

Critical thinking skills benefit residents

Oak Assisted Living is part of a complex that includes elderly apartments, intermittent care and an Alzheimer's unit.

Once a month is wellness day at Oak Assisted Living. On this day, a nurse comes to talk with the residents, assesses residents and completes weight and blood pressure checks. Mrs. Jones, an 84-year-old resident who has been there for three years, has been declining over the last four years. She is widowed and was living with her sister until last June when her sister died. Her medical diagnoses are arthritis, hard of hearing, myopia, and mild high cholesterol that is diet controlled. It has been three months since Nurse Connie has seen Mrs. Jones.

During the visit, Connie notes several changes in Mrs. Jones. She has a chronic cough, wheezes even when at rest, has lost three pounds this month, for a total of 20 pounds during the last four months, and has had recurrent respiratory infections. Connie notes that Mrs. Jones has "pursed-lip breathing," frequent shallow breathing, stooped posture, mild to moderate dependent edema and increased forgetfulness.

Given the above information, what can Connie ascertain about Mrs. Jones? How does she assimilate the information? What thinking process does she use?

Nurses are taught to assess, plan, implement the plan and evaluate or reassess the situation. In this process, they can use the traditional method of thinking or become a critical thinker. Traditional thinkers are those who accept the norm and daily routine, don't make a connection between events and clinical

knowledge, treat each event in isolation, have a limited scope and vision, accept the obvious without question and solve problems in isolation.

Critical thinkers ask questions, question the answers, ask "why," look at the whole event for patterns and trends, make a connection between events and clinical knowledge, have a wide scope and vision, use intuition and follow hunches and seek the experience of peers for problem solving.

A traditional thinker would look at each event individually. Mrs. Jones has weight loss, decreased breathing capacity, edema, poor posture and increased forgetfulness. The physician is notified, and Mrs. Jones will continue to be monitored.

The critical thinker looks at the whole picture and starts asking why. Mrs. Jones lost a sister in the last nine months. Her weight loss now is up to 20 pounds over the last four months. There is a change in her posture, the dependent edema in her lower extremities, the "pursed-lip" breathing, shortness of breath even while sitting and the increased forgetfulness. The nurse also is aware that Mrs. Jones has had several recurrent respiratory tract infections during the last six months.

Some questions come to Connie as she looks at the whole picture. Does Mrs. Jones have any signs of depression? Is she grieving for her sister? What is



Registered Nurse Kris Freund visits with Beatrice Proulx, a resident at Bell Tower Residence in Merrill, Wis., while she examines her hand.

her dietary intake? Is she showing signs of dehydration? What is the color of Mrs. Jones' skin? Is there any cyanosis with or without activity? Does she have a cough? Is it chronic? Is the cough productive? Are there signs of a "barrel chest"? Is this looking more like an asthmatic condition or another pulmonary disease?

Now that Connie has identified some areas of concern, it is important that she discusses her concerns with Mrs. Jones and notifies the attending physician and family or guardian. Mrs. Jones agrees to seek medical attention. The physician and family agree that she needs to be seen immediately and arrangements are made.

If you were to hire a nurse, you would want to hire someone who possesses the skills to see the whole picture—someone who has the ability to look beyond the obvious. Determining what skills each candidate has and if they have critical thinking skills should be part of your assessment when interviewing all nurse candidates. ■

CLIA Certificate of Waiver regulations

Most long-term care facilities perform clinical laboratory testing for their residents. Although these exams are relatively simple to perform, mistakes can be made that can be harmful to both the resident and the care facility.

Quality standards of laboratory testing to ensure accuracy, reliability and timeliness of testing were established in 1988 when Congress passed the Clinical Laboratory Improvement Amendment (CLIA). CLIA regulations cover all laboratory testing. Also, CLIA Certificate of Waiver allows 40 types of testing to be performed outside of clinical laboratories.

Common tests such as glucose monitoring, hemocult (stool or gastric) testing and dipstick urinalysis are examples of tests included in the waiver.

The CLIA requirements are relatively simple. You must enroll in the CLIA program, pay the biennial fees and follow the manufacturers' testing instructions. If you have more than one facility, each facility must be enrolled in the program and pay the fee.

It is important to note that testing instructions are being performed within the specifications of each manufacturer. Each facility needs to develop its own documentation system to show compliance with the manufacturers' specific instructions.

The long-term care industry relies on being able to perform these tests on site to monitor resident clinical conditions and to act upon the results they provide. All facilities need the expertise to perform them correctly.

Administering the tests incorrectly or interpreting the results erroneously can be dangerous to the residents' well being. Mistakes

have resulted in delaying treatment or providing unnecessary treatment or medication. All of this leads to poor resident care or poor event outcomes with increased chances of litigation.

Errors also can be costly to you, your facility and the industry through fines, increased risk to residents and damage to your facility's and the industry's reputations.

In the long run, this also might lead to difficulty obtaining insurance or having to pay higher insurance premiums.

A list of the tests included in the waiver can be found on the federal

government Web site www.hcfa.gov/medicaid/clia/clia-home.htm.

You also can receive additional information or request an application for a CLIA Certificate of Waiver at that site. Click "state agency and address listing" to find the agency for your state. Be aware that some states have additional quality control requirements through your state's laboratory licensure laws.

You also can contact Judy Yost, a representative of the Health Care Financing Administration, for more information. Her e-mail address is jjost@hcfa.gov. ■

Blood glucose meters and CLIA

Sooner or later, most residential care facilities will have a diabetic resident who requires monitoring. The resident's treatment (diet, medication and activity) is based on the results of glucose monitoring. The Food and Drug Administration has approved blood glucose meters for home/ facility use under the CLIA waiver.

The test has been determined to be fast, easy and accurate and can safely be performed outside of a laboratory setting when used correctly with the proper equipment by trained personnel.

It is essential that facilities protect their residents. Erroneous results can result in improper treatment and carry dangerous consequences.

The best way to protect your residents and your professional liability is to provide training to your staff and maintain accurate records of quality control and test results.

For a blood glucose monitoring system, personnel need to be trained to follow the manufacturer's instructions, to care and maintain the

devices and equipment correctly, to interpret the results within the correct time frame and to provide the necessary documentation.

Let's look at a device currently on the market and the quality control established for this product. *One Touch® Ultra* by Life Scan is one of many manufacturing devices for blood glucose monitoring meters. The glucose monitoring system consists of test strips and a testing meter.

The manufacturer's instruction manual is specific in their quality control measures.

"Before using any products to test your blood sugar (blood glucose), read all instructions and practice the test. Do all quality control checks as directed and consult with a diabetes healthcare professional. These recommendations apply to all blood glucose monitoring systems and are supported by the American Association of Diabetes Educators, the American Diabetes Association, the U.S. Food and Drug Administration . . ."

See Testing, page 3

Testing from page 2

Test strips should be kept in a cool, dry place below 86 degrees but not refrigerated. They are not to be in direct sunlight or heat. Strips are to be stored in the original vial only; do not combine vials. Each strip is to be used immediately after removing it from the vial. To prevent contamination, only touch the strip with clean, dry hands. Only apply *One Touch® Ultra* Control Solution (solutions to determine if high and low values fall within the acceptable range) or a blood sample to the top edge. Do not use expired test strips. To maintain quality, test strips are only good for three months after opening a vial.

Note: Other meter manufacturers might have strips with a longer life after opening. Do not bend, cut or alter the test strip in any way.

Blood glucose monitoring should be done after verifying that the meter is working within the manufacturers' specifications. This meter can provide results in mmol/L or mg/dL, depending on physician preference.

Familiarize yourself with the display pad featured on the meter, where the symbols are and what they represent. Each time the meter is turned on or when a test strip is inserted into the meter, all display segments will appear briefly. This alerts the user that the system is performing a self-check and allows the user to see if all the displays are working correctly. Code numbers calibrate the strips with the meter when initially using the meter and each time a new vial of strips is opened. The code must match the number on the vial for the test to be accurate.

Control solution testing must be performed the first time the meter is used, once a week and upon opening each new vial of test strips. Control solution testing also should be done if there is reason to believe the results are not following clinical symptoms of the user.

If the device does not fall within the specifications of the control solutions, then the testing is not valid and the results are not reliable. A few reasons for failure might be due to the meter not being clean, device exposure to extreme temperatures, outdated testing solutions or test strips, poor application of blood or solutions or



Accu-Chek is a device used by diabetics to test and monitor blood glucose levels. Clinical actions are taken based on the results of the tests.

contaminated test strips. The strips can be contaminated by exposure to the air (bacterial) and by not replacing the cap which allows moisture to the strips. Also, be sure to use the solution that is manufactured for the specific device. Different devices use different solutions. It is important to keep a log of testing performed, the date of the testing and the values for the highs and lows. If more than one device is used, then each device needs to be tested.

Your staff also needs to be aware that false results might occur in the event of resident severe hydration, excessive water loss or if a red blood count is very high or very low. According to the manufacturer's book, a test result below 60 mg/dL means a low blood sugar (hypoglycemia). Results greater than 240 mg/dL mean high blood sugar (hyperglycemia). ■

Test your knowledge

How aware are you of facts concerning CLIA Certificate of Waiver? Here's a quick quiz:

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| T | F | 1. A CLIA Certificate of Waiver is required annually. |
| T | F | 2. A CLIA Certificate of Waiver means that no monitoring is required for testing. |
| T | F | 3. CLIA established quality standards of laboratory testing to ensure accuracy, reliability and timeliness of testing. |
| T | F | 4. The CLIA Web site is www.hcfa.gov/medicaid/clia/cliahome.htm . |
| T | F | 5. If you have more than one facility, you will need only one Certificate of Waiver. |
| T | F | 6. Congress passed CLIA in 1988. |
| T | F | 7. The tests listed in the waiver have been determined simple to perform. |
| T | F | 8. CLIA requires manufacturers' testing instructions be followed. |
| T | F | 9. Anyone can perform the tests listed in the waiver. |
| T | F | 10. Only four tests are listed in the CLIA Certificate of Waiver. |

Answers on page 4

Covering local building code changes

We live in a fast-paced world where change is constant. However, one area of your business that is often overlooked is determining if your facility is keeping up with building code changes.

Although it is not practical to change your building every time a building ordinance law is amended or added, it does make sense to know where your building does not comply. Local codes and requirements might have changed since your building was built. Oftentimes, requirements of the new ordinances or codes are grandfathered or waived so you do not need to meet them at the current time. However, if your building suffers damage and requires reconstruction, repair or remodeling, you might have to bring the entire facility up to current code—a move that can be expensive.

That upgrade, if required because of an insured loss such as a fire or tornado, can be covered through insurance by adding the ordinance and law coverage endorsement onto your insurance policy. The coverage does not apply if you are simply updating your building or if you were required to comply with the ordinance before the covered loss occurred.

There are three parts to this coverage: loss to the undamaged portion of the building, demolition cost of the undamaged portion of

the building and increased cost of construction.

Undamaged portion of a building

Many communities have ordinances requiring a building be torn down if a certain percentage of the building has been damaged. Building codes are then enforced on the replacement structure. The insurance coverages work this way. If your coverage limit on your building is \$500,000 and half of the building is damaged by fire, a covered peril, your insurance would cover \$250,000 for the fire damaged section of your building. If your local ordinance codes state that any building with 50 percent or more damage needs to be demolished, the ordinance and law coverage endorsement would provide \$250,000 for the undamaged portion that was required to be demolished. Without the endorsement, the undamaged portion of the building would not be covered.

Demolition costs

The next risk you need to evaluate is the cost of tearing down the undamaged portion of the building. This cost is not included in most general property policies. Demolition can be very costly and should be considered when you are making your insurance decisions.

Cost of upgrading

Updating a building to comply with current building codes can be an expensive venture. For example, years ago, sprinkler systems were not required in all commercial buildings. Today, some building codes require sprinkler systems. If your facility sustains a covered loss and current building codes require a sprinkler system, the ordinance and law coverage endorsement would cover the cost of the sprinkler system up to the endorsement limits. Under general insurance policies, the coverage for the upgrades is very limited at best.

Building code requirements vary by state and city. To find out what is required in your area, call your local building inspector. Then contact your insurance agent to discuss your facility's coverage. ■

Quiz Answers

1-F, 2-F, 3-T, 4-T, 5-F, 6-T, 7-T, 8-T, 9-F, 10-F

Congratulations if you were able to correctly answer 8-10 questions. You're doing OK if you correctly answered 6-7 questions. If you had less than 5 correct, you've learned a few facts in the process. ■



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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.

For information on products and services available through Church Mutual Insurance Company, please call your regional representative at 1-800-554-2642, Option 1.

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For more information on receiving *Long-Term Care Connection*, or to submit a

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