

Quality Counts

Arizona Nursing Home Quality Initiative

In This Issue

AHCA Presents	2
Reducing Medications	2
Ten Ways to Improve Your Pain QM Score	3
Pressure Ulcer Word Scramble	3
Healing From the Inside Out	4
Helpful Web Sites	4
HSAG Nursing Home Team Contacts	4

Change Ideas for Consistent Assignment

Infrastructure helpful to support change

When employees are not given consistent assignment they do not build relationships with their coworkers or with residents. This is difficult for both residents and staff, especially when most of the care being provided is intimate personal care —which residents do not like to have provided by strangers. In addition, when staff members are unfamiliar with each other it is harder for good teamwork to exist.

Consistent assignment, however, fosters stability. Call-outs and turn-overs are reduced when meaningful relationships develop in which workers know they are being counted on and respond by making sure that the care that is needed is given. The goals of consistent assignment are to strengthen and honor caregiving relationships, stabilize staffing, and establish strong relationships between residents and staff and among coworkers to provide continuity, consistency, and familiarity in caregiving.

Change ideas

- Make a mutual commitment to consistent assignment. For staff that commit to a certain set schedule, commit back that they can count on that schedule.

(Continued on page 2)

CMS Open Door Forum

The next CMS Skilled Nursing Facility/Long-Term Care Open Door Forum is Thursday, January 4. Visit http://www.cms.hhs.gov/OpenDoorForums/25_ODF_SNFLTC.asp for more information.

Happy Holidays From the Staff at HSAG!



We wish each and every one of you a very happy and healthy holiday season!

We appreciate all of your efforts and look forward to working with all of you in 2007!

- Find out from staff members what their preferred schedule and assignments are. Create teams that regularly work together.
- Ask teams to work with each other to provide back-ups and substitutes for when they need to change their schedules.
- Find out who on staff enjoys floating or prefers various assignments rather than destabilizing the whole staff by making everyone float.
- Have inter-staff communication among all staff from each work area to share personal information about how each resident did for the day. This ensures a smooth handoff.
- Figure out when the busiest times are in accordance with the residents' patterns and adjust schedules to have the help that is needed during those times.

Source: Lumetra, California's Medicare QIO, 2006.

AHCA Presents . . .

Newly revised pharmacy guidelines event

This presentation will provide an overview of the changes to the State Operations Manual, Guidance to Surveyors, in the realm of pharmacy services **that become effective on December 18, 2006.**

The event will include a discussion of key impact points affecting long-term care facilities, physicians, nurses, and pharmacists.

WHEN: Thursday, December 7, 2006, from 11:00 a.m. to 2:00 p.m. at the Embassy Suites, 2577 W. Greenway Road, Phoenix, AZ (southeast corner of I-17 and Greenway.

\$25.00/person for AHCA members

\$50.00/person for non-AHCA members

Call AHCA at 602.265.5331 for more information. Three CEUs have been applied for through the NCIA Board for Administrators and Assisted Living Managers.

Reducing Medications

Save time and improve care

The med pass is a labor-intensive activity that consumes a good part of a nurse's day. A number of homes have reduced their med pass and found that, in doing so, they are more able to individualize care for residents. Here are some tips from their experiences.

- **Times of med pass**

Are you doing the med pass while meals are being served? Try changing your med pass times. One home changed its med pass times to 10 a.m. and 2 p.m., which freed up nurses to help out with other care responsibilities during busy meal times.

- **One-a-days**

Give the once-a-day pills on the evening shift or another time that is less busy. This frees up time during the most hectic part of the day.

- **T.I.Ds to B.I.Ds**

Some meds that are currently prescribed for three times a day can easily be given two times a day without any negative outcomes.

- **Discontinue unnecessary meds**

Many residents are taking too many medications. They may be taking vitamins or other supplements that they cannot absorb. One home that reviewed its residents' medications found that 40 percent of what was being given could be easily eliminated.

- **Waking people up for meds**

Reevaluate timing of any meds that residents are currently being awakened to receive. Change med times, if possible, so that they are given before sleep or as the residents wake up.

Several homes implemented a process for change that involved collaboration with nurses, a consultant pharmacist, and a medical director. The process included:

1. Creating a chart with each resident's meds by time of day.

2. Identifying meds that should be discontinued and changing the orders.
3. Identifying meds that can be given fewer times a day and changing orders.
4. Redistributing meds so they are given at a time that works well for the resident and staff members. Change policies to allow for a wide time range for administration of meds.

Source: Barbara Frank, B & F Consulting, December 2005. Based on consultation with Anna Ortigara, Life Services Network, for use by the Louisiana Long-Term Care Stakeholders.

Ten Ways to Improve Your Pain QM Score

1. Pain is everyone's responsibility

Educate everyone (staff members, residents, family members, volunteers) to consider every resident for risk of pain. Learn to recognize pain and know the process to report pain.

2. Start an interdisciplinary pain team

Include a member from every department at every level to facilitate a comprehensive, aggressive pain program.

3. Make pain the 5th vital sign

Screen for pain daily, upon admission, with every

MDS, and with any change in behavior or condition. Be sure to ask questions using various synonyms for pain, such as discomfort or aching.

4. Use a consistent pain assessment scale

Use a scale that addresses location, intensity, duration, what improves and worsens pain, and response to any treatment. Document and communicate your findings consistently.

5. Know your residents

Observe and document baseline behaviors in every resident, including the cognitively impaired.

6. Review PRN pain management usage

Review PRN pain management usage for each resident and change to a regularly scheduled medication when there is a pattern of consistent PRN pain management usage.

7. Prevent pain or reduce pain by administering pain medication before activities, therapy, and treatments

Remember, coding for pain on the MDS should not be automatic when medications are given to prevent pain rather than waiting for the resident to complain of pain.

8. Learn what pharmacological and non-pharmacological pain treatments work for each resident

Non-pharmacological treatments—such as range-of-motion exercises, heat therapy, whirlpool, and art/music therapy—may reduce the dosage or frequency of pharmacological pain treatments.

9. Consult with physician, resident, family, and staff members

Consult with all individuals involved in each resident's care in pain management and care planning. Make sure to monitor, evaluate, and document the effects of the pain interventions.

10. Use best practices in pain management

Contact Joe Bestic at Health Services Advisory Group (HSAG) for information on best practices and other available resources.

Source: Ohio Kepro, 2006.

Pressure Ulcer Word Scramble

Copy this word scramble for staff members and give them 5–10 minutes to complete it. Unscramble the items to identify a word from the pressure ulcer module. Answers in next month's newsletter!

- ssreupre _____
- rcule _____
- ftoicrni _____
- rahse _____
- ionnturi _____
- gnigast _____
- zise _____
- nairdeag _____
- doro _____
- nigopsiotin _____

Healing From the Inside Out

Suggestions to improve the nutritional status of long-term care residents

Undernutrition and protein-energy malnutrition are seen at alarmingly high rates in institutionalized elderly and in patients admitted to hospitals. A combination of immobility, loss of lean body mass, and immune system challenges increases the risk of pressure ulcers by 74 percent. Practical suggestions to improve the nutritional status of residents include:

- Liberalizing previous diet restrictions, where safe and appropriate.
- Addressing impairments to dentition and swallowing.
- Addressing physical and/or cognitive deficits.
- Encouraging family and friends to provide favorite foods.
- Auditing/addressing specific food underconsumption.
- Providing prudent nutrient supplementation.

Clinicians must be aware of the numerous factors that play a role with regard to nutrition and its impact, not only on general well being, but also on wound care.

Source: www.pubmed.gov. "Malnutrition in the Institutionalized Elderly: The Effects on Wound Healing." CL Harris & C Frazer.

Helpful Web Sites

<http://www.nhqi-star.org>

Set quality measure targets for high-risk pressure ulcers, physical restraints, depression, and chronic-care pain.

<http://www.qualitynet.org>

Download the new Nursing Home Improvement and Feedback Tool (NHIFT) software *free of charge*.

<http://www.medqic.org>

The Medicare quality improvement community.

<http://nhqi.hsag.com>

The Arizona Nursing Home Quality Initiative, hosted by HSAG.

<http://www.nhqualitycampaign.org>

Advancing Excellence in America's Nursing Homes campaign Web site.

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