

# Learning Session 1

## Nursing Home Quality Improvement Collaborative

### FAST FACTS

#### THE FOLLOWING ARE HIGHLIGHTS FROM THE EVENT:

##### Pressure Ulcers

- 2007, National Pressure Ulcer Advisory Panel redefined original 4 stages and added 2 new stages: Deep Tissue Injury and Unstageable
- Prevention Measures: risk assessment, pressure reduction surface use, scheduled repositioning, nutritional assessment, skin assessment, address risk factors, incontinence, activity & mobility
- Pain management is important for managing wounds.
- F-314 makes the business case for quality care.
- Need to use moist, not wet, bandages on clients.
- If it's dirty; clean it. If there's a hole; fill it. If it's flat; protect it. If it's healed; prevent it!
- Useful validated tools: Braden, Norton, Briggs, PUSH, BWAT, pain detection tools

##### Physical Restraints

- Restraints do not prevent falls & prevent injury.
- Restraints have psychological and physiological drawbacks and can contribute to serious life-threatening injuries. Side rail entrapment zones can lead to death.
- Person centered care= no restraints/restraint reduction
- Consider implementing a "no new restraints" policy
- When considering alternatives, know what resident likes to "see, smell, touch, taste, and hear"
- Family can request restraints, but each facility has the responsibility to evaluate appropriateness
- Useful tools: Restraint/Enabler Decision Flow Chart, Making the Right Choice

##### Falls Management

- 1 out of 2 residents falls annually; 1 out of 3 residents fall 2+ times a year
- Falls are common, predictable and preventable!
- 10 years of aggressive studies found no evidence to support restraint use for fall prevention.
- Useful tools: Falls Management Program

##### QI/QM Reports

- Utilizing QI/QM reports in monthly QA meetings only takes 15 minutes.
- Surveyors focus on \*starred\* quality measures and state percentiles  $\geq 75\%$
- Avoid sentinel events – fecal impaction, dehydration, low risk pressure ulcers
- Facilities can file for a correction if there is miscoding on the QI/QM report.
- Consistent assignment is key to person centered care and quality measure improvement.
- Don't be a data hog! Include the CNAs in all quality improvement measures.

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