

Don't 'FALL' behind on Quality Improvement

Mobility is the Golden Key

Common Questions for putting QAPI into Action

- What is the best way to determine if we have a problem with a particular measure?
- What do I use to set improvement goals?
- What is a realistic improvement (percent)?
- Do we pick the hardest or easiest to start with?





Team







DON





Naomi

CNA



Natalie

Restorative

Therapy



Hank

Activity Director

Tuesday, February 2, 20XX Sample Footer Text

Team Huddle Checklist

- ☐Safety Issues discussed
- □Quality Concerns discussed
- □Solutions discussed
- ☐ Review of Previous Concerns
- ☐ Results to Previous Concerns
- □Solutions to implement
- ☐ Positivity Moment
- □Announcements



Generate Solutions

- Action plans create accountability for performance improvement efforts.
- Defines "What", "When", "Where", and "How" of the project
 - Who will be impacted by the plan?
 - Who should be involved in creating the plan?
 - Who will be responsible for reviewing and monitoring the plan?
 - Who will be the "owner" of the plan? Do they have authority for all necessary resources?
- Monitors progress



Performance Improvement Projects (PIPs)

- Conduct PIPs to improve care or services in areas relevant to your residents:
- Gather information systematically to clarify issues and identify opportunities
- Test and implement changes
- Use data to determine whether goals were accomplished



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)	Newworse Pres Ulcer (S)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	(1) LLD	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count
Data	The state of the s	700107011	С	С	С	С	С	С	С	С	С	С	С	С	С	С	С	С	С	
Active Residents			Ť	Ť	Ĭ	Ť	Ĭ	Ť	Ť		_		Ť	Ť	Ť	Ť		Ť	Ŭ	
Active Residents		02/99/99	ь	b	b	b	b	b	ь	b	b	b	ь	b	ь	ь	ь	b	ь	0
		02/99/99	ь	b	b	b	b	b	b	b	b	ь	X	b	ь	b	ь	b	ь	1
		04/99/99	ь	ь	b	b	b	b	ь	b	b	ь	b	b	ь	ь	ь	b	b	0
		<u> </u>	-		ь	ь	ь	ь		ь				ь	ь	ь	ь	b		0
Raphone, Mike	#123456	02/99/99	b	b					b		b	b	b	-	-				b	_
Raphone, Mike	#125450	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	ь	X	b	b	b	•	b	b	b	b	b	b	ь	1
		04/99/99	b	b	b	b	b	b	b	b	b	ь	b	b	ь	ь	ь	b	ь	0
		04/99/99	ь	ь	b	b	ь	X	b	b	ь	ь	X	X	ь	ь	ь	b	ь	3
		02/04/99	b	X	b	b	b	b	b	b	b	۵	b	b	X	b	٥	b	b	2
		02/99/99	ь	b	b	ь	b	ь	ь	b	b	X	ь	b	b	b	ь	b	ь	1
		02/99/99	b	b	b	ь	b	X	Ь	b	b	۵	Ь	b	b	b	Ь	b	Ь	1
		02/99/99	ь	b	b	ь	ь	b	b	b	b	ь	b	b	b	b	ь	b	ь	0
			Ь	b	b	b	b	b	b	b	b	Ь	X	b	X	b	b	b	b	2



Determine the Root Cause

Why

Why

Why

Why

Why



Model for Improvement: Three Key Points

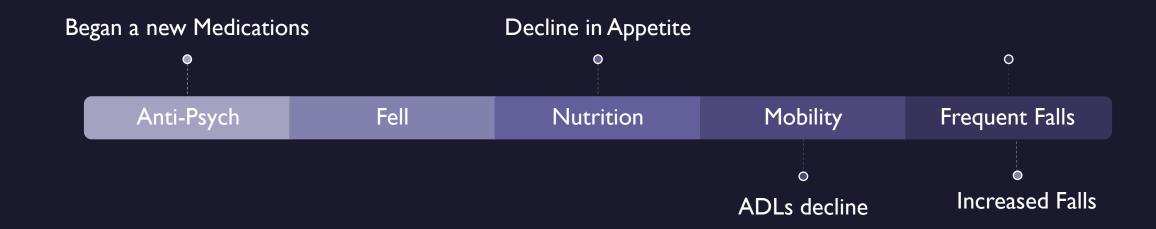
Small scale ≠ small change

Success (or failure) in one PIP cycle ≠ success or failure of the project

Keep teams focused on the measures related to the aim



Timeline



Sequence of Events

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

- <u>Mobility</u> <u>Mentation</u> (Cognition, Mood, Depression)
- Medications
 Mobility (for good and bad)
- <u>Mentation</u> <u>Mobility (Movement, Independence)</u>

Key to doing what <u>Matters</u>



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



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