Rehab Nurses Influence Quality Data and Improve Patient Outcomes

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Presenter has nothing to report

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Objectives for today's presentation

- Identify the required quality Data measures that are influenced by Rehab nursing.
- Application of evidenced based nursing interventions to influence patient outcomes.
- Discuss the QPP measures and the required documentation to support reimbursement.
- Discuss how to maintain ethical standards of practice while documentation is tied to reimbursement

General Information

- Approximately 33,000 PAC Providers in the U.S.
- Almost 45% of Medicare hospital discharges are followed by PAC use

IMPACT Act 2014

- Requires Standardized patient assessment data elements (SPADEs) to be collected across Post Acute Care settings. (HHA, IRF, LTCH,SNF)
- Once standardized, it will enable cross-setting data collection, outcome comparisons, exchange of data
- Allow for comparison of quality within and across the standardized data
- Has the potential to improve patient outcomes by improved coordination of care and discharge planning.

The Meaningful Measure priority areas are:

- Promote effective communication and coordination of care
- Promote effective prevention and treatment of chronic disease
- Work with communities to promote best practices of healthy living
- Make care affordable
- Make care safer by reducing harm, cost in the delivery of care
- Strengthen person and family engagement as partners in their care

IMPACT ACT Requirements

- HHS Secretary to implement specified clinical assessment domains and categories using standardized data for submission by LTCH, IRF, SNF, and HHA
- The Act also requires the development and reporting of measures pertaining to resource use, hospitalization and discharge to the community
- CMS is also to develop, implement, and maintain standardized patient assessment data elements (SPADEs) for clinical categories.

PAC Assessment Content

Administrative Content

- – Patient Name
- – Date of Birth
- – Race/Ethnicity
- – Marital status
- – Admission/Discharge dates
- – Admit from/Discharged to locations
- – Reason for admission
- – Provider NPI, CCN, Medicaid Provider #

PAC Assessment Content

"SPADEs"(specialized patient assessment data elements)

- Function (e.g., self care and mobility)
- Cognitive function (e.g., express & understand ideas; mental status, such as depression and dementia)
- Special services, treatments & interventions (e.g., need for ventilator, dialysis, chemotherapy, and total parental nutrition)
- Medical conditions and co-morbidities (e.g., diabetes, heart failure, and pressure ulcers)
- Impairments (e.g., incontinence; impaired ability to hear, see, or swallow)
- Other categories

PAC Assessment Content

Clinical Content "SPADEs"(specialized patient assessment data elements)

– Diagnosis/medical conditions
– Mental/Cognitive Status (memory, orientation, consciousness, delirium, mood, behavior)
– Communication (express needs, understanding verbal/non-verbal content, hearing and vision)
– Functional Status (Self-care/ADLs, Mobility, Use of assistive devices)
– Bladder and Bowel continence
– Falls
– Pressure ulcers and other skin conditions

PAC Assessment Content

- Surgery
- Nutritional and Swallowing status
- Medication information
- Special Treatment, procedures & programs
- Height and Weight
- Patient preferences and goals of treatment
- Pain
- Vaccinations
- Therapy-PT, OT, SLP
- Living arrangements/support availability
- Care planning

Specific Measures

- **NHSN Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)**
- **NHSN Facility-wide Inpatient Hospital-onset Clostridium Difficile Infection (CDI) Outcome Measure (NQF #1717)**
- **Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).**
- **Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)**

Specific Measures

- **Change in Self-Care for Medical Rehabilitation Patients (NQF #2633)**
- **Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)**
- **Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)**
- **Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)**

More Measures:

- **Medicare Spending per Beneficiary (MSPB)–Post-Acute Care (PAC) IRF QRP**
- **Discharge to Community–PAC IRF QRP (NQF #3479)**
- **Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP**
- **Potentially Preventable Within Stay Readmission Measure**
  - Claims-based measures and no additional data need to be submitted by the IRF
- **Drug Regimen Review Conducted with Follow-Up for Identified Issues — PAC IRF QRP**

The Rehab Nurse makes a difference

- Assessment:
  - Begin the assessment of the patient when admitted
  - Include in the assessment current functional abilities
  - Medical co-morbidities
  - Bowel/Bladder Elimination Function and Status
  - Mental Status and cognitive function
  - Medication usage

Develop a plan to address medical issues and barriers to discharge

- After the assessment, begin using the information to develop the plan of care that will be incorporated into the interdisciplinary team's plan
- Begin the discharge plan at the time of admission. For example: patient must be able to ambulate at least 20 feet and to be able to use the bathroom at home.
- Develop how the medical issues (diabetes, HTN, etc.) will impact the ability to participate in therapy and manage medications, treatments that allow the patient to be able to participate
- Begin the elimination plan for bladder and bowel: remove catheters as soon as possible (Nurse driven protocol). Start within the first 48 hours the bowel and bladder program.

Implement the Interventions

- Important with the shorter length of stay, to begin the interventions as soon as possible. Evaluate the progress the patient is making or lack of progress and adjust and implement the interventions needed to reach the desired outcome.
- Include the patient/caregiver in the process. Ensure they are in agreement with the interventions which means willingness to participate but most important, can they afford and access the needed equipment and supplies. Do they understand how to use and can do a teach-back?
- Identify barriers to achieving goals or moving toward the discharge plan, discuss with the interdisciplinary team in weekly conference and/or daily huddles

Rehab Nurse Impact with EBP

- CAUTI: Rehab nurse can decrease the occurrence of CAUTI by utilizing a nurse driven protocol that allows for indwelling Foley to be discontinued asap.
- Begin with the bladder bowel elimination assessment in order to develop the right program for the patient.
- Shortened length of stay has resulted in the nurse being more proactive to implement the elimination plan of care and evaluate if the interventions are working. Not a lot of time to waste with a 12 to 14 day length of stay.
- Begin the bladder program and initiate the bowel program within the first 24 to 48 hours.

Falls Measure

- Assess for risk of falls at admit
- Implement safety precautions identified specifically for the patient needs.
- Evaluate for safety risks or contributing factors to potential falls

Claims based measures

- Nurse can impact the discharge to the community by beginning with admission the development of a discharge plan. Identify the primary care provider and begin education.
- Identify barriers to being discharged to home, develop solutions with the interdisciplinary team to overcome the barriers.
- Educate the patient and primary caregiver, safety measures, co-morbid management. Realize the care being taught is not everyday occurrence to the patient or caregiver.
- Ask for return demonstration with teach back. Allow time for patient/caregiver to practice the education being taught.

Discharge functional and mobility scores

- Often viewed as a therapy area to report the scores
- Nurse can contribute by implementation of therapy modalities in the evening or weekends. Continue to encourage the patient to use the modalities taught in therapy when in the room.
- Allow the patient to be as mobile to the bathroom as possible while maintaining safety.
- Provide feedback to the team of any issues with follow through of the modality.
- Assess the patient for fatigue or exhaustion and ensure rest time is incorporated into the patient's day to allow for increased function.

Ethically practicing while being aware that reimbursement is tied to assessment

- Be specific and thorough with the assessment portion of the patient.
- Ensure the documentation is accurate and includes details of exactly what the patient was assessed for.
- Knowing the scoring categories and applying the assessment to the category rather than thinking about this score will provide a higher reimbursement.
- Keep the patient as the focus of the care based on the patient's specific needs, regardless of reimbursement.
- Provide Education to the interdisciplinary team to include the specific assessment and documentation information needed for each measure.

Questions?

References

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Training
- The Specialty Practice of Rehabilitation Nursing: A Core Curriculum, 8th Ed.
- ARN Competency Model for Professional Rehab Nursing
- https://rehabnurse.org
- Evidence-Based Rehabilitation Nursing: Common Challenges and Interventions, 2nd edition