

Yukon Kuskokwim Elders Home

Robert F. Tyree, MD, CMD



The Deacon's Masterpiece

"The Wonderful One-Hoss Shay", 1858

by Oliver Wendell Holmes, MD

HAVE you heard of the wonderful one-hoss-shay,
That was built in such a logical way
It ran a hundred years to a day,
And then, of a sudden, it--ah, but stay
...

You see, of course, if you 're not a dunce,
How it went to pieces all at once,--
All at once, and nothing first,--
Just as bubbles do when they burst.



YK Elders Home

1100 Chief Eddie Hoffman Highway

- ◆ Opened SEP 2013
- ◆ 18 bed capacity
- ◆ Construction cost: \$16.3 million
- ◆ Tobacco (and alcohol) free facility



Josephine Enok, YK Elders Home First Resident

Story by – Donna Bach

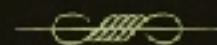
OCTOBER 30, 2013 - YK Messenger



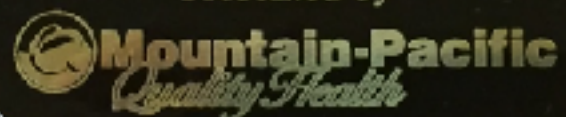
Julia Jimmie sitting at her mother's bedside at the Yukon Kuskowkim Elders Home.

Alaska Nursing Home
Quality Achievement Award
2016

**Yukon Kuskokwim
Elders Home, Bethel**



Presented by



- ◆ Nursing homes are inspected annually by the State.
- ◆ However the standards are Federal and are referred to as "F-Tags"
- ◆ F-Tag 501 requires the medical director to be responsible for implementing resident care policies and coordinating medical care in the facility. Regulation requires that a physician be part of the Quality Assurance committee.

Nursing Home Compare

Nursing home information i	Overall rating i	Health inspections i	Staffing i	Quality measures i
<div>▲</div> <div>▼</div>	<div>▲</div> <div>▼</div>	<div>▲</div> <div>▼</div>	<div>▲</div> <div>▼</div>	<div>▲</div> <div>▼</div>
YUKON KUSKOKWIM ELDER'S HOME 1100 CHIEF EDDIE HOFFMAN HWY, PO BOX 528 BETHEL, AK 99559 (907) 543-6782	★★●●● Below Average	★●●●● Much Below Average	★★★★★ Much Above Average	★★●●● Below Average

January 2016 inspection

<https://www.medicare.gov/nursinghomecompare>

Health Inspection

January 2016 inspection

▼ Health inspection summary	
Date of standard health inspection:	01/14/2016 View Full Report
Date(s) of complaint inspection(s) between 7/1/2015 - 6/30/2016:	No Complaint Inspections
Total number of health deficiencies:	14
Average number of health deficiencies in Alaska:	9.7
Average number of health deficiencies in the United States:	7.0

Why we should care:

- Reflects quality of care for our elders
- Impacts reimbursement

Federal fines in the last 3 years		Date	Amount
Fines		07/18/2014	\$3900
Fines		11/20/2014	\$6500
Federal payment denials in the last 3 years			Date
This nursing home has not received any payment denials in the last 3 years.			
States may also impose penalties under state law. To search state websites click here .			

Pneumococcal Vaccine

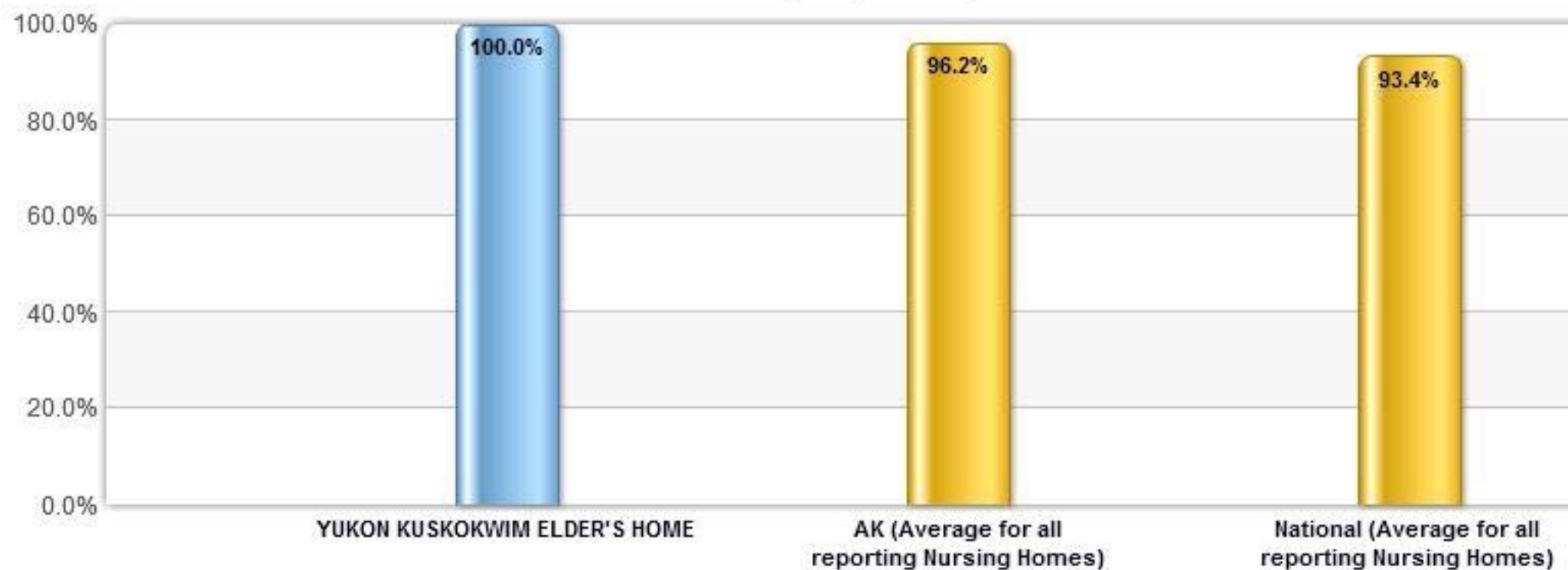
January 2016 inspection

Percentage of long-stay residents assessed and given, appropriately, the pneumococcal vaccine.

Why is this important?

Hide Graph

Higher percentages are better.



◆ PCV13

◆ One year later PCV23

Flu Shot

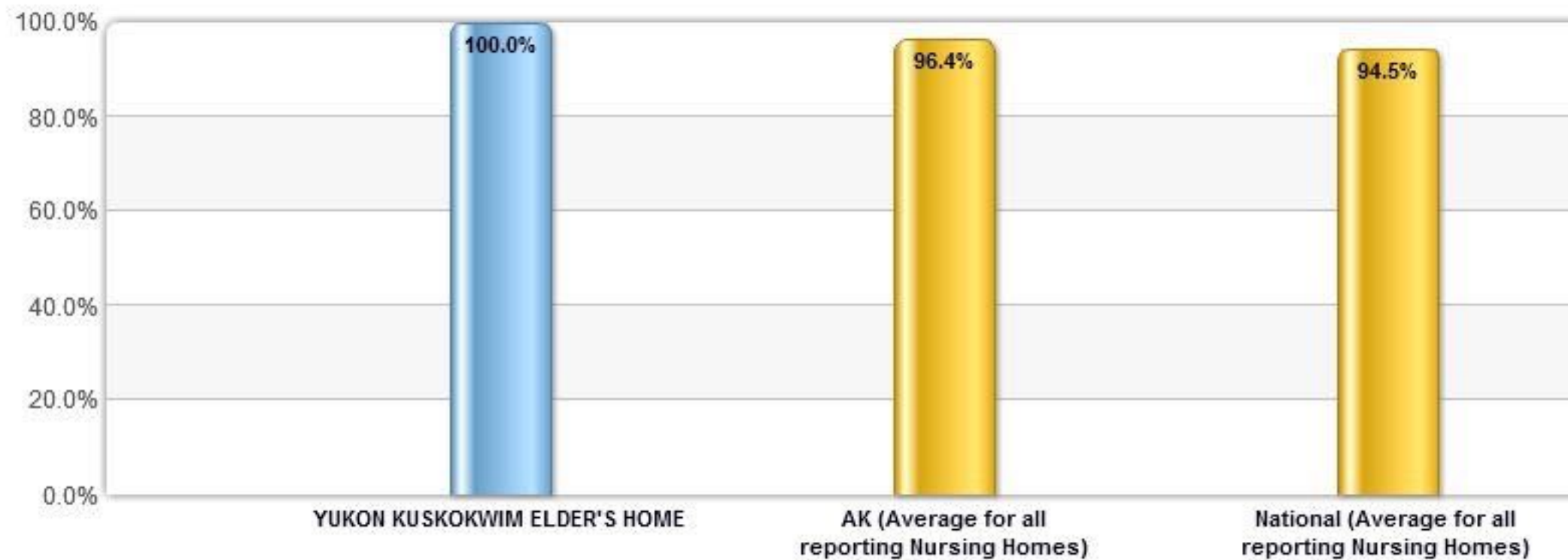
January 2016 inspection

Percentage of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine.

Why is this important?

Hide Graph

Higher percentages are better.



Why do we care about the flu?

- On December 9, 2016, CDC posted [estimates of seasonal flu deaths from more recent seasons](#) in the United States. CDC estimates that from 2010-2011 to 2013-2014, influenza-associated deaths in the United States ranged from a low of 12,000 (during 2011-2012) to a high of 56,000 (during 2012-2013).
- Between 71 percent and 85 percent of seasonal flu-related deaths occur in people 65 years and older.
- An influenza outbreak in a nursing home can kill 20% of the residents.

- For those over age 65, high dose influenza vaccine is preferred for improved antibody response.
- Have you Heard about “Herd Immunity”?
- Elder Home staff flu shot rate: 91.4% (32/35)

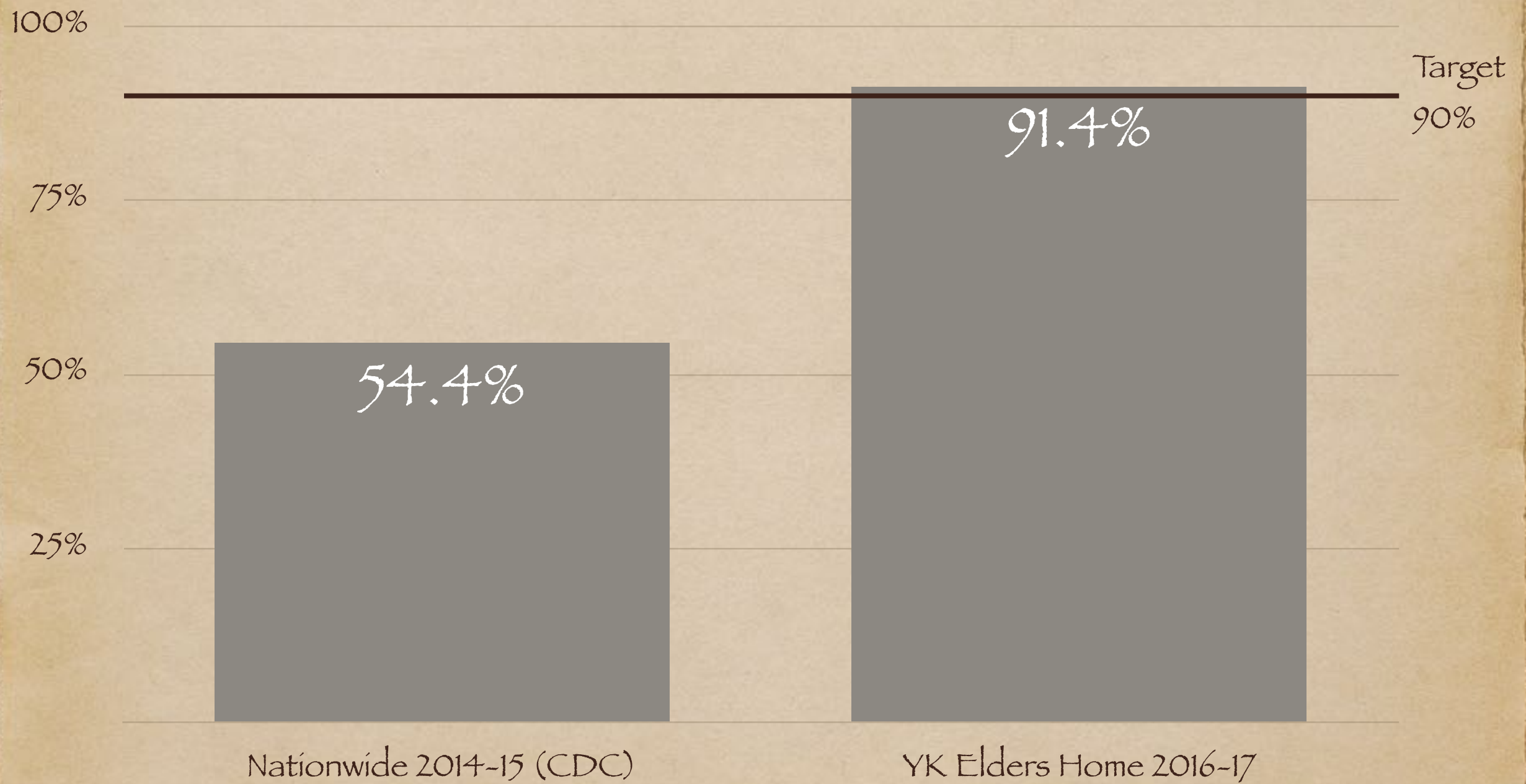
According to the CDC, the national average for nursing home staff in 2014-15 flu season was 54.4%.

<http://www.cdc.gov/flu/healthcareworkers.htm>

Herd Immunity in 5 seconds

<http://imgur.com/a/8M7q8>

Nursing Home Staff Receiving Flu Shot



Dear _____,

I was surprised to learn that you declined the flu shot this year. I hope you will reconsider.

Every year, between 20,000 and 30,000 Americans die from the flu. [CDC: annual influenza-associated deaths ranged from 3,349 in 1986--87 to 48,614 in 2003—04.]

Your flu shot protects not only you, but others, including our vulnerable Elders Home residents, through “herd immunity”. Our elders get the flu shot, but their weak immune systems may not respond with enough antibody to effectively protect them. We can protect our elders by getting our own flu shots, thereby creating a flu-free buffer zone around them – that’s “herd immunity”. Your flu shot may save the life of one of our elders!

Flu shot myths BUSTED: You may need to forward this YouTube video to your home e-mail to view it on your personal web browser, but it’s worth it. The nasal spray flu vaccine is not being offered this year.

https://www.youtube.com/watch?v=99_b6kA6Oeg

Thank you.

Respectfully,

Robert F. Tyree, MD
Elders Home Medical Director

JAMA. 1990 Sep 5;264(9):1139-41.

Frequency of adverse reactions to influenza vaccine in the elderly. A randomized, placebo-controlled trial.

Margolis KL 1, Nichol KL, Poland GA, Pluhar RE.

Abstract

Concern about side effects constitutes a major deterrent to patient compliance with influenza vaccination, yet there is a paucity of data about the occurrence of adverse reactions in the population targeted for immunization. We conducted a randomized, double-blind, crossover trial to compare the frequency of adverse reactions following administration of 1988-1989 trivalent split-antigen influenza vaccine and saline placebo. Outpatient veterans 65 years of age or over (n = 336) were recruited by mail and were randomly assigned to receive vaccine followed 2 weeks later by placebo injection or placebo followed 2 weeks later by vaccine. There was no significant difference between influenza vaccine and placebo with respect to the proportion of subjects reporting disability or systemic symptoms.

Free flu shots for repeat visitors

- ◆ Family members
- ◆ Visiting clergy & church volunteers
- ◆ Junior ROTC members

Presenteeism

or working while sick

can cause ...

- ◆ loss of productivity
- ◆ errors in patient care
- ◆ workplace employee epidemics
- ◆ illness and death of nursing home residents

If you're sick, stay home!

Falls with major injury

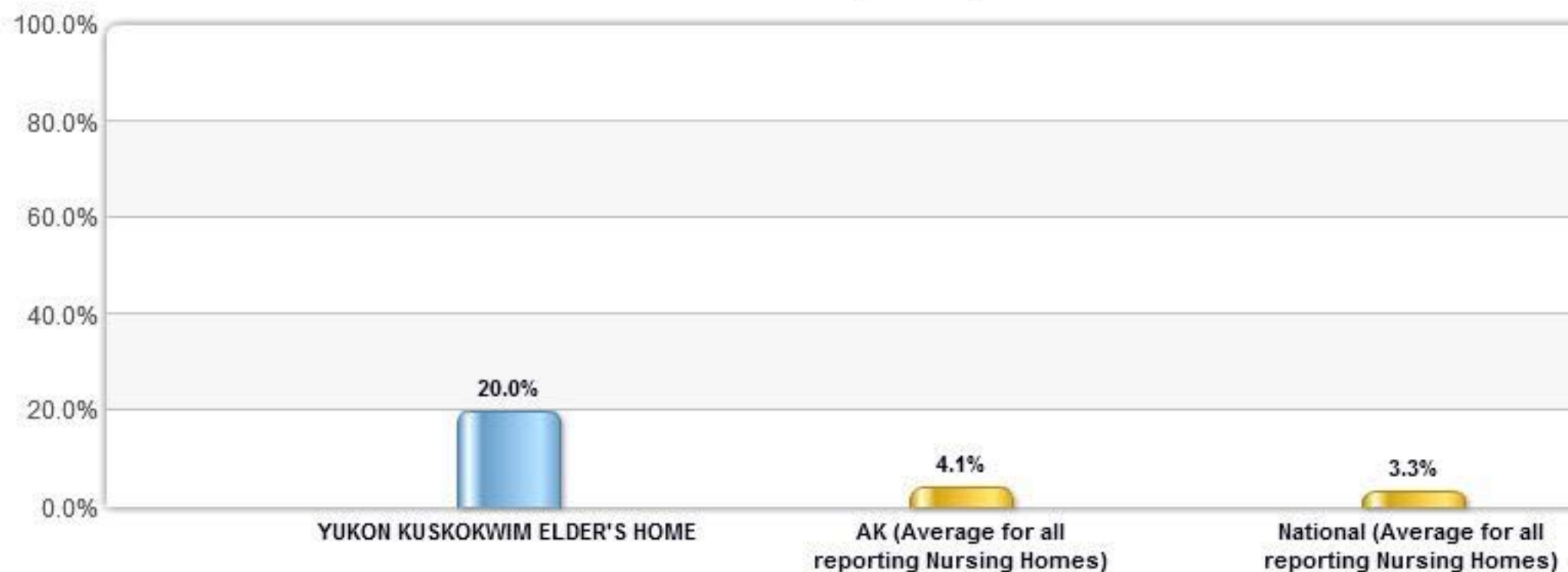
January 2016 inspection

Percentage of long-stay residents experiencing one or more falls with major injury.

Why is this important?

[Hide Graph](#)

Lower percentages are better.



Discern: (1 of 1)



High-Risk Med Alert

The medication diphenhydrAMINE 25 mg oral capsule is on American Geriatric Society Updated Beers Criteria List. Please consider a lower risk medication or consult pharmacy for alternative medication.

OK

Beers List

Updated November 2015

<http://pharmacistsletter.therapeuticresearch.com/pl/ArticleDD.aspx?nidchk=1&cs=&s=PL&pt=2&segment=4413&dd=280610&AspxAutoDetectCookieSupport=1>

Medications to be avoided or used with caution in patients over the age of 65.

- ♦ Antipsychotics (**A**)

Risk of stroke and death in dementia patients

May cause or worsen delirium or cognitive impairment.

Unsteady gait, psychomotor impairment, syncope may lead to falls.

Dopamine-receptor blockade may worsen Parkinson's disease.

SIADH. Check sodium when starting or changing dose.

- ♦ Benzodiazepines (**A**)

Increased sensitivity and impaired metabolism (long-acting agents) increases risk of cognitive impairment, unsteady gait, psychomotor impairment, accidents, and delirium.

Chemical Restraints

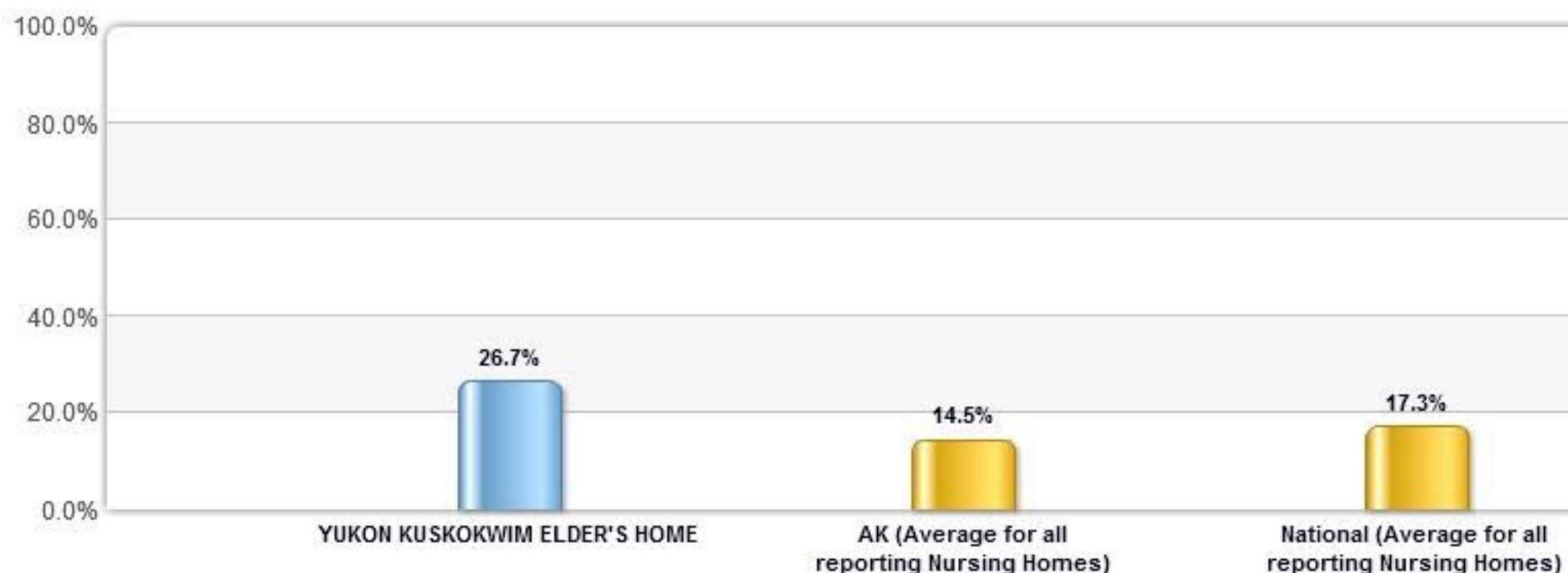
January 2016 inspection

Percentage of long-stay residents who received an antipsychotic medication.

[Why is this important?](#)

[Hide Graph](#)

Lower percentages are better.



Sedative Hypnotic Medications

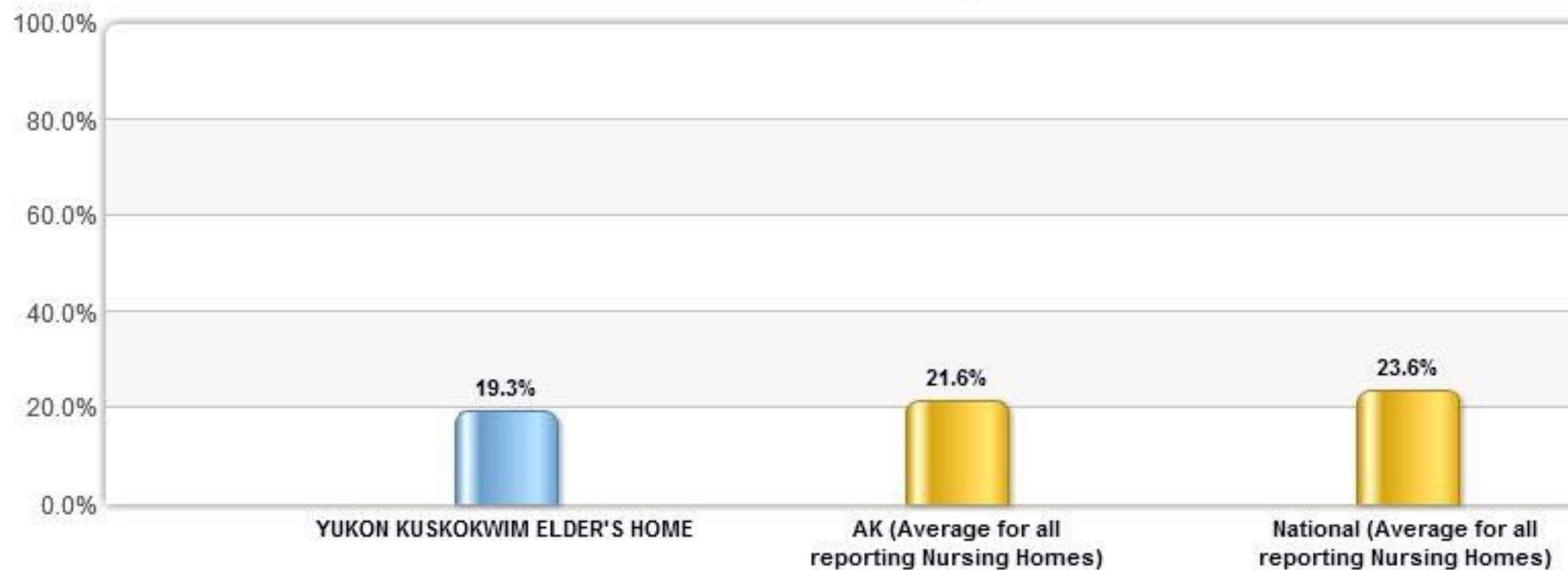
January 2016 inspection

Percentage of long-stay residents who received an antianxiety or hypnotic medication.

[Why is this important?](#)

[Hide Graph](#)

Lower percentages are better.



Physical Restraints

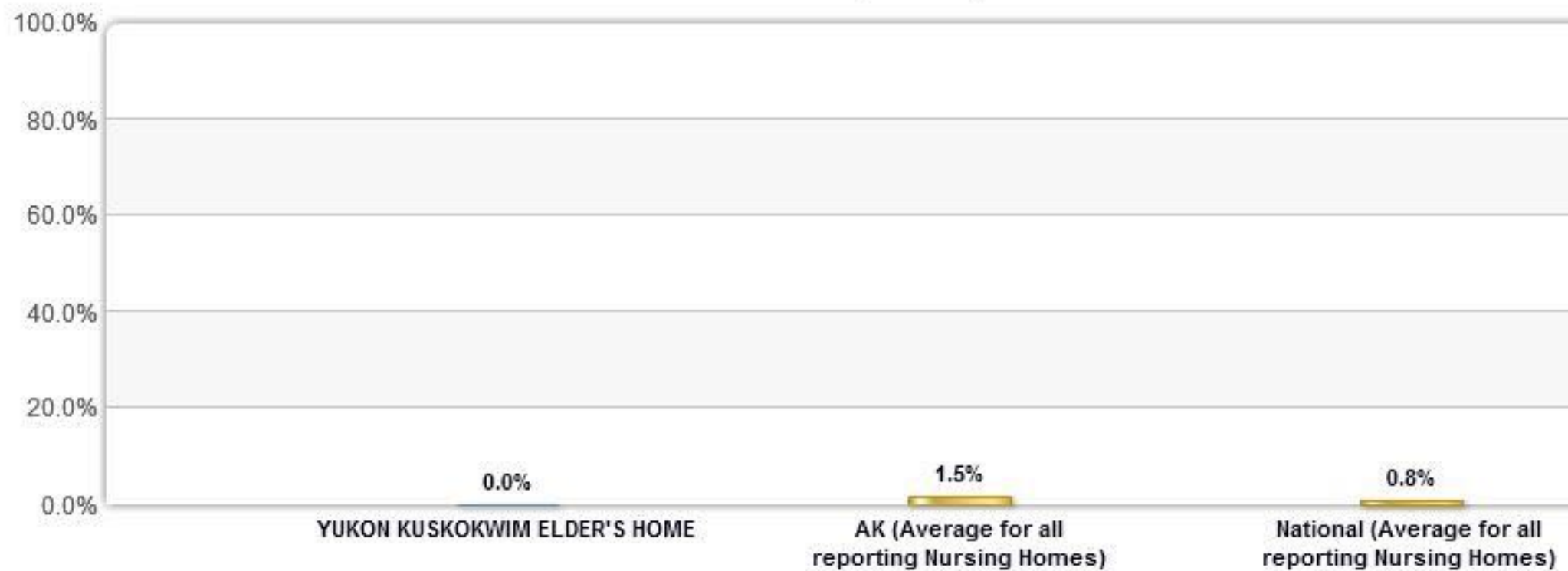
January 2016 inspection

Percentage of long-stay residents who were physically restrained.

[Why is this important?](#)

[Hide Graph](#)

Lower percentages are better.



Gradual Dose Reduction

To be considered fully compliant with F-Tag 329, a facility must attempt a gradual dose reduction (GDR) of all antipsychotics—including those used for psychiatric diagnosis—twice within the first year of antipsychotic treatment. Attempts should be made in two separate quarters at least 1 month apart. After the first year, a GDR should be attempted annually. To avoid discontinuation syndrome, the dose should be reduced by no more than 50% every 2 weeks.

Depressive Symptoms

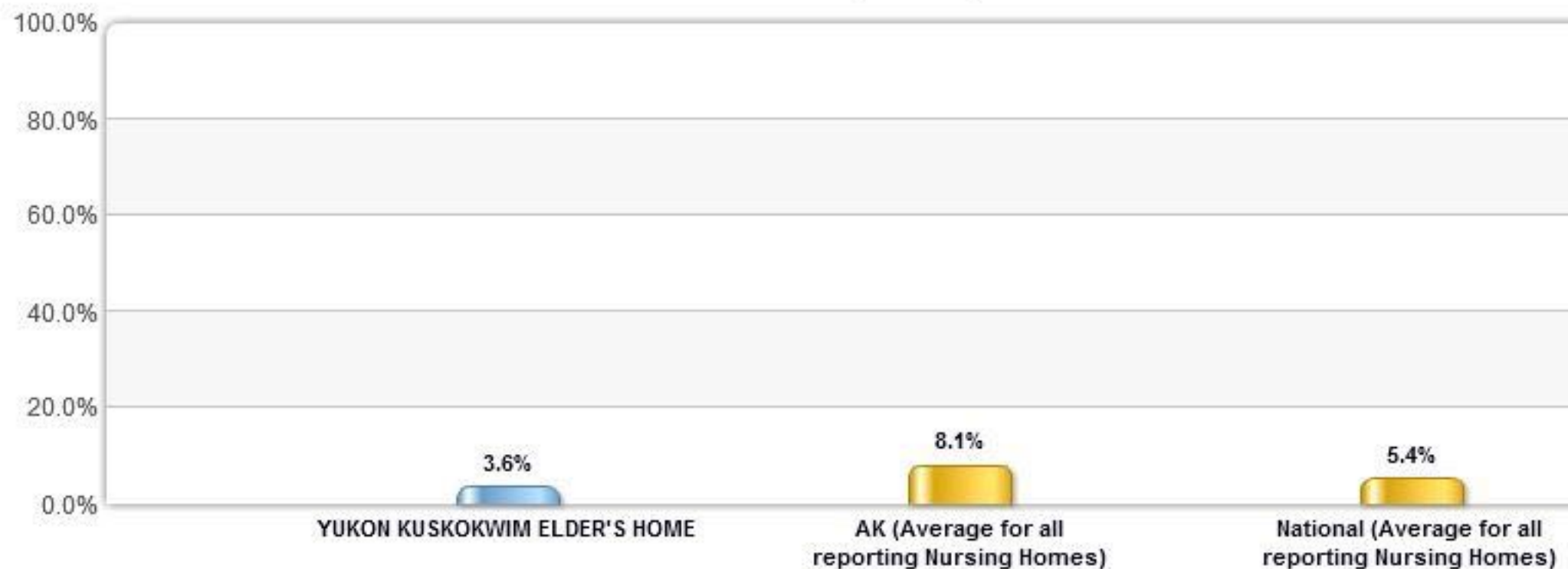
January 2016 inspection

Percentage of long-stay residents who have depressive symptoms.

[Why is this important?](#)

[Hide Graph](#)

Lower percentages are better.



Pressure Ulcers

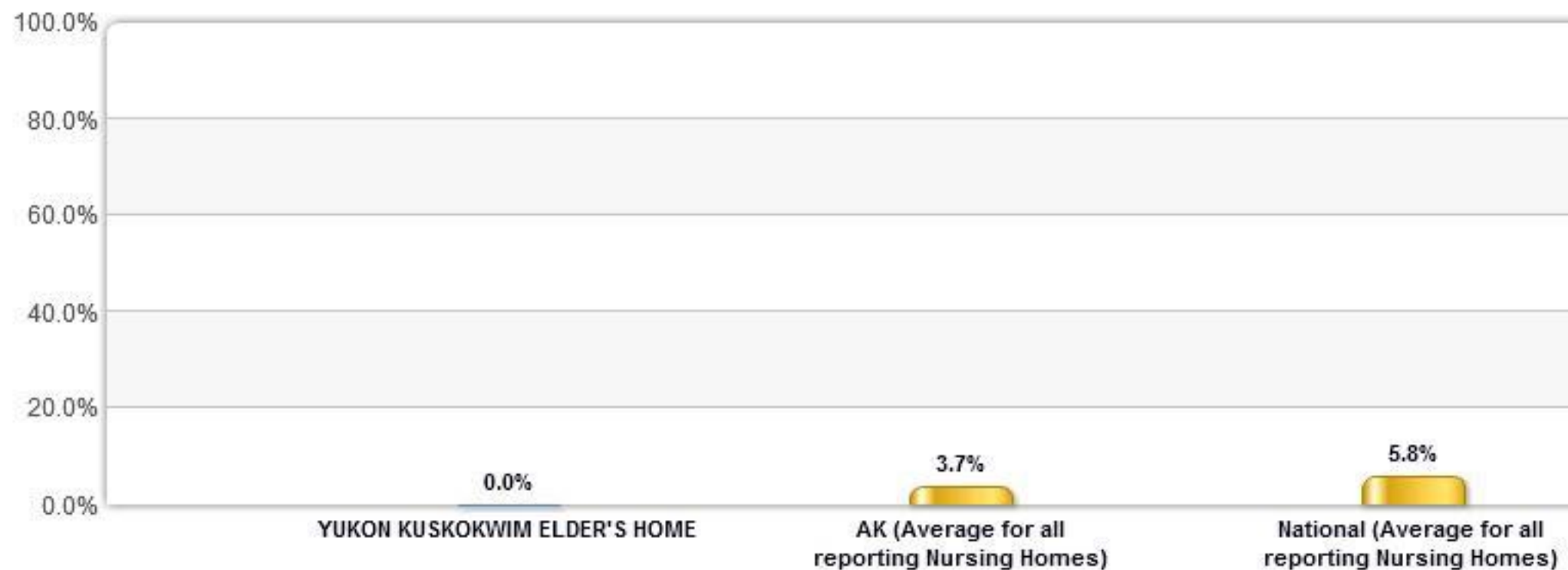
January 2016 inspection

Percentage of long-stay high-risk residents with pressure ulcers.

[Why is this important?](#)

[Hide Graph](#)

Lower percentages are better.



Weight Loss

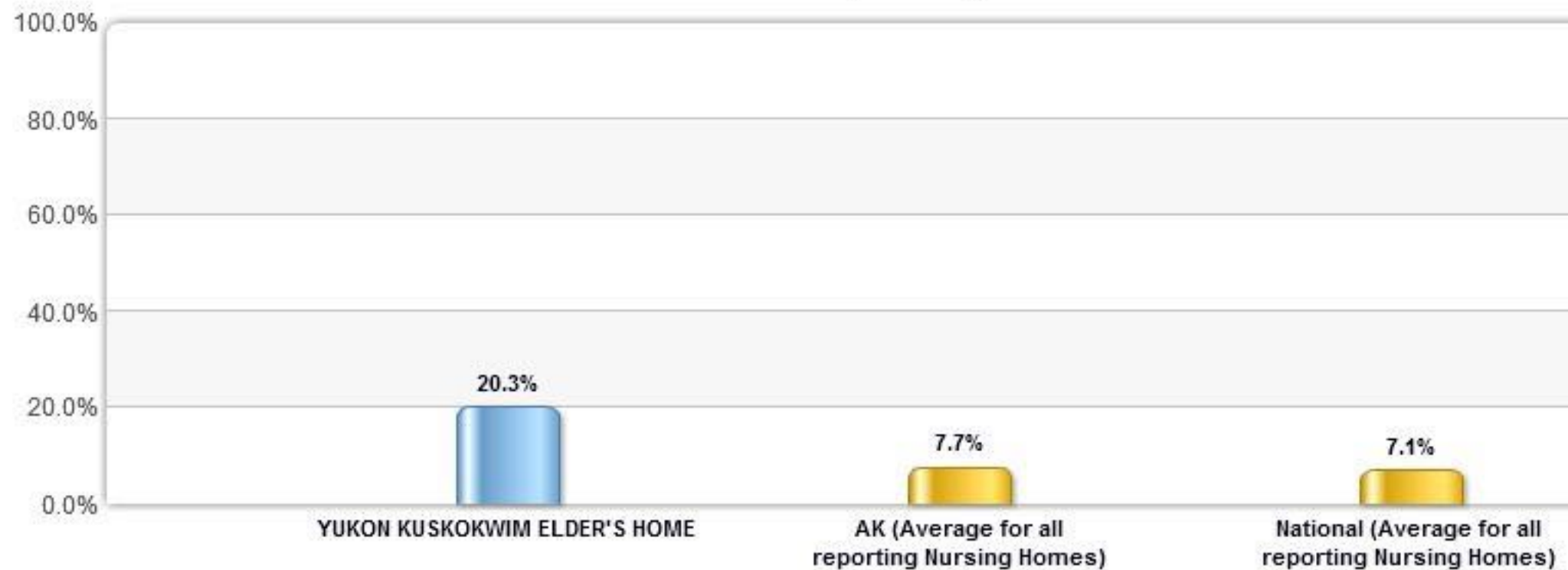
January 2016 inspection

Percentage of long-stay residents who lose too much weight.

[Why is this important?](#)

[Hide Graph](#)

Lower percentages are better.



Thickened Liquids

- ◆ Frequently recommended for post-stroke dysphagia to prevent significant aspiration
- ◆ May lead to early satiety and decreased appetite
- ◆ Decrease fluid intake, leading to dehydration and urinary tract infections
- ◆ If thickened liquids needed, nectar thick is enough, and free water is usually OK

Self Reported Pain

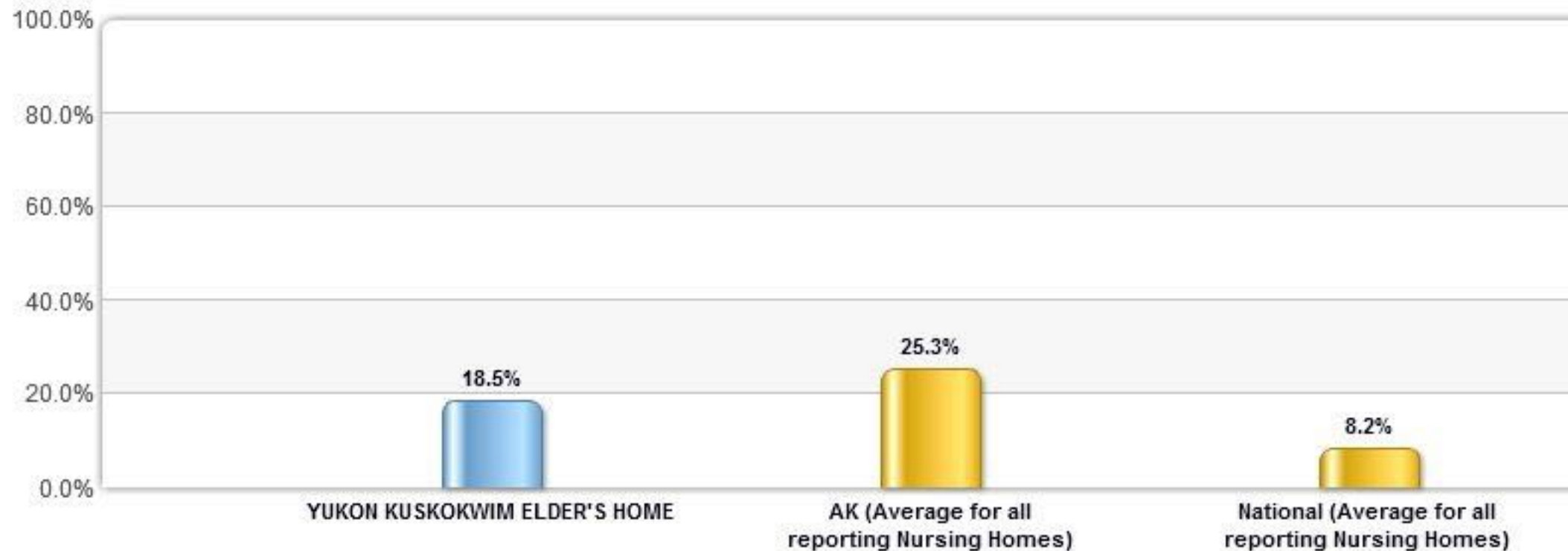
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Percentage of long-stay residents who self-report moderate to severe pain.

Why is this important?

Hide Graph

Lower percentages are better.



FLACC

FLACC scale

Behavioral Observation Pain Rating Scale

Categories	Scoring		
	0	1	2
Face	No particular expression or smile; disinterested	Occasional grimace or frown, withdrawn	Frequent to constant frown, clenched jaw, quivering chin
Legs	No position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No crying (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or talking to. Distractable	Difficult to console or comfort
Each of the five categories (F) Face; (L) Legs; (A) Activity; (C) Cry; (C) Consolability is scored from 0-2, which results in a total score between 0 and 10.			

Urinary Catheters

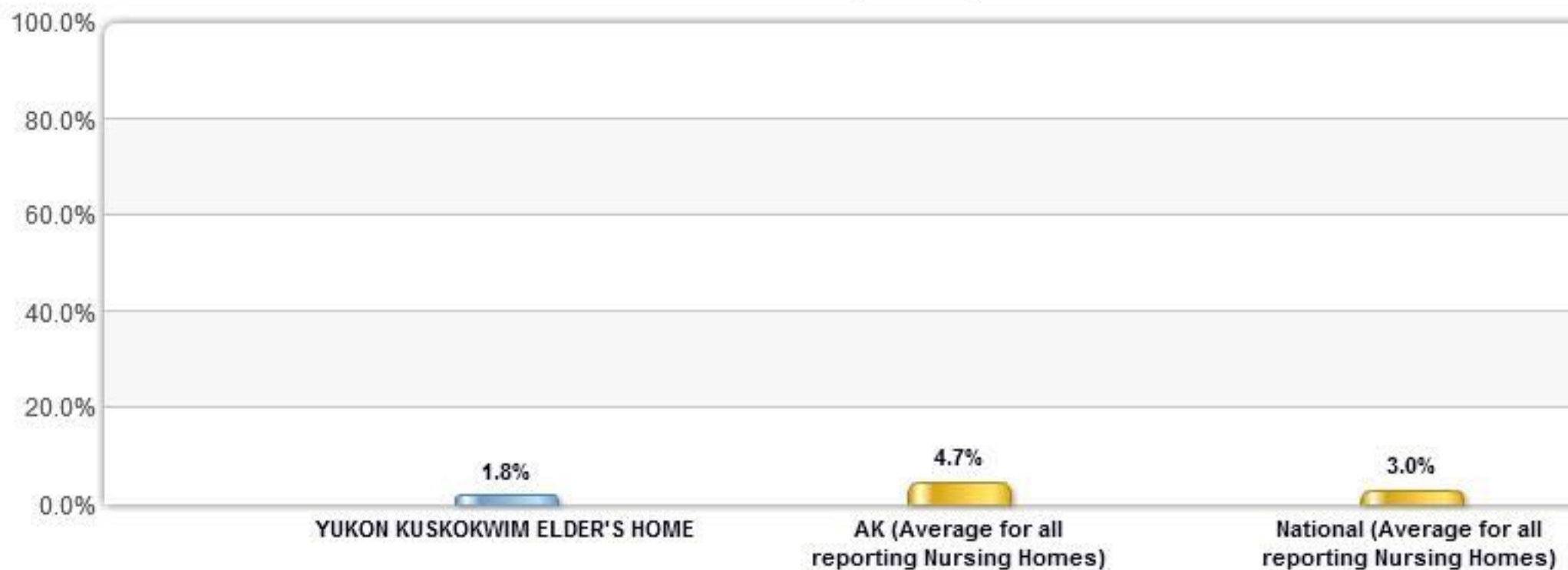
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Percentage of long-stay residents who have/had a catheter inserted and left in their bladder.

Why is this important?

Hide Graph

Lower percentages are better.



Urinary Tract Infections

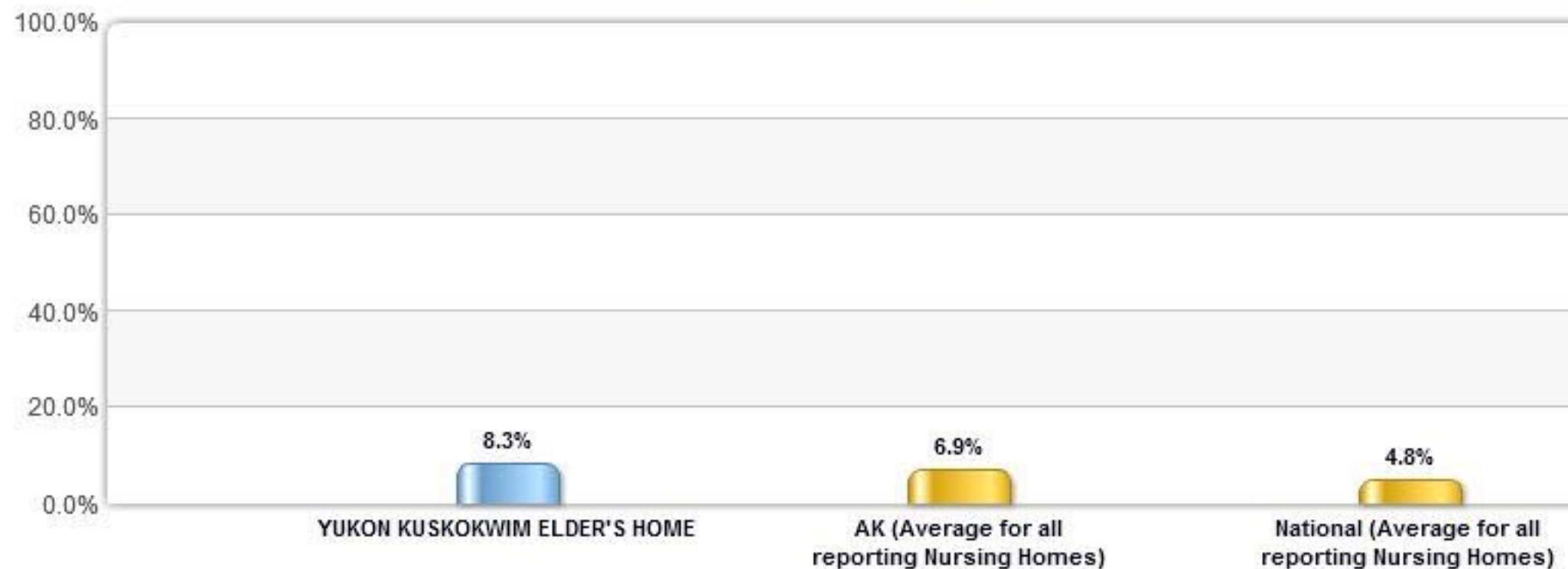
January 2016 inspection

Percentage of long-stay residents with a urinary tract infection.

Why is this important?

Hide Graph

Lower percentages are better.



Asymptomatic Bacteriuria

- ◆ Definition: bacteria in the urine in the absence of urinary tract symptoms or systemic infectious signs or symptoms
- ◆ Suspected urinary tract infection (UTI) accounts for 20-60% of antibiotic use in nursing homes
- ◆ In a VA study, 43% of nursing home antimicrobial use was deemed unnecessary. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4554717/>

Don't treat asymptomatic bacteriuria in elders

- ◆ Pretest probability of a positive urine culture in a nursing home is reported to be 50%; likely higher at YK Elders Home due to the older age of our residents
- ◆ Frequently a urine test = antibiotic treatment
- ◆ "UTI" is the ever-available, easy answer
- ◆ Treatment causes antibiotic resistance, increased risk of symptomatic UTI in the future, and C. diff

Clouding the Water

- ◆ How do you assess for dysuria and urgency in non-verbal patients?
- ◆ How do you assess for polyuria in those with urinary incontinence?
- ◆ Dark urine may indicate dehydration, not infection.
- ◆ Foul smelling urine can be from eating asparagus.

In Acute Mental Status Change

it is reasonable to obtain a urine sample if ...

- ◆ Fever ($> 38\text{ C}$ or 100.5 F)
- ◆ Hematuria
- ◆ Leucocytosis
- ◆ Left shift
- ◆ Rigors
- ◆ and no other focus of infection



Exception

- ◆ Treat asymptomatic bacteria if preparing for a urologic procedure.

We have decided to blame
the night shift for all of
our problems, because
we never have to
see them face
to face.



your eCards
someecards.com

“High turnover is associated with
poor quality.”

Nursing Home Staff Turnover: Impact on Nursing Home Compare Quality Measures, Nicholas G. Castle, PhD, John Engberg, PhD, and Aiju Men, MS, *The Gerontologist* (2007) 47 (5): 650-661.
<http://gerontologist.oxfordjournals.org/content/47/5/650.full.pdf+html>

Nursing Home Staff Turnover: Impact on Nursing Home Compare Quality Measures

- ◆ studied 2,840 nursing homes in 2004
- ◆ All 14 indicators of care quality from the Nursing Home Compare website were worse with high turnover.
- ◆ Reducing turnover from high to medium levels was associated with increased quality, but further lowering of turnover did not help:
- ◆ Threshold of no further benefit: RN (30%), LPN (50%)

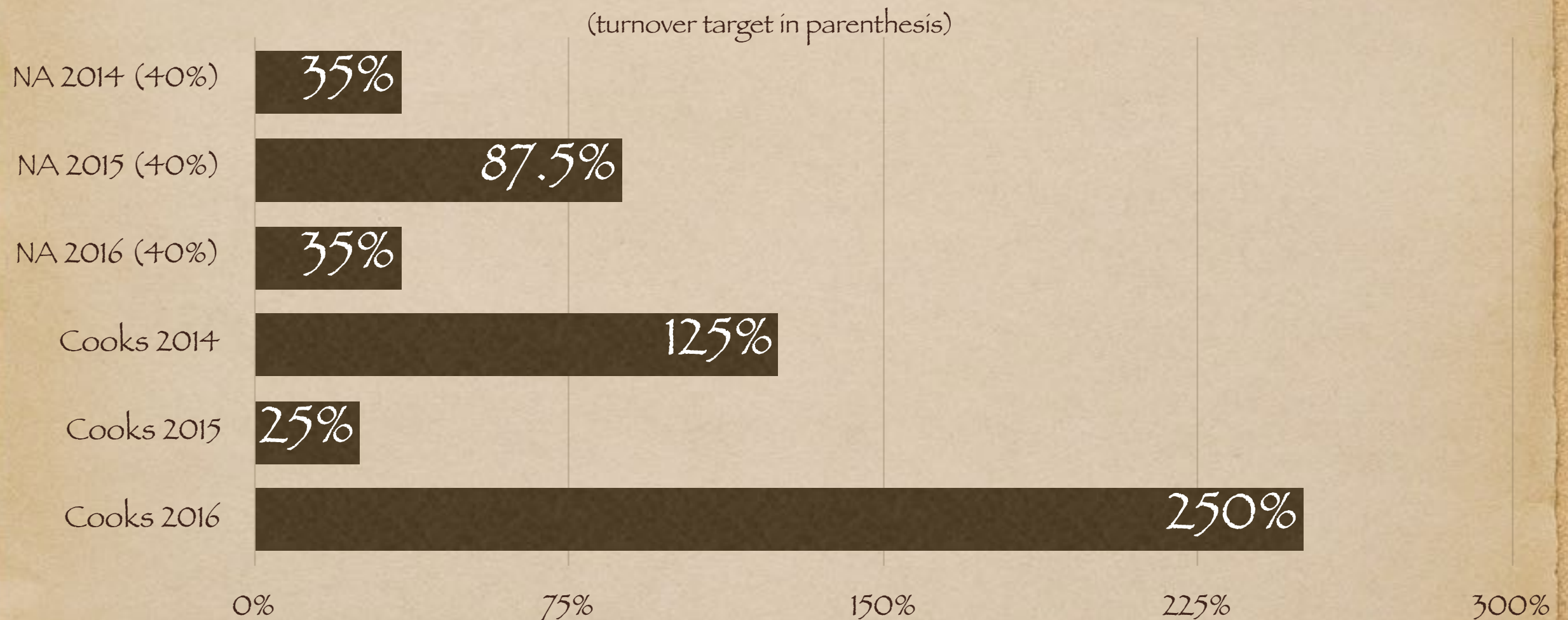
Nursing Home Staff Turnover: Impact on Nursing Home Compare Quality Measures, Nicholas G. Castle, PhD, John Engberg, PhD, and Aiju Men, MS, *The Gerontologist* (2007) 47 (5): 650-661.

<http://gerontologist.oxfordjournals.org/content/47/5/650.full.pdf+html>

Mechanisms of Harm

1. expensive for the facility, therefore diverting dollars from care
2. disrupts continuity of care
3. increases the number of inexperienced workers
4. weakens standards of care
5. causes psychological distress for some residents (dementia)
6. increases workload for remaining staff

YK Elders Home Annual Staff Turnover



Turnover of nurse's aides (NAs) can be especially high. Studies have cited average annual NA turnover rates to be more than 100% in many facilities. (Castle & Engberg, 2005), with some nursing homes having rates as high as 400% (Decker et al., 2003).

Keeping Great Staff

- ◆ Good working environment?
- ◆ Awards and recognition?
- ◆ Flexibility in scheduling to accommodate the subsistence lifestyle?
- ◆ Give 'em a raise?

Cost of Employee Turnover

How much does it cost companies to lose employees?

Turnover costs include productivity losses during training, recruiting and lost work while a position is vacant. For all jobs earning less than \$50,000 per year, or more than 40 percent of U.S. jobs, the average cost of replacing an employee amounts to fully **20 percent of the person's annual salary**, the liberal-leaning think-tank found in a study that looks at 31 corporate case studies.

So in the above example, choosing to not give even a middling performer a raise may net a temporary cost savings, but if he quits you'll be out 20 percent of his salary. The best option? Bump his pay up 5 percent. Although employee replacement costs are a one-time expense and a salary increase is ongoing, it would take four years of at higher salary to equal the cost of replacing him one time.

High turnover, lower-paying jobs (those under \$30,000 a year) are slightly less expensive to replace, at only **16 percent of annual salary**, but that still adds up quickly. For instance, 37 percent of hotel/motel and food services employees voluntarily quit a job in 2011. That represents a major expense to businesses already running at the margin.

By SUZANNE LUCAS - CBS MONEYWATCH November 21, 2012

<http://www.cbsnews.com/news/how-much-does-it-cost-companies-to-lose-employees/>

High Turnover Costs Way More Than You Think

Julie Kantor - *The Huffington Post*, 02/11/2016 04:38 pm ET | Updated Feb 11, 2016

According to a study by the Society for Human Resource Management, employers will need to spend the equivalent of **six to nine months of an employee's salary** in order to find and train their replacement.

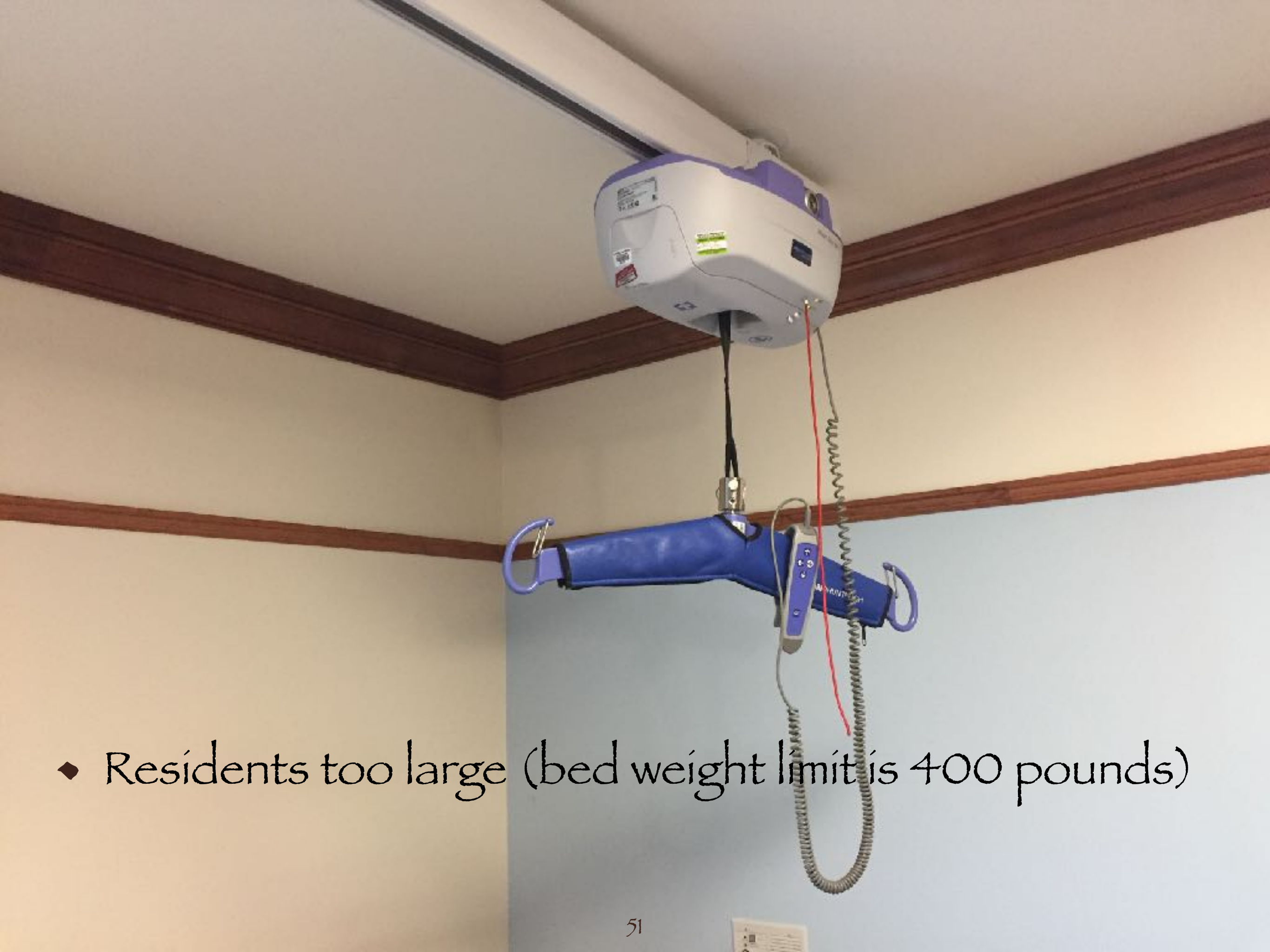
http://www.huffingtonpost.com/julie-kantor/high-turnover-costs-way-more-than-you-think_b_9197238.html

End of Life Care

- ◆ Focus more on comfort and less on cure
- ◆ The Alaska DNR form is 12 pages of English legal language (our DON has translated it!)
- ◆ Many Yupik elders have difficulty understanding that “less could be more” at the end of life

Admission Criteria Exclude

- ◆ Residents on a vent (no Respiratory Therapy)
- ◆ Residents requiring dialysis or chemotherapy
- ◆ Seriously mentally ill or combative residents who could harm other vulnerable elderly
- ◆ Residents with active tuberculosis



- ◆ Residents too large (bed weight limit is 400 pounds)

Admission Criteria

continued

- ◆ Generally for those age 55 or older
- ◆ There is a waiting list, but those who are in an unsafe living situation will be given priority.
- ◆ Individuals from the Bethel service area have priority.
- ◆ Alcohol and tobacco free facility

Waiting List Guidelines for YK Elders Home

- ◆ We consider safety to be a primary decision factor in deciding who is offered an open bed. If two or more Elders are in “unsafe living arrangements” the application date will indicate who is offered the bed.
- ◆ Once an Elder is stable and has spent two full weeks on North, Wing we will consider them safe and they will not be considered an emergency admission.
- ◆ Once all unsafe Elders have been offered a bed, Elders who are in a safe living situation will be offered a bed. The bed will be offered to the Elder who has been away from the YK Region the longest.

Social Workers

Katrina Wilson, MSW
YK Elders Home Social Worker
Katrina_Wilson@ykhc.org
(907) 543-6816

Marcia Coffey, LCSW
YK Lead Social Worker
Marcia_Coffey@ykhc.org
(907) 543-6225

QUIYANA
ANCHORAGE PA