What kind of story are your GG outcomes telling – and how would you even know?

Let’s find out!

Discover the real story and gain insight into your objective, publicly reported GG functional outcomes in real-time.

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Storytelling 101

Characters: (Who the story is about) – Each resident we care for

Audience: (Who the story is for) – Our community, referral sources, CMS, payor sources

Setting & Plot: (Time, place, and sequence of events) – Something happened, our character’s life changed dramatically, under our care, can we regain what was lost?

Conflict: (The opposition of forces which ties one incident to another and makes the plot move) – Information is gathered from multiple sources with multiple providers reporting in various ways, written in our medical record as our character's story evolves.

Resolution: (Conflict-driven resolution) – Our caregivers “Writers,” must unite around our character to work together to for the happiest ending possible

Writers: (It’s all up to you!) – The story unfolds from beginning to end, captured in the writing of our interdisciplinary team members then published via our MDS to our audience… telling our story of outcomes
Dedication

Today is dedicated to all the writers –
Your voices are powerful and strong!
Learning Objectives

- Describe how and why Section GG functional outcomes are collected, reported, and trended
- Review how to collect and analyze GG outcome trends step-by-step, then use this knowledge to drive education and quality improvement
- Appreciate current GG outcome trends and resolutions – what’s the story?
- Introduce and navigate the new SimpleLTC analytics report – Function Scores Report
Chapter 1

Meet the Writers
Section GG Writers

- *Nursing writes the story* – point of view from the nursing team’s perspective is critical to capture baseline function prior to the benefit of intervention

- *Rehab writes the story* – point of view from the rehab perspective is critical to achieve and capture highest discharge performance level

- *Ghost writers who may also write the story* – point of view of the resident, family, care staff, any IDT member who witnesses or assists with functional mobility may be used to support the usual performance

- *All writers* – use the RAI manual
The focus of the quality measures is functional improvement for residents admitted to the SNF with an expectation of functional improvement due to skilled services, including physical and occupational therapy.

Some SNF residents may receive skilled care, but not physical or occupational therapy services, and these residents are not included in the QRP measure calculation.

If GG is the therapy “Report Card” then the therapy “Final Exam” is achievement of the established, care-planned GG goals.
Chapter 2

Meet the Characters & Audience
Characters

Each patient is the central character of a unique functional improvement story from admission through planned discharge

Audience

• CMS – QRP and Five-Star quality measures
• Public audience
  • Consumers of health care
  • Partners including hospitals, ACOs, educational institutions, financial partners, and beyond
• All post-acute care providers – we are all speaking a universal GG language
Chapter 3

Setting & Plot Overview
Setting & Plot

Assessment of **Admission Performance**
- Usual Performance (UP) first 3 days
  - Self-Care
  - Mobility
- Reflects the resident’s true admission baseline functional status prior to benefitting from intervention
- **Note** – *an IPA will NOT change your baseline for outcomes and is only collected for PDPM payment*

Assessment of **Discharge Performance**
- UP last 3 days
  - Self-Care
  - Mobility
- Based on clinical assessment of the resident’s performance that occurs as close to the time of discharge from Medicare Part A as possible… must be completed within the last three calendar days of the… Part A stay
Chapter 4

The Conflict
The Conflict

Is the story fact or fiction?

• If the story we are telling is fiction, our conflict resolution is to improve accuracy
• If the story we are telling is fact, the conflict resolution is quality improvement
• The only way to determine if your story is fact or fiction is to pull your outcomes, review the trends and discuss results openly and collaboratively

The Outcome Stories

Change in Function Score

• Self-Care: Difference between admission self-care score (7-42) and discharge self-care score (7-42)
• Mobility: Difference between admission discharge score (15-90) and discharge mobility score (15-90)

Expected Discharge Performance

• Self-Care: sum of discharge self-care items (7-42)
• Mobility: sum of discharge mobility items (15-90)
GG Outcomes
Step-by-Step

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<th>GG Self-Care Items</th>
<th>Admit Code</th>
<th>Goal Code</th>
<th>D/C Code</th>
<th>Admit Score</th>
<th>Goal Y/N</th>
<th>D/C Score</th>
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GG Outcomes
Step-by-Step, cont.

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<th>Roll L/R</th>
<th>Sit to Lying</th>
<th>Lying to Sit</th>
<th>Sit to Stand</th>
<th>Bed to Chair T/f</th>
<th>Toilet T/f</th>
<th>Car T/f</th>
<th>Walk 10 ft</th>
<th>Walk 50 ft w/ 2 turns</th>
<th>Walk 150 ft</th>
<th>Walk up uneven surfaces</th>
<th>1 curb/step</th>
<th>4 steps</th>
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GG Outcomes
Case Study Analysis

• Med A LOS = 36 days
• PDPM HIPPS = KAXE
• Section O days/mins of therapy
  • OT 1,039 mins x 27 days (~ 38 mins per day)
  • PT 589 mins x 17 days (~ 35 mins per day)
• Self-Care Outcomes
  • Discharge score = **24 out of 42 points**
  • Change in Function = **0**
  • Goals met = **57%**
• Mobility Outcomes
  • Discharge score = **43 out of 90 points**
  • Change In Function = **-6**
  • Goals met = **67%**

Fact or Fiction? Here’s the story:
Mr. GG is a 74-year-old male who admitted to Sun and Fun Rehab Center following acute hospitalization for pneumonia, which was resolved prior to SNF but patient requires skilled rehab services to improve function to be able to return home with caregiver support.

After 36 days of skilled rehab services including 27 days of OT and 17 days of PT, Mr. GG:
• improved in only 2 out of 24 functional areas,
• demonstrated no change at all in 17 areas,
• and sadly declined in the remaining 5 areas
• Mr. GG only met 63% of the GG goals specifically selected for him based on his clinical complexities and discharge plan
Chapter 5
Conflict-Driven Resolutions
Fact or Fiction?

Whether your story is fact or fiction, here are some common reasons for a bad GG story and possible resolutions:

1. When baseline admission scores seem too high, it might be due to:

   - GG is being written solely by rehab
   - GG language is not clearly understood by the writers
   - Assumption of specific items like eating, oral hygiene and rolling right and left

Resolutions

Collaborate with and interview nursing team for true baseline

Avoid using GG data directly from therapy evaluations as this likely represents patient benefitting from interventions

Educate team on GG language compared to their other languages (G and rehab levels)

Assess ALL performance items using RAI manual instructions
Fact or Fiction?

2. When discharge performance scores seem too low, it might be due to:

- GG items are not addressed and discussed routinely during weekly rehab and IDT meetings
- GG performance is not a focus of the last 3 days of admission
- GG items not assessed yielding a score of 1 for all unassessed items
- GG is being written solely by nursing

Resolutions

Educate rehab to focus on GG functional goals vs. impairment-based goals and review progress weekly with IDT

Once discharge date is established, alert all GG writers and initiate GG process for last 3 days (UP Log)

Assess all applicable performance items at discharge for patient education and safe transitions

Collaborate with rehab team to determine if therapy performance scores seem higher than nursing – educate on transition to highest practical level
Fact or Fiction?

3. When there are too many GG goals unmet at discharge, this might be due to:

- Too many goals selected upon admission
- Goal levels set upon admission reflect potential for improvement vs. actual anticipated improvement

Resolutions

Select fewer goals to address which will narrow the focus of interventions.

Only 1 goal is required, but select any goal related to patient’s individual needs, characteristics, and discharge plan.

Set goal levels based on actual anticipated level of improvement – do not use prior level of function unless this is the anticipated level.

Discuss GG goals weekly during rehab and IDT meetings.
Introducing the Function Scores Report

Demonstration

SimpleLTC users: If you have the ‘Analytics’ tab in your software, you have access to this report.
The SimpleLTC Section GG Function Scores report

Acknowledgements

Thanks to SimpleLTC for creating the Function Scores Report.
Quality Rehab Management (QRM)

- Comprehensive Rehab Management
  - In-House Transitions
  - Ongoing Program Ownership
  - Cost Containment
  - Operational Expertise

- PDPM Training
  - Analytics
  - Onsite Support
  - Webinars
  - PDPM Tool Kit
  - Podcasts

- Clinical Programming & Education
  - Outcome Focused
  - Compliance Driven

- Medical Review

- Recruitment & Staffing

- Home Health

For questions or additional information, please email info@qrmhealth.com
Q&A

Attendee Questions and Answers
Resources


- Webinar recording and slides available here: [simpleltc.com/functional-outcomes](http://simpleltc.com/functional-outcomes)