

# Quality Counts

## Arizona Nursing Home Quality Initiative

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### Nursing Care Quality Improvement Grant

As many of you are aware, the Arizona Department of Health Services (ADHS) recently released Grant HR821043—Nursing Care Quality Improvement—at <http://www.azdhs.gov/procurement/grants.htm>. Listed below are grant highlights.

#### *What are the program goals and priority areas?*

Effective July 1, 2007, federal approval was received for a \$400,000 appropriation to be used for nursing-care institution quality improvement grants for eligible facilities. The purpose of these grants is to improve quality in a particular facility for one or more of six specific quality measures:

1. Reduction in incidences of pressure ulcers
2. Reduction in physical restraints
3. Improvement in pain management
4. Reduction in incontinence
5. Reduction in falls
6. Reduction in the use of anti-psychotic medication

#### *What is the funding source for this grant?*

The source of the \$400,000 grant is the Nursing Care Institution Resident Protection Fund (HB2781, Section 45).

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### CMS Open Door Forum

The next CMS Skilled Nursing Facility/ Long-Term Care Open Door Forum is scheduled for Thursday, September 13.

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.

## *What is the total amount of available grants?*

A total of up to \$360,000 is available to award to multiple qualified applicants. Awards are available for up to \$30,000 per application. There is no fixed amount for each award. The funds will be awarded as appropriate to applicants who best meet the evaluation criteria

## **Upcoming Events**

**Maneuvering Through the Maze: Pharmacy and LTC**  
Presented by Clinical Advisors for Resources and Educational Services (CARES)

September 18 from 9 a.m. to 2 p.m.  
Tucson, AZ (TLC Healthcare Companies)  
For registration information, call 1.800.326.7176 or visit <http://www.clinicaladvisorsllc.com>.

**HUD & Fair Housing 101 Symposium**  
Presented by the Arizona Association of Homes and Housing for the Aging (AzAHA)

September 26 from 9 a.m. to noon  
Arizona Grand Senior Living Community  
Register by visiting <http://www.azaha.org>.

**Healthcare Workforce Summit: Innovation in Action**  
Presented by the Arizona Hospital and Healthcare Association

September 26 from 8 a.m. to 4 p.m.  
Desert Willow Conference Center  
4340 E. Cotton Center Blvd., Phoenix, AZ 85040  
Register by visiting <https://www.signup4.net/public/ap.aspx?EID=THEN45E&OID=130>.

**Caring for Individuals with Advanced Dementia: Empower Your Frontline Staff**

Presented by AzAHA  
October 11 from 9 a.m. to 5 p.m.  
Beatitudes Campus  
Register by visiting <http://www.azaha.org>.

**Arizona Geriatrics Society 19th Annual Fall Symposium and Exhibits**

November 2–3  
Black Canyon Conference Center  
9224 N. 25th Avenue, Phoenix, AZ  
Register by visiting <http://www.arizonageriatrics.org>.

set forth in the request for grant applications. The amounts will be based on proposed project activities. Successful applicants will be notified in writing regarding the results of the grant process.

## *Eligible Expenditures*

In order to improve one or more of the specified quality measures, the nursing-care institution may use available grant funds for measurement tools, in-service training, consultation, technology improvement, workforce development initiatives, systems improvements, medication management improvements, and the development and adoption of best practices and materials.

## *Eligible Applicants*

Any nursing-care institution that, in the past, has received one or more deficiencies on the annual facility compliance and licensure survey conducted pursuant to ARS § 36-425.02, regardless of the actual date of the survey, is eligible to apply.

A pre-application conference will be held on September 13 for interested participants to learn more about the request for grant applications process. See below for conference details:

Thursday, September 13, 2007, at 10:00 a.m.  
Arizona Department of Health Services  
Conference Room 540A  
150 N. 18th Avenue  
Phoenix, AZ 85007

## **Update on F373—Paid Feeding Assistants**

The Centers for Medicare & Medicaid Services (CMS) has issued an advance copy of the nursing home Paid Feeding Assistants Tag, F373, as part of Appendix PP, State Operations Manual (Guidance to Surveyors). The final F-tag is expected to be published September 28.

The training packet for F373 is now available by visiting <http://www.cms.hhs.gov/SurveyCertification-GenInfo/PMSR/list.asp#TopOfPage>. These materials are being used to train all surveyors on the new F-tag prior to its implementation.

## Group Reduces Number of Patients With Bedsores

A group of 150 hospitals, nursing homes, and home health agencies in New Jersey say they have reduced the number of patients who developed bedsores by 70 percent, thanks mostly to low-tech interventions.

When the group began its study in September 2005, 18 percent of the patients in the various centers had a bedsore or pressure ulcer. By May of 2006, that number had dropped to 5 percent. In the first quarter of this year, 48 institutions reported that none of their patients had developed a bedsore.

One key to the effort was to perform a skin evaluation on each patient within 8 hours of admission. Because poor nutrition and lack of hydration can lead to bedsores and make them worse, dietitians were also involved.

Another step involved using a specialized record-keeping system so nurses could tell immediately if a patient's skin condition was deteriorating and they could respond with different bed padding or positions. Communication among the agencies was also improved so the staff at one institution would know about a patient's skin condition if he or she was transferred from another.

Other hospitals in this collaborative placed "turning clocks" in each room to ensure that nurses and aides remembered to change a patient's position.

One hospital noticed that patients were emerging from hip surgery with pressure ulcers that most likely developed because they were on their side for several hours in a cold operating room. So the staff changed the way they padded the operating room beds.

While the steps needed to prevent bedsores were basic, there were many reasons institutions were not taking them. Patients are going to hospitals in greater numbers and with more serious and complicated problems. Hospital stays are also shorter, providing less time for evaluations, and staffing remains tight.

When the bedsore prevention effort began, nurses and administrators said they were making routine skin-care checks. Only after they checked their records did they realize that those measures were not in place.

*Source: New York Times, published August 5, 2007. By Jennifer V. Hughes.*

## From Institutional to Individualized Care

The Centers for Medicare & Medicaid Services (CMS) will broadcast *From Institutional to Individualized Care: The How of Change*, the last of a four-part series, on September 14, beginning at 1 p.m. EST. The broadcast is a collaboration between Quality Partners of Rhode Island and CMS.

The goals of *The How of Change* are to:

- Provide practical, hands-on tips for implementing individualized care and evaluating compliance with OBRA in a changing nursing home landscape.
- Generate discussion and energize collaboration about how to improve care by individualizing it and using quality improvement practices.
- Examine the change process by tracing several nursing homes on their journey of transformation and reviewing their data to determine how their changes brought about improvements for residents.

This broadcast is mandatory for LTC surveyor managers.

For more information or to register, please visit <http://cms.internetstreaming.com>.

## Use of Temporary Nurses Does Not Lower Quality of Care

Hospitals' use of temporary nurses does not lower quality of care for patients because the supplemental nurses have the same qualifications as permanent nurses, and in some cases are more qualified, according to a recent study in the *Journal of Nursing Administration*, *The Star-Ledger* (Newark).

Lead author Linda Aiken, director of the University of Pennsylvania Center for Health Outcomes and Policy Research, and colleagues used data from the

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2000 National Sample Survey of Registered Nurses to determine if qualifications differed between temporary and permanent nurses. The survey was also used to determine if nurse outcomes and adverse events varied according to the proportion of temporary nurses employed by a hospital.

More than half of the temporary nurses surveyed said that their supplemental positions were secondary to full-time jobs as permanent nurses. About 35 percent of temporary nurses surveyed work in intensive-care units, according to the report. The report also found that temporary nurses were more likely than permanent nurses to hold a baccalaureate or other advanced degrees, in addition to being more likely to have received their medical training within the last 10 years.

Aiken said, “There is no evidence whatsoever that the use of supplemental nurses by hospitals has any adverse implications for quality of care,” adding, “Indeed, the findings of our study suggest that having more nurses is better for patients and having (temporary nurses) improves quality of care.”

*Source: Journal of Nursing Administration. 37(7):335–342, July/August 2007. Aiken, Linda H. PhD, RN, FAAN; Xue, Ying DNSc, RN; Clarke, Sean P. PhD, RN, FAAN; Sloane, Douglas M. PhD.*

## CMS Announces Start of Participant Recruitment for Post-Acute-Care Payment Reform Demonstration

The Centers for Medicare & Medicaid Services (CMS) has announced the start of participant recruitment for the Post-Acute-Care Payment Reform Demonstration (PAC-PRD). Participating providers include acute care hospitals and four PAC settings—long-term care hospitals (LTCHs), inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), and home health agencies (HHAs).

A key goal of this project is to generate recommendations for improving CMS payment methods based on data collected in the demonstration. The goals of the payment reform include aligning incentives among the four PAC settings with a particular focus on patient populations seen in more than one PAC setting. Other analyses to be explored include the examination of discharge patterns and the comparison of outcomes between settings.

Providers may express interest in participating in the demonstration. In addition, providers may also be targeted for recruitment from analysis of Medicare administrative files and will be contacted. Final selection of the provider participants will occur this fall. Providers interested in potentially participating in the 2008 demonstration should contact Barbara Gage, PhD, Principal Investigator at RTI by e-mailing, [PAT-COMMENTS@RTI.org](mailto:PAT-COMMENTS@RTI.org).

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