

SUMMER NEWSLETTER

SRN Newsletter

July 2017

Note from Jane

Hey everyone,

Looks like we are on our way with recertification of URAC. The reviewers are recommending full accreditation to the Board so in a few weeks when they meet, we should get the final documentation. We do a great job and it shows.

Thanks to all of you!



HIPAA - Denise Kimball

If your organization is facing a request seeking records or other materials that may contain patient health information ("PHI"), it bears repeating that while [HIPAA](#) provides a number of methods through which covered entities that hold records containing PHI may produce such records, these guidelines are closely enforced by courts.

By way of reminder, consent of the subject of the PHI is not a prerequisite to its production under HIPAA and the statute offers three litigation-related alternatives to obtaining consent from the subject of the implicated records. Specifically, 45 C.F.R. § 164.512(e) permits a covered entity to disclose PHI in the course of any judicial or administrative proceeding where:

- the party seeking the PHI obtains a court order governing the production of the records;
- the covered entity receives a written statement and documentation from the party seeking the PHI that it provided notice of the litigation to the subject, identified that the subject's PHI was implicated in the request, gave the subject an opportunity to object, and received no such objection; or
- the party seeking the PHI demonstrates the existence of a court-endorsed protective order that prohibits the parties from using or disclosing the PHI for any purpose other than the underlying litigation and requires the return to the covered entity or destruction of the PHI at the end of the litigation.

So the lesson is clear: if your organization maintains vast amounts of records that contain PHI of any kind, be they medical records, clinical trial-related materials, correspondence with governmental agencies or other sensitive materials, even where a protective order is in place, make sure to consider and discuss with counsel redacting any PHI in records to be produced wherever the records involve unrelated third party subjects. Remember, this is true even where records may not contain full names (or names at all), social security numbers, or birth/death dates.



CQI Corner—Angela Prenoveau

The CQI Committee manages the day to day function of the quality management program designed to provide the best possible service to case management consumers, customers (clients) and internal customers (employees of SRN).

The Quality Management Program exists to encourage and support continuous movement toward the highest quality case management services of which the organization is capable.

URAC, URAC, URAC!

As you all know the CQI committee was busy this quarter preparing for the URAC onsite visit on 7/20.

As you also all know the recommendation has been made by the reviewers to fully accredit Southern Rehab for the next 3 years! Congratulations to Southern! This was indeed a team effort. The CQI committee is committed to making sure we maintain this standard and practice as we say we do!

Our current QIPs (Quality Improvement Projects) are focused on increasing our responses for customer satisfaction surveys as well as our safety project with a focus on making sure IWs are educated on how to use DME's and to document our efforts as such.

Audits continue to be good overall. A couple of ongoing issues in regard to goal writing and documentation of education and providing resources to our IWs. Our customer satisfaction surveys are fantastic!

A big thank you to Lisa Sandy, Morgan Jordan, and Denise Ray who plan to join us in September. Look forward to seeing you all then!

Remember Survey Money is available your suggestions and can be made anonymously at <https://www.surveymonkey.com/sWY2PJ3B>

Current committee members: Angela Prenoveau, Vicki Hewitt, Annamarie Brown, Michael Kanai, Lisa Pinnell, Jayne Kearney and Solvakia Lemon.



All Vocational Specialists are now Certified Ergonomic Assessment Specialists (CEAS)!! - Morgan Jordan

How does it relate to Workers Compensation cases, and how can the specialists be used? Ergonomics specialists make it easier for people to do their jobs by observing human movement as it relates to the work environment. They are experts at applying their knowledge of musculoskeletal function and how humans interact with their environment to make the workplace safer and more efficient. Ergonomics can promote both health and productivity in a work environment. Ergonomists are also known as human factors specialists. Their role involves ensuring that equipment and products are as safe and easy to use as possible. ... assessing the effect of work environments on employees.

What is an ergonomic assessment? Ergonomic assessments, also referred to as workstation assessments, ensure that a worker's workstation is ergonomically designed to minimize the risk of injury and maximize productivity. ... for workers who work from home, to ensure their home work environment is safe and ergonomically designed.

Ransomware Tips for your Personal Computer

1. Back Up, as Big Sean Says

The best defense against ransomware is to outwit attackers by not being vulnerable to their threats in the first place. This means backing up important data daily, so that even if your computers and servers get locked, you won't be forced to pay to see your data again.

The same is true if you do your own machine backups with an external hard drive. Those drives should only be connected to a machine when doing backups, then disconnected. "If your backup drive is connected to the device at the time the ransomware runs, then it would also get encrypted," he notes.

Backups won't necessarily make a ransomware attack painless, however, since it can take a week or more to restore data, during which business operations may be impaired or halted.

"We've seen hospitals elect to pay the ransom because lives are on the line and presumably the downtime that was associated, even if they had the ability to recover, was not considered acceptable," says Doggett.

2. Just Say No—To Suspicious Emails and Links

The primary method of infecting victims with ransomware involves every hacker's favorite bait—the "spray-'n'-pray" phishing attack, which involves spamming you with emails that carry a malicious attachment or instruct you to click on a URL where malware surreptitiously crawls into your machine. The recent ransomware attacks targeting Congressional members prompted the House IT staff to temporarily block access to Yahoo email accounts, which apparently were the accounts the attackers were phishing.

But ransomware hackers have also adopted another highly successful method—malvertising—which involves compromising an advertiser's network by embedding malware in ads that get delivered through web sites you know and trust, such as the malvertising attacks that recently struck the New York Times and BBC. Ad blockers are one way to block malicious ads, patching known browser security holes will also thwart some malvertising.

3. UPDATE SOFTWARE

But no security product is infallible—otherwise individuals and businesses wouldn't be getting hit with so much ransomware and other malware these days. That's why companies should take other standard security measures to protect themselves, such as patching software security holes to prevent malicious software from exploiting them to infect systems.

4. Got an Infection? Unplugged or disconnect wireless!!

When MedStar Health got hit with ransomware earlier this year, administrators immediately shut down most of the organization's network operations to prevent the infection from spreading.

Patient Education Resources

There is an excellent free app called CALM. It is a meditation / Deep breathing program to help with stress and general well being. I recommend it to a lot of my folks and some say it is very helpful. - Amy Pearson

SAN ANTONIO — Yoga is as good as physical therapy (PT) in reducing chronic low back pain, the most common pain problem in the United States, new research shows.

"Our study showed that yoga was noninferior to physical therapy for a diverse group of low-income patients," said Robert B. Saper, MD, director of integrative medicine, Boston Medical Center, Massachusetts. "Its effectiveness was most obvious in the most adherent patients."

Dr Saper presented his study at the American Academy of Pain Management (AAPM) 2016 Annual Meeting. The AAPM recently changed its name to the Academy of Integrative Pain Management.

Previous research has shown that yoga improves pain and function and reduces medication use. For example, a 2013 meta-analysis demonstrated small to medium effect sizes for yoga in short-term and long-term back pain–related disability. Research also shows that PT is effective in treating patients with back pain.

"We know that yoga is effective, we know that PT is effective, but we don't know their comparative effectiveness," said Dr Saper. "To get a complementary health practice into mainstream healthcare, I would say that a minimal bar is that it has to be as effective as the conventional therapy, and perhaps offer other benefits, like cost-effectiveness."

PT is considered a conventional therapy and is the most common nonpharmacologic referral by physicians for chronic low back pain, Dr Saper said. About 22% of patients with low back pain in primary care get referred for PT.

For this new study, researchers enrolled 320 adult patients from Boston-area community health centers who had chronic back pain with no obvious anatomic cause, such as spinal stenosis. The patients were predominantly nonwhite and low income, with a relatively low education level.

The patients had "quite high" pain scores (average of 7 out of 10 on a pain scale) and were "quite disabled" in terms of their back pain, said Dr Saper. Almost three quarters were using pain medication, with about 20% taking opioids.

"We had absolutely no problem recruiting patients" for this study, said Dr Saper. "That's because people are suffering with chronic pain and their needs are not being met."

Patients were randomly assigned to one of three groups: yoga, PT, or education.

To develop the structured yoga protocol, Dr Saper and his colleagues organized an expert panel, which reviewed the literature on the topic. The final product was a 75-minute weekly class with a very low student-to-teacher ratio.

The classes began with short segment on yoga philosophy (nonviolence, moderation, self-acceptance). Participants were then given mats on which to do the simple yoga poses. They received a DVD to practice these at home.

Fear of Injury

Asked by a delegate how he encouraged patients with pain to get down on the floor when many are afraid of injury, Dr Saper said that some patients did have difficulty, especially those who were obese. "But these classes go slow and gentle; the first class may be just getting people on the floor, knees to chest, or in a table position."

The PT group had 15 one-on-one 60-minute sessions that included aerobic exercise. PT personnel were trained to help coach patients on fear avoidance.

The education group got a comprehensive book on back pain.

Yoga Is As Good As PT (con't)

Both the PT and yoga sessions continued for 12 weeks, after which patients were followed to 52 weeks. During this postintervention period, patients in both the yoga and PT groups were randomly assigned to maintenance (drop in yoga classes or more PT sessions) or just at-home practice.

Overall adherence was not great. The mean number of yoga classes and PT sessions attended during the initial phase was 7.

The primary question being addressed was whether yoga is not inferior to PT at 12 weeks.

The study showed that for function (score on the Roland-Morris Disability Questionnaire), yoga and PT "are exactly the same, ie noninferior," said Dr Saper, adding that, "they are not terribly different from education at 12 weeks."

However, looking at just those patients who actually went to the yoga classes, he said, "you see yoga and PT are still quite similar, but the difference with education is quite high."

There were similar results for pain scores. "You see that yoga and PT are essentially the same: a little bit better than education, but much better when you look at the per protocol analysis."

As for the percentage of participants who had at least a 30% reduction, "if you look at Roland [Morris Disability Questionnaire], it's 48% for yoga, 37% for PT, and 23% for education," said Dr Saper. "What that means is that for every two patients who go to yoga, about 50% of them are going to have a clinical response."

Looking at odds ratios for function, comparing the various interventions, "yoga is actually superior" to PT and is "quite a bit" superior to education, said Dr Saper.

At baseline, about 70% of participants were using medication. At 12 weeks, such use was down by about 20% in both the yoga and PT groups, and hadn't changed in the education group.

A similar number of yoga and PT subjects reported being "very improved" and "very satisfied," said Dr Saper.

Yoga proved to be safe, with only mild, usually transient exacerbations of back pain.

In addition to the low adherence rate, another possible limitation of the study is that its findings may not be generalizable. "This was a very structured standardized yoga program," said Dr Saper. "We don't know how patients will do if they go to the yoga studio down the street."

Larger studies are needed to develop better strategies to enhance adherence, he said.

Cost-Effectiveness

Researchers will now analyze costs involved with yoga, Dr Saper told Medscape Medical News after his presentation.

"We are collecting data to assess the cost-effectiveness of yoga for clinical back pain, from the perspective of the payer, society and the patient. We will see what those analyses show; potentially it will justify, in combination with the efficacy data, coverage by hospital or a payer system for structured yoga programs."

Asked to comment on this new study, Robert Bonakdar, MD, Scripps Center for Integrative Medicine, La Jolla, California, said it's asking "an important question:" how something "new and upcoming like yoga" compares to a standard therapy.

Robotics and Mechanical Devices are Expanding to Assist in Rehabilitation and Function— Elga Calhoun

One of my clients with quadriplegia is participating in outpatient rehab at a facility in Knoxville, TN. His therapist recommended a MOTomed upper and lower body exerciser for home use. This is similar to a manual UBE, like bicycle pedals used with hands/arms, but it is electronic. Resistance can be set and the machine records the client's efforts. My client likes reading how much of the time he is actually using his muscles as opposed to the machine moving his arms. The MOTomed can also have a lower extremity exerciser.

This machine is manufactured in Germany. The US distributor's website has a variety of products and they send out information about new ones. This week they rolled out Tyromotion's DIEGO used to help restore function of the arm and shoulder with additional capabilities through the extension of virtual reality therapy... I don't know exactly what that means but I will be reading the information to see what it's all about.

A rehab facility in Charlotte now offers the ReWalk system to help with recovery of leg function after spinal cord injury. It can be used with rehab efforts in the facility and the system can be purchased for the injured person to allow them to walk. Of course at this point they are quite expensive.

For further information go to <http://enableme.com/products/tyromotion/>. Or just enableme.com. You can Google the ReWalk for information and locations where the system is available. There are several similar devices on the market with different names.

Tomato Pie- Amy Pearson

4-5 tomatoes – peeled and sliced

10 fresh basil leaves – chopped

½ cup green or purple onion (I did not add this but have used it and it is good)

9” deep dish pie shell (bake before add ingredients per directions)

1 cup grated mozzarella – I use the fresh and crumbled it

1 cup grated cheddar cheese – I use extra sharp and maybe a little more than a cup!

¾ cup mayo (I use ½ cup mayo and about 3 tablespoons of sour cream – combined 2 recipes)

Salt and pepper to taste

Instructions:

Preheat oven to 350 degrees

Place the sliced tomatoes in a colander in the sink in single layer. Sprinkle with salt and allow to drain for 10 minutes.

Use a paper towel to pat-dry the tomatoes and make sure most of the excess juice is out. You don't want soggy pie!

Layer the tomato slices, basil and onion in pie shell. Season with salt and pepper.

Combine the cheeses and mayo and sour cream and spread on top of tomatoes.

You can also sprinkle with some parmesan cheese on top (I did not have any!)

Bake for 30 minutes or until lightly browned.

Serve warm and ENJOY



SOUTHERN



Picture Perfect!!.....Angela Prenoveau

It's a Boy!!

Denise Ray is expecting her first grandchild, Chase Elliott, on (around) August 1, 2017.



Another successful class presented by our famous CEU guru...Anne Thompson

*Without work, all life goes rotten.
But when work is soulless, life stifles and dies.
- Albert Camus*

HAPPY BIRTHDAY

JULY

Maureen Hayes 7/15
AnnaMarie Brown 7/16
Pat Sauter 7/16

AUGUST

Linda Bolduc 8/11
Linda Mahony 8/14
Vicki Hewitt 8/15
Linda Morreale 8/22
Angela Prenoveau 8/23
Donna Irby 8/24
Ellen Hintzen 8/26

SEPTEMBER

Lisa Sandy 9/2
Denise Salyer 9/7
Kathy Sisko 9/17
Slovakia Lemon 9/20
Lisa Pinnell 9/25
Megan Parsons 9/26
Eileen Ianucilli 9/26
Heather Ward 9/30



SOUTHERN

REHABILITATION

FALL TRAINING

September 14-15, 2017

Embassy Suites -

Greensboro, NC
