter Issue # 2012-15
September 17, 2012

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QIS Update

The ISDH began Quality Indicator Survey (QIS) training for long term care surveyors in January 2011. In 2011 the ISDH completed QIS training for our QIS trainers and one team from each of the seven survey areas. In January 2012, the ISDH began training remaining teams from each area.

The survey teams in four of the seven survey areas have completed QIS training. We have completed QIS training for a total of 15 of 21 survey teams. The following are the Survey Areas that have completed QIS training:

- Survey Area 3 - January 2012
- Survey Area 6 - March 2012
- Survey Area 5 - April 2012
- Survey Area 2 - June 2012
- Survey Area 0 - August 2012

The ISDH began classroom training for two more survey teams on September 17, 2012. The QIS class will include the two remaining teams for Survey Area 1 along with a few other individuals. The ISDH expects the teams to complete training by around October 19. Each training class completes one week of classroom training followed by one mock survey and two surveys of record.

The September 17, 2012 QIS class includes:

Area 1, Team A

Amber Bloss
Lora Swanson
Jane Kaiser
Shauna Carlson
Brenda Meredith

Area 1, Team B

Sarah Sanaghan
Marcia Mital
Regina Sanders
Sheila Sizemore
Shannon Pietrasewski

Looking ahead, the final two teams from Area 4 begin training around October 29, 2012.

CDC National Healthcare Safety Network

National Healthcare Safety Network Update
*Release to include new tracking capability for long term care,
healthcare worker influenza vaccination, and electronic submission of dialysis events*

The Centers for Disease Control and Prevention (CDC) provides the National Healthcare Safety Network as a tool for the identification, reporting, and analysis of healthcare associated infections. The CDC's [National Healthcare Safety Network](#) (NHSN) was updated on the evening of Friday, September 14th. Below are the major updates:

Dialysis Event - electronic submission capability

NHSN is now able to accept Dialysis Event numerator and denominator data electronically via a Clinical Document Architecture (CDA) file import. This electronic reporting capability will help to ease the time and effort burden of manual data entry for NHSN users. Dialysis facilities who are interested in reporting to NHSN using the CDA import should work with their parent organizations or electronic medical record software vendors to create properly formatted CDA files that can be submitted to NHSN. Questions about electronic reporting to NHSN via CDA can be sent to the NHSN CDA Helpdesk at nhsncda@cdc.gov.

Long Term Care Facility Component

CDC is also releasing a new tracking component, allowing nursing homes and other long term care facilities to monitor healthcare-associated infections. The new NHSN component allows facilities to track *Clostridium difficile*, drug-resistant infections such as methicillin-resistant *Staphylococcus aureus* (MRSA), urinary tract infections, and healthcare worker adherence to basic infection control procedures including hand hygiene and glove and gown use. [NHSN's long term care component](#) is ideal for use by: nursing homes, skilled nursing facilities, chronic care facilities, and assisted living and residential care facilities. To access or enroll your facility in NHSN's long term care component, see CDC's website: <http://www.cdc.gov/nhsn/LTC/index.html>

Healthcare Worker Influenza Vaccination

Acute care hospitals participating in the Centers for Medicare & Medicaid Services' Inpatient Prospective Payment System (IPPS) Hospital Inpatient Quality Reporting Program will be required to submit summary data on influenza vaccination of healthcare personnel via the Centers for Disease Control and Prevention's [National Healthcare Safety Network](#) (NHSN) beginning on January 1, 2013 for the 2012-2013 influenza season. Hospitals will be asked to report vaccinations received by healthcare personnel at the facility, vaccinations received outside the facility, medical contraindications and declinations. Data must be reported for all employees on payroll, licensed independent practitioners (who are physicians, advanced practice nurses, and physician assistants affiliated with the hospital but not on payroll), and students, trainees, and volunteers aged 18 or older. Only healthcare personnel physically working in the facility for at least 30 days between October 1 and March 31 should be counted. Acute care hospitals planning to report healthcare worker influenza vaccination summary data should refer to the [operational guidance](#). The new Healthcare Personnel Influenza Vaccination Summary protocol, report form, and table of instructions are now posted on the HPS Vaccination Module page : http://www.cdc.gov/nhsn/hps_Vacc.html

Any additional questions can be sent to CDC's National Healthcare Safety Network at nhsn@cdc.gov.

Hand in Hand: A Training Series for Nursing Homes

The Patient Protection and Affordable Care Act requires the Centers for Medicare and Medicaid Services (CMS) to ensure that nurse aides receive regular training on how to care for residents with dementia and on preventing abuse. CMS [Survey and Certification Letter 12-44](#) announced that CMS has created Hand in Hand: A Training Series for Nursing Homes to address the requirement for annual nurse aide training on these important topics. The Hand in Hand training materials consist of an orientation guide and six one-hour video-based modules, each of which has a DVD and an accompanying instructor guide.

Though Hand in Hand is targeted to nurse aides, it may be valuable to all nursing home caregivers, administrative staff and surveyors. In order for this training to be most effective, it is important to use a team training approach. Training principles in this DVD series include:

- Consistent Staffing
- Empowering Nurse Aides
- Promoting Team Involvement
- Building Relationships

While annual training for nurse aides on dementia care and abuse prevention is required in current nursing home regulations, CMS does not require nursing homes to use Hand in Hand specifically as a training tool. Other tools and resources are also available.

The Hand in Hand training series will be mailed free to all nursing homes, Regional Offices (RO) and State Survey Agencies in September 2012.

Prostate Cancer Awareness Month

INDIANAPOLIS-Prostate cancer is the most commonly diagnosed cancer, and the second leading cause of cancer deaths among men in the United States and Indiana. September is Prostate Cancer Awareness Month, a time for men and their healthcare providers to discuss screening options.

According to the Indiana Cancer Facts & Figures 2012 report, approximately one in six men in the United States will be diagnosed with prostate cancer in their lifetime, and one in 36 will die from it. Screening may lead to early detection and increased effectiveness of treatment; however some risks include false-positive test results and serious side effects, such as impotence and incontinence.

"Appropriate screening for prostate cancer is a widely debated topic in the medical community," said State Health Commissioner Gregory Larkin, M.D. "Given the potential risks linked to prostate cancer screening, it is vitally important for men to talk with their healthcare provider to determine if screening is right for them."

Some important findings from the Indiana Facts & Figures report include:

- The chance of developing prostate cancer rises rapidly after age 50, with two out of three new diagnoses occurring among men over age 65.
- African American men are more likely to develop prostate cancer than any other racial or ethnic group and are more than twice as likely to die from the disease as white men.
- Men with one first-degree relative (a father or brother) with a history of prostate cancer are two to three times more likely to develop the disease; those with more than one affected first-degree relative are three to five times more likely to be diagnosed with prostate cancer.

Some common signs and symptoms of prostate cancer include:

- Difficulty starting urination.
- Weak or interrupted flow of urine.
- Frequent urination, especially at night.
- Difficulty emptying the bladder completely.
- Pain or burning during urination.
- Blood in the urine or semen.
- Painful ejaculation.
- Pain in the back, hips or pelvis that doesn't go away.

It's important to note that some men have no symptoms at all, and that these symptoms also occur frequently as a result of non-cancerous conditions, such as prostate enlargement or infection. No symptoms are specific to prostate cancer.

Like most cancers, individual actions and lifestyle choices can help prevent prostate cancer. In particular, men should:

- Eat at least five servings of fruits and vegetables each day.
- Limit intake of red meats (especially processed meats such as hot dogs, bologna and lunch

meat).

- Avoid excessive consumption of dairy products and calcium.
- Include recommended levels of lycopene (antioxidants that help prevent damage to DNA which are found in tomatoes, pink grapefruit and watermelon) and vitamin E in their diet.
- Meet recommended levels of physical activity.

To learn more about prostate cancer, please refer to the Indiana Cancer Facts and Figures 2012 report, a comprehensive report on the burden of cancer in Indiana, by visiting www.indianacancer.org.

Organizations interested in impacting the burden of cancer in Indiana should consider participating in the Indiana Cancer Consortium (ICC). The ICC is a statewide network of partnerships whose mission is to reduce the cancer burden in Indiana through the development, implementation and evaluation of a comprehensive plan that address cancer across the continuum from prevention through palliation. Participation in the ICC is open to all organizations and individuals interested in cancer prevention, early detection, treatment, quality of life, data collection and advocacy regarding cancer-related issues. To become a member of the ICC and find additional information about cancer prevention and control in Indiana, please visit the ICC's website at www.indianacancer.org.

To visit the Indiana State Department of Health's website, go to www.StateHealth.in.gov.