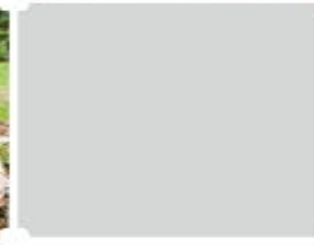
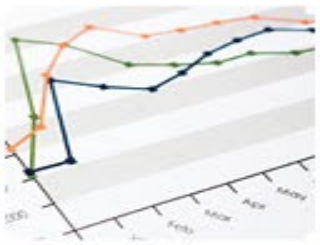


# QI Identify Preventions & Interventions



# Age-Friendly Homes



# QAPI – Performance Improvement Project (PIP)

## ■ PIP team should have the following:

- One person from the QAPI committee - Must be interdisciplinary - No more than 5-6 people (3 if a small) facility
  - Pharmacist , CNA, nurses, Activities, Maintenance, Laundry, etc. (closest to the problem)
  - Consider having residents or families as subject matter experts

## ■ Leadership support

- Resources, encouragement, available

## ✓ Clear purpose

- Share the SMART goal with them – Team Charter

## Follow up

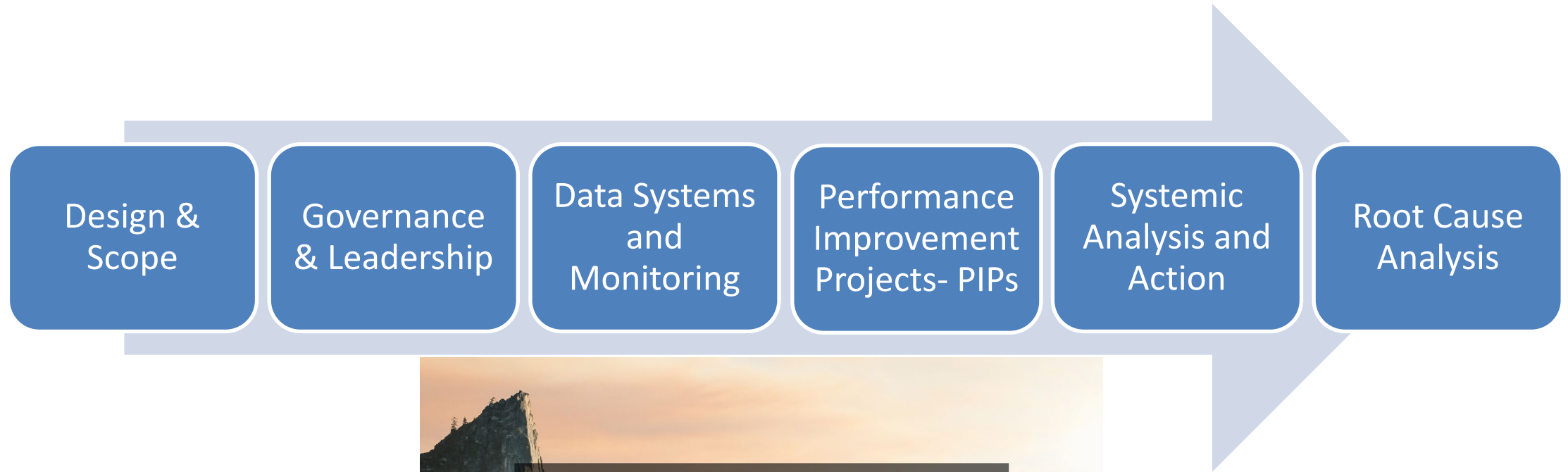
Should be meeting frequently, at least weekly  
Use Huddles

## ✓ A plan

- Conduct an RCA
- Help them develop and test a PDSA weekly
- Measurement and data collection daily
- Health Equity

<https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/nursing-home-quality-assurance-performance-improvement>

## Elements of QAPI



Quality is everyone's  
responsibility.

W. Edwards Deming

quotechan



## QA + PI = QAPI

	QUALITY ASSURANCE	PERFORMANCE IMPROVEMENT
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention
Attitude	Required, reactive	Chosen, proactive
Focus	Outliers: <i>"bad apples"</i> Individuals	Processes or Systems
Scope	Medical provider	Resident care
Responsibility	Few	All



## **“Not all change is improvement, but all improvement is change.” Donald Berwick, MD Former CMS Administrator**

- You create systems to provide care and achieve compliance with nursing home regulations.
- You track, investigate, and try to prevent recurrence of adverse events.
- You compare the quality of your home to that of other homes in your state or company.
- You receive and investigate complaints.
- You seek feedback from residents and front-line caregivers.
- You set targets for quality.
  - You strive to achieve improvement in specific goals related to pressure ulcers, falls, restraints, or permanent caregiver assignment; or other areas; (for example by joining the Advancing Excellence Campaign).
- You are committed to balancing a safe environment with resident choice.
- You strive for deficiency-free surveys.
- You assess residents' strengths and needs to design, implement, and modify person-centered, measurable and interdisciplinary care plans.





## Take QAPI Action

- STEP 1: Leadership Responsibility and Accountability
- STEP 2: Develop a Deliberate Approach to Teamwork
- STEP 3: Take your QAPI “Pulse” with a Self-Assessment
- STEP 4: Identify Your Organization’s Guiding Principles
- STEP 5: Develop Your QAPI Plan
- STEP 6: Conduct a QAPI Awareness Campaign
- STEP 7: Develop a Strategy for Collecting and Using QAPI Data
- STEP 8: Identify Your Gaps and Opportunities
- STEP 9: Prioritize Quality Opportunities and Charter PIPs
- STEP 10: Plan, Conduct and Document PIPs
- STEP 11: Getting to the “Root” of the Problem
- STEP 12: Take Systemic Action

Family and resident complaints  
are often underused,  
and yet they are a  
valuable way of identifying  
more general problems.

## Correlation of 4Ms Care to Quality Measures

4Ms	CMS LTC Quality Measures Mapped to 4Ms of Age-Friendly and Dementia-Friendly Care
<b>What Matters Most</b>	<ul style="list-style-type: none"><li>% of residents whose need for help with ADLs increased</li><li>% of residents who lose too much weight</li><li>% of low-risk residents who lose control of their bowels or bladder</li><li>% of residents with who have had a catheter inserted and left in bladder</li><li>% of residents with a urinary tract infection</li></ul>
<b>Medications</b>	<ul style="list-style-type: none"><li>% residents who received an antipsychotic medication</li><li>% of residents who used antianxiety or hypnotic medication</li></ul>
<b>Mentation</b>	<ul style="list-style-type: none"><li>% of residents with behavioral symptoms affecting others</li><li>% of residents who have symptoms of depression</li></ul>
<b>Mobility</b>	<ul style="list-style-type: none"><li>% of residents experiencing one or more falls with major injury</li><li>% of residents whose ability to move independently worsened</li><li>% of residents who were physically restrained</li><li>% of high-risk residents with pressure injuries</li></ul>



## CASPER Report

### MDS 3.0 Facility Level Quality Measure Report

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	2	28	7.1%	7.1%	9.9%	9.0%	45
Phys restraints (L)	N027.02	C	0	54	0.0%	0.0%	0.2%	0.2%	0
Falls (L)	N032.02	C	29	54	53.7%	53.7%	51.9%	46.4%	70
Falls w/Maj Injury (L)	N013.02	C	1	54	1.9%	1.9%	4.9%	3.6%	31
Antipsych Med (S)	N011.02	C	1	18	5.6%	5.6%	2.7%	2.2%	91 *
Antipsych Med (L)	N031.03	C	3	51	5.9%	5.9%	14.7%	14.4%	17
Antianxiety/Hypnotic Prev (L)	N033.02	C	2	24	8.3%	8.3%	8.3%	6.3%	74
Antianxiety/Hypnotic % (L)	N036.02	C	14	42	33.3%	33.3%	23.9%	19.7%	90 *
Behav Sx affect Others (L)	N034.02	C	20	50	40.0%	40.0%	17.1%	20.7%	89 *
Depress Sx (L)	N030.02	C	3	40	6.1%	6.1%	4.8%	7.4%	70
UTI (L)	N024.02	C	1	43	2.3%	2.3%	3.5%	2.8%	59
Cath Insert/Left Bladder (L)	N026.03	C	0	42	0.0%	0.0%	2.4%	2.0%	0
Lo-Risk Lose B/B Con (L)	N025.02	C	12	21	57.1%	57.1%	38.3%	47.4%	70
Excess Wt Loss (L)	N029.02	C	2	34	5.9%	5.9%	5.5%	8.5%	42
Incr ADL Help (L)	N028.02	C	8	41	19.5%	19.5%	14.7%	17.1%	65
Move Indep Worsens (L)	N035.03	C	3	27	11.1%	13.8%	19.1%	27.2%	20
Improvement in Function (S)	N037.03	C	3	8	37.5%	48.8%	68.8%	70.5%	11 *

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury <sup>1</sup>	S038.02	5	99	5.1%	7.5%	2.6%

## Definitions

**Numerator** – actual number of residents who were impacted by the QM condition during the report period

**Denominator** – number of residents potentially impacted by the QM condition during the report period

## Calculating the Facility Observed Percent

Numerator divided by the denominator multiplied by 100

Example: Antipsychotic Med (Long Stay) QM

$$\frac{15}{48} \times 100 = 31.3\%$$

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Antipsych Med (L)	N031.02		15	48	31.3%	31.3%	18.9%	21.3%	94*

### Why is the Denominator Different?

- Short stay vs. long stay
- Only residents who are not excluded from the Quality Measure are counted in the denominator
  - The Antipsychotic Quality Measure excludes Schizophrenia, Tourette's Syndrome and Huntington's Disease
  - Some Quality Measures exclude the admission assessment or the 5 Day PPS assessment

# Resident Level Report

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	Hi-risk Pres Ulcer (L)	New/worse Pres Ulcer (S)	Phys restraints (L)	Fall (L)	Falls w/ Maj Injury (L)	Antipsych Meds (S)	Antipsych Med (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count
Resident A	10001	04/99/99	X					X					X	X						4
Resident B	10002	99/99/11		X				X	X		X				X		X		X	7
Resident C	10003	02/99/99																		1
Resident D	10004	04/99/99				X		X			X						X			4
Resident E	10005	99/99/11									X						X		X	4
Resident F	10006	02/99/99			X	X												X		3
Resident G	10007	04/99/99		X				X			X						X		X	5
Resident H	10008	99/99/11						X	X		X									3
Resident I	10009	02/99/99		X				X			X						X		X	5

# Resident Level Report

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	Hi-risk Pres Ulcer (L)	New/worse Pres Ulcer (S)	Phys restraints (L)	Fall (L)	Falls w/ Maj Injury (L)	Antipsych Meds (S)	Antipsych Med (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count
Resident A	10001	04/99/99	X					X					X	X						4
Resident B	10002	99/99/11		X				X	X		X				X		X		X	7
Resident C	10003	02/99/99																		1
Resident D	10004	04/99/99				X		X			X						X			4
Resident E	10005	99/99/11									X						X		X	4
Resident F	10006	02/99/99			X	X												X		3
Resident G	10007	04/99/99		X				X			X						X		X	5
Resident H	10008	99/99/11						X	X		X									3
Resident I	10009	02/99/99		X				X			X						X		X	5

Data provided is fictional

# What do your Quality Measures Reflect for your Home?

Anti-  
Psychotic  
Medication

Pressure  
Ulcers



ADLs  
increased  
help

Positive  
Depression  
Screening

## Prepare for QAPI Journey

- ☐ Review your Facility Level Quality Casper Report
- ☐ Choose your Quality Measures to focus on
- ☐ Team Huddles
- ☐ Root Causes

### Performance Improvement Project (PIP) Documentation

Nursing Home Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

#### PIP Team Members:

Staff Name	Title		

#### PIP Team Project:

Quality Measure of Focus	Baseline Rate of QM	Improvement Goal for QM	Goal Rate	Date to reach the goal rate

#### Goal Monitoring:

Current Date	Current Rate	Current Date	Current Rate	Current Date	Current Rate

#### Interventions: The following are the interventions implemented:

Start Date	Intervention Description	Intervention Notes	Outcome/Results

(Duplicate rows as needed)

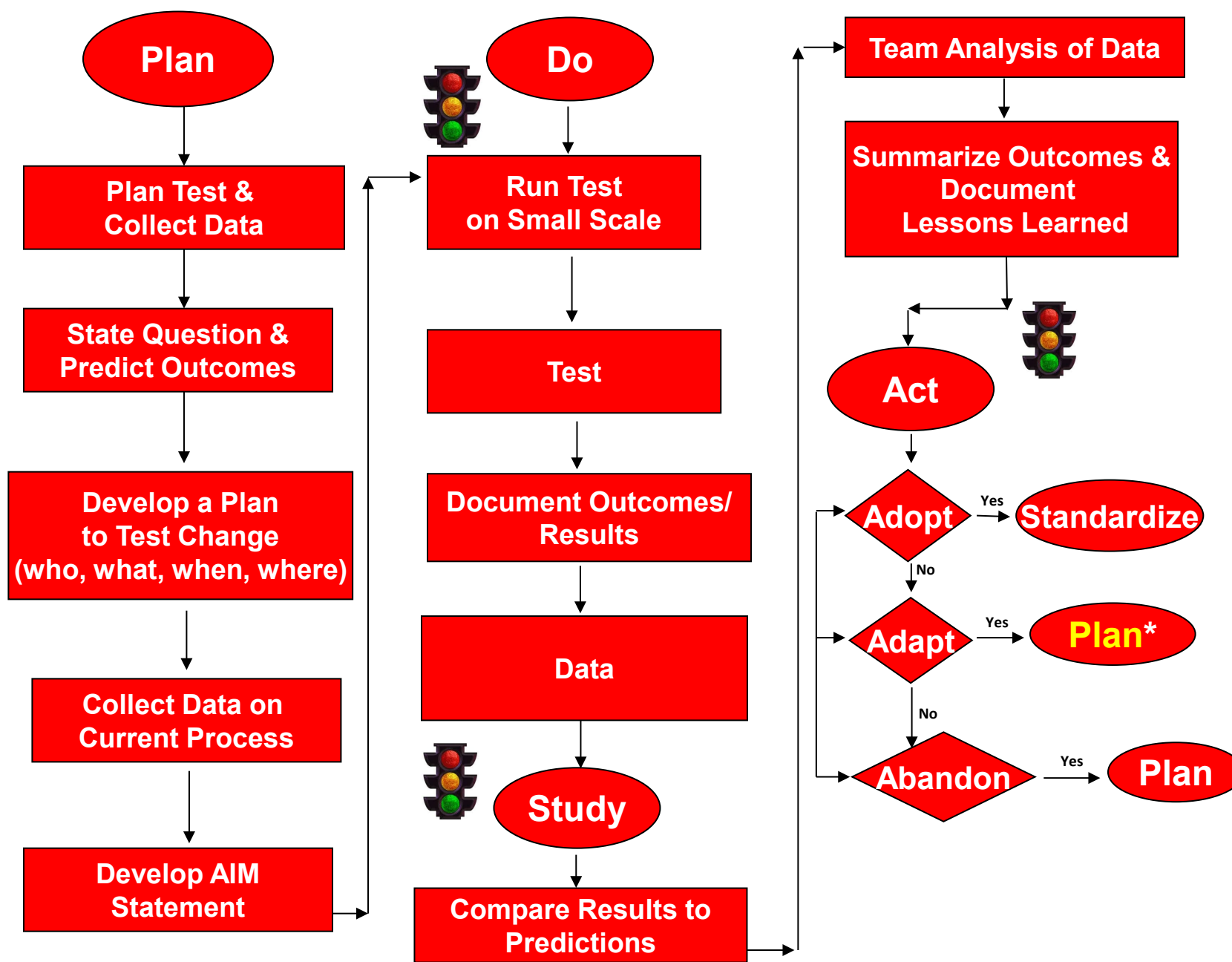
### Performance Improvement Project (PIP) Documentation

Nursing Home: \_\_\_\_\_ Start Date: \_\_\_\_\_

#### Outcomes: Use the table below to document what has worked, what has not worked, or lessons learned.

Intervention Successes	Intervention Barriers	Lessons learned





## Shift Team Huddles

**Plan:** on Monday we will test the new huddle format at 9:00am with staff on Birch Neighborhood. Huddle will be run by DON for 15min at the nursing station. All available staff invited.

Agenda will include:

- Staff shout outs
- New or readmissions, planned discharges
- Unplanned discharges, rehospitalizations
- “At Risk” residents and residents on the watch list
- Point of care staff observations, needs and requests
- PIP Update
- Announcements

**Do:** Test was run but staff were pulled away from huddle to answer call bells. Meeting went over as we got pulled into a conversation around a specific resident.

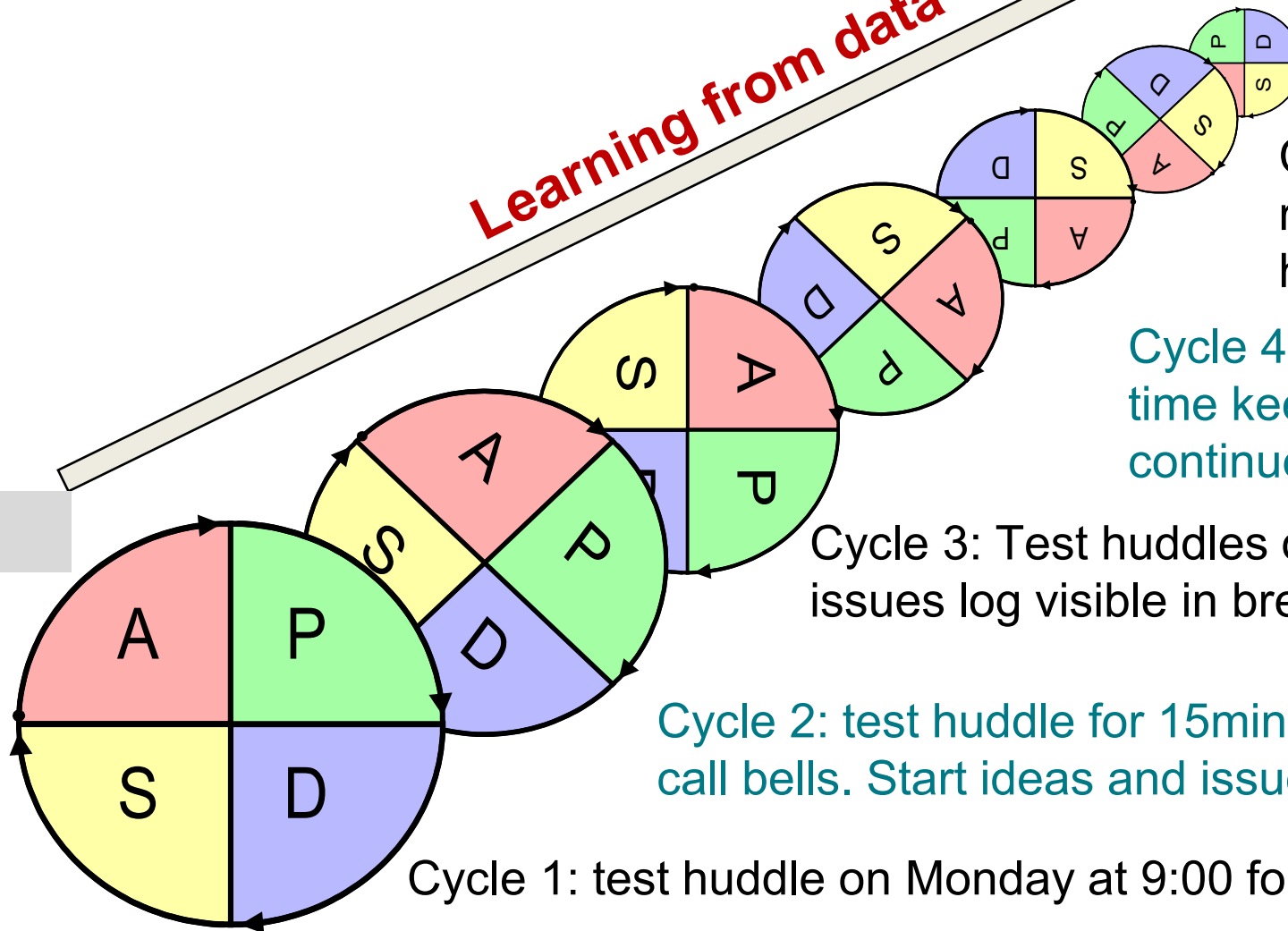
**Study:** Huddle was a great way to engage staff and allowed leaders to convey key information quickly. Staff were distracted by resident's needs during the huddle, and we found we needed a way to plan for follow-up conversations for longer discussions.

**Act:** Repeat huddle on Tuesday at 9am. 2 staff will be designated to cover resident's needs during huddle so point of care staff can participate. An Ideas and Issues log will be started.

## Reliable Daily huddles

Learning from data

No huddles



Cycle 1: test huddle on Monday at 9:00 for 15min

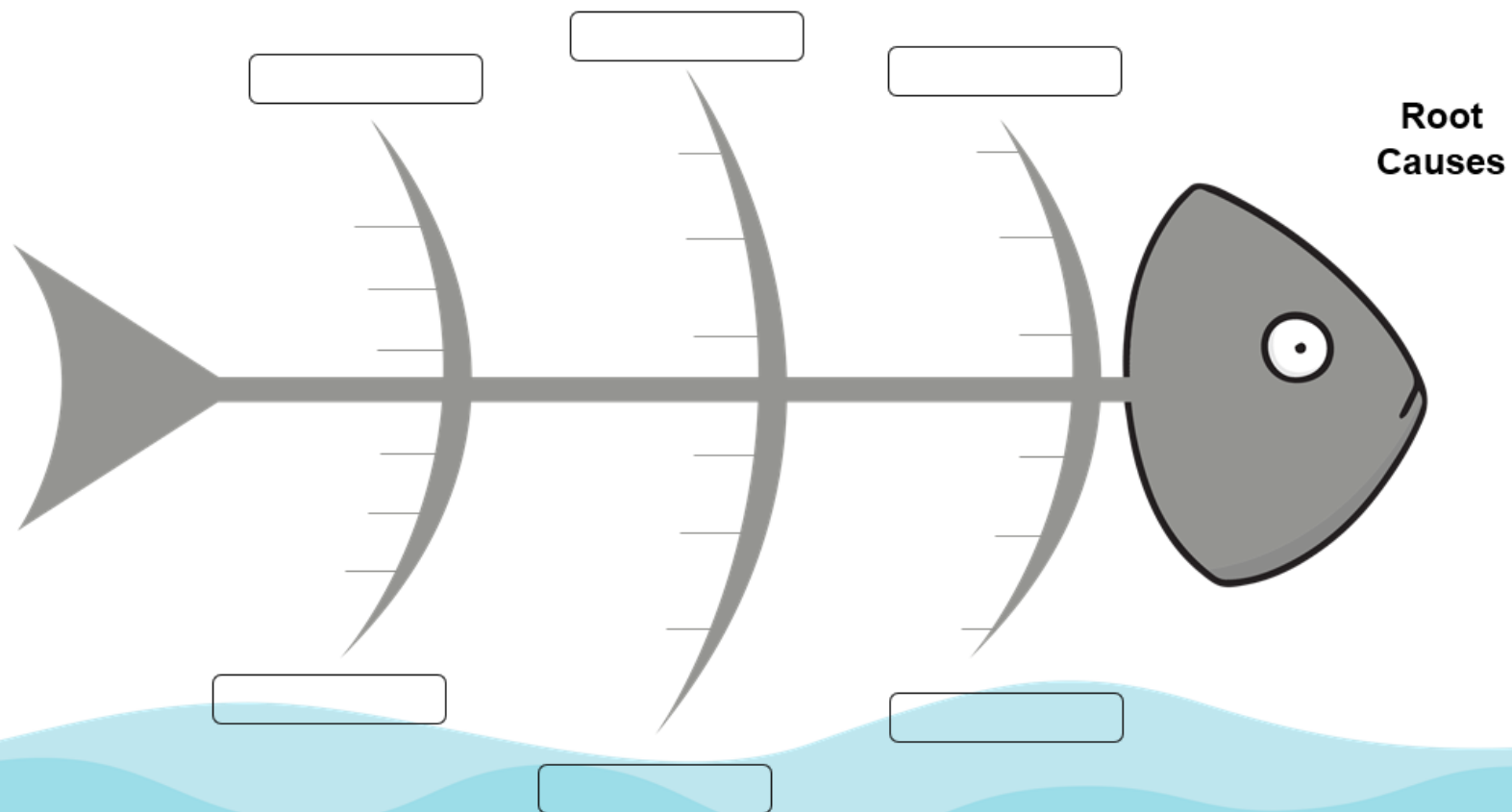
Cycle 2: test huddle for 15min Tuesday, Admin to cover call bells. Start ideas and issues log

Cycle 3: Test huddles daily for next week, make issues log visible in break room. Have timekeeper

Cycle 4: Rotate huddle leadership, time keeping and notetaking and continue for next month.

Cycle 5: make part of daily routine and train new staff how to lead

# FISHBONE DIAGRAM



# Quality Measures

## Falls & Falls with Major Injury

- Safe Mobility, Transfers, Pre-Root Cause

## Anti-Psychotics & Anti-Anxiety Medications

- Medication Review and Deep-Dive
- Re-Train on non-Pharmaceutical interventions

## Depression

- Screenings
- Interventions

## Behaviors affecting others

- Interventions

## ADLs

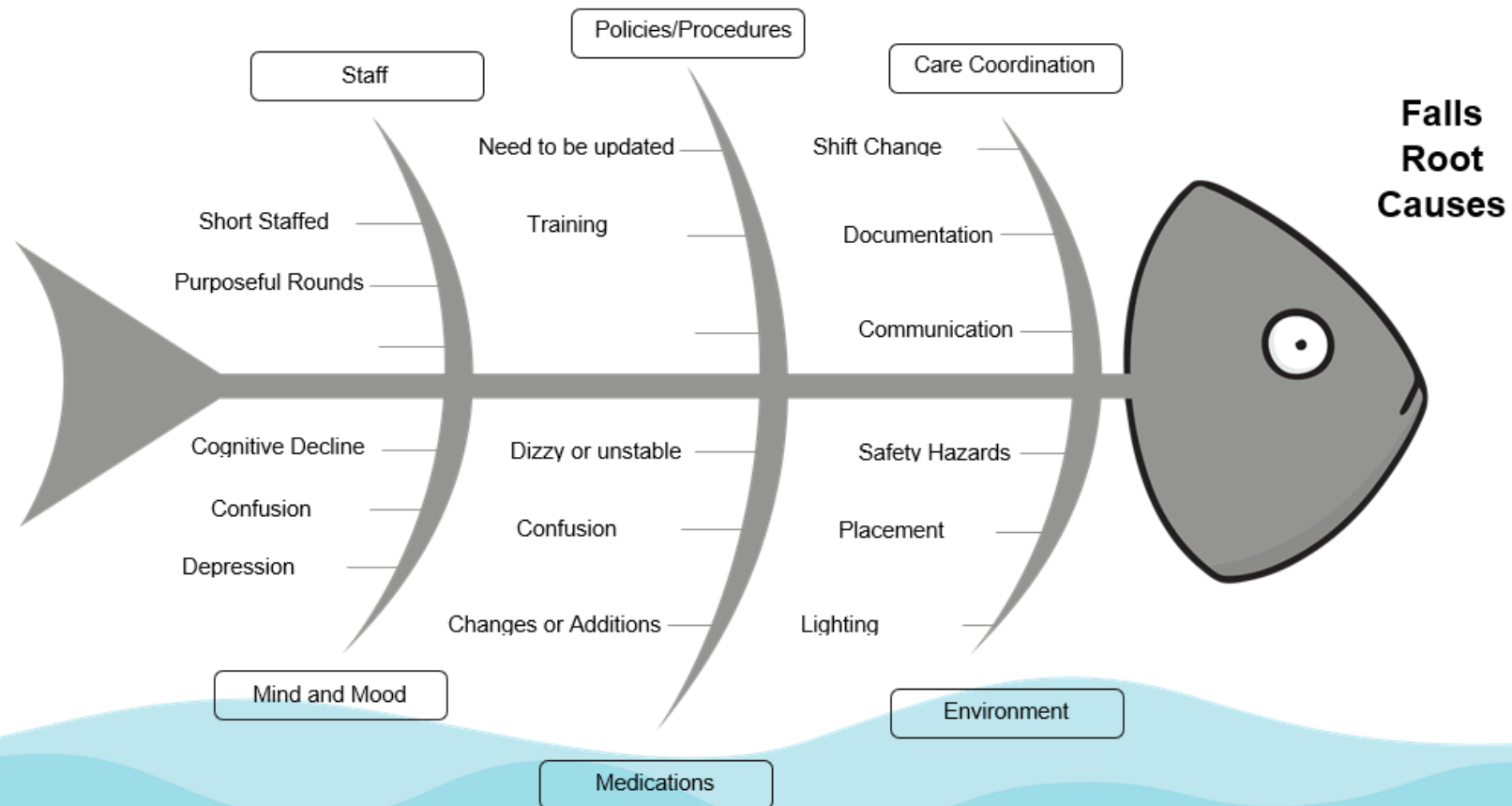
- Dressing, Toileting, Feeding

## Enjoying Quality of Life

- What Matter Most
- Going to Church, attending Sunday brunch with my family



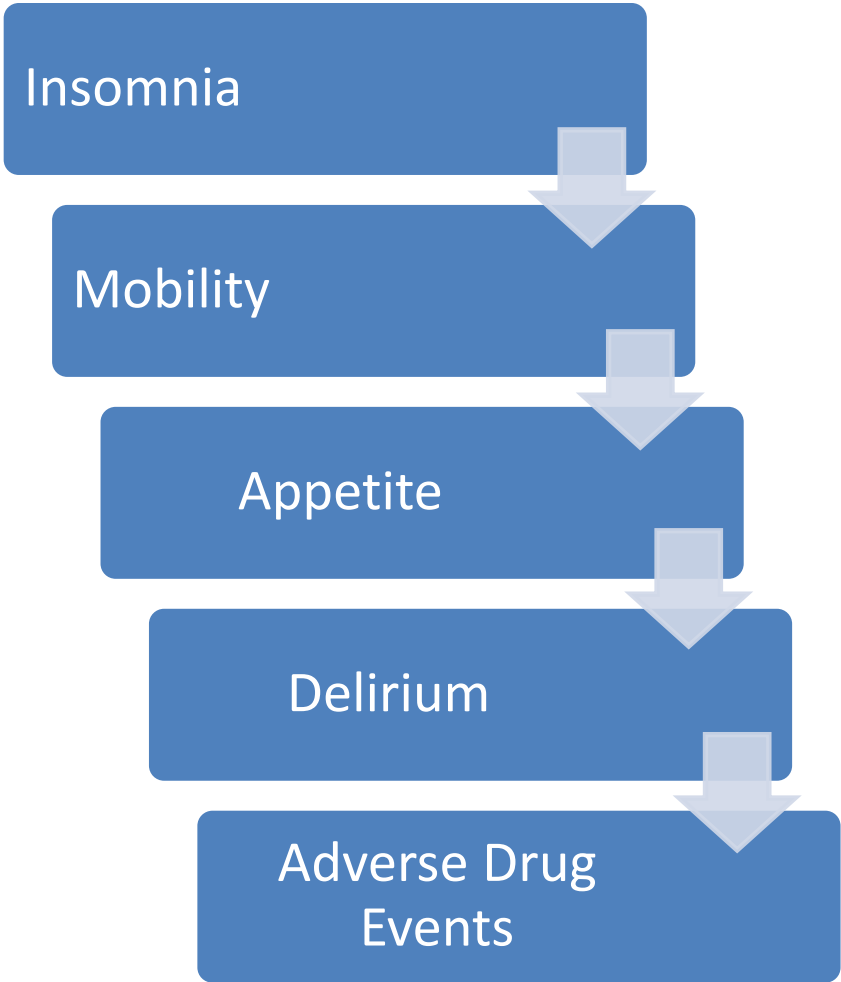
# FISHBONE DIAGRAM



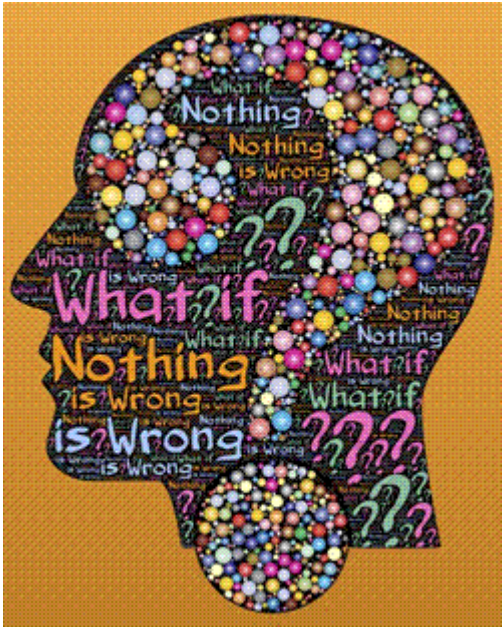
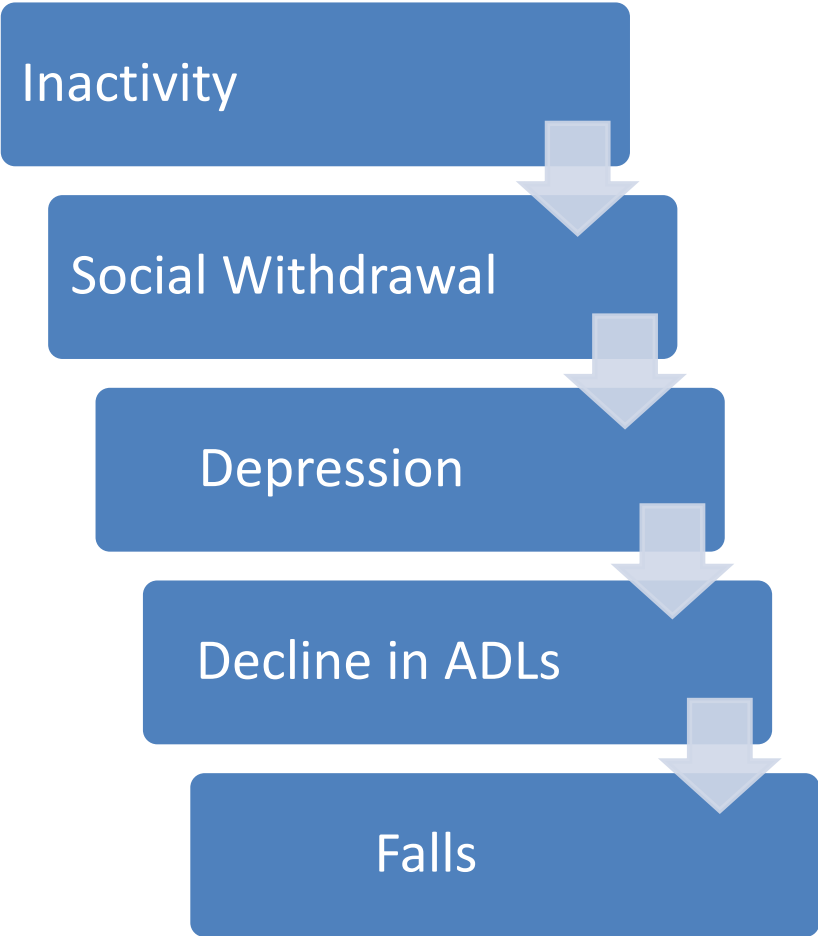


Medications can impact a resident’s functional status and quality of life.

Common Medication Side-effects



Effects on Quality



# Medication side effects



## Manifestations of medication side-effects

- Poor Sleep
- Comfort
- Cognition
- Unstable Balance
- Appetite

## Interventions

- Timeline and Root Cause Analysis
- Fewer Meds equals fewer side effects
- Gradual Dose Reduction

## Use of Tools

- Comprehensive Assessment Tool
- History
- Health Information Exchange
- Education and Communication Staff and Family
- Narcan for Opioid Adverse Drug Events
- Tapering Tools
- Agreements with Resident and Families

- What are the only diagnoses that are approved for Anti-Psychotic medications? Therefore, excluded from the AP Quality Measure.

**MDS Elements Related to the Residents Who Received an Antipsychotic Medication Quality Measure**

<b>Active Diagnoses in the last 7 days - Check all that apply</b>	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
<b>Neurological - Continued</b>	
<input type="checkbox"/>	I5250. Huntington's Disease
<input type="checkbox"/>	I5350. Tourette's Syndrome
<b>Psychiatric/Mood Disorder</b>	
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

# Informed Consent

## Informed Consent for Use of Anti-Psychotic Medication Therapy

Resident Name: @RESIDENTNAME@ Physician: @ATTENDINGPHYSICIAN@ Date: @CURRENTDATE@

Psychotropic Medication Ordered: \_\_\_\_\_ Date: \_\_\_\_\_

### Specific Condition to be treated:

- |  |  |
|--|--|
| <input type="checkbox"/> Bipolar Disorder                                    | <input type="checkbox"/> Huntington's Disease                    |
| <input type="checkbox"/> Delirium  | <input type="checkbox"/> Impulse Control Disorder                |
| <input type="checkbox"/> Dementia, Alzheimer's type w/Behavioral Disturbance | <input type="checkbox"/> Mood Disorder w/Psychotic Features      |
| <input type="checkbox"/> Dementia w/Behavioral Features                      | <input type="checkbox"/> Delusional Disorder                     |
| <input type="checkbox"/> Dementia w/Psychotic Features                       | <input type="checkbox"/> Obsessive-Compulsive Disorder           |
| <input type="checkbox"/> Dementia Vascular w/Behavioral Disturbance          | <input type="checkbox"/> Psychotic Disorder, NOS/Psychosis       |
| <input type="checkbox"/> Tourette's Syndrome                                 | <input type="checkbox"/> Schizophrenia/Schizo-Affective Disorder |

Other \_\_\_\_\_

Target Symptom(s) or Behavior(s) resident is exhibiting that are harmful/present a danger to the resident or others. Specify: \_\_\_\_\_

☒ Non-Pharmalogical care options have been unsuccessfully attempted for above target symptoms/behaviors

### The Beneficial Effects Expected from the Medication:

- ☐ Improved Functionality ☐ Other: \_\_\_\_\_
- ☐ Reduced Adverse Symptoms/Behaviors

### Common side-effects or risks associated with Antipsychotic Medications:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Cholesterol increase</li><li>• Confusion</li><li>• Constipation</li><li>• Diarrhea</li><li>• Hangover effect</li><li>• Hypotension</li><li>• Nausea/Vomiting</li></ul> | <ul style="list-style-type: none"><li>• Abdominal Pain</li><li>• Ataxia</li><li>• Frequent urination</li><li>• Thirst</li><li>• Tremors</li><li>• Weight loss/gain</li></ul> |
|--|--|

### The proposed course of the medication is:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> 1 month  | <input type="checkbox"/> 12 months           |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> Prolonged Treatment |
| <input type="checkbox"/> 6 months |  |

@RESIDENTNAME@

## STATEMENT OF CONSENT

\_\_\_\_ I DO Consent to the use of \_\_\_\_\_. I understand my physician has prescribed the above listed antipsychotic medication(s) for a specific diagnosis manifesting target symptoms/behavior. The medication listed on the reverse side of this form along with its conditions for use and potential side effects.

I give consent voluntarily and without coercive or undue influence. I understand that this consent may be revoked at any time by me. I understand this consent is valid until the consent is withdrawn or the physician had discontinued the above-mentioned medication.

\_\_\_\_ I DO NOT Consent to the use of \_\_\_\_\_. I understand that, as a result of my refusal to consent to the prescribed antipsychotic medication(s), I absolve the facility and its employees from any liability or responsibility for anything that may happen to the above-named resident as a result of this refusal.

I understand my refusal to consent to the prescribed antipsychotic medication therapy may result in the facility being unable to meet my needs, necessitating the facility to assist me to find placement in another facility that can meet my needs.

## IN-PERSON CONSENT:

\_\_\_\_\_  
Nurse's Signature (Completing Form)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name (Print)

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

### Resident Representative or Durable Power of Attorney

\_\_\_\_\_  
Authorized Person's Name and Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TELEPHONE CONSENT:

Name of person giving consent: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

@RESIDENTNAME@

# Dementia Assessment in combination with Antipsychotic Medication Use

## MULTIDISCIPLINARY MEDICATION MANAGEMENT COMMITTEE

### ANTIPSYCHOTIC USE IN DEMENTIA ASSESSMENT

RESIDENT NAME: \_\_\_\_\_ ROOM: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

ASSESSMENT DATE: \_\_\_\_\_ ☐ Initial assessment ☐ Continuation assessment  
PHQ-9 Score/date: \_\_\_\_\_ BIMS/CPS Score/date: \_\_\_\_\_

A. ANTIPSYCHOTIC (name/dosage/directions): \_\_\_\_\_

- Start Date: \_\_\_\_\_ Last Dosage Change: \_\_\_\_\_ (Decrease/Increase)

B. OTHER CONCURRENT CLINICAL CONCERNS:

<input type="checkbox"/> Pain	<input type="checkbox"/> Infection	<input type="checkbox"/> Constipation	<input type="checkbox"/> Weight loss
<input type="checkbox"/> Falls	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Depression	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Other:			

C. REASON FOR ANTIPSYCHOTIC INITIATION:

- ☐ Dementing illness with associated behavioral symptoms
- ☐ Dementia alone
- ☐ Other: \_\_\_\_\_
- ☐ No Indication Identified

D. TARGETED SYMPTOMS OR BEHAVIORS (why was it started):

E. NONPHARMACOLOGICAL INTERVENTIONS:

F. BEHAVIORAL TRENDS SINCE LAST ASSESSMENT (In Documentation):

<input type="checkbox"/> Behavioral symptoms Decreased	<input type="checkbox"/> Behavioral symptoms Increased
<input type="checkbox"/> No Change in Behavioral symptoms	

SUMMARY: \_\_\_\_\_

G. ADVERSE EFFECT MONITORING (changes from baseline functioning) [AIMS= \_\_\_\_ date \_\_\_\_]

<input type="checkbox"/> Drowsiness, sedation or confusion	<input type="checkbox"/> Dizziness or loss of balance	<input type="checkbox"/> Falls	<input type="checkbox"/> Constipation
<input type="checkbox"/> Muscle spasm, tremor, shaking	<input type="checkbox"/> Uncontrolled movements	<input type="checkbox"/> Tardive dyskinesia	<input type="checkbox"/> Vision changes
<input type="checkbox"/> Swallowing difficulty	<input type="checkbox"/> Speech difficulty	<input type="checkbox"/> Headache	<input type="checkbox"/> Weight gain
<input type="checkbox"/> Dry mouth	<input type="checkbox"/> Drooling	<input type="checkbox"/> Increased skin sensitivity	<input type="checkbox"/> Restlessness or anxiety
Other: _____	Other: _____	<input type="checkbox"/> NO Apparent ADR's reported	

M3 COMMITTEE SUMMARY OF BEHAVIORAL TRENDS & ANTIPSYCHOTIC USAGE:

## MULTIDISCIPLINARY MEDICATION MANAGEMENT COMMITTEE

### ANTIPSYCHOTIC USE IN DEMENTIA ASSESSMENT

H. M3 COMMITTEE RECOMMENDATION (Date: \_\_\_\_\_):

[Always consider a dose reduction even if it may have failed in the past]

- ☐ Gradual Dosage Reduction at this Time:
  - Recommended dose reduction (write new orders): \_\_\_\_\_
- ☐ Gradual Dosage Reduction NOT indicated due to (BOTH requirements must be met):
  - Previous attempt at GDR resulted in reoccurrence of behavioral symptoms (documented date: \_\_\_\_\_); AND
  - Clinical rationale why an attempt at GDR would likely impair this resident's function or increase their distressed behavior: \_\_\_\_\_
- ☐ Recent Dosage Change (<60 days): \_\_\_\_\_
- ☐ Will Consider GDR when Resident is Clinically Stable:
  - Clinical Rationale: \_\_\_\_\_
- ☐ Recommend Additional Clinician Assessment of Behavioral Symptoms with Follow-up Report at Next Scheduled Meeting

#### M3 Committee Members:

Medical Director: \_\_\_\_\_ Executive Director: \_\_\_\_\_ D.O.N.: \_\_\_\_\_

Consultant Pharmacist: \_\_\_\_\_ Social Services: \_\_\_\_\_ Nurse Manager: \_\_\_\_\_

I. ATTENDING PHYSICIAN ASSESSMENT (Date: \_\_\_\_\_):

- ☐ I Agree with M3 Committee's recommendation (follow recommendation above)
- ☐ I Agree with M3 Committee's recommendations, but with these orders:  
○ \_\_\_\_\_
- ☐ I Disagree with M3 Committee's recommendations because (specific clinical rationale for this resident required):  
○ \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

ORDERS CONFIRMED BY: \_\_\_\_\_ Date: \_\_\_\_\_

## PDSA Cycle Worksheet

**Aim:** (Overall goal you would like to reach)

Every goal will require multiple smaller tests of change

**Plan:**

Describe your first (or next) test of change	Person Responsible	Date of completion	Where to be done
List the tasks needed to set up this test of change	Person Responsible	Date of change test	Where to be done
1- 2- 3- 4- 5-			
Predictions what will happen when the test is carried out	Measures to determine if prediction succeeds		
1- 2- 3- 4-	1- 2- 3- 4-		

**Do:**

Describe what happened when you ran the test

**Study:**

Describe the measured results and how they compare to the predictions

**Act:**

Describe what adjustments to the plan will be made for the next cycle from what you learned



# What Works



- QAPI Meetings
- PIPs
- Triggers
- Trends
- MDS Coding Errors
- Ask Why's
- Engaging and Empowering Staff
- Engage families AND residents
- PDSAs
- Root Cause Analysis

## Cascade of Measured Outcomes

## MDS- Section G

- More Errors found in this section of MDS then any other
  - Impacts Survey and Star Rating
  - Significantly impacts Reimbursement
    - Staffing Patters
    - Care Planning
  - Documentation must paint an accurate picture
- Are you taking the credit for the quality of care you are providing?

# MDS CODING FOR SUPPORT PROVIDED

What we did for resident

- 0 = NO SETUP OR PHYSICAL HELP FROM STAFF
- 1 = SETUP HELP ONLY
- 2 = ONE PERSON PHYSICAL ASSIST (*ME + THE RESIDENT = 2*)
- 3 = TWO+ PERSON PHYSICAL ASSIST (*YOU + ME + THE RESIDENT = 3*)
- 8 = ADL ACTIVITY ITSELF DID NOT OCCUR OR FAMILY/NON-FACILITY STAFF PROVIDED CARE 100% OF THE TIME FOR THAT ACTIVITY OVER THE ENTIRE 7 DAY PERIOD

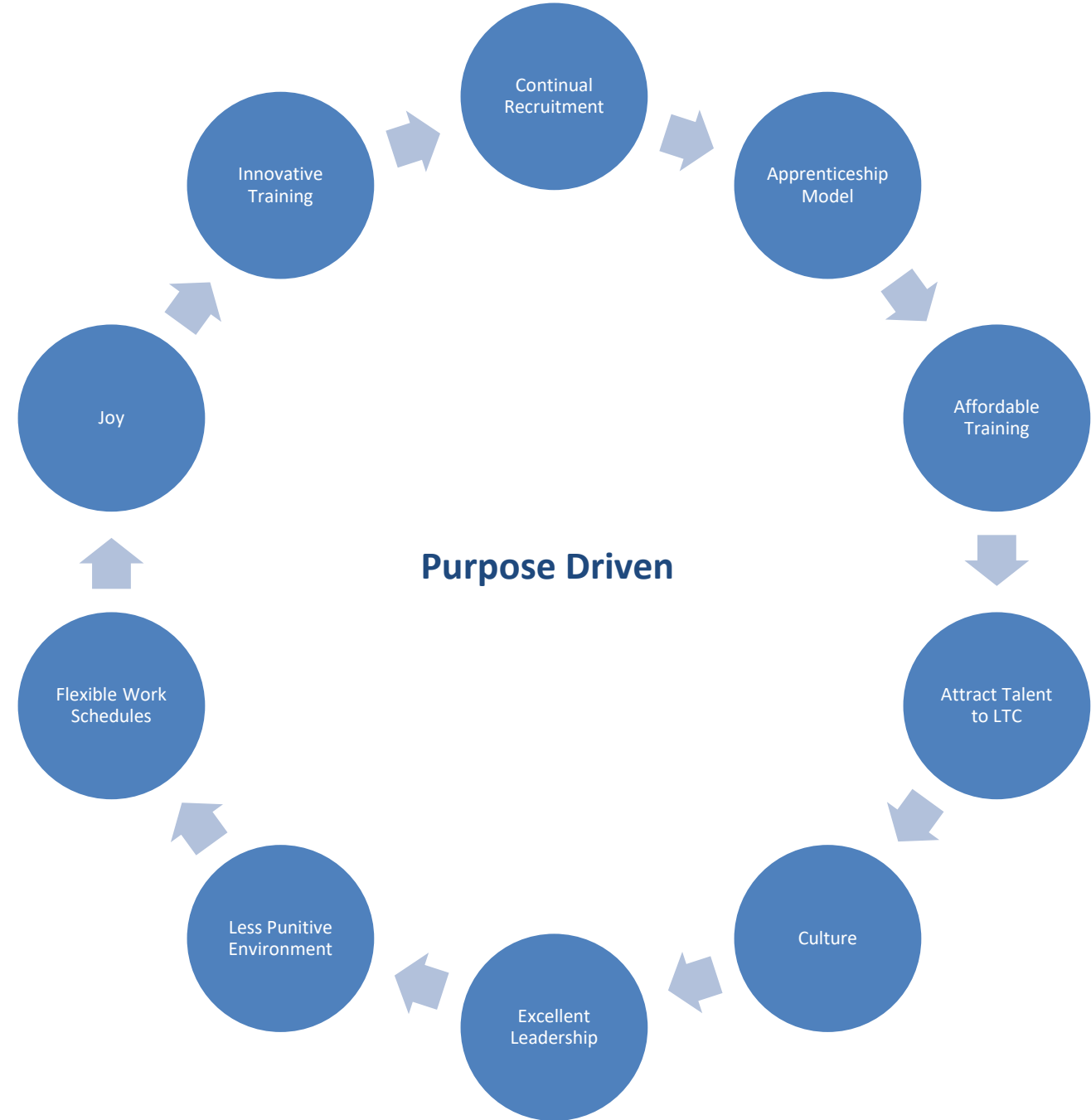


CODE HIGHEST LEVEL OF SUPPORT DURING 7 DAY LOOK BACK

## 4 ADL'S INCLUDED IN QM'S – LATE LOSS

- **BED MOBILITY** (G0110A1) – HOW RESIDENT MOVES TO AND FROM LYING POSITIONS, TURNS SIDE TO SIDE, AND POSITIONS BODY WHILE IN BED OR ALTERNATE SLEEP FURNITURE. \*THIS INCLUDES LIFTING LEGS UP ONTO THE BED, OR SWINGING LEGS OVER EDGE OF BED TO ASSIST TO SITTING POSITION
- **TRANSFER** (G0110B1) – HOW RESIDENT MOVES BETWEEN SURFACES INCLUDING TO OR FROM: BED, CHAIR, WHEELCHAIR, STANDING POSITION (EXCLUDES TO/FROM BATH/TOILET)
- **TOILETING** (G0110I1) – HOW RESIDENT USES THE TOILET ROOM, COMMUNE, BEDPAN, OR URINAL; TRANSFER ON/OFF TOILET; CLEANSSES SELF AFTER ELIMINATION; CHANGES PAD; MANAGES OSTOMY OR CATHETER; AND ADJUSTS CLOTHES
  - **DON'T INCLUDE** EMPTYING OF BEDPAN, URINAL, BEDSIDE COMMUNE, CATHETER BAG OR OSTOMY BAG
- **EATING** (G0110H1) – HOW RESIDENT EATS AND DRINKS, REGARDLESS OF SKILL.
  - **DON'T INCLUDE** EATING/DRINKING DURING MEDICATION PASS.
  - INCLUDES INTAKE OF NOURISHMENT BY OTHER MEANS (TUBE FEEDING, TOTAL PARENTERAL NUTRITION, IV FLUIDS ADMINISTERED FOR NUTRITION OR HYDRATION)

Quality Staffing is Critical





Story Boards  
Pocket Cards  
Team Initiatives  
Team Commitment  
Team Goals  
Implementation of Interventions  
Effective Change Initiatives



# *Sustainability of Quality Improvement*





## A Case to Consider- Moments of Momentum

- A 90-year-old resident of a long-term care facility has a history of dementia, diabetes mellitus, peripheral vascular disease, and osteoarthritis. He is totally dependent in activities of daily living (ADLs). Over the course of the past 2 weeks, he is noted to have a decreased appetite and a sudden change in behavior. He is being discussed at the team meeting due to this change in behavior



## References

- U.S. Department of Health and Human Services, Health Resources and Services Administration. Quality Improvement adapted from <http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/QualityImprovement/whatarediffbtwqinqa.html>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>

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## Age-Friendly Clinics and LTC

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