QI – P4P Quality Measure Overview
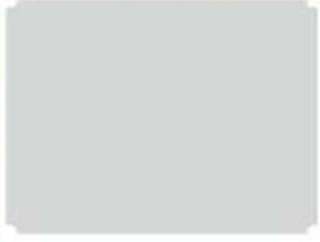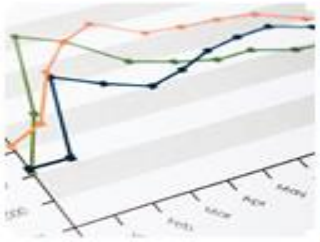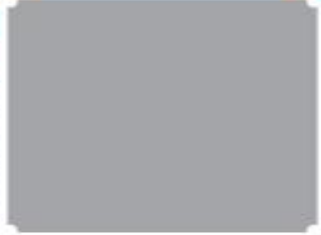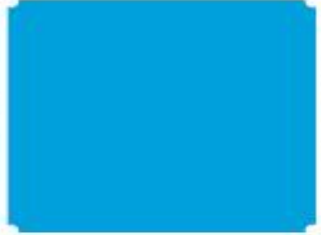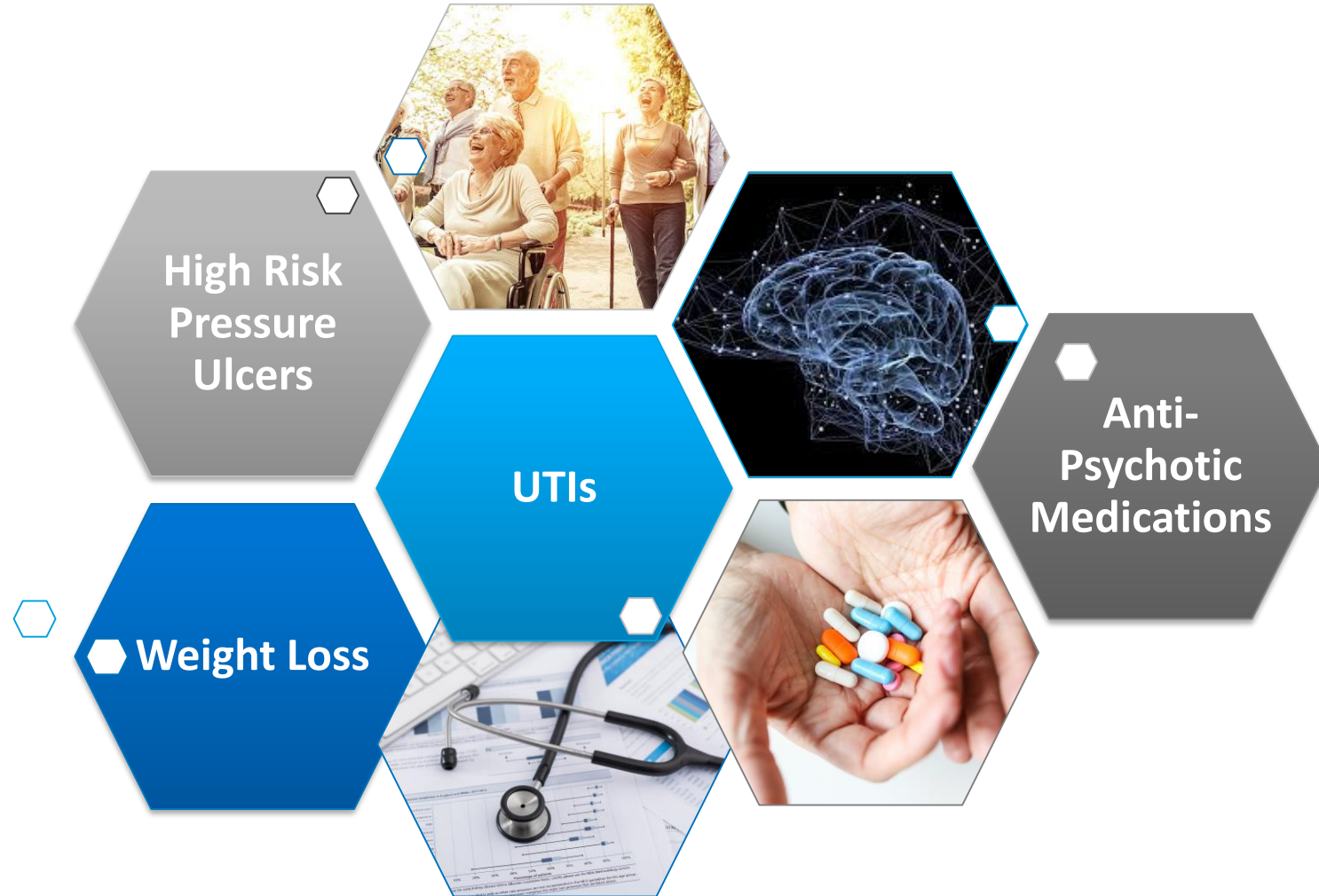
Staffing Effects Quality

Turnover at an ALL-TIME high

- Nearly 3 million women left the workforce during the pandemic
- 2 Million Boomers retired earlier than expected
- Minimal workforce entrance during the pandemic
- 4% drop in the total participating labor force

OFMQ
ADVANCING **QUALITY** » IMPROVING LIVES

Leadership: Make it your Mission

- Show you Care
  - Because you do Care Greatly
- Review Compensation and Competitive Spirit
- Culture
  - Current
  - Maintain
  - Change
- Training and Mentoring

What do your Quality Measures Reflect for your Home?

Weight Loss

UTIs

Pressure Ulcers

Anti-Psychotic Medications
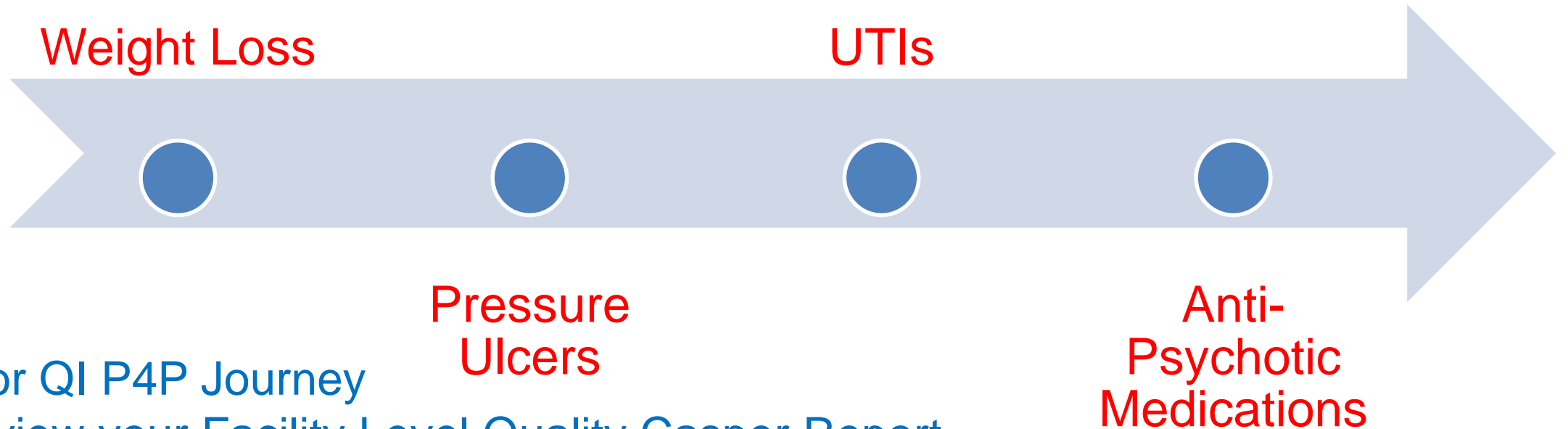
Prepare for QI P4P Journey
- ❑ Review your Facility Level Quality Casper Report
- ❑ Choose your Quality Measures to focus on
- ❑ Team Huddles
- ❑ Root Causes

OkDCN Oklahoma Dementia Care Network

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)	N035.02	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

PIP IT

- Team Members
- Project Focus
- Goal Monitoring
- Interventions
- Outcomes

Performance Improvement Project (PIP) Documentation

Nursing Home Name: _____ Start Date: _____

PIP Team Members:

Staff Name	Title		

PIP Team Project:

Quality Measure of Focus	Baseline Rate of QM	Improvement Goal for QM	Goal Rate	Date to reach the goal rate

Goal Monitoring:

Current Date	Current Rate	Current Date	Current Rate	Current Date	Current Rate

Interventions: The following are the interventions Implemented:

Start Date	Intervention Description	Intervention Notes	Outcome/Results

Outcomes: Use the table below to document what has worked, what has not worked, or lessons learned.

Intervention Successes	Intervention Barriers	Lessons learned

OkDCN Oklahoma Dementia Care Network

Action

Action: PIP QI Measures

Conduct a Root Cause Analysis

Discovery from your team huddles