

FYI -- Updates



Aim For Success

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Restraint Use and Reduction to Minimize ADL Decline

The Northeast Health Care Quality Foundation has published some great articles, including a series of articles on reducing restraints in the nursing home. These articles may be downloaded free and may be found at <http://www.nhccf.org/index.htm> Additional articles on restorative nursing programs, pain management and pressure ulcer prevention may also be found at that site.

Influenza & Flu Vaccinations – Proposed NEW F-TAGs – final rule expected 1st of October

CMS continues its push to have nursing home residents immunized against these diseases, the agency is developing new F-tags and interpretative guidelines that will allow surveyors to cite nursing homes that fail to comply with the new regulations. The agency will also use the data on immunization rates collected through the new Section W of the MDS. It will report a facility's rates as a quality measure on its Nursing Home Compare Web site.

A resourceful Toolkit with flyers for staff & consumer education as well as many other helpful hints may be found at <http://www.medqic.org>. Click on immunizations and follow guides to "toolkit".

Survey Focus – Culture Change in the Work Place

We know that the number of "G" level or higher deficiencies is increasing in Virginia. We also know that many of these are quality of care tags [i.e. pressure ulcer, weight loss, supervision to prevent accidents, etc.] and that these tags have many associated tags resulting in a higher number of deficiencies. We also know that we generally do a good job in responding to resident's needs once a decline and/or adverse situation/condition has occurred. The opportunity for improvement is in the way that we identify residents who are at risk and how we implement more responsive and effective interventions to prevent and/or minimize the potential for decline or adverse outcome. This is a good time to evaluate your current systems for effectiveness for early identification and resident specific plans of care to minimize negative outcomes. For example, many nursing facilities conduct "at risk" meetings weekly but the residents who are discussed in those meetings are the ones that have already experienced the decline or negative outcome. We often use the QM/QI report to facilitate review for QA purposes, but again the resident only shows up on the QM/QI report after the negative outcome. Take the opportunity to examine ways and systems that you have in place that will allow your staff to identify those "subtle" changes and early symptoms that are often indicative of impending negative outcomes or that significantly impact the probably of risk. For example:

- Examine how your 24-hour report is being used
- Examine how your "at risk" or standards of care meetings are being conducted; who participates, who ensures that recommendations are communicated and acted on; who documents the discussion
- Examine how effective the communication is between your aides and licensed nursing staff
- Examine how effective your orientation program is for new staff or temporary/agency staff
- Examine how effective you are using the information from your risk assessments [i.e. fall, wound, elopement, etc.].
- Examine the interventions on your care plans – are they "text book" or individualized to address resident specific risks/needs and preferences.
- Examine the relationship and support of your Medical Director.

It is time to refocus our energy, time, and resources on prevention. This will result in happier, healthier residents with fewer negative outcomes and reduce your survey risks.

