

# Quality Counts

## Arizona Nursing Home Quality Initiative

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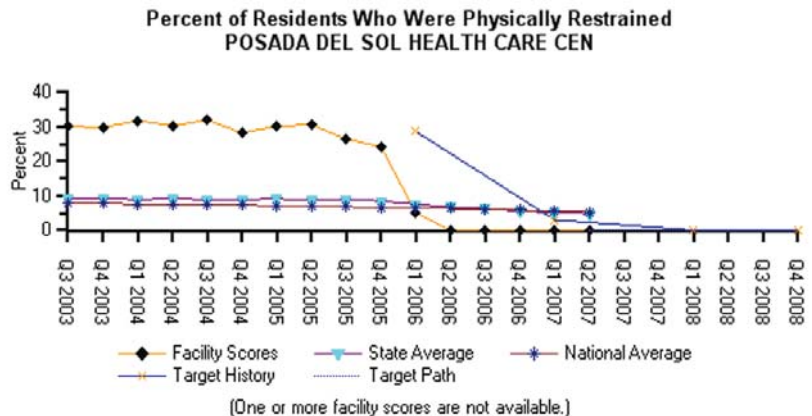
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### Rethinking Restraints—A Success Story

Posada Del Sol Health Care Center is a 156-bed, dually-certified skilled nursing home and outpatient facility owned by Pima County and managed by Pima Health System. From Q3 2005–Q2 2007, Posada Del Sol achieved exceptional improvement in the Physical Restraints Quality Measure, going from 26.5 percent in Q3 2005 to 0.00 percent in Q2 2007. The below run chart illustrates the quarterly trending of Posada Del Sol's data.



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### What's New

#### Updated Medicare Health Plan (formerly Medicare Advantage)

#### Notice Forms Now Available

CMS has recently updated its forms to reflect the new Medicare Health Plan name. These forms must be used when filing appeals. Visit [http://www.hsag.com/providers/medicare\\_advantage.asp](http://www.hsag.com/providers/medicare_advantage.asp) for more information.

#### Nursing Homes Cut Back on Physical Restraints Nationally

The use of physical restraints in nursing homes declined almost 40 percent nationally in recent years. Mary Jean Koren, Assistant Vice President at The Commonwealth Fund, discusses the significant culture change that has taken place over the past few years.

For more information and to read the entire article, please visit <http://www.foxnews.com/wires/2008Mar27/0,4670,NursingHomesRestraints,00.html>.

## *The journey toward physical restraint elimination*

Posada Del Sol provides specialty care, such as ventilator and respiratory care, traumatic brain injury care, behavioral health care, neurologic care, wound care, and total parenteral nutrition care—primarily to the Arizona Long-Term Care System (ALTCS) population.

Prior to joining HSAG's Nursing Home Collaborative Work Group, Posada Del Sol evaluated its January through September 2005 Physical Restraint Quality Measure data and determined there were opportunities for improvement. The facility began a root cause analysis (RCA) of its restraint management processes-of-care as part of its Continuous Quality Improvement (CQI) Program. Based on the RCA, it was determined that a subset of residents were being identified and coded on the Minimum Data Set (MDS) 2.0 as being physically restrained, when in actuality the devices were used to improve their highest practicable physical, mental, and psychosocial well-being. The devices were being used to promote maintenance or enhancement of the residents' quality of life.

In addition, these devices did not restrict the physical movement of the residents or access to the resident's own body, based on the individual conditions of the resident. Some of the devices being coded as physical restraints were Geri chairs and trunk and limb support devices.

In September 2005, the RCA findings were presented to Posada Del Sol's senior management team and medical director. Multiple discussions took place regarding regulatory interpretations of restraints, enablers, and restraints as enablers—which created a radical change in thinking for the clinical team. The facility then contacted the Arizona Department of Health Services (ADHS) to ensure that they were interpreting the regulations correctly. ADHS confirmed that the interpretations were appropriate and accurate.

Next, Posada Del Sol revised its existing restraint guidelines policies and procedures and enlisted the assistance of HSAG staff members to further evaluate the progress toward physical restraint reduction. Posada Del Sol's participation in HSAG's Nursing Home Collaborative Work Group also proved extremely important to the change process and provided a venue to network with and learn from other facilities. The Work Group provided an opportunity for Posada Del Sol to learn best practices for restraint management and reduction, including effective restraint alternatives.

Posada Del Sol also conducted frequent restraint management meetings to discuss each resident using a device and decide whether the device was limiting or restricting physical movement or access to the resident's own body. During the meetings, the Resident Assessment Instrument (RAI) User's Manual was consulted to ensure accurate interpretation of the MDS restraint questions.

In addition, house-wide education and re-education led by CQI team members and nursing clinical coordinators included "just-in-time" bedside education for all direct-care staff regarding restraint and enabler definitions, interpretations, and restraint alternatives.

## *Upcoming Events*

**Arizona Association of Homes and Housing for the Aging: 25th Annual Conference and Exposition**  
May 12–14

Mesa Centennial Conference Center &  
Phoenix Marriott Mesa

For registration information, please visit  
<http://www.azaha.org/?q=2008conf>.

**"How Admitting, Nursing and Billing Staff Impact Your Pharmacy Bill"**

*Presented by the Arizona Health Care Association*  
*Speaker: Sandy Brownstein*

Wednesday, May 21

Life Care Center of Paradise Valley  
4065 E. Bell Road, Phoenix, AZ 85032

For registration information, please contact John Linda at  
[johnlinda@azhca.org](mailto:johnlinda@azhca.org) or at 602.265.5331.

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The direct-care staff has embraced this approach and are currently responsible for assessing and evaluating each resident's needs related to implementing appropriate enablers and/or restraints. Posada Del Sol's senior management and medical director attribute much of the facility's success in restraint reduction—and ultimately restraint elimination—to its direct-care staff members.

## Results

Posada Del Sol started its restraint reduction journey with a restraint rate of 26.5 percent in Q3 2005. By Q4 2005, the rate reduced to 24.3 percent. In Q1 2006, the rate made a dramatic drop to 5.2 percent. In Q2 2006, the facility was restraint free! As of Q2 2007, the facility remains restraint free.

## *Advancing Excellence in America's Nursing Homes Campaign 18-Month Milestones*

As the campaign celebrates its 18-month anniversary, campaign leaders are reflecting on the many milestones that have been achieved, including:

- Creating an unprecedented broad-based coalition of 28 organizations.
- Recruiting more than 6,700 voluntary nursing home registrants (42 percent of all nursing homes in the U.S.).
- Attracting over 1,300 consumers to join the campaign.
- Establishing 50 Local Area Networks for Excellence that encompass hundreds of organizations and individuals working to make the campaign a success at state and local levels.
- Achieving at least 60 percent or greater registration of nursing homes in 11 states, with one state reaching 100 percent participation.
- Demonstrating the commitment of participating nursing homes to the campaign, with homes on average committing to 3.7 goals.
- Developing an informative Web site to foster, guide, and sustain continuous quality improvement programs at participating nursing homes.

For more information about the campaign, please visit <http://www.nhqualitycampaign.org>.

The topic of restraint reduction continues to be a journey toward improvement and excellence at Posada Del Sol. The success and lessons learned during this process demonstrates to all staff members, residents, family members, and visitors what one small but mighty not-for-profit, county-owned facility is capable of accomplishing!

To learn more about Posada Del Sol's restraint reduction journey, please feel free to contact Lee Westfall, RN, MSN, Quality Director, at 520.733.8809 or at [lee.westfall@pima.org](mailto:lee.westfall@pima.org).

## Progressing Toward the 9SoW

The Centers for Medicare & Medicaid Services (CMS) 8th Scope of Work (8SoW) has demonstrated significant successes in which Quality Improvement Organizations (QIOs—such as HSAG) around the country were effective as community leaders, successfully engaged important health care partners, and helped providers improve quality.

In particular, the QIO program was responsible for:

- Home health agencies setting improvement targets. Those agencies that set targets through the Setting Targets-Achieving Results (STAR) Web site experienced lower acute care hospitalization (ACH) rates than those that did not (29.81 percents vs. 34.94 percent).
- Success of the Home Health Quality Improvement National Campaign. Nearly two-thirds of the nation's home health agencies joined the campaign, and campaign participants improved ACH rates by 0.09 percent, whereas nonparticipants worsened by 1.1 percent.
- Sustaining Advancing Excellence in America's Nursing Homes Campaign. QIOs worked as community leaders with partner organizations to drive more than 6,700 nursing homes to join the voluntary campaign (the campaign is showing early success).
  - Participating homes that opted to work on pressure ulcer and restraint goals generally had lower rates than the norm at the outset, and are showing greater improvement.

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- As a result of the campaign, it is estimated that there are 3,238 fewer pressure ulcers, 4,419 fewer residents in daily restraints, and 3,797 fewer long-stay residents with pain.
- Participating nursing homes indicated that they undertook new quality improvement efforts due to the campaign (the QIO program’s emphasis on setting goals clearly had an impact).
- With Advancing Excellence evolving into a sustained effort, not a two-year campaign as initially planned, there will more opportunity for QIO impact.
- Nursing homes setting targets: nearly 10,000 nursing homes have established STAR accounts. In the six months ending January 2008, the STAR Web site had 8,000 hits per day, with an average of 20 page views per session.
- Reporting hospital quality data: in FY 2007, 94 percent of hospitals received their annual update for successfully reporting their hospital quality data, which are publicly reported on the CMS *Hospital Compare* Web site.
- Reducing avoidable hospitalizations among nursing home residents through a pilot project in Georgia.
- Successful beneficiary case review: QIO performance in the 8SoW shows 95 percent of case reviews were completed within CMS’ prescribed timeframes, 86 percent of beneficiaries surveyed said that they were satisfied with the case review/complaint process, and 62 percent of the cases reviewed in which the QIOs found a confirmed quality-of-care concern resulted in the initiation of a quality improvement activity to address the quality concern.

As we head down the road to the 9SoW, we will continue to share the QIO program’s many achievements, and those of the providers the program works to assist. We will also work to align our program messaging with broader CMS messaging and event opportunities. Program priorities—the 9SoW Themes of Beneficiary Protection, Patient Safety, Prevention, and Care Transitions—are in line with national CMS priorities.

As always, we look forward to working with you, our valued partners, to tell the story of the QIO program as we work together to improve the quality of America’s health care.

*Source: Barry M. Straube, MD, CMS Chief Medical Officer and Director, Office of Clinical Standards and Quality. March 2008. QIO News.*

## HSAG Nursing Home Team Contact Information

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