

HSAG Physical Restraints Collaborative:  
Baseline/Remeasurement Results

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Collaborative:  
Baseline/Remeasurement  
Results**

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1

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**Objectives**

- Summarize each HSAG Physical Restraints (PR) Collaborative Learning Session.
- Compare blinded, individual nursing home baseline and remeasurement PR data.
- Compare Collaborative aggregate baseline and remeasurement PR data.
- Learn about HSAG's efforts to spread Collaborative outcomes.

2

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## **HSAG PR Collaborative: A Retrospective**

3

### **Learning Session 1**

- Restraint-reduction success stories
  - Good Shepherd Villa
  - Beatitudes Campus
- Physical restraints tool kit
  - CASPER QI/QM Reports
  - QI/QM Technical *Specifications Manual*
  - F-221 definitions
- Collaborative sharing

4

## ***Learning Session 2***

- The PR quality measure
  - A surveyor perspective
- Restraint-reduction success story
  - Palm View Rehabilitation and Care Center
- Falls management program
- Collaborative sharing

5

## ***Learning Session 3***

- HSAG PR Collaborative progress to date
- The Agency for Healthcare Research and Quality (AHRQ) Nursing Home Survey on Patient Safety Culture (NH SOPSC)
- Collaborative problem solving

6

## Learning Session 4

- Root cause analysis (RCA)
  - Understanding the causes of events
- How to conduct an RCA
- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) overview
- Collaboration sharing

7

## Learning Session 5: AHRQ Teleconference

Patient Safety Culture Area	AZ Aggregate % Positive	NH Pilot Study Comparison: Average % Positive
1. Overall Perceptions of Resident Safety	83	87
2. Feedback and Communication About Incidents	81	85
3. Supervisor/Manager Expectations and Actions Promoting Patient Safety	76	81
4. Organizational Learning	68	76
5. Management Support for Resident Safety	68	72
6. Training and Skills	63	72
7. Compliance With Procedures	58	67
8. Teamwork	64	67
9. Handoffs	56	63
10. Communication Openness	51	58
11. Nonpunitive Response to Mistakes	43	55
12. Staffing	48	48

8

## ***Learning Session 6***

- How transitions of care affect health care quality and cost
- *Advancing Excellence in America's Nursing Homes* Quality Campaign–Phase 2
- Draft MDS 3.0 overview
- Critical elements of the new Centers for Medicare & Medicaid Services (CMS) Quality Indicator Survey (QIS) process
- Collaborative best-practice sharing

9

## ***Clinical Outcomes***

10

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## *Individual Nursing Home Results (Blinded)*

Facility	Q1-Q2 2007 Selection Data	Q1-Q2 2008 Baseline Data	Q1-Q2 2010 Remeasurement Data
1	11.56%	9.50%	0.05%
2	30.12%	24.40%	0.00%
3	10.67%	3.03%	0.00%
4	11.61%	10.78%	2.42%
5	10.97%	7.50%	0.00%
6	12.50%	3.45%	0.00%
7	14.78%	5.91%	0.00%
8	9.57%	5.69%	2.75%
9	17.89%	10.63%	4.21%
10	23.53%	12.12%	0.00%
11	20.25%	11.39%	6.06%

11

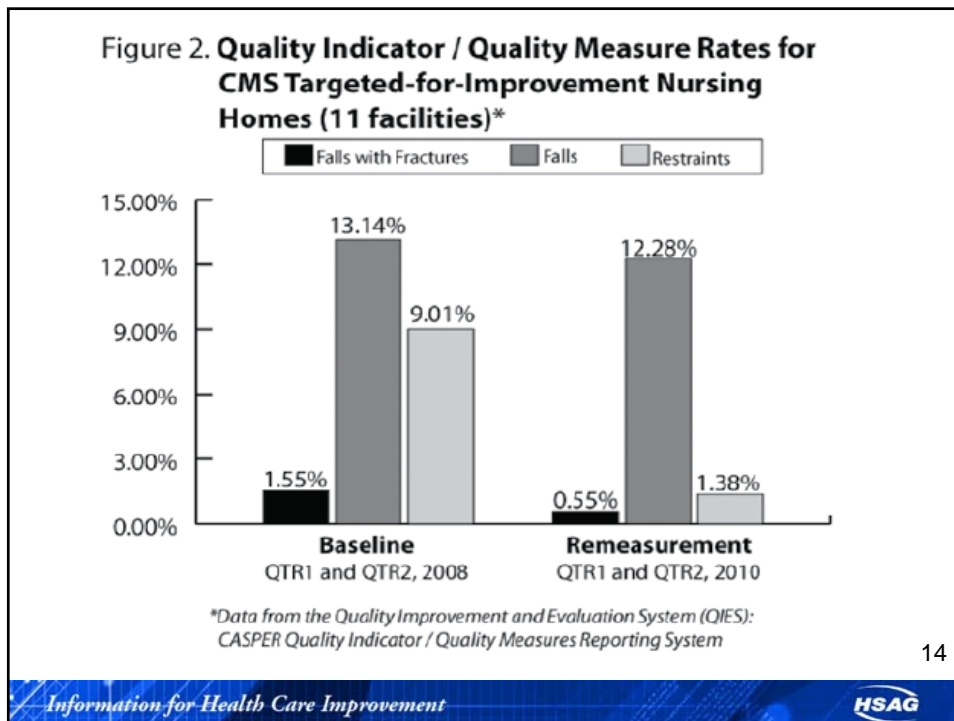
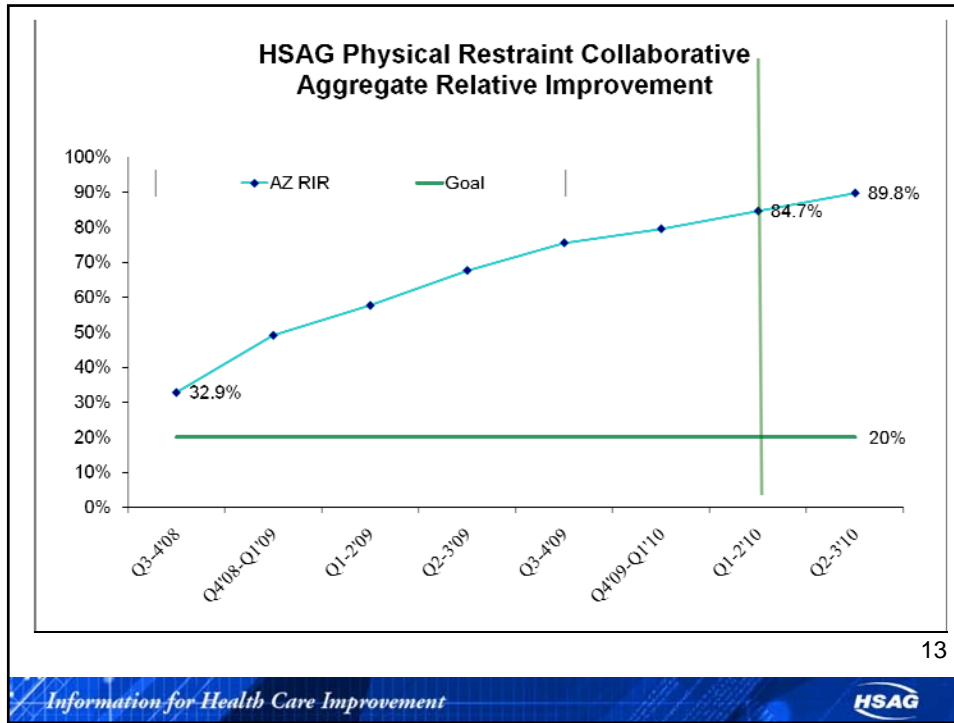
## *Aggregate Results*

	Numerator	Denominator	%
Q1-Q2 2008 Baseline	170	1886	9.01
Q1-Q2 2010 Remeasurement	24	1735	1.38

***146 residents freed from PRs!***

12

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**Spreading the Results**

15

**Reducing  
PRs in  
Arizona  
Nursing  
Homes**

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ISSUES IN LONG-TERM CARE

**Reducing Physical Restraints in Arizona Nursing Homes**

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In this article, the Nursing Home Program Study Area Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization (QIO) for Arizona, discusses its collaborative approach to assisting 11 nursing homes targeted for improvement by the Centers for Medicare & Medicaid Services (CMS) and describes successful efforts these nursing homes made to safely decrease their use of physical restraints. Although not yet finalized, preliminary evaluation data show that the nursing homes were able to collectively reduce their physical restraint use by a relative improvement rate of 14.7 percent without a statistically significant increase in resident falls and falls with injuries.

**Background: The Medicare QIO Program**  
The Medicare Quality Improvement Organization (QIO) Program consists of a national network of 13 QIOs responsible for each state, territory, and the District of Columbia. QIOs work with health care providers, consumers, and stakeholders to ensure that care received by Medicare beneficiaries is effective, timely, patient-centered, and appropriate. QIOs are private, nonprofit organizations that are staffed by professionals who are trained to review medical care, help Medicare beneficiaries with quality-of-care complaints, and assist health care providers to improve their care quality. QIO contracts are done year to year, with each 3-year cycle referenced as its virtual Statement of Work (SOW).  
In August 2008, Health Services Advisory Group, Inc. (HSAG)—the Medicare QIO for Arizona—began work on the P-221 SOW, which extends through July 2011. In the P-221 SOW, QIO work focuses on the promotion of resident protection, patient safety, prevention, health disparities, chronic kidney disease, and care transitions. The patient safety component of the P-221 SOW—referred to as the National Patient Safety Initiative (NPSI)—is a focused effort designed to protect patients by implementing evidence-based practices to improve health care processes and systems. Since 2005, the NPSI has directly benefited over 170,000 patients through the length and saving between their caregivers in QIO-led patient safety initiatives.<sup>1</sup>

This article specifically discusses P-221 efforts related to improving the safety and care in nursing homes by decreasing physical restraint use.

**Restraints Defined**  
According to the United States Congress passed the Omnibus Budget Reconciliation Act (OBRA) of 1987. That Act overhauled the way nursing homes are regulated under Medicare/Medicaid Certification by creating a new set of comprehensive regulations, including detailed prohibitions on physical restraint utilization. Through OBRA, the Centers for Medicare & Medicaid Services (CMS) designated P-221 as the regulator of physical restraint utilization in nursing homes. P-221 defines a physical restraint as "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove freely which restricts freedom of movement or normal access to one's body" (42 CFR 483.13(a)).<sup>2</sup> The intent of this regulation is for each person to arise and ambulate in or on the highest practicable well-being in an environment that prohibits the use of restraints for discipline or convenience and limit restraint use to circumstances in which the resident has medical conditions that warrant the use of restraints. Table 1 lists some examples of restraints.

**Table 1.** P-221 Physical Restraint Examples<sup>3</sup>

- Using side rails that keep a resident from voluntarily getting out of bed
- Tucking in or upping sheets to hold a sheet, fabric, or clothing tightly on the resident's movements is restricted
- Using devices in conjunction with a chair—such as trays, tables, bars, or belts—when the resident cannot remove easily, that prevent the resident from standing
- Placing a wheelchair in a hallway to prevent the resident from going
- Placing a chair or bed directly in the way that the wall prevents the resident from rising out of the chair or voluntarily getting out of bed

1. State Operations Manual, Appendix FF—Guidance to Surveyors for Long-Term Care Facilities

2. 42 CFR 483.13(a)

3. P-221 Physical Restraint Examples

Page 7

16

## **Lessons Learned**

- The Institute for Healthcare Improvement (IHI) Collaborative Model is effective.
- Nursing homes need clarification on the F-221 definition of a PR.
- Systematic reduction practices lead to restraint-free nursing homes!
- “Derailing the Myths” is an important strategy in gaining community support for a restraint-free nursing home!

17

# **Questions?**

18

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19

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*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/azproviders/drugsafety.aspx>



[www.hsag.com](http://www.hsag.com)

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20

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