Welcome to Today's Webinar!

HOT TOPICS

CULTURE CHANGE *in* ACTION WEBINARS

Engaging in Person-Centered Care – The Path to Regulatory Compliance:

Introduction to Critical Element Pathways (CEP): Using the Physical Restraint CEP to Support Reduction of Alarms

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Introduction to Critical Element Pathways (CEP): Using the Physical Restraint CEP to Support Reduction of Alarms

Disclosure: The presenters have no actual or potential conflict of interest in relation to this webinar.

Nursing Homes

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate. Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became **effective on November 28, 2016**.

The survey protocols and interpretive guidelines serve to clarify and/or explain the intent of the regulations. All surveyors are required to use them in assessing compliance with Federal requirements. Deficiencies are based on violations of the regulations, which are to be based on observations of the nursing home's performance or practices.

The sections below provide additional information about the background and overview of the final rule, frequently asked questions, and other related resources.

Downloads

- Appendix PP State Operations Manual (Revised 11/22/2017) [PDF, 3MB]
- List of Revised FTags [Effective November 28, 2017] [PDF, 152KB]
- S&C Memo: Revision to State Operations Manual Appendix PP for Phase 2 (Includes Training Information and Related Issues) [PDF, 121KB]
- F-Tag Crosswalk [XLSX, 495KB]
- Training for Phase 1 Implementation of New Nursing Home Regulations [PDF, 108KB]
- New Long-term Care Survey Process – Slide Deck and Speaker Notes [PPTX, 8MB]
- Entrance Conference Form Beneficiary Notice Worksheet (Updated 12/06/2017) [ZIP, 164KB]
- LTC Survey Pathways - Updated 12/13/2017 [ZIP, 2MB]
- LTCSP Procedure Guide [PDF, 1MB]

Why we use alarms

- A fall prevention strategy
- A wandering prevention strategy
- Part of the standard set of interventions we have used over the years
- Families ask for the… "it's what the hospital used"
- Alarms work. We have reduced falls by ……
- We know someone is moving, falling, walking unassisted because the alarm sounds
- May not stop the fall but will tell us someone "is on the move"

Negative Potential or Actual Outcomes

- Loss of dignity
- Decreased mobility
- Bowel and bladder incontinence
- Sleep disturbances
- Confusion, fear, agitation, anxiety, or irritation in response to the sound

CMS State Operations Manual Appendix PP

Loss of Autonomy

- No longer able to make own decision about movement
- Feeling of helplessness

What are the real effects of Alarms?

- Decreases / hinders resident movement
- Negatively impacts resident dignity and choice
- Increases agitation for resident wearing the alarm and others
- Provides a false sense of security to staff and family
- Mal-functioning alarms are a liability for the provider
- "Once [the facility] opted to utilize an alarm to protect the resident, it assumed the responsibility of making sure that the alarm worked properly."
  - *Birmingham Nursing & Rehabilitation Center – East* v. CMS

Alarm Fatigue

- Research indicates health care workers develop alarm fatigue which results in workers becoming desensitized to alarms. This results in a slow response to the alarms or lack of response to alarms.

Sendelbach, S. and Funk, M. (2013). Alarm fatigue: a patient safety concern. *AACN Advanced Critical Care*, 24(4): 378-86.

Noise

The sense of hearing impacts individuals living with dementia resulting in agitation with increasing noise.

- What happens when a chair alarm sounds and it is attached to the resident?
- Where does the resident go for relief?
- What about other residents?

What the Guidance Says

- Guidance 483.10(i)
- Some practices that can be eliminated to decrease the institutional character of the environment include, but are not limited to, the following:
  - The widespread and long-term use of audible chair and bed alarms, instead of their limited us for selected residents for diagnostic purposes or according to their care planned needs. These devices can startle the resident and constrain the resident from normal repositioning movements, which can be problematic.
- Devices such as position change alarms may help to monitor a resident's movement temporarily, but do not eliminate the need for adequate supervision.

- While position change alarms are not prohibited from being included as part of a (fall prevention) plan, they should not be the primary or sole intervention to prevent falls.

- *F689*

For example, a facility implements a position change alarm for a newly admitted resident with a history of falls. After completing a comprehensive assessment of the resident, facility staff identify the resident's routines and patterns, remove the alarm, implementing more individualized interventions that address the actual cause of why a resident may be changing position (e.g. has been in one position too long or is trying to reach for a personal item) which could lead to a fall.

- F604 Respect & dignity
  - Guidance 483.12(a)
  - "there is no evidence that the use of physical restrains, including, but not limited to , bed rails and position change alarms, will prevent or reduce falls.

What the Data Says

"Results failed to demonstrate a statistical difference in bed falls between the experimental group (with alarms) and control group (without alarms)."

Tideiksaar, R. Feiner CF, Maby J. "Falls Prevention: the efficacy of a bed alarm system in an acute- care setting" Department of Geriatrics and Adult Development, Mount Sinai Medical Center, New York, NY Mt Sinai J Med (1993) Nov; 60(6):522-7

"After discontinuing their [alarm] use, we found a decrease in the rate of falls, and a decrease in the percentage of our residents who fell. Staff has easily adapted and reports a calmer, more pleasant environment."

Bressler K, Redfern R and Brown M, "Elimination of Position-Change Alarms in an Alzheimer's Dementia Long-Term Care Facility," American Journal of Alzheimer's Disease & Other Dementias, 23(8), 559-605 (2012)

Why do we use something we know is not the best practice?

- Because we've always done it that way
- Effect of institutionalization
  - Staff
  - Residents
  - Families
- The hospital used them
- Easy answer

A Systematic Approach to Alarm Reduction

It's all about Person-Centered Care and an Individualized Approach

Foundational Practices

- Dedicated staffing
- Huddles
- CNA in care planning
- QI Closest to the resident

Strategies and Tools for Alarm Reduction

- Purposeful rounding
  - Pain, Potty, Position, Proximity, Personal needs, Activities,
- Eliminated alarms neighborhood by neighborhood, shift by shift with increased resident monitoring/rounding

Focus on knowing residents well, conduct a root cause analysis of each fall, provide individual “life activities” and be proactive checking in with residents.

Strategies and Tools for Alarm Reduction

- Find out the real cause why the resident wants to get up – a root cause analysis:
  - Side effects of medications;
  - Change in condition such as infection causing urgency or pain;
  - Life-long habits … the male resident always gets up when woman walks into the room;
  - Legs fall asleep;
  - Uncomfortable surface;
  - …

Know each Person

Create Engagement Meaning and Purpose

Consider the risk of the alarm itself

Colorado's Alarm Reduction

- Evidence doesn't support it
- Hawthorne Effect
- How many of you think that alarms reduce falls?
- Principles of research – the tell tale signs of good research…where to find valid information

"How To's" of Eliminating Alarm

Eliminating Alarms and Preventing Falls by Engaging with Life, Theresa Laufmann, RN & Carmen Bowman, MHS

- Consistent Staffing
- A vision
- Education
- Expectation of all staff
- Empowering all team members
- Increased observation
- Environmental support
- Engagement, designing My day with the person

Keys to Remaining Alarm Free

- Understand and be able to articulate why you value an alarm-free environment
  - Policy
- High involvement
  - Resident, Family, Staff
- Communication / Education of physicians

What about the Family?

- Education prior to alarm reduction, or when their family member moves in
- Share your vision and your policy
- Realistic, individualized goals for the resident

It’s not the regs…

Introduction to Critical Element Pathways (CEP): Using the Physical Restraint CEP to Support Reduction of Alarms

Reducing and Discontinuing Resident Alarms

The False Reassurance of Personal Alarms

Our goal is to provide the best possible care for our residents. A growing concern has been the continued use of personal alarms that attach to or are placed next to or near the body of the resident.

We find this practice to be intrusive and undignified to the quality of life of our residents.

We strive to maintain the safest environment possible, but the use of personal alarms has not proven to be of assistance in meeting this goal.

http://www.minnesotageriatrics.org/falls_handout.pdf

Pulling it all together

- Using the CEP as a tool to monitor compliance
- A look at person-centered practices related to alarm reduction and how these support meeting regulatory compliance

Moving Through the Restraint CEP

- Step 1: Develop individualized action plan based on resident need and incorporating the following considerations:
  - Physician orders
  - Care plan
  - Resident/family/staff/other care partner input

Avoidance

- Using bed linens or clothing as a restraint
- Using furniture as a restraint
- Placing resident in circumstances that deter movement
- Using objects as restraints
- Temporary restraints as punishment

Data Collection

- Resident
- Caregivers
- Family, friends
- Resident representative

CEP

- Step 2: Use the CEP to build your protocol.

Did the Home (our word!)?

- Ensure that the resident is free from physical restraints imposed for discipline or staff convenience;
- Identify the medical symptom being treated when using a device or a facility practice that meets the definition of physical restraint;
- Define and implement interventions according to standards of practice during the use of a physical restraint that is used for treatment of a medical symptom;
- Provide the least restrictive restraint for the least time possible;
- Provide ongoing monitoring and evaluation for the continued use of a physical restraint to treat a medical symptom; and
- Develop and implement interventions for reducing or eventually discontinuing the use of the restraint when no longer required to treat a resident's medical symptoms?

Monitoring Alarm Use Following the CEP

- Is a position change alarm in use? If so, why? What is the impact to the resident? For example, is the resident hesitant of afraid to move to avoid setting off the alarm?

Resident, Resident Representative, or Family Interview

- If there is a position change alarm in use, can you explain why the alarm is in use?
- How does it make you feel?
- Does the use of the alarm change how you move? If so, describe.
- Have you had any problems when the device is being used? If so, please describe.

Staff Interviews

- Is there a personal alarm or position change alarm in use, why is the alarm used? What is the impact on the resident? For example, is the resident hesitant or afraid to move to avoid setting off the alarm?

Making the Change

Lewin's Change Theory

- Unfreeze
- Change
- Refreeze

Change is Ongoing

- Do not assume you can stop reflecting and going through the refreezing process
- In order for change to work, you must check back periodically to avoid complacency that leads to "we have always done it this way"

Questions

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Pioneer Network™

Our Next Webinar in the Hot Topics Series

THURSDAY, FEBRUARY 15, 2018

Engaging in Person Centered Care:
The Path to Regulatory Compliance

Eliminating Suffering for Residents with End Stage Dementia (Focus on Death and Hospice/End of Life CEP)

Guide:
Maureen Nash, MD, MS

2018 Webinars

HOT TOPICS

CULTURE CHANGE *in* ACTION WEBINARS

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JANUARY, FEBRUARY, MARCH:
Engaging in Person-Centered Care – The Path to Regulatory Compliance

APRIL, MAY, JUNE:
More about Engaging in Person-Centered Care – The Path to Regulatory Compliance

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