

# Quality Counts

Arizona Nursing Home Quality Initiative

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## ADHS Tip of the Month

### CMS RAI Version 2.0 Manual, Chapter 3: MDS Items [J]

#### J2. Pain Symptoms (7-day look back)

**Intent:** To record the **frequency and intensity** of signs and symptoms of pain. For care planning purposes, this item can be used to identify indicators of pain, as well as to monitor the resident's response to pain management interventions.

**MDS 2.0 only captures pain symptoms.** Documentation of pain management/interventions is recorded elsewhere in the resident's clinical record, such as in the nurse's notes, progress notes, medication records, and care plans.

The Centers for Medicare & Medicaid Services anticipates that most residents on pain management measures will have some level of breakthrough pain during the 7-day assessment period that should then be coded on the MDS. For example, if through assessment or clinical record review you note that the resident has received pain medications or other pain relief measures, investigate the pain need and capture the pain event on the MDS. However, if the resident does not experience ANY breakthrough pain in the 7-day assessment, the assessor would indeed code "0"—no pain.

*(Continued on page 2)*

## CMS Open Door Forum

The encore presentation of the January 9 CMS Skilled Nursing Facility/Long-Term Care Open Door Forum is available by dialing 1.800.642.1687 and entering Conference ID 9382153.

## Medicare Beneficiary Appeals Forms

Having trouble finding the proper Medicare beneficiary appeals rights forms for your nursing home? Look no further. Visit [http://www.cms.hhs.gov/bni/06\\_ffsednotices.asp](http://www.cms.hhs.gov/bni/06_ffsednotices.asp) to access and download the forms in PDF format.

If you have any questions regarding the Medicare Fee-For-Service or Medicare+Choice Fast Track Appeals Process, please call the Health Services Advisory Group (HSAG) Medicare Beneficiary Line at 1.800.359.9909.

Remember that the assessment covers a 7-day period and should reflect the highest level of pain reported by any staff member, not just the assessment of the professional completing the MDS.

Source: CMS RAI Version 2.0 Manual, Ch 3: MDS Items [J]

## SNF Qualifying Hospital Stay Clarification

Centers for Medicare & Medicaid Services (CMS) Transmittal 57 clarifies that the time patients spend in observation status or in the emergency room before an inpatient admission does not count toward the three-day hospital stay necessary to qualify for a SNF admission.

To read CMS Transmittal 57 in its entirety, please visit <http://www.cms.hhs.gov/transmittals/downloads/R57BP.pdf>.

## Upcoming AHCA Events

### **Implementing the Provisions of the Deficit Reduction Act (DRA)**

January 26, 2007, at the Embassy Suites at 2577 W. Greenway, Phoenix, AZ 85023  
9:00 a.m. to 3:00 p.m.

### **How to Apply for a Step 1 Quality Award**

January 31, 2007, at the Arizona Health Care Association at 5020 N. 8th place, Suite A, Phoenix, AZ 85014  
9:00 to 11:00 a.m.

### **Conquer Stress: Don't Burn Out, Burn ON Lori Porter Training—two locations**

February 13, 2007, at the Viscount Suites at 4855 E. Broadway, Tucson, AZ 85711  
9:00 a.m. to noon

February 16, 2007, at the Embassy Suites at 2577 W. Greenway, Phoenix, AZ 85023  
9:00 a.m. to noon

Please contact John Linda, Director of Member Services, at 602.265.5331 or at [johnlinda@azhca.org](mailto:johnlinda@azhca.org), for more information.

## Survey Protocol Changes

Recent revisions of Appendix P (Survey Protocol for LTC Facilities) and Appendix PP (Guidance to Surveyors for LTC Facilities) of the SOM is now available from the Centers for Medicare & Medicaid Services Web site. Revisions were effective December 18, 2006. Please see the summary of revisions below.

### Appendix P Revisions

Task 5 (Information Gathering)  
Sub-Task 5A (General Observations of the Facility)  
Sub-Task 5C (Resident Review)  
Sub-Task 5E (Medication Pass and Pharmacy Services)

### Appendix PP Revisions

Regulatory text: Tag F329—Unnecessary Drugs §483.25(1)

Regulatory text: Tag F330—Anti-Psychotic Drugs §483.60(c)(2)

Regulatory text: Tag F331—Anti-Psychotic Drugs §483.60(d) (Combined into Tag F329)

Regulatory text: Tag F425—Pharmacy Services §483.60(a) & (b)(1)

Regulatory text: Tag F426—Procedures §483.60(a)

Regulatory text: Part of Tag F427—Service Consultation §483.60(b) (Combined into Tag F425)

Regulatory text: Tags F428—Drug Regimen Review §483.60(c)(1) & (2), F429—Drug Regimen Review §483.60(c)(2), and F430—Drug Regimen Review §483.60(c)(2) (Combined into Tag F428)

Regulatory text: Tags F431—Labeling of Drugs and Biologicals and Storage of Drugs and Biologicals §483.60(d) & (e), F432 §483.60(e)—Funding: Medicare contractors, and part of the regulatory text at F427—Service Consultation Appendix R (Combined into Tag 431)

Note that there are significant differences between the final versions of Appendix P and Appendix PP. The advance copy of F-Tag 329 that was posted on the survey-cert letter Web page in September 2006 had significant changes, especially under the “V. Tampering of a Medication Dose/Gradual Dose Reduction (GDR).” To this end, facilities that downloaded the F-Tag for Unnecessary Medications back in September should discard that information and use these final versions.

In addition to the revisions listed and summarized above, the entire interpretive guidelines for all of the combined tags have been revised. To view more detailed information on these revisions, visit <http://www.cms.hhs.gov/transmittals/downloads/R22SOMA.pdf>.

## CMS Publishes Final Patients’ Rights Rule on Use of Restraints and Seclusion in Hospitals

Health care workers who employ physical restraints and seclusion when treating patients must undergo new, more rigorous training to assure the appropriateness of the treatment and to protect patient rights,

### **Study Examines Nursing Home Fines and State Use of Funds**

A Commonwealth Fund supported study, titled “The Collection and Use of Funds from Civil Money Penalties and Fines from Nursing Homes,” examines the amount of fines collected from nursing homes and the ways in which states have used these funds.

According to the study, out of \$61 million in collected penalties from 1999–2005, 32 states spent \$28 million on projects to relocate residents, train employees, and explore opportunities to promote resident-centered care, among other reforms.

To read the article, please visit [http://www.cmwf.org/publications/publications\\_show.htm?doc\\_id=436231](http://www.cmwf.org/publications/publications_show.htm?doc_id=436231).

Source: *The Gerontologist*, December 2006.

according to a recent regulation published in the *Federal Register* by the Centers for Medicare & Medicaid Services (CMS).

The patients’ rights regulations set forth—as a condition of participation (CoP) in the Medicare and Medicaid programs—include the expectation that health care facilities will protect the rights of patients. These protections are part of Medicare’s revised CoP requirements that hospitals must meet. The requirements apply to all participating hospitals—including short-term, psychiatric, rehabilitation, long-term, children’s, as well as alcohol/drug treatment facilities.

CMS recently required that a patient be evaluated “face-to-face” within an hour of being restrained or scheduled for the management of violent or self-destructive behavior. Prior to this rule, these actions had to be reviewed within that hour by a physician or “other licensed independent practitioner (LIP).” The new rule expands the list to include a trained registered nurse (RN) or physician assistant (PA).

The rule requires, however, that when an RN or PA performs the one-hour rule evaluation, the physician or other LIP treating the patient be consulted as soon as possible.

Under the new regulations, hospitals must provide the patient or family member with a formal notice of their rights at the time of admission. These rights include freedom from restraints and seclusion in any form when used as a means of coercion, discipline, convenience for the staff, or retaliation.

Stricter standards for when a health care facility must report the death of a patient associated with the use of restraints and seclusion have also been adopted with this rule.

The regulation will become effective on February 6 of this year. To read the regulation in its entirety, please visit <http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-9559.pdf>.

## STAR Nursing Homes Do Better

### National findings from the first year of STAR

During the first year of the Centers for Medicare & Medicaid Services (CMS) 8th Scope of Work, 6,982 nursing homes (43 percent) nationally set targets for the high-risk pressure ulcer and physical restraints quality measures using the Setting Targets-Achieving Results (STAR) Web site. Analyses are based on performance of the quality measures between the baseline quarter of Q2 2005 and Q2 2006—the most recently available data to date.

- On average, when compared to nursing homes that did **not** set targets, nursing homes that set targets showed nearly twice as much improvement for high-risk pressure ulcers and physical restraints.

When the targets set were **aggressive**, nursing homes showed 10 times as much improvement for high-risk pressure ulcers and two times as much improvement in physical restraints.

- On average, as of Q2 2006, nursing homes that set high-risk pressure ulcer quality measure targets on STAR achieved approximately 40 percent of their goal.

On average, as of Q2 2006, nursing homes that set physical restraint quality measure targets on STAR achieved approximately 58 percent of their goal.

## 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.

<http://www.commonwealthfund.org>

A private foundation working toward a high-performance health system.

## HSAG Nursing Home Team Contact Information

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