


**Functional Outcomes Improvement:
Bringing it All Together**

MODULE 5

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Keeping on Top of Changes & Resources

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Learning Objectives

- Discuss strategies to stay on top of healthcare changes and practice recommendations.
- Identify resources to assist with functional outcomes improvement
- Describe key elements of adult learning principles.

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Where do I start?

- Get involved
- Join committees, workgroups, and/or attend networking opportunities
- Read and review updates sent out by your Association, parent company, and CMS
- Review and update policies and procedures to meet CMS, state, and local requirements



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CMS Websites of Interest

- CMS.gov – www.cms.gov
- MLN Connects - <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provide-r-Partnership-Email-Archive>
- SNF/LTC Open Door Forum - https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_SNFLTC
- CMS Newsroom - <https://www.cms.gov/newsroom>



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Other Resources

- State Affiliate engagement
- National Association engagement
- www.ahcancalED.org
- When CMS, State, local authorities ask for input/feedback – get involved and provide feedback that provides input on the impact the change will make to your facility.



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Other Resources

- For clinicians to gain comfort in administering SPPB - <https://sppbguide.com/>
- Variety of measures (i.e. Berg, Tenetti, etc.) mentioned in training course- <https://www.sralab.org/rehabilitation-measures>
- AHRQ CUSP Toolkit - <https://www.ahrq.gov/tools/index.html>



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Staff Education & Competency
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Education in LTC

- Attending workshops, online courses, conferences, in-service attendance, and webinars spark energy
- That energy will fail unless it is continued in every day practice application
- You attend and have the best intentions to implement, but get caught up in other “fires”
- Hear great ideas, but never act
- Moving from knowledge to practice...takes effort, dedication, and the ability to start



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Airing Dirty Laundry

- Speaker in front of room telling you to do something doesn't mean you know how to do it.
- Sitting listening to someone doesn't mean you "get it"

- Key to success is through incorporating into practice



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Review of what we Retain

- 10% of what we read
- 20% of what we hear
- 30% of what we see
- 50% of what we see and hear
- 70% of what we discuss
- 80% of what we experience
- **95% of what we teach to others**



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From Knowledge to Practice

- Gap between knowledge and practice
- Goal is to improve functional outcomes by moving from knowledge to practice of high quality actionable items on the floor, unit, or community
- Avoid – "I told, they attended, therefore they know" mentality
- Learning and implementing anything requires 3 essential elements




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3 Key Elements - KSA

- Knowledge
- Skill
- Attitude/behavior




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Knowledge

- Knowledge is like information
- What information does my staff need to know in order to attain the highest level of performance?
- Do they know?




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Skill

- Skill is like proficiency
- What skill(s) are required to carry out the knowledge?
- Can they do it?



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Behavior/Attitude

- Behavior and/or attitude is like their ability to conduct
- What behavior(s) or attitude(s) might prevent or keep staff from performing at the highest level?
- What are the issues that need to be resolved?



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Taking a Step Backward – Knowledge

- How will you know that your team members know?
- What are key items that help to evaluate understanding?
 - Cite
 - Count
 - Define
 - Identify
 - Indicate
 - List
 - Name
 - Recognize
 - Select



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Taking a Step Backward - Skill

- How will you know that your team can do it?
- What are signs that they can do it, or how do I evaluate it?
 - Demonstrate
 - Calculate
 - Complete
 - Contrast
 - Interpret
 - Solve
 - Use
 - Measure
 - Predict



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Taking a Step Backward – Attitude/Behavior

- Attitudes and behaviors are the hardest hurdles to overcome
- Afraid/resistive to change
- Not enough time
- Never listens anyway
- Not my job
- Learned in previous training
- Nothing to learn from that person
- Afraid of failure
- **GET TO THE ROOT OF THE BEHAVIOR/ATTITUDE**
- **What is really going on?**



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Steps to Overcome Negative Behaviors/Attitudes

- Learning circles
- Everyone provides input
- Facilitator provides questions to keep discussion moving
- A person can pass, but everyone is encouraged to participate
- No one interrupts
- No one tries to explain away problems
- No one responds to someone's thoughts
- Facilitator keeps process moving
- At end, facilitator opens conversation up to open discussion
- Process allows all to be heard and uncovers a lot
- Helps address attitudes/behaviors simmering just below the surface



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Building into Practice

- You can go to the best trainings, workshops, courses, etc. – but if you don't act – you will never get it incorporated into practice
- Remember 10-30% of Knowledge can be transferred into practice
- Requires Skill(s)
- Requires addressing Behaviors/Attitudes
- Together you can turn 10-30% into 90-100%




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Functional Outcomes Improvement – Summary


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Functional Outcomes Improvement Summary

- Functional outcomes are different from clinical outcomes
- Function is focused on physical ability
- Functional recovery and clinical recovery are not always the same
- Important to prevent further decline – while trying to improve or maintain current level of function
- Functional decline is expensive




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Why Functional Outcomes?

- CMS Requirement
- At least a dozen F tags related to it
- Reimbursement methodology requires it



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Functional Outcomes Matter

- Mobility is key
- Decreased mobility leads to increase prevalence of falls
- Immobility increases likelihood of:
 - Urinary incontinence
 - Pressures ulcers
 - Cognitive impairment
 - Malnutrition



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Functional Mobility Care Principles

- Safety – balance of keeping both residents and staff safe during cares
- Mobility optimization – balance of resident autonomy and dignity versus staff time, pressure, approach, and communication
- Person-Centeredness – one size does not fit all – individualized, holistic, respectful and empowering



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Best Practices

- Avoid all or none thinking
- Encourage staff to assist but not take over
- Function focused care
- Expect the unexpected
- Get to know the residents
- Prompted voiding
- Exercise



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Care Practice Application

- Personal alarms
- Falls
- Scope of Practice concerns and breaking silos
- QAPI, PDSA, RCA
- Goal setting
- Care Coordination
- Special populations and considerations



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Culture of Functional Outcomes improvement

- Basic frame work of “patient safety culture”
 - Leadership
 - Teamwork
 - EBP
 - Communication
 - Learning
 - Just-culture
 - Patient-centered care



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Quality Initiatives

- Decrease hospitalizations or re-hospitalizations
- Increase customer satisfaction
- Improve functional outcomes
- Decrease antipsychotic use




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**Functional Outcomes Improvement
– Course Evaluation**


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Course Evaluation

- After viewing this module please proceed to course evaluation
- Your input matters
- Use evaluation comments to improve future offerings
- Thank you in advance!




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**Functional Outcomes Improvement
– Comprehensive Final Test**


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Comprehensive Final

- Ensure that all quizzes for previous modules have been completed
- No quiz for Module 5
- 50 question comprehensive final test
- Must receive at least 80% or better to pass the course on all quizzes and final test
- Have 3 opportunities to pass




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Functional Outcomes Improvement – Certificate of Course Completion and ANCC Continuing Education


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Certificate of Course Completion - ANCC

- After viewing all modules
- After completing all quizzes and passing with 80 or better
- After completing and passing final comprehensive with 80 or better
- Go to Certificate of Course Completion tab and review for accuracy – print certificate of course completion
- You should retain these documents in your professional portfolio




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Thank You!

- You have now completed Module 5 video
- Congratulations on moving throughout the course

- From the Functional Outcomes Improvement Faculty – Thank you for participating in this training!



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