Effective Clinical Meetings to Impact Quality of Care

PROACTIVE MEDICAL REVIEW 1

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Kristen Walden is a Registered Nurse and AANAC certified MDS consultant with over twenty years of experience in long term care serving as MDS Coordinator, Director of Nursing, and multi-site/state Corporate Nurse and Clinical Reimbursement Consultants.

Kristen specializes in MDS validation audits, quality assurance, PDPM and case mix reimbursement compliance, restorative programming, policy and procedure development, regulatory compliance, SNF/NF survey readiness and achieving Nursing Home Five Star quality measures goals. She has presented on topics including the Patient Driven Payment Model, Five Star Quality Measures and Medicaid case mix. She has led facilities through the transition to PDPM, initiation of facility restorative programs and partners with IDT teams to ensure optimized clinical outcomes as well as reimbursement.

She serves as an RN Clinical Consultant with Proactive Medical Review & Consulting, LLC.

PROACTIVE MEDICAL REVIEW 2

Objectives

1. Review effective and timely communication of information for meaningful collaboration to enhance quality patient care.
2. Discuss approaches to planning, conducting, and participating in an effective IDT clinical meeting.
3. Understand clinical item content, issues, and care plan updates to include in the meeting.
4. IDT members will gain insight into their roles in the meeting along with importance of follow-up.

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Importance of Clinical Meeting

- Communication
- Problem-solving
- Individualized care
- Quality of care
- Accountability
- Productivity
- Performance
- Empowering

PROACTIVE MEDICAL REVIEW 4

Clinical Team Tasks

PROACTIVE MEDICAL REVIEW 5

Establish Ground Rules

- Daily set time & location
- Punctuality
- Limit interruptions
- No side-bar conversations
- Preparation
- Assignments
- Back-up staff members
- Chronological item discussion/format

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Attendees

- Nursing (Leader)
- Activities
- Social Service
- Dietary
- Therapy
- MDS Coordinator

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Items to Bring

- Resident Medical Record (or lap top if electronic)
- Resident Plan of Care
- Clinical Reports
- CNA Care Plan/Assignment Sheet
- Restorative Program forms
- Therapy referral forms
- Follow up tool
- Team members bring available laptops

PROACTIVE MEDICAL REVIEW

Items to Review

Accident/Incident Reports	New or uncontrolled Pain
24 hour Reports	New/worsening pressure ulcers
New physician orders	Newly identified weight loss/gain
New admissions/Readmissions	Hospital Admissions/ER visits
Behavior episodes	Deaths
Noncompliance	Newly initiated restorative nursing program
672/802	RTH Log
Clinical Meeting IPA Determination Checklist	

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Items to Review

Abnormal Labs	Alert Listing Report
SBAR	Resident Appointments
Skilled Documentation	Discharges
Showers	BM Report
CNA Charting Compliance	Hydration/Consumption
Late/omitted medications/treatments	Unsigned Assessments/Evaluations
Infection Control Log (Isolation)	Stop & Watch
Critical Log	Care Plan Conferences
MDS Schedule	Huddle Report

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Clinical White Board Example

Falls	Wounds	Pain	Abnormal Labs	Oxygen/Nebs	Psych. Meds	
Mrs. T 7/11	Mr. L Stg IV coccyx	Mr. F	Mrs. T ↑ INR	Mrs. E O2 & neb	Mr. H A	Mrs. D D
Mr. B 7/12	Mrs. U Diabetic right foot		Mr. L ↓ Na	Mr. S O2	Mrs. V A, D	Mr. J D
					Mrs. W A, P	Mrs. I P
New admits	**SBAR**	**Hospital**	**Behaviors**	**Tube Feeding**	**New Orders**	
Mr. B 7/9	Mrs. M ↑ Blood sugar	Mr. R	Mrs. W	Mrs. W	Mrs. W ↓ Seroquel	
Mrs. C 7/13				Mr. J	Mr. E Med Pass TID	
					Mr. L BMP 7/16	
Weight Loss	**Isolation**	**Antibiotics**	**Wanderguard**	**Wanderguard**	**Catheter**	
Mr. E	Mrs. H Droplet	Mrs. K	Mrs. W	Mrs. Q 7/16	Mr. M Neuro. bladder	
Mr. Z	Mr. N					

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Assignment Example

Item	Discipline Responsible	Back-Up Discipline Responsible
Skilled Charting Review	Unit Manager	ADON
Weekly Skin Assessments Completed	Unit Manager	ADON
BM List	Unit Manager	ADON
Accident Reports	DON	ADON
Newly identified weight loss/gain	RD/Dietary Manager	DON
List of care plan conferences	Social Services	MDS
Behavior episodes	SSD	ADON
MDS Schedule	MDS	Social Services

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Agenda

- IDT Discussion of issues identified
- Identify need for Significant Change of Condition or IPA Assessment
- Update Plan of Care/CNA Care plan/Assignment Sheet

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MDS Significant Change in Status Assessment

- Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting"
- Impacts more than one area of the resident's health status *AND*
- Requires interdisciplinary review and/or revision of the Care Plan.

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Care Plan Update Examples

- Acute infection
- New wound or change in treatment
- New medication
- Palliative care/Hospice
- Fall intervention(s)
- Newly identified pain
- New mood symptoms/behaviors
- Weight loss/gain interventions

Problem/Focus	Goal	Intervention
Mr. J is at risk for falls r/t poor balance and shuffling gait secondary to Parkinson's Disease	Mr. J will not have a fall r/t gait/balance problems within the next 90 days	1. Wear gait belt when walking 2. Staff to provide cues for slowing pace and lifting feet as needed. *3. 7/13/21 Toilet before ambulating to dining room.*
Problem/Focus	**Goal**	**Intervention**
Mrs. P has pain to left wrist after fall	*Pain level will be mild within 2 hours of pain intervention*	*1. Monitor pain characteristics.* *2. Administer analgesics per MD order & monitor effectiveness.*

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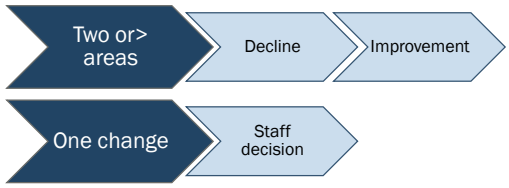
MDS Significant Change in Status Assessment



MDS Significant Change in Status Assessment

MDS Significant Change in Status Assessment

Decline in 2 or > of the following:
• Decision-making ability changed
• Presence of mood item not previously reported or increase in symptom and/or frequency (PHQ-9) • Behavioral symptoms increase in number of areas coded as being present and/or frequency of symptoms increases (Section E: Behavior)
• Changes in frequency or severity of behavioral symptoms of dementia that indicate progression of the disease process since the last assessment
• Any decline in an ADL physical functioning area (at least 1) newly coded as 3, 4 or 8 since last assessment   • Does not reflect normal fluctuations in that individual's functioning
• Incontinence pattern changes or there was placement of an indwelling catheter

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MDS Significant Change in Status Assessment

Decline in 2 or > of the following:
• Unplanned weight loss problem (5% change in 30 days or 10% change in 180 days)
• New pressure ulcer at Stage 2 or higher, a new unstageable pressure ulcer/injury, a new deep tissue injury or worsening in pressure ulcer status
• Use of a restraint of any type when it was not used before
• Emergence of a condition/disease in which a resident is judged to be unstable

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MDS Significant Change in Status Assessment

Improvement in 2 or > of the following:
• Decision making improves
• Any improvement in an ADL physical functioning area (at least 1) where a resident is newly coded as 0, 1, or 2 since last assessment • Does not reflect normal fluctuations in that individual's functioning
• Decrease in the number of areas where Behavioral symptoms are coded as being present and/or the frequency of a symptom decreases
• Incontinence pattern improves

PROACTIVE MEDICAL REVIEW 20

Clinical Meeting Checklist IPA Determination

Clinical Meeting Checklist to assist with IPA Determination	Resident	Mrs. S	Mr. C
Dietary			
1. New diet orders for mechanically altered diet			
2. Swallowing disorders or issues		x	
3. Parental IV orders			
4. Enteral orders			
Social Services			
1. BIMS interview score changes			
2. Mood/behavior			

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Clinical Meeting Checklist
IPA Determination

Clinical Meeting Checklist to assist with IPA Determination	Resident	Mrs. S	Mr. C
Therapy			
1. New ST evaluation reports			
2. Restorative nursing program recommendations		x	
3. Changes in functional abilities		x	
4. Enteral orders			

PROACTIVE MEDICAL REVIEW 22

Clinical Meeting Checklist
IPA Determination

Clinical Meeting Checklist to assist with IPA Determination	Resident	Mrs. S	Mr. C
Nursing			
1. ER visit or hospitalization			
2. Speech or language deficits		x	
3. Transfusions			
4. Nebs/O2/Pneumonia/Suctioning/Trach/Vent/COPD & SOB lying flat		x	
5. New IV medication orders		x	
6. New orders for intermittent catheterization			
7. New ostomy			

PROACTIVE MEDICAL REVIEW 23

Clinical Meeting Checklist
IPA Determination

Clinical Meeting Checklist to assist with IPA Determination	Resident	Mrs. S	Mr. C
Nursing contd.			
8. Wounds- burns, Surgical, Pressure, Diabetic, Wound infection			
9. Isolation orders and/or MDRO Dx			
10. New diagnosis			
11. Changes in functional abilities			
12. New orders for dialysis or radiation			
13. OTHER (i.e. NTA items, etc.)			

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Agenda

- Complete Follow-Up Tool
- Additional actions:
  - Physician notification
  - Request for physician orders
  - Responsible party notification
  - Request for pharmacist Medication Regiment Review
  - Initiate Significant Change of Condition Assessment or IPA as appropriate

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Clinical Meeting Follow-Up Tool Example

Name	Room	Reason for Review	Notes	Responsible Discipline
Mr. D	114B	Catheter	No dx or order for Foley	Unit Manager
Mrs. H	301A	Decline in ADLs	Therapy referral. Review pain regimen & need for Significant change MDS assessment	Unit Manager & MDS Coordinator
Mr. S	211	Flu/pneumonia consent	Not uploaded in EHR	Admissions
Mrs. L	106B	New pressure ulcer	Update care plan	MDS Coordinator
Mrs. C	421A	New order for Lasix	Notify responsible party Update care plan	Unit Manager MDS Coordinator
Mr. B	302B	Listed on BM Report	No BM > 3 shifts	Unit Manager
Mrs. W	109	Behaviors	Increased behaviors for last 4 days. F/u with MD re: recent Seroquel dose reduction	ADON

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Action Steps

- Provide Unit Manager(s) (UM) with Follow-Up Tool for action & return when tasks completed (<48 hrs.)
- Document in progress notes
- Communicate changes to appropriate staff

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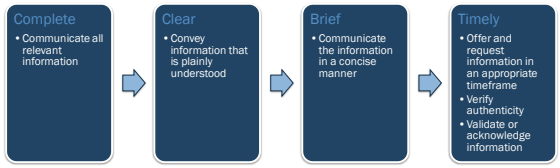
Effective Communication



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Effective Communication

Team members with effective communication skills can:

- Communicate accurate and complete information in a clear and concise manner
- Seek information from all available sources
- Readily anticipate and share the information needs of other team members
- Provide status updates *AND*
- Verify information received

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Communication Tools and Strategies

- 24 hr. report sheet/shift change report
- Electronic clinical reports
- Digital communications
- Clinical White Board
- Huddle Meeting

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Case Example #1

Mrs. G reports to Nurse S that she is having pain in her lower abdomen. Assessment by Nurse S indicates the pain is noted in the suprapubic area. Nurse S interviews the CNAs that do report Mrs. G has had increased incontinence and urgency over the last few days. Nurse S did document this information but did not share it verbally with the night nurse at shift change. Mrs. G slept through the night and no issues were reported by the night shift CNA. The day shift nurse notes that Mrs. G is drowsy and BP is low. Mrs. G is sent to the ER and admitted with sepsis.

Case Example #2

During clinical meeting, the alerts report indicates that Mr. T's blood sugar was elevated over the weekend. Review of Mr. T's MAR reveals that he is receiving steroids related to acute bronchitis. Mr. T's physician was notified of abnormal blood sugar results over the last week. New orders were received for mild sliding scale regular insulin x 4 days.

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