



Each issue of *Assisted Living Consult* presents learning opportunities for assisted living facility staff. We urge practitioners and facility leaders to have their staff read the articles and challenge their knowledge using this Q&A section as a training test. By copying this page for each of your key staff, you can assess their knowledge on these critical issues by having them answer these questions. Please note that each article topic appears in color with specific related questions.

## Falls and Fall Reduction

1. Studies report that the fall rates in continuing care retirement communities and residential retirement homes are in the range of:
  - a. 56-57%
  - b. 75-76%
  - c. 25-30%
  - d. 30-35%
2. Which of the following is *not* considered a barrier to exercise in ALFs?
  - a. Environmental hazards
  - b. Unsteady gait
  - c. Lack of onsite gym
  - d. Pain, discomfort fatigue
  - e. Fear of injury
3. According to a Centers for Disease Control and Prevention study, physicians inquire about exercise and nutrition:
  - a. All the time—at every visit
  - b. About one-third of the time
  - c. Never
  - d. About two-thirds of time
  - e. None of the above

## Best and Worst Prescription Drug Plans

4. Each PDP differs on premiums and administrative process. They also have their own pharmacy network.
  - a. True
  - b. False

5. The Congressional Budget Office estimates that the average Medicare beneficiary who spends \$1,457 on prescription drugs annually will save:
  - a. 10-20%
  - b. 50%
  - c. 25-30%
  - d. None of the above
6. ALFs that wish to consider the best plans for their residents should look at several elements, including which of the following?
  - a. Administrative processes
  - b. Formulary
  - c. Packaging
  - d. Pharmacy networks
  - e. All of the above

## E-prescribing in ALFs

7. The Medicare Modernization Act mandates:
  - a. Use of a national uniform standard for electronically transmitted prescriptions by 2007
  - b. Use of electronic medical records in acute and long term care settings by 2010
  - c. Use of a national uniform standard for electronically transmitted prescriptions by 2009
  - d. Use of electronic medical records in acute and long term care by 2012
8. Illegibility of physician handwriting is a common cause of prescribing errors, but no one has found a way to address this.
  - a. True
  - b. False
9. Physicians traditionally have resisted using e-prescribing, claiming:
  - a. It doesn't work
  - b. The cost of purchasing and implementing such systems is prohibitive
  - c. Technology isn't advanced enough
  - d. None of the above

## Discharge Planning and Early AD

10. Early and reliable assessment of Alzheimer's disease will lead to:
  - a. Resolution of symptoms
  - b. Reduction in treatment costs
  - c. Better care planning and resource allocation
  - d. None of the above
11. In one survey, what percentage of respondents said that they had resident with AD who were undiagnosed?
  - a. 70-90% or more
  - b. 10%
  - c. 5%
  - d. 50%
  - e. None of the above
12. Which of the following is considered a barrier to discharge of individuals with AD?
  - a. Advancing age of spouse or caregivers
  - b. Need for caregiver to work outside the home
  - c. Cost of paid caregivers
  - d. None of the above
  - e. All of the above
13. When should discharge plans be initiated for individuals with Alzheimer's disease?
  - a. When AD advances to late stage
  - b. When the individual requires assistance with four or more ADLs
  - c. When an AD diagnosis is made
  - d. When the physician requests the plan
  - e. None of the above

## Osteoporosis CPG

14. After suffering a hip fracture, what percent of formerly independent, community-dwelling individuals require long term care?

- a. 10-20%
  - b. 20-30%
  - c. 30-40%
  - d. 40-50%
  - e. None of the above
15. Which of the following is *not* considered a non-modifiable risk factor for osteoporosis?
- a. Age
  - b. African American ethnicity
  - c. Female gender
  - d. Small body frame
  - e. Personal or family history of adult fracture

17. Most elderly residents meet their calcium and vitamin D requirements through diet alone, and supplementation should be used sparingly.
- a. True
  - b. False

- d. Elopement/wandering
- e. None of the above

16. The WHO criterion for osteoporosis is BMD that is:
- a. 2.5 SD below the average for young, healthy white women
  - b. 2.5 SD above the average for young, healthy white women
  - c. T scores of 2.5 or higher
  - d. T scores of 2.5 or less
  - e. None of the above

18. Which is generally considered first-line drug therapy for treating osteoporosis?
- a. HRT
  - b. Calcitonin
  - c. Bisphosphonates
  - d. None of the above

20. Which of the following is not considered a communication strategy to reduce risk and improve communication?
- a. Communication with families
  - b. Team communication
  - c. Policies generated by attorneys, legal staff
  - d. Documentation of any refusal of recommended treatments
  - e. Documentation of advance directives

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## Risk Management in AL

19. Which of the following have the highest average cost of all claims against ALFs?
- a. Pressure ulcers
  - b. Malnutrition
  - c. Dehydration

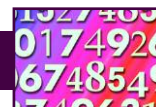
(continued)

Please see Answer Key below.

20. c	19. d	18. c	17. f
16. a	15. b	14. a	13. c
12. e	11. a	10. b	9. b
8. f	7. c	6. e	5. a
4. t	3. b	2. c	1. a

**Answer Key**

# Facts and Quick Stats



## Medicare and Medicaid

With the advent of the Medicare prescription drug benefit coming on fast and furious, a look at some statistics regarding Medicare and Medicaid help demonstrate the scope of this program. Additionally, a brief overview of some of the projections from various government sources suggests where this program will go in the coming years.

**34,259,546...**

beneficiaries over age 65 were enrolled in Medicare in 2003. There were 40,172,605 total beneficiaries.

(Centers for Medicare and Medicaid Services, 2004)

**19...**

percent of total number of Medicare enrollees in 2003 were dual eligible.

(Kaiser Family Foundation, 2004)

**\$15,172,000,000...**

was spent on dual eligibles for prescription drugs in 2003.

(Kaiser Family Foundation, 2004)

**\$1,043...**

of state Medicaid money was spent on prescription drugs per dual eligible enrollee.

(Kaiser Family Foundation, 2004)

**2...**

percent of total drug expenditures in 2005 was Medicare drug spending. This number is expected to increase to 28% in 2006.

(Centers for Medicare and Medicaid Services, 2004)

**\$593...**

billion over the 2004-2013 period is the Congressional Budget Office's estimate of net Medicare spending for the Part D program. This represents a \$41 billion increase over the original \$552 estimate of net Medicare spending for Part D.

(Congressional Budget Office, 2005)

**\$1.2...**

trillion is the estimate from the White House of what the new Medicare prescription drug benefit will cost in the coming decade. This is a much higher price tag than President Bush suggested when the Medicare Modernization Act was passed in 2003.

(Washington Post, February 9, 2005)

**\$1,000...**

per year is the projected savings for a senior who spends about \$2,250 annually on drugs under the new Medicare prescription drug benefit.

(caringtoday.com, 2005)