

## Process Improvement Discussion Guide

### I. Completeness Report

Current Process: Assessment Questions	Process Improvement Considerations
<p>a. Who is responsible for monitoring certified nurse assistant (CNA) documentation?</p> <p>b. What is the followup to form incompleteness?</p> <p>c. What processes are in place to determine if a chart is incomplete? What is measured/audited?</p>	<p>1) Use for Documentation Audits</p> <p>a. Schedule routine chart review: weekly/bi-weekly.</p> <p>b. Assign responsibility for specific sections: e.g., MDS RN review Behaviors, Dietary review Meal Intake.</p> <p>c. Establish routine followup with CNA staff and determine topics for in-service schedule, for example, how to document behaviors or how to document skin observations section.</p> <p>d. Staff to review post-trended completeness rates on units.</p>

### II. Nutrition Report

Current Process: Assessment Questions	Process Improvement Considerations
<p>a. How are residents at nutritional risk identified? What are the criteria?</p> <p>b. What information is communicated? To who is information communicated? When is it communicated? How is it communicated?</p> <p>c. What is dietician role in this process? Nursing?</p> <p>d. Are there standard interventions for followup for residents with low meal intake? Are interventions standardized across facility?</p> <p>e. Are CNAs aware at the beginning of their shift of residents who have:</p> <ul style="list-style-type: none"> <li>▪ Not been eating well?</li> <li>▪ Lost weight?</li> <li>▪ New pressure ulcer?</li> <li>▪ Worsening pressure ulcer?</li> </ul> <p>How is information communicated? What is the CNA responsibility?</p> <p>f. What processes are in place to associate meal intake trends and worsening pressure ulcer status?</p>	<p>1) Weekly 5-Minute Stand-Up Meeting</p> <p>a. Schedule brief weekly team (CNA, Dietary, Nursing) review of Nutrition Report, e.g., 5-Minute Stand-Up Meeting to review and medium risk residents.</p> <ul style="list-style-type: none"> <li>- Does report information match clinical picture?</li> <li>- Do residents have tube feedings? Supplements?</li> <li>- When was the last dietary consult?</li> <li>- Does resident also have a pressure ulcer (PU)?</li> </ul> <p>b. Establish standard protocols/interventions:</p> <ul style="list-style-type: none"> <li>- Clear action steps post meeting, i.e., if meal intake decreased and weight loss in past week, dietary notified and CNA offer snacks throughout day.</li> <li>- Followup on CNA action items before shift ends.</li> </ul> <p>2) Integrate report findings into Care Planning meetings.</p> <p>a. Assign responsibility to print and discuss Nutrition Report as part of care plan meeting.</p> <p>b. Confirm that resident care plans address identified risk indicators like decreased meal intake, etc.</p>

### III. Trigger Summary Report

Current Process: Assessment Questions	Process Improvement Considerations
<ul style="list-style-type: none"> <li>a. Who is responsible for monitoring unit trends? What criteria are evaluated? What is the process?</li> <li>b. How are new program opportunities identified? Prioritized?</li> </ul>	<ul style="list-style-type: none"> <li>1) Integrate report findings into weekly high-risk Interdisciplinary Team meetings and/or Care Planning meetings               <ul style="list-style-type: none"> <li>a. Review trigger totals by resident each week.                   <ul style="list-style-type: none"> <li>- Identify residents with change in triggers by 2 or more.</li> <li>- Confirm report results are consistent with clinical picture.</li> <li>- Establish standard action plan/protocol for risk indicators.</li> </ul> </li> <li>b. Confirm PU prevention practices are in place for high-risk residents.</li> <li>c. Confirm communication plan.</li> <li>d. Confirm that care plans are developed based on resident needs – PU Trigger report.</li> </ul> </li> <li>2) Consider using report during Quality Improvement (QI) Team meetings               <ul style="list-style-type: none"> <li>a. Assign responsibility for evaluating/monitoring unit trends; establish standard action plan/protocols (e.g., IF # residents with foley catheter =&gt;20% unit census THEN...)</li> </ul> </li> </ul>