

# Quality Counts

Arizona Nursing Home Quality Initiative

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## Successful Pain Management Programs

The management of pain has long been a quality measure of focus for the Centers for Medicare & Medicaid Services (CMS), as well as for the entire medical community. Listed below are things to consider when reviewing your pain management process of care.

- Was the resident screened for pain at the time of admission using a 1–10 scale, Wong-Baker Faces scale, etc.?
- Items to consider in your resident pain assessment within 24 hours of admission:
  - Documentation of what improves and what worsens pain
  - Effects of documented medication (on pain management flow sheet)
  - Effects of pain on activities of daily living
  - Frequency, intensity, and location of documented pain
- Was a plan of care put into place to address pain within 24–48 hours of admission?
- Does your plan of care explore nonpharmacological interventions (e.g., aromatherapy, hobbies, massages, etc.)?

Remember, it can be argued that your quality measure outcomes are simply the way your residents respond to the processes of care established in your nursing home. Are you getting the response you want?

### CMS Open Door Forum

The next CMS Skilled Nursing Facility/ Long-Term Care Open Door Forum is scheduled for June 21.

For more information and to register to receive updates, please visit [http://www.cms.hhs.gov/OpenDoorForums/25\\_ODF\\_SNFLTC.asp](http://www.cms.hhs.gov/OpenDoorForums/25_ODF_SNFLTC.asp).

### Medicare Appeals: Provider Information

To view HSAG's new Medicare provider Web page that contains information about fee-for-service and Medicare Advantage benefits, visit <http://www.hsag.com/providers>.

The page contains information on:

- The beneficiary notices initiative (BNI).
- Managed care appeals and grievances.
- Sample notice forms (downloadable).
- The *Federal Register* BIPA regulation.

## Advancing Collaboration Across the Continuum of Care

In lieu of hosting a summer Arizona Nursing Home Work Group Meeting, HSAG is encouraging nursing homes, hospitals, and home health agencies to attend the following summit:

### *2007 Reducing Restraints Summit*

Wednesday, June 27

Desert Willow Conference Center  
4340 E. Cotton Center Blvd., Phoenix, AZ 85040

For registration information, visit

<http://www.signup4.net/Public/ap.aspx?EID=THEN38E>.

The Summit is approved by the Arizona Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers for 4.5 CEUs. For more information and alternate registration options, call 602.445.4300.

### Why Screen for Depression?

Depression remains substantially underdiagnosed and undertreated in nursing home residents. Suggested strategies to improve diagnosis and management of depression among residents includes:

- Educational interventions with nursing home staff to improve staff knowledge.
- Quarterly administration of the Minimum Data Set (MDS) assessment instrument.

While the MDS may be useful for identifying residents that demonstrate certain symptoms consistent with depression, it is not effective alone as a screening instrument. The Resident Assessment Protocols (RAPs) are problem-oriented frameworks for additional assessment based on problem identification items. The RAP guidelines provide guidance on how to synthesize screening and assessment information within a comprehensive evaluation.

For more information on depression screening, visit <http://medqic.org/dcs/ContentServer?cid=1109948315691&pagename=Medqic%2FContent%2FParentShellTemplate&parentName=Topic&c=MQParents>.

## New NPUAP Pressure Ulcer Staging Guidelines

The National Pressure Ulcer Advisory Panel (NPUAP) recently revised its guidelines for pressure ulcer stages. The updates are highlighted below.

### *(Suspected) Deep Tissue Injury*

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler as compared to adjacent tissue.

Further description: Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid, exposing additional layers of tissue even with optimal treatment.

### *Stage I*

Intact skin with nonblanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Further description: The area may be painful, firm, soft, warmer, or cooler as compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate “at risk” persons (a heralding sign of risk).

### *Stage II*

Partial thickness loss of dermis presenting as a shallow, open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Further description: Presents as a shiny or dry, shallow ulcer without slough or bruising.\* This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration, or excoriation.

\**Bruising indicates suspected deep-tissue injury.*

## Stage III

Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle are not exposed. Slough may be present, but does not obscure the depth of tissue loss. May include undermining and tunneling.

Further description: The depth of a stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput, and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

## Stage IV

Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunnelling.

Further description: The depth of a stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput, and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting

structures (e.g., fascia, tendon, or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.

## Unstageable

Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.

Further description: Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as “the body’s natural (biological) cover” and should not be removed.

Note: This staging system should be used only to describe pressure ulcers. Wounds from other causes, such as arterial, venous, diabetic foot, skin tears, tape burns, perineal dermatitis, maceration, or excoriation should not be staged using this system. Other staging systems exist for some of these common conditions and should be used instead.

Source: [http://www.npuap.org/documents/PU\\_Definition\\_Stages.pdf](http://www.npuap.org/documents/PU_Definition_Stages.pdf).

## Upcoming Events

### *2007 Reducing Restraints Summit*

June 27, 2007

Desert Willow Conference Center

4040 E. Cotton Center Blvd., Phoenix, AZ 85040

Visit <http://www.signup4.net/Public/ap.aspx?EID=THEN38E> for registration information.

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

August 28–30, 2007

DoubleTree Paradise Valley Resort

5401 N. Scottsdale Road, Scottsdale, AZ 85250

More information will be available on <http://www.azhca.org> in the near future.

## Nursing Home Quality Campaign Update

### *Campaign celebrates success in numbers*

More than 5,000 Medicare/Medicaid nursing homes have joined the *Advancing Excellence in America’s Nursing Homes* campaign to date. This number represents over 33 percent of nursing homes nationwide.

Campaign participants have committed to work on at least three of the campaign’s eight measurable clinical quality and organizational goals to improve their quality of care. Below is a list of the goals and the percentage of nursing homes nationwide that have selected each goal:

1. Reducing high-risk pressure ulcers—68 percent
2. Reducing the use of daily physical restraints—42 percent

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3. Improving pain management for longer term nursing home residents—53 percent
4. Improving pain management for short-stay, post-acute nursing home residents—40 percent
5. Establishing individual targets for improving quality—29 percent
6. Assessing resident and family satisfaction with the quality of care—65 percent
7. Increasing staff retention—39 percent
6. Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers—31 percent

### Arizona numbers

Sixty-five Arizona nursing homes are currently registered in the campaign, which represents 48 percent of nursing homes in the state. The top three selected campaign goals for Arizona nursing homes include:

1. Reducing the use of daily physical restraints.
2. Improving pain management for longer term nursing home residents.
3. Improving pain management for short-stay, post acute nursing home residents.

To learn more about the campaign and to register, please visit <http://www.nhqualitycampaign.org>.

Source: <http://www.nhqualitycampaign.org>.

### Best Practices in Pain Management

- Educate staff/family members to recognize pain.
- Screen for pain:
  - At the time of admission.
  - With every MDS.
  - With a change in condition.
- Document baseline behaviors in the cognitively impaired.
- Use a comprehensive assessment that includes:
  - Location.
  - Intensity.
  - Duration.
  - What improves and exacerbates pain.
  - Response to the intervention.
- Use a consistent pain scale.
- Address pain in the plan of care.
  - Include nondrug treatments/interventions.
  - Monitor for a variety of analgesic side effects.
  - Evaluate and document the effects of interventions.
- Include an interdisciplinary team.
- Notify the physician of intervention effectiveness and request parameters with any medication orders.

Source: *Nursing Home Clinician's Pocket Guide, Ohio KePRO, 2005.*

### HSAG Nursing Home Team Contact Information

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