

Quality Counts

Arizona Nursing Home Quality Initiative

In This Issue

Influenza Vaccine Update	2
Artifacts of Culture Change	2
Validation of the 5-Item GDS in Elderly Subjects in Three Different Settings.	2
EPA Guidance on Excessive Heat.	3
RAI Tip of the Month	3
Considerations for a Successful Pain Management Program.	4
Helpful Web Sites	4
HSAG Nursing Home Contacts	4

Restraint Management Tips

The topic of restraint management and reduction can be very challenging, so we at Health Services Advisory Group (HSAG) wanted to take this opportunity to pass along some helpful tips to consider as you move toward a “restraint-free” environment:

- **Assess Your Environment:** Run a current copy of your QI/QM Package Reports from CASPER. These reports will allow you to compare your restraint percentage rate to that of the state and nation. Additionally, the Resident Level QI/QM Report: Chronic Care Sample, will indicate which residents triggered on the Facility QI/QM Report for the use of a restraint.
- **Interdisciplinary Systematic Reduction:** Discuss and document your efforts to continue to provide the least-restraining environment for the resident. Many nursing homes meet weekly to discuss each restrained resident, the effects of the intervention, and ways to reduce or eliminate the device. High-performing nursing homes in the area of restraint management truly embrace this effort versus it being a paper compliance activity. Furthermore, systematic reduction can be done, similar to weening a resident from a ventilator. Many nursing homes successful in restraint reduction/elimination started their efforts in one- and two-hour increments, building not only the confidence level of the resident, but the direct-care staff as well.

(Continued on page 2)

Quote of the Month

Absolute liberty is absense of restraint; responsibility is restraint; therefore, the ideally free individual is responsible to himself.

-Henry Brook Adams

Arizona Health Care Association (AHCA) Annual Conference and Trade Show

“Celebrating What’s Right in Long Term Care”

August 22–24

Doubletree Paradise Valley Resort

Visit <http://www.azhca.org> or call 602.265.5331 for more information.

- **Education:** Educate new hires, prospective residents, discharge planners, and physicians about your “restraint-free” environment. Create an educational binder of information related to the dangers of restraint usage and place it by your survey results. To build your resource binder, simply type in “restraints” in a Google search, and you will be surprised by the amount of resources available.
- **Removal:** Simply put, out-of-sight, out-of-mind. Nursing homes—in their quest for a “restraint-free” environment—have gone to the extreme of physically removing these devices from the premises. This is one way of assuring that a previously discontinued lap buddy will not reappear over a given weekend.

For free-domain resources related to the management of restraints, visit <http://www.medqic.org>.

Influenza Vaccine Update

Two new sets of questions and answers (Q & As) related to influenza vaccine/vaccination have recently been posted on the Centers for Disease Control’s (CDC’s) Web site.

The first set of Q & As provides information on the vaccine supply for the 2006–07 influenza season and can be found by visiting <http://www.cdc.gov/flu/about/qa/vaxprioritygroups.htm>.

The second set of Q & As provides general information on influenza vaccine production, supply, and distribution in the United States and can be found by

Marianne Canady Retires

After eight years at HSAG, Marianne Canady is retiring. Marianne has most recently served as the Director of Home Health Quality and will be greatly missed. Her commitment to quality improvement will have a lasting impression on all of us.

Andrea Silvey, PhD, MS, will serve as the Acting Director, Home Health Quality.

visiting <http://www.cdc.gov/flu/about/qa/vaxsupply.htm>.

Source: Jeanne M. Santoli, MD, MPH, Deputy Director, Immunization Services Division, National Center for Immunization and Respiratory Diseases, CDC.

Artifacts of Culture Change

On April 21, the Centers for Medicare & Medicaid (CMS) Division of Nursing Homes released a report titled “Development of the Artifacts of Culture Change Tool.” The report describes the results of a CMS project aimed at developing a self-evaluation questionnaire for nursing homes to use to determine how they compare to culture change innovator nursing homes.

The Artifacts of Culture Change Tool is a self-scoring questionnaire containing 79 items for which a nursing home can rate itself in comparison to a set of concrete changes that culture-changing nursing homes have made. The report and tool are available on the CMS Sharing Innovations in Quality Web site, <http://siq.air.org>, in the Culture Change topic area.

For more information, contact Karen Schoeneman at karen.schoeneman@cms.hhs.gov.

Source: Cindy Graunke, CMS

Validation of the 5-Item GDS in Elderly Subjects in Three Different Settings

An article, originally appearing in the *Journal of the American Geriatrics Society* in May 2003, compared the effectiveness of the 5-Item Geriatric Depression Scale (GDS) to the 15-Item GDS. The peer-review article concluded that the 5-Item GDS was as effective as the 15-Item GDS for the screening of depression in cognitively intact older subjects.

The abstract can be viewed at: <http://www.blackwell-synergy.com/doi/abs/10.1034/j.1600-0579.2003.00216.x?journalCode=jgs>.

EPA Guidance on Excessive Heat

The Environmental Protection Agency (EPA) has recently worked with federal, state, local, and academic partners to develop guidance to assist communities in preparing for, and responding to, excessive heat events. As a result, The Excessive Heat Events Guidebook was created.

The Guidebook provides information for health and public safety officials with information they need to develop criteria to forecast extreme heat events, as well as extreme heat event notification and response actions.

A copy of the Guidebook can be downloaded at http://www.epa.gov/aging/resources/epareports.htm-ehe_hw. A Guidebook in Brief is also available on this Web site that summarizes key messages.

This Guidebook is useful in preparing for, and responding to, excessive heat in your communities. Heat-related deaths are preventable, and by working together, we can save lives by proactively addressing

the risks of excessive heat.

In addition, a fact sheet and posters are available, at no cost, that discuss extreme heat events and provide tips on how to stay cool for the summer. You can request copies of these materials by visiting aging.info@epa.gov.

To download a copy of the fact sheet titled “It’s Too Darn Hot: Planning for Excessive Heat Events,” visit <http://www.epa.gov/aging/resources/factsheets.htm-itstoodarnhot>. To download the poster titled “Beat the Heat,” visit http://www.epa.gov/aging/pdfs/2005_1006_beattheheat.pdf.

Source: <http://www.epa.gov>

RAI Tip of the Month:

The Assessment Reference Date (ARD) (A3a)

The intent of the ARD is to establish a common reference point for all staff participating in the resident’s assessment. This date refers to a specific end-point for a common observation period, usually a 7-day period, but can include a 14-day or 30-day period depending on the MDS item being coded.

The ARD controls what care and services are captured on the MDS assessment. The look-back window for each assessment ends on the ADR and includes that date. Therefore, if a resident had a change in their condition, or the event on the ADR, the assessment should include that event. Clinicians completing the MDS should assure that they are including the whole look-back period, including the ADR, to capture care and services for coding.

While it is entirely appropriate to begin the assessment prior to the ARD, in most cases, it would be most appropriate to complete the assessment after the ARD, to assure that all pertinent resident data is captured.

Source: *Source: Sylvia Balistreri, RN, BSN, ADHS Program Manager*

CMS Nursing Home Open Door Fourm

July 18 from 11:00 a.m. to 12:30 p.m.

Dial: 1.800.837.1935

Conference ID: 8268609

The “Open Door Forums” provide an opportunity for live dialogue between CMS and the provider community at large, in order to understand and then help find solutions to contemporary program issues.

The forums also proactively engage beneficiary advocates in discussions of the opportunities and challenges associated with supporting access, improving medical outcomes, lowering costs, and improving quality within our programs.

Considerations for a Successful Pain Management Program

1. Was the resident screened for pain within 24 hours of admission?
2. Items to consider in your resident pain assessment within 24 hours of admission:
 - Documentation of what improves and what worsens pain
 - Effects of medication documented
 - Effects of pain on activities of daily living
 - Frequency, intensity, and location of pain documented
3. Does your plan of care explore nonpharmacological interventions (i.e., aromatherapy, hobbies, massages, etc)?
4. Was the plan of care put into place within 24–48 hours of admission?

Source: *Nursing Home Improvement Feedback Tool (NHIFT)*

Helpful Web Sites

<http://nhqi-star.org>

Set QM 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://www.pioneerexchange.org>

Learn about nursing home culture change efforts nationwide

HSAG Nursing Home Team Contact Information

Mary Fermazin, MD, MPA Vice President, Health Policy & Quality Measurement mfermazin@hsag.com 602.745.6207	Joe Bestic, NHA, BA Director, Nursing Homes jbestic@azqio.sdps.org 602.745.6205	Marcia Kooiman, RN Clinical Quality Specialist mkooiman@azqio.sdps.org 602.308.7191
Dawn Holata, BS Communications Project Manager dholata@azqio.sdps.org 602.745.6316	Colleen Angotti Administrative Assistant II cangotti@azqio.sdps.org 602.745.6295	Nursing Home Quality Improvement Web Site http://nhqi.hsag.com

This material was prepared by Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.