



Health Care Excel, the Medicare Quality Improvement Organization (QIO) for the state of Kentucky, has collaborated with health care providers in our state for more than 20 years to improve residents' quality of care and quality of life. On April 8, 2011, the Centers for Medicare & Medicaid Services (CMS) released a Survey & Certification Memorandum, S & C 11-22-NH: Quality Assurance and Performance Improvement (QAPI) Initiatives related to Section 6102 (c) of the Affordable Care Act for Nursing Homes. The aim of QAPI is to strengthen QA requirements in nursing homes, and to provide technical assistance to meet these new requirements. The specifications as to the means and methods taken or the action plans developed for implementation are not yet finalized.

Funded by CMS, the QIO currently offers nursing home staff opportunities for quality assurance and performance improvement—through assessment of pressure ulcer prevention and treatment programs and physical restraint reduction. The goal set forth, “Reduction of Health-Care Acquired Conditions (HAC),” is a part of a larger Aim, “Improving Individual Patient Care.” Two major components for QAPI and reducing HACs are implementing interdisciplinary teams (IDT) and utilizing evidence-based best practices. Physical restraints remain a common concern across the facilities in Kentucky; we must find a way to both comply with Federal and State regulations and follow evidence-based best practices: Reduce Restraints!

Below we have provided a restraints best practice tip for Wheelchair Positioning.

Review wheelchair positioning with facility staff, including an occupational therapist and nurse. Assess the resident, try alternatives, determine if a device is needed, review the definition in the resident assessment instrument (RAI) manual, care plan the option, and determine if it should or should not be coded as a physical restraint. You may be able to Skype (the free, Web-based video chat program) with an expert so they can directly see the resident, if they are not on-site. Communicating with your wheelchair positioning expert may reduce the number of restraints on your facility records, but best of all it may improve your resident's life! Remember that you need an IDT that includes not only medical and nursing, but also nutrition, therapy, social work, and frontline staff. Please don't forget those frontline staff! We've learned with person-centered care that everyone has creative ideas and concepts to bring to the team. Encourage all your staff to participate in the challenge of improving the quality of care given in your home. Take a look around you today – WHO is on your interdisciplinary team?

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