

Section GG Functional Outcomes



How to get the real story

**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.*

Susan Krall, PT, RAC-CT | Chief Strategy Officer, QRM

Casey Lee, PT, DPT | Director, Quality Improvement/Education, QRM

Corey Pauley | Director, Product/Software Engineering, SimpleLTC

SIMPLELTC[™]
A BRIGGS HEALTHCARE COMPANY

QRM

Copyright © 2020 QRM

All rights reserved. This book or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of the publisher except for the use of brief quotations in a book review.

Printed by SimpleLTC, in the United States of America.

First printing, 2020.

Quality Rehab Management
4949 Westgrove Drive, Suite 200
Dallas, TX 75248

www.qrmhealth.com
www.simpleltc.com

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!*

Table of Contents

Chapter 1 | Meet the GG story writers

Chapter 2 | Meet the characters & audience

Chapter 3 | Setting & plot overview

Chapter 4 | Describe the conflict

Chapter 5 | Conflict drives the resolution

Acknowledgements

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 story is being GRADED



GG: The Therapy Report Card

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

IDT GG UP Log



IDT GG Usual Performance (UP) Log

Admission Performance – PDPM Functional Scores						
Patient -	Date	Date	Date			
	Day 1 UP	Day 2 UP	Day 3 UP	Admission GG Score	Nursing Initials	Rehab Initials
GG Self-Care Items						
Eating*	-	-	-	-	-	-
Oral Hygiene**	-	-	-	-	-	-
Toilet Hygiene*	-	-	-	-	-	-
Shower/bathe self	-	-	-	-	-	-
Upper Body Dressing	-	-	-	-	-	-
Lower Body Dressing	-	-	-	-	-	-
Don/doff footwear	-	-	-	-	-	-
GG Mobility Items	Day 1 UP	Day 2 UP	Day 3 UP	Admission GG Score	Nursing Initials	Rehab Initials
Rolling Left/Right	-	-	-	-	-	-
Sit to Lying*	-	-	-	-	-	-
Lying to Sit*	-	-	-	-	-	-
Sit to Stand*	-	-	-	-	-	-
Bed to Chair Transfer*	-	-	-	-	-	-
Toilet Transfer*	-	-	-	-	-	-
Car Transfer	-	-	-	-	-	-
Walk 10 ft	-	-	-	-	-	-
Walk 50 ft + 2 turns**	-	-	-	-	-	-
Walk 150 ft**	-	-	-	-	-	-
Walk 10 ft uneven surfaces	-	-	-	-	-	-
1 curb/step	-	-	-	-	-	-
4 steps	-	-	-	-	-	-
12 steps	-	-	-	-	-	-
Picking up object	-	-	-	-	-	-
Wheel 50 ft + 2 turns	-	-	-	-	-	-
Wheel 150 ft	-	-	-	-	-	-

06 Independent; 05 Set-up; 04 Supervision/Touching; 03 Partial/Mod Assist; 02 Substantial/Max Assist; 01 Dependent
88 not applicable due to safety; 09 not applicable; 07 Refusal; 10 not applicable due to environment/weather

PDPM Scoring Construction			PDPM Functional (GG UP) Scores
Response	Codes	Score	
Independent & Set-up	06, 05	4	PT/OT GG UP Score -
Supervision or touching	04	3	
Partial/Moderate Assistance	03	2	
Substantial/Maximal Assistance	02	1	Nursing GG UP Score -
Dependent, N/A, DNA	01, 07, 09, 10, 88	0	

*use to calculate PT/OT/Nursing Functional Scores
**only use to calculate PT/OT Functional Scores

[Click to download](#)

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

	Admit Code	Goal Code	D/C Code	Admit Score	Goal Y/N	D/C Score	Goal Met	Change Score
GG Self-Care Items								
Eating	05	06	05	5	Yes	5	UnMet	0
Oral Hygiene	05	06	04	5	Yes	4	UnMet	-1
Toilet Hygiene	03	06	03	3	Yes	3	UnMet	0
Shower/bathe self	03	03	03	3	Yes	3	Met	0
UBD	03	03	03	3	Yes	3	Met	0
LBD	02	03	03	2	Yes	3	Met	1
Don/doff footwear	03	03	03	3	Yes	3	Met	0
Self-Care Scores				24	7	24	4	0
% of Total Points				57%		57%	57%	

[Click to download blank sample](#)

GG Outcomes

Step-by-Step, cont.

GG Mobility Items									
Roll L/R	04	04	04	4	Yes	4	Met	0	
Sit to Lying	05	06	04	5	Yes	4	UnMet	-1	
Lying to Sit	04	04	04	4	Yes	4	Met	0	
Sit to Stand	04	04	04	4	Yes	4	Met	0	
Bed to Chair T/f	04	04	04	4	Yes	4	Met	0	
Toilet T/f	03	03	03	3	Yes	3	Met	0	
Car T/f	10	10	09	1	No	1		0	
Walk 10 ft	04	04	04	4	Yes	4	Met	0	
Walk 50 ft w/ 2 turns	04	04	04	4	Yes	4	Met	0	
Walk 150 ft	04	04	04	4	Yes	4	Met	0	
Walk 10 ft uneven surfaces	04	04	09	4	Yes	1	UnMet	-3	
1 curb/step	03	03	09	3	Yes	1	UnMet	-2	
4 steps	03	03	09	3	Yes	1	UnMet	-2	
12 steps	10	10	09	1	No	1		0	
Picking up object	88	88	03	1	No	3		2	
W/c 50 ft w/ 2 turns	09	09	09	1	No	1		0	
W/c 150 ft	09	09	09	1	No	1		0	
Mobility Scores				49	12	43	8	-6	
% of Total Points				54%		48%	67%		

[Click to download example](#)

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

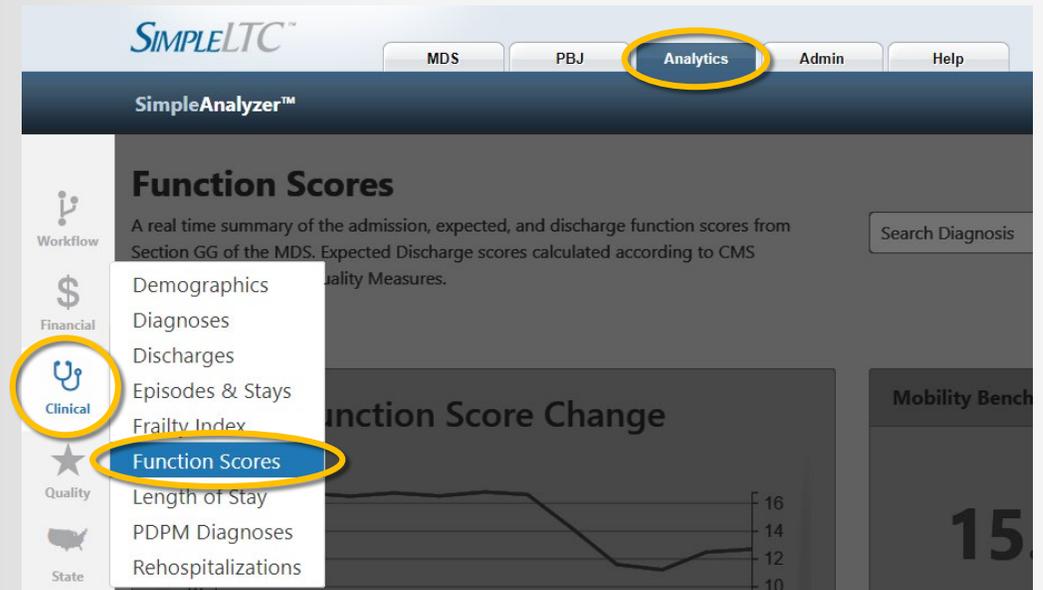
Set goal levels based on actual anticipated level of improvement – do not use prior level of function unless this is the anticipated level

Discuss GG goals weekly during rehab and IDT meetings

Introducing the Function Scores Report

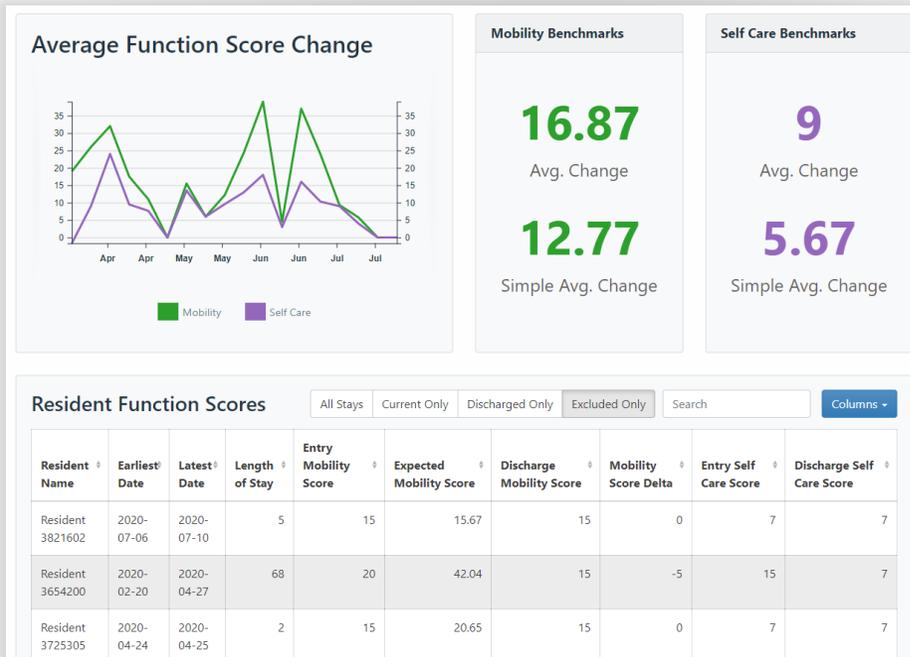
Demonstration

Locating the report



SimpleLTC users: If you have the 'Analytics' tab in your software, you have access to this report.

The SimpleLTC Section GG Function Scores report

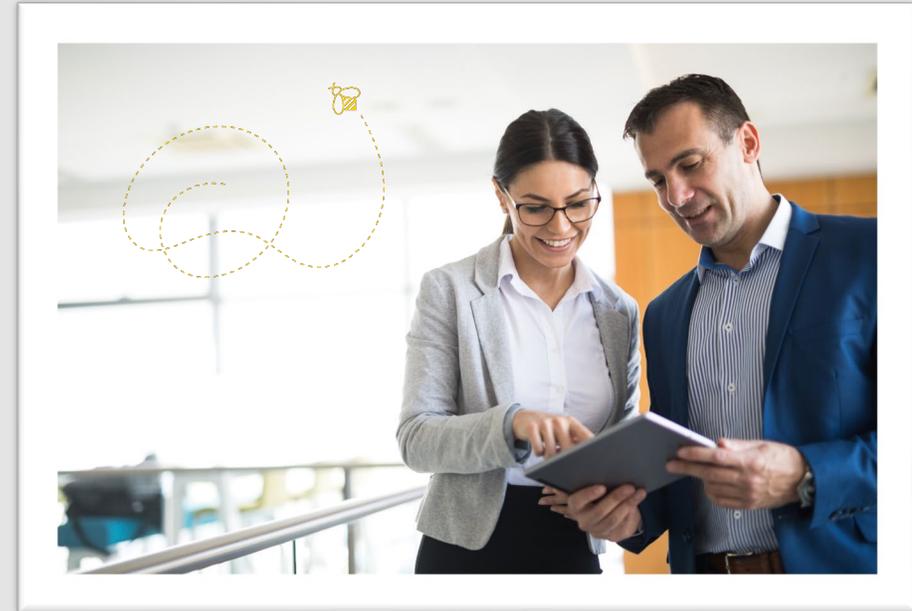


Acknowledgements

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



QRMhealth.com

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

Q&A

Attendee Questions and Answers

Resources

- *SNF QRP Function Quality Measure Specification and SNF Measure Calculations and Reporting User's Manual 3.0:*
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information>
— RAI Manual (RAI 3.0 Ch.3, GG-1-67)
- *Webinar recording and slides available here:*
simpleltc.com/functional-outcomes