

Snapshot

A Newsletter for Delaware Healthcare Association
Member Executives, Directors, and Managers
www.deha.org

Inside this issue:

[Medical Society of Delaware Physicians Advocacy Program Updates](#)

[AHA Health Care System Transformation Fellowship](#)

[APF Call for Nominations for Alexander Gralnick Research Investigator Prize](#)

[Educational Opportunities](#)

[Grant & Funding Opportunities](#)

[FYI...](#)

[Supplemental \(21 Additional Sections\)](#)

Medical Society of Delaware Physicians Advocacy Program Updates

SGR on Congressional Must Do List

With a Medicare physician payment cut of 27.4% looming on January 1st, Congress has very little time to address this issue and avert what could become a crisis in access to care for Medicare patients. The good news is the sustainable growth rate (SGR) is on Congress' must do list before adjourning for the Christmas break on December 16th.

While there has been bi-partisan discussion in the Senate about a permanent fix by repealing the SGR, this appears to be a long shot, which means a more likely scenario is another patch. The question is whether there is political resolve to enact a long term patch (i.e. one or two years, versus a short term patch of just several months) throwing this contentious issue back to Congress in an election year. The American Medical Association continues to lobby strongly for a permanent fix, but favors the long term patch, should we be faced with that as our only alternative. Late breaking news from DC suggests a two year freeze may be shaping up in Congress. We will continue to monitor these developments and include updates in our communications as the debate unfolds.

Attention Medicare Electronic Billers

Time is flying towards the Version 5010 compliance date of January 1, 2012. Version 5010 is replacing the current version, 4010.A1 of the X12 standard for electronic claims transactions. Highmark Medicare Services reminds physicians:

- Any claims submitted in version 4010.A1 after 4 p.m. Friday December 30, 2011, will be rejected.
- The migration to version 5010 is also required for Electronic Remittance Advice.
- If you have not heard from your software vendor, billing service, or clearinghouse regarding the 5010 transition, contact them today to discuss their 5010 readiness plan.

The Highmark Medicare Services Help Desk is available to assist in the transition. The telephone number is (866) 488-0546.

If you have already successfully tested Version 5010 or your software vendor has been approved for Version 5010, you can send production 5010 claim files now.

(continued)

Delaware Office of Workers' Compensation

On December 12, 2011 the Office of Workers' Compensation (OWC) will publish the new Industrial Accident Board Rules and the most current petitions and forms to their web page at <http://dia.delawareworks.com/workers-comp/> . Please e-mail any questions or comments to hcpaymentquestions@state.de.us.

[Return to Top](#)

AHA Health Care System Transformation Fellowship

Applications are now being accepted. Deadline for applications is December 31, 2011.

The American Hospital Association (AHA) is seeking applicants for the second class of the AHA Health Care System Transformation Fellowship. This six-month, highly interactive program is focused on providing senior executives with a road map of how to design and plan for new care delivery and payment models, such as medical homes, bundled payments, and clinical integration programs. Fellows learn key foundational competencies for implementing these models including effective ways to manage enterprise risk, how to demonstrate value to various stakeholders, and leveraging physician relationships to coordinate care across the continuum.

Through a combination of in-person learning retreats and web seminars, participants learn from first-hand accounts by organizations that have started down the path of implementing these models including representatives from the 2011 fellowship. In addition, Fellows complete a defined project, with the goal of advancing their organizations' efforts towards the implementation of a care delivery or payment model.

This year, independent consulting firm, Kaufman, Hall and Associates, Inc., will be facilitating Learning Retreat #2 which will focus on how organizations can begin the shift to risk-bearing relationships while maintaining the efficiency of operations and cost structure required for continued competitive financial performance. AHA is very excited to have Kaufman Hall's expertise in providing strategic, capital, and financial advisory services as part of the program.

For more information and to apply, [click here](#).

[Return to Top](#)

APF Call for Nominations for the Alexander Gralnick Research Investigator Prize

Applications must be received by: April 15, 2012.

American Psychological Foundation (APF) Mission and Funding:

The APF provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come. It executes this mission through a broad range of scholarships and grants. For all of these, it encourages applications from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

The Gralnick program awards prizes for exceptional research and mentoring accomplishments in the area of serious mental illness.

For complete details and online application, visit the APF website at <http://www.apa.org/apf/funding/gralnick.aspx>.

Questions about this program should be directed to Parie Kadir, Program Officer, at pkadir@apa.org.

[Return to Top](#)

Educational Opportunities

Free Educational Webinar – Health Reform and What to Expect in 2012 (for Trustees)

December 13, 2011, 1:00 – 2:00 p.m. EST

Get briefed on the state of health reform and expectations for 2012. Quorum Health Resources (QHR) experts will recap the current state of health reform, share the latest legislative updates, and prepare you for what to expect in the coming year. Arm yourself with the information you need to make informed decisions about the direction your hospital takes to remain strong in an increasingly complex and challenging healthcare environment. For more information and to register, [click here](#).

Culture War: Establishing and Sustaining a Patient-Centered Culture of Quality

Wednesday, January 11, 2012

12:00-1:30 pm Eastern

Speaker: Scott Adler, Principal, Insight Strategies, LLC, Northville, MI.

This is a Health Forum Web Seminar.

The latest battleground in health care revolves around the patient experience. The epicenter of this battle, however, is being waged inside our organizations rather than between competing organizations. With the impending onset of value-based payments, hospitals are recognizing the implications for not providing a great patient experience. Consistently delivering the ideal patient experience can only be accomplished through the creation of an organizational culture that addresses quality in its three dimensions: clinical quality, service quality, and quality of work life.

Prematurity Prevention Symposium

January 19 – 20, 2012

Omni Shoreham Hotel, Washington, DC.

The March of Dimes, in collaboration with the American College of Nurse-Midwives, American Academy of Pediatrics, American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, Association of Women's Health, Obstetric and Neonatal Nurses, and the Centers for Disease Control and Prevention, is organizing a Prematurity Prevention Symposium scheduled to take place on January 19-20, 2012, at the Omni Shoreham Hotel in Washington, DC.

The Symposium will provide a forum to share and review lessons learned from various collaboratives, prematurity prevention efforts, and intervention programs. This Symposium will also launch the Prematurity Prevention Network where those interested in the health of women and infants can continue the discussions started at the Symposium, to share ideas and help each other address the important problem of prematurity.

For more information and to register, visit marchofdimes.com/symposium or send an e-mail to symposium@marchofdimes.com.

NHRA Rural Health Policy Institute

January 30 – February 1, 2012

Washington, DC

For more details, go to www.ruralhealthweb.org.

Health Forum's 25th Annual Rural Health Care Leadership Conference

February 5-8, 2012
Pointe Hilton Squaw Peak Resort, Phoenix, AZ

For 25 years, the Rural Health Care Leadership Conference has brought a unique focus on innovative ideas, thoughtful insights, and proven strategies for improving rural hospitals and developing rural health care leaders. This year is no exception.

Registration Information:

- Register by December 9, 2011 for early bird tuition.
- Register three participants and the fourth attends for free.

Scholarships:

Application deadline is December 9, 2011.

A limited number of partial tuition scholarships are available. Please e-mail Laura Woodburn at lwoodburn@healthcorum.com for more information on how to apply.

Continuing Education:

- American College of Healthcare Executives (ACHE) 17.5 Category II Continuing Education Credits approved.
- California Board of Registered Nursing 17.5 Contact Hours approved.
- College of Healthcare Information Management Executives (CHIME) 17.5 Continuing Education Units.

Travel Discounts:

There is a hotel room block with a special rate, but reservations must be made by January 9, 2012. There are also discounts for United, American, and Delta Airlines, and Hertz car rental.

For more information and full registration details, visit www.HealthForum.Com/Rural or call Health Forum at (312) 893-6897.

Leadership Academy

February 13-16, 2012

New Orleans, LA

www.hospitalmedicine.org/leadership/

The conference is sponsored by the Society of Hospital Medicine.

For questions, program details, or questions about the event, contact: Jade Myers, Education Project Coordinator at (267) 702-2655, send an e-mail to jmyers@HospitalMedicine.org, or visit the website at <http://www.hospitalmedicine2012.org>.

The 12th Population Health & Care Coordination Colloquium & the Fourth National Medical Home Summit, Plus a Pre-Conference Health Policy Dinner and Book Signing Event

Pre-Conference Health Policy Dinner and Book Signing Event

Sunday, February 26, 2012

Dorrance H. Hamilton Building, Thomas Jefferson University, Philadelphia

Featured Books and Authors Include:

- Higher Ambition: How Great Leaders Create Economic and Social Value, by Nathaniel Foote, Managing Director of TruePoint in Burlington, MA.

- Safety Culture: Building and Sustaining a Cultural Change in Aviation and Healthcare, by Tom Bigda-Peyton, Partner of 2nd Curve Healthcare Systems; President of Action Learning Systems; and President and Co-Founder of the Center for Semantic Excellence in Boston, MA.
- Information is the Best Medicine, by Glenn Ellis Sr., President of Strategies for Well-Being, LLC in Yeadon, PA.
- Lethal Rhythm, by Peter Kowey, MD, FACC, Chief of the Division of Cardiovascular Disease at Lankenau Hospital, Main Line Health System; and Professor of Medicine and Clinical Pharmacology at Jefferson Medical College, Thomas Jefferson University in Philadelphia, PA.
- County: Life, Death, and Politics at Chicago's Public Hospital, by David A. Ansell, MD, MPH, Vice President of Clinical Affairs and Chief Medical Officer at Rush University Medical Hospital in Chicago, IL.

12th Population Health & Care Coordination Colloquium & the Fourth National Medical Home Summit
 February 27 – 29, 2012
 Philadelphia Downtown Marriot Hotel, Philadelphia, PA
 Also Offered as a 3-Day Live Webinar

The conferences are sponsored by Thomas Jefferson University's School of Population Health. You can attend both conferences in-person or via the internet. The conferences will address these key issues:

- Key Issues Regarding Health Care Reform and the Need for Preventative Medicine.
- Why Fixing the Health Care System is a National Priority.
- The Role the Economic Environment Plays in Transforming the Health Care System.
- National Health Promotion and Disease Prevention Initiatives.
- The Complexity of Managing Chronic Conditions.
- Exploring Models of Care Delivery Within the Current System and Beyond.
- The Financial Burden of Chronic Illness and How Care is Affected by the Economy.
- Retail Medicine and Its Role in Population Health.
- Managing Chronic Illness in Special Populations.
- Understanding Comparative Effectiveness and Its Impact on Health Care.
- The Importance of Educating Current and Future Leaders in Quality and Safety Initiatives.
- Consumer's Growing Role in Managing Disease Prevention and Wellness.
- The Implications of EHRs and How Physicians are Being Incentivized.
- Technology's Growing Role in Wellness and Prevention.

Population Health Program Certificate Holders:

Participants who successfully complete the Population Health Certificate Program offered in conjunction with the 12th Population Health Care Coordination Colloquium are eligible to receive a 15% tuition discount for courses taken as part of the Master of Science degree program offered through Thomas Jefferson University's School of Population Health. Full details of this discount are available on the [Colloquium Website](#).

For full details, visit the 12th Population Health & Care Coordination Colloquium [Website](#) and the Fourth National Medical Home Summit [Website](#). You can also call (800) 503-7439 or (206) 452-5203, or send an e-mail to registration@hconferences.com.

7th National Pay for Performance Summit

March 19 – 21, 2012
Hyatt Regency Century Plaza Hotel, Los Angeles, CA
Also offered as a 3-Day Live Webinar Event

For more information and conference details, visit the Summit [Website](#).

Hospital Medicine 2012

April 1-4, 2012
San Diego Convention Center
San Diego, CA
<http://www.hospitalmedicine2012.org/>

The conference is sponsored by the Society of Hospital Medicine.

For questions, program details, or questions about the event, contact: Jade Myers, Education Project Coordinator at (267) 702-2655, send an e-mail to jmyers@HospitalMedicine.org, or visit the website at <http://www.hospitalmedicine2012.org>.

NHRA Rural Medical Educators Conference

April 17, 2012
Denver, CO
For more details, go to www.ruralhealthweb.org.

NHRA Rural Health Conference

April 17 – 20, 2011
Denver, CO
For more details, go to www.ruralhealthweb.org.

20th Annual Health Forum & AHA Leadership Summit

July 19-21, 2012
San Francisco, CA
For more information, visit www.healthforum.com/LeadershipSummit.

Online Educational Opportunities:

Free CME/CE: Real Talk About Influenza Vaccine Safety - Be Informed and Be Prepared Course

The Centers for Disease Control and Prevention (CDC)'s Immunization Safety Office is pleased to offer a free online continuing education (CME and CE) activity on Medscape titled, "Real Talk about Influenza Vaccine Safety – Be Informed and Be Prepared." The CME/CE features a roundtable discussion with three vaccine safety and influenza prevention experts. The course is intended for clinicians who routinely administer influenza vaccines and who evaluate and treat patients experiencing adverse events following influenza immunization. Healthcare providers interested in this course may include physicians, nurses, physicians' assistants, and nurse practitioners in family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The 30-minute, web-based program is designed to educate clinicians about the following:

- The safety profiles of licensed influenza vaccines.
- Safe administration of influenza vaccines and screening for contraindications and precautions.
- Resources available for communicating benefits and risks of influenza vaccination.
- Accurate and timely reporting of any adverse events to the Vaccine Adverse Event Reporting System (VAERS).

To participate in this free CME/CE activity, please visit www.cdc.gov/vaccinesafety and click on the quick links to the course.

To view the popular CDC Expert Commentary Series on Medscape, please visit <http://www.medscape.com/partners/cdc/public/cdc-commentary>.

ACEP Hospital Evacuation: Principles and Practices

The American College of Emergency Physicians (ACEP) is proud to announce the release of its newest training, Hospital Evacuation: Principles and Practices. Healthcare facilities must be ready to tackle anything that comes their way. In times of disaster, natural or technological, they must remain open, operational, and continue carrying out their functions. When the situation escalates to a level that endangers the health and/or safety of the facilities patients, staff, and visitor's evacuation of the endangered areas is necessary. Safety and continuity of care among evacuees during a disaster depend on planning, preparedness, and mitigation activities performed before the event occurs. At the completion of the course, hospitals and other healthcare providers with inpatient or resident beds will have basic training and tools to develop an evacuation plan. This one-hour course will take the participant through the stages of preparing for a facility evacuation. It begins by performing an assessment of possible vulnerabilities and the resources available to a facility. Next, the course walks the learner through the development of a functional plan for a healthcare facility, and identification of key personnel positions implemented when a facility evacuates and the roles and responsibilities of each. The course concludes by addressing recovery issues, both plan development and operational. The training can be found at <http://tinyurl.com/hospitalevacuation>.

[Return to Top](#)

Grant and Funding Opportunities

Agency for Healthcare Research and Quality Funding Alerts:

New Health IT Funding Opportunity: Advancing Health Services through System Modeling Research

Full Proposals can be submitted starting on January 15, 2012.

Deadline to submit a full proposal is by 5 p.m. proposer's local time on February 15, 2012.

The Agency for Healthcare Research and Quality (AHRQ) in collaboration with the National Science Foundation (NSF) will accept and review investigator-initiated proposals that address systems modeling in health services research. The Service Enterprise Systems program in the Civil, Mechanical, and Manufacturing Innovation (CMMI) Division of the Engineering Directorate will be the lead program on this interdisciplinary topic. Through this partnership, AHRQ and NSF look to foster new collaborations among health services researchers and industrial and systems engineers with a specific emphasis on the supportive role of health IT. For more information, go to <http://go.usa.gov/Iof>.

The Agency for Healthcare Research and Quality (AHRQ) in collaboration with the National Science Foundation (NSF) will accept and review investigator-initiated proposals that address systems modeling in health services research. The Service Enterprise Systems program in the Civil, Mechanical, and Manufacturing Innovation (CMMI) division of the Engineering Directorate will be the lead program on this interdisciplinary topic. Through this partnership, AHRQ and NSF look to foster new collaborations among health services researchers and industrial and systems engineers with a specific emphasis on the supportive role of health IT. For more information, go to: <http://go.usa.gov/Iof>.

Research Centers in Primary Care Practice Based Research and Learning (P30)

Letter of Intent Receipt Date: January 6, 2012.

Application Receipt Date: January 26, 2012.

Peer Review Date: Approximately three months after receipt date.

Earliest Anticipated Start Date: Approximately three to four months after peer review.

This FOA solicits Center Core grant (P30) applications from organizations with a demonstrated track record of success in conducting research in primary care PBRNs. Each successful applicant will serve as a Research Center in Practice-Based Research and Learning. Each Center must have at least 120 primary care member practices and may either consist of:

1. A primary organization with 3 or more affiliated regional PBRNs (including a PBRN affiliated with the primary organizations); or
2. Be a national PBRN organized around shared resources and research infrastructure.

It is expected that each Center will foster a highly collaborative, interdisciplinary research environment. By leveraging common resources, it is expected that either the consortium of PBRNs or the national PBRN will demonstrate greater productivity and will develop and conduct independent research projects more quickly than they would as separate PBRNs without a central infrastructure and collaborative partners. AHRQ is particularly interested in supporting an infrastructure that would accelerate both the generation of new knowledge and a community of learning for primary care practices to improve quality, patient safety, and effectiveness of care. This funding opportunity provides no funds for specific research projects. The funds to be awarded are intended to strengthen the research and dissemination infrastructure of each Center. It is expected that as a result of this funding, Centers will be more equipped to compete for research funding from AHRQ and other funders and be better able to conduct primary care practice-based research and support quality improvement in member practices. Additionally, AHRQ intends to publish future rapid-cycle FOAs describing research projects that will be limited to funded Centers because of the cohesive infrastructure required to respond to these rapid-cycle funding opportunities.

For more information, go to <http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-12-002.html>.

Robert Wood Johnson Foundation Funding Alerts:

RWJF New Careers in Nursing Releases Call for Applications

[Robert Wood Johnson Foundation New Careers in Nursing](#)

Application Deadline: January 11, 2012, 3:00 PM EST.

The *Robert Wood Johnson Foundation New Careers in Nursing* is a scholarship program to help alleviate the nursing shortage and increase the diversity of nursing professionals. Through grants to schools of nursing, the program will provide scholarships to college graduates without nursing degrees who are enrolled in accelerated baccalaureate and master's nursing programs. [More details and how to apply](#).

RWJF Executive Nurse Fellows Releases Call for Applications

[Robert Wood Johnson Foundation Executive Nurse Fellows](#)

Application Deadline: January 18, 2012, 3:00 PM EST.

The *Robert Wood Johnson Foundation Executive Nurse Fellows* program is a three-year advanced leadership program for nurses who aspire to lead and shape health care locally and nationally. Fellows strengthen and improve their leadership abilities related to improving health and health care. [More details and how to apply](#)

Evaluating Innovations in Nursing Education

[Evaluating Innovations in Nursing Education](#)

Proposal Deadline: February 1, 2012, 3:00 PM EST.

Evaluating Innovations in Nursing Education (EIN) is inviting applications for research projects studying nursing faculty issues that are critical to achieving the recommendations outlined in the 2010 Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*. Consistent with EIN's mission, projects will typically address teaching productivity and faculty preparation in nursing education for meeting the demands of a reformed health care and public health system. Findings should inform strategies for addressing the nurse faculty shortage while expanding the nurse workforce and maintaining or improving student outcomes. [More details and how to apply](#)

RWJF Nurse Faculty Scholars Releases Call for Applications

[Robert Wood Johnson Foundation Nurse Faculty Scholars](#)

Application Deadline: February 7, 2012, 3:00 PM EST.

The goal of the *Robert Wood Johnson Foundation Nurse Faculty Scholars* program is to develop the next generation of national leaders in academic nursing through career development awards for outstanding junior nursing faculty. The program aims to strengthen the academic productivity and overall excellence of nursing schools by providing mentorship, leadership training and salary and research support to young faculty. [More details and how to apply](#).

Innovations for Health: Solutions that Cross Borders

RWJF Pioneer Portfolio Announces Competition to Find Cutting-Edge Health Care Solutions

Key Dates:

- Entries accepted: October 26, 2011 through February 13, 2012, 5:00 p.m. ET.
- Early entry deadline: December 12, 2011, 5:00 p.m. ET (entries received by this deadline are eligible to win \$500 and a private consulting session with industry experts).

Despite their differences, countries throughout the world face a surprisingly similar set of health care challenges, such as fragmented health care ecosystems, high costs, inconsistent quality of care, inefficient systems, barriers to access and capacity needs.

The Pioneer Portfolio at the Robert Wood Johnson Foundation (RWJF) is partnering with Ashoka Changemakers to launch *Innovations for Health: Solutions that Cross Borders*, a competition to find cutting-edge health care solutions from anywhere in the world that have the potential to be applied in other countries and include, but are not limited to those that:

- Deploy the full spectrum of health care workers and providers to improve the capacity, reach, and quality of health care services;
- Use simple, low-cost interventions to improve medical, preventive, and dental care;
- Help people find and access the health information, services, and providers they need through new tools and processes;
- Provide high-quality and personalized care in non-traditional settings; and
- Find new ways to engage patients in their care, particularly for those with chronic illnesses.

The competition will award prizes of \$10,000 for three solutions that effectively drive improvements in health and health care and have demonstrated impact.

Following the competition, selected entries may be invited to submit proposals to RWJF's Pioneer Portfolio for future funding consideration. The Foundation will be looking for innovations that show potential to produce

significant improvement in health and health care in the United States. Only organizations in the United States and its territories are eligible for this post-competition funding opportunity. [Learn more about the competition, including details on guidelines, criteria, and prizes.](#)

RWJF Clinical Scholars Releases Call for Applications

Robert Wood Johnson Foundation Clinical Scholars Program

Application Deadline: February 29, 2012, 5:00 p.m. ET

The Robert Wood Johnson Foundation (RWJF) and the U.S. Department of Veterans Affairs (VA) collaborate to foster the development of physicians who will lead the transformation of Americans' health and health care through the *Robert Wood Johnson Foundation Clinical Scholars* program. These future leaders will conduct innovative research and work with communities, organizations, practitioners and policy-makers to address issues essential to the health and well-being of all Americans. [More details and how to apply](#)

Foundation Announces \$100,000 Developer Challenge

Technology Developers to Create Apps to Help Consumers Find Information on Quality of Care

The Robert Wood Johnson Foundation (RWJF) is seeking entries for its "Aligning Forces App Challenge." Competing developers will create applications for various devices that allow consumers to easily access comparative information about the quality of care provided in various regions of the country. Data to fuel the apps will come from RWJF's *Aligning Forces for Quality* initiative, the Foundation's signature effort to improve the quality of health care in 16 targeted communities nationwide. Aligning Forces community alliances have already developed publicly available online reports that provide information about the quality of care delivered in their local communities.

Participating developers will help make the consumer experience with these existing data more dynamic, interactive and consumer-friendly than when information is simply displayed on a website. The developer of the winning app will receive \$100,000. The second place winner will receive \$25,000, and the third place winner will be awarded \$5,000.

- [Access additional details and how to apply.](#)
- [Learn more about Aligning Forces for Quality.](#)

US Government Grants:

US Department of Health and Human Services (HHS):

HHS Nominations for National Awards Program to Recognize Achievements in Eliminating HAIs

Submission Deadline: December 19, 2011

For the second year, the U.S. Department of Health & Human Services, in partnership with the Critical Care Societies Collaborative (CCSC)*, will sponsor a program to recognize teams of critical care professionals and healthcare institutions for outstanding leadership to reduce or eliminate healthcare-associated infections (HAIs). The awards recognize benchmark systems of excellence that reduce targeted HAIs for 25 months or longer. The national awards strive to motivate the healthcare community to reduce or eliminate HAIs on a large scale and encourages healthcare professionals, including clinicians, nurses, and hospital executives to use evidence-based guidelines to improve clinical practice. During the first cycle, [37 hospital and healthcare facilities](#) were recognized for their efforts to prevent HAIs. The awards again will recognize success in reducing or eliminating central line-associated bloodstream infections, or CLABSIs, and ventilator-associated pneumonia, also called VAP.

Hospitals, units, and teams that successfully reduce or eliminate HAIs may apply for the awards by December 19, 2011. The awards will be announced in the Spring 2012 with presentations to follow. Visit the [AACN](#) website for

details on eligibility, selection criteria, and application requirements or email awards@aacn.org if you have any questions.

*CCSC member organizations include American Association of Critical-Care Nurses, American College of Chest Physicians, American Thoracic Society, and Society of Critical Care Medicine.

We Can't Wait: Health Care Innovation Challenge will Improve Care, Save Money, Focus on Health Care Jobs – New Funding Available for Next Generation of Health Care Innovations

Important Dates:

- Letter of Intent: December 19, 2011.
- Applications are due January 27, 2012.
- Anticipated Award Date: March 30, 2012.

Up to \$1 billion dollars will be awarded to innovative projects across the country that test creative ways to deliver high quality medical care and save money. Launched by the Department of Health and Human Services, the *Health Care Innovation Challenge* will also give preference to projects that rapidly hire, train and deploy health care workers.

“We’ve taken incredible steps to reduce health care costs and improve care, but we can’t wait to do more,” said HHS Secretary Kathleen Sebelius. “Both public and private community organizations around the country are finding innovative solutions to improve our health care system and the Health Care Innovation Challenge will help jump start these efforts.”

Funded by the Affordable Care Act, the Health Care Innovation Challenge will award grants in March to applicants who will implement the most compelling new ideas to deliver better health, improved care and lower costs to people enrolled in Medicare, Medicaid and the Children’s Health Insurance Program, particularly those with the highest health care needs. The Challenge will support projects that can begin within six months. Additionally, projects that focus on rapid workforce development will be given priority when grants are awarded.

“When I visit communities across the country, I continually see innovative solutions at the very ground level – a large health system working with community partners to decrease the risk of diabetes with nutrition programs or a church group that sends volunteers to help home-bound seniors so they can live at home,” said Donald M. Berwick, M.D., Administrator of the Centers for Medicare & Medicaid Services.

“By putting more programs like this in place and more “boots on the ground,” these types of programs can truly transform our health care system.”

Awards will be expected to range from approximately \$1 million to \$30 million over three years. Applications are open to providers, payers, local government, community-based organizations, and particularly to public-private partnerships and multi-payer approaches. Each grantee project will be evaluated and monitored for measurable improvements in quality of care and savings generated.

For more information, including a fact sheet and the Funding Opportunity Announcement, please see the Health Care Innovation Challenge initiative web site at: www.innovation.cms.gov and <http://www.innovation.cms.gov/initiatives/innovation-challenge/index.html>.

Other Government Grants:

A full listing of U.S. Government grant opportunities can be found on the [Grants.Gov](http://www.Grants.Gov) website.

[Return to Top](#)

FYI...

Tuesday, December 13th

- **Telehealth Coalition**, 9:00 a.m., Conference Center, Room 407A, DeITech Terry Campus, Dover

Wednesday, December 14th

- **Medical Care Advisory Committee**, 9:00 a.m., Easter Seals, New Castle
- **Trauma System Committee**, 12:30 p.m., Fire School, Dover
- **DIMER**, 4:00 p.m., Margaret O'Neil Building, Dover

Thursday, December 15th

- **Health Resources Board**, 2:30 p.m., DeIDOT Administration Building, Dover

[Return to Top](#)

Supplemental Information:

[AHA NewsNow](#)

[Healthy Delawareans with Disabilities](#)

[National Council of Certified Dementia Practitioners](#)

[New England Journal of Medicine](#)

[Joint Commission Updates](#)

[Robert Wood Johnson Foundation](#)

[Center for Studying Health Change](#)

[Agency for Healthcare Research and Quality](#)

[National Institute for Occupational Safety](#)

[National Association of Psychiatric Health Systems](#)

[Federal Emergency Management Agency](#)

[Military Health Services and TRICARE Updates](#)

[National Rural Health Association](#)

[LeadingAge](#)

[American Association of Critical Care Nurses](#)

[Federal Register](#)

[Highmark Medicare Services](#)

[Delaware Medical Assistance Program \(DMAP\)](#)

[U. S. Office of the Inspector General](#)

[CDC Updates](#)

[Press Releases](#)

AHANews Now

HHS Issues Final Rule Revising Certain MLR Requirements

Friday, December 2nd

The Centers for Medicare & Medicaid Services (CMS) issued a final rule implementing changes to the Patient Protection and Affordable Care Act's (ACA) medical loss ratio (MLR) requirements for health insurers effective January 1, 2012. According to CMS, the changes from the interim final rule largely address technical issues involved in the way insurers calculate and report their MLR and the mechanism for distributing rebates to enrollees in group health plans. For example, the rule requires insurers to provide notice of rebates to group policy holders and enrollees and to provide the rebates through lower premiums or in other ways that are not taxable. Among other changes, the rule allows part of a health plan's ICD-10 conversion costs to be considered as quality improvement activities, and addresses MLR adjustments for mini-med and expatriate policies. CMS will accept comments through January 6, 2012 regarding the rule's treatment of ICD-10 conversion costs and the process for providing and reporting rebates to group enrollees. In another report, the Government Accountability Office said at least 64% of insurers in 2010 would have met or exceeded the 2011 ACA MLR standards.

CDC Reports Increase in EHR Adoption by Office-Based Physicians

Friday, December 2nd

An estimated 57% of office-based physicians used electronic health records (EHR) in 2011, according to a new report by the Centers for Disease Control and Prevention (CDC). That's up from 51% in 2010. Based on data from the National Ambulatory Medical Care Survey, about one-third of the practices reported having a basic system that includes patient history and medications, physician clinical notes, computerized prescription orders, and the ability to view lab and imaging results. Just over half of respondents in 2011 intended to apply for Medicare or Medicaid EHR incentive payments.

CMS Issues Final Rule for Release/Use of Medicare Claims Data under ACA

Monday, December 5th

The Centers for Medicare & Medicaid Services (CMS) issued a final rule for the release and use of Medicare claims data to qualified entities to measure the performance of Medicare providers under the Patient Protection and Affordable Care Act (ACA). Beginning in 2012, the ACA requires the Health and Human Services Secretary to provide standardized extracts of Medicare Parts A, B, and D claims data to qualified entities on request. Among other changes to the proposed rule, CMS estimates the average cost for a qualified entity for the first year of the program is \$40,000, down from \$200,000 in the proposed rule. The estimate assumes 25 qualified entities will request data for an average 2.5 million beneficiaries. The rule requires them to confidentially share measures, measurement methodologies, and measure results with providers and suppliers at least 60 calendar days prior to making measurement results public, compared to 30 business days in the proposed rule.

CDC: Flu Vaccination Up among Health Care Workers, Children

Monday, December 5th

An estimated 63% of health care workers had received an annual flu vaccination as of early November, up from about half in previous years, the Centers for Disease Control and Prevention (CDC) reported. Howard Koh, M.D., Assistant Secretary for Health for the Department of Health and Human Services, called the increase "good news." According to national surveys conducted by CDC, an estimated 111 million Americans were vaccinated as of early November or about 36% of people aged 6 months and older. That's 3.5 percentage points more than this time last year. Vaccination coverage among children was 37%, up from 31% last year, while adult coverage was about the same as last year at 36%. About 42% of people at high-risk for flu complications and 43% of pregnant women had been vaccinated, about the same as last year. CDC officials encouraged Americans to get vaccinated before the holidays and annual flu activity picks up. The data were released during National Influenza Vaccination Week. To protect the lives and welfare of patients and hospital employees, the AHA Board of Trustees this year approved a policy supporting mandatory patient safety policies that require either flu vaccination of hospital employees or wearing a mask in the presence of patients across health care settings during flu season.

Report Looks at Health of Children with Special Needs

Monday, December 5th

The Health Resources and Services Administration (HRSA) released a report on the health and well-being of children with special health care needs, defined as chronic physical, developmental, behavioral, or emotional conditions requiring more than routine health-related services. Based on parents' response to the National Survey of Children's Health, the report finds children with special health needs are more likely than other children to have consistent insurance, but their insurance is less likely to meet their needs. They also are more likely than other children to be overweight or obese, to be exposed to secondhand smoke at home, and to miss more than two weeks of school due to illness. According to the report, between 14% and 19% of U.S. children have a special health need, representing more than one in five households with children.

Groups Oppose Cutting Hospitals to Fix Physician Payment

Tuesday, December 6th

The AHA and eight other national hospital organizations expressed strong opposition to using reductions in Medicare payments to hospitals or Medicaid funding to offset the costs of addressing Medicare's flawed physician payment system. "If Congress imposes further cuts on hospitals or forces states to take further action with their own Medicaid programs, it will have a direct and immediate adverse effect on the communities and Medicare beneficiaries we serve," the groups told members of Congress in a letter. The letter notes hospitals "already are facing billions in Medicare cuts under current law, including tens of billions in across-the-board sequestered cuts resulting from the Budget Control Act of 2011. In addition, the majority of states have cut provider payments over the past two years, and the Office of Management and Budget has noted a decrease of \$98 billion in Federal Medicaid spending due to these actions.

Study: Nursing Supply Growing as Young Enter Field

Tuesday, December 6th

The number of registered nurses aged 23-26 grew 62% between 2002 and 2009, according to a study in the December issue of Health Affairs. If the trend continues, the study projects the nurse workforce will grow at roughly the same rate as the population through 2030. Pamela Thompson, CEO of the American

Organization of Nurse Executives, an AHA subsidiary, said the study "is welcome news to health care. An increase in the supply of this younger workforce will help tremendously as we prepare for the inevitable retirement of the older workforce in the coming years. Also important is the caution that we must assure that we are producing a workforce that is suited for the population needs of the future. Health care reform is moving us to create integrated delivery systems that span the continuum of care from home and community to hospital care. Nurses will be expanding their roles as we build these systems, especially in regard to the coordination of care across the continuum."

CMS Reports on Variation in Health Care Spending by State

Wednesday, December 7th

States in the New England and Mideast regions had the highest per capita health care spending between 1998 and 2009, while states in the Southwest and Rocky Mountain regions had the lowest, according to a new report by the Centers for Medicare & Medicaid Services (CMS). In 2009, the 10 states where per capita spending was highest ranged from 13% to 36% higher than the national average, while the 10 states where per capita spending was lowest ranged from 8% to 26% below the national average. States with the highest per capita spending tended to have older populations and the highest per capita incomes, while states with the lowest per capita spending tended to have younger populations, lower per capita incomes and higher rates of uninsured, the report states. During the recent recession, the Great Lakes, New England and Far West regions experienced the greatest reductions in health spending growth.

Senate Hearing Examines Reasons for Growing Drug Shortages

Wednesday, December 7th

The Senate Finance Committee held a hearing examining the reasons for the nation's growing drug shortages and how they impact patients. "The variety of reasons that cause drug shortages make it difficult to find one silver bullet solution, but we can't tackle this problem without fully understanding the root causes," said Chairman Max Baucus (D-MT). Ranking Member Orrin Hatch (R-UT) said he is "working on a solution that will continue to improve coordination between manufacturers and the government, but that also addresses some of the Federal price control and rebate structures that prevent the true costs of bringing these important medicines to patients from being adequately addressed." Testifying at the hearing were Kasey Thompson, Vice President of Policy, Planning and Communications for the American Society of Health-System Pharmacists; Patrick Cobb, M.D., an oncologist at Frontier Cancer Center in Billings, MT; Scott Gottlieb, M.D., Resident Fellow at the American Enterprise Institute for Public Policy Research; and Rena Conti, Assistant Professor of Health Policy and Economics at the University of Chicago. The AHA has called for both short-term interventions and longer term solutions to address the shortages, including legislation such as the Preserving Access to Life Saving Medications Act (S. 296/H.R. 2245).

HRSA Awards ACA Grants to Expand School-Based Health Centers

Thursday, December 8th

The Health Resources and Services Administration (HRSA) awarded 45 school-based health centers \$14.6 million in grants to expand their facilities and serve an estimated 53,000 additional children. The grants are part of \$200 million provided by the Patient Protection and Affordable Care Act for the School-Based Health Center Capital Program. About half of the funding was awarded to 278 health centers in July.

[Return to Top](#)

Healthy Delawareans with Disabilities

Transition of Care: Monthly Seminar Series: “2012 Education/Vocational Options: Where Will You Spend Time after School is Finished?”

January 4, 2012

6:30 to 8:30 p.m.

A.I. duPont Hospital for Children, 1600 Rockland Road, Wilmington, DE 19803

Young adults with disabilities and their family members are invited to attend this free seminar, which is one in a series of events focused on giving participants the opportunity to learn about changes in services and supports that occur as teens move into adulthood. Contact Cory Nourie at (302) 651-4812 or cnourie@nemours.org to register.

LIFE Conference XIV

January 19, 2012

8 a.m.–3:45 p.m.

Sheraton Dover Hotel, 1570 North DuPont Highway, Dover, DE

[Online registration](#) is open, with the early discount registration rate of \$45 through January 10th and the standard registration rate of \$75 beginning on January 11th. Full-time students and people with disabilities and/or their parent, guardian, or primary caregiver can register for \$20.

This annual conference for people with disabilities and those who support them features national speakers and a wide variety of topics. The keynote speaker is Constance Garner, Ph.D., Executive Director of Advance CLASS—a national advocacy organization dedicated to the implementation of a strong and vital long-term services and supports program for both the aging and disability communities. Featured topics at the conference include emergency preparedness, state legislation, assistive technology, and increasing accessibility in the home. Center for Disabilities Studies is a sponsor of this event and many staff members are presenters.

Center for Disabilities Studies

College of Education and Human Development

University of Delaware

461 Wyoming Road

Newark DE 19716

Phone: (302) 831-6974

TDD: (302) 831-4689

Send [email](mailto:info@gohdwd.org) to HDWD at info@gohdwd.org

[Return to Top](#)

National Council of Certified Dementia Practitioners

National Council of Certified Dementia Practitioners Alzheimer’s and Dementia Staff Education Week February 14th to the 21st Tool Kit

For the fourth year, the National Council of Certified Dementia Practitioners is offering The National Council of Certified Dementia Practitioners Alzheimer’s and Dementia Staff Education Week February 14th to the 21st Tool Kit. The Tool Kit is free and available at www.nccdp.org. The tool kit includes many free Power Point in-services for download beginning November 15th to March 1st. Each in-service is designed to be taught in 30 minutes to health care professionals, front line staff, volunteers, support groups, congregations, families, state staff with AOA, state surveyors, and Ombudsman staff. One new

in-service is on Sexuality, Intimacy and the Dementia Patient. Simply log on to the web site www.nccdp.org, complete the registration form and begin downloading.

The Tool Kit and the declaration by the NCCDP Alzheimer's and Dementia Education Week February 14th to the 21st was developed to bring national and international awareness to the importance of providing comprehensive dementia education by means of face to face interactive classroom environment to all healthcare professionals and line staff and to go above and beyond the minimum state requirements regarding dementia education.

Currently there are no national standards or international standards for dementia education. There are new standards coming from CMS regarding mandatory dementia education for CNA's working in Nursing Homes. The regulations are different from state to state and industry to industry. The NCCDP recommends at minimum an initial 8 hours of dementia education to all staff. Throughout the year, additional dementia education should be provided that incorporates new advances, culture change and innovative ideas.

In addition to facilitating the Train the Trainer programs, The NCCDP promotes dementia education and certification of all staff who qualify as Certified Dementia Practitioners (CDP®). The NCCDP recommends that at minimum there should be one Certified Dementia Practitioner® per shift. The NCCDP recommends a trained and certified Alzheimer's and dementia instructor by the NCCDP to utilize up to date NCCDP training materials.

The NCCDP recognizes the importance of educated and certified dementia unit managers and certifying the Dementia Unit Manager as Certified Dementia Care Manager (CDCM®). Dementia Unit Managers report that they have received little training as a Dementia Unit Manager.

Front Line First Responders and Law Enforcement need comprehensive Dementia training and the NCCDP provides Alzheimer's and Dementia training to First Responder and Law Enforcement educators and certification as Certified First Responder Dementia Trainer®.

The free tool kit and staff in-services includes:

- Free Power Point In-services (Many topics) for staff, volunteers, family & First Responders, clergy and support group attendees. Includes Power Point, pre-test, post-tests, handouts, answers, in-service evaluation, and in-service certificates.
- Nurse Educator of the Year Nomination Forms.
- Nomination Forms for NCCDP Alzheimer's and Dementia Staff Education Week Contest.
- Proclamations for Senators and Mayor.
- Letters to the Editors Promoting Your Program.
- 97 Ways to Promote Alzheimer's and Dementia Staff Education Week 2011.
- Resources and Important Web Sites.
- Alzheimer's Bill of Rights and the Alzheimer's Pledge.

The National Council of Certified Dementia Practitioners®, LLC was formed in 2001 by a group of professionals with varying work and personal experiences in the field of dementia care. The Council was formed to promote standards of excellence in dementia and Alzheimer's education to professionals and other caregivers who provide services to dementia clients. As the number of dementia cases continues to increase nationally and worldwide, there is a great necessity to insure that care givers are well trained to provide appropriate, competent, and sensitive direct care and support for the dementia patient. The goal of the Council is to develop and encourage comprehensive standards of excellence in the health care profession and delivery of dementia care.

NCCDP is endorsed and recognized by many organizations and associations such as Project Lifesaver International, NADONA National Association of Directors of Nursing Administration in Long Term Care, Dorland Health an Access Intelligence, Professional Patient Advocate Institute, Care2Learn, Life Care Centers of America, Alzheimer's Care Guide Publication, TJA Protect Systems International, CarePlans.com.

Hot off the Press: Sexuality & Long –Term Care Understanding and Supporting the Needs of Older Adults

Responding to the sexual desires of older adults in residential environments is widely recognized as a challenge by care staff, administrators, and family members. This new resource meets the challenge head on, exploring the issues surrounding sexual expression from all perspectives. It addresses the question of how, in an increasingly person-centered care culture, long-term care facilities balance individual resident rights against the needs and concerns of the community as a whole. Who decides what is appropriate or inappropriate, and how? Order through www.activitytherapy.com.

Also, see the Free Staff Sexuality In-service at www.nccdp.org which includes power point, handouts, pre-test and post-test and is listed under the NCCDP Alzheimer's and Dementia Staff Education Week February 14th to 21st, but you can begin downloading now through March 1st.

NCCDP Train the Trainer Class: Are you a certified Alzheimer's and Dementia Trainer?

Who should attend: Nurse Educators, In-service directors, Consultants, Dementia unit managers, Trainers, Speakers, Instructors who work in a long term care setting, home health agency, Technical college or university.

This is a one day class from 7:30 A.M. to 8:00 P.M. Classes offered nearby in Philadelphia on January 24, 2012 & May 8, 2012, and in Rockville, MD on March 12, 2012.

The course includes Power Point Disk, Overhead copies, Master handout notebook, Textbooks, Certification as a NCCDP Alzheimer's and Dementia Instructor, Certification as CDP Certified Dementia Practitioner.

For more information see <http://www.nccdp.org/becomeapprovedinstructor.htm>

CDCM Certified Dementia Care Manager: Dementia Unit Managers are you certified?

Who should attend: Alzheimer's and Dementia Unit Managers who have direct supervision for an Alzheimer's & Dementia Special Care Unit who work in either Assisted Living or Nursing Home Facility.

The class includes comprehensive Alzheimer's and Dementia policy and procedure manual and certification as a Certified Dementia Care Manager, Certified Alzheimer's and Dementia Trainer, and Certified CDP Certified Dementia Practitioner.

There is a 3 hour conference call scheduled immediately following the Train the Trainer class. You must attend the Train the Trainer class (above). For an application please see <http://www.nccdp.org/cdcm/index.htm>

Alzheimer's and Dementia Seminar

This is the required seminar for those interested in pursuing certification as a CDP Certified Dementia Practitioner and who qualify for CDP. Download the CDP application to see if you qualify for the CDP certification.

Who should attend: Anyone who works or volunteers with patients who have a diagnosis of dementia.

For a list of dates offered by approved NCCDP Certified Alzheimer's and dementia trainers please see the calendar at <http://www.nccdp.org/calendarix/calendar.php> New dates are posted daily.

To register online for the following dates taught by the corporate staff please click there <http://www.nccdp.org/dementia-care-seminar.htm>

Seminar Schedule: Registration at 8:00 A.M., Program begins at 8:30 a.m. to 5:00 p.m. The class is offered locally in Philadelphia on January 24, 2012, and in Rockville, MD on March 12, 2012.

Each participant is provided a large hand out notebook with tabs.

Care Coordination Summit – Improving Practice in A Time of Change

March 8 2011

8: 00 a.m. to 5:15 p.m.

The Venetian, Las Vegas NV

To register, call (301) 345-1769 or register online at <http://www.dorlandhealth.com/Care-Summit/care-summit.html>

TJA Train the Trainer Certification Course Non-Violent Self-Protection for Health Care Trainers

This three-day “train-the-trainer” certification course is specifically designed and developed for healthcare professionals. It is highly recommended for staff working in hospitals, nursing homes, assisted living, CCRC, adult day care, psychiatric facilities, hospice, home care agencies, rehab centers and drug/alcohol facilities. The “Train the Trainer” course is designed to provide a comprehensive curriculum to instruct the TJA Non-Violent Self-Protection© basic certification program to facility line staff. A thoroughly researched and realistic training program it fully addresses the contemporary issues and liability conditions facing healthcare professionals when dealing with verbally and physically combative patients, family members and visitors. A highly retentive “fully backed in court” certification program, it additionally provides a comprehensive, nationally based self-protection and use of force policy for healthcare facility implementation.

What is included: \$1,295 all trainer and student course materials, PowerPoint® program on a flash-drive, Emergency Response Belt® with carrier case, TJA Health Care Self-Protection/ Use of Force Policy, and three-year nationally recognized instructor certification. Recertification is provided at low-cost for an additional three years via a recertification kit. Cost- effective, in-house training available on-site for your facility. Call for a tailor-designed proposal.

[Return to Top](#)

New England Journal of Medicine (NEJM)

Perspective:

- [Generic Atorvastatin and Health Care Costs](#)
C.A. Jackevicius and Others | December 7, 2011 | DOI: 10.1056/NEJMp1113112
- [Smoking and the First Amendment](#)
K. Outterson | December 7, 2011 | DOI: 10.1056/NEJMp1113011
- [Expanding Eligibility, Cutting Costs — A Medicaid Update](#)
J.K. Iglehart | December 7, 2011 | DOI: 10.1056/NEJMp1113561
- [The Constitutionality of the ACA's Medicaid-Expansion Mandate](#)
I.G. Cohen and J.F. Blumstein | December 7, 2011 | DOI: 10.1056/NEJMp1113416
- [Making Sense of the New Cervical-Cancer Screening Guidelines](#)
S. Feldman | N Engl J Med 2011;365:2145-2147 | Published Online November 23, 2011
- [Drug Shortages — A Critical Challenge for the Generic-Drug Market](#)
B.A. Chabner | N Engl J Med 2011;365:2147-2149 | Published Online October 31, 2011
Free Full Text
- [Discussing Overall Prognosis with the Very Elderly](#)
A.K. Smith, B.A. Williams, and B. Lo | N Engl J Med 2011;365:2149-2151
- [Learning about the Safety of Drugs — A Half-Century of Evolution](#)
J. Avorn | N Engl J Med 2011;365:2151-2153
Free Full Text Audio

Original Articles:

- [Three Months of Rifapentine and Isoniazid for Latent Tuberculosis Infection](#)
T.R. Sterling and Others | N Engl J Med 2011;365:2155-2166
CME
- [Apixaban versus Enoxaparin for Thromboprophylaxis in Medically Ill Patients](#)
S.Z. Goldhaber and Others | N Engl J Med 2011;365:2167-2177 | Published Online November 13, 2011
CME
- [Norovirus Vaccine against Experimental Human Norwalk Virus Illness](#)
R.L. Atmar and Others | N Engl J Med 2011;365:2178-2187
- [Inflammatory Cortical Demyelination in Early Multiple Sclerosis](#)
C.F. Lucchinetti and Others | N Engl J Med 2011;365:2188-2197
- [Pertuzumab plus Trastuzumab plus Docetaxel for Metastatic Breast Cancer](#)
J. Baselga and Others | December 7, 2011 | DOI: 10.1056/NEJMoa1113216
- [Everolimus in Postmenopausal Hormone-Receptor-Positive Advanced Breast Cancer](#)
J. Baselga and Others | December 7, 2011 | DOI: 10.1056/NEJMoa1109653

Review Articles:

- [Mechanisms of Disease: The Pathogenesis of Rheumatoid Arthritis](#)
I.B. McInnes and G. Schett | N Engl J Med 2011;365:2205-2219

Editorials:

- [Practical Preventive Therapy for Tuberculosis?](#)
C. Dye | N Engl J Med 2011;365:2230-2231
- [Inflammation in Multiple Sclerosis — Sorting Out the Gray Matter](#)
P.A. Calabresi | N Engl J Med 2011;365:2231-2233
- [HER2 Therapy — An Abundance of Riches](#)
W.J. Gradishar | December 7, 2011 | DOI: 10.1056/NEJMe1113641

Correspondence:

- [Azithromycin for Prevention of Exacerbations of COPD](#)
- [Ranibizumab and Bevacizumab for AMD](#)
- [Safe Preparation and Administration of Intravitreal Bevacizumab Injections](#)
- [Drug-Resistant Epilepsy](#)
- [Thrombopoietin-Receptor Agonists for Immune Thrombocytopenia](#)
- [Myeloma and Second Primary Cancers](#)

[Return to Top](#)

Joint Commission Updates

Standards Field Review:

- [Proposed National Patient Safety Goal \(NPSG\) Addressing Overuse of Treatments, Procedures, and Tests for the Hospital and Critical Access Hospital Accreditation Programs.](#)
Publish Date: November 29, 2011
Expiration Date: January 24, 2012
- [Proposed Revisions to the Patient Flow in the Emergency Department Requirements](#)
Publish Date: December 7, 11
Expiration Date: January 20, 12

News Articles:

- [Joint Commission Online - December 7, 2011](#) - Joint Commission Online is The Joint Commission's weekly newsletter and is posted every Wednesday.

Other Updates:

- [Audio replay of 12/1/11 Palliative Care Teleconference](#) - Palliative Care Teleconference - Ask the Reviewer. On this recording you can listen to the palliative care reviewer discuss the good practices and common pitfalls seen in the first palliative care certification reviews.
- [Technical Assistance Teleconference List](#) - Listen to audio replays of the Bureau of Primary Healthcare's monthly technical assistance teleconferences.
- [Standard IC.02.04.01 Influenza Vaccination for Licensed Independent Practitioners and Staff](#) - Voice recorded slide presentation that focuses on revised Standard IC.02.04.01 Influenza Vaccination for Licensed Independent Practitioners and Staff, for Critical Access Hospitals, Hospitals, and Long Term Care accreditation programs. This revised standard will go into effect on July 1, 2012.
- [Replay of Urgent Care Accreditation Process and Benefits Webinar - Dec. 1, 2011](#) - Presented by the UCAOA and its online education series, learn about urgent care accreditation from Barbara McKee, Joint Commission customer and COO with Millennium Healthcare Management, and Jim Bersot, Ambulatory Care Surveyor, The Joint Commission.
- Audio/Visual Files from December 6, 2011 BHC Provider Roundtable Webinar - Leading Practices- Listen to and/or view the Audio/Visual Files from the previous Behavioral Health Care webinar - Provider Roundtable: Leading Practices.

[Return to Top](#)

Robert Wood Johnson Foundation (RWJF)

Children's Hospital Food Venues Need Makeover, Study Finds

[RWJF Clinical Scholar Finds Cafeterias at Most Children's Hospitals in California Not Much Healthier Than Fast Food Restaurants—and Some Are Worse](#)

Lenard Lesser, MD, MSHS, a *Robert Wood Johnson Foundation (RWJF) Clinical Scholar* (2009-2012) at the University of California in Los Angeles (UCLA), assessed food options and environments at California's 14 children's hospitals and found "considerable room for improvement." Hospitals that serve healthier food have the potential to change diets and improve health for patients, visitors and staff, Dr. Lesser said. The study was published December 1st in *Academic Pediatrics*.

- [Read the story.](#)
- [Read the study.](#)
- [Learn more about the RWJF Clinical Scholars program.](#)

Human Capital Programs on Facebook

[RWJF Facebook Page Feature Showcases Human Capital Programs, Scholars](#)

Do you "like" the Robert Wood Johnson Foundation (RWJF) on Facebook? A new feature on the Foundation's Facebook page ensures you can also stay up-to-date with the Human Capital portfolio. The RWJF Facebook page now includes a "Fellowships & More" tab that showcases Human Capital programs. You will find information about Human Capital opportunities for career and leadership development, including access to a program finder tool on [RWJFLeaders.org](#) that allows users to search programs by professional discipline.

The tab also provides photos and descriptions of some of the grantees of the Human Capital programs, highlighting their successes, research and innovations, as well as video updates on the work of Human Capital programs and scholars.

- To access the RWJF Facebook page and see the new tab, become a fan of RWJF on Facebook.
- ["Like" the RWJF Facebook page.](#)

Why Schools May Hold the Key to Kids' Health and Well-Being

[Schools Are Entering Into Innovative Partnerships to Improve Students' Emotional Health and Academic Performance.](#)

As more families struggle amidst the current economic downturn, schools increasingly are seeing declines in students' emotional health. Today in *Education Week*, Vulnerable Populations Team Director Jane Lowe poses the question: How can we expect children to learn and achieve when they are dealing with the effects of illness or trauma?

When children contend with hunger, homelessness, family stress or violence, it has implications for their health *and* ability to learn. The good news for schools is that they need not face this problem alone. Innovative partnerships are helping to improve students' social and emotional health and laying the foundation for better academic performance. These include [Playworks](#), which supports child development by providing healthy, inclusive play throughout the school day, and [The Center for Health and Health Care in Schools](#), which connects kids with needed physical and mental health services at school centers.

The health of today's children begins where they live, learn and play, and the reality is that they are dealing with far more than schoolwork-related challenges. Through partnerships, we can help students to thrive academically, physically, socially and emotionally, even in the toughest of times.

[Learn more and read Jane Lowe's *Education Week* column.](#)

RWJF Health Policy Fellow Alumnus Leads New Mexico Reform Effort

[Innovative Programs May Provide Examples for Other States](#)

Dan Derksen, MD, a 2007-2008, Robert Wood Johnson Foundation (RWJF) Health Policy Fellow, has recently been appointed Director of New Mexico's Office of Health Care Reform. Drawing on his experiences as a Health Policy Fellow, his work on the RWJF *Aligning Forces for Quality* effort in his state, as well as his ongoing projects at the RWJF Center for Health Policy at the University of New Mexico, Dr. Derksen is working on new ideas that will solve New Mexico's unique health care challenges.

"We have the second highest percentage of uninsured of any state in the country," Dr. Derksen says. "Approximately 450,000 of our residents are uninsured." The state is also short at least 400, full-time physicians, nurses, dentists, and health care workers that will be needed to expand access and increase quality. Undaunted, Dr. Derksen says, "this is a time for us to innovate and improve health outcomes for all New Mexicans." [Read the story.](#)

New Research Briefs Examine Obesity Epidemic Among Latino Youths

[Briefs Analyze Factors Contributing to Latino Childhood Obesity, Recommend Policies to Prevent It](#)

Salud America!, a national program of the Robert Wood Johnson Foundation (RWJF), has released a comprehensive collection of research briefs examining the obesity epidemic among Latino children and teens. Three of the new national briefs review current evidence and provide policy recommendations

with respect to Latino youth in three major areas: the availability of healthy, affordable foods; opportunities for physical activity; and the impact of food marketing on diets and obesity rates.

In addition, 20 pilot grantees funded by RWJF through *Salud America!* have produced briefs highlighting their own, new research. These briefs analyze a wide range of issues, from the impact of menu labeling in small restaurants in south Los Angeles, to how after-school programs can help Latino youths to become more active, to how community gardens can help lower-income Latino families eat more fruits and vegetables.

Latinos are currently the most populous and fastest growing ethnic minority in the United States. Over the last decade, the Latino population has grown by more than 40%. And according to recent estimates, nearly 40% of Latino children and teens are overweight and more than 20% are obese. The new briefs provide a snapshot of the state of the epidemic among Latino youths and describe how leaders and policy-makers can more effectively address it. Read the research briefs below:

- [Influence of Media on Overweight and Obesity Among Latino Youth.](#)
- [Addressing Nutrition, Overweight and Obesity Among Latino Youth.](#)
- [Physical Activity, Overweight and Obesity Among Latino Youth.](#)

Survey of Physicians Highlights Overlooked Connection Between Social Needs and Health

[Physicians Believe Addressing Patients' Social Needs Is As Important As Addressing Their Medical Conditions.](#)

Medical care alone cannot help people achieve and maintain good health if they do not have enough to eat, live in substandard housing or lack access to reliable transportation. A new survey of 1,000 primary care providers and pediatricians conducted by Harris Interactive on behalf of the Robert Wood Johnson Foundation (RWJF) indicates physicians believe these unmet social needs are leading directly to worse health for Americans.

Unfortunately, the poll also reveals physicians do not feel confident in their capacity to address their patients' social needs and wish the health care system would pay for the costs associated with connecting their patients to the services in their communities that can help them take steps to improve their health.

“Housing, employment, income and education are key factors that shape our health, especially for the most vulnerable among us,” said Jane Lowe, Team Director for RWJF’s Vulnerable Populations portfolio. “Physicians are sending a clear message: The health care system cannot continue to overlook social needs if we want to improve health in this country.”

While promising models exist that address social needs, more can be done. Leadership and commitment from health care providers, insurers and government leaders will be required to create system-wide and lasting change.

- [Read more results from this national survey of physicians and share your responses to the results.](#)
- [Dr. Doug Jutte, former RWJF Health & Society Scholar and pediatrician, shares his reaction to the survey.](#)

[Return to Top](#)

Center for Studying Health System Change (HSC)

A Third of Adults Discharged from a Hospital Do Not See a Doctor Within 30 Days Gaps in Care After Discharge Common for Adults Covered by All Types of Insurance

One in three adult patients, aged 21 and older, discharged from a hospital to the community does not see a physician within 30 days of discharge, according to a new national study by HSC for the nonpartisan, nonprofit National Institute for Health Care Reform (NIHCR).

- [NIHCR Research Brief No. 6](#)
- [News Release](#)

[Return to Top](#)

Agency for Healthcare Research and Quality (AHRQ)

Guideline Summaries:

Congress of Neurological Surgeons:

- [The role of chemotherapy in the management of newly diagnosed brain metastases: a systematic review and evidence-based clinical practice guideline.](#)
- [The role of emerging and investigational therapies for metastatic brain tumors: a systematic review and evidence-based clinical practice guideline of selected topics.](#)
- [The role of prophylactic anticonvulsants in the management of brain metastases: a systematic review and evidence-based clinical practice guideline.](#)
- [The role of retreatment in the management of recurrent/progressive brain metastases: a systematic review and evidence-based clinical practice guideline.](#)
- [The role of stereotactic radiosurgery in the management of patients with newly diagnosed brain metastases: a systematic review and evidence-based clinical practice guideline.](#)
- [The role of steroids in the management of brain metastases: a systematic review and evidence-based clinical practice guideline.](#)
- [The role of surgical resection in the management of newly diagnosed brain metastases: a systematic review and evidence-based clinical practice guideline.](#)
- [The role of whole brain radiation therapy in the management of newly diagnosed brain metastases: a systematic review and evidence-based clinical practice guideline.](#)

New York State Department of Health:

- [Depression and mania in patients with HIV/AIDS. *This updates a previously published guideline summary.*](#)
- [Diagnosis of pediatric HIV infection in HIV-exposed infants. *This updates a previously published guideline summary.*](#)
- [Diagnostic, monitoring, and resistance laboratory tests for HIV. *This updates a previously published guideline summary.*](#)
- [Prevention with positives: integrating HIV prevention into HIV primary care.](#)
- [Primary care approach to the HIV-infected patient. *This updates a previously published guideline summary.*](#)

Withdrawn Summaries:

These summaries have been withdrawn from the NGC Web site because they no longer meet the NGC [Inclusion Criteria](#) with respect to date, or because the guideline developer has indicated that they are no longer current. See the [Guideline Archive](#) for a complete list of all guidelines that have been withdrawn

from the NGC Web site. Please refer to NGC's [FAQ](#) page if you have additional questions about guidelines recently withdrawn.

- **Academy of Breastfeeding Medicine:**
 - Analgesia and anesthesia for the breastfeeding mother.
 - Guidelines for glucose monitoring and treatment of hypoglycemia in breastfed neonates.

- **Alzheimer's Association:**
 - Dementia care practice recommendations for assisted living residences and nursing homes.

- **American Academy of Neurology:**
 - Practice advisory: utility of surgical decompression for treatment of diabetic neuropathy. Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology.
 - Practice parameter: diagnosis and prognosis of new onset Parkinson disease (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology.
 - Practice parameter: diagnostic assessment of the child with status epilepticus (an evidence-based review).
 - Practice parameter: evaluating a first nonfebrile seizure in children. Report of the Quality Standards Subcommittee of the American Academy of Neurology, the Child Neurology Society, and the American Epilepsy Society.
 - Practice parameter: evaluation and treatment of depression, psychosis, and dementia in Parkinson disease (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology.
 - Practice parameter: neuroprotective strategies and alternative therapies for Parkinson disease (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology.
 - Practice parameter: prediction of outcome in comatose survivors after cardiopulmonary resuscitation (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology.
 - Practice parameter: treatment of the child with a first unprovoked seizure: report of the Quality Standards Subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society.

- **American Academy of Pediatrics:**
 - Clinical genetic evaluation of the child with mental retardation or developmental delays.
 - Distinguishing sudden infant death syndrome from child abuse fatalities.
 - Evaluating infants and young children with multiple fractures.
 - Lactose intolerance in infants, children, and adolescents.
 - Ophthalmologic examinations in children with juvenile rheumatoid arthritis.
 - Prevention of pertussis among adolescents: recommendations for use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine.
 - Spectrum of noninfectious health effects from molds.
 - The use of systemic fluoroquinolones.

- **American Academy of Sleep Medicine:**
 - Practice parameters for behavioral treatment of bedtime problems and night wakings in infants and young children.

- Practice parameters for the medical therapy of obstructive sleep apnea.
 - Practice parameters for the psychological and behavioral treatment of insomnia: an update.
 - Practice parameters for the treatment of snoring and obstructive sleep apnea with oral appliances: an update for 2005.
 - Practice parameters for the use of continuous and bilevel positive airway pressure devices to treat adult patients with sleep-related breathing disorders.
- **American Association of Clinical Endocrinologists:**
 - American Association of Clinical Endocrinologists and Associazione Medici Endocrinologi medical guidelines for clinical practice for the diagnosis and management of thyroid nodules.
 - American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of hypertension.
 - American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of menopause.
- **American Association of Poison Control Centers:**
 - Salicylate poisoning: an evidence-based consensus guideline for out-of-hospital management.
 - Selective serotonin reuptake inhibitor poisoning: an evidence-based consensus guideline for out-of-hospital management.
 - Tricyclic antidepressant poisoning: an evidence-based consensus guideline for out-of-hospital management.
- **American College of Emergency Physicians:**
 - Clinical policy: critical issues in the diagnosis and management of the adult psychiatric patient in the emergency department.
 - Clinical policy: critical issues in the evaluation and management of adult patients with asymptomatic hypertension in the emergency department.
 - Clinical policy: critical issues in the evaluation and management of adult patients with non-ST-segment elevation acute coronary syndromes.
 - Clinical policy: indications for reperfusion therapy in emergency department patients with suspected acute myocardial infarction.

Newly Submitted:

- ACP has recently published new guidelines on [venous thromboembolism prophylaxis in hospitalized patients](#).

New Medication Reconciliation Tool for Hospitals

AHRQ has released a new toolkit to help hospitals improve their medication reconciliation processes to reduce adverse drug events. The Medications at Transitions and Clinical Handoffs (MATCH) Toolkit provides step-by-step instructions on how to improve a medication reconciliation process, from planning—including how to get leadership support—to pilot testing, implementation, and evaluation. Included is a workbook that helps users implement the Toolkit. The Toolkit is available at: <http://www.ahrq.gov/qual/match/>.

Components of Growth in Inpatient Hospital Costs, 1997-2009

Inpatient hospital costs represent the largest component of health care expenditures in the United States.¹ Between 1997 and 2008, aggregate inflation-adjusted costs of inpatient community hospital stays grew by

4.4% annually. The largest component of growth was change in the intensity of services (cost per stay), which accounted for 71% of the growth in aggregate costs. Population growth was the next largest contributor to the increase in aggregate costs, accounting for 24%, while an increase in the number of discharges per person was only responsible for 5% of the growth in aggregate costs.²

This Statistical Brief presents updated data from the Healthcare Cost and Utilization Project (HCUP). It also expands prior analyses by examining the growth in costs from 1997-2009 associated with the 20 most common inpatient diagnoses for the elderly (aged 65 or older) and non-elderly populations (younger than 65). All differences between estimates provided in the text are statistically significant at the 0.05 level or lower. Costs for 1997 were inflation adjusted to 2009 dollars.

Click here to view the brief: <http://www.hcup-us.ahrq.gov/reports/statbriefs/statbriefs.jsp>.

[Return to Top](#)

National Institute for Occupational Safety and Health (NIOSH)

What's New:

- [Reducing Noise Hazards for Call and Dispatch Center Operators \(Pub. No. 2011-210\) \(Spanish\) : Reducción de riesgos por ruido en los centros de llamadas y despacho de servicios de emergencia](#) 12/05/2011
- [Federal Register Notice: NIOSH: Proposed project under review by OMB: World Trade Center Health Program Enrollment, Appeals, Reimbursement and Certification](#) 12/08/11

NIOSH Science Blog:

- **Respiratory Protection for Workers Handling Engineered Nanoparticles**
Are current NIOSH-approved respirators protective against engineered nanoparticles? Find out and read about current research and recommendations for the use and selection of respirators against engineered nanoparticles on the [NIOSH Science Blog](#).

NIOSH eNews – December 2011

From the Director's Desk

John Howard, M.D. Director, NIOSH

Bearing Witness to the Perfect Storm

October 2011 marked the 20th anniversary of the original *Perfect Storm*, the Halloween Nor'easter that ravaged New England in 1991. The phrase "perfect storm" is now used to describe events beyond weather, including political shifts, economic trends, and other drastic confluences of circumstances. But at its core, the perfect storm is a case of occupational fatality—a work-related disaster that cost six commercial fishermen aboard the *Andrea Gail* their lives while doing their job.

Since the early 1990's, commercial fishing has been ranked as one of the most dangerous jobs in the United States. That rather infamous distinction continues today. In 1990, NIOSH began working closely with industry partners in Alaska to address the high number of fishing fatalities in the state. Since that time fishing fatalities in Alaska waters have been reduced 42%. Despite 20 years of success in Alaska, commercial fishing is still the most dangerous job in the United States. Beginning in 2004, NIOSH and

partners started building on the progress in Alaska to address the hazards that persist in the industry nationwide and identify and validate effective protective measures for other regions of the country.

Last month, the National Transportation Safety Board (NTSB) released a series of recommendations related to safety in the commercial fishing industry. The recommendations are the result of input given by industry experts at the NTSB's Fishing Vessel Safety Forum held in October 2010 in Washington, DC. The event was held over two days and had six topical panels comprised of invited fishing industry experts including Dr. Jennifer Lincoln of NIOSH's Alaska Pacific Regional Office who gave testimony during three of the panels. Topics included vessel issues related to safety, lifesaving equipment, safety training for commercial fishermen, and impacts of fisheries management on safety. [Read More](#).

Will YouTube Spark Police Interest in No-Nose Bike Seats?

NIOSH is piloting the use of videos on YouTube to generate curiosity on the benefits of using a no-nose (noseless) bike seat saddle for bicycle police officers. By working with several partners, including the police departments of Chicago, Las Vegas, Miami Beach, San Antonio, and Seattle, NIOSH developed a video with footage of bicycle police officers using a no-nose seat as a part of their daily safety check. Why is a no-nose bike seat part of their daily safety check? View the video at <http://www.youtube.com/watch?v=kEzfgS36eEE>. For more information on bicycle saddles, go to <http://www.cdc.gov/niosh/topics/bike/>.

Register Now! Personal Protective Technology March Meeting

March 20, 2012

Hyatt Regency Pittsburgh International Airport

Registration is now open for the 2012 NIOSH Personal Protective Technology Stakeholder Meeting, Hyatt Regency Pittsburgh International Airport, March 20th. The focus of the meeting is personal protective equipment (PPE) selection, use, and expectations and will emphasize PPE in healthcare, mining, pesticide handling, and public safety, as well as a number of PPE-based topics that are mutually relevant across all of these sectors. To register to attend the meeting or for more information, go to <https://www.team-psa.com/niosh/stakeholders/2012>.

Project ROVER Helps Veterans Return to Work

In a new study, NIOSH and a team of researchers from West Virginia University and Morgantown, WV, area non-profit are partnering to see if dogs can help veterans with post-traumatic stress disorder (PTSD) both recover and return to the workforce. Results of 2011 report on the needs of veterans returning to the labor force showed a higher-than-average unemployment rate and a threefold increase in post-traumatic stress disorder over the last decade. NIOSH has provided funding to allow the WVU-led team to collaborate on Project ROVER, Returning Our Veterans to Employment and Reintegration. Project ROVER is a component of a larger NIOSH initiative related to total worker health and its focus on veterans. Read the full story at <http://wvutoday.wvu.edu/n/2011/11/10/west-virginia-university-researchers-to-examine-whether-service-dogs-help-veterans-recover-return-to-workforce> or watch a short video at <http://www.wboy.com/story/16095842/2011/11/21/comin-ghome>. For more information contact Oliver Wirth at owirth@cdc.gov.

Chest Radiographs Evaluation Classification System Updated

Over the past several years, NIOSH has partnered with the International Labour Organization (ILO) and others in an effort to update the ILO classification system used to evaluate chest radiographs for the presence and severity of changes associated with pneumoconiosis so that modern digital chest images could be classified using the system. On November 17th, the document *Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses, revised edition 2011*, was posted on the ILO web site http://www.ilo.org/safework/info/publications/WCMS_168260/lang--en/index.htm. The

new Guidelines document extends the applicability of the Classification to digital chest images. For more information, see the NIOSH "Digital Imaging Updates" web page <http://www.cdc.gov/niosh/topics/chestradiography/digital-imaging-updates.html>

World Trade Center Health Program Updates – Report from First Scientific and Technical Advisory Committee Meeting

The first meeting of the World Trade Center (WTC) Scientific and Technical Advisory Committee was held on November 9th & 10th in New York City. The Committee heard presentations from responders and survivors, as well as from the Clinical Centers of Excellence that operate under the WTC Health Program. To view the full agenda and see the presentations, visit the Web site at <http://www.cdc.gov/niosh/topics/wtc/stac/meetings/agenda.html>.

Iowa Public Health Department and Partners Release New Safety Materials

The Iowa Department of Public Health's Occupational Health and Safety Surveillance Program (IDPH OHSSP) reports that the Iowa work-related fatal injury rate per 100,000 full-time equivalent workers was 5.5 for 2009, compared to 3.5 for all U.S. workers. The IDPH OHSSP also analyzed data from 2003 to 2010; that analysis identified agriculture, forestry, fishing, hunting, transportation, and older workers as specific areas of concern. In response, the IDPH OHSSP and its partners have recently released new materials with the goal of making workplaces safer. These materials include:

1. The Iowa Fatality Assessment and Control Evaluation (FACE) Program hazard alerts on tractor overturn risks and grain entrapment (www.public-health.uiowa.edu/face/).
2. Iowa's Center for Agricultural Safety and Health (I-CASH), the Great Plains Center for Agricultural Health (GPCAH), and the Iowa Department of Transportation Rural Roadway Safety DVD and toolkit (www.public-health.uiowa.edu/icash/programs/rural-roadway-safety-video-release.html).
3. Iowa Rural Health and Safety Resource Plan, 2011 (www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/2011_safety_resource_plan.pdf).
4. AgriSafe Network www.agrisafe.org video, My True Heroes (www.youtube.com/watch?v=je2zPusFxDA).

For more information call 800-972-2026 or go to www.idph.state.ia.us.

WVU Offers Webinar Series, Speakers Cordially Invited

West Virginia University School of Medicine announces the availability of webinars for its Public Health Grand Rounds seminar series. Grand Rounds speakers, such as national public health leaders, WVU faculty and guests from state and local health departments, present their point of view on the different aspects of the patient's status in relation to etiology, diagnosis, treatment protocol, and prognosis. Continuing education credits are also offered. For more information, to view a webinar or to inquire about becoming a speaker, please go to <http://www.hsc.wvu.edu/som/cmed/ophp/grandRounds.asp> or contact Dr. Rachel Abraham at raabraham@hsc.wvu.edu.

New Findings Show Construction Workers Face Higher Occupational Risks

Dr. Sue Dong of the Center for Construction Research and Training (CPWR) recently presented new research findings at the American Public Health Association conference, showing that construction workers have a significantly higher lifetime risk of premature death due to occupational injury (1/200 chance of dying from a work-related injury over a 45-year career). Given that the Occupational Safety and Health Administration (OSHA) considers a lifetime risk of 1 death in 1,000 workers to be significant, the findings of Dr. Dong et al. are important. To view the presentation go to http://www.cpwr.com/pdfs/Dong_APHA_Lifetime%20risk_103111.pdf or for more information go to

<http://www.apha.org/about/news/pressreleases/2011/construction+worker+safety+am+11.htm>

New "Nail Gun Safety: The Facts" Website Launched

Dr. Hester Lipscomb of Duke University in conjunction with CPWR-The Center for Construction Research and Training—launched a new website <http://www.nailgunfacts.org/> on December 2nd. The website provides video interviews with workers, and information on how nail guns work and how to prevent nail gun injuries. It also provides access to nail gun research articles from Dr. Lipscomb and her carpenter co-researchers Dennis Patterson and Jim Nolan.

Health Hazard Evaluations (HHE):

- [New Health Hazard Evaluation Reports Now Available.](#)

FACE Reports:

- [New Fatality Assessment and Control Evaluation \(FACE\) Program Reports Now Available.](#)

Fire Fighter Fatality Investigation and Prevention Reports:

- [New Fire Fighter Fatality Investigation and Prevention Program Fatality Investigation Report Now Available.](#)

New Communication Products:

- [Flavoring-Related Lung Disease, Information for Healthcare Providers.](#)

Upcoming Events:

- [Conferences & Workshops.](#)

[Return to Top](#)

National Association of Psychiatric Health Systems (NAPHS)

NAPHS Annual Meeting – March 12 – 14, 2012

Mandarin Oriental Hotel, Washington, DC

This year's speakers include:

- Herschel Walker, Football legend, Heisman Trophy winner, and mental health advocate.
- Michael Bromberg, Chairman of Capitol Health Group.
- Mark Covall, President & CEO of NAPHS.
- Blair Stam, 2012 NAPHS Board Chair, and Senior Vice President of Signature Healthcare Services.

For program details, more information, and to register for the meeting, [click here](#).

NAPHS CEO Forecast – December 2nd

GAO Issues Congressionally Mandated Report on Parity Implementation

The Government Accountability Office (GAO) this week issued [Mental Health and Substance Use: Employers' Insurance Coverage Maintained or Enhanced Since Parity Act, but Effect of Coverage on Enrollees Varied, GAO-12-63, November 30th](#), a report mandated by Congress on the implementation of *The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008*

(MHPAEA). Congress required the GAO to examine rates, patterns, and trends in coverage and exclusions of specific mental health and substance use disorders (MH/SUD) diagnoses by health plans and health insurers. Among some of its general findings, the GAO noted that only 2% of employers reported dropping MH/SUD coverage, and 41% of plans reported excluding a specific mental health/substance use disorder treatment in the current plan year (compared with 33% that reported doing so in 2008, before the MHPAEA law). The report also noted that employers did limit certain diagnoses in their health plans, but further limitations of diagnoses did not occur post-parity. This report was a first step as the GAO is only beginning to explore the complexity and difficulty of the issues for those working to ensure the law is implemented as Congress intended. It will take more time to get an accurate idea of the full impact of both the law as written and of the employers' responses (or lack of responses) to what – in the absence of further guidance – they think the law implies. Much remains to be addressed. Before the second GAO report in 2013, NAPHS and the advocacy community will have further opportunities to continue providing examples, cases, and concerns.

Labor Department Has New Online Complaints Link

The Department of Labor's (DOL) Employee Benefits Security Administration has a new Web tool to help individuals file complaints, including those related to implementation of the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act*. The site is designed to help streamline the response time, and complaints can be submitted at <http://www.dol.gov/ebsa/contactEBSA/consumerassistance.html>.

President Names Tavenner Acting CMS Administrator

President Obama has chosen Marilyn Tavenner, a nurse and former hospital executive, to run the Centers for Medicare & Medicaid Services (CMS) after today's departure of current CMS Administrator Dr. Donald Berwick. Ms. Tavenner will serve as Acting Administrator at CMS until confirmation hearings are held.

Deficit Reduction Super Committee Fails to Act by November 23rd Deadline; Implementation of Trigger Gives Congress One Year to Resolve Issues

Because of the failure of the deficit-reduction super committee to reach a consensus last month on \$1.2 trillion in deficit reduction, a trigger (required upon the failure of the super committee) will automatically necessitate the across-the-board cuts (half from defense and half from domestic). However, these cuts do not kick in until 2013, which gives Congress one year to work with the issues and then revisit the cuts after the election, if necessary. As budget discussions continue, in all scenarios the healthcare sector remains under threat. Behavioral health is somewhat protected in that the trigger protects Medicaid from immediate cuts, but Medicare provider payments – including those for hospitals and other providers – will be reduced by 2% over nine years (2013-2021). NAPHS will continue its ongoing advocacy urging Congress to fight for adequate funding – particularly for Medicare and Medicaid.

NAPHS Representatives Appointed to the Joint Commission Hospital and Behavioral Health PTACS

The Joint Commission (TJC) has appointed the following NAPHS representatives to two separate advisory groups in which NAPHS holds seats. Newly appointed to the Hospital Professional and Technical Advisory Committee (PTAC) is Marta Rusley-Parker, Assistant Vice President, Clinical Services, UHS of Delaware, Inc. She joins Anita Peterson, R.N., Ph.D., Vice President, Behavioral Health Services, Hospital Corporation of America, who continues to serve as the hospital PTAC alternate representative. Newly appointed as the Behavioral Health Care PTAC representative is Tom Dodd, L.C.S.W., Vice President, Compliance/Clinical Services, Acadia Healthcare. Serving as the Behavioral Health Care PTAC alternate is Debbie Goldstein Higgins, Vice President, Quality Management, Sequel Youth Services. *Note: UHS Delaware owns the Rockford Center and Delaware Behavioral Health System.*

Senate Hearing Finds Critics of VA's Mental Health Care Want Permission for Veterans to Seek Outside Help

At a Senate Veterans Affairs Committee hearing Wednesday, John Roberts, Vice President of the Wounded Warrior Project, reported a recent survey of his group's members found that one-third of veterans who sought mental health services through the Department of Veterans Affairs (VA) either could not schedule appropriate appointments or gave up trying. He added that officials still want to find internal solutions to the issue rather than allowing veterans to seek private practice help. Senator Patty Murray (D-WA), Committee Chairman, asked the VA's Office of Inspector General to investigate the issue and for an audit of the VA's \$5.7 billion mental healthcare budget. Read stories on the hearing in the [Stars and Stripes](#) and the [Washington Post](#). The author of the Stars and Stripes article, "Critics: Overloaded VA should seek outside help for mental health care," clarified his summary of the "charges, leveled by mental health experts and irritated lawmakers," in his lead sentence: "Even with thousands of new veterans clamoring for mental health care each month, Veterans Affairs leaders haven't yet found ways to speed up appointment scheduling and appear unwilling to partner with outside counselors." The VA had just released new data showing the number of veterans seeking mental health help jumped by more than 300,000 in recent years. Michelle Washington, Director of Post-Traumatic Stress Disorder Services at the Wilmington VA Medical Center in Delaware and testifying on behalf of the American Federation of Government Employees, stated that facility managers are spending time "gaming" the system to meet goal numbers instead of providing mental health care for veterans. She said that all psychologists' scheduling at the Center is done "by clerks pressured by management to make the system look good." Moreover, Ms. Washington said, the initial visit is often little more than an administrative meeting to gather information rather than a medical evaluation. According to the *Stars and Stripes* article, "VA officials said they have made significant progress in helping those veterans, hiring thousands more counselors and setting goals of getting new patients into treatment within 14 days." This week's hearing was one of a year-long series by the Committee on mental health issues and VA care. Their work will continue into next year.

GAO Evaluates Possible Overmedication of Foster Children

The Government Accountability Office (GAO) yesterday released testimony, "[Foster Children: HHS Guidance Could Help States Improve Oversight of Psychotropic Prescriptions](#)," (GAO-12-270T, December 1), which looks at possible overmedication of foster children, who have often have more mental health conditions than other children. Treatment may include psychotropic drugs but their risks to children are not well understood. Medicaid, administered by states and overseen by the Department of Health and Human Services (HHS), provides prescription drug coverage to foster children. This testimony examines (1) rates of psychotropic prescriptions for foster and non-foster children in 2008 and (2) state oversight of psychotropic prescriptions for foster children through October 2011. [Highlights](#) of the testimony are also available.

Program to Connect Your Services to Community's Mental Health Needs

To make your services and programs known as you learn and gather data about the mental health needs in your community, the CommunityResponse Online Screening Program – a customizable, interactive, anonymous, online mental health screening – may be an option. A free, online demonstration of its features will be held Tuesday, December 13th, at 1 pm Eastern. The program is \$255 for a year of unlimited screening for depression, bipolar, PTSD, generalized anxiety disorder, alcohol misuse, and eating disorders; but those participating in the demonstration will receive an introductory rate of \$100 for January 1, 2012, to September 1, 2012. Complete a short [survey](#) before [registering](#) for the free demo. The CommunityResponse Online Screening Program is provided by Screening for Mental Health (SMH), the parent of National Depression Screening Day (NDSD).

[Return to Top](#)

Federal Emergency Management Agency (FEMA)

Tip of the Week 12/05/11:

Test your flu IQ, read safety tips, and find flu vaccine sites online. www.flu.gov/.

Management Obligations during Disaster Recovery

Get Tips During Free Webinar Hosted by SBA and Agility Recovery Solutions

Tuesday, December 20, 2011

2:00 to 3:00 p.m. EST

Being a small business owner also makes you the person in charge of making sure everything flows without a hitch, from product development to the safety of your employees. Yet in the midst of a crisis or in the aftermath of a disaster, the plans you made to keep your business open could become lost in the shuffle of stress and chaos.

On Tuesday, December 20th, Agility Recovery Solutions and the U.S. Small Business Administration will host a webinar focusing on best practices to help those in leadership positions navigate the road to recovery. Agility President and CEO Bob Boyd will share real-world disaster recovery scenarios and engage participants in a discussion on practical strategies to develop the wisdom and skill needed to become a more resilient leader.

SBA has partnered with Agility to offer business continuity strategies via its “PrepareMyBusiness” website. Visit www.preparemybusiness.org to access past webinars and get additional preparedness tips. The SBA provides disaster recovery assistance in the form of low-interest loans to homeowners, renters, private nonprofits and businesses of all sizes. To learn more, visit www.sba.gov/disaster.

Space is limited. Register at <https://www1.gotomeeting.com/register/311203496>.

If you have questions or need additional information, contact: Carol Chastang (202) 205-6987, or visit the SBA Website at <http://www.sba.gov/news>.

Administration Takes Another Step Toward Strengthening Resilience for All Hazards – New National Preparedness System Description Lays Groundwork for Achieving National Preparedness Goal

Federal Emergency Management Agency (FEMA), on behalf of the administration, announced the release of the National Preparedness System description, which will help lay the groundwork for strengthening the nation’s resilience against all threats and hazards. The system description is the second deliverable required under Presidential Policy Directive PPD-8: National Preparedness, which was released March 30, 2011.

“What makes this preparedness system unique is that it engages the whole community – individuals, businesses, community- and faith-based organizations, schools and all levels of government,” said FEMA Administrator Craig Fugate. “We recognize that the nation will be most prepared for threats and hazards when we work together.”

The National Preparedness System description identifies six components to improve national preparedness for a wide range of threats and hazards, such as acts of terrorism, cyber attacks, pandemics and catastrophic natural disasters. The System description explains how as a nation we will build on current efforts, many of which are already established in the law and have been in use for many years.

The six components of the National Preparedness System are:

- Identifying and assessing risks;
- Estimating capability requirements;
- Building or sustaining capabilities;
- Developing and implementing plans to deliver those capabilities;
- Validating and monitoring progress made towards achieving the National Preparedness Goal; and
- Reviewing and updating efforts as needed to promote continuous improvement.

The National Preparedness System description incorporated input from state, local, tribal, and territorial representatives, many of whom also served on the writing team for the document.

The National Preparedness Goal, which was the first deliverable to PPD-8 and was released on October 7, 2011, sets the foundation for the implementation of PPD-8. The directive also called for the development of a National Preparedness System description to explain the resources and tools needed to achieve the National Preparedness Goal. Implementation of the National Preparedness System is a multi-year effort that is being coordinated by the Federal Emergency Management Agency (FEMA), and the description lays out how the six components will interact to build, sustain and deliver the core capabilities needed to achieve the Goal.

The National Preparedness System description and additional information about PPD-8 and its implementation are available at www.fema.gov/ppd8.

[Return to Top](#)

Military Health Services and TRICARE Updates

VA Reaching Out to Veterans & Their Families through Social Media

VA is working to get the right information to the right Veteran at the right time. Millions of Veterans and their family members use social media each day, and the VA is continuously expanding its online presence using social media like Facebook. In this directory, you will find links to all VA organizations, many in your state, currently using Facebook, Twitter, YouTube, Flickr, and blogs. This list is being updated each week, so be sure to check back frequently! Follow the National Resource Directory on [Facebook](#) and now on [Twitter](#).

Operation Reach Out iPhone App

December 1, 2011

Encourages people to reach out for help when they are having suicidal thoughts, and helps those who are concerned about family members, spouses, or fellow Service Members who may be suicidal.

MilitaryFamily.com PTSD Information

December 1, 2011

Find information on Post-Traumatic Stress Disorder (PTSD) and tips for coping with the illness.

MilitaryFamily.com Depression

December 1, 2011

Provides information on diagnosing and treating depression.

MilitaryFamily.com Stress

December 1, 2011

Read tips for identifying and dealing with stress.

[A Guide to Female Soldier Readiness](#)

December 4, 2011

Guidelines and recommendations for female Service Members interested in living a healthful lifestyle.

[Living With Traumatic Stress - You Are Not Alone](#)

December 7, 2011

A booklet from Disabled American Veterans for Service Members, Veterans, and their families dealing with traumatic stress.

[Return to Top](#)

National Rural Health Association (NRHA)

Rural Health Policy Institute in Washington, DC

January 30th to February 1st

NRHA is gearing up for its annual Rural Health Policy Institute that will take place in Washington, DC, January 30th to February 1st. Do not miss the chance to meet with Congressional members, the Obama Administration, and national health care experts at the 23rd Annual Rural Health Policy Institute. The Policy Institute is a great opportunity for NRHA members to become informed about and involved in national policy-making. Register [here](#).

[Return to Top](#)

LeadingAge (previously AAHSA)

LeadingAge This Week – December 5th

CAST Case Studies Highlight Opportunities and Barriers for Technology in Aging Services

LeadingAge's Center for Aging Services Technologies (CAST) recently released a series of 18 member case studies highlighting how providers are using technology to change their business model and how technology is changing and improving their work for older adults. [Read more](#).

How to Prevent Cuts To Older Americans Act Funding

The next couple of weeks will be critical, as Older Americans Act (OAA) funding for 2012 is going to be wrapped up into an omnibus bill. OAA funds adult day programs, in-home care, meal programs, and transportation. We need to advocate for the maximum possible funding for Older Americans Act. [Read more](#).

NLRB Approves Modified Election Rule

Roughly at the same time as the National Labor Relations Board (NLRB) was voting along party lines to approve a modified version of a controversial proposed rule that would streamline union representation elections, the U.S. House of Representatives on November 30th, largely along party lines, passed the Workforce Democracy and Fairness Act (H.R. 3094), which would roll back the controversial provisions of the proposed rule and reverse the effect of a ruling earlier this year by the NLRB in the *Specialty Healthcare* case. [Read more](#).

LeadingAge Contributes to Senate Aging Committee's Analysis of Antipsychotic Drugs in Nursing Homes

On November 30th, LeadingAge's Dr. Cheryl Phillips testified before the U.S. Senate Aging Committee about inappropriate use of antipsychotic drugs in nursing homes and about how LeadingAge members are approaching this issue in their work for older adults. [Read more.](#)

OSHA Signals Upcoming National Emphasis Program for Nursing Homes

In response to Bureau of Labor Statistics (BLS) data released November 9th that showed an increase in the injury and illness rates among members of certain health care professions, the Occupational Safety and Health Administration (OSHA) signaled it will implement in the next few months a National Emphasis Program (NEP) on Nursing and Residential Care Facilities. [Read more.](#)

HUD Announces 2012 Income Limits

On December 1st, the U.S. Department of Housing and Urban Development (HUD) issued the 2012 income limits for Section 8, PRAC, and other family programs. Effective December 1st, HUD multi-family property managers must use the new income limits posted on HUDUser. The new income limits must be used for all new move-in transactions starting with move-ins effective December 1st. [Read more.](#)

Buckle Your Seatbelt: EHR Change is Coming Fast

Speakers at a recent Washington, DC, summit suggested that consumer demand will be the most influential factor in driving the widespread adoption of electronic health records (EHR). Government agencies took a variety of actions this fall to make sure they will be ready when EHRs take off. [Read more.](#)

HUD Memo Indicates Unwelcome Policy Changes May Be Coming

On November 22nd, the U.S. Department of Housing and Urban Development (HUD) issued "Impact of HUD's Fiscal Year 2012 Budget on Section 8 Project Based Rental Assistance," a memo that telegraphs plans to essentially reverse long-standing Section 8 contract renewal and rent adjustment policy for Section 202 and other Option 4 eligible properties. It also raises concerns about how other changes regarding residual receipts could impact budget-based service coordination. [Read more.](#)

Hebrew Home at Riverdale CEO Featured on WABC as Elder Abuse Prevention Expert

The Hebrew Home at Riverdale CEO Dan Reingold was recently interviewed on WABC regarding elder abuse and his organization's work to help elder abuse victims in New York City. [Watch video.](#)

Timeslips Program Highlighted On The Today Show

The Today Show visited Luther Manor Adult Day Center in Milwaukee to shoot a segment on the TimeSlips creative storytelling program. [Watch video.](#)

John Knox Village Residents Walk the Walk to Celebrate Active Aging

Assisted living, independent living and skilled nursing residents at John Knox Village in Lee's Summit, MO, discovered firsthand the many healthy benefits of walking when they participated in WALK! with Aegis Therapies, an award-winning celebration of health and wellness. Nationally-recognized fitness expert Chris Freytag participated in the program at John Knox Village. [Read more.](#)

Study Reveals CCRC Rate Changes for 2011 and 2012

Ziegler CFO Hotline participants were asked to provide annual estimates for realized and expected CCRC monthly fee rate changes charged to independent living residents in the annual Monthly Fee Rate Change survey. The average rate increase for 2011 was 3.04% and the average projected rate increase for 2012 was 3.13%. [Read more.](#)

CAST Sets Off On Technology Study Tour: April 15-21, 2012

CAST Vice President Majd Alwan will lead a Technology Study Tour April 15-21, 2012, that will spotlight the work of 5 CAST sponsors and 3 CAST members in New York, Pennsylvania and Maryland. [Read more.](#)

2012 LeadingAge PEAK Leadership Summit

April 23, 2012

The PEAK Leadership Summit is the premier event for strategic leaders in the aging services field. The Future of Aging Services Conference and Leadership Summit, have been combined to create this one, high-level, in-depth meeting where emerging leaders in our field meet with strategic innovators to expand the world of possibilities for aging. [More Information](#)

LeadingAge Magazine – December 2011

The Practical Application of Evidence-Based Practices

LeadingAge members that focus on quality - and isn't that everyone? - are increasingly turning to evidence-based practices to deliver care and services and differentiate themselves. As Dr. Robyn Stone of the LeadingAge Center for Applied Research points out, even consumers are beginning to look for evidence-based practices when choosing a provider. The [November/December 2011 LeadingAge magazine](#) takes a closer look at those who are building the evidence base in our field and putting it to work in their communities. In this issue, read about:

- Why aging-services providers need to be a part of building the evidence base for long-term services and supports.
- How to overcome organizational inertia and put the evidence base to work.
- How one organization's adoption of a well-known falls prevention model fared with residents and staff.
- Ways providers are applying evidence to make sure dining is a positive experience for everyone.
- How participating in research studies and evaluations can improve effectiveness and help an organization see itself in a new light.
- How an innovative demonstration project helped three Ohio providers hire and develop outstanding workers.

Finally, we just received word that LeadingAge is the recipient of a 2011 Gold Award for e-magazine excellence from the Association of Marketing & Communication Professionals. We hope [this issue](#) lives up to that honor.

[Return to Top](#)

American Association of Critical-Care Nurses (AACN)

AACN Newsline – December 8th

Family Visitation in the ICU

The unrestricted presence and participation of patients' family members and friends has wide-reaching benefits for patients, both medically and psychologically. This [AACN Practice Alert](#) outlines administrative and practical considerations for implementing less-restrictive access to the bedside for these partners in care.

Prevention of Aspiration

Critically ill patients, especially those who are tube-fed, may experience micro-aspirations, which greatly

increase the risk for pneumonia and other complications. This [AACN Practice Alert](#) offers a checklist for aspiration prevention, including head-of-bed elevation, assessment of sedation levels and feeding-tube placement.

Catheter-Associated Urinary Tract Infections

Urinary tract infections account for nearly 40 percent of hospital-acquired infections in acute care hospitals today, leading to increased hospital costs and higher patient morbidity and mortality rates. This [AACN Practice Alert](#) stresses the use of pre- and post-catheterization assessments to gauge proper catheter use and to monitor early indications of infection.

Delirium Assessment and Management

Studies show that delirium in the ICU often goes undetected and therefore untreated, leading to delirium-associated costs of between \$4 billion and \$16 billion annually in the United States. While no FDA-approved drugs are available to treat delirium, this [AACN Practice Alert](#) explains that implementing early assessment, prevention and detection protocols such as the described ABCDE bundle reduces risk factors.

Join World-Famous Nurses' Health Study

Are you between 20 and 46 years old? If so, [join the world-famous Nurses' Health Study \(NHS\) 3](#) to contribute to groundbreaking research on lifestyle, environment, nurses' worklife, and women's health. NHS 3 builds on the two previous Nurses' Health Studies, which enrolled more than 230,000 women combined. Participation requires only one hour of your time each year. Recruitment continues until 100,000 participants are enrolled. [JoAnn Grif Alspach's editorial](#) in December's *Critical Care Nurse* also addresses this study.

Apply for HHS-CCSC HAI Award

Apply by Monday, December 19th, for national awards recognizing sustained improvements in reducing or eliminating healthcare-associated infections (HAIs) in critical care. Now in its second year, this awards program, sponsored by AACN, its partnering organizations in the Critical Care Societies Collaborative (CCSC) and U.S. Department of Health and Human Services Office of Healthcare Quality/Office of the Assistant Secretary for Health, emphasizes success related to reducing or eliminating central line-associated bloodstream infections and ventilator-associated pneumonia. [Access eligibility, selection criteria and application requirements.](#)

Participate in Survey on Providing Care When Guidelines are Lacking

You are invited to participate in a series of three confidential online questionnaires for critical care nurses regarding care provided when standard practice guidelines are lacking to meet patient specific care needs. Doctoral student Jodie Gary from the University of Texas at Tyler College of Nursing requests your participation as an expert in your field to find areas of agreement and gaps in knowledge. [Read inclusion criteria and participate.](#)

Submit Nominations for AACN President's Awards for Chapters

Nominate chapters for the 2012 AACN President's Awards for Chapters, which recognize the chapters that best exemplify the association's annual theme. [Learn more and nominate](#) by Wednesday, February 15, 2012.

Risk Factors for Catheter-Related Thrombosis Identified

["Risk Factors Associated With Peripherally Inserted Central Venous Catheter-related Large Vein Thrombosis in Neurological Intensive Care Patients"](#) include catheter placement in a paretic arm, surgery longer than one hour during catheter dwell time, mannitol use, and history of venous thromboembolism, according to a study published online November 24th by *Intensive Care Medicine*.

Pneumonia is Most Common Infection After Heart Surgery

“Methicillin-Resistant *Staphylococcus aureus* (MRSA) Colonization and Risk of Subsequent Infection in Critically Ill Children: Importance of Preventing Nosocomial Methicillin-Resistant *Staphylococcus aureus* Transmission” states, “Although MRSA colonized children may have lower risks of subsequent infection than adults, children who acquire MRSA in the hospital have similarly high rates of infection.” The study in the December 15th *Clinical Infectious Diseases* concludes, “Preventing transmission of MRSA in hospitalized children should remain a priority.”

Apply for Funding to Assess Point-Of-Care Ultrasound Competency

The American Institute of Ultrasound in Medicine (AIUM) invites proposals for studies to assess competency for point-of-care applications of ultrasound. AIUM’s Endowment for Education and Research has allocated up to \$50,000 for one or more grants. [Learn more](#) and apply by Thursday, March 1, 2012.

Free Enrollment in ChangeAnything.com For One Year

Take control of the sources of influence that impact your behavior by becoming both the subject and the scientist of your change. In partnership with Change Anything, a division of VitalSmarts, AACN welcomes members to ChangeAnything.com — a social media website based on award-winning research. [Sign up by Saturday, December 31st](#) for free one-year premium membership in this unique online resource.

Patient Safety:

On November 30th, the U.S. Food and Drug Administration approved the [first generic version of Lipitor](#) (atorvastatin calcium tablets), manufactured by Ohm Laboratories, New Brunswick, N.J.

AACN Resources:

Buy Your Holiday Gifts Online:

This holiday season support AACN by purchasing one or more [holiday gifts online](#), such as:

- “A Daybook for Nurse Educators” to inspire an OR nurse educator.
- AACN pins so nurses can show their pride.
- AACN water bottle for a fitness buff.
- CCRN lunch cooler for a certified nurse colleague.

Notable Quote:

“The tact in managing crises is an example of the skilled know-how and embodied intelligence vital to expert critical care nursing. This skilled clinical knowledge is founded on and organized by the clinician’s perceptual acuity and those recognition skills must be linked with a rapid and apt response. Skilled clinical know-how, clinical wisdom, and good judgment are linked in the process of becoming an expert clinician.” — Patricia Benner, Patricia Hooper Kyriakidis and Daphne Stannard, [“Clinical Wisdom and Interventions in Acute and Critical Care: A Thinking-in-Action Approach, 2nd Ed.”](#)

Together. Stronger. Bolder.

From December’s *AACN Bold Voices*

[“Embrace Conflict. Really?”](#) — Mary Stahl, AACN President 2011-2012

December 19th Deadline Nears for Applying for HAI Prevention Awards

Applications are still being accepted for national awards for outstanding achievement and leadership in preventing healthcare-associated infections (HAIs). Submit your best practices by December 19th for consideration.

The annual awards program recognizes teams of critical care professionals and healthcare institutions that show excellence, leadership and notable, sustained improvements in preventing HAIs, specifically infections of critically ill patients.

Award recipients will have demonstrated success in reducing or eliminating central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia (VAP) or both for 25 months or longer and shown national leadership in sharing their evidence-based initiatives to help improve clinical practice.

The U.S. Department of Health and Human Services (Office of Healthcare Quality/Office of the Assistant Secretary for Health and Partnership for Patients) (HHS) sponsor this awards program with the Critical Care Societies Collaborative. CCSC members include the American Association of Critical-Care Nurses, American College of Chest Physicians, American Thoracic Society and Society of Critical Care Medicine.

In the spring of 2012, up to eight awards will be conferred in two categories according to specific criteria aligned with national standards:

- HHS and CCSC Award for Outstanding Achievement and Leadership in Eliminating Central Line-Associated Bloodstream Infections.
- HHS and CCSC Award for Outstanding Achievement and Leadership in Eliminating Ventilator-Associated Pneumonia.

Applications for the 2012 awards are due by December 19, 2011. Visit [AACN's award site](#) for complete details on eligibility, selection criteria, and application requirements.

Register Now: 3rd Annual A Slice of AACN NTI Conference

April 9 – 13, 2012

Paris Hotel, Las Vegas, NV

Contemporary Forums and the *American Association of Critical-Care Nurses* are excited to continue their collaboration with the third annual [A Slice of AACN NTI](#). Nationally recognized faculty from AACN's renowned National Teaching Institute & Critical Care Exposition[®] will come together to share their expertise in high acuity and critical care practice with you—nurses from across the country who work with this challenging patient population.

Program Highlights:

- CCRN Review Course - April 9th & 10th.
- Critical Care Pharmacology Preconference - April 10th.
- Adult Critical Care Nursing - April 11th – 13th.
- New approaches to hemodynamic monitoring, brain death determination, and cardiac surgery.
- Challenging patient scenarios evaluated through case study analysis and interaction with faculty and colleagues.

For conference details visit us online at www.ContemporaryForums.com.

[Return to Top](#)

Federal Register

Centers for Medicare & Medicaid Services

Medicare Program; Availability of Medicare Data for Performance Measurement

Final rule.

Summary: This final rule implements Section 10332 of the Affordable Care Act regarding the release and use of standardized extracts of Medicare claims data for qualified entities to measure the performance of providers of services (referred to as providers) and suppliers. This rule explains how entities can become qualified by CMS to receive standardized extracts of claims data under Medicare Parts A, B, and D for the purpose of evaluation of the performance of providers and suppliers. This rule also lays out the criteria qualified entities must follow to protect the privacy of Medicare beneficiaries.

Effective Date: January 6, 2012.

<http://www.gpo.gov/fdsys/pkg/FR-2011-12-07/html/2011-31232.htm>

Department of Health and Human Services

Medical Loss Ratio Requirements Under the Patient Protection and Affordable Care Act

Final rule with comment period.

Summary: This final rule with comment period revises the regulations implementing medical loss ratio (MLR) requirements for health insurance issuers under the Public Health Service Act in order to address the treatment of "mini-med" and expatriate policies under these regulations for years after 2011; modify the way the regulations treat ICD-10 conversion costs; change the rules on deducting community benefit expenditures; and revise the rules governing the distribution of rebates by issuers in group markets.

Effective date: January 3, 2012.

Comment date: CMS will consider comments on Sec. 158.150(b)(2)(i)(A)(6) and (c)(5) regarding the treatment of ICD-10 conversion costs, and Sec. 158.242(b) and Sec. 158.260 regarding the process for providing rebates to group enrollees and reporting of rebates that are received at one of the addresses provided in the ADDRESSES section of this rule no later than 5 p.m. EST on January 6, 2012.

Applicability Date: The amendments to Part 158 generally apply beginning January 1, 2012, to health insurance issuers offering group or individual health insurance coverage.

<http://www.gpo.gov/fdsys/pkg/FR-2011-12-07/html/2011-31289.htm>

[Return to Top](#)

Highmark Medicare Services

Part A Providers

December 08, 2011

Service Wide Review Results for Inpatient Prospective Payment System (IPPS) Claims for Diagnosis Related Grouping (DRG) 192

Highmark Medicare Services Medical Review Part A has performed a review of Inpatient Prospective Payment System (IPPS) Claims for Diagnosis Related Grouping (DRG) 192: Chronic Obstructive Pulmonary Disease without Complication/Comorbidity - Major Complication/ Comorbidity (CC/MCC). The results are now available for review.

\$523 Calendar Year (CY) 2012 Enrollment Application Fee for Institutional Providers

Institutional providers (i.e., all providers except physicians, non-physicians practitioners, physician group practices and non-physician practitioner group practices) must submit an application fee or hardship exception when initially enrolling, revalidating their enrollment; or adding a new Medicare practice location. The CY 2012 fee of \$523.00 is required with any Medicare enrollment application submitted on or after Sunday, January 1, 2012 and on or before Monday, December 31, 2012.

For more information about how the fee was calculated, see the [Federal Register Notice](#). See [MLN Matters Article SE1130](#) to learn how to pay the fee for Medicare enrollment actions.

2012 ICD-10-CM Code Updates Now Available from CMS

The Centers for Medicare and Medicaid Services (CMS) has posted the 2012 ICD-10-CM code updates to the CMS website, including the 2012 ICD-10-CM index and tabular, code titles, addendum, General Equivalence Mappings (GEMs), and reimbursement mappings files. The 2012 ICD-10-CM files contain information on the new diagnosis coding system, ICD-10-CM, that is being developed as a replacement for ICD-9-CM, Volumes 1 and 2. These files are available on the [2012 ICD-10-CM and GEMs webpage](#). To access the files, scroll to the bottom of the page to the "Downloads" section.

The 2012 ICD-10-PCS (procedure) files were posted in June on the [2012 ICD-10-PCS and GEMs webpage](#).

RY2012 Inpatient Psychiatric Facility (IPF) PPS PC Pricer - Correction

A typo was discovered and corrected in the Inpatient Psychiatric Facility (IPF) PPS PC Pricer for RY 2012 for claims dates from 10/01/11 to 09/30/12. The correction has been posted to the Centers for Medicare and Medicaid Services (CMS) website. If you use the IPF PPS PC Pricer for RY 2012, please go to the PC Pricer webpage, under the Downloads section, and download the latest versions of the [IPF PPS PC Pricers](#), posted 12/07/11.

Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) Personal Computer (PC) Pricer Updates

The FY 2012 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) PC Pricer needed a correction. The corrected FY 2012 IRF PC Pricer is ready for download from the Centers for Medicare and Medicaid Services (CMS) [PC Pricer web page](#).

If you use the IRF PPS PC Pricers, please go to the page above and download the latest version of the FY2012 IRF PC Pricers posted 12/06/2011 , in the Downloads section.

How the Version 5010 Changes Modify Your Transition. 90-Day Period of Enforcement Discretion for Compliance with Version 5010 Deadline

The Centers for Medicare & Medicaid Services (CMS) recently announced a 90-day enforcement discretion period for all Health Insurance Portability and Accountability Act (HIPAA) covered entities regarding the Version 5010 (ASC X12 Version 5010) transition.

The compliance deadline for the implementation of Version 5010 is still January 1, 2012; however, CMS will not initiate enforcement action until March 31, 2012. CMS made this decision based on industry feedback that many organizations and their trading partners were not yet ready to finalize system upgrades for this transition.

December 07, 2011

Medicare Learning Network Matters Articles from CMS

New:

[Screening for Depression in Adults - MM7637](#)

[Reasonable Charge Update for 2012 for Splints, Casts, and Certain Intraocular Lenses - MM7628](#)

Teleconference: Inpatient Return Admissions and Transfers - December 14, 2011 (10:00 AM)

Join us for an informative teleconference as we will review the coverage guidelines when discharging or transferring a patient, review billing requirements of a patient discharge or transfer and help you understand billing and coverage of readmissions. Teleconference instructions and handout materials are now available.

December 06, 2011

Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) Personal Computer (PC) Pricer Updates

The FY 2011 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) PC Pricer has been updated with October provider data. The FY 2012 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) PC Pricer has also been added.

If you use the IRF PPS PC Pricers, please page down to the "Downloads" section of the [CMS PC Pricer web page](#) and download the latest version of the FY 2011 (updated 12/03/2011) and FY 2012 IRF PC Pricers (posted 12/05/2011).

Part A Top Inquiry Frequently Asked Questions (FAQ) Updated

The Part A Top Inquiry Frequently Asked Questions (FAQ) have been updated. Check out our FAQs for answers to your questions.

RY2012 Inpatient Psychiatric Facility Prospective Payment System PC Pricer Updates

The Inpatient Psychiatric Facility (IPF) Prospective Payment System (PPS) PC Pricers for Rate Year (RY) 2012 for claims dates from 7/01/11 to 09/30/11, and for claims dates from 10/01/11 to 09/30/12, have been posted to the CMS website with October 2011 provider data.

If you use the IPF PPS PC Pricer for RY 2012, please page down to the "Downloads" section of the [CMS PC Pricer web](#) page and download the latest versions of the IPF PPS PC Pricers, posted 12/01/11.

December 05, 2011

Toll Free Telephone Number Consolidation – Interactive Voice Response Unit (IVR) Application

With the implementation of the Provider Toll Free Consolidation initiative, we are experiencing sporadic IVR server issues resulting in callers hearing a technical difficulty message and being disconnected instead of reaching our IVR application. We are actively working with our IVR vendor to resolve this technical issue.

November 2011 Part A Newsletter

The November 2011 Part A Newsletter is now available.

Teleconference: Inpatient Versus Observation - December 15, 2011 (1:00 PM)

Join us for an informative teleconference on Inpatient versus Observation. We will discuss Observation Versus Outpatient Status, Inpatient Status, Observation versus Inpatient Status, Medicare Updates, the Comprehensive Error Rate Testing (CERT) Program and Self Service Options. Teleconference instructions and handout materials are now available.

December 02, 2011

Medicare covers screening and counseling for obesity

The Centers for Medicare and Medicaid Services (CMS) announced that Medicare is adding coverage for preventive services to reduce obesity.

National Influenza Vaccination Week is December 4-10 – Get the flu vaccine, not the flu

National Influenza Vaccination Week (NIVW) is a national observance that was established by the Centers for Disease Control and Prevention (CDC) in 2005 to highlight the importance of continuing influenza vaccination—as well as fostering greater use of flu vaccine—after the holiday season into January and beyond. For the 2011-2012 season, NIVW is scheduled for December 4-10 and this year's events will encourage everyone 6 months and older to “Get the flu vaccine, not the flu.”

FY2012 Skilled Nursing Facilities (SNF) PC Pricer Updates

The FY2012 SNF PC Pricer has been posted to the Centers for Medicare and Medicaid Services (CMS) PC Pricer web page, under the “Skilled Nursing Facilities (SNF PPS) PC Pricer.” If you use the FY2012 SNF PC Pricer, please go to the CMS website and [download the FY 2012 SNF PC Pricer](#).

Medicare Learning Network Matters Articles from CMS

New:

[Additional Health Insurance Portability and Accountability Act \(HIPAA\) 837 5010 Transitional Changes and Further Modifications to the Coordination of Benefits Agreement \(COBA\) National Crossover Process - SE1137](#)

[Home Health Prospective Payment System Rate \(HH PPS\) Update for Calendar Year \(CY\) 2012 - MM7657](#)

Part B Providers

December 08, 2011

\$523 Calendar Year (CY) 2012 Enrollment Application Fee for Institutional Providers

Institutional providers (i.e., all providers except physicians, non-physicians practitioners, physician group practices and non-physician practitioner group practices) must submit an application fee or hardship exception when initially enrolling, revalidating their enrollment; or adding a new Medicare practice location. The CY 2012 fee of \$523.00 is required with any Medicare enrollment application submitted on or after Sunday, January 1, 2012 and on or before Monday, December 31, 2012.

For more information about how the fee was calculated, see the [Federal Register Notice](#). See [MLN Matters Article SE1130](#) to learn how to pay the fee for Medicare enrollment actions.

2012 ICD-10-CM Code Updates Now Available from CMS

The Centers for Medicare and Medicaid Services (CMS) has posted the 2012 ICD-10-CM code updates to the CMS website, including the 2012 ICD-10-CM index and tabular, code titles, addendum, General Equivalence Mappings (GEMs), and reimbursement mappings files. The 2012 ICD-10-CM files contain information on the new diagnosis coding system, ICD-10-CM, that is being developed as a replacement for ICD-9-CM, Volumes 1 and 2. These files are available on the [2012 ICD-10-CM and GEMs webpage](#). To access the files, scroll to the bottom of the page to the “Downloads” section. The 2012 ICD-10-PCS (procedure) files were posted in June on the [2012 ICD-10-PCS and GEMs webpage](#).

Medicare Claims Processing Issue Related to Part B Services for Skilled Nursing Facility (SNF) Patients

A claims processing issue was identified that has affected payment of some Part B claims for SNF patients for dates of service from Saturday, October 1 through Monday, November 21.

How the Version 5010 Changes Modify Your Transition. 90-Day Period of Enforcement Discretion for Compliance with Version 5010 Deadline

The Centers for Medicare & Medicaid Services (CMS) recently announced a 90-day enforcement discretion period for all Health Insurance Portability and Accountability Act (HIPAA) covered entities regarding the Version 5010 (ASC X12 Version 5010) transition.

The compliance deadline for the implementation of Version 5010 is still January 1, 2012; however, CMS will not initiate enforcement action until March 31, 2012. CMS made this decision based on industry feedback that many organizations and their trading partners were not yet ready to finalize system upgrades for this transition.

December 07, 2011

Medicare Learning Network Matters Articles from CMS

New:

[Screening for Depression in Adults - MM7637](#)

[Reasonable Charge Update for 2012 for Splints, Casts, and Certain Intraocular Lenses - MM7628](#)

December 06, 2011

Webinar: A Tour of Highmark Medicare Services - December 13, 2011 (10:00 AM)

Please join us for an interactive tour of Highmark Medicare Services’ website. We will demonstrate popular centers using a live web connection. You will also learn about our search tools and tips to help you search for information. Register today, for this live website demonstration. For the best webinar experience, we recommend a high speed internet connection. Handouts and registration are now available.

Part B Frequently Asked Questions (FAQ) Updated

The Part B Frequently Asked Questions (FAQ) have been updated. Check out our FAQs for the answers to your questions.

December 2011 Medicare Report

The December 2011 Medicare Report has been uploaded and is now available.

Teleconference: Chiropractic Services - December 14, 2011 (9:00 AM) and December 15, 2011 (1:00 PM)

Attention Chiropractors, tune in and listen to an informative teleconference on chiropractic services. For your convenience we are offering this teleconference on two different dates and times. Teleconference instructions and handout materials are now available.

December 05, 2011

Toll Free Telephone Number Consolidation – Interactive Voice Response Unit (IVR) Application

With the implementation of the Provider Toll Free Consolidation initiative, we are experiencing sporadic IVR server issues resulting in callers hearing a technical difficulty message and being disconnected instead of reaching our IVR application. We are actively working with our IVR vendor to resolve this technical issue.

December 02, 2011

Medicare covers screening and counseling for obesity

The Centers for Medicare and Medicaid Services (CMS) announced that Medicare is adding coverage for preventive services to reduce obesity.

National Influenza Vaccination Week is December 4-10 – Get the flu vaccine, not the flu

National Influenza Vaccination Week (NIVW) is a national observance that was established by the Centers for Disease Control and Prevention (CDC) in 2005 to highlight the importance of continuing influenza vaccination—as well as fostering greater use of flu vaccine—after the holiday season into January and beyond. For the 2011-2012 season, NIVW is scheduled for December 4-10 and this year's events will encourage everyone 6 months and older to “Get the flu vaccine, not the flu.”

National Provider Call on Physician Quality Reporting System and Electronic Prescribing Incentive Tuesday, December 20th, 1:30-3:00 p.m. ET

The Centers for Medicare and Medicaid Services (CMS) will host a national provider call on the Physician Quality Reporting System and Electronic Prescribing Incentive Program.

[Please register for this informative session.](#) Registration will close at 12:00 p.m. ET on December 20, 2011, or when available space has been filled.

Webinar: Signature Requirements - December 12, 2011 (10:00 AM)

Join us for an informative Webinar on the details of Change Request 6698 - Signature guidelines for Medical Review purposes. We will also review the requirements associated with handwritten signatures, electronic signatures and electronic prescribing and much more. The handout material and registration are now posted.

Medicare Learning Network Matters Article from CMS

New:

[Additional Health Insurance Portability and Accountability Act \(HIPAA\) 837 5010 Transitional Changes and Further Modifications to the Coordination of Benefits Agreement \(COBA\) National Crossover Process - SE1137](#)

[Return to Top](#)

Delaware Medical Assistance Program

ICD-9

The Delaware Medical Assistance Program is now accepting the 2012 ICD-9-CM diagnosis codes for dates of service October 1, 2011 and after.

[4Q Provider Bulletin](#)

Download and view the Fourth Quarter 2011 Special Medicaid Provider Bulletin Vol. 49.

[Return to Top](#)

U.S. Office of the Inspector General

[Advisory Opinion 11-18](#)

Concerning an online service that would facilitate the exchange of information between health care practitioners, providers, and suppliers.

[Return to Top](#)

CDC Updates

CDC National Vital Statistics:

- Series 10 No 252: **Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2010.** *Note: A reformatted typeset version of this report will replace the current version.* [Learn more.](#)

CDC Updates for Clinicians

COCA News and Announcements

Archived COCA Conference Call

Title: Update on Influenza Vaccination for Health Care Personnel: Recent Coverage, Recommendations, Reporting, and Resources

Continuing Education Credits are available.

Date: November 15, 2011

http://emergency.cdc.gov/coca/calls/2011/callinfo_111511.asp

CDC News and Announcements

Polio Outbreak in China – Dec 5 (CDC)

Cases of polio have been reported in China, the country's first cases in more than 10 years. All cases were reported in Xinjiang Uygur autonomous region. Genetic sequencing has shown that the poliovirus isolated from these cases most closely resembles wild poliovirus type 1 found in Pakistan during the second half of 2010. As a result of this outbreak, CDC recommends that travelers to all parts of China be up-to-date on the polio vaccine.

<http://wwwnc.cdc.gov/travel/notices/outbreak-notice/polio-china.htm>

Did You Know – Dec 2 (CDC)

- 1.2 million people in the United States have HIV; [1 in 5 don't know it.](#)
- There is [new hope for stopping HIV](#); HIV care and medicines help keep people with HIV healthy and can prevent HIV transmission to others.
- We have more [proven prevention tools](#) than ever to help stop the spread of HIV; however, [continued and intensified efforts are needed](#)

CDC Science Clips – Nov 29 (CDC)

This series features top scientific articles, selected on the basis of potential for population impact and practical implementation. <http://www.cdc.gov/phlic/sciclips/issues/>

Public Health Preparedness

Twelve Health and Safety Tips for the Holidays – Dec 5 (CDC)

Pay special attention to your health and be safe this holiday season.

<http://www.cdc.gov/Features/HealthyTips/>

Lead Hazards in Some Holiday Toys – Dec 5 (CDC)

The holiday season is here, and that means many children will be given toys as gifts. While new toys are a holiday tradition, parents should be aware of potential lead hazards associated with toys, including toy jewelry. Review these important facts to keep your children safe this holiday season.

<http://www.cdc.gov/Features/LeadInToys/>

Save Energy and Resources This Holiday Season – (CDC)

Make green holiday choices when you are shopping, traveling, decorating, sending cards, and choosing gifts. When you save energy and resources, you protect the environment and safeguard health both now and for the future.

<http://www.cdc.gov/Features/GreenHolidays/>

Before Winter Storms and Extreme Cold – (FEMA)

Preparing your home, family and vehicle for the upcoming winter season.

http://www.fema.gov/hazard/winter/wi_before.shtm

Emergency Preparedness and Response (CDC)

Find resources for All Hazards and Specific Hazards preparedness.

<http://emergency.cdc.gov/hazards-all.asp>

Emergency Preparedness and Response Training Resources Page for Clinicians (CDC)

Find online and in-person training centers and resources at

<http://emergency.cdc.gov/coca/trainingresources.asp>

Natural Disasters and Severe Weather

Winter weather preparedness means more than just grabbing your coat – Nov 22 (CDC)

The holiday season is fast approaching and so is the winter weather that comes with it. Old Man Winter has already been wreaking havoc in the northeast leaving millions without power after “Snowtober.” So, while you’re pulling out your holiday decorations, why not also pull together some basic supplies in case Jack Frost comes knocking on your door.

<http://blogs.cdc.gov/publichealthmatters/2011/11/winter-weather/>

Winter Weather: Take Steps – (CDC)

Taking preventive action is your best defense against having to deal with extreme cold-weather conditions. By preparing your home and car in advance for winter emergencies, and by observing safety precautions during times of extremely cold weather, you can reduce the risk of weather-related health problems.

<http://emergency.cdc.gov/disasters/winter/takesteps/>

Be Prepared to Stay Safe and Healthy in Winter – (CDC)

Winter storms and cold temperatures can be hazardous, but if you plan ahead, you can stay safe and healthy. Prepare your home and cars. Keep emergency kits stocked. Be ready for power outages. Wear appropriate clothing. Check on children, the elderly and pets.

<http://www.cdc.gov/Features/WinterWeather/>

Clinical Guidance for Carbon Monoxide (CO) Poisoning After a Disaster – (CDC)

http://emergency.cdc.gov/disasters/co_guidance.asp

Prevent Carbon Monoxide (CO) Poisoning – (CDC)

If you don't have a battery-powered or battery back-up CO alarm, now is a great time to buy one. More than 400 people die each year in the US from unintentional, non-fire related CO poisoning.

<http://www.cdc.gov/Features/TimeChangeCODetectors/>

Emerging Infectious Diseases (EID)

EID is prepared by the CDC. [EID Home Page](#)

Volume 17, Number 12—December 2011

Highlights in this issue include

- [Mutations I117V and I117M and Oseltamivir Sensitivity of Pandemic \(H1N1\) 2009 Viruses](#)
- [Serious Invasive Saffold Virus Infections in Children, 2009](#)
- [Rickettsia parkeri in Amblyomma maculatum Ticks, North Carolina, USA, 2009–2010](#)

Morbidity and Mortality Weekly Report (MMWR)

MMWR weekly reports and publications are prepared by the CDC. To electronically subscribe, go to <http://www.cdc.gov/mmwr/mmwrsubscribe.html>.

December 2, 2011 / Vol. 60 / No. 47 / Pg. 1605 - 1640 [Download .pdf document of this issue](#)

- [Increased Transmission and Outbreaks of Measles — European Region, 2011](#)
- [Progress in the Introduction of Rotavirus Vaccine — Latin America and the Caribbean, 2006–2010](#)
- [Limited Human-to-Human Transmission of Novel Influenza A \(H3N2\) Virus — Iowa, November 2011](#)
- [Vital Signs: HIV Prevention Through Care and Treatment — United States](#)
- [Announcement: National Influenza Vaccination Week — December 4–10, 2011](#)
- [Errata: Vol. 60, No. 30](#)
- [Notifiable Diseases and Mortality Tables](#)

November 25, 2011 / Vol. 60 / No. 46 / Pg. 1577 - 1604 [Download .pdf document of this issue](#)

- [World AIDS Day — December 1, 2011](#)
- [Progress Toward Strengthening National Blood Transfusion Services — 14 Countries, 2008–2010](#)
- [Announcements: Environmental Microbiology: Control of Foodborne and Waterborne Diseases Course — January 9–13, 2012](#)
- [Notifiable Diseases and Mortality Tables](#)

Infectious, Vector-Borne and Zoonotic Diseases

Reported Tuberculosis in the United States, 2010 – Nov 28 (CDC)

TB case totals are now at the lowest number recorded since national reporting began in 1953. Yet, even though reported TB cases reached all-time lows in the United States, there are still disproportionately

higher rates of TB among racial/ethnic minorities, especially U.S.-born blacks.
<http://www.cdc.gov/Features/dsTB2010Data/>

Weekly Flu View – Dec 2 (CDC)

During week 47, 6.4% of all deaths reported through the 122-Cities Mortality Reporting System were due to pneumonia and influenza. This percentage was below the epidemic threshold of 7.1% for week 47.
<http://www.cdc.gov/flu/weekly/>

Influenza vaccination of pregnant women: letter to providers PDF – Dec 5 (CDC)

<http://www.cdc.gov/flu/pdf/nivw/influenza-pregnancy-letter.pdf>

Dec. 4-10 is National Influenza Vaccination Week – Dec 2 (CDC)

This season's NIVW is scheduled for December 4-10, 2011. Around the country, NIVW events including press briefings, radio interviews featuring CDC flu experts, health fairs, flu clinics, and education opportunities are taking place to emphasize the importance of flu vaccination.
<http://www.cdc.gov/Features/FightTheFlu/>

National Influenza Vaccination Week: Free NIVW Web Tools – Nov 28 (CDC)

CDC will be supporting organizations across the country in their vaccination efforts during National Influenza Vaccination Week. There are podcasts, ecards and other e-health activities to support this effort. You can help in promoting the ongoing flu vaccine efforts by placing these graphics on your web pages.
<http://www.cdc.gov/flu/nivw/webtools.htm>

Flu Vaccines Have Good Safety Records – Nov 28 (CDC)

Influenza (flu) vaccines are recommended for everyone 6 months of age and older. Scientific studies and ongoing monitoring continue to show that flu vaccines are safe for use and offer the best defense modern medicine currently has at its disposal to protect against the flu and its serious complications.
<http://www.cdc.gov/Features/FluVaccines/>

National Influenza Vaccination Week: Materials – Nov 23 (CDC)

<http://www.cdc.gov/flu/nivw/materials.htm>

Fight flu at work and at home (Nurses/Health Care Workers) PDF – Nov 23 (CDC)

<http://www.cdc.gov/flu/pdf/matte/fight-flu-nurses.pdf>

AAP/CDC Collaboration: Question and Answer (Q & A) "Prevention and Control of Influenza: Considerations for Newborns and Very Young Infants – American Academy of Pediatrics (AAP)

The American Academy of Pediatrics (AAP) in collaboration with the Centers for Disease Control and Prevention (CDC) has developed a Q & A to address 5 common questions regarding prevention and control of influenza in newborns and very young infants. The questions were posed by the Centers for Disease Control and Prevention (CDC) Work Group on Intrapartum and Newborn Issues. Specific topics addressed include the dosing of antiviral medication for term and preterm infants, the efficacy, effectiveness, and adverse effects data on antiviral medication use in term and preterm infants, rapid influenza diagnostic testing, data on newborns whose mothers receive influenza vaccines prior to delivery, and care of infants exposed to influenza in the neonatal intensive care unit (NICU). The Q & A can be viewed at: http://www.aap.org/disasters/pdf/Special-Considerations-to-Treat-and-Prevent-Flu-in-Newborns_FINAL.pdf. If you have any questions, please e-mail Hope Hurley at hhurley@aap.org.

Travel Safety

Cholera in the Dominican Republic – Dec 5 (CDC)

<http://wwwnc.cdc.gov/travel/notices/outbreak-notice/cholera-dominican-republic.htm>

Food, Drug and Device Safety

Prevent the Spread of Norovirus – Dec 5 (CDC)

Noroviruses spread easily, causing more than 20 million gastroenteritis cases each year in the U.S. There's no vaccine to prevent norovirus infection and no drug to treat it. Wash your hands often and follow simple tips to stay virus-free.

<http://www.cdc.gov/Features/Norovirus/>

FoodSafety.gov Reports FDA and USDA Food Recalls, Alerts, Reporting & Resources – Dec 3 (HHS/USDA/FDA/CDC/NIH)

For recalls and alerts by both FDA and USDA, or to report a problem or make inquiries, visit FoodSafety.gov. <http://www.foodsafety.gov/index.html>

[Return to Top](#)

Press Releases

DE DHSS

[Prevent Falls During the Holiday Season](#)

[Get Vaccinated Before Flu Cases Increase](#)

[National Hand Washing Awareness Week; December 4 - 10](#)

[First Phase of Body Burden Research Study Completed in Millsboro](#)

CMS

[December 06, 2011](#)

Open Enrollment Ends Tomorrow; People with Medicare See Significant Savings in 2011 As Time To Select 2012 Plans Ends

[December 05, 2011](#)

Medicare Gives Employers, Consumers Information to Make Better Health Care Choices

[December 02, 2011](#)

Affordable Care Act Helping Consumers Get Better Value for Their Health Care Dollars

FDA

[FDA: U.S. Marshals seize products containing banned ephedrine for dietary supplements](#)

[FDA announces changes to risk strategy requirements for 2 drugs to treat low platelet counts](#)

[FDA, FTC act to remove “homeopathic” HCG weight loss products from the market](#)

HHS

[Affordable Care Act support for school-based health centers will create jobs, increase access to care for thousands of children](#)

[A Statement by U.S. Department of Health and Human Services Secretary Kathleen Sebelius](#)

[Statement from HHS Secretary Sebelius on International Day of Persons with Disabilities](#)

HRSA

[Affordable Care Act support for school-based health centers will create jobs, increase access to care for thousands of children](#)

[Children with special health care needs more likely to have health care access problems](#)

[United States Addresses Human Resources for Health in Africa with Launch of the Nursing Education Partnership Initiative \(NEPI\)](#)

NIH

[Ambassador Eric Goosby, U.S. Global AIDS Coordinator, to deliver Barmes Lecture at National Institutes of Health](#)

[Panel endorses active monitoring and delay of treatment for low-risk prostate cancer](#)

[NIH grantee honored for pioneering research on gene networks](#)

[US Tox21 to begin screening 10,000 chemicals](#)

[Steroids boost survival, reduce brain injury for infants born at 23 weeks](#)

[NHGRI broadens sequencing program focus on inherited diseases, medical applications](#)

[NIH campus to host the 4th Trauma Spectrum Conference, a trans-federal collaboration of Department of Defense, HHS and the Veterans' Administration](#)

[NCI launches smoking cessation support for teens](#)

SAMHSA

[New report shows treatment admissions for abuse of prescription pain relievers have risen 430 percent from 1999-2009](#)

[New report shows that adolescents are far more likely to drive under the influence of alcohol or drugs if they live with a parent that drives under the influence](#)

[SAMHSA announces its inaugural Science and Service Awards for Opioid Treatment Programs and Office-Based Opioid Treatment Providers](#)

Return to Top

**Published by the Delaware Healthcare Association
1280 S. Governors Ave, Dover, DE 19904-4802
Phone (302) 674-2853 Fax (302) 734-2731
Web Site: www.deha.org**