Webinar Audio

- To hear the webinar audio, you **must** call in to the conference line on the phone.

- Here is the call-in info:
  - 1-888-585-9008
  - Conference Room Number 527 770 938 #
Who We Are

Russ Evans, RN, MHA
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Group B (Clinical + Payment) Liaison

Katie Rukes, MPH
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Group A (Payment Only) Liaison
What we will cover today

- Detecting changes in condition
- Communicating changes in condition during meetings and rounds
- Documenting changes in condition and certifications
Detecting Changes in Condition
Detecting Changes in Condition

Communication Cycle

- Morning Meeting
- Afternoon Meeting
- Walking Rounds

Information → Action
Detecting Changes in Condition

Communication Cycle
- Morning Meeting
- Afternoon Meeting
- Walking Rounds

Information
Action
Enhancing the process

- Simplify what the front line staff needs to remember
- Designate leadership staff to respond to detection
- Review key CIC symptoms on walking rounds
- Consider the use of structured tools
  - CIC Detection Card
  - OPTIMISTIC SBAR
Detecting Changes in Condition

Have you seen a resident with:

- Change in Vitals
- Trouble Breathing
- Acting differently than normal

If a resident has any of these symptoms, notify your DON about a potential acute change in condition.

Consider an OPTIMISTIC Certification.
Communication Cycle

Morning Meeting, Walking Rounds, Afternoon Meeting
Communicating Changes in Condition

Communication Cycle

Morning Meeting

Afternoon Meeting

Walking Rounds

Information

Action
Communicating Changes in Condition

Communication Cycle

- Morning Meeting
- Afternoon Meeting
- Walking Rounds

Information

Action
Enhancing the process

- Walking rounds help drive information to the leadership team
- Structured tools ensure all important items are discussed
  - OPTIMISTIC Self Audit Tool
  - OPTIMISTIC 6 Condition Certification Pocket Card
  - Documentation Guidelines
- Afternoon meeting ensures follow up
# Self-Audit Tool

www.optimistic-care.org/tools/general-project -> Certification Audit Tool

<table>
<thead>
<tr>
<th>Primary Information</th>
<th>Key Dates</th>
<th>Event charting</th>
<th>Daily Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Name</td>
<td>Condition</td>
<td>CIC Date</td>
<td>Certification Date</td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td>1/1/2018</td>
<td>1/2/2018</td>
</tr>
<tr>
<td>CHF</td>
<td></td>
<td>1/2/2018</td>
<td>1/5/2018</td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td>1/3/2018</td>
<td>1/3/2018</td>
</tr>
<tr>
<td>Skin Infection</td>
<td></td>
<td>1/4/2018</td>
<td>1/6/2018</td>
</tr>
<tr>
<td>CHF</td>
<td></td>
<td>1/5/2018</td>
<td>1/9/2018</td>
</tr>
<tr>
<td>CHF</td>
<td></td>
<td>1/6/2018</td>
<td>1/7/2018</td>
</tr>
<tr>
<td>COPD</td>
<td></td>
<td>1/7/2018</td>
<td>1/8/2018</td>
</tr>
<tr>
<td>Dehydration</td>
<td></td>
<td>1/6/2018</td>
<td>1/7/2018</td>
</tr>
</tbody>
</table>
### Qualifying Diagnosis

**Pneumonia**

(maximum benefit duration 7 days)

<table>
<thead>
<tr>
<th>THIS</th>
<th>OR TWO or more of THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest X-ray confirmation of a <strong>new</strong> pulmonary infiltrate</td>
<td>* Fever ≥ 100°F (oral) or two degrees above baseline</td>
</tr>
<tr>
<td></td>
<td>* Oxygen saturation level ≤ 92% on room air or on usual O₂ settings in patients with chronic oxygen requirements</td>
</tr>
<tr>
<td></td>
<td>* Respiratory rate ≥ 24 breaths/minute</td>
</tr>
<tr>
<td></td>
<td>* Evidence of focal pulmonary consolidation on exam including rales, rhonchi, decreased breath sounds, or dullness to percussion</td>
</tr>
</tbody>
</table>

Facility Code: G9679  
Practitioner Acute Nursing Facility Care Code: G9685
Documentation
Enhancing the Process

- When documenting, think systematically

- Structured approaches ensure all important items are being captured
  - OPTIMISTIC charting recommendations
  - Building structured assessments into EMR

- Review documentation every day in morning meeting
## OPTIMISTIC Charting Recommendations

<table>
<thead>
<tr>
<th>Condition</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| **Pneumonia**| • Vital signs (Temperature, Pulse, Respirations, O2 Sats, Blood pressure)  
• Lung sounds (Wheezees, Crackles, Rhonchi, Diminished?)  
• Shortness of breath (Pursed lip breathing? Difficulty speaking? Increased with ADL’s or rest?)  
• Using supplemental oxygen (Flow, Route)  
• Cough (Dry, productive, sputum color?)  
• Results of tests, imaging, labs (CXR, CBC, BMP)  
• Antibiotics (Drug Name, Dose, Adverse Effects?)  
• Family notification (If applicable?)  
• Pleuritic pain, discomfort from immobility, or pain due to pre-existing condition(s)?  
• Change in ADLs? |
| **CHF**      | • Vital signs (Temperature, Pulse, Respirations, O2 Sats, Blood pressure)  
• Lung sounds (Wheezees, Crackles, Rhonchi, Diminished?)  
• Shortness of breath (Pursed lip breathing? Difficulty speaking? Increased with ADL’s or rest?)  
• Using supplemental oxygen (Flow, Route)  
• Edema (Pitting? Non-pitting? Location?)  
• Weight (Weights over past week and compare to baseline if known)  
• Results of tests, imaging, labs (CXR, BNP, CBC, BMP, etc.?)  
• Diuretics (Change in dosing?)  
• Family notification (If applicable?)  
• Dietary changes, stress reducing modalities?  
• Change in ADLs? |
| **COPD/Asthma**| • Vital signs (Temperature, Pulse, Respirations, O2 Sats, Blood pressure)  
• Lung sounds (Wheezees, Crackles, Rhonchi, Diminished?)  
• Shortness of breath (Pursed lip breathing? Difficulty speaking? Increased with ADL’s and/or rest?)  
• Using supplemental oxygen (Flow, Route)  
• Nebulizer treatments (How tolerated?)  
• Results of tests, imaging, labs (CXR, CBC, BMP, etc.?)  
• Treatment (Steroid? Antibiotic? Inhaler? (how frequent?) Change in dosing?)  
• Family notification (If applicable?)  
• Use of fan; positioning (upright/side-lying/tripod); relaxation therapies; efforts to mobilize secretions?  
• Change in ADLs? |
| **Skin Infection**| • Vital signs (Temperature, Pulse, Respirations, O2 Sats, Blood pressure)  
• Description of area (Warm, red, painful, swollen, drainage?)  
• Antibiotics (Name? Dose? Adverse effects?)  
• Treatment/Dressing Changes (How tolerated? Wound tension following?)  
• Pressure Wound (Frequent repositioning? Using offloading device such as waffle boots?)  
• Family notification (If applicable?)  
• Pain med administered prior to wound treatment and/or dressing change? Response to medication?  
• Additional nutritional support? Positioning to avoid excess pressure on affected area?  
• Change in ADLs? |
| **UTI**      | • Vital signs (Temperature, Pulse, Respirations, O2 Sats, Blood pressure)  
• Urinary symptoms (Painful urination, urinary frequency, new or increased incontinence, urine color, odor, flank pain?)  
• Diagnostic test results (U/A C&S, CBC with elevated WBC’s, BMP)  
• Antibiotics (Name? Dose? Adverse effects?)  
• Encouraging fluids?  
• Family notification (If applicable?)  
• Voiding schedule and/or assisting to bathroom? Meticulous peri care  
• Change in ADLs? |
| **Fluid/Electrolyte Disorder**| • Vital signs (Temperature, Pulse, Respirations, O2 Sats, Blood pressure)  
• Acute change in condition (Altered mental status? Behavior change? Change in ADL’s?)  
• Intake/Output (Change in urine output, decreased PO intake?)  
• Diagnostic test results (CBC, BMP)  
• Fluids (Encouraging PO fluids, IV or Sub Q Fluids (type and rate, how much is pt taking in)?  
• Family notification (If applicable?)  
• Any inflammation of oral cavity? Oral care to tx xerostomia  
• Change in ADLs? |
# Building structured assessments in the EMR

<table>
<thead>
<tr>
<th>Fluid/Electrolyte Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident:</strong></td>
</tr>
<tr>
<td>Initial Admission:</td>
</tr>
<tr>
<td>Score: NA</td>
</tr>
</tbody>
</table>

### A. ASSESSMENT

1. **Most Recent Blood Pressure**
   - Blood Pressure:  
   - Date:  
   - Position:  

1a. **Most Recent Pulse**
   - Pulse:  
   - Date:  
   - Pulse Type:  

2. **Signs and symptoms of dehydration?**
   - [ ] a. Thirst  
   - [ ] b. Weight loss  
   - [ ] c. Dry mucous membranes  
   - [ ] d. Sunken-appearing eyes  
   - [ ] e. Decreased skin turgor  
   - [ ] f. Hypotension and postural hypotension  
   - [ ] g. Tachycardia  
   - [ ] h. Weak and thready peripheral pulses  
   - [ ] i. Flat neck veins  

3. **Has the resident had any acute change in condition?**
   - [ ] a. Yes  
   - [ ] b. No  

4. **Has the resident had reduced urine output in 24 hours or reduced oral intake by approximately ≥ 25% of average intake over 3 consecutive days?**
   - [ ] a. Yes  
   - [ ] b. No  

5. **Has the resident had a new onset of systolic BP ≤ 100 mmHg (lying, sitting, or standing)**
   - [ ] a. Yes  
   - [ ] b. No  

6. **Has the resident had a 20% in BUN (e.g. from 20-24) or 20% increase in in serum creatinine (e.g. from 1.0 to 1.2)**
   - [ ] a. Yes  
   - [ ] b. No
Key Take Aways

- Simplify what the staff needs to remember about OPTIMISTIC
- Consider walking rounds to drive information into the communication cycle
- Consider afternoon rounds to follow up on action items
- OPTIMISTIC structured tools assist with consistency
Questions?
Upcoming Events/ Reminders

- Facility Survey
- Cancelling August calls
- RTI on-site meetings
  - Site visits August & September