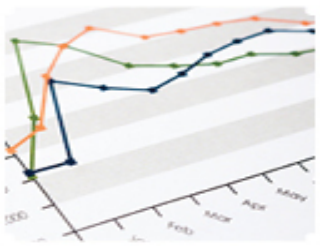


Quality Injury Prevention



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

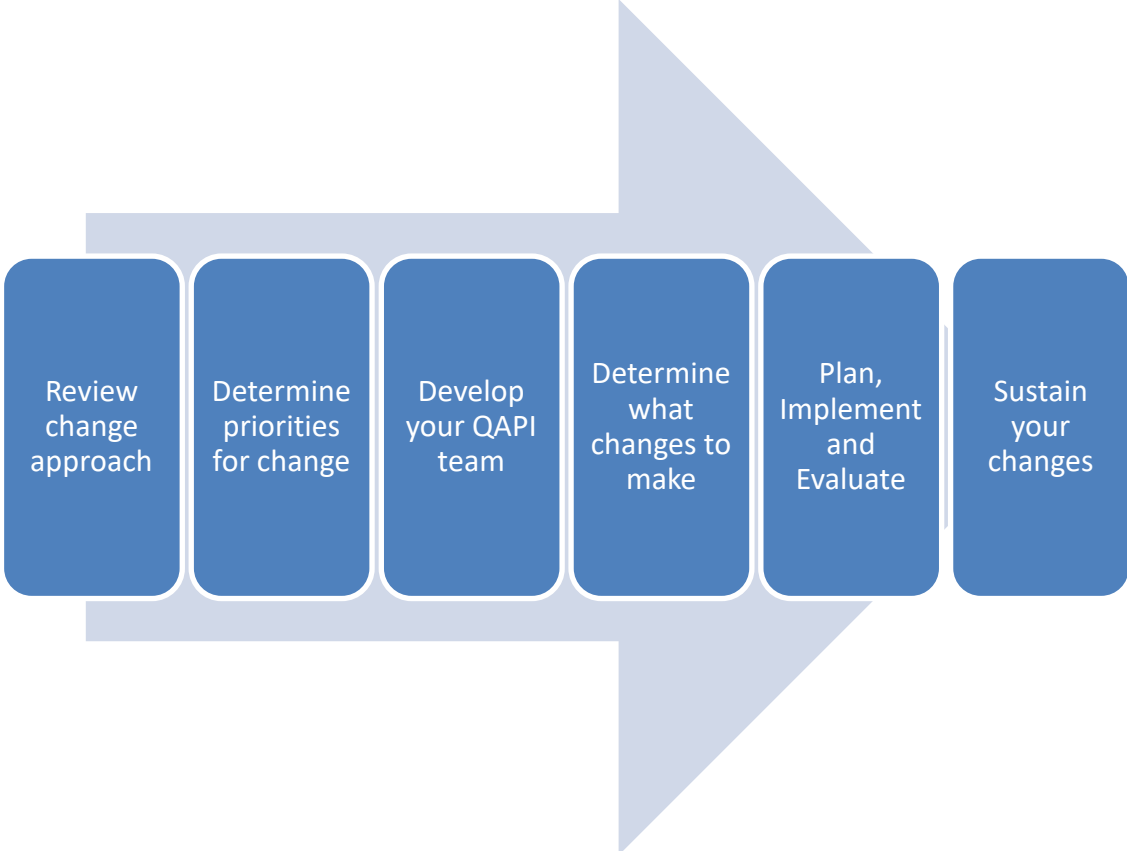
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected

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 |

SIX STEPS TOWARDS IMPLEMENTING STRATEGIES TO IMPOSE CHANGE



Goal Setting Worksheet

Goal Setting Worksheet



Directions: Goal setting is important for any measurement related to performance improvement. This worksheet is intended to help QAPI teams establish appropriate goals for individual measures and also for performance improvement projects. Goals should be clearly stated and describe what the organization or team intends to accomplish. Use this worksheet to establish a goal by following the SMART formula outlined below. Note that setting a goal does **not** involve describing what steps will be taken to achieve the goal.

Describe the business problem to be solved:

| |
|--|
| |
|--|

Use the SMART formula to develop a goal:

SPECIFIC

Describe the goal in terms of 3 'W' questions:

What do we want to accomplish?

Who will be involved/affected?

Where will it take place?

MEASURABLE

Describe how you will know if the goal is reached:

What is the measure you will use?

What is the current data figure (i.e., count, percent, rate) for that measure?

What do you want to increase/decrease that number to?

ATTAINABLE

Defend the rationale for setting the goal measure above:

Did you base the measure or figure you want to attain on a particular best practice/average score/benchmark?

Is the goal measure set too low that it is not challenging enough?

Does the goal measure require a stretch without being too unreasonable?

RELEVANT

Briefly describe how the goal will address the business problem stated above.

TIME-BOUND

Define the timeline for achieving the goal:

What is the target date for achieving this goal?

Prioritizing your Performance Improvement Project

Prioritization Worksheet for Performance Improvement Projects



Directions: This tool will assist in choosing which potential areas for improvement are the highest priority based on the needs of the residents and the organization. Follow this systematic assessment process below to identify potential areas for PIPs. This process will consider such factors as high-risk, high-volume, or problem-prone areas that affect health outcomes and quality of care. This tool is intended to be completed and used by the QAPI team that determines which areas to select for PIPs. Begin by listing potential areas for improvement in the left-hand column. Then score each area in the following columns based on a rating system of 1 to 5 as defined below:

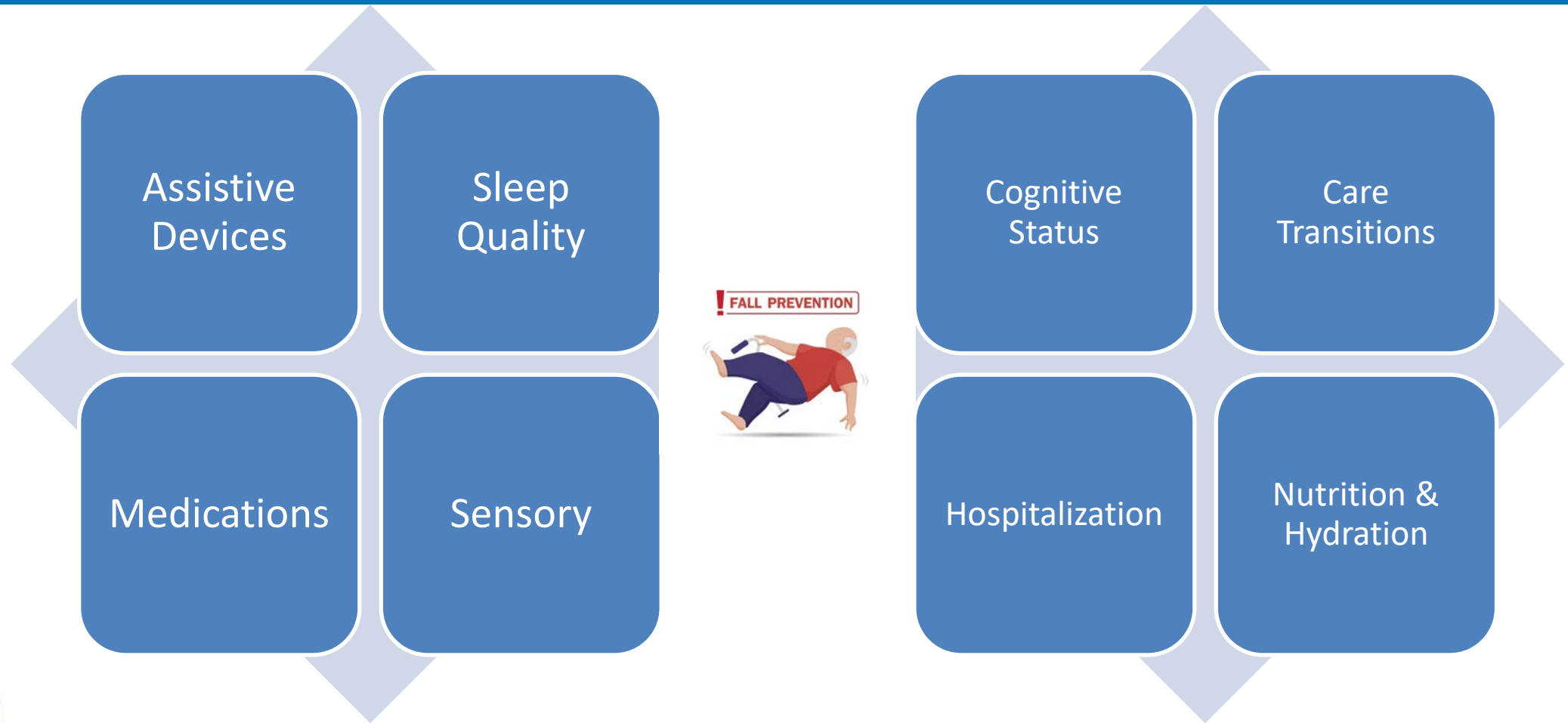
| | | | | |
|--------------|---------|------------|----------|---------------|
| 1 = very low | 2 = low | 3 = medium | 4 = high | 5 = very high |
|--------------|---------|------------|----------|---------------|

Rating is subjective and is meant to be a guide and to stimulate discussion. Finally, add the scores across the row and tally in the final column. Potential improvement areas with a higher score indicate a higher priority.

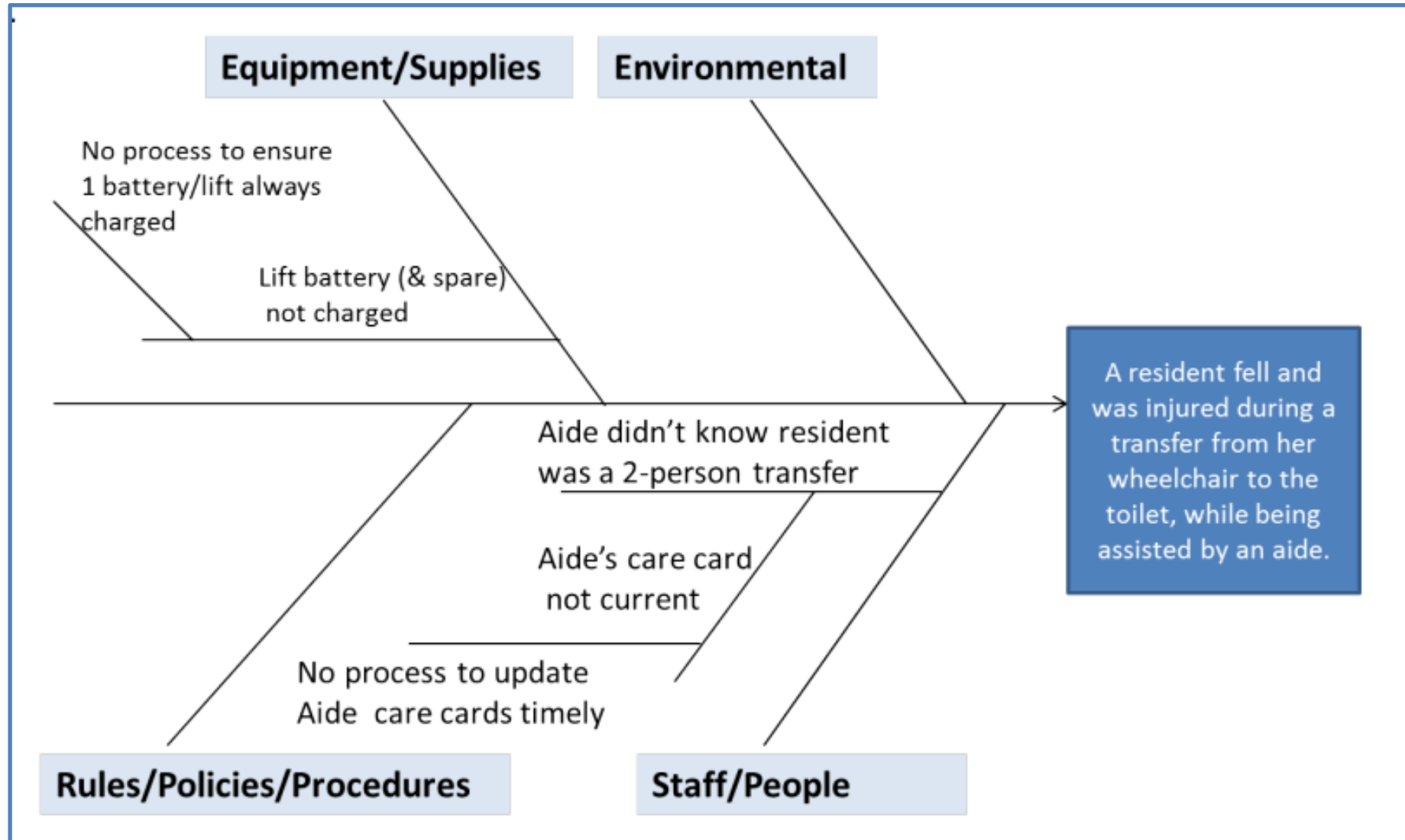
| POTENTIAL AREAS FOR IMPROVEMENT Consider areas identified through: Dashboard(s) Feedback from staff, families, residents, other Incidents, near misses, unsafe conditions Survey deficiencies | PREVALENCE The frequency at which this issue arises in our organization. | RISK The level to which this issue poses a risk to the well-being of our residents. | COST The cost incurred by our organization each time this issue occurs. | RELEVANCE The extent to which addressing this issue would affect resident quality of life and/or quality of care. | RESPONSIVENESS The likelihood an initiative on this issue would address a need expressed by residents, family and/or staff. | FEASIBILITY The ability of our organization to implement a PIP on this issue, given current resources. | CONTINUITY The level to which an initiative on this issue would support our organizational goals and priorities. | TOTAL SCORE TALLY |
|--|--|---|---|---|---|--|--|--------------------------|
| | | | | | | | | |
| | | | | | | | | |

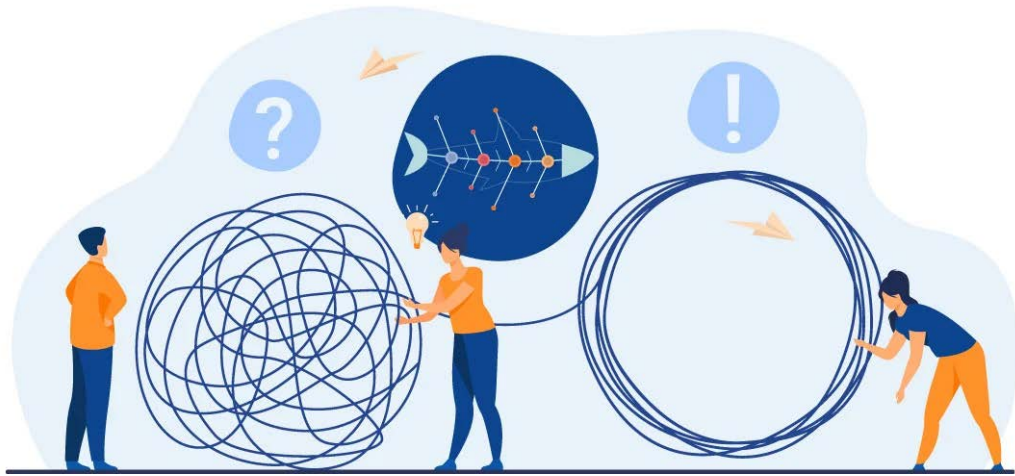
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPPriorWkshtdebedits.pdf>

Contributing Factors to Harm Reduction



Cause and Effect Diagram



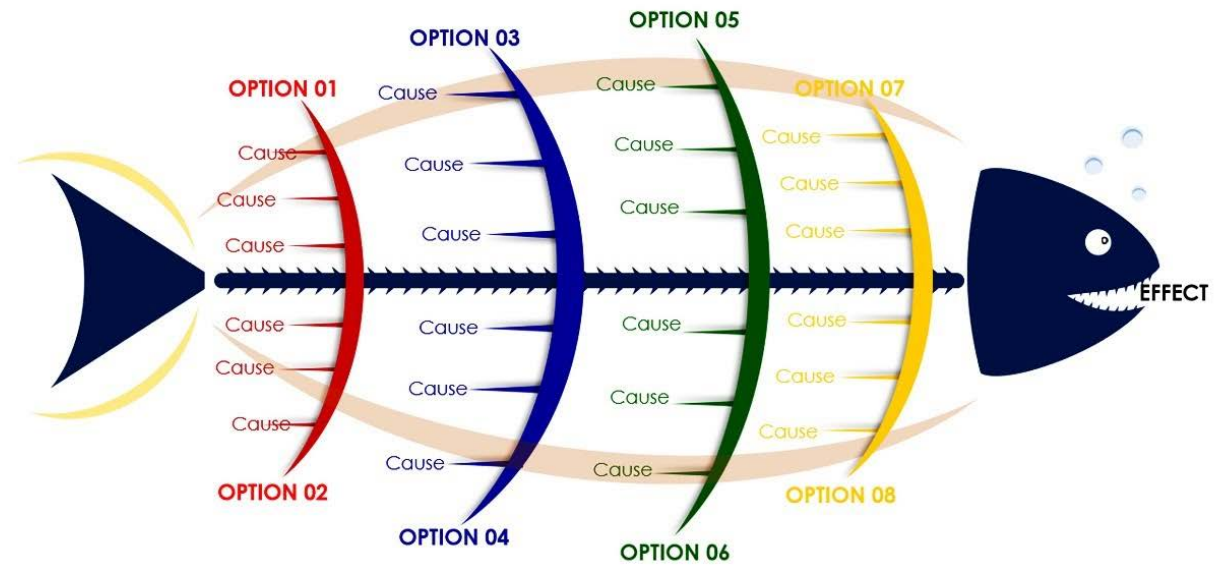


"Balance is not something you find, it's something you create."

JANA KINGSFORD
author of UNJUGGLED: Lessons From a Decade
of Blending Business, Balms, Balance & Big Dreams

The Healthy

CAUSE AND EFFECT / FISHBONE DIAGRAM



Begin the change



PIP QI Measures

Conduct a Root Cause Analysis

Discovery from your team huddles

Implement Improvement Change

“

Change is the law of life,
and those who look only
to the past and present
are certain to miss the
future.

—
JOHN F. KENNEDY

GRACIOUSQUOTES.COM

Dawn Jelinek

Age-Friendly Clinics and LTC

OFMQ- GWEP- OkDCN
Senior Clinical Consultant

djelinek@ofmq.com

405-651-4796

