

# Building Resilience: Maintaining Quality Care in Nursing Homes During COVID

May 11th, 2022

Age-Friendly Case:  
Mobility

Getting to the  
"Root" of the  
Problem

- Type your name and facility name in the "chat box"
- We ask that you have your cameras turned on in order to build a more engaging community of practice.
- Asking questions:
  - Unmute and ask the question
  - Utilize the chat feature to ask your question and the hosts will ask the question when there is a chance.
- Please remember to mute your audio when you're not speaking.



## Disclosure

This study is sponsored by the Great Plains Mountain Consortium composed of Geriatrics Workforce Enhancement Programs from Montana, North Dakota, Utah, and Wyoming. Dakota Geriatrics is supported by funding from the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling 3.75M with 15% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government.

<https://www.dakotageriatrics.org/great-plains-mountain-consortium>

# Recap of Last Week

## The Age-friendly Case – Medications

- Report aging effects on pharmacokinetics
- Recognize the dangers of Polypharmacy
- Effectively facilitate de-prescription
- **Conclusions:**
- Create a PIP to reduce unsafe medication burden of residents.
- Use specific tools to monitor progress
  - e.g., use Neuropsych Inventory (NPI) to verify no change in behavior when deprescribing antipsychotics
  - e.g., use Beers List and have consultant Pharm D create monthly recommendations for deprescribing

## QAPI Step 10: Plan, Conduct and Document PIPs

- Think SMART! SMART stands for:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Time-Bound
- Consider the Plan-Do-Study-Act (PDSA) cycle is a useful tool for documenting a test of change.

## A Culture Change Challenge

Carmen Bowman, Regulator turned Educator

Putting the label "therapy" on normal activity has become a tradition in nursing homes and other health care settings in order to establish the "professionalism" of those who do it. This is a case of "**scientism**" (Postman, 1993), a language trend toward elevating status of an action by appropriating medical terminology. People do things that are "**therapeutic**" all the time without therapists around because we feel better when we do them. When you go for a walk, for example, is that physical therapy or just exercise? Doing something you enjoy should not take on **a stigma of having something wrong with you** and that's why you do it. Dr. Judah Ronch, PhD The Power of Language to Create Culture

Words we've created to elevate status by appropriating  
medical terminology?

Please enter in the Chat box.

## The 4M of Mobility in long term care

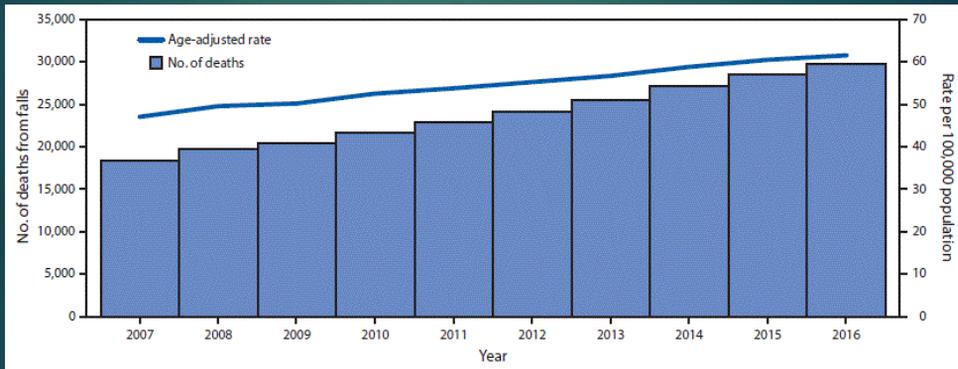
## Pre-Didactic Knowledge Test (Zoom Poll)

1. Gait Speed as the 6<sup>th</sup> vital sign is advocated for measuring which risk (s) ?
  - A. Fall
  - B. Hospitalization
  - C. Memory loss
  - D. A and C
  
2. The best evidence for reducing falls in older adults is which intervention ?
  - A. Core balance training
  - B. Deprescribing medications known to be associated with falls
  - C. Multi-disciplinary fall team
  - D. Postural perturbation training

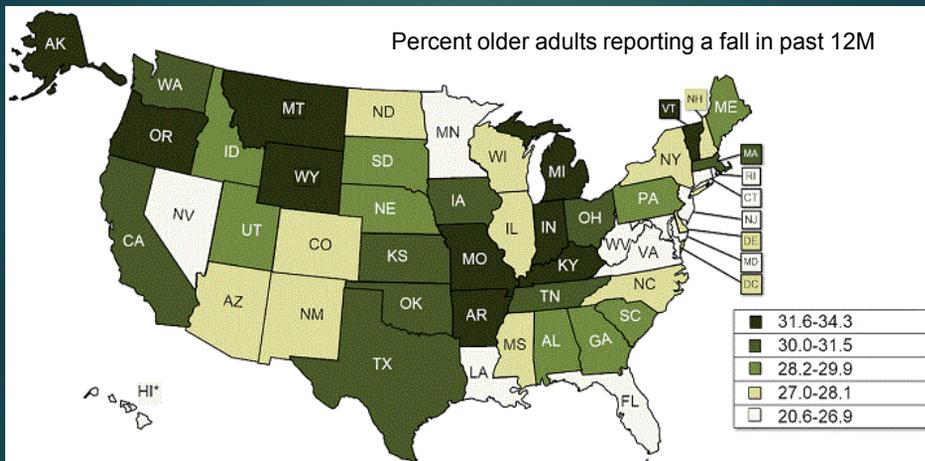
## Age – related issues with mobility

- ▶ Pain
- ▶ Sedentariness
- ▶ 1% loss of muscle mass yearly
- ▶ Low mood
- ▶ Fatigue
- ▶ Absent “viva la vida”
- ▶ No assistance / companionship / social isolation

**Mobility:** Ensure that older adults move safely every day in order to maintain function



Deaths from falls in older adults (CDC)



North and South Dakota have 1.4 X mortality from falls relative to average US rate

## Mobility problems = Falls

- ▶ 5% older adults live in NHs but account for 20% of deaths from falls
- ▶ Annually, NHs with 100 beds report 100 – 200 falls
- ▶ 50 – 75 % NH residents fall each year
- ▶ Average 2.6 falls per person per year

## UND research shows

- ▶ Blood pressure variability is linked to frequent falls
- ▶ Potential roles of
  - ▶ flexibility
  - ▶ blood pressure



## Mobility

### Goals

- ▶ Move safely
- ▶ Improve function
- ▶ Support what matters



### Assess

- ▶ Fall risk
- ▶ Functional impairment

## Mobility

### Manage

- ▶ Reduce sedentary time
- ▶ Prevent falls
- ▶ Increase function



## Mobility



### Create

Create safe home environments

### Identify

Identify a daily mobility goal

### Monitor

Monitor progress

## Mobility Assessment

- ▶ Orthostasis ?
  - ▶ Post prandial orthostasis ?
- ▶ Eye wear
  - ▶ Multi focal lenses ? Clean eye glasses ?
- ▶ Hearing ?
- ▶ Weakness ?
- ▶ Cogwheeling or back propulsion ?
- ▶ Sensory changes
- ▶ Pain with motion or at rest ?



## Red flags of new onset back pain

- ▶ Osteoporosis
- ▶ Acute neurologic deficit
- ▶ Bowel or bladder dysfunction
- ▶ Fever
- ▶ History of cancer

## Mobility assessment: fall risk

- ▶ Sharpened Romberg
- ▶ Gait speed
- ▶ TUG
- ▶ Berg Scale

## What works for mobility ?

- ▶ Daily steps (pedometer)
- ▶ Twice weekly resistance training
- ▶ 1.5 gm protein / kg daily
- ▶ Vitamin D supplementation
- ▶ Self efficacy: small behavioral changes
- ▶ Group sessions

## Ideas for increasing mobility

- ▶ Stepping in – place
- ▶ Group walks
- ▶ Walk a pet program
- ▶ Stand – sit during TV commercials
- ▶ Senior Olympics / Xbox Kinect exergames
- ▶ Upper extremity exercise

## Ideas for increasing mobility

- ▶ Pain control
  - ▶ acetaminophen / turmeric
  - ▶ Manual medicine, muscle energy techniques / massage
  - ▶ Braces
  - ▶ Cane at the opposite side of joint pain
  - ▶ Hot / cold applications
  - ▶ Topicals
    - ▶ Lidocaine
    - ▶ Voltaren gel
    - ▶ Capsaicin
    - ▶ Menthol

## Family / volunteer engagement

- ▶ Help with daily log
- ▶ Remote monitoring (walker monitor, apple watch shared exercise rings)
- ▶ Team competition (resident + family member)

## What works for fall prevention ?

- ▶ Multi – disciplinary team
- ▶ Environmental check
- ▶ Eliminate fall risk medications
- ▶ Resistance training firstly
- ▶ Core and aerobics
- ▶ Flexibility (maybe)

## Ideas for fall prevention

- ▶ Standing order for vitamin D
- ▶ Deprescribing unsafe medications
- ▶ CNA assisted sit to stand exercises and core balance training
- ▶ Educate family on strength and balance exercises
- ▶ Perturbation training

## Track progress

Daily steps: increase from baseline by 10 – 25 % and monitor performance monthly

- ▶ 400 m walk
- ▶ 6 minute walk
- ▶ Gait speed
- ▶ Changes in pedometer / accelerometer

Changes in strength and endurance

- ▶ Maximal lift
- ▶ Timed number of stand up → sits

Changes in core balance

- ▶ Time on one leg stance

## Create a PIP on mobility

Plan	Do	Study	Act
Does vitamin D supplementation reduce falls ?	Standing order for vitamin D supplementation	Monthly fall rate	
Does bedside core training reduce falls ?	Daily, CNA - supervised core balance exercises	Changes in core balance measures	
Deprescribe unsafe medications	Reduce unsafe medications by 25%	Reduction in unsafe Rx burden	
Dual task therapy	Residents count backwards while walking or identify colors posted on the wall		

## Post-Didactic Knowledge Test (Zoom Poll)

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## Conclusion

- ▶ Mobility plans improve older adult function and chronic disease management (e.g., sleep hygiene, BP, and endurance)
- ▶ Assess baseline and monitor progress of mobility plan
- ▶ Create PIP for mobility plan and study fall rate reduction

# Step 11: Getting to the Root of the Problem

Barb Bigelow, MS, RHIA, LNHA, CDP  
Mountain-Pacific Quality Health

May 11, 2022

## Follow Up From Last Week's Session



Check out the building blocks and resources, including *QAPI at a Glance*.



Share your success stories and vision!

## Pre-QAPI Knowledge Test (Zoom Poll): True or False



Getting to the root of any problem or opportunity is key, because what seems like a simple issue could involve many dynamics.



TRUE



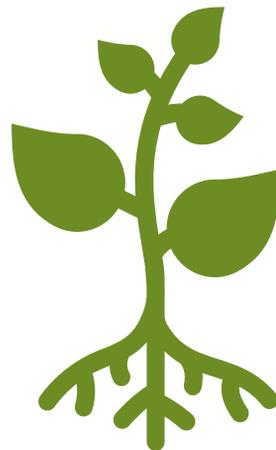
FALSE

31

## Quality of Care Transforms the Lives of Nursing Home Residents

### Step 11: Getting to the root of the problem

There is danger in starting with a solution without thoroughly exploring the problem. Multiple factors may have contributed, and/or the problem may be a symptom of a larger issue.



## Root Cause Analysis (RCA)

RCA describes a systematic process of identifying contributing causal factors that underlie variations in performance or care delivery.

This structured method of analysis is designed to get to the underlying cause (roots) of an issue.

This leads to identification of effective interventions that can be implemented in order to make improvements.

33

## Ask at Least “5 Whys”

***Defining the Problem:***  
**Mike was late for work today.**

Q. Why was Mike late for work today?

A. Because his car ran out of gas.

Q. Why did the car run out of gas?

A. Because Mike did not check the fuel gauge.

Q. Why did Mike not check the fuel gauge?

A. Because he was tired.

Q. Why was Mike so tired?

A. Because he was awake all night.

Q. Why was Mike awake all night?

A. Because the baby was sick, and he was caring for her fever.

34

## Getting to the Root of the Problem using RCA

- 1 Choosing actions that are tightly linked to the root causes and that lead to *system or process change* are usually considered to have a higher likelihood of being effective.
- 2 Avoiding quick fixes and weak actions is important in achieving goals.
- 3 Encourage active participation. RCAs can be intimidating to someone who has never participated in an RCA. Leadership sets the stage, and the *RCA should focus primarily on systems and processes, not individual performance*.

35

## Using RCA

Leading and conducting effective RCAs takes practice.

Things to consider to become more familiar with the RCA process:

The Joint Commission (TJC) is an excellent resource for conducting RCAs.

Build RCA examples into all-staff education and training opportunities for teams.

Use RCA techniques for adverse events and discuss the technique with the team.\*

\*Centers for Medicare & Medicaid Services regulations require RCA for certain events. In many cases, the RCA documentation does not have to be shared, but a surveyor will want to know that an RCA was conducted especially for reportable events (harm and/or facility-initiated reports [FIRs]).

36

## Post-QAPI Knowledge Test (Zoom Poll): True or False



Getting to the root of any problem or opportunity is key, because what seems like a simple issue could involve many dynamics.



TRUE



FALSE

37

## Homework



Identify if RCA is in use at your nursing home.



Come prepared to share any successes in conducting an RCA.



All process improvement is a journey.  
Teamwork • Engagement • Resident-centered

Thank you!

Questions?

This material was prepared by Mountain-Pacific Quality Health, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-AS-NH-04/22-134

Look at the word "**therapy**," for instance. Why does everything have to be therapy once you live in a nursing home? If I liked to paint before I moved into the nursing home and I paint now that I'm there, why is my hobby now "art therapy?" I mean no insult to the wonderful folks who call themselves therapists and their work, their special training, or their skills. In fact, I'm a massage therapist myself. But in this context, "therapy" is another of those separating words.

Karen Schoeneman, *MayDay* article

<https://www.pioneernetwork.net/wp-content/uploads/2016/10/The-Language-of-Culture-Change.pdf>

Medical terminology appropriated?

art therapy

music therapy

pet therapy

aromatherapy

therapeutic activities

Normal language

- draw, paint, scrapbook
- listen to my music
- love on my animals
- essential oils
- pursuit of interests, doing what I enjoy

Medical words

- patients
- Interventions
- dietary
- frontline/on the floor

Normal words

- people, persons, individuals
- individualized approach/s
- dining, food/nutrition
- direct care, hands-on

## To prescribe or to deprescribe...

Beware even more medical lingo

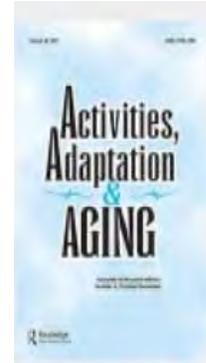
- Prescribing social care
- Dose of exercise
- Social prescription

Normal, normal, normal language

- Recommend
- Suggest
- Preference
- Plan

**Promising Practices for Social Connectedness, Fall Prevention, and Improved Cognition:  
Should Social Care Be Prescribed? Should Life Be Medicalized?**

Carmen Bowman <sup>a</sup> and Weng Marc Lim <sup>b,\*</sup>



## No more labels | Person-first Language

Avoid labels

- diabetic, paraplegic
- screamer, wetter...
- Room 202
- Diagnoses: the stroke, etc.
- Frequent faller

Person-first language

- Person who has ...
- Person who ... (describe)
- Avoid, use name
- Avoid, use name
- Person who is falling a lot

## Look through the of HOME

- Try **person/individual/neighbor** (instead of patient/resident)
- Try **home/community/the name of the place** (instead of facility)
- Try **neighborhood** (instead of unit/ward/station/floor)
- Try **team** (instead of department)
- Try **team member** (instead of staff)
- Try **checking in with/check ins** (instead of rounds/rounding)
- Try **approach/individualized approach** (instead of intervention)
- Try avoiding program: program is the mark of an institution & causes us to “check out”
- Try **move in/move out** (instead of admit and discharge)
- Try **use bathroom** (instead of toilet, toileting)

Carmen Bowman, Regulator turned Educator

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## Satisfaction Survey

PLEASE TAKE A MOMENT TO COMPLETE THE ZOOM POLL.

USE THE CHAT TO SHARE ANY ADDITIONAL  
COMMENTS/THOUGHTS ON TODAY'S SESSION.



*Thank you,  
See you next week!*

**May 18th, 2022:**

- Principles of Infection and Treatment
- Step 12: Take Systemic Action

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