

ALMDA/ADPH MEDICAL DIRECTORS
ADVISORY COMMITTEE MEETING
FEBRUARY 18, 2012 7:30 A.M.

The Hilton

Board of Directors: Dick Owens, MD, Board Chairman
Clare I. Hays, MD, CMD, President
President Elect, James Yates, MD, CMD
Regina Harrell, MD, CMD, Secretary/Treasurer

Attendees: W. T. Geary, MD, Director, Bureau of Health Provider Standards, ADPH
Diane Mann, Training Director, ADPH
Clare I. Hays, MD, CMD
James Yates, MD, CMD
Regina Harrell, MD, CMD
Kendra Sheppard, MD
Marcia Chesebro, MD
Katrina Magdon, ANHA
Jerry Harrison, MD, CMD
Chivers Woodruff, MD, CMD
Jim P. Ellison
John MacLennan, MD
Steve Furr, MD, CMD
Joe Downs, MD
David Barthold, MD
Michael Reeves, MD, CMD
Robert Story, MD

Dr. Geary asked if anyone had any comments or questions regarding the minutes of the last meeting, July 22, 2011. The only error Dr. Geary found was on page two, first paragraph, "National Death Act" and should be "Natural Death Act."

Infection Control in the Nursing Home

Dr. Clare Hays commented that there has been a major outbreak in her facilities of the norovirus. Staff are not knowledgeable regarding the virus. Many staff walk around with masks but no gowns. CDC recommendations would be gown and gloves but no mask. She and Dr. Geary had a discussion about infection control. Dr. Geary stated the only issue was the glucometer which seems to be under control now. Katrina Magdon commented that Dr. Geary had sent her an e-mail about the norovirus and that it had already been detected in three assisted living facilities, four nursing homes, and one independent home, all in Jefferson County. Katrina said that she sent out an e-mail and included the information in the Association's Newsletter informing providers of the virus. The main emphasis of Dr. Geary's e-mail was to make sure individuals were using soap and water to wash hands, not hand sanitizer; contain the virus as well as you

could; and make sure you use Clorox/bleach solution to clean with. Clorox wipes do not do the job sufficiently. Dr. Hays added that the CDC website has a great tool kit. Search “Norovirus tool kit,” and you can find information to share with staff, posters to place in facilities, slide shows, etc. . . the site has everything you need. Dr. Hays said there is a lot of fear surrounding the norovirus. It is a bad virus, but it is something you can recover from. Katrina added that the NHA is working with AQAF regarding infection control.

Katrina asked if any buildings/facilities had to be quarantined during norovirus. Dr. Hays said they put signs out, and most visitors did not want to come after hearing about it. Dr. Geary asked if anyone had heard of ADPH’s detect program/detect test and reporting. You can go to the ADPH website and enter “detect.” It tells you all the reportable diseases and it is free. Dr. Hays stated that it tells you what you should report. Facilities should not have fear about reporting. Reporting doesn’t reflect poorly on facilities. Dr. Geary said that [he had asked] Tina Pipton from Epidemiology to come talk to the NHA convention and the ALF convention about what to report. Two cases of anything is an outbreak. ADPH will not be getting reports from epidemiology unless there is a facility unwilling to cooperate or if we feel they are hiding something. All facilities should have a plan in place for outbreaks. Dr. Hays added that staff should stay home for 48 hours after symptoms subside.

Dr. Hays also brought up the issue of over-prescribing antibiotics. It seems nurse practitioners are more likely to prescribe antibiotics than doctors. It may be a lack of confidence/dearth of knowledge. In looking at UTI infections she has found a 40% resistance to Quinlan. Dr. Harrison commented that he ensures that he is told about the patient before giving in to prescribing an antibiotic.

Dr. Harrison commented that he and Dr. Furr thought education should start with the staff. Dr. Hays interjected that getting the antibiogram from your lab is very helpful. It can give you information and your sensitivity over a six-12-month period. Dr. Woodruff commented that a line needs to be drawn and have a culture done first instead of giving in to antibiotics. Dr. Harrison said that he and Dr. Furr would be talking about the legislative Bill 335 later on that day. This bill would increase the nurse practitioners’ prescribing authority. He asked if this group would be in favor of nurse practitioners writing Class 2s just in the nursing home. The legislature wants to add restrictions. Dr. Harrison is opposed to the time frame of prescriptions and wanted a number specifying how many a nurse practitioner could write in a month.

Dr. Reeves commented on nurse practitioners. He said that his group had education seminars for their nurse practitioners. He wanted to know if it would be possible for the NHA to have seminars/in-services for nurse practitioners. Several thought this would be something that would have to go through the Board of Nursing. Dr. Harrell said they should be encouraged to come to the meetings of ALMDA. Katrina stated that the NHA tries their best to encourage attendance at these meetings by sponsoring and newsletter.

Serious Deficiency Statements

Dr. Geary shared deficiencies with the group. Most of these deficiencies are not related to physicians. The deficiencies include: call light systems; care plans; nursing staff. Two areas cited at K level were restraints and accident hazards. Physicians could have input on these tags. J level tags included: transfer of residents; discharging residents without adequate plans. The Regional Office is really particular about Coumadin. They are focused on Coumadin associated with falls and bleeds. Dr. Geary mentioned the Department had recently overturned an IDR ruling regarding Coumadin dosage. Dr. Geary said to spread the word that CMS likes for us to cite Coumadin at high levels. INR above 4 is high risk of bleeding – need to document your actions.

Family Complaints

Dr. Geary said he talked with ADPH staff about family complaints. A lot of complaints have to do with end of life issues. There is not enough communication between physician and families. There is usually little evidence of information in charts documenting that the situation is hopeless, and that the family is made aware of this/notified. Dr. Harrison added that it usually comes down to someone getting their feelings hurt. The care is usually good. It's not what you say, what they hear; it's how you make them feel. When we get complaints on a doctor, it is our obligation to pass it on to the Board of Medical Directors. Dr. Reeves asked what the issue was with doctors. Dr. Geary stated it is the failure to pass on information. Families need an explanation of what is going on with the resident, and make sure they understand the information they are receiving.

Katrina Magdon stated she has written a long article on physician communication in the facility for the NHA newsletter. Some physicians at some facilities rarely communicate with anyone outside the facility. Hopefully the article will encourage communication and point out the benefits.

Dr. Geary also explained how surveyors are not allowed to discuss the complaints they are investigating. The idea is for surveyors to look at a variety of things when entering a facility regarding a complaint, so that the facility cannot skew the information/evidence. On complaints, don't expect to be told why they are there. The surveyor also will not tell you where the complaint came from. Dr. Harrison wanted to know if we take into consideration the firing of an employee. Dr. Geary stated, yes, we do. Complaints are prioritized: a visit within two days if it is a serious harm violation; a visit within 10 days if serious, but not harm; next onsite visit for all others.

Dr. Geary said CMS seems to be willing to take more suggestions than ever before. The federal budget has been cut which creates more stress. Your suggestions and comments should be directed to Thomas Hamilton, Chief of CMS Survey and Certification Group.

Dr. Geary talked about the closing of mental health facilities. The committee is very concerned about where these residents will go. It is a potentially dangerous situation. Katrina says the NHA is looking into this matter and the medical bill furlough.

The meeting was adjourned. The next meeting will be in Sandestin, Florida, at the Sandestin Golf & Beach Resort, July 26-29, 2012.