

Quality Counts

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Arizona Nursing Home Quality Initiative

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Valuable Nursing Home Workgroup Materials Now Online!

Health Services Advisory Group (HSAG) hosted an Arizona Nursing Home Workgroup on May 24 for over 27 nursing homes participating in the Centers for Medicare & Medicaid Services 8th Scope of Work projects.

Attendees received a status report on current nursing home quality initiatives in Arizona, including Setting Targets-Achieving Results (STAR) goal setting, CNA turnover rates, and satisfaction survey aggregate findings. Other meeting highlights included navigating the QualityNet-based Nursing Home Improvement Feedback Tool (NHIFT) software program, process sharing, understanding fast-track appeals, and learning about the common-sense management of pain.

You can now download and view these valuable meeting materials by visiting

http://nhqi.hsag.com/nhworkgroup_materials_may06.asp.

Meet HSAG's New Nursing Home Clinical Quality Specialist!

Marcia Kooiman, RN, comes to us with over 30 years of experience in long-term care, home health, and independent living.

Please help us welcome her to HSAG!

Marcia can be reached at mkooiman@azqio.sdps.org or 602.308.7191.

Issuance of the New Psychosocial Outcome Severity Guidance

New guidance for long-term care surveyors regarding the Psychosocial Outcome Severity Guide became available on June 8. While there are no F-Tags associated with the Guide, surveyors are instructed to look at how all potential deficient practices affect the psychosocial well-being of the resident.

For training slides and other information, please visit <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=4&sortOrder=ascending&itemID=CMS059716>.

Ten Commandments of Wound Care

Keep these rules in mind when dealing with wound care issues in your facility. Together, we can help reduce pressure ulcer rates in Arizona.

Thou shall:

1. Not use donuts or egg crates.
2. Not use Betadine in wounds.
3. Not massage bony prominences.
4. Turn residents at least every two hours.
5. Observe the 30-degree rule.
6. Keep heels off the bed.
7. Maintain continence and keep skin dry and moisturized.
8. Closely monitor residents' nutritional intake.
9. Use moist wound healing in the treatment of all wounds.
10. Educate residents and families in wound care.

New QualityNet Web Site Launches

CMS has recently completed the transition between QNetExchange.org and <http://www.qualitynet.org/>. This is the new public home page for providers and Quality Improvement Organizations involved in data collection, validation, and reporting (which includes NHIFT). If you have any bookmarks, favorites, or desktop icons containing the old URL, please change the Web site address to the URL listed above.

If you have questions regarding this transition, please feel free to contact Joe Bestic, NHA, BA, HSAG Director, Nursing Homes, at 602.745.6205 or jbestic@azqio.sdps.org.

Update Your Contact information

HSAG wishes to direct calls and mail to the appropriate person at your nursing home. Please keep us updated by sharing administrator, DON, medical director, and other important contact names, e-mail addresses, phone numbers, and mailing addresses with Colleen Angotti at cangotti@azqio.sdps.org or 602.745.6295.

NOTE: This is the last *Quality Counts* newsletter that will be sent via fax. Starting in July, *Quality Counts* distribution will be sent exclusively via e-mail. If you're not receiving this in your e-mail inbox, but would like to, please contact Colleen and update her with your e-mail contact information.

Countdown Begins—Get Your NPI!

CMS Notification:

There is less than one year left! Don't risk disruption to your cash flow—get your NPI now.

National Provider Identifiers (NPIs) will be required on electronic claims sent on and after May 23, 2007. Every health care provider should obtain an NPI as soon as possible.

Getting your NPI is the first step in the process of meeting the compliance date. Once you have your NPI, you may need to modify your existing business processes to accommodate use of the NPI. You will also need to share your NPI with other health care providers with whom you do business.

Learn more about NPI and how to apply by visiting <http://www.cms.hhs.gov/NationalProviderStand/>.

That page also contains a section for Medicare Fee-For-Service (FFS) providers with helpful information on Medicare NPI implementation.

DAVE Part 2

During the June 6 SNF/Long-Term Care Open Door Forum provided by CMS, ABT Associates—the contractor for the Data Assessment Verification project (DAVE 2)—reported that DAVE staff have recently visited randomly selected nursing facilities in Arizona, California, Indiana, Massachusetts, New Jersey, New York, Ohio, Virginia, and Tennessee.

During these on-site visits, a two-person nurse team spends about three days at a selected facility conducting a medical records audit and examining recent MDS assessments. Results are discussed with facility staff and education in MDS coding is provided. Facilities may also be referred to their state RAI coordinators for further information.

ABT Associates representatives pointed out that DAVE 2 is focused primarily on assessing data accuracy; it is not a payment review. This focus is in contrast to the first DAVE project, which did aim to recoup payments from facilities with significant coding inaccuracies.

Data is not yet available from the project, but initial findings will be shared with the long-term-care community. Additionally, the project will generate educational materials to help facilities improve their data accuracy. The project will also launch a Web site that can be accessed via CMS' Nursing Home Quality Initiative home page at <http://www.cms.hhs.gov/NursingHomeQuality/nits/>.

A DAVE 2 fact sheet is available at <http://www.cms.hhs.gov/NursingHomeQuality/nits/Downloads/MDS20DAVE2FactSheet.pdf>.

Source: Annie Rahman, Principal Editor, UCLA/JHA Borun Center for Gerontological Research, <http://borun.medsch.ucla.edu/>.

RAI Tip of the Month: A Look At Physical Restraints

A Look at Physical Restraints—Section P4

Remember that the intent of Section P4 is to evaluate whether or not a device meets the definition of a physical restraint, and then to code only those devices categorized in section P4 that have the effect of restraining the resident.

Devices noted in section P4 can have the effect of restraining some residents and not others. The assessor should not focus on the intent or reason behind the use of the device but on the effect the device has on the resident.

The RAI Manual for Section P4—Pages 3-198 to 3-202 gives guidance on how to code restraints and side rails. The guidance also provides the reader with information on the dangers of restraint use, especially for the cognitively impaired, and addresses the risks of side-rail use for residents who are immobile.

Another resource is Appendix PP—the Federal guidelines. Under 483.13 Resident Behavior and Facility Practices, physical restraints are addressed at F-Tag 221. Pages PP-44 to PP-47.1 provide the reader with information on restraint use including addressing what a medical symptom is, defining convenience, addressing care plans, and providing a systematic approach to restraint use.

The available body of knowledge regarding the risks of restraint use is growing. Be sure your facility has carefully weighed the risks and is following guidelines.

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

