MDS Tips and Clinical Pearls

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INTRODUCING.....

Amy Moenning, MSN, RN, IP QIPMO Clinical Educator

Hi, my name is Amy Moenning (Men-ing) and I'm the newest member to the QIPMO team!

I am now serving as your Clinical Nurse Educator/Consultant for Southwest Missouri (Region 1). I will continue to be the **Region 1** ICAR Clinical Advisor as well pulling double-duty.

I was born and raised in Southwest Missouri. I began my healthcare journey as an EMT then transferred over into long-term care nursing as a Nurse Aide in 2007, Certified Nurse Aide, and then on to Registered Nurse in 2011. I have held the title of Charge Nurse, MDS/Care plan Coordinator, Infection Preventionist, and Director of Nursing while working in long-term care.

I obtained my Bachelors of Science in Nursing from Walden University in 2018 and a Masters in Nursing, with an emphasis in Leadership and Management, in 2021 and will complete my post-Masters certification as a Family Nurse Practitioner in May 2023.

So outside of working full-time, I am also a full-time student and enjoy spending time with my family including my husband, kids and grandkids, and furbaby. 🐾 I love to travel when time allows. I am excited to meet those of you I have not had the opportunity to meet yet and am looking forward to assisting Southwest Missouri with the ever-changing needs and demands of long-term care and healthcare!

For more information on QIPMO Clinical Education, Leadership Coaching, and ICAR visit us at www.nursinghomehelp.org

Resources, Resources, Resources!

Libby Youse, BGS, LNHA, CDP, IP ⚭ *QIPMO Leadership Coach*

The biggest thing I have learned since joining QIPMO are the resources that are available!

I'm still amazed at what is right at our finger tips!

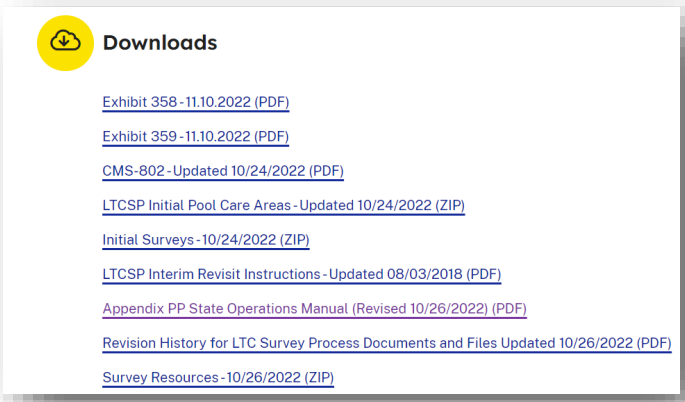
And it's our job to get these resources out to you. Whether you are new to long-term care, or you've done this for a while, these resources will be invaluable to you.

CMS Federal Regulations: Appendix PP

At this link you have a wealth of information that can assist in making your life as an Administrator or a Director of Nursing easier and I know everyone of you working in long-term care need to make your life simpler if possible.

cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

Go to the bottom of the page under *Downloads*. ***Pin this link to your desktop*** for a quick and easy reference.



Survey Resources

On the same link under *Downloads*, you can also find the *Survey Resources*. These are the same tools that surveyors use. This zip file includes everything you need to have prepared for your survey. There is an *Entrance Conference* form that each Administrator needs to print and create a survey binder using this list. On the list is exactly what surveyors will want within the *first hour* of entering your building, within *4 hours*, and so on. When surveyors enter your building, tensions tend to rise anyway so why not make it as simple and as easy on yourself by being prepared? Have that list already updated weekly in a tabbed-out binder and be ready.

Also included in these *Survey Resources* are Survey *Pathways*. Print these off and hand them to your department managers. For example, give dietary the pathways on *Dining* and the *Kitchen* so they know to go to the refrigerator and make sure each has a thermometer, and that all food is labeled and dated.

Or what about *Resident Funds*? How often are residents receiving a statement and how is the interest divided among the residents with a fund balance. These are questions as an Administrator you should know the answers to.

There are 42 *Survey Pathways* available from clinical resources such as pain and pressure ulcers to administrative tools like arbitration and resident funds. These are also great tools to educate your staff.

Missouri State Operations Manual

Here you will find all the rules and regulations for long-term care specific to Missouri. In most cases they are similar to the federal regulations but it's still important to be aware of the differences.

health.mo.gov/seniors/nursinghomes/lawsregs.php

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Want on our e-mail list? Send your e-mail, name, title, and facility information to musonqipmo@missouri.edu!

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Life Safety Manual

QIPMO has created a *Life Safety Manual* for you to save you some steps in meeting those pesky life-safety codes. Feel free to browse through and if you have any questions, you can't find answers for, reach out to your QIPMO coach for assistance.

nursinghomehelp.org/educational/life-safety-code-systems-in-ltc-manual-by-qipmo/

MDS

If your home is certified by CMS, you'll need to be familiar with the *RAI Manual*. This Resident Assessment Instrument (RAI) is the FINAL WORD on how and when to complete the MDS. As an Administrator or DON, you should have basic training in the MDS so you can understand the process and how the information formulates your quality measures and five-star rating.

cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

Infection Control and Prevention

With everything that's gone on the past 3 years, I know we're all tired of dealing with infection control. However, this is still at the FOREFRONT of our caring. There are multiple resources for you in this realm. To get you started, download the Infection Prevention and Control Zip Kit to help you get a handle on the duties of the infection preventionist as well as rules regarding tracking, reporting, and antibiotic stewardship.

nursinghomehelp.org/educational/infection-preventionist-zip-kit/

There are lots of resources on nursinghomehelp.org and we are always glad to help. Give us a ☎ call!

ICAR Corner

It May Be Time for Your Annual ICAR Visit

Since 2020, ICAR team members have made visits to ***over 570*** long-term care providers in Missouri. The ICAR process includes:

- Standardized assessment of infection control process, focusing on highly transmittable infectious diseases
- Observation of infection control practices
- Preliminary feedback with supplemental educational resources
- Comprehensive feedback reports and access to additional ICAR resources

We would love to help your facility by offering you a *FREE* Infection Control Assessment and Response (ICAR) assessment. Having an outside set of eyes come in to review your infection control processes and systems will help you identify your vulnerabilities and strengths and may provide you with opportunities for improvement. The ICAR process will help you take what you've learned during this pandemic and develop ongoing strategies to be prepared for any infection control crisis that might impact your facility.

The ICAR Team can also help with:

- Fit testing training
- Annual review of your facility's Infection Prevention and Control Program (IPCP) as required in §483.80(f)
- One-on-one consultations with your Infection Preventionist
- Education for frontline staff
- Other Infection Prevention-related services such as conducting core infection prevention and control competency demonstrations

Members of the ICAR Team are available for *voluntary, no-cost* visits to any residential care, assisted living, intermediate care, and skilled nursing facility in Missouri. These visits are *confidential* and are intended to be *consultative* and *collaborative* in nature with a *non-regulatory* focus to evaluate infection control practices. Facilities interested in assessing their infection prevention programs and partnering to enhance patient safety through quality facility assessment, staff education, and training can contact the ICAR team at musonicarproject@missouri.edu or (573) 882-0241. Please be sure to include your facility name, your name, and your title in your email.

FREE lifeSign Status COVID-19/Flu A&B Test Kits

DHSS is now offering free lifeSign Status COVID-19/ Flu A&B Test kits to long-term care facilities. These testing supplies are currently in limited supply, therefore, LTC facilities should continue to use COVID -19 antigen testing supplies as indicated. Orders may

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be placed now at Application for Status COVID-19/Flu A&B Test Kits. Long-term care facilities must add lifeSign Status COVID-19/Flu A&B to the facility's CLIA certificate.

When to use Flow Flex COVID-19 Antigen Test Kit/Status COVID-19/Flu A&B Test Kit

1) Use Flow Flex for residents with *known* COVID-19 exposure
2) Use Flow Flex for residents during the facility COVID-19 *outbreak*, or high COVID *community* level
3) Use Status test kit if COVID exposure is *unknown* or *unlikely*
4) Use Status test during the facility influenza *outbreak*, or high influenza activity in the *community*
5) Do **not** use Status test for COVID detection if patient symptomatic for more than 5 days

Upcoming ICAR Events

Monthly Webinar: The Source of Source Control - Why Mask?

Wednesday, February 8, 2023 | 1pm-2pm | WebEx (click HERE to register)

Topics:

- History behind masking and source control
- Current recommendations
- Case studies
- Respiratory protection plan
- Fit testing

Train-the-Trainer Fit Testing Sessions

Upcoming Train-the-Trainer Fit Testing Sessions - (registration information TBA on Nursing Home Help)

February 28, 2023 | 1pm-3pm | Info HERE
Spencer Road Branch Library, Meeting Room A (lower level)
427 Spencer Road, St. Peters, MO

*March 9, 2023 | 11am-1pm **or** 2pm-4pm (select one session) | Registration TBA*
Mary Queen and Mother (Lally meeting room)
7601 Watson Road | St Louis, MO

*April 28, 2023 | 11am-1am **or** 2pm-4pm (select one session) | Registration TBA*
Cape Girardeau Public Library
711 Clark St | Cape Girardeau, MO

Additional sessions will be scheduled soon at locations throughout the state.

Keep an eye on Nursing Home Help for more information!

Keeping Your Residents Safe from Falls

Debbie Pool, BSN, RN, LNHA, QCP, IP ✔ QIPMO Clinical Educator

Each year, over 3 million older people are treated in the emergency department for fall injuries.

Over 800,000 patients/year are hospitalized for fall-related head injuries or hip fractures. Falls are the most common cause of Traumatic Brain Injuries (TBI). Falls are associated with increased length of stay, increased healthcare utilization, poorer health outcomes, and increased costs.

Facts About Falls - CMS defines a fall as *unintentionally* coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). **A fall without injury is still a fall**. The RAI manual mirrors this definition which is an important distinction when coding the MDS.

Fall prevention is the first line of defense to keeping your residents safe.

So, Where Do We Start?

First, we need to commit to a culture of safety taking an all eyes and hands on deck approach. This means a top down, bottom-up path to fall prevention engaging all stakeholders, including the residents and families by employing open lines of communication, a blame-free reporting system and ongoing safety training. *Second*, we need to identify a champion to lead the program. This might be your restorative coordinator, staff educator, QA nurse or possibly the DON or ADON.

Now we are ready to perform a risk and hazard analysis. Risk refers to any external factor, facility characteristic (e.g., staffing or physical environment), or characteristic of an individual resident that influences the likelihood of an accident. We have many tools at our disposal, starting with the facility assessment. This tool identifies the type of residents and care required, staff competencies and training, and situations we consider high risk, high volume, or problem prone. Resident risk is identified through referral paperwork, preadmission screening, fall risk evaluation, multiple sections of the MDS, medical history, physician examination, and resident observations and walking rounds. Environmental rounds are important in identifying potential or actual physical plant hazards and risk.

Remember, it may not be a hazard… but when you add in a vulnerable resident, the risks become more obvious.

It is time to perform a fall risk evaluation to identify the resident's level of risk. This assessment addresses mental status, history of falls, mobility, vision, gait/balance, blood pressure, medications, and predisposing diseases. A score of 10 or above indicates the resident is a ↑ high ↑ risk for falls. Once the resident's level of risk is identified, universal fall precautions should be put into place. These may include:

- ✓ familiarizing the resident with his/her environment
- ✓ ensuring the call light is within reach
- ✓ keeping the resident's possessions within reach
- ✓ appropriate lighting
- ✓ wearing of proper footwear

Sinclair School of Nursing
University of Missouri Health System

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Current standard of practice for completion of a fall risk evaluation is with admission/readmission, quarterly with the MDS, a significant change in the resident's condition, and after each fall. Homes are consistent with the admission/readmission assessments, and when the MDS comes due, but many times miss a critical one, after a resident fall. It is important to complete a post-fall risk evaluation to identify changes, (e.g., medications, mobility, gait/balance) in the resident's risk since the prior assessment. Completion of a root cause analysis, asking the five ⑤ whys, will aide in identifying the cause(s) of the fall and with implementation of an appropriate intervention.

Get in the habit of conducting a post-fall huddle once you have assessed and treated your resident for any injuries.

The huddle should include all staff, the resident, if possible, with a discussion on **how** and **why** the fall occurred, if prior fall interventions were in place at the time of the fall, staffing considerations and contributing environmental factors. A *Post Fall Huddle Guidelines* form is available for use on our website - nursinghomehelp.org. After deciding on a new intervention, make sure it is added to the resident's care plan and communicated to all staff.

But wait... we are not done yet!

We need to have a process in place for monitoring care plan interventions ensuring they are implemented correctly, consistently, and effectively. Interventions should be modified or replaced as needed, with evaluation of the effectiveness of new interventions. This process should also outline who is responsible for monitoring and which interventions to monitor.

As I mentioned earlier, this is an all 👁 eyes and 🤚 hands on deck program.

It takes a village to keep our residents safe.

Reach out to the QIPMO team if your home would like a review of your fall prevention program or a fall audit!

Compassionate Care

Crystal Plank, BSN, RN, RAC-CT, IP ♥ QIPMO Clinical Educator

What is the difference between being a healthcare worker and every other kind of job you work?

Healthcare "workers" are ***caregivers.*** We who lose not only our own family members, but also the residents who have become part of our family. Losing people is hard and can generate lots of different emotions such as anger, guilt, sadness, grief, and sometimes even a deeper depression. As ***caregivers,*** we must take time for self-care.

We cannot be effective caregivers if we are not taking care of ourselves. Here are some reminders about how to take care of YOU.

Surround yourself with people who understand you and accept you for who you are. Have a special friend who does not judge you, who is an active listener, who can make you laugh and makes you feel supported. *Having a good support system is crucial!* As much as you try to be everything to everyone, humans aren't designed that way. Maybe it is a family member, a friend, or even a co-worker. Feeling supported means different things for different people. Support can come as simply having someone to

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listen, maybe it's receiving a funny or encouraging note or text. Maybe it's just receiving a "great job", or taking a walk, or laughing. And somewhere along the way, support is often a gentle, comforting touch, too.

Take some YOU time.

Coping with loss can be difficult and sometimes we need "alone" time. Consider visiting the library, listening to your favorite music uninterrupted, adopt a 🐕 pet, read a good book, watch your favorite 🎬 movie or 📺 TV show. Or maybe you need to do something different-give back in a different way. Try volunteer work even if it is only an hour or two a week. Giving to a worthy cause makes a difference for the group you are volunteering for *AND FOR YOU*. Join a singing group, sports group, bowling league, or an exercise group.

Spend time with kids. Kids are the magic pill for most of our residents. The same may be true for you! Kids have a unique gift for making adults laugh by the simple things they do and say. Offer to watch your grandkids or those of a friend. Play outside, swing in the park, play games, or make cookies. Often the simple joy of a child reminds us that life is more than the day-to-day.

Get healthier. Not saying you have to run a marathon and convert to kale smoothies, but some people may feel less sadness by 🍽 eating healthier food, eating more regularly, getting enough 💤 sleep, or quitting more harmful habits like 🚭 smoking, alcohol, and drug use.

Seek out your spiritual community. Visit members of your religious community such as your local church, mosque, temple, synagogue, or spiritual advisor. Make time for Wednesday night services, church picnics, or youth outings. Or maybe take a class in meditation or reiki energy balance. Start each day with a positive thought, quote, or poem and at the end of the day, take a moment for self-reflection.

Believe in yourself - you are doing a great job!!

Healthcare workers have access to mental health services such as the (800) 273-8255 or texting MHA to 741741 to reach a trained Crisis Counselor 24/7. *WE MUST BE PROACTIVE IN CARING FOR OURSELVES.*

THANKS TO NARCAN

Wendy Boren, BSN, RN, IP ✔ QIPMO Clinical Educator

Everybody dreads that middle of the night phone call, and annoying as it is, you hope it's just staffing and not some major disaster. I'm right there with you. But a few years ago, we got that disaster call - the one that makes your ❤ heart just STOP..... like a sledgehammer in your chest and you forget to breathe for a second. That call happened for us at 11pm on a Tuesday night, with a voice telling me that my nephew had been left at the door of the emergency room overdosed on heroin. We'd suspected he was on steroids, had maybe tried weed. He was a state wrestling champion. He bulked up, slimmed down, slept A LOT, and was at times kind of manic. He was also 19 so we didn't think a lot about it. *Until we got that call. Until we found out this was the second time he'd overdosed. Until he died.* Luckily, they were able to bring him back, thanks to **NARCAN** and some amazing ER doctors and nurses.

According to the National Institute on Drug Abuse, nearly 100,000 people have died in the past 20 years directly from a drug overdose (see figure 1) and that number is skyrocketing. And just as astonishing is the number of potential interventions (bystanders, medical intervention, etc.) at 68% of fatal overdoses in 2021 (see figure 2).

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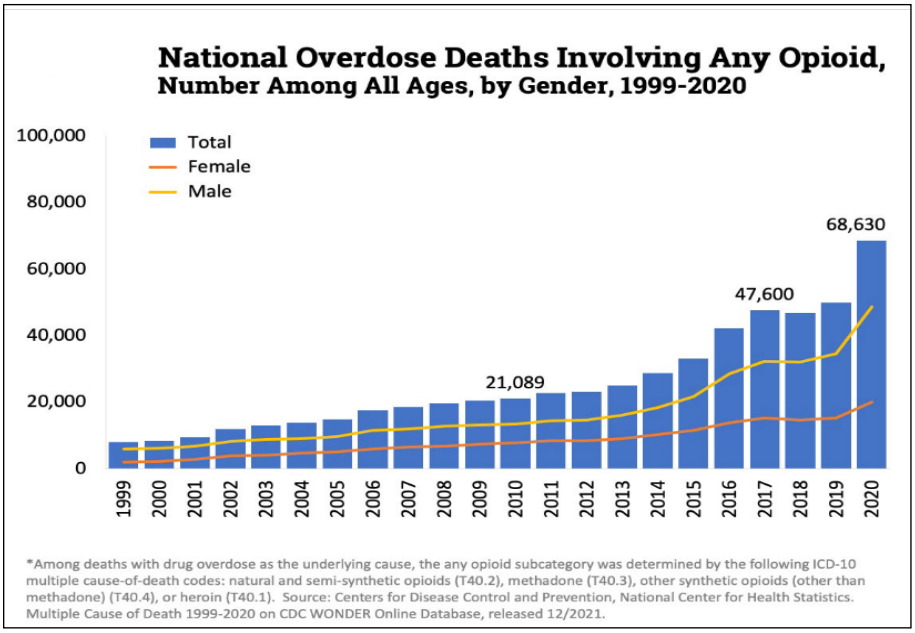
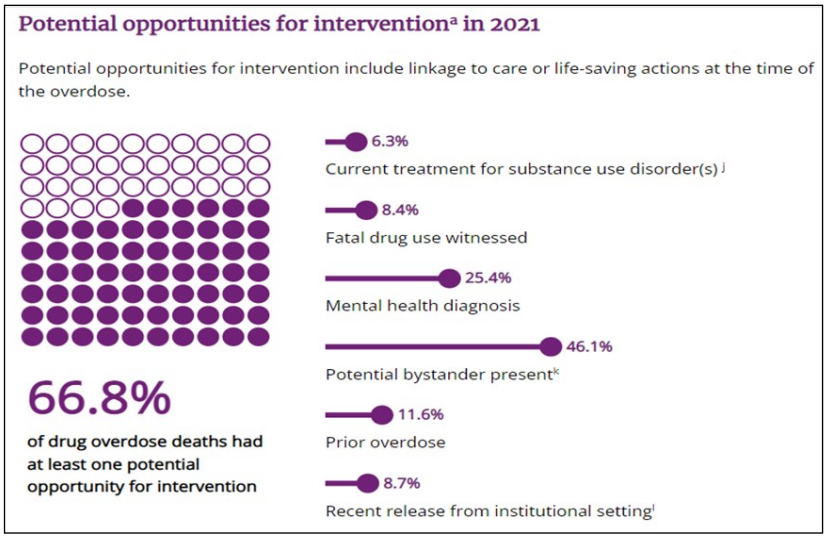


Figure 1

Source: nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

Figure 2

Source: cdc.gov/drugoverdose/fatal/dashboard/index.html



That means that in over half of the fatal cases, if someone had had NARCAN...

lives could have been saved.

Speaking from experience, it means a whole lot if it's your nephew, or neighbor, or child, or patient. **NARCAN** is easy to use, and you don't have to be a nurse. You can carry it in your car, your purse, your backpack. There are no harmful consequences if you administer it and the person is not experiencing an overdose.

In October 2022, CMS included a provision in F-tag 697 that nursing home staff should be trained on the use of Naxolone. Most health departments offer samples for free, and you can certainly get it for your e-kit from your pharmacy provider. QIPMO can help with the training! The training takes about 40 minutes and is appropriate for ***all*** nursing home staff - not just the nurses. Attendees receive a certificate at the end of the training, and it *can* and *should* be included in your yearly in-services list.

Forty minutes of time is well worth you never having to make that call to a family member. Or to receive one. You can help save a life.

REACH OUT TO YOUR QIPMO NURSE OR COACH. WE'RE HERE TO HELP.