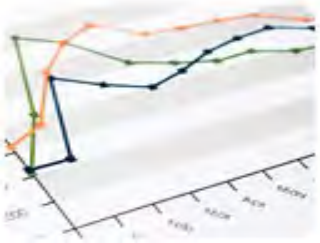
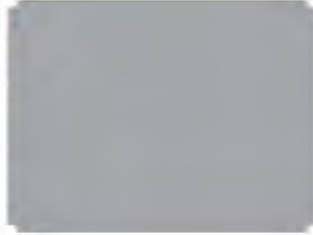


QI Identify Preventions & Interventions for fall risk



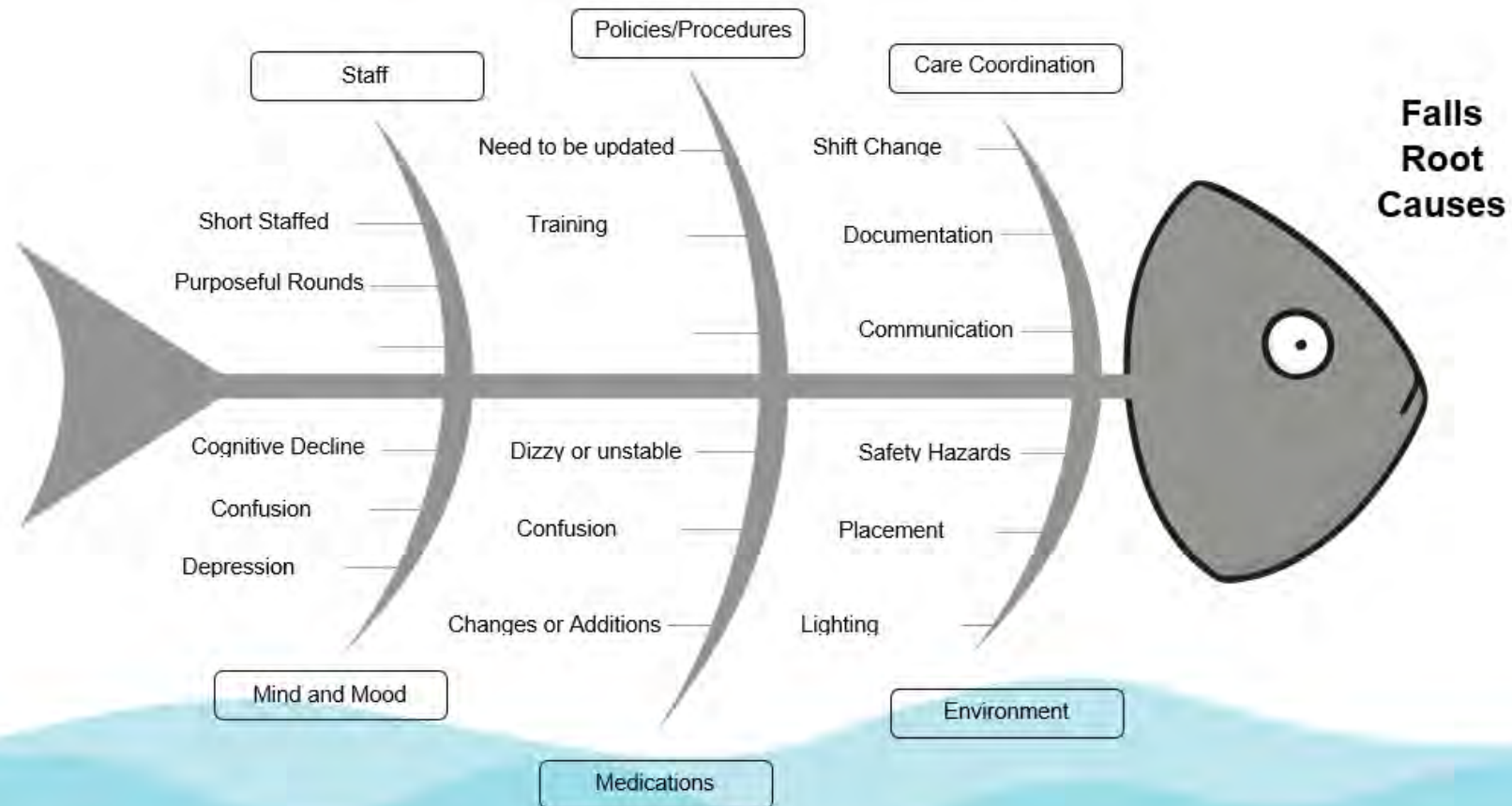
What Works



- 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

FISHBONE DIAGRAM



MDS- Section G

- More Errors found in this section of MDS than any other
 - Impacts Survey and Star Rating
 - Significantly impacts Reimbursement
 - Staffing Patterns
 - 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

MDS Resident Level Report

MDS Report: Resident Level Data (Sample)

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded,
C = complete; data available for all days selected, I = incomplete; data not available for all days selected

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)	Falls (L)	Falls w/Mod Injury (L)	Antipsych Med (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)	Intr ADL Help (L)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
Active Residents																				
		02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
		02/99/99	b	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	1
		04/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
		02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
Raphone, Mike	#123456	04/99/99	b	b	X	b	b	X	b	b	b	b	b	b	b	b	b	b	X	3
		04/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
		03/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
		04/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
		04/99/99	b	b	b	b	b	X	b	b	b	b	X	X	b	b	b	b	b	3
		02/04/99	b	X	b	b	b	b	b	b	b	b	b	b	X	b	b	b	b	2
		02/99/99	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	1
		02/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
		02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
		04/99/99	b	b	b	b	b	b	b	b	b	b	X	b	X	b	b	b	b	2

Determine the Root Cause

Why

Why

Why

Why

Why



Timeline

Began a new Medications

Decline in Appetite



Be the Change

- Sustained Change requires buy-in from the team and institution and a willingness to go to the next step

Why Mobility Assessment, Action and Fall Prevention is Important

- Spending 95% of time in a bed or a chair results in...
 - Decrease in Muscle mass & strength = deconditioning and most common cause of health decline
 - Decrease in ADLs
 - Pressure Ulcers
 - Delirium
 - Function
 - Safety

Access and Act On

Mobility	Assess	Act On
Mobility as one of the 4 M's	Mobility Assessment and Consult	Recommendation for PT/OT as appropriate
Contributing factor	Assistive Devices	Recommendations on device and appropriate usage
Contributing factor	Environment	Observation and Recommendations for change

Safe Mobility

- Assess & Manage Impairments
 - Pain
 - Strength
 - Balance
 - Gait
 - Depression
- Avoid High Risk Medications
- Supportive Environment
 - Rugs
 - Lighting
 - Footwear
 - Eyesight
 - Hearing



Safe Mobility Integrates the 4Ms

- Mobility ↔ Mentation (Cognition, Mood, Depression)
- Medications ↔ Mobility (for good and bad)
- Mentation ↔ Mobility (Movement, Independence)
- Key to doing what Matters

What Does your home already do well with assessing and acting on Mobility?

- Falls Assessment Team
- STEADI screening
- Falls Assessment Questions and TUG
- Tai-Chi Classes
- Restorative Aide Assesses Mobility Assistant Devices
- Activities focusing on Mobility such as dance, yoga, games, group exercises
- Change mindset to safe mobility verses fall prevention
- Staying positive when mobility is an issue
- Help by empowering resident to start movement goals

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



Sustainability of Quality Improvement

Dawn Jelinek

Age-Friendly Clinics and LTC

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