

Nursing Home Quality Improvement Collaborative Learning Session 4

Next Steps, Post-Test, and Evaluations

1

Save The Date: Nursing Home Quality Improvement Collaborative Learning Session 5

- July 6, 2010—Riverside Community Hospital
- July 12, 2010—Providence St. Joseph Medical Center
- Date TBD—Long Beach Memorial Hospital

2

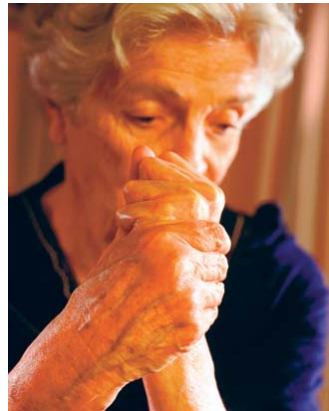
Save The Date: Nursing Home/Hospital Pressure Ulcer Collaborative

- Pressure Ulcer Cross-Setting Collaborative
- Pacific Palms Conference Resort, Industry Hills
- Dates:
 - June 15, 2010
 - September 1, 2010
 - December 2, 2010

3

Save The Date: Webinar

- Pain Management Webinar
 - Wednesday, May 19, 2010



4

Nursing Home Quality Improvement Collaborative Learning Session 4

Post-Test

5

Question 1

Diabetic ulcers, venous ulcers, skin tears, arterial ulcers, perineal dermatitis, friction, maceration, and shear should not be coded as pressure ulcers on the MDS.

- a. True
- b. False
- c. Not sure

6

Answer: True

Common conditions often misconstrued as pressure ulcers include:

- Diabetic ulcers
- Venous ulcers
- Skin tears
- Arterial ulcers
- Perineal dermatitis
- Friction
- Maceration
- Shear

7

Pressure Ulcer Look-A-Likes

Is it a Pressure Ulcer, or is it something else?

Different wound types and skin injuries can commonly be misdiagnosed and documented as pressure ulcers. Differentiating wounds is very important for identifying appropriate wound treatment.

Common conditions often misconstrued as pressure ulcers include:

- Skin tears
- Arterial Ulcers
- Diabetic Ulcers
- Venous Ulcers
- Perineal Dermatitis
- Friction
- Maceration
- Shear

Examples:



8

Question 2

From the date of a physically restrained resident's last MDS assessment, how long will this resident impact the QI/QM report once the resident is discharged?

- a. The resident will no longer impact the QI/QM report once he or she is discharged
- b. 3 months
- c. 6 months
- d. 1 year

9

Answer: 6 Months

- If Mr. Jones is triggering your QI/QM report for physical restraints and is discharged with that restraint, or discharged before you are able to do another MDS assessment to indicate that the restraint has been removed, he will trigger your QI/QM report for six months from the date of his last MDS assessment.

10

Question 3

From the time of admission, a nursing home has three months to heal the admitted pressure ulcer before the resident with the pressure ulcer begins to impact the facility's QI/QM report.

- a. True
- b. False
- c. Not sure

11

Answer: True

- Residents triggering for 01: Admission Assessment will not be calculated into the QI/QM score for pressure ulcers.
- Your nursing home has three months from admission to heal the pressure ulcer that was admitted with the resident.

12

01: Admission Assessments Not Calculated Into the Pressure Ulcer Quality Measure

AA8a Code	Type of MDS Assessment
01	Admission
02	Annual
03	Significant change in status assessment
04	Significant correction of prior full assessment
05	Quarterly review assessment
10	Significant correction of prior quarterly assessment

Resident Int Id	Resident Name	AA8a	Pressure Ulcers	Hi	Lo
Active Residents					
999999	DOE, JANE	02			
999999	DOE, JANE	05	X		
999999	DOE, JANE	05			
999999	DOE, JANE	03			
999999	DOE, JANE	02			
999999	DOE, JANE	05			
999999	DOE, JANE	01	X		
999999	DOE, JANE	01			
999999	DOE, JANE	01	X		
999999	DOE, JANE	01	X		

13

Question 4

A geri-chair is always coded as a restraint.

- a. True
- b. False
- c. Not sure



14

Answer: False

- A geri-chair should not be categorically classified as a restraint.
- **A restraint is defined based on its effect on the resident, NOT on what the device is called.**
- The same device may have the effect of restraining one resident, but not another.
 - Geri-chairs may offer comfort for an immobile resident, but will act as a restraint and an enabler for another.

15

Question 5

Bed rails are counted in the physical restraints quality measure on your QI/QM report.

- a. True
- b. False
- c. Not sure

16

Answer: False

MDS 2.0 Section P4: Special Treatments & Procedures

4.	DEVICES AND RESTRAINTS	<p><i>(Use the following codes for last 7 days:)</i></p> <p>0. Not used 1. Used less than daily 2. Used daily</p> <p>Bed rails</p> <p>a. — Full bed rails on all open sides of bed</p> <p>b. — Other types of side rails used (e.g., half rail, one side)</p> <p>c. Trunk restraint</p> <p>d. Limb restraint</p> <p>e. Chair prevents rising</p>
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Trunk/Limb Restraints and Chair Prevents Rising are Included in QI/QM Numerator

Bed Rails are NOT Included in QI/QM Numerator

17

Section P4: Definitions

- a. **Full Bed Rails**—one or more rails along both sides of the resident’s bed that block three-quarters to the whole length of the mattress; also includes beds with one side placed against the wall.
- b. **Other Types of Bed Rails Used**—Any combination of partial rails (one-side half rail, one-side full rail, two-sided half rails, etc.).
- c. **Trunk Restraint**—Any device, equipment, or material that the resident cannot easily remove (vest, waist restraint, wheelchair belts).
- d. **Limb Restraint**—Any device, equipment, or material that the resident cannot easily remove, that restricts movement of the upper extremity (hand, arm) or lower extremity (foot, leg). Includes mittens.
- e. **Chair Prevents Rising**—Any type of chair with locked lap board or chair that restricts rising or a chair that is soft and low to the floor. Includes enclosed framed wheeled walkers with or without a posterior seat and lap cushions that a resident cannot easily remove.

18

Question 6

Physical restraints are effective methods for reducing falls in a facility.

- a. True
- b. False
- c. Not sure



19

Answer: False

- After 10 years of aggressive studies, researchers have concluded there is no found evidence to support restraint use for fall prevention.
- Restraint usage has major, serious drawbacks and can contribute to serious life-threatening injuries.
 - American Geriatrics Society
 - British Geriatrics Society
 - American Academy of Orthopedic Surgeons
 - JAGS May 2001-Vol. 49, No. 5

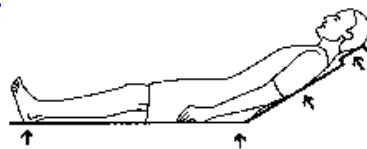
Question 7

When a resident who is at high-risk for pressure ulcers must sit up in bed, the head of the bed should not be higher than ____ degrees unless medically necessary.

- a. 20
- b. 30
- c. 60

21

Answer: 30 Degrees



- The head of the bed should not be higher than 30 degrees to reduce the risk of friction and shearing.
- A 30-degree lateral position is the best way to relieve pressure from the sacrum and trochanter. If needed, use pillows or a foam wedge to help the patient maintain the proper position. Cushion pressure points, such as the knees or shoulders.

22

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Evaluation and CEUs

23

Over 1 million drug-related injuries occur every year in health care settings. The Institute of Medicine estimates that at least a quarter of these injuries are preventable.

To find out how to prevent medication errors, go to
<http://www.hsag.com/caproviders/drugsafety.aspx>



www.hsag.com

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24