



PARRI NEWS

The Pennsylvania Restraint Reduction Initiative

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SPECIAL INSERT: New Resource Materials Available

PARRI Program Brings Together Therapists Working in Long Term Care

About 85 physical and occupational therapists gathered in Pittsburgh, Pennsylvania on May 21 for a full-day program on developing a more holistic role for the therapist in the long term care setting. The program was sponsored by the Pennsylvania Restraint Reduction Initiative under the direction of *Untie the Elderly*[®]. Havala Salkowski-Bartlett, a physical therapy intern with the Initiative, led the day with a resounding plea for the fundamental role that therapists should play in the development of restraint elimination programs within their respective facilities. She pressed for the need for therapists to “widen their circle” and look beyond the “technicalities of their work” towards “truly making a difference in the lives of long term care residents.” “We need to take on roles that were not taught in school and that allow us to become a force for change in the care of the elderly across the nation.” She went on to say that therapy degree programs should teach students about restraint reduction and restraint-free care. “You can’t make change if you don’t teach it,” she implored.

The morning session focused on the foundation and development of a strong restorative nursing program with Liz Horvath, PT, and Jackie Soltis, LPN and Restorative Nursing Supervisor. Ms. Horvath spoke to the idea that we need to do more than just take care of residents . . . we are obliged to teach and model, letting residents do as much as they can possibly do for themselves . . . we need to allow them to be an active participant in their own care to the greatest degree possible . . .

stressing that this is not just good care but mandated care.

Ms. Soltis described the restorative program at Presbyterian Home of Moshannon Valley in Philipsburg, a program that was restructured about three years ago. Five key ingredients of the “new” program include: 1) developing a system that is realistic and doable for staff; 2) developing an exclusive restorative role for the Restorative Nursing Assistants (RNAs) who now work only with the most challenging residents; 3) finding numerous ways to ensure that quality restorative programs are being offered to **all** residents; 4) hiring Resident Support Aides (RSAs) to pass ice, make beds, transport residents, and run AROM groups with the higher functioning residents; and, 5) providing detailed Restorative Nursing Plans (RNPs) to be executed at the bedside for each resident. Jackie went on to say that the restructuring was all about “the resident being the center of focus—everything done now is because it’s the right thing to do for the resident.”

In the afternoon, presenters Cathy Ciolek, PT, and Colleen White, OTR, focused on the broader aspects of fall prevention strategies. They addressed a variety of components, including assessment/screening tools for fall risk, intrinsic and extrinsic fall risk factors with a concentration on physical impairments and environmental factors/interventions that impact falls, and the role and focus of the Fall Management Team in Cathy’s facility.

The afternoon concluded with four case study



Collaborating with the Interdisciplinary Team A Medical Director's Perspective

The use of an interdisciplinary committee, coupled

with a Continuous Quality Improvement (CQI) process, can be very effective in improving the quality of care and quality of life of nursing home residents. As a medical director, being an integral and equal part of that process has been very rewarding.

I have found that one of the best ways to help improve the quality of life of the residents in my facilities has been through active participation on some interdisciplinary committees. On these committees, staff from multiple disciplines interact to improve care and processes. The committees at the facilities that I work with are the monthly Quality Improvement Committee, the Psychotropic Review Committee, and the weekly Utilization Committee to discuss needs of the subacute patients.

At first, the Psychotropic Review Committee was set up by facilities to maintain compliance with federal regulations. Our committee initially was no different. The group often would consist of the pharmacist, the activity director, social workers, nursing staff, and a physician. Nursing would be represented by unit managers, primary nurses, and, at times, nursing assistants. We would discuss one-third of the long-term residents each month. We would also discuss all of the short-term residents, the new admissions, and the challenging residents. Through a CQI process we would review the previous month's recommendations to see if there was follow through and its effectiveness. The pharmacist would report on compliance issues based on chart reviews. The pharmacist and I would make recommendations on dose reductions and medication changes.

We do not just focus on regulatory compliance anymore. Our discussion is centered around the most challenging resident situations, and our role is to take a hard look at both pharmacologic and non-pharmacologic interventions that might improve

the residents' care. Since one of the purposes of the OBRA regulations was to reduce or eliminate chemical restraints, our Psychotropic Review Committee reviews the residents on anxiolytics, antipsychotics, and sedative hypnotics. We make sure that there have been attempted dose reductions, at least every six months, unless there has been documentation contraindicating them. The committee makes sure that every medication has a diagnosis. We also review behavior sheets to see if non-pharmacologic approaches were used, for instance, to quiet agitation prior to the use of prn anxiolytics. We look at the behavior monitor sheets to see if behaviors were appropriately being documented prior to the use of antipsychotics. We look at the problem behaviors and try to explore possible triggers. Common questions we consistently ask each other are: Can the behavior be related to the resident's pain or depression? Can the resident be expressing a need? What time of day does it usually occur? Have activity personnel or the nursing assistants witnessed these behaviors and do they know approaches not listed on the behavior sheet that might help? These questions are explored and recommendations are made. At times the recommendations involve medication changes, but often they involve new approaches to the resident. The pharmacologic recommendations often involve adding, increasing, or changing antidepressants or adjusting pain management. Actively participating in this present process has been beneficial to residents and has been personally and professionally very satisfying.

Quality of care is much more than regulatory compliance. The American Medical Directors Association has been encouraging long term care medical directors to take on roles and responsibilities that ultimately foster the delivery of better care to residents. I can think of no better way to improve care than participating on interdisciplinary committees that are working hard to improve care.

Glenn M. Panzer, M.D., President, Pennsylvania Medical Directors Association; member, Pennsylvania Restraint Reduction Initiative Task Force



News from the PARRI Chemical Training Sites

Since March 2002, the Medication Review/Chemical Reduction training sites have been providing free training sessions across various regions of the state. We have been encouraged by the interest shown by providers in this service, and attendance has been good. Many positive comments have been received about the quality of the sessions offered and the team spirit that is demonstrated by the training site staff. PARRI extends its appreciation to the training site members for all the work put into these sessions. We also appreciate the distances some of the attendees have traveled

to attend a training session. PARRI anticipates that another training site will soon be ready to provide training in the central Pennsylvania area. Look for an announcement in the upcoming weeks and see below for scheduled programs in other regions. Announcements will be mailed to area facilities. A special thank you to PANPHA and PHCA for also posting these dates on their web sites! We look forward to seeing you at a future training session. If you would like more information about the medication review training sites and sessions, please contact Sara Wright, PARRI, at 610-683-5839.

Program Schedule:

Tuesday, August 20

Mountain View Care Center • 2309 Stafford Avenue, Scranton
To register call: **Leslie Collins at 570-341-0050 ext. 1247**

Thursday, August 22

Sweden Valley Manor • 1028 East Second Street, Coudersport
To register call: **Marsha at 814-274-7610**

Tuesday, September 10, 1:00 p.m.

St. John Neumann Nursing Home • 10400 Roosevelt Boulevard, Philadelphia
To register call: **Leslie Stickley at 215-698-5623**

Wednesday, September 25, 9:30 a.m.

Presbyterian Home of Moshannon Valley • One Medical Center Drive, Philipsburg
To register call: **Lori Eckburg at 814-342-6090**



Therapists Come Together *(continued from page 1)*

scenarios of long term care residents experiencing some very challenging safety situations. The larger group divided into four smaller groups and each discussed one resident situation and developed a list of possible avenues or interventions to pursue. Each "case" was then presented to the larger group and a discussion ensued on the list of suggested interventions. Many of the proposed solutions focused on careful assessment and tailoring interventions around some of the following areas: level of activity, current medication and pain management, toileting needs/schedule, fall patterns, seating alternatives, restorative program, environmental modifications, communication strategies, and resident preferences.

Note: The program will be repeated on September 10, 2002, in Conshohocken, Pennsylvania. Registration information has been mailed.



PARRI PROGRAM SCHEDULE:

Falls Got You Down? Balancing Resident Autonomy and Safety

September 18, 2002 Westmoreland Manor, Greensburg, PA

October 16, 2002 Pleasant View Retirement Community, Manheim, PA

Mobilize Your Mind: Developing a More Holistic Role for the Therapist

September 10, 2002 Philadelphia Marriott West, Conshohocken, PA

The Pennsylvania Restraint Reduction Initiative provides services to all Pennsylvania nursing facilities striving to deliver quality care to their residents. Do not hesitate to contact any member of the training team for assistance. Training team members are:

- **Neil Beresin, Regional Director**, Philadelphia and Northeastern region
215-844-6139; nberesin@kcorp.kendal.org
- **Janet Davis, Regional Director**, Southeastern and Central region
610-268-6929; jdavis@kcorp.kendal.org
- **Karen Russell, Regional Director**, Western region
814-375-6011; krussell@kcorp.kendal.org
- **Sara Wright, Geriatric Nurse Practitioner/Consultant**
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WEB SITE RESOURCE LIST

Caregivers dealing with fall prevention may find the following web sites useful:

<http://www.aafp.org/afp/20000401/2159.html>

Falls in the Elderly

George F. Fuller, COL, MC, USA
White House Medical Clinic, Washington, D.C.
American Family Physician, April 1, 2000

<http://www.amda.com/caring/april2002/falls.htm>

Beyond the MDS: Team Approach to Falls Assessment Prevention, & Management

Gretchen Henkel, April 2002

http://www.amda.com/clinical/falls/figure_1.htm

Checklist for Assessing Fall Risk and Post-fall Review

<http://www.caringfortheages.com/>

Caring for the Ages, an official publication of the American Medical Directors Association, is a monthly newspaper covering important clinical, policy, research, and other professional news relevant to members of the long-term care team.

<http://www.fda.gov/cdrh/beds/bedrail.pdf>

A Guide to Bed Safety—Bed Rails in Hospitals, Nursing Homes and Home Health Care: The Facts

<http://www.fda.gov/cdrh/beds>

Hospital Beds and the Vulnerable Patient/Hospital Bed Safety Work Group

<http://www.geriatricsandaging.com>

Falls and Fitness (multiple articles)

<http://www.mmhc.com/nhm/articles/NHM0008/rubenstein.html>

Approaching Falls in Older Persons

Laurence Rubenstein, MD
This article was adapted from a session at the 1999 American Geriatrics Society Annual Meeting.

<http://www.nursingceu.com/NCEU/courses/balance>

Fundamentals of Balance—How to Assess Balance and Prevent Falls

Author: Lauren Robertson, MPT

<http://www.olderadultinjury.org>

The National Resource Center on Aging and Injury (NRCAL) is a joint effort between the San Diego State University Center on Aging and the American Society on Aging. NRCAL is funded by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention.

<http://www.residentsafety.com/newsletter.ps.1.html>

This newsletter examines a broad range of topics relating to patient and resident safety. The site is operated by HealthSafe, Inc. a not-for-profit corporation devoted to providing information about safe care for patients in hospitals and residents in nursing homes.



NEW RESOURCE MATERIALS

- **Assessment Tool Booklet**

Working with caregivers in Pennsylvania's long term care facilities for six years now, the PARRI training team has seen many assessment tools and has had repeated requests for sample copies. To that end, they're compiling a booklet of assessment forms that will serve as a guide to caregivers as they execute resident-focused care plans. The booklet will be available for a nominal fee in late September.

- **Untie the Elderly® Resource Manual, Fifth Edition**

Originating in 1989, the resource manual is now in its fifth revision. Doubled in size from the previous version, the manual offers a comprehensive restraint elimination program for physical and chemical restraints. The new edition has been expanded to include sections on environmental safety (including bedrails), fall management and prevention, and proper assessment techniques. Additional information includes restraint elimination in acute care settings, research, and legal issues.

Take advantage of the special introductory offer of \$99.00, a savings of \$20.00. (Price includes shipping.)

If interested in the *Assessment Tool* booklet, or to order the *Untie the Elderly® Resource Manual*, e-mail (mscharf@kcorp.kendal.org) or call Mary Scharf at 610-388-5580.

For additional resources on restraint elimination:

visit the *Untie the Elderly®* website at www.ute.kendal.org.

Update from the Hospital Bed Safety Work Group:

Visit the *Untie the Elderly®* website for the final "Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings" by the Hospital Bed Safety Workgroup.

April 1999, the Food and Drug Administration (FDA) in partnership with representatives from the hospital bed industry, national healthcare organizations, patient advocacy groups, and other federal agencies formed the Hospital Bed Safety Workgroup. The workgroup's goal is to improve the safety of hospital beds for patients in all health care settings who are most vulnerable to the risk of entrapment. The workgroup is developing additional resources including dimensional guidelines, measurement tools, and educational materials to assist manufacturers, caregivers and consumers. This clinical guidance is provided for discussion and educational purposes only and should not be used or in any way relied upon without consultation with and supervision of a qualified practitioner based on the case history and medical condition of a particular patient. The Hospital Bed Safety Workgroup, their heirs, executors, administrators, successors, and assigns hereby disclaim any and all liability for damages of whatever kind resulting from the use, negligent or otherwise, of this clinical practice guidance.

The Dimensional Guidelines have been submitted to the FDA and will appear shortly in the Federal Registry for public comment.