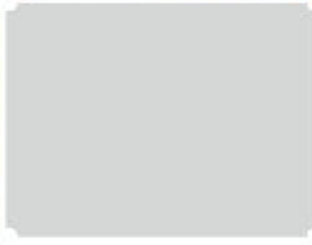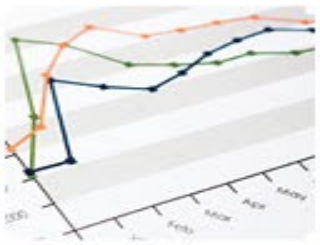# QI
Excessive Weight Loss
Quality Measure Overview

Facility Level Quality Measure Report

CASPER Report
MDS 3.0 Facility Level Quality Measure Report

Page 1 of 1

Facility ID: NH5531
CCN: 375256
Facility Name: check facility name
City/State: OKLAHOMA CITY, OK

Report Period: check the report period
Comparison Group: 05/01/2019 - 10/31/2019
Report Run Date: 01/03/2020
Data Calculation Date: 12/30/2019
Report Version Number: 3.02

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged
Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

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	8	62	12.9%	12.9%	9.8%	8.1%	81 *
Phys restraints (L)	N027.02	C	1	117	0.9%	0.9%	0.2%	0.2%	92 *
Falls (L)	N032.02	C	70	117	59.8%	59.8%	52.0%	45.4%	86 *
Falls w/Maj Injury (L)	N013.02	C	12	117	10.3%	10.3%	4.9%	3.5%	97 *
Antipsych Med (S)	N011.02	C	4	129	3.1%	3.1%	2.2%	2.0%	81 *
Antipsych Med (L)	N031.03	C	19	116	16.4%	16.4%	17.4%	14.2%	66
Antianxiety/Hypnotic Prev (L)	N033.02	C	4	78	5.1%	5.1%	9.4%	6.5%	51
Antianxiety/Hypnotic % (L)	N036.02	C	31	89	34.8%	34.8%	25.9%	19.7%	90 *
Behav Sx affect Others (L)	N034.02	C	3	100	3.0%	3.0%	18.2%	20.8%	8
Depress Sx (L)	N030.02	C	0	108	0.0%	0.0%	4.0%	5.5%	0
UTI (L)	N024.02	C	2	112	1.8%	1.8%	4.8%	2.8%	48
Cath Insert/Left Bladder (L)	N026.03	C	4	111	3.6%	3.6%	2.9%	2.2%	75 *
Lo-Risk Lose B/B Con (L)	N025.02	C	8	39	20.5%	20.5%	37.8%	48.2%	7
Excess Wt Loss (L)	N029.02	C	10	84	11.9%	11.9%	5.3%	5.7%	89 *
Incr ADL Help (L)	N028.02	C	9	82	11.0%	11.0%	14.4%	14.9%	32

OFMQ
ADVANCING QUALITY » IMPROVING LIVES

Quality Improvement: Make it your Mission

- Consistency
  - Same Scale, Same Person, & Same time
- MDS Coding
- Dental Visits
- COVID residual- loss of taste and smell
- Monitor changes closely and frequently
- Team Huddles- Shift Changes
- PIP
- Root Cause Analysis

OFMQ
ADVANCING **QUALITY** » IMPROVING LIVES

K0300: Weight Loss

K0300. Weight Loss	
Enter Code ☐	Loss of 5% or more in the last month or loss of 10% or more in last 6 months
	0. **No** or unknown
	1. **Yes, on** physician-prescribed weight-loss regimen
	2. **Yes, not on** physician-prescribed weight-loss regimen

"I am not overweight. I'm gravity enhanced."

Definition –

- 5% Weight Loss in 30 days
- 10% Weight Loss in 180 days

Performance Improvement Project (PIP) Documentation Excess Weight Loss

Nursing Home: Amazing Home   Start Date: 1/20/2022

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
Excess Weight Loss	15.1%	State/National Avg	4.8% / 6.2%	January 2022

Goal Monitoring:

Current Date	Current Rate	Current Date	Current Rate	Current Date	Current Rate
1-2022	15%				
5-2022	12%				

Interventions: The following are the interventions Implemented:

Start Date	Intervention Description	Intervention Notes	Outcome/Results
	Create Excess Weight Loss PIP team (members, meeting time, day, etc)	Multidisciplinary team (include dietary)	
	Identify residents triggering this measure	Run CASPER Quality Measures Report – Resident Level Talk with residents/family about diet, food preferences, appetite, etc. Talk with team about what they have observed with these residents.	
	Weight Monitoring Process	Who does this, timing, same scale. Go over the entire process of taking weights for your residents	

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

Intervention Successes	Intervention Barriers	Lessons learned
Consistency in time of day and scale	Location of scale Employee process training	Process Training Needed Same Staff Member Conducting Weighing Process

- Team Members
- Project Focus
- Goal Monitoring
- Interventions
- Outcomes

PIP IT: Excessive Weight Loss

OkDCN Oklahoma Dementia Care Network

Accurate Weights

Have maintenance staff routinely check/calibrate scales

Train staff members on the policy/procedures for obtaining resident weights

Perform a skills check for staff members who collect resident weights

Have the same staff person weigh residents each time

Teach staff to properly calibrate scale prior to weighing residents

Instruct staff to subtract weight of assistive devices: prosthetics, wheelchairs, cushions, etc.

Have resident in the same position each time

Use same type of scale each time

Oklahoma Dementia Care Network

Causes of Weight Loss

Physical

- Health Conditions
  - Diabetes
  - Crohn's Disease
  - Cancer
  - Oral Pain or Issues
  - Non-fitting dentures, missing teeth, tooth pain
  - Dementia
  - Stomach Ulcer or Pain
  - Swallowing
  - Medications
  - End of Life

Psychological

- Anorexia
- Depression
- Individual Preferences
- Previous/Past Trauma
- Cultural Preferences

Spiritual

- Avoidance of certain foods
- Religious Observances

Oklahoma Dementia Care Network

Challenges

- Cutting food
- Balancing food on a utensil
- Getting distracted
- Unsure what to do next
- Sleepy
- Overwhelmed with the amount of food offered
- Too many options

Suggestions

- Offer finger foods
- Demonstrate steps
- Assistive devices
- Limit distractions
- Eat together
- Be flexible with choices
- Small portions
- Fewer choices
- Dining Assistance
- Music

OkDCN Oklahoma Dementia Care Network

Possible Interventions

- Paid Feeding/Dining Assistants
  - Take 8-hour training course
    - Hygiene
    - Feeding assistance techniques
    - Resident Safety
- Volunteers
  - Training volunteer feeding assistances
  - Social Stimulation
  - Older Retired adults
  - Family Members
  - Community

https://www.cms.gov/files/document/eo-0039-eorequest-pfareportpdf

OkDCN Oklahoma Dementia Care Network

Presentation
&
Communication

Best Practices

Ask family & friends to visit at mealtimes

Avoid rushing residents through mealtime
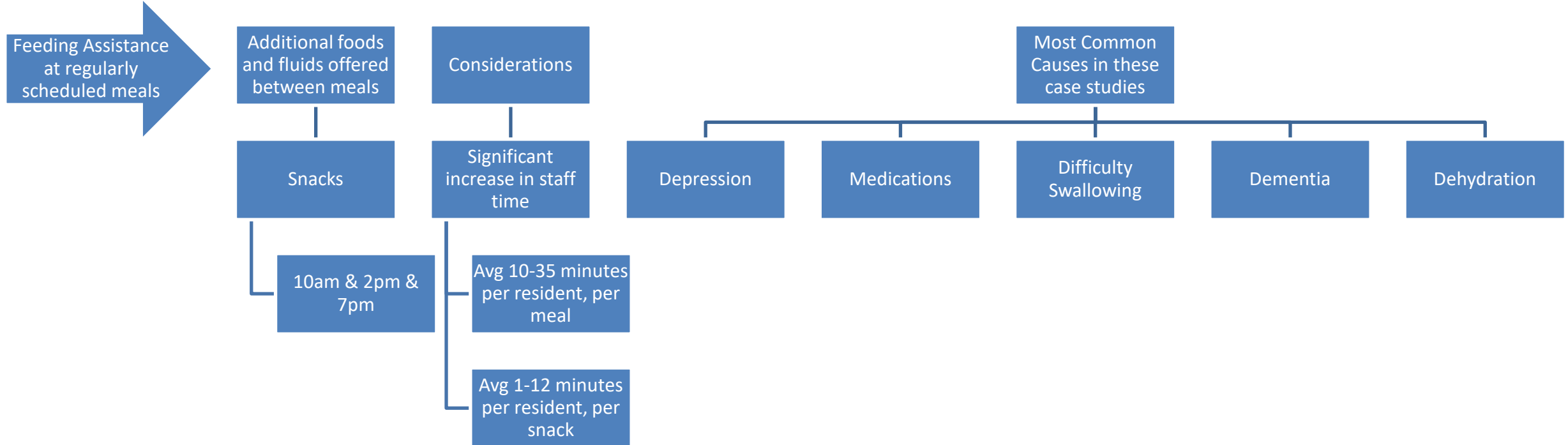
Lower expectations of slower eaters to speed up

Bring slower eaters in earlier

Offer small frequent meals and snacks

Ask resident or family member for favorite recipes or assist during meals

OkDCN Oklahoma Dementia Care Network

Evidence-Based Findings

Feeding Assistance at regularly scheduled meals → Additional foods and fluids offered between meals → Snacks → 10am & 2pm & 7pm

Considerations → Significant increase in staff time → Avg 10-35 minutes per resident, per meal / Avg 1-12 minutes per resident, per snack

Most Common Causes in these case studies → Depression | Medications | Difficulty Swallowing | Dementia | Dehydration

https://pubmed.ncbi.nlm.nih.gov/8201141/

OkDCN Oklahoma Dementia Care Network

Put some thought behind your Quality Data

- Look at the timeline

- Connect the dots

- Create the Correlations

- Is Depression, Medications, Dementia, Swallowing, or dental discomfort playing a role in a resident's excessive weight loss?

OkDCN Oklahoma Dementia Care Network
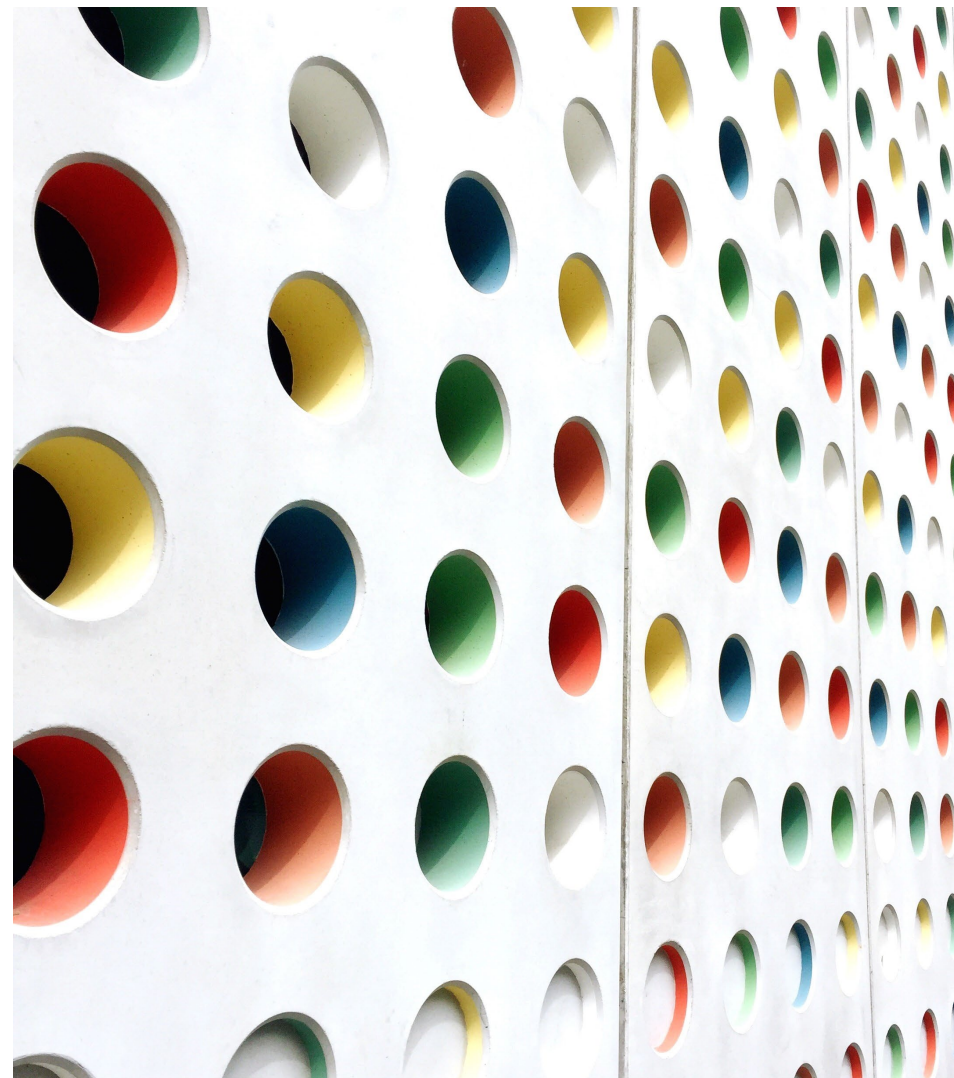
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