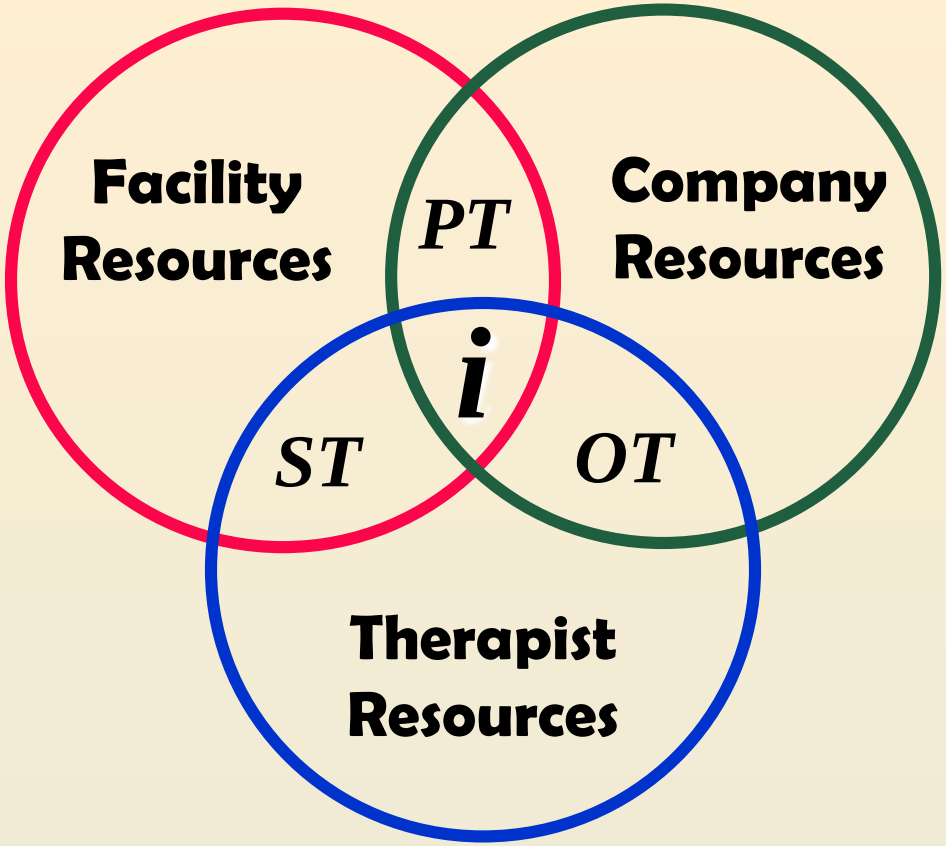

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NEW STAR RATING SYSTEM

from

Rehab

Perspective

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Introduction

- In December 2008, The Centers for Medicare & Medicaid Services (CMS) enhanced its *Nursing Home Compare* public reporting site to include a set of quality ratings for each nursing home that participates in Medicare or Medicaid. The ratings take the form of several "star" ratings for each nursing home.

Introduction

The primary goal of this rating system is to provide residents, their families and caregivers with an easy way to understand assessment of nursing home quality, making meaningful distinctions between high and low performing nursing homes and to help identify areas about which they may want to ask questions.

Introduction

- The Nursing Home Compare Web site features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average. There is one **Overall 5-star rating** for each nursing home, **and** a separate rating for each of the following three sources of information:

- Health Inspections

- Quality Measures

- Staffing

Introduction –

Health Inspections:

- **3 most recent annual onsite Health Inspections – weighted in favor of most recent survey**
- **Also includes all complaint health inspections – last 3 years**
- **The rating considers the number and the Scope and Severity of deficiencies**
  - More serious, wide spread deficiencies have a lower rating
  - Less serious, isolated deficiencies have a higher rating

Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	**J** 50 points* (75 points)	**K** 100 points* (125 points)	**L** 150 points* (175 points)
Actual harm that is not immediate jeopardy	**G** 20 points	**H** 35 points (40 points)	**I** 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** 4 points	**E** 8 points	**F** 16 points (20 points)
No actual harm with potential for minimal harm	**A** 0 point	**B** 0 points	**C** 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care.

Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care if the requirement which is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices, 42 CFR 483.15 quality of life, 42 CFR 483.25 quality of care.

* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a 'G-level" deficiency (i.e., 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services

AS I ALWAYS SAY, "IF AT FIRST YOU DON'T GET A PASSING **HEALTH INSPECTION 2567 SURVEY REPORT**, GET MAD AND TEAR IT UP."

Introduction –

Staffing –

Measures based on nursing home staffing levels: Facility ratings on the staffing domain are based on two measures: 1) Registered nurse (RN) hours per resident day; and 2) total staffing hours (RN+ licensed practical nurse (LPN) + nurse aide hours) per resident day. Other types of nursing home staff such as clerical or housekeeping staff are not included in these staffing numbers. …

Introduction –

Staffing –

These staffing measures are derived from the CMS Certification and Survey Provider Enhanced Reports (CASPER) system, and are case-mix adjusted based on the distribution of Minimum Data Set, Version 3.0 (MDS 3.0) assessments by Resource utilization groups, version III (RUG-III) group.

Introduction –

Staffing –

This rating considers differences in the levels of residents' care need in each nursing home. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.

Introduction –

Quality Measures –

Measures based on MDS and claims-based quality measures (QMs): Facility ratings for the quality measures are based on performance on 16 of the 24 QMs that are currently posted on the *Nursing Home Compare* web site, and that are based on MDS 3.0 assessments as well as hospital and emergency department claims. These include nine Long-Stay measures and seven Short-Stay measures.

What Do the Stars Mean?

Much Above Average

Above Average

Average

Below Average

Much Below Average

Health Inspections

- The top 10 percent (with the lowest health inspection weighted scores) in each state receive a health inspection rating of **five stars**.

Health Inspections

- The middle 70 percent of facilities receive a rating of **two, three, or four stars**, with an equal number (approximately 23.33 percent) in each rating category.

- The bottom 20 percent receive a one-star rating.

Calculating the Overall Rating

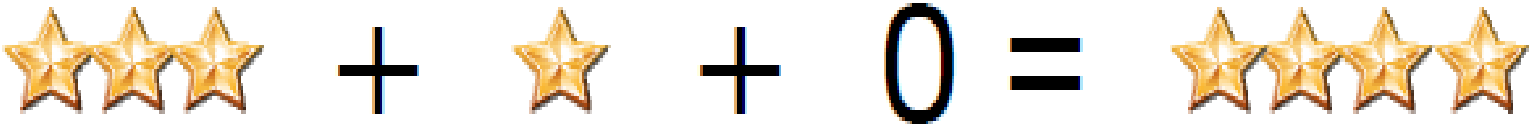
Step 1	Step 2	Step 3		
Health Inspection Rating	Staffing Rating	Quality Measures Rating (QMs)	=	Overall Rating

Start with Health Inspection Rating	Add 1 star for 4 or 5-Star Staffing	Add 1 star for 5-Star QMs
	Subtract 1 star for 1-Star Staffing	Subtract 1 star for 1-Star QMs

Example #1

Health Inspection	Staffing Rating	Quality Measures	Overall Rating
			

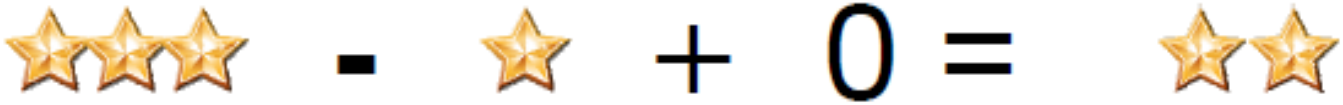
Calculation:



Example #2

Health Inspection	Staffing Rating	Quality Measures	Overall Rating
			

Calculation:



Example #3

Health Inspection	Staffing Rating	Quality Measures	Overall Rating
			

Calculation:

 + 0 + 0 = 

Why Do We Care?

- Washington, D.C. – November 16, 2016 **– U.S. News & World Report,** a leading expert in the evaluation and rating of health care providers across the country, today identified the Best Nursing Homes for 2016-17 and released its new Nursing Home Finder. To create these free and easy-to-use resources, U.S. News evaluated more than 15,000 homes nationwide, across each state and in 100 major metropolitan areas. This year, just over 2,000 nursing homes earned the designation of a U.S. News Best Nursing Home.

Why Do We Care?

- **About Best Nursing Homes Updated Methodology**
- U.S. News has updated the methodology used to evaluate nursing homes to ensure that the designation of Best Nursing Home is given only to those homes that demonstrate appropriate use of key services and consistent performance in national quality measures. To qualify as a Best Nursing Home this year, facilities had to earn an average of 4.5 stars or better during the 12 months of federal reports ending in October 2016 and had to consistently meet certain performance standards set by U.S. News during the period, **such as earning at least 4 stars in the CMS overall rating for all 12 months.** For more detailed information about the updated methodology, please click here.

Why Do We Care?

- Beyond helping consumers choose Skilled Nursing Facilities, thus driving census in that way, the ratings system is also used by hospitals when choosing partner facilities. Under the Medicare Shared Savings Program, CMS enters into agreements with **accountable care organizations (ACOs).** ACOs that choose to participate in Track 3 of the savings program, which shares losses as well as savings, are able to apply for a waiver of the Skilled Nursing Facility 3-Day Rule.

Why Do We Care?

- Under this guideline, the CMS waives the requirement for a 3-day inpatient hospital stay prior to a Medicare-funded long-term care stay. In order to take advantage of this waiver, however, **hospitals (for Bundle Payments) must partner with Skilled Nursing Facilities that score a 3 or higher on the 5-Star ratings system.** SNFs that maintain a high score can drive up their census in this way.

Recent Changes to the 5 Star Rating System

In July 2016, the Centers for Medicare & Medicaid Services (CMS) is made several changes to the quality measure (QM) domain of the Five Star Nursing Home Quality Rating System.

1. Percentage of **Short-Stay** residents who were successfully discharged to the community (claims-based)
2. Percentage of **Short-Stay** residents who have had an outpatient emergency department visit(claims-based)
3. Percentage of **Short-Stay** residents who were re-hospitalized after a nursing home admission(claims-based)
4. Percentage of **Short-Stay** residents who made improvements in function (MDS-based)
5. Percentage of **Long-Stay** residents whose ability to move independently worsened (MDS-based)

Recent Changes to the 5 Star Rating System

- The five new QMs were phased in between July 2016 and January 2017. In July 2016, they had a 50% the weight of the current measures. As of January 2017, they have the same weight as the previous measures.

What are Short-Stay Quality Measures?

The quality measure Short-Stay definition is:

- The Short-Stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period.. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). A target period is the span of time that defines the QM reporting period (e.g. a calendar quarter).

Review the Short-Stay Quality Measures

1. **(ADDED JULY 2016): Percentage of residents whose physical function improves from admission to discharge**
2. Percentage of residents with pressure ulcers (sores) that are new or worsened
3. Percentage of residents who self-report moderate to severe pain
4. Percentage of residents who newly received an antipsychotic medication

Review the Short-Stay Quality Measures

5. (ADDED JULY 2016): Percentage of residents who were re-hospitalized after a nursing home admission
6. (ADDED JULY 2016): Percentage of residents who have had an outpatient emergency department visit
7. (ADDED JULY 2016): Percentage of residents who were successfully discharged to the community

What are Long-Term Quality Measures?

The Long-Stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). A target period is the span of time that defines the QM reporting period (e.g. a calendar quarter).

Review the Long-Term Quality Measures

1. Percentage of residents whose need for help with activities of daily living has increased
2. **(ADDED JULY 2016): Percentage of residents whose ability to move independently worsened**
3. Percentage of high risk residents with pressure ulcers (sores)
4. Percentage of residents who have/had a catheter inserted and left in their bladder

Review the Long-Term Quality Measures

5. Percentage of residents who were physically restrained
6. Percentage of residents with a urinary tract infection
7. Percentage of residents who self-report moderate to severe pain
8. Percentage of residents experiencing one or more falls with major injury
9. Percentage of residents who received an antipsychotic medication

The "*4-Wheelers*" to Help *Drive* your Five Star Success

- Educate *All*
- Communicate *360°*
- Document *accurately/precisely*
- Reiterate *24/7*

Getting Rehab Involved

What is Rehab's Role?

Direct and Indirect Effects

Quality Measures/Rehab
Outcome Killers:

- Depressed, withdrawn, tearful, passive, pessimistic
- Combative, irritable, frustrated, non-compliant, angry
- Unrealistic expectations or recognition of disability
- Cognitive impairments


I'm not grouchy by nature. It takes constant effort.
Mocha
www.crabbyrose.com

Quality Measures/Rehab Outcome Killers:

- Maladaptive personality issues
- Chaotic or intrusive family dynamics
- Low frustration tolerance
- Poor tolerance of pain
- Hopelessness, low motivation

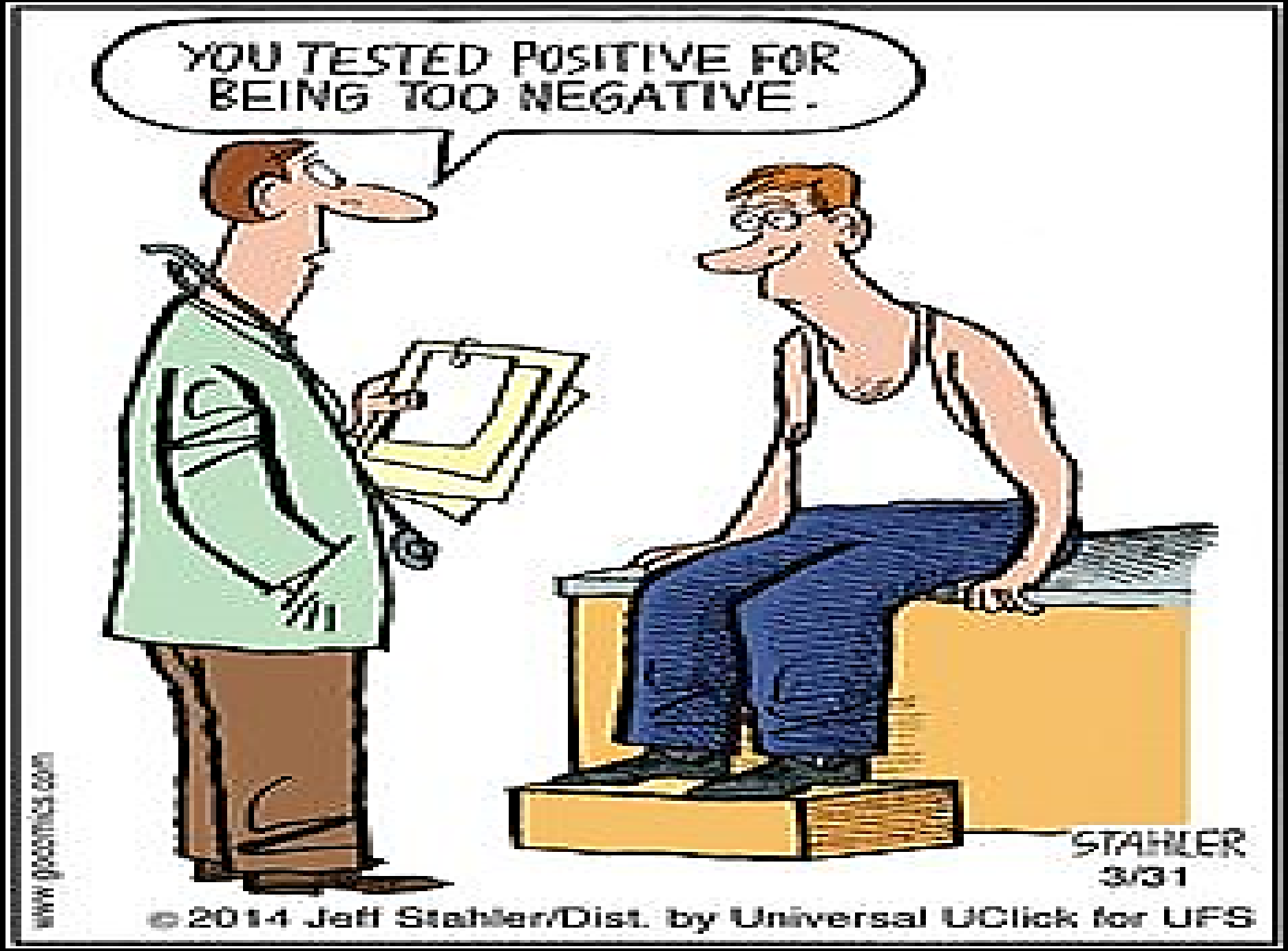
Quality Measures/Rehab Outcome Killers:

It is unrealistic to expect residents to overcome the physical challenges they are facing without aggressive attention to these behavioral health issues. **Not addressing these factors produces predictable results, including:**

- Increased time demands on staff
- Premature, unsuccessful discharge from rehab
- Increased risk of re-hospitalization
- Increased chance of permanent disability

Quality Measures / Rehab Outcome Killers:

- Poor functional capabilities
- Dissatisfaction on part of resident and family
- Lost revenue for program and facility
- Discharge from the facility is more problematic
- Possible admission to long-term care facility


YOU TESTED POSITIVE FOR BEING TOO NEGATIVE.
STAHLER
3/31
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Steps to Improve Outcomes

- The most successful facilities get **psychiatric and psychological services involved** at the first indication of an emotional issue that might impede a successful rehabilitation outcome. When referrals occur early, behavioral health services can make the difference between a successful discharge back to the community and a failed rehab stay.

Steps to Improve Outcomes

- If you want your facility to become known as a top provider of post acute rehabilitation, have your rehab managers ask themselves a simple question: “Who am I worried about?” Or, to put it another way: “Whose mood, motivation or attitude is likely to interfere with a good outcome?”

Quality Leaders:

California Nursing Facilities Achieve Top Rankings in Key Categories

Quality Measure†	CA Ave Q3 2015	CA Ave Q4 2015	CA Ave Q1 2016	CA Ave Q2 2016	Current Rank	US Ave Q3 2015	US Ave Q4 2015	US Ave Q12016	US Ave Q2 2016
ADL Decline	11.3	11.1	11.2	11.0	2	15.6	15.3	15.4	15.3
Long-Stay (LS) Pain	5.2	5.4	5.1	4.7	3	8.1	8.5	8.2	7.8
LS High-Risk Pressure Ulcer	6.1	5.9	5.9	5.8		5.9	5.8	5.8	5.7
Weight Loss	6.2	5.9	5.9	5.7	2	7.4	7.1	7.1	7.0
Incontinence	45.0	44.7	44.9	44.7		46.0	46.3	46.6	46.8
Catheter	3.2	3.1	3.1	2.9		3.1	3.1	3.0	2.8
Urinary Tract Infection	3.8	3.6	3.6	3.4	3	5.1	4.9	4.8	4.6
Depressive Symptoms	1.2	1.1	1.1	1.0	1	5.6	5.5	5.4	5.4
Restraints	1.2	1.1	1.1	1.0		0.9	0.8	0.8	0.7
Injurious Falls	1.7	1.7	1.7	1.7	2	3.3	3.3	3.3	3.3
LS Flu Vaccine	94.9	94.6	94.5	94.6		94.9	94.5	94.5	94.5
LS Pneumonia Vaccine	94.6	94.5	94.5	94.8		93.6	93.3	93.4	93.4
LS Antipsychotic Meds	13.5	13.1	13.2	12.9		18.0	17.4	17.3	16.9
Short Stay (SS) Pain	12.7	12.3	11.8	11.1	3	17.2	17.1	16.9	16.4
Worsening Ulcers	0.9	0.9	0.9	0.8		1.3	1.3	1.3	1.2
SS Flu Vaccine	81.8	81.0	81.2	81.6		81.5	80.3	80.1	80.0
SS Pneumonia Vaccine	81.7	81.4	81.8	82.6		81.8	81.1	81.4	81.5
SS Antipsychotic Meds	1.6	1.5	1.5	1.5		2.2	2.2	2.2	2.1
SS Discharge to Community	NEW	49.5	53.9	55.2			50.0	55.0	56.9
SS ED Visit	NEW	10.3	10.3	10.9			11.5	11.5	12.1
SS Re-hospitalization	NEW	21.1	21.1	22.4			21.1	21.1	22.6
SS Improvements in Function	NEW	60.3	60.4	60.5			63.5	63.3	63.3
LS Ability to Move Worsened	NEW	15.3	15.3	15.1	4		18.2	18.2	18.2
LS Antianxiety/Hypnotic Meds	NEW	20.5	20.4	20.2			23.6	23.6	23.5

†Percent of Nursing Home Residents.

CMS Nursing Home Compare data from Jan, Apr, Jul, and Oct 2016.

What Triggers a Quality Measure?

- The MDS is the **sole data source** for all quality measure calculations. Identifying the specific **MDS items** that "trigger" each Quality Measure (QM). This is an integral step in Quality Measure Refinement. The origin of Triggers can be found in a few key places.
- The most reliable resource is the **MDS 3.0 Quality Measures User's Manual v10.0**, which was recently updated on April 1, 2016.

What Triggers a Quality Measure?

- **Quality Measure Triggers** should be investigated during the RAI Process to ensure that the care plan identifies the patient's needs and cues the attainment of referrals and interventions that are clinically indicated. This method supports the overarching goal that the patient will function at their highest practical state of well being.

Next Step:
QAPI the Measures

- Once the quality measures are identified, now QAPI them! The facility specific resident population data that is extracted through the RAI Process is rich with opportunities for **Quality Assurance Performance Improvement (QAPI)** planning and implementation. **Performance Improvement Projects (PIPs)** are brief and targeted projects that zero in on identified issues and provide systematic and sustainable solutions.

Final Step: Elect a Quality Measure (QM) Champion

- Every facility has one…that person who has an affinity to the details and the never ending initiative to take the deep dive into the data and identify trends that can be a focus for facility improvement. **A Quality Measure (QM) Champion** works with facility staff to educate, encourage, as well as gauge and report on all aspects of Quality Measure Refinement. Celebrate this role and cultivate an environment of continuous quality improvement.

For Example:

Percentage of Short-Stay Residents Who Were Re-hospitalized After a Nursing Home Admission

Development of readmission measures is a high priority for CMS:

- **Who is Championing this in your Facility?**

- The "Protecting Access to Medicare Act" calls for public reporting of readmission measures on Nursing Home Compare.
- SNF Value-Based Purchasing (VBP) will use a claims-based readmission measure.
- Includes hospitalizations that occur after nursing home discharge, but within 30-days of stay start date.
- Includes observation stays.
- Excludes planned readmissions and hospice patients.
- A 'stay-based' measure that includes both those who were previously in a nursing home and those who are new admits of Short-Stay residents who were re-hospitalized after a nursing home admission.

Captain QM

The 4 Components for Five Star Success

- Educate *All*
- Communicate *360°*
- Document *accurately/precisely*
- Reiterate *24/7*

Harmony Healthcare Blog

"ADL Coding: Where does the Confusion Begin?"

Posted by Kris Mastrangelo on Wed., May 04, 2016

Eating

Bathing

Dressing

Transferring

Toileting

Walking or moving around

Monitor ADL Changes

The shifting of **ADL Self Performance** levels can wreak havoc with Quality Measure Coding.

Particularly, a few of the new Five Star Quality Measures are based on **function**:

- Percent of Residents Who **Improved Performance** in Transfer, Locomotion, and Walking in the Corridor-(Short-Stay);
- Percent of Residents Who **Declined in Independence** in Locomotion-(Long-Stay);
- Percent of Residents Whose **Need for Help** with Activities of Daily Living Increased-(Long-Stay);

Self Performance levels may shift due to an **Unidentified Change** in patient function or because of **Inaccurate ADL Coding**.

Monitor ADL Changes

- The bottom line is that with each completed MDS, the clinical staff must evaluate changes in ADL Self Performance. If noted, the change must be addressed from a **documentation accuracy** or a **clinical function** viewpoint.

"ADL Coding: Where does the Confusion Begin?"

- ADL (Activities of Daily Living) Coding is always a beneficial topic of discussion given the blow incorrect coding can have on reimbursement and quality of care.

- **Typically, this miscoding starts with a misunderstanding of the definitions on the amount of assistance provided by the caregiver.**

"ADL Coding: Where does the Confusion Begin?"

- Thus, it is imperative that facility staff (inclusive of the nurse assistants, therapists and nurses) fully understands the intent of each level of assist provided on the MDS. It is extremely common for patients to be erroneously coded into the wrong category. Of interest, the two levels seemingly with the most confusion are **Limited Assistance** and **Extensive Assistance.**

"ADL Coding: Where does the Confusion Begin?"

Defining the Difference in the Levels

Limited Assistance:

The resident was highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance. **Guided Maneuvering** and **Non-weight bearing** means that the caregiver did not flex his/her muscle while helping the resident. Only lightly touched the patient to guide a hand or a shoulder.

Therapy Crosswalk: Contact Guard Assistance

"ADL Coding: Where does the Confusion Begin?"

Defining the Difference in the Levels

Extensive Assistance:

If the resident performed part of the activity over the last 7 days, help of the following type(s) was provided three or more times:

- Weight-bearing support provided
- Full staff performance of activity during part, but not all

Weight bearing assist encompasses the array of physical assistance provided when the caregiver if flexing a muscle and using 25%-75% effort.

Therapy Crosswalk: Minimal, Moderate and Maximum Assistance

"ADL Coding: Where does the Confusion Begin?"

1.) Confusion typically arises with the coding physical assistance. The biggest misconception seen across the country lies in the understanding of **Limited Assistance.** Many staff perceive this level as "**just a little bit of assist.**" In other words, when providing some weight bearing assistance, they code the patient as limited assistance when in fact the accurate level is extensive assistance.

Staff also mistakenly state that **Extensive Assistance** includes performing "**all of care for the patient.**"

"ADL Coding: Where does the Confusion Begin?"

Where do ADL errors come from?

2.) Errors also originate from missed tasks. Consistently, there are various instances that the CNAs oftentimes forget to exclude tasks completed during ADLs. Examples included:

- providing assist with fluids during off shifts
- assistance with incontinent care
- assistance in clothing management as part of the toileting task

"ADL Coding: Where does the Confusion Begin?"

Where do ADL errors come from?

3.) Staff desire to show how well a patient can perform (at times) causes a misrepresentation. Rehabilitation documents the patient's **best performance** while the MDS captures the patient's function throughout a **24 hour period**. Countless times, a patient or resident requires less assistance during the day, versus the night time hours, causing the MDS to reflect a completely different level of assistance than documented in therapy notes.

Rehab's Role in Preventing Change of Conditions

- Ultimately, the goal is to intervene in the care of the resident at the time a change of condition is identified and thus to be able to get the resident to returning to their highest practical level of performance.
- If we wait until the MDS triggers the COC, then we have actually waited too long.

Percent of High-Risk Residents with Pressure Ulcers – New/Worsened

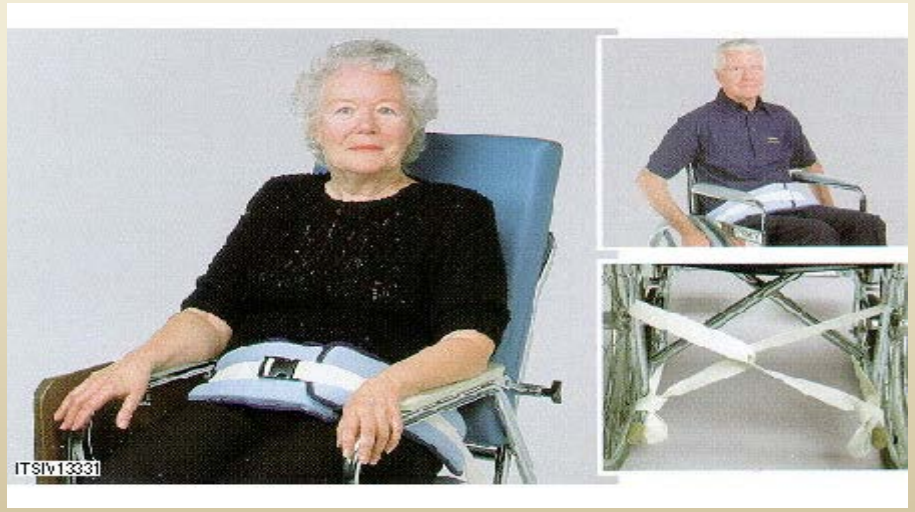
Referral to Rehab for:

- Bed mobility – appropriate side railings for self repositioning ?
- Positioning – bed or wheelchair
- At Risk Residents – Impaired Mobility

Percent of Residents Who Were Physically Restrained

Referral to rehab for restraint reduction/alternatives – least restrictive

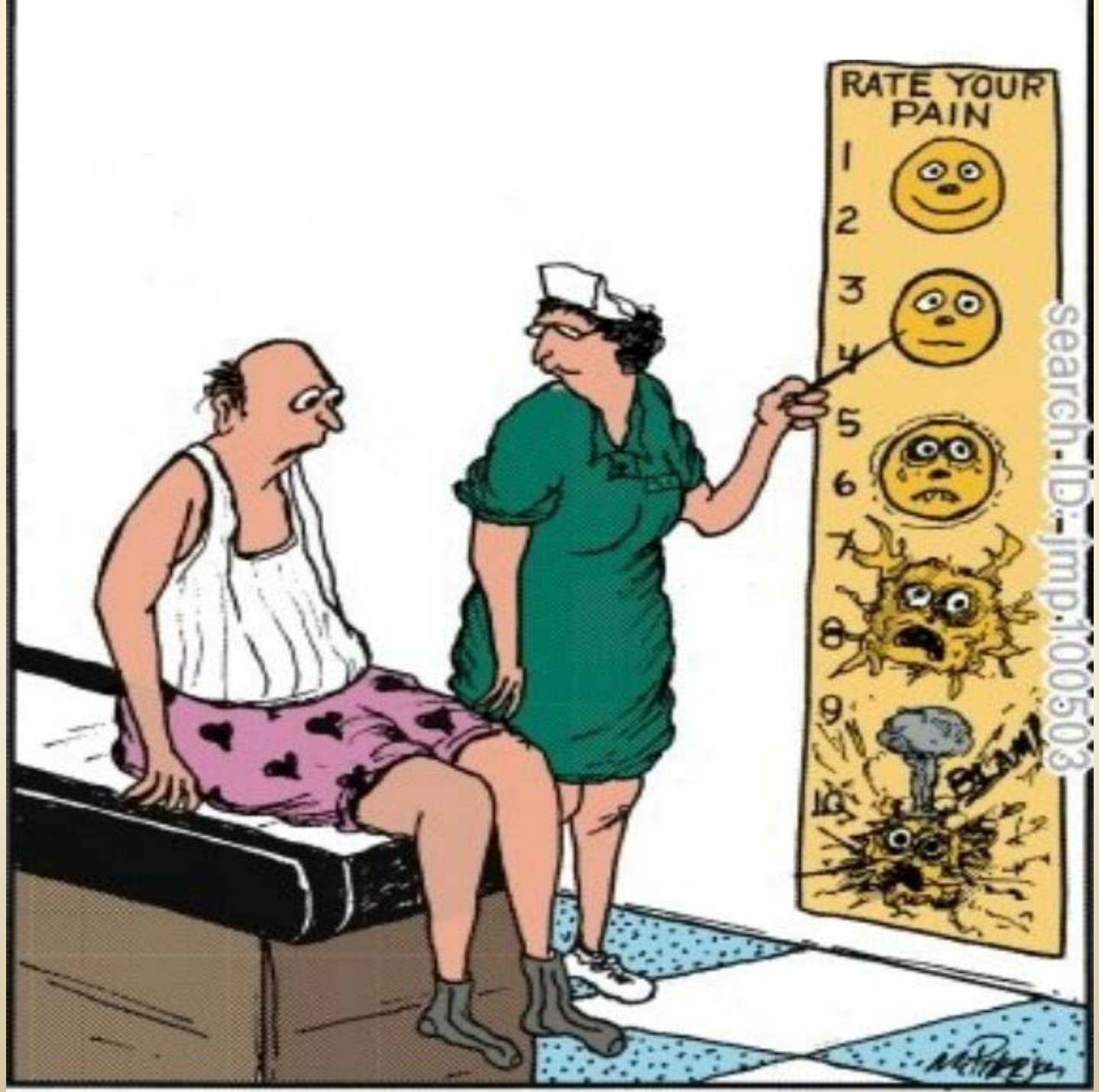
- We must have a perpetual active plan in place to decrease usage or for eventual removal of the restraint.



Percent of Residents Who Self-report Moderate to Severe Pain

- ***First consider interviewing techniques and practices***
- For the qualified "pain", refer to therapy for
  - Positioning
  - Splinting
  - Modalities and other therapeutic approaches for the reduction of pain

Look to Increase Function and Mobility


RATE YOUR PAIN
1
2
3
4
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6
7
8
9
10
BOOM!
search-ID:-jmp100503

Percentage of Short-Stay Residents who were Successfully Discharged to the Community

- For many Short-Stay patients, return to the community/lower level of care is the most important outcome associated with SNF care.
- Successful discharge defined as those for which the beneficiary was not hospitalized, was not readmitted to a nursing home, and did not die in the 30 days after discharge.
- Start the Discharge Process on Day 1 of the resident's stay – Consider a 72 hour IDT

Discharge Planning Checklist

Prior to discharge from Rehabilitation services:

Caregiver Training: … Patient has been 'weaned' from therapies

Caregiver(s) has provided a safe return demonstration in:

- Transfers
- Use/care of assistive devices
- Feeding
- Dressing
- Bathing
- Toileting

Discharge Planning Checklist

All appropriate caregivers have been trained, including nursing, restorative, activities, dietary, family members, etc.

1. Caregiver has demonstrated the ability to provide care for the patient over a **24 hour period** without intervention from a staff member and/or…
2. Patient has demonstrated independence in a modified independent living program over a 48 hour period **without intervention from the staff**
3. Patient has demonstrated the ability to direct others in his/her care … make needs known

Discharge Planning Checklist

4. Patient/caregiver have demonstrated competence in a self-medication program
5. Patient/caregiver have demonstrated independence in a home exercise program
6. A home assessment was provided and all modifications to home are complete
7. Fall prevention strategies have been addressed

Discharge Planning Checklist

8. Home safety and emergency procedures have been established; a therapeutic day pass has been completed and/or a trial period at home
9. Equipment has been prescribed, delivered and assessed to be appropriate
10. Community re-entry programming has occurred, i.e.:
    - Patient can cross street safely
    - Utilize money
    - Use grocery store
    - Select from menu
    - Use a bank
    - Handle mail

Discharge Planning Checklist

… Referral for a Driver assessment has been completed
… Vocational services follow-up has been arranged
… Community support referrals have been completed
… Outpatient therapy services arranged or Home Health ordered
… Other: Call Dial a Ride; Take the Bus, etc…

Completed By: _____Date: _____

Percentage of Short-Stay Residents Who Made Improvements in Function

- Measures the percentage of Short-Stay residents who made functional improvements during their complete episode of care.
- Based on self-performance in three mid-loss activities in daily living (ADLs): **transfer**, **locomotion on unit**, and **walk in corridor.**

Percentage of Short-Stay Residents Who Made Improvements in Function

- Calculated as the percent of Short-Stay residents with improved mid-loss ADL functioning from the **5-day assessment to the Discharge assessment.**
- Based on Discharge Assessment at which return to the nursing home is not anticipated.
- Excludes residents receiving hospice care or who have a life expectancy of less than 6 months.

Percent of Residents Experiencing One or More Falls with Major Injury

Harmony Healthcare Blog

Quality Measure #8: One or More Falls with Major Injury - Long-Stay

Posted by Kathy Monahan on Tue, Oct 11, 2016

C.A.R.E.

- **Compliance • Audits/Analysis • Reimbursement/Regulatory • Education/Efficiency**

5 Steps to Develop a Fall Prevention Process

1. **Clinical Focus: Prevent Falls**
   - Falls are a leading cause of morbidity and mortality among nursing home residents.
   - Falls result in serious injury, especially hip fractures.
   - **Previous falls**, especially recurrent falls and falls with injury, are the most important predictor of future falls and injurious falls.

5 Steps to Develop a Fall Prevention Process

2. **Clinical Management Strategies**:
   - Review falls assessment outcomes and develop protocols. Some questions to consider in developing an assessment process are:
     - **Who assesses the resident upon admission to determine risk of falling?**

- First and foremost is to have clear and consistent communication between nursing assistants and licensed nurses about which residents are at risk for falls. Any resident who has a pattern of falls is at risk of falling again. After the licensed nurse has assessed a resident for a fall risk it is important to communicate the results of the assessment to the nurse's front-line coworkers. Nursing assistants are better equipped to guard against falls when they know which residents—especially new residents or those in transition back from hospital stays—are going to need a special "fall watch."

5 Steps to Develop a Fall Prevention Process

- **When are the residents assessed? Some standardized assessments used by both nursing and therapy include:**
  - The 30-Second Chair Stand Test
  - The Timed Up and Go (TUG) Test
  - The 4-Stage Balance Test
  - Orthostatic Blood Pressure
  - Allen Cognitive Screen
- **How are the results communicated to the staff?**
- **How are the results used to develop a fall program for the resident?**
- **Which patients should have a fall program?**
- **What interventions will be utilized when a resident falls?**

5 Steps to Develop a Fall Prevention Process

3. Root Cause Analysis

– Traditional Models of looking at adverse events have focused on holding an **individual** Root Cause Analysis (RCA) guides you to look at **systems** and what made it possible for the adverse event to happen:

- Gather and Document Initial Information
- Interview staff and others closely involved
- What do you think happened?
- Use open ended questions, “Tell me about…

5 Steps to Develop a Fall Prevention Process

4. **Establish a Falls Management team** that meets regularly to discuss falls and perform Root Cause Analysis to identify causes and trends in the facility that contributes to falls. Who should be a part of the process?
   - **CNAs:** Why CNAs? They spend more time with patients than anyone else, they know more about the patients than you think. Including CNAs on the falls team is empowering to the aides and will empower them to report problems and suggest solutions.
   - **Administration:** The administrator supports the program and the team. He or she filters down the importance of the program and shares information with the team.

5 Steps to Develop a Fall Prevention Process

- **Nursing:** Responsible for patient assessment, care planning, medication management and follow through with falls prevention strategies.
- **Rehabilitation:** Responsible for Patient Assessment, screening, treatment, sensory system assessment (vision and balance), environmental assessment, proper footwear, care planning and follow through of interventions.
- **Activities:** Responsible for Patient Assessment, providing meaningful diversional activities, assists with identification of falls trends and solutions, providing exercise classes.

5 Steps to Develop a Fall Prevention Process

- **Dietary:** Patient assessments, identify patients at risk for fractures, maintenance of strong bones through diet and identify patients at risk for dehydration.
- **Housekeeping:** Environmental hazards, placement of furniture, location of bed linens.
- **Maintenance:** Environmental hazards, lighting, environmental aids, preventative maintenance program for beds, wheelchairs, and walking aids.

5 Steps to Develop a Fall Prevention Process

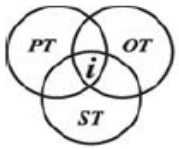
5. **Care Planning and QAPI**
   - Facilities should examine their current care planning process for falls. This would also make an excellent Continuous Quality Improvement (CQI) project or Performance Improvement Project (PIP) for the Quality Assurance team. Outcomes of the CQI/PIP could include identifying falls risks and trends and reducing falls in the facility.

Percent of Residents Whose Need for Help with Activities of Daily Living has Increased

- Utilize the Rehab Notification Form – ***Prevention***

- Request Assessment from Rehab based on the type of ADLs that are requiring greater assistance from Nursing

Percent of Residents Whose Need for Help with Activities of Daily Living has Increased – "Change of Condition/Rehab Notification Form"



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*Please check all boxes that apply.

CHANGE OF CONDITION / REHAB NOTIFICATION FORM

Resident:_____ Room:_____ Date:_____

EVALUATION ORDERS:

	Physical Therapy Evaluation		Speech Therapy Evaluation
	Occupational Therapy Evaluation		Dysphagia (Swallowing) Evaluation
	Splint or brace ordered by M.D.		Other Therapy orders

Fall

Date:			Time:
	During transfer	( ) To Bed ( ) To W/C ( ) To Toilet	Injury? ( ) Yes ( ) No Where:
	Out of Bed	( ) Assisted	( ) Unassisted
	Other Information		

Percent of Residents Whose Need for Help with Activities of Daily Living has Increased – "Change of Condition/Rehab Notification Form"

FUNCTIONAL IMPROVEMENT OR DECLINE IN THE FOLLOWING AREAS:

	Dressing		Range of Motion
	Feeding		Transfers
	Significant weight loss/diet changes		Ambulation
	Swallowing ( ) Coughing ( ) Pocketing ( ) Choking		Medical change of condition:
	Language/cognitive/memory changes		Other

PLEASE EXPLAIN THE CHANGE OF CONDITION/COMMENTS:

Signature & title of person completing form: _____

Print Name: _____

Note: Use this form to notify rehab department of orders or pertinent resident events. Unless evals are specifically ordered by M.D., please allow rehab to screen the resident and make recommendations to the physician regarding appropriate intervention.

Thank you,
Rehab

Therapist to follow up: _____ DATE: _____

Indicate rehab recommendations/result of screening: _____

IRI-15

Document revised 1/13/2014

Percentage of Long-Stay Residents Whose Ability to Move Independently Worsened

- Measures the percentage of Long-Stay nursing residents who experienced a decline in their ability to move around their room and in adjacent corridors over time.
- Defined based on "locomotion on unit: self-performance" item.

Percentage of Long-Stay Residents Whose Ability to Move Independently Worsened

- Includes the ability to move about independently, whether a person's typical mode of movement is by walking or by using a wheelchair.
- Risk adjustment based on ADLs from prior assessment.

Percentage of Long-Stay Residents Whose Ability to Move Independently Worsened

- Utilize the Rehab Notification Form – ***Prevention***

- Request Assessment from Rehab based on the change in Mobility of the resident as well as the type of ADLs that are requiring greater assistance from Nursing

May The 4 Forces "Be With You"

- **Educate** ***All***
- **Communicate** ***360°***
- **Document** ***accurately/precisely***
- **Reiterate** ***24/7***

“Catch a Change Program”

What is it?

This program is to recognize and reward facility staff who demonstrates a commitment to resident care with an emphasis to help maintain every resident’s highest practical level of function.

Who can participate?

Anyone! All facility staff members.

“Catch a Change Program”

How does it work?

Facility staff members, who identify a change of condition and bring it to the attention to the Rehab Department, will be given an “appreciation / reward card” for being a resident advocate in helping the resident to maintain their highest practical functional level. That “reward/appreciation card” can be returned to the rehab department and exchanged for a “thank you goodie”.

“Catch a Change Program”

Why?

It is our way to consistently highlight the need of all facility staff to keep their “eyes and ears” opened to the needs of our cherished residents. It is also a fun way to say thank you for those special staff members that are going above and beyond to ensure that resident needs are being communicated to the Rehab Department.

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Rehab Systems Check Off List
PT / OT / ST

Facility: _____ **Date:** _____

_____ 1. Sign in/ Sign Out (daily complete) & Medical Record Signature Logs

_____ 2. Rehab Optima: Hot List (Labor Log, NPC, Appointments, Projections, Target at risk, COT and etc.)

_____ 3. RO: Documentation Due Dates Report

_____ 4. RO: G-Codes Due Dates Report

_____ 5. 360 Rehab Communication Notebook

_____ 6. Daily Census Notebook

_____ 7. Medicare Part B Cert/Re-Certs Binder (signed copies)

_____ 8. Splint Rounds (q 3 months) (in RNA book, Physician Orders, Care Plan)
PT: _ **Date due** _____ **Date completed**_____
OT: _ **Date due** _____ **Date completed** _____

_____ 9. Dining Rounds OT&ST: CV (Q at Dining/Ind. Rooms); LM (Monthly Visit); Rockport (q 6 months)
OT: _ **Date due** _____ **Date completed** _____
ST: _ **Date due** _____ **Date completed** _____

_____ 10. Lists
___ List of Residents on RNA Dining Program, (update quarterly) Physician orders, Care Plan
___ List of Residents on G-Tube, (q 6 months versus annual.)
___ Adaptive Equipment List/Inventory Equip. Physician Orders, Care Plan (q 6 months.)

_____ 11. Weekly Rehab/Extended PPS Meeting (q week) (sign in all attendances.)

_____ 12. Weekly Staff Meeting (sign in all disciplines)

_____ 13. RNA Meeting (usually weekly/ monthly and sign in all attendances)

_____ 14. Weight Variance Screenings : Follow up as requested/Casper Report on Wt. loss

_____ 15. MDS Calendar - Annual (AN) & Quarterly (Q) Screens: CV_ AN; LM_ Q & AN; RP _AN (Q facility specific)

_____ 16. Casper Report (60 days report period)

_____ 17. Rehab Notification Forms (follow up)

_____ 18. Fall Assessment Tracking Log (follow up)

_____ 19. Wheel Chair Clinic/Seating Rounds: As Needed

_____ 20. In -services (Coordinate with the DSD)

_____ 21. PT transfer of Services/Written Transfer of Physical Therapist

_____ 22. Projection of Assignment Board

_____ 23. Productivity: who is putting Registry hours?

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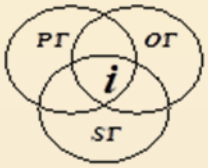
Rehab Systems Check Off List PT/OT/ST



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Real Life Success Story

A facility in West Los Angeles became a 5 Star Quality Rating by implementing the following systems:

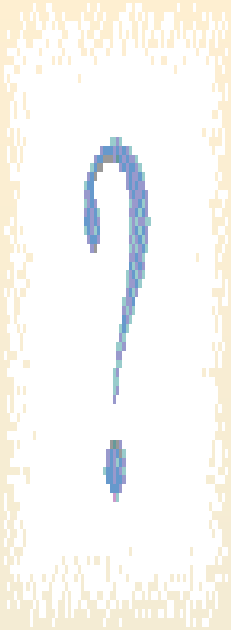
- Monthly meeting with Nursing, MDS, Act, Social Services, Rehab, Dietary to review Quality Indicators, identify patents that are causing flags, develop work plan to bring into benchmarks.
- Train nursing team on CMS quality indicators and what the goals of CMS are – how to identify potential residents.
- Monthly Behavioral Management meeting with Psychiatrist, Pharmacist, Nursing, Social Services, Psychologist, etc. to monitor and ensure reduction strategies for psychotropic drug.
- Weekly follow up by Department Managers for all facility falls.

Real Life Success Story

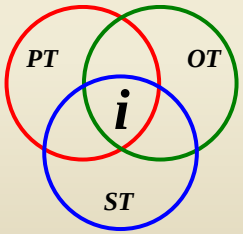
A facility in West Los Angeles became a 5 Star Quality Rating by implementing the following systems:

- Ongoing training for MDS team on proper coding of MDS assessment – check flagged residents to see if they are improperly assessed and coded.
- Upgrade a few LVN positions to RN – new grads, IPs, etc.
- Be survey ready every day; management team must learn how to manage survey process to prevent high scope and severity deficiencies.

QUESTIONS & COMMENTS…



THANK YOU !



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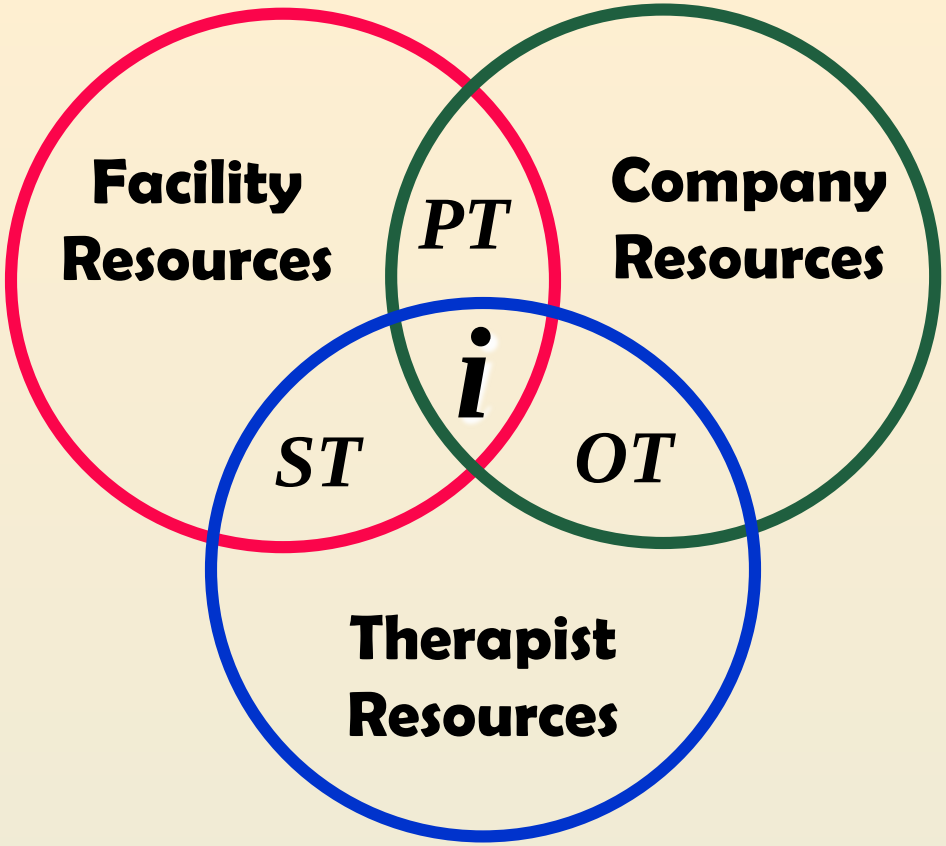
vicki@interfacerehab.com | (714) 646-8253



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