



Arkansas Innovative
Performance Program (AIPP)
aipp.afmc.org

Quality Measures and Compliance

AR Innovative Performance Program

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Objectives

- Review F323 and discuss Van Safety
- Discuss how Quality Measures can help the home identify areas of concern
- Review processes that can help home use Quality Measures to put a plan of action in place to improve QMs, and assist in regulatory compliance

F323 Free of Accidents Hazards/Supervision/Devices

- The facility must ensure that the resident's environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents

F323 Compliance – Systems Approach

1. Identify hazard and risks
2. Evaluate and analyze the risks
3. Implement / educate interventions to reduce risk
4. Monitor interventions and modify if needed

Avoidable vs Unavoidable??

- **Avoidable:** adverse outcome resulting from failure to perform one, some, or all of the steps of the Systems Approach
- **Unavoidable:** Adverse outcome has occurred despite the home's efforts to perform all steps of a systems approach in a timely manner

Transportation Program



F323 Transportation Safety

- Improperly functioning shoulder strap
 - What if this happens while you are out?
- Staff training
 - All aspects of van use
 - How/Who to report repairs needed
 - Seat belt securely applied
 - Lift Use
 - Positioning
 - Wheelchair restraint usage
 - Avoid tipping backward
 - Manufacturer's Guidelines
- Adequate supervision
 - When transporting 2 or more residents
 - Resident who is care planned as 2 person transport
- Routine inspection
 - General
 - Restraint system – shoulder & wheelchair
 - Lift system

Transport Van

- Transport Van's wheelchair restraints were securely & properly applied per manufacturer's instructions
- Van / wheelchair restraint manufacturer's instructions were readily available
- Transport Van restraints were routinely inspected by a qualified professional (Dealer) to ensure they are in proper working order
- Transport staff members return demonstrate manufacturer's instruction during orientation & periodically

Transport Van continued

Any witnesses to an incident was interviewed in efforts to identify causative factors to facilitate the ability to develop interventions to prevent recurrence



Maintenance Supervisor & Designee

- Does your home have a trained Maintenance Supervisor/Designee on the van lift & restraints? Is there routine maintenance documented?
- When was the last time your Maintenance Supervisor/Designee was re-trained on the use of the van lift & restraints by a professional?
- Do you have someone else trained by a professional to train your staff on van protocol?

Maintenance Supervisor/Designee

- Are the restraint systems being checked by Maintenance Supervisor/Designee, and documented on a log per manufacturer's guidelines?
- Are the transport van drivers checking restraint system before each use?
- Is the seat belt properly applied?
 - According to Arkansas Code Ann. 27-37-702, "(a) Each driver and all passengers in any motor vehicle operated on a street or highway in this state shall wear a properly adjusted and fastened seatbelt properly secured to the vehicle."

Staff Interviews

- Have you ever been trained on the proper way to secure a wheelchair in the van prior to transporting a resident?
- What would you do if the restraints or other equipment was not working properly in the van?

OLTC Guidance completing DMS 762 Investigation Report

Van Incidents Involving Residents – page 10

Please review guidance tool and be proactive!! This is what OLTC would require if your home had a reportable van incident!!

The Guidance is available on our website or from your Outreach Specialist

OFFICE OF LONG TERM CARE (OLTC)

Guidance in completing the DMS-762 Investigation Report

INFORMATION PROVIDED BY
Stormy Smith, Program Manager,
 Arkansas Department of Human Services,
 Office of Long Term Care

For questions regarding
 the DMS-762, email
stormy.smith@dhs.arkansas.gov
 or rose.tabor@dhs.arkansas.gov

For additional copies
 of this tool and other resources,
 email aipp@afmc.org
 or call 501-212-8602

The image shows a thumbnail of the 'Facility Investigation Report for Resident Abuse, Neglect, Misrepresentation of Property, and Expulsion of Residents in Long-Term Care Facilities'. The form includes fields for Name of Facility, Phone, Address, City, Facility Staff Member Complaint (DMS-762) Name, Title, Date and Time of Incident, Date and Time of Discovery, Type of Incident (Abuse, Neglect, Misrepresentation of Property, Expulsion of Resident), Social Security of Resident, and Physical Functional Level/Depenses.

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17 Section II - Complete Description of Incident
 "See Attached" Is Not Acceptable!

ITEM 17 SECTION II – COMPLETE DESCRIPTION OF INCIDENT

- **If a resident is missing from the facility, OLTC needs to know at least the following:** What shift, time and date was the discovery of the resident missing? What time was the resident found? Where was the resident found and how far away from the facility was the resident found? What was the condition of the resident when the resident was found? What were the weather conditions when the resident was found, e.g., outside temperature (98 degrees, 30 degrees), was it raining, was there snow on the ground, was it windy with a wind chill? How did the resident get out of the facility, e.g., through a window, walk out with a visitor, faulty alarm, was the resident wearing an alarm device?
- **If this is a lifting injury, OLTC needs to know at least the following:** Was the resident care planned for a one-person lift with a gait belt, a two-person lift, or a two-person lift with a mechanical lift? Was the staff trained on using the mechanical lift? Was the resident injured? Did both the care plan and domet care plan (if used) match and were they up to date? Was the mechanical lift (if used) taken out of service until it could be checked for defects? Were there defects in the lift?
- **If this is a van incident, OLTC needs to know at least the following:** Was this the regular van driver or a substitute? Was the driver trained? Was the wheelchair clipped properly to the floor? Was the resident wearing a seatbelt in the wheelchair? What caused the incident? Did the resident flip over? Was the resident injured? Was this an injury with the van lift and was the lift working properly? How many people were assisting with the lift? Was the van taken out of service until the lift or wheelchair locks were checked?
- **If the incident is verbal abuse, OLTC needs to know at least the following:** What was said and was it said directly to the resident? Was it about the resident? Was it within the resident's hearing distance? Describe the manner, tone, body language and any gestures used towards the resident. Was what was said likely to provoke fear or alarm in the resident, whether the resident understood or not? OLTC has to know exactly the words used. Generic terms like "vulgar" or "inappropriate" are not usable as evidence. Do not start with the first letter of an offensive word and use dashes in place of spelling it out. The exact word has to be used, no matter how offensive it is.

These four types of maltreatment are only examples of what OLTC is looking for when describing what type of maltreatment incident happened to a resident. There are many different types of maltreatment incidents that require reporting and investigation besides the ones listed as examples.

DMS-762
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Van Protocol:

- AIPP has a SAMPLE “ Van Protocol “that can be adapted to your homes needs including a Skills Return Demonstration
- Please compare to your van’s lift & restraints manufacturer’s instructions to assure compliance

Questions?

Concerns?

Comments?

Let's Talk Quality Measures (QMs)

- Quality Measure User Manual
- Who and When do you pull QM report?
- What do you do with that information?

Team Approach

- Everyone should know what is on the Quality Measures report and how the QMs affect the Five Star rating
- Educate, Educate, Educate
- Numbers mean something

Team Approach

Once everyone understands the QMs..

- Start Process

- Identify Team Members

- *MDS Coordinator*
- *DON*
- *Administrator*
- *ADON/Medical Records/Education Leader*
- *LPNs*
- *CNAs*

Team Approach QM Process

- Pull Quality Measure Report Monthly (CASPER)
 - Review a Look back period of 3 months
 - Set a date (Such as 10th day of the month)
 - Review QMs with Team
 - Identify areas of concern
 - Work on Plan of Action for items identified

Team Approach QM Process

- Plan of Action
 - Identified areas generally 70% or higher
 - Set achievement goal (such as lower than state average percentage)
 - Begin writing Plan of Action

Plan of Action

- Identified Area such as Weight loss
 - Review Residents who have triggered QMs
 - Audit for accuracy
 - Ensure Care Plans are updated
 - Physician/Family notification
 - Documentation completed

Plan of Action

- After Reviewing all Triggered Residents
 - Review any other residents that could potentially trigger
 - What documentation is needed?
 - Notifications complete
 - Care Plans updated
 - How are we monitoring these residents?

Plan of Action

- Do we have a system in place to identify and review residents for this area?
- We need to look at overall system
 - Go step by step through overall system
 - Is there a breakdown somewhere?
 - Never assume something is being done. Always interview
 - Find what is broken and use your team to find solution

Plan of Action

- Treat your Quality Measure Report essentially like a 2567 POC
- Write a response for each item over your set mark.
- Essentially a Plan of Correction
 - Identify Who triggered
 - Assess others for Risk
 - Educate staff
 - Monitor and Evaluate Process

Putting It All Together

- Use your Quality Measures as a guide into Survey
- Deficiencies are a break in a system.
 - Find it and Fix it! before your survey
- Use your Data to drive Improvement
 - Better Surveys= Better Five Star Rating
 - Better Quality Measures= Better Five Star Rating
 - Better Staffing=Better Five Star Rating

Data is our roadmap to SUCCESS

