

Positioning Critical Element Pathway

Use this pathway for a sampled resident who has positioning needs to determine if facility practices are in place to identify and intervene to prevent decline, maintain, or improve positioning.

Review the following to guide your observations and interviews:

- Review the most current comprehensive (i.e., admission, annual, significant change, or a significant correction to a prior comprehensive) and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAS for C - cognitive status, G - bed mobility, transfer and ROM status, J - pain, O - OT, PT or restorative services,
- Care plan (e.g., positioning instructions, devices/equipment or therapy),
- Physician's orders (e.g., therapy to address positioning and positioning devices/equipment), and
- Pertinent diagnosis.

Observation

Make observations as appropriate, over various shifts to corroborate the information obtained during the record review. You may also find it important to observe for information obtained from staff interviews. Potential pertinent observations are listed below.

- Is the resident properly positioned in a w/c or recliner to maintain proper body alignment?
 - o Look at the overall position:
 - Head touching chest or shoulder or extended back
 - Arms dangling
 - Arms held in close to body/pressing against armrests
 - Leaning
 - Slouching/sacral sitting
 - Hips, knees and ankles at 90 degrees
 - Knees pressed together
 - Feet dangling
 - o Is the resident seated in a w/c of appropriate size?
 - o Are leg rests attached if the resident cannot self-propel?
 - o If the resident can self-propel, are the foot pedals removed?
- Is the resident's enclosed framed wheeled walker (with a strap in between the resident's legs) sized appropriately, if applicable (e.g., a resident who has a small frame isn't in a large device)?
- Are care-planned interventions in place (e.g., positioning devices/equipment)?
- Are positioning devices being used and are they used correctly? Here is a list of common positioning devices/approaches:
 - o Head position – head supports including head rests and straps (head to chest issue), back/lumbar support (head to shoulder issue).
 - o Arms dangling – appropriate height of armrests, reposition, arm trough, use of full/half lap tray (all non-restraint interventions should be tried first before the use of a restraint).
 - o Arms held in close – appropriate width of w/c and height of armrests, back/lumbar support, or lateral supports.
 - o Leaning – reposition upright, trunk/lateral supports, built up armrest, pillows, built up cushion (side that leaning towards), back/lumbar support, solid seating base and back (sling not used), or lapboard if decreased trunk control (all non-restraint interventions should be tried first before the use of a restraint).
 - o Slouching or sliding forward – reposition upright, wedge cushion,ommel cushion, appropriate seat depth, position of feet, seat belt, or lap cushion/lap buddy (all non-restraint interventions should be tried first before the use of a restraint).
 - o Knees touching – solid seat, pillow, foot buddy, or knee abductor/ommel cushion.

Positioning Critical Element Pathway

- Is the resident properly positioned in bed to maintain proper body alignment?
 - Are the resident's limbs and head supported to prevent complications?
 - Is the resident's head elevated during meals?
 - Are the resident's feet pressed up against the foot board?
- Is the resident using a transport chair (lightweight, foldable, and portable w/c) as their primary mode of locomotion (e.g., in place of a w/c)? (Note: transport chairs should not be used as a primary mode of locomotion).
- Does the resident's chair (e.g., w/c or Geri-chair) fit under dining room table so he/she can access food without difficulty?
 - Feet dangling – reposition, presence of foot pedals (fixed, detachable or swing away), heel loops, calf supports/pads, height of w/c to the floor, foot buddy, or foot and calf board.
- Is staff gentle when positioning resident?
- Observe the resident in therapy if being seen for positioning (e.g., pain, positioning interventions, and level of participation/resistance).
- Is there any indication that the resident could benefit from therapy services that are not currently being provided?
- Does staff respond to any indications of pain?

Interview

*As part of the investigation, surveyors should attempt to interview **the most appropriate direct care staff member**. Your interview question should be specific to the investigation at hand and based on findings from the record review and observations. Consider interviewing the DON, MD, CNP or PA to complete the investigation.*

Resident and/or representative:

- Are you comfortable in your [wheelchair, recliner, or bed]?
- Do you need help being positioned in bed or w/c?
- Do you have any pain when staff position you?
- Do staff use anything to help position you like pillows or wedges?
- Are you getting therapy for positioning?
 - How often do they help you?

Nurse Aide:

- Are you familiar with the resident's care?
- How much assistance does the resident need with positioning?
- What positioning devices are used?
- Does the resident have pain when positioned? If so, who do you report it to?
- Does the resident refuse? What do you do if the resident refuses?
- Were you trained to use the positioning devices? If so, how?
- Ask about concerns based on your investigation.

Positioning Critical Element Pathway

Nurse:

- Are you familiar with the resident's care?
- How much assistance does the resident need with positioning?
- How long has the resident [ask about specific positioning concern]?
- Was therapy made aware of positioning concerns?
- Does the resident have pain? If so, who do you report it to?
- Does proper positioning improve the resident's pain?
- If the resident is using a transport chair in place of a w/c ask: Why?
- Does the resident refuse? What do you do if the resident refuses?
- How do you monitor staff to ensure they are implementing care-planned interventions?
- Ask about concerns based on your investigation.

Therapy/Restorative:

- When did therapy start working with the resident to address positioning concerns?
- What is therapy doing to address the resident's positioning concerns?
- How did you identify that the interventions were suitable for this resident?
- What are the current goals?
- Did you involve the resident/representative in decisions regarding treatments? If so, how?
- How often do you meet with the resident?
- How much assistance does the resident need with positioning?
- Does the resident have pain? If so, who do you report it to and how is it being treated?
- Does the resident refuse? What do you do if the resident refuses?
- How did you train staff to position the resident and apply the positioning devices? Is there documentation that nursing staff were trained (ask to see the documentation)?
- If the resident is not on a therapy program: How did you decide that he/she would not benefit from a program?
- Ask about concerns based on your investigation.

Record Review

You may need to return to the record to corroborate information from the observations and interviews. Potential pertinent items in the record are listed below.

- Review the positioning therapy assessment, notes, and discharge instructions.
 - Has therapy assessed the resident's positioning, provided treatment as often as ordered, provided devices as necessary, and provided instructions to nursing staff after therapy?
- Are the underlying risk factors identified?
- Are non-restraint positioning devices and other positioning strategies attempted before a restraint is used?
- Has the care plan been revised to reflect any changes in positioning?
- Is pain related to positioning assessed and treatment measures documented?
- Review facility policies and procedures with regard to positioning.

Positioning Critical Element Pathway

Make compliance decisions below by answering the five Critical Elements.

Note: Remember if the facility failed to complete a comprehensive assessment resulting in a citation at F272, surveyors should not cite F279 and F280 as the facility could not have developed or revised a plan of care based on a comprehensive assessment they did not complete. If further guidance is needed, surveyors should refer to the regulations, IG, and investigative protocol as they conduct investigations.

Critical Element

1. If the condition or risks were present at the time of the required assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) for the resident's positioning needs and the impact upon the resident's function, mood, and cognition?

If No, cite F272

NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR a comprehensive assessment is not required yet.

2. Did the facility develop a plan of care with interventions and measurable goals, in accordance with the assessment, resident's wishes, and current standards of practice, to ensure provision of care to meet positioning needs?

If No, cite F279

NA, the comprehensive assessment was not completed OR a comprehensive care plan is not required yet.

3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care?

If No, cite F282

NA, no provision in the written plan of care for the concern being evaluated.

4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?

If No, cite F280

NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

5. Based on observation, interviews, and record review, did the facility provide care and services to meet the needs of the resident in order to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care regarding positioning?

If No, cite F309

Other Tags and Care Areas to consider: Dignity (F241), Abuse (F223, F224, F226), F246, F271, F274, F278, F281, Pain (F309), Pressure Ulcers (F314), Sufficient Staffing (F353, F354), Rehab and Restorative (F311, F406), F498, F514.

Positioning Critical Element Pathway

Notes: