

Vaccinations protect residents and facility

Almost 40,000 people die in the United States each year from flu and pneumonia, and 90 percent are people age 65 and older. Many of these deaths could be prevented through vaccinations.

The Center for Disease Control and Prevention and Health Care Financing Administration are joining forces in an effort to increase the number of long-term care residents receiving flu and pneumococcal vaccinations this fall. Vaccinations have proven to reduce deaths and hospitalization among long-term care residents.

According to the CDC, in 1995, only 61 percent of residents had received an annual influenza vaccine and less than 25 percent had received the pneumococcal vaccine. Only 21 percent of the residents had received both vaccines.

The CDC recommends people age 65 and above should receive the influenza vaccine annually and a one-time pneumococcal vaccine. They also suggest that staff who care for long-term care residents should receive an annual influenza vaccine.

How do you make this process a priority at your facility?

First, establish and implement a vaccination policy/protocol.

- Keep records in the "active" chart of each resident. (Do not let it be "thinned out.")
 - The record should be easy to read and find.
 - List the vaccine name, identify the manufacturer and lot number and identify the last date each vaccine was administered.
 - Offer the vaccination to each resident annually.

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Adult Immunization Schedule

Vaccine	Doses
Hepatitis A	Two doses.
Hepatitis B	Three doses.
Influenza	One dose annually. Usually between October to November.
Measles, Mumps, Rubella (MMR)	One dose.
Pneumococcal	One dose. Revaccination five years later for people at highest risk or if first dose given before age 65.
Tetanus-Diphtheria	Three doses and a booster every 10 years.
Varicella	Two doses.

Test your knowledge

- T F 1. Pneumonia and influenza together are the sixth leading cause of death in the United States and fifth leading cause of death among older adults.
- T F 2. Pneumococcal pneumonia (the most common cause of pneumonia) accounts for 15 percent to 25 percent of all adult pneumonias leading to hospitalization.
- T F 3. In the United States, there are 1.25 million people with chronic hepatitis B infections.
- T F 4. The 1918 Spanish influenza pandemic killed more than 500,000 people in the United States and more than 21 million worldwide.
- T F 5. The 1957-58 "Asian flu" epidemic led to 50,000 deaths in the United States.
- T F 6. Up to half of Americans over 50 years of age are inadequately immunized against tetanus and diphtheria.

All the above are true except question No. 2, which accounts for 25 percent to 35 percent of all adult pneumonias, and question No. 5, which led to 68,000 deaths.

Congratulations if you were able to correctly answer 5-6 questions! You are doing OK if you correctly answered 3-4 questions. If you had less than 3 correct, you learned a few facts in the process.

Assisted Living Facilities have

JCAHO sets standards for facilities

Earlier this year, the Joint Commission on Accreditation of Healthcare Organizations adopted comprehensive standards for its Assisted Living Accreditation Program and accredited the first assisted living facility in the United States.

The Joint Commission has long been dedicated to improving the safety and quality of care provided in health care organizations. Founded in 1951, the Joint Commission is the nation's oldest and largest accrediting body in health care and currently accredits nearly 20,000 health care organizations and programs.

Assisted living is one of the newest and fastest growing choices in the senior housing market. Currently, there are about 30,000 assisted living facilities in the United States providing care for 1.15 million seniors. This number is sure to grow as the population continues to age.

The Joint Commission's Assisted Living Accreditation Program was established to help assisted living facilities integrate quality improvement principles into their daily operations. Although many states require licensing of assisted living facilities, there

has been no national oversight for assisted living programs.

The assisted living standards were developed in consultation with assisted living providers, trade organizations and consumer advocacy groups and address both the care of residents and the management of assisted living facilities.

For example, the standards emphasize individualized care to meet each resident's unique needs. The standards also set expectations regarding the acquisition, management and use of information to improve individual resident outcomes and organization performance.

As the population ages and consumer health care expectations increase, assisted living communities are experiencing greater acuity and are increasing levels of service accordingly. This expansion of scope can increase organizational risk for the assisted living community. Joint Commission accreditation positions an organization to enhance positive resident and organizational outcomes and decrease the likelihood of error. Accredited organizations have made a commitment to implementing the systems and processes to support quality

and to continuously improve performance in the delivery of care and services. This commitment supports assisted living providers' efforts to reduce risk, enhance performance on state surveys and acquire managed care contracts.

Joint Commission accreditation for assisted living facilities is awarded for a three-year cycle. The cost of a one-day survey for organizations having 35 units or less is \$3,200. It is an additional \$1,200 for facilities with 36 to 135 units.

For surveys requiring more than one day, there is a \$1,200 per day fee for each additional day. There also is an application fee of \$700.

For more information about the program, visit the Joint Commission's Web site, www.jcaho.org. For an application for accreditation, call Evelyn Loss in the Business Development Department at 630-792-5411 between 8 a.m. and 5 p.m. Central Standard Time on weekdays.

*By Marianna Kern Grachek, RN, C, MSN, NHA
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Joint Commission on Accreditation of Healthcare Organizations*

ve choices for accreditation

CARF works to improve quality of care

The Commission on Accreditation of Rehabilitation Facilities is a not-for-profit international accreditation system for several types of services and organizations including assisted living.

The mission of CARF is to promote the quality, value and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of residents. The accreditation process is the application of standards that have been developed by the industry to be applied during an on-site survey.

A surveyor will look at the policies of a facility, including the

posting of the residents' rights and responsibilities, the residents' privacy, prohibition of physical abuse, compliance with regulations regarding the reporting of abuse, security of the residents' possessions and the residents' right to refuse services.

The surveyors are peers in the assisted living industry. Surveyors must be actively employed in assisted living. Their training is one that focuses on being consultative during the inspection process, identifying areas of strengths as well as areas of weaknesses that can be improved to be in conformance with standards.

The cost of accreditation includes a \$650 nonrefundable application and a fee of \$1,000 per day per surveyor. The number of days and surveyors required to do an inspection is based on the information provided in the application. The fee includes all transportation, lodging and meals for the surveyors.

CARF accredits more than 25,000 programs internationally and has relationships with numerous state agencies.

By Chris MacDonell, National Director, Assisted Living Division of CARF. For more information, contact Chris at 520-319-3024 or e-mail her at cmacdonell@carf.org.

ACHC considers entering new market

The Accreditation Commission for Health Care Inc. (ACHC) is considering entering the assisted living accreditation arena. The organization has not set a date for its final decision.

If ACHC moves forward with the idea, it would join the Commission on Accreditation of Rehabilitation Facilities and the Joint Commission of Accredited Health Care Organizations.

Raleigh, N.C.-based ACHC was

founded in 1986. It currently offers accreditation programs tailored to the community-based health care industry. Last year, they accredited more than 100 home health care, pharmacy, home infusion therapy, home medical equipment, hospice, aide service and women's health care products and services and have already accredited more than 160 this year.

Their mission is to promote quality health care community-

based services through standards, peer review and education.

The base fee for a survey is \$2,700. An additional \$1,000 fee is charged for each surveyor per day to perform a focused survey.

"We see (assisted living) as a very young environment," said Tom Cesar, ACHC president and chief executive officer. "There's going to be a lot of growth in that area."

Vaccination from page 1

- Include annual vaccination in standing orders such as in the fall during flu vaccine season.
- Provide provision if the vaccination period has lapsed, then the resident's physician should be notified and offer needed vaccinations in a pre-identified systematic manner.
- Include documentation if vaccinations are not given and why a vaccine was held.
- Include action steps to take if an infectious disease is acquired to limit the exposure to other residents, families, visitors and staff.

Second, make verification of vaccination records a standard part of the admission process. This will enable the management of each facility to recognize who has been vaccinated. If a person has been identified during the admission process as not being current in their vaccination, the pre-established protocol is followed.

Third, if the resident does acquire an infectious disease, contact the resident's physician to determine

if anything can be done to limit the exposure to other residents and staff. Follow the pre-determined protocol to determine how to handle an infectious disease, what processes are in place and to enact your protocol. This might include using a specific bathroom or providing disposable meal trays, paper plates and cups and plastic utensils for a duration of time.

Fourth, collect uniform data on vaccinations in your facility. Check with your local health department to find out how they track the data. Having uniform data will

enable you to obtain comparative information for each year.

Collect data if a resident gets the flu including onset date, symptoms and duration. Make note if the resident acquires pneumonia and document if any hospitalizations occur.

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Composition of the flu vaccine

The 2000-2001 flu vaccine will include A/Moscow/10/99, A/New Caledonia/20/99 and B/Beijing/184/93 like antigens.

Hens' eggs are used initially to grow the viruses, and therefore, they might contain some egg protein. In the United States, the vaccine might also contain a preservative known as thimerosal or an antibiotic to prevent bacterial contamination,

depending on the manufacturing process and the manufacturer.

It is important to keep in mind the ingredients used because anyone with an allergy to one or more of the ingredients should not use that particular vaccine. Always consult with your physician before obtaining a vaccine.



Long-Term Care Connection is designed to be a resource tool for the owners, operators and employees of long-term care facilities. Topics including insurance, risk management, health, safety and employment will be covered in the quarterly publication.

For more information on receiving *Long-Term Care Connection*, or to submit a comment or story idea, please call Karen Osman at 1-800-554-2642, Extension 4459, or send her an e-mail at kosman@churchmutual.com.

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