

## MDS Alert

### In The Spotlight: Follow This Organization's Lead In Using Quality Indicators And Measures As A Risk Management Compass

A combo of strategies will take your outcomes in a positive direction.

ABS Management in Chicago has undergone a sea change in how its facilities use QI/QMs, ultimately resulting in smoother sailing for its risk management program.

Before the overhaul, quality assurance corporate nurse **Cheryl Dillon, RN**, kept her eye on the reports and would call a facility, for example, to ask why it had a spike in falls.

First step in a new direction: The company trained staff at each of its six facilities in Southern Illinois to pull their own QI/QM reports and see what triggered them.

Suppose the reports show a higher prevalence of falls, Dillon says. The staff would look at any patterns or what the facility has been doing differently. For example, "Are more residents on psychotropic meds leading to falls? Are the falls due to [the organization's] restraint-free initiative? Has the building admitted a different population of residents?"

Next, the facility convenes an interdisciplinary team meeting and reviews what the facility staff thinks the problems might be. Perhaps there isn't a problem, Dillon suggests.

"One building has a very big population of residents with major mental illness. So yes, that building's psychotropic drug use is going to be through the roof," says Dillon.

Another example: A facility "had spiked high in pressure ulcers but we realized that we were developing a pressure ulcer unit in that building," reports **Tamar Abell, RN**, who works in operations.

#### MDS Coding Can Be the Culprit

In one building, the QI/QM showing ADL decline "was skyrocketing," reports Abell. "When the team analyzed that, we saw that staff had been coding residents as more independent than they really were initially." Then when the facility implemented a system resulting in better ADL accuracy, it appeared to have a lot of residents with ADL decline.

Another building's pain QI/QM looked as if "over half of the residents had enough pain to trigger the QI/QM," Dillon says. "When we investigated, we found a new MDS coordinator believed that if a resident was taking routine pain medicine, such as Vicodin around the clock, that you coded the person as having pain even if the medication was controlling the pain."

#### Using QIs/QMs to Focus Training

The facility is now using QI/QM reports to identify staff's training needs in each facility. "If the report shows we have a problem with pain or pressure ulcers or UTIs, as examples," Dillon says, "then staff use our online training modules called **Upstairs Solutions**."

The Web-based training requires no software or installation. The company actually developed the software and has now made it available as a product, she adds. (For more information, go to <http://www.upstairsolutions.com>.)

Standardization reigns: "The online training system has better focused and standardized our training," Dillon says. "Before, we'd do inservices, but they might be kind of random or after a survey when we got a tag." Now staff can do the

online training at their own pace anywhere -- even at home. "And the material is the same for everyone," she notes.

The training includes a "module on the RAI instrument itself," Abell adds. "The module reviews the entire process, from MDS coding to the RAPs and care planning."

#### Staying in Real Time

Of course, the MDS-driven QI/QM reports don't provide a real-time look at the facility's issues. To augment the QI/QMs, the organization looks at fall and pressure ulcer logs and weight loss records weekly. They send a team to the site of a fall when it happens to investigate.

But the QI/QM reports quantify how the facilities are doing and give staff a heads-up about patterns.

The perks of being proactive: Using the QI/QM reports like the organization does, "we don't have systems breakdowns," Abell says.

"We aren't perfect," she adds. "We still have isolated falls with injury and other isolated events. But we don't end up with a house full of pressure ulcers that no one detected as a pattern. We are restraint-free in our buildings, and falls have dramatically declined."