

DQA Quarterly Information Update

July 2008

Division of Quality Assurance
Otis Woods, Administrator

Wisconsin Department of Health Services
Division of Quality Assurance
P.O. Box 2969, Madison, WI 53701-2969

Telephone: (608) 266-8481 • TTY: (608) 266-7376 • FAX: (608) 267-0352 • <http://dhfs.wisconsin.gov>

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CONTACT

Gina Bertolini
bertogm@dhs.state.wi.us
(608) 266-6691

NEW THIS ISSUE



New Department Name

Proposed in Governor Jim Doyle's 2007-2009 biennial budget, and passed in November 2007 by the Wisconsin legislature, the **Department of Children and Families** will be the state's first cabinet agency devoted to promoting the economic and social well-being of children and families of the state of Wisconsin.

As a result of this, effective July 1, 2008, the **Department of Health and Family Services (DHFS)** will become the **Department of Health Services (DHS)**. The mission, goals and values of the Department will remain the same.

DQA Online and Toll Free Complaint Resources

The Division of Quality Assurance (DQA) is responsible for assuring the safety, welfare and health of persons using health and community care provider services in Wisconsin.

DQA receives complaints from healthcare providers and the public regarding facility staff, regulated healthcare facilities, clinical laboratory, and other issues.

Effective April 21st of this year, DQA is able to receive complaints via an online process. Any person (resident, employee, ombudsman, relative,

friend, other) may file a complaint regarding any DQA regulated issues via the DQA complaint webpage at <http://dhs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>.

As of June 2, 2008, individuals will also be able to file a complaint with DQA by calling the toll free telephone number **1-800-642-6552**.

Both the online complaint link and the toll free number will provide greater access to people across Wisconsin and the nation to share concerns regarding friends or family members residing in DQA regulated facilities.

Regional Boundary Changes for BNHRC

The current county responsibilities for certain regional offices have changed, effective June 1, 2008. The Northern Regional Office (NRO) in Rhinelander will be resuming responsibility for counties that had been temporarily assigned to other regions.

The NRO will be resuming responsibility for **Sawyer, Rusk, and Taylor** counties, previously the responsibility of the Western Regional Office. The NRO will also assume responsibility for **Florence, Forest, Langlade, and Portage** counties, previously under the jurisdiction of the Northeastern Regional Office.

Additional information regarding this change can be found in DQA Memo 08-017.

Battery Recharging of Healthcare Equipment

Electric wheelchairs, lifts, scales, and other resident/patient equipment are becoming more prevalent in healthcare facilities each year. As a result of reported fires occurring in electric wheelchairs while being recharged, the Division is being more conscious of this equipment.

The primary concern is the recharging of wheelchairs within the residents/patients sleeping room. In addition to the noted fire concern, battery manufacturers identify hazards within their specifications. Acidic gases or some type of byproduct are emitted from the battery while being charged, which remain a hazard to individual's respiratory system and eyes.

The second concern is the recharging of lifts, scales, or other equipment within an egress corridor. The means of egress in a system is not intended for the storage or maintenance of equipment, especially when the equipment recharging activity has an associated hazard (LSC § 7.1.10.1).

The third concern is that, with the increased presence of oxygen (both the compressed and liquid form within healthcare facilities), the recharging of electrical equipment can pose a source of ignition for a space or area with higher concentrations of oxygen. Do not recharge batteries within spaces designated as oxygen storage, transferring, or manifold room. Do not recharge batteries within 5 feet of portable liquid oxygen systems (CGQ P-2.7-2000).

Corrosion can occur on batteries and all batteries require some form of maintenance. The facility bears the burden of providing this maintenance. Batteries not provided the proper maintenance and cleaning will increase the associated hazards.

Gelled electrolyte or ‘Gell-Cell’ batteries are no different. These batteries use the same electrolyte chemical process common in other batteries using an acid, typically gelled sulfuric acid. The health hazards associated with sulfuric acid are well known. Manufacturer claims of producing a ‘sealed battery’ are quite common, yet all batteries can be overcharged and are subject to explosion.

An enclosed equipment storage room, a hazardous storage room, an enclosed room not used by residents/patients, i.e., an overnight physical therapy space or a shower/tub room, may be permissible as a battery recharging location if the following conditions are met:

- the space has continuously operating mechanical ventilation exhausted to the outdoors;
- the room used for this recharging activity has no negative impact on resident/patient overnight care or treatment;
- the room has properly hard wired electrical circuitry and breaker protection (no extension cords, power taps, adapters); and
- the Division assigned Life Safety Engineer for your facility is apprized of the situation and has no major concerns.

Some facilities have asked, “Could the attached bathroom of a resident’s sleeping room be used to recharge a wheelchair overnight?” Typically, individual resident toileting facilities are not sized to accommodate both the use of the bathroom and an equipment recharging activity simultaneously. Resident access to a bathroom that is attached to their sleeping quarters is often critical during the evening or night time hours and shall not be compromised to accommodate equipment recharging. The removal of equipment from a bathroom to obtain access is not conducive to a safe (fall prevention) or a sanitary (infection control) environment.

Ventilation rates within resident/patient bathrooms are of different types and are sometimes unreliable. If battery charging is to occur within a space, a reliable form of ventilation is required. For instance, some nursing homes constructed under older codes have outside windows; unfortunately, an outside window is not a reliable source of ventilation for a battery charging location. Similarly, during the winter heating season or at other times when energy costs are a concern, some facilities disconnect their exhaust fans. This is another example of unreliable mechanical ventilation for a battery charging location.

Since 1985, the Division has actively encouraged facilities to set up a secure, separate, non resident/patient, enclosed room with reliable mechanical ventilation and proper electrical wiring in which to recharge healthcare equipment.

CDC Launches New Patient Safety WebSite

On March 28, 2008, the CDC’s National Center for Infectious Diseases, Division of Healthcare Quality Promotion announced the availability of a new Patient Safety Web Site that includes sections on Medication Safety and Injection Safety. The CDC plans to further develop this site with additional topics.

You may access this web site at <http://www.cdc.gov/ncidod/dhqp/patientsafety.html> .

80 Percent Club Continues to Grow!

During the 2007-2008 influenza season, the Bureau of Communicable Diseases and Preparedness again challenged Wisconsin hospitals and nursing homes to vaccinate at least 80% of their employees against influenza as a way to reduce transmission of influenza among their patients / residents. According to the Bureau of Communicable Diseases and Preparedness' 80% Club, 35 hospitals and 71 nursing homes achieved the 80% employee vaccination level, up from 19 hospitals and 45 nursing homes during the 2006-2007 influenza season. (See graph.)

The Division of Quality Assurance is pleased to recognize the following health care organizations that have achieved this important goal.

Appleton Medical Center
Alexian Village of Milwaukee
Ashland Health and Rehab Center
Aspirus Lillian Kerr Healthcare Center
Aurora Medical Center Manitowoc County
Aurora Medical Center Oshkosh
Aurora Medical Center Sheboygan
Aurora Memorial Hospital Burlington
Baldwin Care Center
Becker Shoop Center
Belmont Nursing and Rehab Center
Birch Hill Care Center
Black River Memorial Hospital
Bloomfield Manor
Brewster Village
Cedar Lake Health and Rehab Center
Childrens Hospital of Wisconsin - Fox Valley
Chippewa Manor Nursing Home
Cornell Area Care Center
Countryside Home
Cumberland Hospital
Door County Nursing Home
Fair View Home
Flambeau Hospital
Geneva Lake Manor
Golden Living Center - Watertown
Good Samaritan Scandia Village
Grancare Inc - Fond du Lac
Grande Prairie Health and Rehab
Greenway Manor
Hayward Area Memorial Hospital
Heritage Manor - Elroy
Heritage Manor - Rice Lake
Heritage of Elmwood
Holton Manor
Karmenta Center
Kennedy Park Medical and Rehab Center
Lakeview Medical Center
Linden Grove Menomonee Falls
LO Simenstad Nursing Care Unit

Luther Hospital - Mayo Health System
Luther Midelfort Northland - Mayo Health System
Luther Midelfort Chippewa Valley - Mayo Health System
Luther Midelfort Oakridge - Mayo Health System
Markesan Resident Home
Marquardt Memorial Manor
Mary Jude
Mellen Manor
Mercy Manor Transition Center
Mercy Residential and Rehab Center
Montello Care Center
Morrow Memorial Home
Mt Carmel Medical and Rehab Center
Muskego Health Care Center
Nazareth Health and Rehab Center
Norseland Nursing Home
Oak Park Nursing and Rehab Center
Oak Ridge Care Center
Oakridge Gardens Nursing Center
Oconomowoc Memorial Hospital
Onalaska Care Center
Osceola Medical Center
Pine Crest Nursing Home
Pine Valley Healthcare and Rehab Center
Portage County Health Care Center
Prairie du Chien Memorial Hospital
Prescott Nursing and Rehab Community
Red Cedar Medical Center
Reedsburg Area Medical Center
Rennes Health Center - Appleton
Rest Haven Health Care Center
Richland Hospital
Ridgeview Terrace Long Term Care
Ripon Medical Center
River Falls Area Hospital
Riverview Hospital Association
Sacred Heart Hospital - Eau Claire
Santa Maria Nursing Home
Schmitt Woodland Hills
Select Specialty Hospital Madison
Shady Lane Inc
Shawano Medical Center
Southwest Health Center - Hospital
Southwest Health Center - Nursing Home
Spring Valley Health Care Center
St Clare Hospital and Health Services
St Clare Meadows Care Center
St Croix Regional Medical Center
St Joseph Hospital - Chippewa
St Marys Care Center
St Michaels Lutheran Home
Stoughton Hospital
Tomah Memorial Hospital
Upland Hills Health Hospital
Upland Hills Nursing and Rehab
Vallhaven Care Center

Villa Marina Health and Rehab - Superior
Waunakee Manor Health Care Center
Wheaton Franciscan Healthcare - St Joseph Elmbrook
Wild Rose Manor
Willowbrook Nursing and Rehab
Wisconsin Lutheran Care Center
Woodland Village Nursing Home

GPRA Goal Update

The Centers for Medicare & Medicaid Services' (CMS) two Government Performance Results Act (GPRA) goals for nursing homes include reducing the number of restraints used and reducing the number of pressure ulcers in nursing homes. These goals were first articulated in CMS Survey & Certification (S&C) Letter number 05-01, titled Guidance on Working with Quality Improvement Organizations. This S&C Letter can be viewed as a PDF file at the Internet site <http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter05-01.pdf>.

In July 2006, CMS Region 5 provided the DQA with regional GPRA goals for pressure ulcers and restraints. The CMS Regional GPRA goal for pressure ulcers was set at 7.4% and the goal for restraints was set at 4.5%. However, Wisconsin's average percentage of restraints was already below the regional goal. Consequently, the DQA selected 2.6% as the Wisconsin GPRA goal for restraints. Every quarter, the DQA monitors the progress of Wisconsin nursing homes in achieving the GPRA goals. As of 6/13/08, Wisconsin's average percentage of restraints remains at **1.7%** based on fourth quarter MDS data. Wisconsin's average percentage of pressure ulcers decreased to **6.8%** based on fourth quarter MDS data. You may view the progress of pressure ulcer and restraint reduction in WI Nursing Homes at the following links:

[Percent of Residents with Pressure Ulcers - June 2008 \(graph\)](#)

[Prevalence of Pressure Ulcers in Wisconsin Nursing Facilities – 4th Qtr 2007 \(map\)](#)

[Percent of Residents in Restraints - June 2008 \(graph\)](#)

[Restraint Use by Wisconsin Nursing Facilities – 4th Qtr 2007 \(map\)](#)

Prior to each nursing home's annual survey, state surveyors review each nursing home's Quality Measure/Quality Indicator Reports to determine if the nursing home's "observed percent" of pressure ulcers is 7.4% or above and whether the "observed percent" of restraints is 2.6% or above. **The survey team must select these areas for review for any nursing home whose "observed percent" is at or above these thresholds.**

The DQA strongly recommends that all nursing homes routinely monitor their Quality Measure/Quality Indicator Reports with their quality assurance committee to determine if their "observed percent" is at or above the thresholds for pressure ulcers and restraints. As the majority of serious deficiencies issued in 2007 and 2008 for pressure ulcers were related to lack of prevention, the quality assurance committee should also review on a quarterly basis the number of pressure ulcers that are present on admission versus facility acquired pressure ulcers.

If you have questions about GPRA goals, contact:

Vicky Griffin, WI GPRA Goal Coordinator
(414) 227-4705
Victoria.Griffin@dhs.wisconsin.gov

Innovative Collaboration Paves the Way in Pressure Ulcer Prevention

State and Private Health Leaders Collaborate to Double Wisconsin Pressure Ulcer Care Specialists

Ten organizations and the Department of Health and Family Services announced a collaborative effort to certify 200 Wisconsin registered nurses, who work in long-term care, as certified pressure ulcer specialists:

The courses, provided by the Wound Care Education Institute, will more than double the number of pressure ulcer care certified nurses currently working in Wisconsin. This increase aims to further prevent and better treat the occurrence of pressure ulcers in nursing home residents.

This initiative marks Wisconsin as having one of the most aggressive and comprehensive approaches to pressure ulcer prevention and treatment in the nation. Wisconsin already is a national leader, well below the national average and regional target numbers for pressure ulcer prominence. This initiative to lower the occurrence of pressure ulcers in the state will further solidify Wisconsin's role as an innovator in health care, committed to the well-being of its residents.

LTC Facilities to Protect Residents with Full Sprinkler Systems

CMS to Publish Final Rule

Long term care (LTC) facilities across America will, for the first time, be required to protect their residents by installing sprinkler systems throughout their buildings if they wish to continue to serve Medicare and Medicaid beneficiaries, under a new regulation to be issued by the Centers for Medicare & Medicaid Services. Facilities will have a five-year phase-in period to become fully compliant with the new rule.

Approximately three million elderly and disabled Americans reside in the nation's 16,000 nursing homes, all of which must have comprehensive sprinkler systems in place by 2013. To date, there has never been a multiple-fatality fire in a facility with a sprinkler system that meets the requirements of today's rule.

“CMS is taking further action to protect the lives of our beneficiaries through a more comprehensive and effective approach to fire safety,” said Kerry Weems, acting administrator of CMS. “In the past, certain older facilities were exempt from having an automatic sprinkler system, but we now will hold all 16,000 nursing homes in the nation to this standard.”

As an interim step taken prior to publication of this rule, CMS in March 2005 began requiring all long term care facilities that did not have sprinklers to install battery-operated smoke alarms in all patient rooms and public areas. Although fatal fires in nursing homes are rare, in a July 2004 report, the Government Accountability Office estimated that automatic sprinkler systems can decrease the chance of fire-related deaths by 82 percent.

CMS has already taken many actions to increase resident safety over the past several years, including stepped-up frequency in the number of fire safety inspections performed.

The agency previously began publishing on its *Nursing Home Compare* Web site the number of fire safety violations, as well as information on the extent to which nursing homes had sprinkler systems, for every long term care facility in the country.

Under previous CMS regulations, newly constructed and rehabilitated nursing homes must be equipped with sprinkler systems. But prior to adoption of today's rule, existing homes were not required by the federal government to have such systems.

CMS follows the fire safety guidelines developed by the National Fire Protection Association (NFPA) and all new sprinkler systems installed as a result of this rule will have to meet NFPA technical specifications. To be in compliance with the new rule, nursing homes must have sprinkler coverage in all areas such as resident rooms; kitchen, dining and activity areas; corridors; attics; canopies; overhangs; offices; waiting areas; closets; storage areas for trash and linen; maintenance areas, etc.

“This is an important new rule for protecting the health and safety of persons living in long term care facilities such as nursing homes who are, by definition, some of the most vulnerable among us,” Weems said. “It is widely believed by fire safety experts that automatic sprinkler systems are the single most effective fire protection step facilities can take.”

New Nursing Home MDS Resource Guide

The DQA developed a Minimum Data Set (MDS) Resource Guide. This guide provides websites and resource information related to the Resident Assessment Instrument (RAI) and MDS. The MDS Resource Guide is available on the following website and the printed document may be folded to form a tri-fold. The MDS Resource Guide can be accessed at:

http://dhs.wisconsin.gov/rl_DSL/NHs/NHprovds.htm

Office of Caregiver Quality (OCQ) Updates

DQA Regulated Entity Background Check Process

If an entity wishes the license approval to continue, the license holder or the legal representative must submit the completed forms that are necessary for the required four-year renewal process, *regardless of when a DQA regulated entity last submitted an application for licensure, certification, or registration.*

Pursuant to Chapter 50.065(6)(am), Wis. Stats., and HFS 12.05, Wis. Admin. Code, failure to comply with any provision of background information gathering requirements subjects entities to certain sanctions, including denial, revocation, non-renewal, or suspension of regulatory approval.

All license holders/legal representatives must comply with the requirements by June 30, 2008. To obtain the necessary forms for the *Existing License Holder Four-Year Renewal Background Check Process*, access the DQA Regulated Entity Background Check Process web page at <http://dhs.wisconsin.gov/caregiver/fouryear.htm>. See DQA Memo 08-015 for more information.

NNAAP Application for Competency Evaluation for Student Nurse or Graduate Nurse Update

The OCQ and Pearson VUE have revised the student nurse application process and developed the following procedure to ensure that a nursing student or a graduate nurse has satisfactorily completed training in all six care areas before applying to take the National Nurse Aide Assessment Program (NNAAP™) examination:

The Student Nurse or Graduate Nurse, who has not taken the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or Practical Nurses (NCLEX-PN®) must submit an original transcript and a Student/Graduate Nurse Verification Sheet verifying that he/she has met all training requirements for nurse aide program. The verification sheet must be sent to the OCQ for approval.

- OCQ will review this information, indicate on the verification sheet that the request to take the NNAAP is either approved or denied (indicating reason for denial), and return the Student/Graduate Nurse Verification Sheet to the applicant.
- If approval is granted, the applicant must submit the original verification sheet authorization, a completed *Application for Competency Evaluation for Student Nurse or Graduate Nurse*, the correct fees, and appropriate forms of identification to the American Red Cross for scheduling an exam.

A Graduate Nurse, who has failed the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or Practical Nurses (NCLEX-PN®), must complete an *Application for Competency Evaluation for Student Nurse or Graduate Nurse* and submit a copy of the letter from the State Board of Nursing verifying failure of the NCLEX, correct fees, and appropriate forms of identification to the American Red Cross for scheduling an exam.

A Graduate Nurse, who holds a current nursing license (RN or LPN), must complete an *Application for Competency Evaluation for Student Nurse or Graduate Nurse* and submit a copy of his/her current nursing license, correct fees, and appropriate forms of identification to the American Red Cross for scheduling an exam.

The *Application for Competency Evaluation for Student Nurse or Graduate Nurse* and the Student/Graduate Nurse Verification Sheet will be available on the Pearson VUE website at <http://www.pearsonvue.com>.

Questions? Contact the DQA Office of Caregiver Quality at:

(608) 261-8319 telephone

(608) 264-6340 fax

DHSCaregiverIntake@wisconsin.gov

Sharing State Survey Findings with Managed Care Organizations - Home Health

Effective with the conclusion of June 2008 surveys, DQA will share copies of all state violations of HFS 12, HFS 13, and HFS 133 with the Department's Office of Family Care Expansion. DQA will provide the Office of Family Care Expansion with copies of all state-issued survey findings once it is confirmed that the agency has received its original citation. That office will, in turn, share these copies with the respective Managed Care Organizations within the counties served by the home health agency.

Questions related to this sharing of information may be directed to:

Crenear Mims, Director, Bureau of Health Services.

(608) 264-9887 (Madison)

(414) 227-4556 (Milwaukee)

Crenear.Mims@dhs.wisconsin.gov

Signature Stamps for Home Health Agencies and Hospices

The Centers for Medicare and Medicaid Services (CMS) S&C letter 08-22 provides updated survey and certification guidance related to the use of physicians' signature stamps by Medicare-approved home health and hospice providers. It updates S&C 04-35, published July 8, 2004.

CMS is no longer allowing home health agencies and hospices to accept rubber stamp signatures from physicians. Stamped signatures cannot be accepted on orders, treatments, or other documents that are a part of the patient's clinical record.

Wisconsin home health agency and hospice administrative rules (HFS 133 and HFS 131 respectively) do not prohibit the use of a physician's rubber stamped signature. The rules requiring a physician signature do not restrict the form of that signature. **However**, licensed and certified agencies must comply with the more restrictive Medicare rule. Therefore, this notice rescinds the previous guidance provided in the November, 2004 Quarterly Update.

If you have additional questions, please feel free to contact:

Marianne Missfeldt

marianne.missfeldt@dhs.wisconsin.gov

REMINDER: *Basic Home Health Online Course*

The Basic Home Health Online Course is an educational course that provides individuals an opportunity to learn basic federal home health regulations. This interactive course is intended to build a foundation of understanding about home health agency federal regulations. The federal home health agency Conditions of Participation (CoPs) and Appendix B of the State Operations Manual (SOM) are the basis for this course. Appendix B includes the regulations, interpretative guidelines, and questions to consider when determining if home health agencies are following federal regulations.

Many home health agency staff have already taken the course and have provided very positive feedback.

Register online at https://wisccharge.wisc.edu/quality/current_courses.asp.

The cost to take the course is \$25.00 per person. The course is available 24/7 via the Internet. Additional information is included in the course description located on the registration website.

REGULAR FEATURES

Changes in DQA Staff



Bureau of Assisted Living Changes

New Bureau of Assisted Living Regional Director - SERO

The Bureau of Assisted Living (BAL) is pleased to announce that Carolyn Happel (formerly Lien) has accepted the position of Assisted Living Regional Director of the Southeast Regional Office.

For the last six years Carolyn has worked for DHFS as a Human Services Area Coordinator (Area Administration) for adult services. In that role, she collaborated extensively with the SERO to help improve Assisted Living programs. Prior to that time Carolyn spent four years with Washington County Department of Social Services and worked as a Director of Social Services for a nursing home.

Jennifer Wagner Departure

Jennifer Wagner served as a Quality Assurance Program Specialist for the Bureau of Assisted Living. Jennifer had a tremendous impact on the bureau's ability to improve quality assurance mechanisms, to target resources on high impact areas, and to look at corporate compliance concerns. Jennifer's last day with DQA/BAL was June 6th.

Marilyn Wendelburg Departure

After almost 28 years with the Division of Quality Assurance, Marilyn Wendelburg is retiring on July 10th. Marilyn began her career as a nurse consultant surveyor in the Bureau of Nursing Home Resident Care in the southeast region and, then, with the Bureau of Assisted Living.

Announcing a Change in the NRO and NERO

Barbara Brock-Arndt, Northern Region Assisted Living Regional Director, has accepted a Nursing Consultant 1 position in the BAL Northeast Regional Office. DQA thanks Barbara for her years of service and contributions to the BAL. Barbara will begin her new position July 6, 2008. Susan Murphy, Western Regional ALRD, will provide ALRD coverage to the Northern Region.

DQA Numbered Memos (April, May, June)

Access these memos via http://dhs.wisconsin.gov/rl_DSL/Publications/BQAnodMems.htm or from individual providers' publications pages via http://dhs.wisconsin.gov/rl_DSL/.

| Memo No. | Title | Summary | Providers Affected |
|-----------------|---|--|--|
| 08-008 | Informal Dispute Resolution (IDR) Update | This memo describes the revised procedure under which health care facilities may work to informally resolve differences they have with citations issued by the DQA. The procedure took effect Monday, April 14, 2008. | Nursing Homes Facilities for the Developmentally Disabled |
| 08-009 | Post-Construction Inspection Questionnaire for Hospitals | The Bureau of Health Services (BHS) has implemented a satisfaction survey for hospitals receiving construction inspections by the BHS engineering staff. This survey tool provides hospital representatives or their contractors an opportunity to provide feedback to management staff of the BHS about the inspection process. | Hospitals |
| 08-010 | Revisions to Wisconsin Statutes, Chapter 50, Effective March 29, 2008 | Wisconsin Act 102 went into law on 03/13/08 and created section 50.375, effective 03/28/08. Section 50.375 requires hospitals to provide a victim of sexual assault with specific information and, upon the victim's request, emergency contraception. The DHFS is responsible for ensuring that hospitals comply with the requirements of section 50.375 and is authorized to directly assess forfeitures for violations of the law. | Hospitals |

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| 08-011 | Submission of Construction Plans to the Milwaukee State Office Building | This memo informs certain design firms and health care facilities that they will need to direct construction plans for DQA review to a new address. The change, which takes effect immediately, affects healthcare facilities located in the Eastern part of Wisconsin. | Ambulatory Surgery Ctrs. Community Based Residential Facilities End Stage Renal Dialysis Units Hospices Hospitals Nursing Homes |
| 08-012 | Medication Aide Training Waiver for Facilities with a Nurse Aide Training Prohibition | This memo details the circumstances under which medication aide training can be allowed in facilities with an NATCEP prohibition (an enforcement action taken when a facility has citations for substandard quality of care). | Nursing Homes |
| 08-013 | Glucose Meters and Infection Control | The DQA has observed instances where facility staff have not adhered to the standards of practice to prevent patient-to-patient transmission of blood borne pathogens when using glucose meters. The memo provides specific infection control recommendations published by the CDC that focus on diabetes-care procedures in healthcare and group residence settings. | Adult Family Homes Community Based Residential Facilities Facilities for the Developmentally Disabled Nursing Homes Residential Care Apt. Complexes |
| 08-014 | Wisconsin Nurse Aide Training Clinical Site Responsibilities | This memo provides nursing homes with information regarding their role and responsibilities when agreeing to serve as a clinical site for an approved nurse aide training program. | Nurse Aide Training Programs Nursing Homes |
| 08-015 | Notice of Mandatory Requirement to Submit Four-Year Renewal of Licensee background Check Information | This memo serves as official notice to entity license holders/legal representatives that the DQA is now conducting the required four-year renewal of licensee background checks. | Certified Mental Health and AODA Community Based Residential Facilities Facilities for the Developmentally Disabled Home Health Agencies Hospices Hospitals Licensed Adult Family Homes Nursing Homes Residential Care Apt. Complexes |

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| 08-016 | DQA Complaint Resources | The memo introduces the new DQA online and toll-free complaint-intake system. | <p>Ambulatory Surgical Ctrs. Adult Day Care Facilities Adult Family Homes Community Based Residential Facilities End Stage Renal Dialysis Units Facilities for the Developmentally Disabled Home Health Agencies Hospitals Hospices Nurse Aide Training Programs Nursing Homes Outpatient Rehabilitation Agencies Residential Care Apt. Complexes Rural Health Clinics Disability Rights of Wis. Board on Aging and Long Term Care Coalition of Wisconsin Aging Groups</p> |
| 08-017 | Change in Regional Boundaries and Regional Contacts | The current county responsibilities for certain regional offices have changed effective 06/01/08. | Nursing Homes |
| 08-018 | Reporting Hotline for Health Care Providers | The purpose of this memorandum is to notify health care providers of the method for contacting the Department of Health Services (DHS) to report public health or human service emergencies. | <p>Adult Day Care Centers Adult Family Homes Ambulatory Surgery Ctrs. Certified Mental Health and AODA Community Based Residential Facilities Home Health Agencies Hospices Hospitals Nurse Aide Trng. Programs Nursing Homes Outpatient Rehabilitation Facilities Residential Care Apartment Complexes Rural Health Clinics</p> |

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| 08-019 | <p>Statewide Waiver of Certain Sections of Wis. Admin. Code Chapter HFS 88, Relating to the Provision of Information to an Aging and Disability Resource Center and Referral to a Resource Center.</p> | <p>With the passage of the State's budget (2007 Wis. Act 20. §§ 1765, 1766, and 1767), Adult Family Homes (AFHs) in counties with a resource center certified by the Secretary of the DHFS are no longer obligated to meet the requirements in Wis. Admin. Code §HFS 10.73(3) and (4).</p> <p>The purpose of this statewide waiver is to notify facilities of the elimination of the statutory requirement to (a) provide information about the services of an aging and disability resource center and available screening for family care benefit eligibility, and (b) the requirement to make referrals to an aging and disability resource center.</p> | Adult Family Homes |
| 08-020 | <p>Recent FDA Medication Recalls and Compliance</p> | <p>The Centers for Medicare and Medicaid Services (CMS) has become aware, during facility surveys nationally, of instances where facilities have not been in compliance with various Food and Drug Administration (FDA) recalls.</p> <p>Recent recalls have included heparin products and Digitex®. These recalls were due to adverse effects occurring in patients, including deaths. Therefore, facility removal of the recalled products is imperative for patient safety. The FDA information on recalled products and lot numbers may be accessed at the FDA Web site located at http://www.fda.gov/opacom/7alerts.HTML.</p> <p>Pharmacy providers and distributors and health care providers should be monitoring their supplies, including, for example, crash carts and storage cabinets, and removing recalled products in order to assure that recalled products are not available for patient/resident use.</p> | <p>Adult Day Care Adult Family Homes Ambulatory Surgery Ctrs. Certified Mental Health and AODA Community Based Residential Facilities End Stage Renewal Dialysis Facilities for the Developmentally Disabled Home Health Agencies Hospices Hospitals Nurse Aide Training Programs Nursing Homes Outpatient Rehabilitation Agencies Residential Care Apartment Complexes Rural Health Clinics</p> |

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| 08-021 | Wisconsin Feeding Assistant Training Program Update | The DHFS has recently received a number of questions as to whether licensed health care professionals are required to complete a feeding assistant training program prior to assisting residents, who have no feeding complications, with the activities of eating and drinking. This memo provides clarification as to what extent the training requirement in 42 CRF 483.75(q) applies to licensed health professionals as defined in 42 CFR 483.75(e)(1). | Facilities for the Developmentally Disabled Feeding Assistant Training Programs Nursing Homes |
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HFS Administrative Rules Update

HFS 12 – Caregiver Background Checks

On May 15, 2008, the Wisconsin Administrative Register published a Statement of Scope of proposed rules to revise Chapter HFS 12, Caregiver Background Checks. 2007 Wisconsin Act 172 created section 50.065 (2m) (d) of the Statutes, effective April 10, 2008. Section 50.065 (2m) (d) requires the Department to promulgate rules to specify crimes for which an entity must disclose to a client or the client’s guardian, a conviction of a caregiver who is assigned to provide personal care services to the client in the client’s personal residence and to specify who is a “substitute caregiver”.

An advisory committee has been formed, including advocates, trade and professional associations, and other interested parties, to review the proposed revisions and make recommendations for change. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>.

HFS 83 - Community Based Residential Facilities

On October 18, 2007 the Wisconsin Administrative Register published the Initial Proposed Rulemaking Order including a summary and text of the proposed rule, Wisconsin Administrative Code Chapter HFS 83. The goal of the proposed rule is to focus on resident outcomes and quality of life and quality of care, improve readability and organization, eliminate excess and prescriptive language, revise staff training standards establishing a more cost effective system for providers, and promote the use of nationally recognized standards of practice.

Public hearings were held in December 2007 in five locations; Eau Claire, Milwaukee, Green Bay, Rhineland, and Madison. For more information, you may view the proposed rule on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>.

HFS 85 - Non-Profit Corporation as Guardian

On September 19, 2006, the Wisconsin Administrative Register published a Statement of Scope of proposed rules to amend Chapter HFS 85, Non-profit Corporation as Guardian. Through this initiative, the Department proposes to make the rule reflect current standards of practice, recognizing the increase in the number of adults in need of guardianship and the increase in the complexity of their needs.

An Advisory Committee, including advocates, providers, registers in probate, and County adult protective services staff, meets regularly to review proposed rule language and make recommendations for revision to the rule. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>.

HFS 124 - Hospitals

On April 1, 2005, the Wisconsin Administrative Register published a Statement of Scope of proposed rules to amend Chapter 124. The Department is planning to update Chapter HFS 124 to eliminate overly prescriptive and outdated regulations, clarify the Department's enforcement authority, and make the rule more consistent with the federal Medicare requirements.

An advisory committee has been formed, including a large number of trade and professional associations, hospitals, and other interested parties, to review the proposed revisions and make recommendations for change. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>.

HFS 129 - Certification Programs for Training and Testing Nurse Assistants, Home Health Aides and Hospice Aides

On May 6, 2008, the Wisconsin Administrative Register published the Initial Proposed Rulemaking Order including a summary and text of the proposed rule, Wisconsin Administrative Code Chapter HFS 129. Through this initiative, the Department proposes to make the rule more consistent with federal regulations, to include the feeding assistant and medication aide training and testing program requirements, and to reflect the Department's decision to standardize administration and operation of nurse aide competency evaluation by contracting for this service.

Public hearings were held in June 2008 in 4 locations; Milwaukee, Wausau, Rice Lake and Madison. For more information, you may view the proposed rule on the Wisconsin Administrative Rules website at <http://adminrules.wisconsin.gov/>.

CMS Survey & Certification Letters (April, May, June)

Listed below are Survey and Certification (S&C) Letters distributed by CMS during the last quarter. Please note that the CMS Internet site where you can review all S&C memos is <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp>.

| S&C No. | Title | Summary | Providers Affected |
|---------|---|--|--|
| 08-14 | Federal Minimum Qualification Standards for LTC Registered QIS Surveyors | Includes Federal minimum standards of the QIS process to assure effective and consistent QIS implementation for the training of State and Federal surveyors and their trainers. | Nursing Homes |
| 08-15 | Revised State Operations Manual Appendix V – EMTALA | Advanced copy of the Emergency Medical Treatment and Labor Act (EMTALA) Appendix V to Publication 100-07, State Operations Manual (SOM), incorporates recent guidance provided in S&C memoranda, technical corrections, and revised Tag numbers. | Hospitals |
| 08-16 | Provisions of Observation Services in Critical Access Hospitals (CAHs) | Includes advanced copy of revised portions of the State Operations Manual (SOM) CAH Appendix W, addressing assessment of observation bed services in CAHs. | Critical Access Hospitals |
| 08-17 | Transplant Surveys: Guidance for Citing Condition and Standard-Level Deficiencies | Provides guidelines for determination of level of non-compliance when deficiencies are cited under clinical experience requirements or survival outcome requirements in organ transplant programs. | Hospitals Organ Transplant Programs |
| 08-18 | Restraint/Seclusion Interpretive Guidelines and Updated SOM Appendix A | On-line SOM Hospital Appendix A requires revision reflecting changes in regulatory text adopted through rulemaking by CMS, established interpretive guidance issued via previous S&C memoranda, new interpretive guidance for patients' rights rule at 42 CFR 482.13(e), (f) and (g), governing hospital use of restraint and seclusion, minor technical corrections, and revision of Tag numbers. | Hospitals |

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| 08-19 | Alert: Food and Drug Administration (FDA) Heparin Recall for All Provider Types | The FDA has issued recalls for medications that have the potential for serious adverse reactions in patients/residents. It is important that all health care providers are aware of this information. | All Provider Types |
| 08-20 | Safe Injection Practices in Ambulatory Surgical Centers (ASCs) | The State of Nevada and federal epidemiologists identified a cluster of hepatitis C infections where infected individuals all had procedures in the same ASC. Subsequent survey of that ASC identified unsafe injection practices. The CDC has developed pertinent information on safe injection practices. State Agencies should disseminate this information to certified ASCs in their States and ensure that all surveyors who conduct ASC surveys are familiar with this material. | Ambulatory Surgical Ctrs. |
| 8-21 | Updated Brochure Describing the Quality Indicator Survey (QIS) | CMS is providing an updated, 2008 version of the brochure that provides a brief description of the QIS and an overview of the QIS training process. | Nursing Homes |
| 08-22 | Signature Stamps for Home Health Agencies (HHAs) and Hospices | Effective 05/30/08 HHAs and hospices may not accept physicians' rubber stamp signatures for their clinical record documenta-tion. This memo updates S&C-04-35, published 07/08/04. | Home Health Agencies Hospices |
| 08-23 | SOM Chapter 5 / Release of Person-Identifiable Data Related to Restraint / Seclusion Deaths to PA and As | Sec. 5140 of Pub. 100-07, the SOM, concerning deaths in Hospitals associated with the use of restraint or seclusion, has been revised to correspond to regulatory requirements at 42 CFR 482.13(g) and to reflect operational procedures implemented since the revised regulation took effect in January, 2007. An advance copy of the revised SOM Sec. 5140 is attached. | Hospitals |

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| 08-24 | DMEPOS Competitive Bidding Replaces Current Fee Schedule Amounts for Selected Items in Some Areas | This memo provides information concerning a recent change in the way payment is made for durable medical equipment to DMEPOS suppliers. Surveyors, especially those surveying home health agencies, hospices, and nursing homes should be aware of this change in payment in the event questions arise during the course of a survey. | Home Health Agencies Hospices Nursing Homes |
| 08-25 | Advance Copy - Organ Transplant Interpretive Guidelines Update | The Organ Transplant Interpretive Guidelines represent the most recent surveyor guidance for conducting surveys of organ transplant programs and should replace all previously-released versions. | Hospitals Organ Transplant Programs |
| 08-26 | Moratorium on Classification of Long-Term Care Hospitals | The Medicare, Medicaid, and SCHIP Extension Act (MMSEA) (Pub. L. 110-173), enacted December 29, 2007, establishes a three-year moratorium on the designation of new long-term care hospitals (LTCH) or satellites, and on an increase of beds in an LTCH. The statute creates certain limited exceptions to the moratorium. The Centers for Medicare and Medicaid Services adopted an Interim Final Rule with Comments on May 22, 2008 (73 FR 29699) to implement the LTCH moratorium provisions of the MMSEA. CMS Regional Offices will determine whether a facility qualifies for an exception to the moratorium. | Hospitals Long Term Care Hospitals |

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| 08-27 | Survey and Certification Issues Related to Iowa and Indiana Flooding Disasters | The President has declared a national emergency in specified counties of Indiana and Iowa, and Mike Leavitt, the Secretary of the U.S. Department of Health and Human Services, has also declared a public health emergency in the specified Indiana and Iowa counties. CMS may waive or modify, to the extent necessary, certain requirements or timetables, if providers, acting in good faith to provide needed services, are unable to comply with the requirements as a result of the effects of the disaster. | All Providers |
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UPCOMING EVENTS



Focus 2008 Conference - Navigating the Waters of Emerging Issues

The Wisconsin Department of Health Services, Division of Quality Assurance is pleased to announce the 8th Annual Conference for health care providers and DQA staff on August 6, 2008. This year's conference, developed in collaboration with health care providers, is designed to bring together a variety of experts to share strategies and provide learning opportunities for all participants.

Karen E. Timberlake, Secretary of Health Services, will kick off the conference with opening remarks. Cheryl Kirking --- author, Certified Personality Trainer, songwriter, and recording artist --- will present a motivating, thought-provoking keynote, "Splashes of Joy".

The day will include 24 topical breakout sessions on emerging issues and practices, numerous informative exhibits, and networking opportunities.

The FOCUS 2008 conference offers an exciting opportunity for participants to:

- acquire information from experts to address current and emerging issues,
- apply learned practices and strategies in their health care settings and,
- gain opportunities for networking and the exchange of ideas.

The conference is designed for staff from Assisted Living Facilities, Facilities Serving People with Developmental Disabilities, Nursing Homes, and DQA. Online registration and additional information on the presenters, breakout sessions, and exhibits is available at http://dhs.wisconsin.gov/rl_dsl/Training/focus08.htm.

The conference will include a special session, "Spotlight on Complex Issues in Bariatric Health Care," on August 5 which will focus on the unique issues and concerns related to the treatment of persons who are more than 100 pounds overweight. The conference begins with a keynote address by Dr. Lloyd Stegemann, President of the Texas Association of Bariatric Surgeons and Advisory Board Member of the Obesity Action Coalition. This engaging presentation will address the development and causes of the current obesity epidemic, as well as the economic, health, and social impact of society's expanding waistlines.

The afternoon breakout sessions will feature specialists in the field of bariatrics. The sessions are designed to provide increased understanding of morbid obesity and to offer practical approaches that can be applied in health care facilities, home health, and community environments. Topic areas include equipment demonstrations, consumer advocacy, skin care, mobility challenges, caregiver safety, selection of equipment, psychological factors, and provider panel discussions.

This special session is designed for staff from all provider types, as well as Occupational Therapists, Physical Therapists, Emergency Medical Services Personnel, and staff from DQA.