

LTC Bulletin

Spring 2011



Clearing Up the “Restraint Debate”

By Primaris

A side rail on a resident’s bed can be a restraint, an accident waiting to happen or a device that enables a resident’s mobility. How are skilled nursing facilities to know when such a device is beneficial, detrimental or neither? Primaris, Missouri’s Quality Improvement Organization, has spent the last two years working closely with 37 Missouri facilities to help them answer that question, in an effort to improve residents’ quality of care. Together, they have eliminated restraint use among 300 residents. Primaris’ goal is to reduce restraint rates by 85 percent.

To help other Missouri facilities decide whether devices such as side rails or wheelchair seat belts are beneficial or harmful, Primaris developed a guide. The guide helps the assessor understand what a restraint is, in relation to regulatory requirements. The guide also helps homes accurately determine the effect a device has on a resident, and whether to use such a device.

Establishing a Definition

CMS defines restraints as, “Any manual method, physical or mechanical **device**, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.”

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Restraint Debate

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Although the word “device” is not defined by CMS, CMS says, “*the same device may have the effect of restraining one individual but not another, depending on the individual resident’s condition and circumstances. For example, partial rails may assist one resident to enter and exit the bed independently while acting as a restraint for another.*”

The long-term care community must understand the difference between three terms: “restraints,” “enablers” and “devices.” This is tricky because the three words are often used interchangeably.

Overlapping Terminology

Devices such as side rails, wheelchair seat belts, and recliner chairs may easily and incorrectly be referred to as restraints. However, if a resident can remove such a device easily, or the device does *not* restrict the resident, it *may not* be a restraint. As a care provider, one must assess a resident’s condition and circumstances before stating that a device is a restraint.

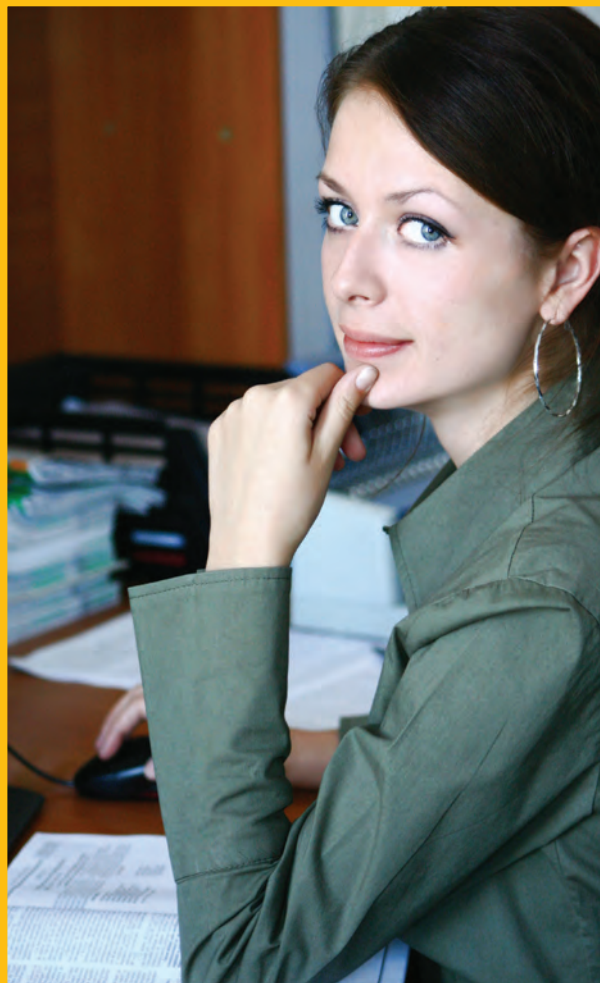
Another commonly used word to describe “device” is “enabler,” though it does not appear in Appendix P or PP for Skilled Nursing Facilities. An enabler helps a resident perform some action. For example, a side rail on a resident’s bed can be considered an enabler if the resident uses it to turn independently in bed from one side to another.

A device can be both an enabler and a restraint, which confuses facilities. Consider an able-bodied resident who uses a side rail to turn in bed from one side to another. In this case, the resident is using the side rail as an enabler. However, that same side rail can be a restraint if it restricts the resident from leaving bed. Therefore, the side rail device is BOTH an enabler and a restraint. (Please note that because this particular side rail has restraining effects on this resident, it can only be used to treat a medical symptom which must be identified, and meet all the criteria as explained in Appendix P and PP regarding restraint use.).

Now imagine another resident, one who needs total care, who cannot turn or move in bed, and does not attempt to transfer. This resident is turned every two hours by staff and is being evaluated for the use of side rails. Because the resident lacks the ability to leave the bed, the side rail is not a restraint. Nor is the side rail an enabler because the resident does not use it to turn or for repositioning. The care provider must then ask—why do we want to use the device?

What About Accident Hazards?

In August 2007, CMS revised the Interpretive Guidelines for F223 – Accident Hazards. The guidelines emphasize that any device can pose an accident hazard for residents.



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Personal Funds: To Charge or Not to Charge

Long-term care facilities often ask which services they may charge to Medicaid residents' personal funds. This article is designed to provide a quick reference guide. The examples also apply to residents during Medicare-covered stays. For questions, contact the Section for Long Term Care Regulation at 573-526-8524.

Cut & Save

Services That May Be Charged to Medicaid Residents' Personal Funds:

- Styled haircuts, permanent waves, hair coloring, and hair relaxers performed by barbers and beauticians not employed by a facility
- Telephone services
- A private room, except when therapeutically required (for example, isolation for infection control)
- Personal comfort items

Services That May Not Be Charged to Medicaid Residents' Personal Funds:

- Simple haircuts (i.e. trims), and shampoos provided by facility staff as part of routine grooming care. If the facility does not have trained staff to perform simple haircuts, the facility may use contracted beauticians and barbers to perform these services. These basic services performed by contracted beauticians and barbers may not be charged to personal funds.
- Routine personal hygiene items and services required to meet the needs of residents, including, but not limited to: combs, brushes, bath soap, disinfecting soaps, razors, shaving cream, toothbrush, toothpaste, denture adhesive/cleaner, dental floss, moisturizing lotion, tissues, cotton balls, deodorant, incontinence care supplies, towels and washcloth
- Nursing services
- Dietary services
- Room/bed maintenance services
- Medically related social services

References: F162 [483.10 (c) (8)] and 13 CSR 70-10 (5)(C)(H)



By Linton Bartlett,
Emergency Preparedness
Coordinator

The Great Central U.S. ShakeOut Drill is scheduled for 10:15 a.m. April 28, 2011. The drill is an opportunity to learn what to do before, during, and after an earthquake. Wherever you are when the drill occurs—at home, at work, at school—you should *Drop, Cover, and Hold On* as if there were a major earthquake occurring, and stay in that position for at least 60 seconds. Everyone is encouraged to participate. Businesses, organizations, schools, and government agencies can have their employees practice *Drop, Cover, and Hold On*, or have a more extensive emergency drill. The ShakeOut is sponsored by the Central United States Earthquake Consortium, of which Missouri is a member. To get more information, or to sign-up, please go to: <http://www.shakeout.org/centralus/>.

Spring Increases Risk for Tornadoes

By Linton Bartlett, Emergency Preparedness Coordinator

Spring is in the air. That means an increased tornado risk, especially here in “Tornado Alley.” Tornado Alley is a nickname for the central United States’ southern plains, which includes Missouri. This region consistently experiences a large number of tornadoes each year, with the highest frequency in late spring. It is important to point out, however, that tornadoes can happen any time during the year.

In order to insure the health and safety of all residents and staff, every facility should have a tornado plan. Facility staff should be educated on the plan’s contents, and drills should be conducted so staff and residents are prepared. Please see page 8 for resources to help facilities develop a tornado plan.



PHOTO: Newtonia, Missouri, May 12, 2008 -- An EF4 tornado cut a swath across southwest Missouri on May 10, badly damaging and destroying dozens of homes in Newtonia. Michael Raphael/FEMA

Restraint Debate *(Continued from Page 2)*

Appendix P states, *“Devices Associated with Entrapment Risks - Devices can be therapeutic and beneficial; however, devices are not necessarily risk-free so it is important to weigh the relative risks and benefits of using certain devices. For example, while physical restraints may be used to treat a resident’s medical symptom, the devices may create a risk for entrapment.”*

To illustrate how a device can become an accident hazard, consider a female resident who has a movement disorder. In addition to her disorder, she has no cognitive or functional ability to exit the bed, no initiative to use side rails for assistance in turning herself even with prompts, and requires frequent checking by CNAs. A side rail is not an enabler or a restraint for this resident—it is an accident hazard. Why? This resident may be found with her leg or arm over or through the side rail, or scrunched up against the side rail. Using the side rail places the resident at risk for entrapment and death. If the device is used, staff needs to include interventions in the resident’s care plan to lessen the device’s risks and re-assess on an ongoing basis.

Action Steps

As a care giver, it is incredibly important to determine whether a device is an accident hazard, an enabler, or a restraint. A device may even have all three qualities, none, or a combination of qualities. One must always consider a resident’s condition and circumstances before using a device. Primaris’ [Device Decision Guide](#), at www.primaris.org, may help facilities walk through the steps necessary to determine whether a device is a restraint, an enabler or a hazard.

One Final Note

Frequently, restraints are used as a method to prevent falls. However, research shows there are other, safer ways to maintain a resident’s sense of independence and satisfaction. In a future issue of the *LTC Bulletin*, Primaris will discuss strategic ways to prevent falls and provide a link to resources that may help homes achieve limited restraint-use. If you have questions about restraints, please feel free to contact dfinley@primaris.org, or visit www.primaris.org.

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State Culture Change Coordinator

By Matt Younger, SLCR Administrator

The Section for Long-Term Care Regulation (SLCR) is pleased to announce that Sam Plaster is the new State Culture Change Coordinator! Culture change is one of the top priorities of SLCR. Because regulatory issues are inextricably intertwined in the culture of nursing homes, SLCR is a natural arena for the discussion and coordination of culture change efforts. The recent resignation of Assistant State Ombudsman Julie Ballard left the Department of Health and Senior Services without a clear figurehead to coordinate these initiatives. Sam's regulatory experience, his familiarity with current culture change projects, and his relationships with our many industry partners make him well-qualified to lead this charge. Sam will maintain and gradually expand Missouri's leading role as a national model for long-term care, a model that encourages facilities to become more homelike and person-centered. Sam will also:



- Ensure that consideration is given to culture change efforts in the Section's Policy, Regulation and Exceptions processes.
- Offer culture change training and presentations across the state for providers, surveyors and the public.
- Serve as a regulatory advisor to MC5 – Missouri's stakeholder coalition for the promotion of culture change.
- Spotlight culture change successes with DHSS publications.
- Represent SLCR on the Pioneer Network National Culture Change conference committee and work to ensure that as many surveyors and providers as possible attend the August 2011 conference in St. Charles, Mo.

Multi-state corporations operating in Missouri consistently remark that the Department's culture change leadership clearly rivals that of other states, and regional participants at MC5 meetings express appreciation that Section members often attend. In his new role, Sam will help keep Missouri at the forefront of this important national movement. Please join us in congratulating and thanking Sam for his efforts and his dedication to this significant new responsibility.

Pioneer Network's 2011 National Conference
Explore. Discover. Change.
August 1- 4, 2011
St. Charles Convention Center
St. Charles, Missouri

From the waters near St. Charles, Mo., Lewis and Clark launched their epic voyage of exploration and discovery that changed the culture of our nation. Voyage to our host city of St. Charles to join with Pioneers of a new era who are continuing to explore and discover and fundamentally change the culture of our nation — specifically the culture of long-term and elder care. For more information please go to <http://www.pioneer-network.net/Events/2011Conference/>.

Culture
Change
Corner

Bed Holds: Are They Voluntary for Medicaid Residents?



By Carol Scott, State LTC Ombudsman

Medicaid nursing home resident Sally B. is headed to the hospital. If Sally's hospital stay is three days or fewer, Medicaid may pay for Sally's nursing home bed during her absence. (See Chapter 208.152.1 (18) RSMo for details.) But it will not pay for Sally's nursing home bed if she is in the hospital for four or more days. So, can the home require Sally or her family to pay a bed hold? No. The MO HealthNet nursing home manual (at 13.13.D) states:

- Neither a resident nor the responsible party is required to pay a nursing facility to hold a bed. If the resident/responsible person chooses, he/she may pay a nursing facility in order to reserve the same bed the participant is leaving. A nursing home has an obligation to inform a resident or the responsible person that paying to hold a bed is voluntary.
- When a resident is transferred to a hospital, the nursing home is required, both by federal statute and by federal regulation, to readmit the resident immediately upon the first available bed in a semiprivate room.

The MO HealthNet nursing home manual is located at <http://manuals.momed.com/manuals/>. Click on "nursing homes" for more information.

DHSS Promotes Older Americans Month

Economic security and health care are older Missourians' top two concerns. The Department of Health and Senior Services has compiled a list of dynamic speakers to address those issues during Older Americans Month. We encourage you to book a speaker for a special event in May, and then let the department know about it. There is no cost for the speakers.

Our speakers include United States Secret Service and FBI agents who can tell seniors how to protect themselves from investment fraud schemes, credit card and identity theft. Other speakers offer music and entertainment, including tips on bird watching, photography and master gardening. We believe the speakers will appeal to a broad range of seniors in all walks of life—those who live at home, in nursing homes, or attend senior centers.



Older Americans:
connecting the community

Please e-mail Charisse.Pappas@health.mo.gov to obtain a speakers' list. The department cannot guarantee a speaker's availability, and certain speakers may be available only in a specific part of the state.



Visitors to Jackson Manor are sure to meet Resident Rita Fornkohl. Her friendly, energetic face became a daily feature years ago, when her own mother lived here. Then, Rita volunteered to read newspapers to residents who were visually impaired and helped with many other activities. She volunteered every day for 12 years.

These days, Rita can be found playing Bingo, sewing, dancing, doing a crossword puzzle or visiting with one of her four children, 13 grandchildren or 17 great-grandchildren. But she is best known for her long history of volunteering, and for passing on that tradition of giving to her children and grandchildren. In fact, Rita encouraged granddaughter Kim, just 12 at the time, to “adopt” a woman at Jackson Manor as her “second grandma.” Kim visited and sent cards to her second grandma for almost 10 years.

Volunteering comes naturally to Rita because her mother instilled the importance of volunteering at a very young age. Rita first volunteered at the Old St. Francis Hospital; and, the nuns there reciprocated by giving bread to Rita’s family. This invaluable lesson taught Rita the importance of giving her talents to serve others.

From 1992 to 2004, Rita volunteered at Saint Francis Medical Center in Cape Girardeau, assisting patients around the hospital for necessary tests and from their rooms to awaiting transportation upon release.

When Immaculate Conception Catholic Church in Jackson received a bus donation, Rita volunteered to help schedule rides for parishioners to Saturday night Mass. She also rode on the bus to ensure that everyone was picked up. When Rita was no longer able, she turned the bus-scheduling task over to her daughter, who, in turn, passed it on to Kim. Kim still coordinates the bus schedule.

“My grandmother has absolutely been a role model for volunteering,” says Kim. “All of her daughters have volunteered in some capacity either at the nursing home, hospitals, or church. From the time I was little, they took me along to the nursing homes or church to help read to people or just visit with those who didn’t have any family close to visit. Many of the grandkids and great-grandkids also have that spirit for volunteering. My husband calls us suckers because we have a hard time saying NO! But really it is just how we were raised.”

Besides volunteering, Rita enjoyed traveling to New Jersey to visit one daughter, and to California, to visit another. Rita and her husband visited almost every state, spending many winters in Florida with their friends. While traveling, they collected coins they found on the ground and documented their findings in scrapbooks.

Rita’s mother began the family legacy of volunteerism that Rita, her children and grandchildren have inherited. The true impact on how many lives these four generations have touched will never be completely known, but they are not seeking recognition – it’s just how they were raised.

Misappropriation of Resident Property

By Terry Walkenhorst, Quality Assurance Manager

An article in the fall 2009 LTC Bulletin outlined reporting requirements for abuse, neglect, injuries of unknown origin, and misappropriation of resident property. You may find the article at http://health.mo.gov/seniors/nursinghomes/pdf/LTCBulletinFall_2009.pdf. The following statement about misappropriation of resident property has been updated to clarify federal reporting requirements:

While “misappropriation of RESIDENT property” does not fall under a mandated reporting category **for state-licensed-only facilities**, it should be reported. If the alleged perpetrator is a facility employee, the misappropriation may be grounds for an employee disqualification list investigation. **In federally certified facilities, F225 includes the requirement to report to the state agency misappropriation of resident property.**

Tornado Resources

Missouri Department of Health and Senior Services:

- “Ready in 3: The ABC’s of Emergency Preparedness for Adult Care Facilities” (available in hardcopy, DVD and video)
- Disaster Preparedness Plan Template for Long-Term Care Facilities

Both of these items are available by calling (573) 526-4768 or on the Web at:

<http://www.health.mo.gov/emergencies/readyin3/adultcare.php>



Centers for Disease Control and Preparedness:

<http://emergency.cdc.gov/disasters/tornadoes/>

Centers for Medicaid and Medicare Services:

<http://www.cms.gov/SurveyCertEmergPrep/>

Federal Emergency Management Agency:

<http://www.fema.gov/hazard/tornado/index.shtm>



Read All About It!

Join the 1,000 subscribers who already receive the weekly LTC Information Update. Go to the DHSS Web site at http://cntysvr1.lphamo.org/mailman/listinfo/ltr_information_update/ to subscribe.

The LTC Bulletin is published quarterly by the Section for Long-Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to Tara.McKinney@health.mo.gov or you may call (573) 526-8514.