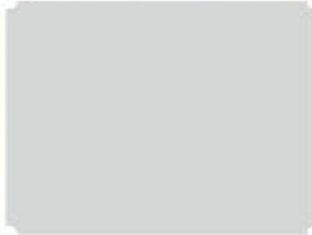
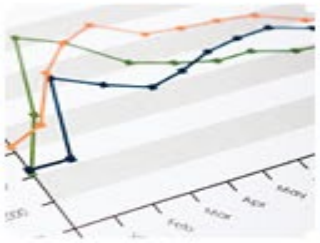
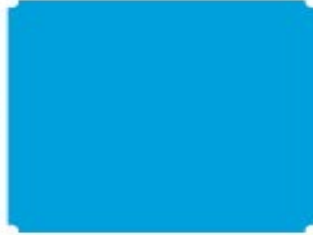


ADLs in Transitions of Care



ADL More in 2024!

A New Year for ADLs & Creating a Smooth Transition



- Medications
- Change in condition
- Cognition
- Skin integrity
- Interaction and Communication
- Diagnosis
- Transitions
- Restorative Therapy
- Orientation
- Mobility
- Infection status
- Change in confidence
- Change in well-being {what matters most}



Activities

- Grooming
- Eating
- Toileting
- Hygiene
- Mobility



Daily

Individual Preferences

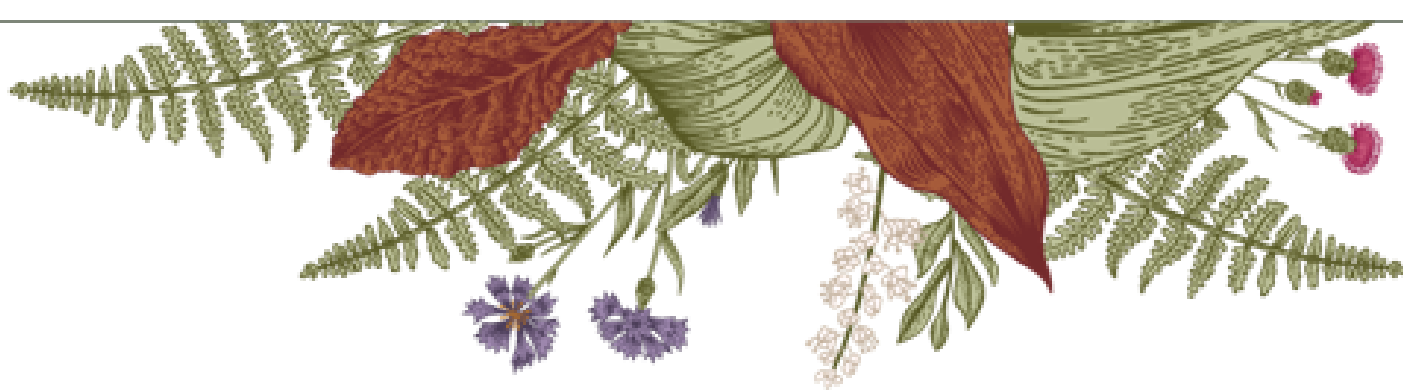
- Bath or Shower
- Morning or Night
- Mix foods or keep food separated
- Dark or Light while Sleeping
- Casual or Dressy



Living

Quality of Life

- Social
- Quiet Time
- Music
- Activities
- What Matters Most



MDS- Section G

- More Errors found in this section of MDS than any other
 - Impacts Survey and Star Rating
 - Significantly impacts Reimbursement
 - Staffing Patters
 - Care Planning
 - Documentation must paint an accurate picture
- Are you taking the credit for the quality of care you are providing?

MDS CODING FOR FUNCTIONAL STATUS SELF-PERFORMANCE (G0110)

What Resident does for themselves

- 0 = INDEPENDENT (NO HELP OR STAFF OVERSIGHT)
- 1 = SUPERVISION (OVERSIGHT, ENCOURAGEMENT, CUES)
- 2 = LIMITED ASSISTANCE (GUIDED MANEUVERING OR NON-WEIGHT-BEARING SUPPORT)
- 3 = EXTENSIVE ASSISTANCE (WEIGHT BEARING SUPPORT)
- 4 = TOTAL DEPENDENCE (FULL STAFF PERFORMANCE)
- 7 = ACTIVITY ONLY OCCURRED ONCE OR TWICE*
- 8 = ACTIVITY DID NOT OCCUR*

* IF THIS CODING IS USED, QM ITEM WILL BE RECODED TO '4' TO ALLOW FOR COMPARISON





MDS CODING FOR SUPPORT PROVIDED

0= NO Setup or Physical help from staff

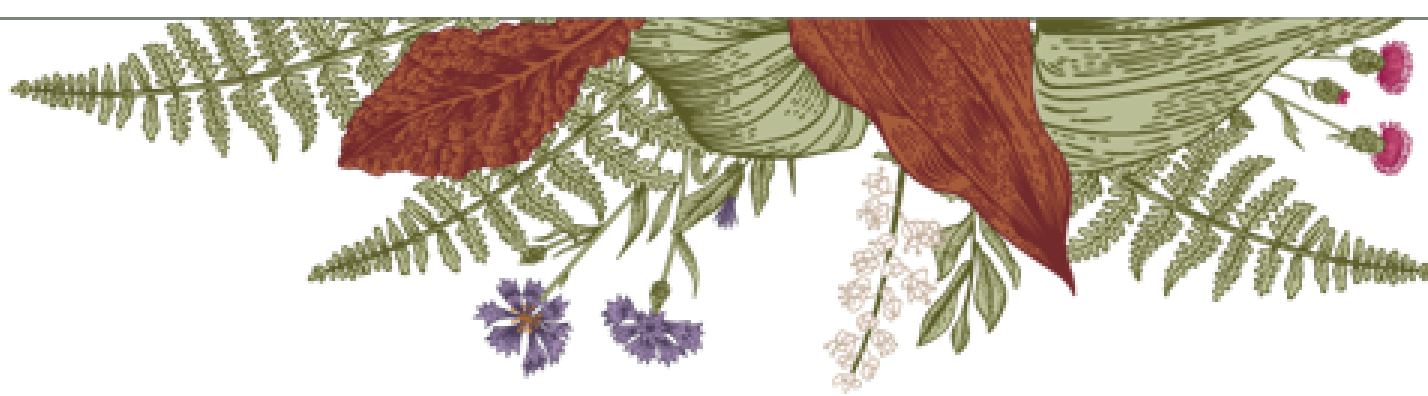
1= Setup help Only

2= One person physical assist (ME + Resident = 2)

3= Two + Person physical assist (YOU + ME + Resident = 3)

8= ADL Activity itself did not occur or Family/non-facility staff provided care 100% of the time for that activity for the entire 7 Day period

Code highest level of support during 7 day look back.



4 ADL's include in QM

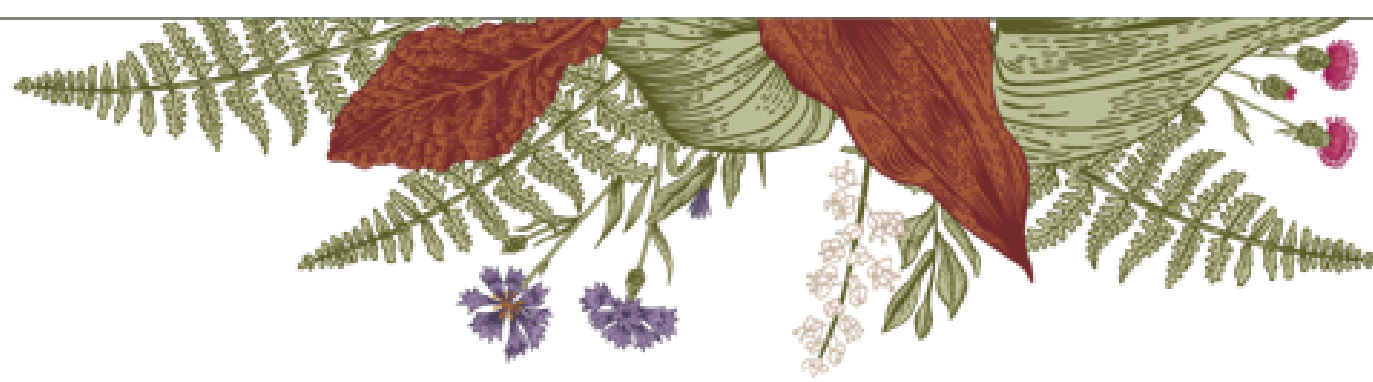
Bed Mobility (G0110A1)

Transfer (G0110B1)

Toileting (G0110D1)

Eating (G0110H1)

Don't include Eating/Drinking during Med Pass.



ADL Improvement

Help with ADLs increased compared to the prior assessment

A Change measure that reflects WORSENING

Identified by an Increase of 2 levels in 1 ADL or increase of 1 level in 2 ADLs

Examples:

Prior assessment code 0 now codes 2

Prior assessment code 2 for bed mobility and transfer now codes 3 for both.

CMS Staffing Studies find that higher staffing levels are associated with lower rates of increased ADL help.

IMPACT OF ADL DOCUMENTATION - MDS

- ADL CODING/SCORING AFFECTS THE RUG
- ADL SCORE IS BASED ON ALL DOCUMENTATION (FLOWSHEET, NN, THERAPY, ETC.)
- REHAB THERAPY MINUTES AND PLAN
- NURSING SKILLED SERVICES
- COGNITION AND BEHAVIORS

OUTCOMES OF THE MDS

- ✓ RUG RATES ARE BASED ON THE AMOUNT OF CARE NEEDED BY THE RESIDENT
- ✓ CARE PLAN
- ✓ QUALITY INDICATOR REPORT
- ✓ 5-STAR RATING

HOW DO YOU DETERMINE IF THERE IS A QUALITY IMPROVEMENT OPPORTUNITY?

• REVIEW ADL COMPLETION AND ACCURACY

- Q SHIFT AUDITS GIVE YOU THE BEST OPPORTUNITY TO CORRECT ERRORS OR RESOLVE OMISSIONS IN REAL TIME
- WALKING ROUNDS DURING SHIFT ALLOW FOR OBSERVATION AND VERIFICATION OF ACCURACY OF CODING

• IDENTIFY IF CODING IS ACCURATE – RAI MANUAL

- IS IT DATA ENTRY ERROR?
- WAS THE CORRECT INFORMATION USED FROM THE CORRECT ARD WINDOW?
- IS MISSING DOCUMENTATION A FACTOR?
- DOES STAFF UNDERSTAND SELF-PERFORMANCE CODING?



MODEL FOR IMPROVEMENT

- WHAT ARE WE TRYING TO ACCOMPLISH?

DECREASE THE DECLINE IN ADLS IN OUR RESIDENTS

- HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

MEASURE DATA CONCURRENTLY IN YOUR QI EFFORTS

- WHAT CHANGE CAN WE MAKE TO INFLUENCE IMPROVEMENT?

DEPENDS ON YOUR ROOT CAUSE ANALYSIS

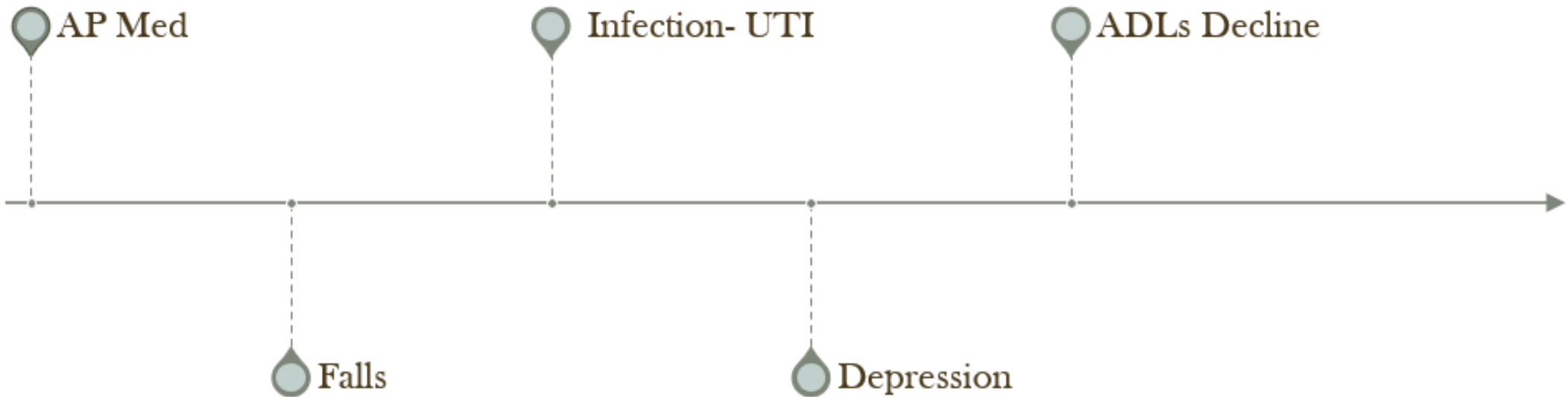
DID YOU FIND INACCURATE CODING?

DID YOU IDENTIFY CARE ISSUES?

WHAT IS PLAN TO CORRECT/IMPROVE?



Timeline



How we get there



Identify

- Residents at Risk
- MDS Coding Errors
- EHR data entries

Correlate

- Related QI measures
- Timeline

Root Cause

- MDS Coding Errors
- Care issues
- Meds

Once You conduct a Root Cause Analysis- You can determine what the contributing factors are and the true issues resulting in focusing your efforts on Quality Improvement needed.

Set your Goal for Better Care Transitions



ROOT CAUSE ANALYSIS WORKSHEET

Header

TEAM: _____ TEAM LEADER: _____ DATE: _____

PROBLEM STATEMENT: _____

IDENTIFY AND CATEGORIZE THE "MOST LIKELY" CAUSE CANDIDATES FROM THE BRAINSTORMING EXERCISE:

Materials (supplies, medication)	Methods (procedures, process, practices)	Equipment (tools, forms, communication media)	People (education, training, orientation)	Environment (lighting, rooms, hallway, etc.)

Root Causal Factor Identified - (After Applying "Five Why" Technique): _____

Intervention - (Apply PDSA cycle): _____

Footer

DATE TO IMPLEMENT INTERVENTIONS: _____ FOLLOW-UP DATE(S) RESULTS: _____

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405-650.4796





Recommendations

- Education about common transitions in care
- Timely communication of information between, across and within settings
- Preferences and goals of the person living with dementia
- Strong inter-professional collaborative team to assist with transitions
- Evidence-based models



Hospital Discharge Summary- the key components- Example

Key Components to Be Included in the Patient's Discharge Summary

Reason for hospitalization

- Chief complaint or the patient's primary condition
- Patient's condition during hospital admission

Key diagnostic findings

- Admission/discharge diagnoses

Procedures/treatments provided

- Course of events occurring during hospital stay
- Surgical, medical or other specialty consults
- Surgical, invasive, non-invasive, diagnostic or technical procedures

Patient's health status on discharge

- Patient and family instructions
- List of discharge/ admission medications
- Patient's activity level upon hospital discharge
- Physical or occupational therapy
- Recommended dietary intake
- Medical follow-up plans

Attending physician's signature

- Electronic or physical signature



Changes in Cognition, Orientation and ADLs is vital to timely details



Connect to the state HIE (Health Information Exchange)

- Funding available now through Oklahoma legislation.
- \$30 million appropriated for connection costs.
- These funds are limited- when they are gone... their gone.
- Connection fee from Point Click Care and other LTC EHRs is covered.
- Based on average daily census

<https://oklahoma.gov/ohca/okshine/overview.html>

Website to join the Queue for HIE Connection Fee Monetary Compensation

The HIE's goal is to meet the needs of end users, allowing providers and their patients, hospitals and health systems, payers, state health agencies, and local health departments to have secure, accurate data available at the right time and place, for the right purposes.

Click below to complete an application for connection fee assistance, register to join, or seek an exemption.

**Connection Fee
Application**

[> Apply Now](#)

**Join the HIE
Now**

[> Join Now](#)

**Exemption
Registration**

[> Open Form](#)



OKLAHOMA
Health Care Authority

Office of the State Coordinator
for Health Information Exchange

OKSHINE Connection Fee Application

In an effort to advance the ability for systems to exchange health information and create more complete patient health records, the Oklahoma Legislature passed SB 32X in 2023. This bill enabled funding for a one-time connection fee for providers to connect to the Health Information Exchange through the State Designated Entity (SDE).

This form is to provide notice to the Office of the State Coordinator for HIE that the below health care provider requests to receive fee assistance to complete their connection to the statewide HIE.

Please note that this assistance only covers the connection fees. The monthly subscription fees will be paid by the organization/provider.

Are you a participant of or have you completed an application to join the State Designated Entity?

Yes

No



OKLAHOMA
Health Care Authority

Office of the State Coordinator
for Health Information Exchange

System Message

The Connection Fee Assistance application requires you to have an application on file with the State Designated Entity.

[Click here to begin your application.](#)

First Name *

Last Name *

Email *

Organization Name *

Brief Description of Business Services

Address *

Address 2

City/Town *

State/Province *

ZIP/Postal Code *

Phone Number *

NPI Type 2 (Organization Level National Provider Identifier as listed in the National Plan & Provider Enumeration System, if available)

Please select the primary type of organization that best identifies your organization from the list below: *

What EMR/EHR does your organization use? *

Submit Application

Are you a participant of or have you completed an application to join the State Designated Entity?

Yes

No

Organization Information

*Name:

*NPI Number:

*Must be a 10 digit number.

*Tax ID:

*Must be a 9 digit number.

*Address:

Address 2:

*City:

*State:

*Zip:

*Must be a 5 digit number.

*Primary County Served:

If other, enter the County:

*What electronic health record (EHR) technology are you currently using (e.g., Athena, Epic, Cerner)?
(Please provide Vendor and Product Name)

*Are you in the process of or planning to implement or upgrade EHR technology within the next year?

Yes

No

If yes, please provide date:

*As a representative for the organization named in this form:

I acknowledge that by receiving this assistance, I understand my organization is expected to transmit health care data to the State Designated Entity on a regular basis. My organization shall maintain an active participation agreement and be in good standing with the State Designated Entity.

By typing my name below, I attest that the foregoing information is true, accurate and complete.

Submitter Information:

*First Name:

*Last Name:

*Email:

*Phone Number: - -

Submit

Dawn Jelinek

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Senior Clinical Consultant

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