

AHRQ’s Safety Program for Nursing Homes: On-Time Pressure Ulcer Prevention Facilitator Training

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Nutrition Risk Reports Information Exercises

Objective: Facilitators will understand criteria for high and medium nutrition risk.

Exercise #1: Risk Criteria and Rules

Please choose the best answer to the questions.

1. Residents who display on the Nutrition Report: High Risk (*circle all that apply*):
 - a. Must have met at least one of two high-risk criteria for nutritional risk
 - b. Must have lost weight during the report week
 - c. Must have consumed an average weekly meal intake of $\leq 50\%$ for the report week
 - d. Must have consumed $\leq 50\%$ for at least one meal during the report week
 - e. Must have consumed $\leq 50\%$ for two meals in a single day during the report week
 - f. None of the above
 - g. All of the above
2. Residents who display on the Nutrition Report: High Risk must have a pressure ulcer.
 - a. True
 - b. False
3. Residents who have not been weighed during the report week cannot display on the Nutrition Report: High Risk.
 - a. True
 - b. False
4. Residents receiving nutritional supplements cannot display on the Nutrition Report: High Risk.
 - a. True
 - b. False
5. A resident must have lost a minimum of 1.0 pound in order to display either on the Nutrition Report: High Risk or Nutrition Report: Medium Risk.
 - a. True
 - b. False
6. Residents 75 years old or younger cannot display on the Nutrition Report: High Risk but may display on the Nutrition Report: Medium Risk if medium risk criteria are met.
 - a. True
 - b. False
7. A resident may display multiple times on the Nutrition Report: High Risk if risk criteria are met more than once during the report week.

- a. True
 - b. False
8. If a resident displays on the Nutrition Report: High Risk and is receiving tube feeding then the following will display:
- a. The amount of tube feeding in cc's/ hour
 - b. The amount of tube feeding in cc's/day
 - c. The date tube feeding was ordered
 - d. An X to indicate the presence of tube feeding
 - e. All of the above
 - f. None of the above
9. If a resident has not lost weight during the report week but is receiving tube feedings, the resident will always display on the Nutrition Report: Medium Risk.
- a. True
 - b. False
10. A resident admitted within 7 days of the report date cannot display on either Nutrition Report: High Risk or Nutrition Report: Medium Risk.
- a. True
 - b. False
11. A resident may display on both the Nutrition Report: High Risk and the Nutrition Report: Medium Risk during the same report week.
- a. True
 - b. False
12. A Nutrition Risk report always displays 4 consecutive weeks of average meal intake values.
- a. True
 - b. False
13. The current date is always used to determine which weeks to display on the Nutrition Risk reports.
- a. True
 - b. False

Answers:

1. b, e
2. b
3. a
4. b

- 5. b
- 6. b
- 7. b
- 8. d
- 9. a
- 10. b
- 11. b
- 12. a
- 13. b

Exercise #2: Identify Residents Meeting High-Risk Criteria

Using the table below, circle all rows (residents) you would expect to see on the Nutrition Risk: High Risk report, based on high-risk criteria.

Sample Nutrition Report Unit A												
Resident	Room Number	Decreased Intake: First Date	Avg Meal Intake % 3/1/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet	TF	Avg Supplement Intake %	Weight Change in lb	Most Recent Ulcer Assess Date	# of PrUs
A	001	03/22/2014	50	41	36	29	Puree 2/28/14	X		-1.5		
B	002	03/16/2014	64	52	47	45	Mech 1/22/14		50%	-3.3	3/25/14	1
C	003	03/19/2014	74	62	58	42	Reg 3/22/14			-1.5		
D	004		86	89	71	59	Reg 12/3/13	X		-10.5		

Answers: Residents A, B, and C

Exercise #3: Identify Residents Meeting Medium-Risk Criteria

Using the table below, circle all rows (residents) you would expect to see on the Nutrition Risk Report: Medium Risk, based on medium-risk criteria.

Sample Nutrition Report: Medium Risk												
Resident	Room Number	Decreased Intake: First Date	Avg Meal Intake % 3/1/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet	TF	Avg Supplement Intake %	Weight Change in lb	Most Recent Ulcer Assess Date	# of PrUs
A	001	03/17/2014	60	71	76	69	Pureed 2/28/14					
B	002		94	92	97	85	Mech 1/22/14		50%	-0.6		
C	003	03/22/2014	49	52	37	32	Reg 3/22/14			-1.6		
D	004	03/22/2014	33	45	31	22	Reg 12/3/13			-2.2		
E	005	03/17/2014	10	11	0	0	NPO 3/10/14	x			3/21/14	2
F	006	03/17/2014	0	0	0	0	NPO 2/28/14	x		-2.2		
G	007		96	88	85	92	Reg 12/3/13			-10.5		
H	008	03/18/2014	0	0	0	0	Mech 1/22/14	x		-2.2		
I	009		65	72	78	85	Pureed 2/28/14					
J	010	03/22/2014	26	30	40	45	Pureed 2/28/14			0.8		
K	011	03/17/2014	0	0	0	0	NPO 1/22/14	x			3/20/14	3
L	012	03/17/2014	98	95	92	88	Reg 12/3/13					

Answers: Residents A, B, E, G, K, and L

Exercise #4: Spot Potential Report Inaccuracies

Using the table below, identify report data that could be inaccurate.

Sample Nutrition Report												
Resident	Room Number	Decreased Intake: First Date	Avg Meal Intake % 3/1/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet	TF	Avg Supplement Intake %	Weight Change in lb	Most Recent Ulcer Assess Date	# of PrUs
A	001	03/17/2014	60	71	76	69	Pureed 2/25/14	x		-0.2		
B	002	03/18/2014	94	92	97	85	Reg 12/10/13			-60.6	3/15/14	3
C	003	03/17/2014	49	52	37	32	Pureed 1/15/14		50%	-1.6		
D	004	03/19/2014	33	75	31	92	Reg 2/22/14			-0.2		
E	005	03/16/2014	10	11	0	0	Puree 3/12/14		25%	-212.2		
F	006	03/19/2014	0	0	0	0	NPO 2/5/14	x		-2.2	3/18/14	2
G	007	03/18/2014	96	88	85	92	Reg 2/2/14			-10.5		
H	008	03/19/2014	0	0	0	0	NPO 3/1/14	x		-0.8		
I	009	03/17/2014	85	92	38	85	Mech 3/20/14			+1.2		
J	010	03/16/2014	26	30	40	25	Pureed 3/25/14		75%	-1.8		
K	011	03/19/2014	0	0	0	0	NPO 3/10/14			-1.0	3/20/14	4
L	012	03/17/2014	98	95	92	88	Reg 1/14/14			-6.1		

Answers:

- Resident A. Verify that this person is eating 60-76% and on a tube feeding
- Resident B. Very large weight loss (60 pounds). Is this accurate?
- Resident C. Is it really possible that the resident was eating between 32% and 52% and lost only 1.6 pounds?
- Resident D. It seems unusual to see average weekly meal intake drop to 30% range every other week. Is this a staffing issue? Agency staff? New staff? Is the resident's family bringing in food at times other than meal times?
- Resident E. Another very obvious inaccurate weight loss (212.2 pounds) value that is due to an inaccurate weight entry.
- Resident G. Eating 85-96% and still losing weight. Is this accurate?
- Resident I. The 38% weekly average meal intake value seems odd for 2 weeks ago. Is this a documentation issue or was something going on with the resident?
- Resident J. Eating 25-40% and lost only 1.8% pounds. Is this accurate? Would you expect a greater weight loss?
- Resident K. No intake and no tube feeding and only 1 pound weight loss. Is this accurate? Is it possible to not have taken a weight? Has it not been entered into the system?
- Resident L. Eating 88% plus with a 6.1 pound weight loss. Is this accurate?

Exercise #5: Prioritize Residents for Followup: High-Risk Report

Objective: Facilitators will understand how to prioritize residents on high and medium risk reports for the Weekly Nutrition Risk Huddles.

Using the sample high-risk report below, select up to five residents you would consider highest priority for discussion at the Weekly Nutrition Risk Huddle. Plan to discuss your rationale.

Sample High-Risk Nutrition Report												
Resident	Room Number	Decreased Intake: First Date	Avg Meal Intake % 3/1/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet	TF	Avg Supplement Intake %	Weight Change in lb	Most Recent Ulcer Assess Date	# of PrUs
A	001	03/17/2014	50	41	36	29	Pureed 2/2/14			-7.5	3/21/14	1
B	002	03/16/2014	44	52	47	55	Reg 2/1/13			-0.5		
C	003	03/17/2014	54	52	48	48	Pureed 2/11/14		50%	-1.2		
D	004	03/16/2014	33	45	41	22	Pureed 2/10/14	X		-2.2		
E	005	03/19/2014	88	92	95	85	Pureed 1/21/14		25%	-0.2		
F	006	03/19/2014	35	30	35	35	Mech 2/14/14			-5.6	3/20/14	2
G	007	03/17/2014	86	89	75	89	Reg 1/12/14			-1.1		
H	008	03/17/2014	0	0	0	0	NPO 2/27/14	X		-0.2		
I	009	03/16/2014	65	71	29	21	Reg 3/10/14			-1.0		
J	010	03/19/2014	86	90	100	89	Reg 2/26/14			-11.5		

Answer: Residents A, B, F, I, and J

Exercise #6: Prioritize Residents for Followup: Medium Risk Report

Using the sample medium-risk report below, select up to five residents you would consider highest priority for discussion at the Weekly Nutrition Risk Huddle. Plan to discuss rationale.

Sample Medium-Risk Nutrition Report												
Resident	Room Number	Decreased Intake: First Date	Avg Meal Intake % 3/1/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet	TF	Avg Supplement Intake %	Weight Change in lb	Most Recent Ulcer Assess Date	# of PrUs
A	001	03/19/2014	70	81	76	79	Pureed 3/14/14					
B	002		44	42	47	55	Reg 3/20/14			-0.5		
C	003	03/17/2014	54	50	48	52	Pureed 2/10/14		50%			
D	004	03/19/2014	33	45	31	22	Puree 3/14/14	X				
E	005	03/16/2014	88	92	95	85	Pureed 2/24/14		25%			
F	006	03/17/2014	35	30	35	35	Mech 2/26/14			-4.2	3/21/14	1
G	007		96	89	72	60	Reg 3/7/14			-6.6		
H	008	03/16/2014	0	0	0	0	NPO 2/17/14	X				
I	009	03/17/2014	65	71	29	21	Mech 1/14/14					
J	010		55	45	45	60	Reg 3/18/14			-7.2		

Answer: Residents B, F, G, I, and J

Exercise #7: Nutrition Report Calculations

Please choose the best answer for each of the following questions about report calculations.

1. The following rule is used to trigger for decreased meal intake:
 - a. Resident consumed $\leq 50\%$ for 2 or more meals in a single day during report week
 - b. Resident consumed $\leq 50\%$ for 2 or more meals everyday during the report week
 - c. Resident consumed $< 50\%$ on any one day during the report week
 - d. Resident average meal intake $\leq 75\%$ for the report week
 - e. None of the above

2. The average weekly meal intake is computed by averaging breakfast, lunch, and dinner for each day during the report week and then computing the average using all possible meals as the denominator.
 - a. True
 - b. False

3. If a nursing assistant records that a resident consumed 75% of breakfast, the following value would contribute to the weekly average meal intake for that resident:
 - a. The midpoint of 51-75% or 63%
 - b. The midpoint of 76-100% or 88%
 - c. 75%
 - d. None of the above

4. If a nursing assistant records that a resident consumed 51-75% of breakfast, the following value would contribute to the weekly average meal intake for that resident:
 - a. 51%
 - b. 75%
 - c. The midpoint of 51-75% or 63%
 - d. None of the above

5. Information that displays in the TF column may originate from (*circle all that apply*):
 - a. Nursing assistant daily documentation
 - b. Nurse weekly documentation
 - c. Physician orders
 - d. MDS assessment
 - e. None of the above

6. What value might you expect to see on the report for average weekly meal intake if the resident received tube feedings and no pleasure foods?
 - a. 0%
 - b. Dash (-)

- c. Blank cell
 - d. a & b
 - e. All of the above
 - f. None of the above
7. A resident receiving tube feeding will always display on the Nutrition Report: High Risk.
- a. True
 - b. False
8. How is Weight Change in lb calculated?
- a. Current Weekly Weight minus Previous Weight, only if Previous Weight taken the prior week; otherwise, cannot compute weight change
 - b. Current Weekly Weight minus Previous Weight, using *lowest* Previous Weight taken in the last 30 days (use 25-35 day range)
 - c. Current Weekly Weight minus Previous Weight, using most recent Previous Weight (weight closest to and prior to Current Weekly Weight, up to 200 days prior to current weight)
 - d. None of the above
9. What weight value is used in weight calculations if multiple weights are recorded for the resident during the report week?
- a. The highest recorded weight value
 - b. The lowest recorded weight value
 - c. An average of all weight values
 - d. The difference between the highest and lowest value
 - e. None of the above
10. Which weight value is used in Weight Change in lb calculations if a single weight value is recorded during the report week and the most recent previous weight was recorded 98 days prior?
- a. Use the weight recorded 98 days prior to the current weight as the previous weight and subtract the current weekly weight from it
 - b. Use the weight recorded 98 days prior to the current weight for the previous weight *only* if the weight value is lower than the weight for the report week (shows weight loss)
 - c. Do not calculate; Weight Change in lb cell will be blank
 - d. None of the above
11. On the Nutrition Risk Report: Medium Risk, if a resident was *not* weighed during the report week, then the Weight Change in lb cell will be blank.
- a. True
 - b. False

12. Meal documentation for a resident must be at least 75% complete for the resident to display on the Nutrition Risk Report.
- True
 - False
13. A dash (-) in any Average Meal Intake column in the weeks leading up to the report week indicates meal intake documentation was incomplete for that report week for that resident.
- True
 - False
14. A resident will not display on the Nutrition Reports if meal documentation for the current report week is incomplete.
- True
 - False
15. The total of *possible meals* is used as the denominator for computing weekly average meal intake percentage.
- True
 - False
16. If a resident is admitted midweek of the report week, then average meal intake may be reported as low because the resident was not present for many of the meals and intake was recorded as 0%.
- True
 - False
17. Which of the following contribute 0% to average meal intake percentage? (*Choose all that apply.*)
- NPO
 - Refused meal
 - Unavailable for meal or LOA
 - Missing documentation
 - None of the above
18. Which of the following will affect the denominator when calculating average meal intake percentage for the current report week? (*Choose all that apply*)
- Resident unavailable for meal or LOA
 - Missing documentation
 - Report generated midweek
 - None of the above

Answers:

1. a
2. a
3. c
4. c
5. a, b, c
6. a
7. b
8. c
9. b
10. a
11. True
12. True
13. True
14. False
15. True
16. False
17. a, b
18. a, b, c

Nutrition Risk Reports Implementation Exercises

Objective: Facilitators will understand how to coach teams on implementation of report use. The data that display on the sample Nutrition Risk: High and Nutrition Risk: Medium reports are representative of report results encountered in actual clinical settings. Sample report results will be used to discuss the various ways to interpret report results. Facilitators will be prepared to respond to a variety of questions from clinical teams implementing Nutrition Risk Reports for the first time.

Exercise #8: Implementation: Weekly Nursing Assistant Nutrition Risk Huddles

1. Primary objectives for conducting Weekly Nursing Assistant Weekly Nutrition Risk Huddles are to (*choose all that apply*):
 - a. Facilitate use and understanding of Nutrition Report information
 - b. Identify residents at nutritional risk *before* weight loss occurs
 - c. Facilitate communication of resident nutritional status across disciplines
 - d. Elicit nursing assistant feedback on resident eating habits and preferences that may provide insight for licensed staff
 - e. Promote nursing assistant staff as an integral part of the clinical team and key informants to licensed staff
 - f. All of the above
 - g. None of the above
2. The nursing assistant is the facilitator of the Weekly Nutrition Risk Huddle.
 - a. True
 - b. False
3. The Nursing Assistant Weekly Nutrition Risk Huddles are implemented only on nursing units having pressure ulcer rates $\geq 10\%$.
 - a. True
 - b. False
4. Incorporating Nursing Assistant Weekly Nutrition Risk Huddles during change of shift report is highly recommended.
 - a. True
 - b. False
5. Following a structured meeting format and maintaining focus on meal intake and weights during a weekly meeting offers the following benefits (*choose all that apply*):
 - a. Keeps meetings brief
 - b. Encourages team members to stay on topic, as team members become distracted if meetings cover too many topics

- c. Keeps the meeting focused on report results; meetings are data driven versus open ended
 - d. Reduces risk of meeting turning into lengthy “shift report” type of meeting
 - e. Helps CNAs prepare for the meeting and know what to expect
 - f. All of the above
 - g. None of the above
6. Nursing Assistant Weekly Nutrition Risk Huddles should not be implemented on any nursing unit until documentation completion rates for a nursing unit are 90% for a minimum of 2 months.
- a. True
 - b. False

Answers:

- 1. g
- 2. b
- 3. b
- 4. b
- 5. f
- 6. b

Exercise #9: Coaching Teams Through Use of Report Information

Scenario: The sample Nutrition Risk: High Risk and Medium Risk reports below were generated for a single nursing unit. The team you are facilitating is assembled for routine consultation.

1. What questions are you going to ask your core team about the Nutrition Report information?
2. How many residents flagged for high risk? How many of these residents would you review with the team?
3. Does the team have any concerns about the report data? Do the data appear accurate? Do the data reflect the actual clinical picture of the resident?
4. Did you notice anything unusual about the Medium Risk report?
5. What questions are you going to ask your core team about interventions with residents?
6. What questions will you ask them about the Weekly Nutrition Risk Huddle process?
7. What questions should you ask about the process used to document weights and assess accuracy at the facility?

Sample Nutrition Risk Report: High Risk												
Resident	Room Number	Decreased Intake: First Date	Avg Meal Intake % 3/1/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet	TF	Avg Supplement Intake %	Weight Change in lb	Most Recent Ulcer Assess Date	# of PrUs
A	001	03/22/2014	50	41	36	29	Pureed 1/10/14	X		-1.5		
B	002	03/17/2014	94	92	97	85	Reg 2/8/14			-3.3		
C	003	03/19/2014	54	52	48	52	Pureed 2/25/14		50%	-1.5		
D	004	03/16/2014	86	89	71	59	Reg 12/14/13			-10.5	3/19/14	2

Sample Nutrition Risk Report: Medium Risk

Resident	Room Number	Decreased Intake: First Date	Avg Meal Intake % 3/1/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet	TF	Avg Supplement Intake %	Weight Change in lbs	Most Recent Assess Date	# of PrUs
E	001	03/19/2014	70	81	76	79	Pureed 2/2/14					
F	002		44	42	47	55	Reg 3/20/14			-0.5		
G	003	03/17/2014	54	50	48	52	Pureed 2/25/14		50%			
H	004	03/19/2014	33	45	31	22	Pureed 3/20/14	X				
I	005	03/16/2014	88	92	95	85	Pureed 2/10/14					
J	006	03/17/2014	35	30	35	35	Reg 3/16/14			-4.2	3/18/14	2
K	007		96	89	72	60	Reg 2/15/14			-6.6		
L	008	03/16/2014	0	0	0	0	NPO 2/26/14	X				
M	009	03/17/2014	65	71	29	21	Mech 3/10/14					
N	010		55	45	45	60	Reg 1/19/14			-7.2		

Answers:

1. Does the information presented for the residents listed on the report agree with your clinical knowledge of these residents? Is this information helpful? In what way? How would you use this information?
2. Four residents triggered as high risk. Resident D has good meal intake but is losing weight. This should be reviewed with the team.
3. On the Nutrition Risk Report: High Risk, the data for Resident C should be verified. The meal intake is about 50 percent for 4 weeks, but the weight loss is only 1.5 pounds. On the Nutrition Risk Report: Medium Risk, Resident F appears to be high risk rather than medium risk.
4. Resident B has average meal intake less than 50% during each of the 4 weeks shown but does not have an entry under Decreased Intake: First Date. Resident F has decreased meal intake and weight loss, which would indicate high risk for nutrition.
5. At which meetings are these reports used? Who attends the meetings, who leads the meetings, how are interventions proposed, and who is responsible for seeing that interventions are carried out?

6. Who attends the meeting, when is it held, who leads the meeting, who reviews the report in advance of the meeting, and who prioritizes the residents for discussion? Do the meetings occur as scheduled? Do all the nursing assistants attend? Do the nursing assistants offer input.
7. When there is concern about the accuracy of weights, what is the process for verifying weights? Are weights reviewed before they are entered into the electronic medical record? Who is responsible for the review? How often does the review occur?

Risk Change Report Information Exercises

Objective: Facilitators will understand the process to prioritize residents on the Risk Change Report for use in On-Time process improvement strategies.

Exercise #1: Risk Criteria and Rules

Please choose the best answer to the questions.

1. Residents who display on the High-Risk Nutrition Report also will display X in the Wt Loss $\geq 5\%$ in ≤ 30 Days column on the Risk Change Report.
 - a. True
 - b. False
2. Worsening Pressure Ulcer information is captured from weekly wound assessment documentation.
 - a. True
 - b. False
3. If wound assessments are not being completed in the health IT system used at the facility, then Worsening Ulcer and New Ulcer columns will always be blank.
 - a. True
 - b. False
4. Resident behavior information may be captured from nursing assistant daily documentation or nurse documentation.
 - a. True
 - b. False
5. The Risk Change Report displays residents with changes in documentation of urinary incontinence and behaviors from the prior report week.
 - a. True
 - b. False

Answers

1. False
2. True
3. True
4. True
5. True

Exercise #2: Prioritize Residents at Highest Risk

Using the sample Risk Change Report below, select up to five residents you would consider highest priority.

Sample Risk Change Report: Resident Changes and Declines From Prior Week													
		Change Within 7 Days											
		Nutrition Risk			Increase In Incontinence		ADL Decline#			≥3 Behaviors	Pressure Ulcer		Health Status
Name	Room #	Decreased Meal Intake + Weight Loss	Decreased Meal Intake	Weight Loss ≥5% in Prior 30 Days	Urine	Bowel#	Bed Mobility	Transfer	Toileting	Change in Behavior Types From Prior Week	Worsening Ulcer	New Ulcer	Acute Change in Status
Resident 1	202			X						7			
Resident 2	212		X		X			X	X				X
Resident 3	217	X			X	X				3			
Resident 4	229			X			X						
Resident 5	231	X		X								X	
Resident 6	242			X									
Resident 7	243									4	X		

Answer: All of the residents on this report appear to be at high risk, but residents 2, 3, 4, 5, and 7 appear to be highest priority.

Exercise #3: Report Data

1. How many residents have documented changes from the previous report week?
2. How many residents have high nutritional risk? Should these residents also display on the High-Risk Nutrition Report?
3. How many residents have an increase in urinary incontinence from the previous week?
4. How many residents have changes in behaviors from the previous week?
5. How many residents have worsening ulcer, as documented on nurse wound assessment?
6. How many residents have a new ulcer, as documented on nurse wound assessment?
7. How many residents appear to have incomplete CNA documentation in at least one area?

Answers:

1. 6
2. 2 (#3 and #5). Yes.
3. 2 (#2 and #3)
4. 3
5. 1 (#7)
6. 1 (#5)
7. 2 (#2 and #4)

Exercise #4: Report Calculations

Please choose the best answer to the questions about report calculations.

1. Weight Loss $\geq 5\%$ in ≤ 30 Days uses the same calculation as Nutrition Risk Report.
 - a. True
 - b. False
2. Urinary Incontinence Increase is determined in the following ways (*choose all that apply*):
 - a. The number of shifts of urinary incontinence increased by 3 or more from prior week
 - b. The number of shifts of urinary incontinence increased by 12 from prior week
 - c. The sum of urinary incontinence episodes increased by 3 or more from the prior week
sum of urinary incontinence episodes
 - d. The sum of urinary incontinence episodes increased by 12 or more from the prior week
sum of urinary incontinence episodes
 - e. None of the above
3. If a nursing assistant documented 4 unique behaviors for a resident who did not have any behaviors documented the prior week, what would display in the Behaviors ≥ 3 column for that resident?
 - a. 4*
 - b. 4
 - c. A dash (-)
 - d. Cell would be blank
 - e. None of the above
4. An asterisk (*) displays next to the number of behaviors when:
 - a. The resident is a new admission
 - b. The resident has not had behaviors documented previously
 - c. The behaviors required medication intervention
 - d. One or more behaviors for the report week were different from behaviors documented the prior week
 - e. None of the above
5. What would you expect to see on the Risk Change Report for a resident who triggered for High-Risk Nutrition but has incomplete bladder and behavior documentation for the report week? (*choose all that apply*)
 - a. X will display under Decreased Meal Intake + Weight Loss
 - b. Dash (-) will display under Urinary Incontinence Increase & Behaviors ≥ 3
 - c. Urinary Incontinence Increase & Behaviors ≥ 3 will be blank
 - d. The resident will not display on the Risk Change Report when *any* report documentation is incomplete
 - e. None of the above

Answers:

1. b
2. a, d
3. a
4. d
5. a, b

Risk Change Report Implementation Exercises

Objective: Facilitators will understand how to coach teams on implementation of report use. Sample report results will be used to discuss the various ways to interpret report results. Facilitators will be prepared to respond to a variety of questions from clinical teams implementing the Risk Change Report for the first time.

Exercise #5: Implementation: Key Points

Please choose the best answer to questions about report implementation.

1. The Risk Change Report may be used by social services to monitor changes in resident behaviors.
 - a. True
 - b. False

2. Restorative program teams may use the Risk Change Report to monitor changes in resident urinary incontinence.
 - a. True
 - b. False

3. The Risk Change Report offers an at-a-glance snapshot of residents who may have experienced changes in nutrition, urinary incontinence, behaviors, and ulcer status from the prior report week.
 - a. True
 - b. False

4. A strong nursing and social services collaboration results in effective meetings.
 - a. True
 - b. False

5. The following are examples of forums for using the Risk Change Report: *(choose all that apply)*
 - a. Nursing assistant shift report
 - b. Care plan meetings
 - c. Risk meetings
 - d. Nurse/social worker huddle
 - e. Nurse/ restorative huddle
 - f. Dietitian/wound nurse huddle
 - g. None of the above
 - h. All of the above

Answers:

1. a
2. a
3. a
4. a
5. h

Exercise #6: Coaching Teams Through Use of Report Information

Scenario: The sample Risk Change Report below was generated for a single nursing unit. The team you are facilitating is assembled for a routine meeting.

1. What questions will you ask the team about how they are using the report?
2. What questions will you ask your nurse/social worker team about the Risk Change Report information? Restorative nurse? Wound nurse?
3. What questions will you ask your team about interventions for residents? Followup with other staff members?
4. What questions would you consider asking the team about facility processes?

Sample Risk Change Report													
		Change Within 7 Days											
Name	Room #	Nutrition Risk			Increase in Incontinence		ADL Decline			≥3 Behaviors	Pressure Ulcer		Health Status
		Decreased Meal Intake + Weight Loss	Decreased Meal Intake	Weight Loss ≥5% in Prior 30 Days	Urine	Bowel	Bed Mobility	Transfer	Toileting	Change in Behavior Types From Prior Week	Worsening Ulcer	New Ulcer	Acute Change in Status
Resident 1	0001			X	X					7			
Resident 2	0002		X		X			X	X				X
Resident 3	0003	X			X	X				3			
Resident 4	0004			X			X						
Resident 5	0005	X		X								X	
Resident 6	0006			X									
Resident 7	0007									4	X		

Answers:

1. When are you using this report? At which meetings? Who attends? How frequently do you meet?
2. Nurse/social worker: Are you using this report to monitor behaviors? Is this information helpful? How do you use the information?

Restorative nurse: Are the residents with an increase in incontinence and with ADL decline involved in the restorative program?

Wound nurse: Is the report helpful in tracking residents with new or worsening pressure ulcers? Would you take this report to wound rounds or wound review meetings?

3. Nurse/social worker: Have the care plans been updated for the residents with changes in behaviors? Is a psych consult or med review needed? Have the nursing assistants been trained or retrained on how to manage those new behaviors?

Restorative nurse: Are the care plans up to date for the residents on restorative with ADL decline? Do the nursing assistants know the current plans for helping to improve or prevent further decline with these residents? Is a urinary incontinence management plan in place?

Wound nurse: Will you use this information to check if treatment changes need to be made?

4. Was a root cause analysis done for the new pressure ulcer noted on the report?

Trigger Summary Report Information Exercises

Objective: Facilitators will understand criteria and rules that determine information that displays on the Trigger Summary Report.

Exercise #1: Resident-Level Report: Risk Criteria and Rules

Please choose the best answer to the questions.

1. The Trigger Summary Report is based on 8 triggers from nursing assistant documentation associated with risk for pressure ulcer development.
 - a. True
 - b. False
2. Residents must meet at least 2 triggers during the report week to display on the report.
 - a. True
 - b. False
3. All information on the report is captured from nursing assistant documentation, except for pressure ulcer information.
 - a. True
 - b. False
4. The report displays a 4-month trend of each trigger for each resident.
 - a. True
 - b. False
5. If a resident has incomplete documentation of meals during the report week, the following will display:
 - a. Cells in each Wt Loss column (30, 90, and 180 day) will be blank
 - b. Cells in 2 Meals \leq 50% in 1 Day and Weekly Meal Intake Average $<$ 50% columns will be blank
 - c. Cells in 2 Meals \leq 50% in 1 day and Weekly Meal Intake Average $<$ 50% will display a dash (-)
 - d. a & b
 - e. None of the above
6. The following is true if a resident who displays on the Trigger Summary Report has incomplete bladder or urinary documentation during the report week.
 - a. Daily urinary incontinence column will be blank
 - b. Daily urinary incontinence column will display a dash (-)

- c. A resident having incomplete documentation for *any one* trigger used for the report cannot display on the report
 - d. None of the above
7. There are three views of the Trigger Summary Report information: (1) Resident-Level View, (2) View by Specific Trigger, and (3) Unit-Level View.
- a. True
 - b. False

Answers

- 1. a
- 2. b
- 3. b
- 4. b
- 5. c
- 6. b
- 7. b

Exercise #2: Prioritize Residents for Followup

Using the sample Trigger Summary Reports below, select the residents in each report you would consider highest priority. These are both resident-level reports.

Sample Trigger Summary Report #1

Name	Room #	Wt Loss ≥5% in Prior 30 Days	Wt Loss ≥7.5% in Prior 90 Days	Wt Loss ≥10% in Prior 180 Days	2 Meals ≤50% in 1 day	Weekly Meal Intake Average <50%	Daily Urinary Incont	>3 Days Bowel Incont	Foley Catheter	Current Pressure Ulcer	# of Triggers Last Week	# of Triggers This Week
Res 1	0001	X	X	X	X				X	X	3	6
Res 2	0002	X			X	X		X	X		5	5
Res 3	0003	X		X		X	X	X			2	5
Res 4	0004				X	X	X	X			3	4
Res 5	0005	X	X	X	-	-	X	X			1	5
Res 6	0006	X		X			X	X			0	4
Res 7	0007			X		X	X	X			2	4
Res 8	0008		X			X	X	X			3	4
Res 9	0009				X		-	X	X		4	3
Res 10	0010				X				X	X	0	3

Answers: All residents are at risk. Residents 1-7 and 10 would be prioritized for followup. Generally, residents are identified as at highest risk based on having 4 or more triggers in the current week and/or an increase of 2 triggers from prior week to current week.

Sample Trigger Summary Report #2

Name	Room #	Wt Loss ≥5% in Prior 30 Days (ANY)	Wt Loss ≥7.5% in Prior 90 Days	Wt Loss ≥10% in Prior 180 Days	2 Meals ≤50% in 1 day	Weekly Meal Intake Average <50%	Daily Urinary Incont	>3 Days Bowel Incont	Foley Catheter	Current Pressure Ulcer	# of Triggers Last Week	# of Triggers This Week
Res 1	0001	X	X	X	X					X	4	5
Res 2	0002	X		X	-	-	X	X			3	4
Res 3	0003		X		X	X	X	X			2	5
Res 4	0004				X	X	X	X			0	4
Res 5	0005				X	X	X	X			2	4
Res 6	0006	X		X			X				2	3
Res 7	0007		X	X	X	X					0	4
Res 8	0008					X	X			X	1	3
Res 9	0009					X	-	X		X	0	3
Res 10	0010							X	X	X	0	3

Answers: All residents would be considered at risk. Residents 1-5 and 7-10 would be prioritized for followup.

Exercise #3: Resident-Level Data

Using Trigger Summary Report #1

1. How many residents appear to have incomplete CNA documentation in at least one area?
2. Is Resident 2 at higher risk than Resident 6? If yes, why? Why not?

Answers:

1. 1 (#5)
2. Resident 2 may be at higher risk because of the sustained number of risk factors (5) for 2 consecutive weeks. Resident 6 is also at risk because of the recent increase to 4 factors. This is a case where clinical judgment and knowledge of the residents is required to look beyond the numbers in the report.

Using Trigger Summary Report #2

1. How many residents had an increase of 2 or more triggers from the previous week?
2. How many residents appear to be getting worse from the previous week?
3. How many residents appear to be improving from the previous week?
4. How many residents appear to be unchanged from the previous week?
5. How many residents are likely to be new admissions?
6. How many residents are likely to display on the Medium-Risk Nutrition Report?
7. How many residents may have been admitted with a pressure ulcer?
8. For all residents on the report, which triggers are occurring most often?

Answers:

1. 7
2. 10
3. None
4. None
5. 4 (#4, #7, #9, and #10)
6. 5 (#1, #3, #4, #5, and #7)
7. 2 (#9 and #10)
8. Weekly Meal Intake Average <50%; >3 Days Bowel Incontinence; Daily Urinary Incontinence

Exercise #4: Unit-Level Data

In reviewing triggers for a specific nursing unit over a 4-week period:

1. Which triggers are worsening?
2. Which triggers are improving?
3. Which triggers have the highest prevalence?
4. How would you facilitate discussion?

Sample Trigger Summary Report: Unit Level				
Pressure Ulcer Triggers	Week 4 5/10/14	Week 3 5/17/14	Week 2 5/24/14	Week 1 5/31/14
Wt Loss \geq 5% in Prior 30 Days (ANY)	1(3%)	2(6%)	1(3%)	1(3%)
Wt Loss \geq 7.5% in Prior 90 Days	1(3%)	1(3%)	1(3%)	1(3%)
Wt Loss \geq 10% in Prior 180 Days	1(3%)	2(6%)	1(3%)	2(3%)
2 Meals \leq 50% in 1 Day	5(14%)	4(11%)	4(11%)	7(20%)
Weekly Meal Intake Average <50%	3(9%)	3(9%)	2(6%)	3(9%)
Daily Urinary Incontinence	2(6%)	3(9%)	3(9%)	5(14%)
>3 Days Bowel Incontinence	5(14%)	4(11%)	3(9%)	7(20%)
Foley Catheter	8(23%)	7(20%)	5(14%)	8(23%)
Current Pressure Ulcer	0(0%)	0(0%)	0(0%)	0(0%)

Answers:

1. 2 Meals \leq 50% in 1 Day, Daily Urine Incontinence, >3 day Bowel Incontinence
2. None, but weight loss is minimal and there are no pressure ulcers
3. Foley Catheter, >3 Days Bowel Incontinence, 2 Meals \leq 50% in 1 Day, Daily Urine Incontinence
4. Ask the group if this information fits their clinical picture of this unit. Ask these questions:
 - Have there been any changes to explain the triggers that have worsened?
 - Which triggers would they like to address first?
 - How would they approach this task?
 - What will be the next steps?
 - Who will lead the effort?

Exercise #5: Report Calculations

Please choose the best answer to the questions about report calculations.

1. Which of the following weights are used in weight loss calculations?
 - a. Daily weight
 - b. Highest weekly weight
 - c. Lowest weekly weight
 - d. Monthly weight

2. The 30-day weight loss calculation ($\geq 5\%$ in ≤ 30 days) and 180-day weight loss calculation ($\geq 10\%$ in ≤ 180 days) are based on MDS calculations.
 - a. True
 - b. False

3. If a weight value is not available at 30 days prior to weight being used in the report, then the following weight is used:
 - a. Most recent weight, weight closest and prior to report date
 - b. All weights 25-35 days prior to report date are checked; use weight with date closest to 30-day date
 - c. No weight loss is recorded since there is no weight value at 30 days prior to report date

4. Which of the following are true for computing 180-day weight loss?
 - a. All weights that occur in the range of 170-190 days prior to weight being used in report are checked and the weight closest to 180 days from report weight is used
 - b. If two weights are the same distance from 180 days (e.g., 175 days and 185 days), then select the lowest weight for calculation
 - c. a and b
 - d. None of the above

5. Which of the following are true for calculation of any weight loss within 30 days?
 - a. There may be multiple occurrences of weight loss during the 30-day period
 - b. Week 4 weight is subtracted from Week 3 through Week 1 weights; all weight losses are recorded
 - c. Week-3 weight is subtracted from Week 2 through Week 1 weight; all weight losses are recorded
 - d. Week 2 weight is subtracted from Week 1 weight; weight loss is recorded
 - e. All of the above
 - f. None of the above

6. If a resident has at least one episode of urinary incontinence each day during the report week, then 7 will display in the Daily Urinary Incontinence column for that resident.

- a. True
 - b. False
7. Which of the following is used to determine >3 days bowel incontinence during the report week?
- a. Resident had at least one episode of bowel incontinence for 3 different days during the report week
 - b. Resident had three episodes of bowel incontinence for at least 1 day during the report week
 - c. Resident had nine consecutive shifts of bowel incontinence during the report week
 - d. None of the above
8. Presence or absence of Foley catheter is generated from which data source? (*Circle all that apply*)
- a. CNA daily documentation
 - b. Physician orders
 - c. Nurse assessment
 - d. MDS assessment
 - e. All of the above
9. Weekly meal intake average <50% uses the same calculations used in the Nutrition Risk Report to determine average intake.
- a. True
 - b. False
10. For a resident, the value for # of triggers last week and # of triggers this week is determined by counting the total number of X's in each column.
- a. True
 - b. False
11. On the Nursing Unit Level view of the Trigger Summary Report: (*choose all that apply*)
- a. Weekly 4-week view of overall prevalence and trends of PrU triggers display
 - b. Monthly 4-month view of overall prevalence and trends of PrU triggers display
 - c. Data display for a single nursing unit
 - d. None of the above
12. On the Nursing Unit Level view of the Trigger Summary Report, number of residents and percentage of total census who meet each trigger display.
- a. True
 - b. False

Answers:

1. c
2. b
3. b
4. c
5. e
6. b
7. c
8. a, b, c
9. a
10. b
11. a, c
12. a

Trigger Summary Report Implementation Exercises

Objective: Facilitators will understand how to coach teams on implementation of report use. The data that display on the sample Trigger Summary Reports are representative of report results encountered in actual clinical settings. Sample report results will be used to discuss the various ways to interpret report results. Facilitators will be prepared to respond to a variety of questions from clinical teams implementing the Trigger Summary Report for the first time.

Exercise #6: Implementation: Key Points

Please choose the best answer to the questions.

1. A resident who triggers for 2 meals $\leq 50\%$ in one day will always be on the Medium-Risk Nutrition Report if which of the following are true? (*Circle all that apply*)
 - a. The Nutrition Report is generated for the same report week
 - b. There is no weight loss
 - c. There is ≥ 1.0 pound weight loss
2. Weekly Meal Intake Average $\leq 50\%$ also displays on the High-Risk Nutrition Report.
 - a. True
 - b. False
3. Recent admissions will never display on the Trigger Summary Report if admit date occurs during the report week.
 - a. True
 - b. False
4. The Trigger Summary Report validation exercise is beneficial for which of the following reasons?
 - a. Teams begin to see report data match clinical picture of residents
 - b. Teams begin to use report data to target proactive measures for residents at risk
 - c. Teams are more motivated to use and see value in using report data
 - d. All of the above
 - e. None of the above
5. Completing the exercise to compare recent findings from root cause analysis for in-house-acquired pressure ulcers with recent Trigger Summary Report results raises team awareness of how Trigger Summary Report information could have helped target proactive preventive measures for high-risk residents.
 - a. True
 - b. False
6. The Trigger Summary Report is beneficial for monitoring risk among new admissions.

- a. True
 - b. False
7. A zero value in the # of Triggers Last Week column usually indicates the resident was discharged during the report week.
- a. True
 - b. False
8. Which of the following are important when implementing any new process improvement using the Trigger Summary Report?
- a. Confirm the process for report use, who uses the report, and when
 - b. Identify person or persons responsible to review report data prior to team meetings or huddle
 - c. Confirm criteria to be used to determine risk (and followup)
 - d. All of the above
 - e. None of the above
9. A recommended strategy to triage residents who display on the Trigger Summary Report includes review of residents having the following (*circle all that apply*):
- a. 4 or more total triggers for the report week
 - b. Increase by 2 or more triggers from prior week
 - c. A pressure ulcer
 - d. Weight loss $\geq 10\%$ in 180 days
 - e. None of the above
10. Benefits of using the Trigger Summary Report for process improvement to identify and communicate high-risk residents include which of the following?
- a. Improve identification and communication about residents at highest risk for PrU development to CNAs and multidisciplinary team members
 - b. Confirm report results match resident clinical picture, so documentation is accurate
 - c. Confirm appropriate intervention strategies are in place
 - d. Prompt followup assessment on residents having more triggers from prior week
 - e. All of the above
 - f. None of the above
11. Nursing & Rehab use the Trigger Summary Report to support collaborative discussion of residents at potential risk for pressure ulcer development and identify opportunities for rehab intervention.
- a. True
 - b. False
12. A recommended strategy to facilitate implementation of the Nurse/Rehab huddle is to:

- a. Compare residents on Trigger Summary Report with Rehab list of residents currently being followed
- b. Compare residents on Trigger Summary Report with Rehab list of residents recently discharged from Rehab care
- c. Compare list of residents with pressure ulcers with Rehab list of residents currently being followed
- d. All of the above

13. Ideally, Nurse/Rehab huddles are held:

- a. Daily
- b. Weekly
- c. Monthly

14. Using the Trigger Summary Report: Unit Level enables leadership to analyze specific and overall trends of PrU triggers for a nursing unit to:

- a. See upward or downward trends over a 4-week period
- b. Evaluate impact of new programs or existing quality improvement efforts
- c. Drive new quality improvement initiatives
- d. Compare results across units to understand variances
- e. All of the above

15. Options to consider when discussing implementation strategies for process improvement to monitor unit-level trends of high-risk residents include:

- a. Incorporate report review into QI meetings
- b. Target facilitywide process improvements
- c. Monitor impact facilitywide and understand unit-level variation
- d. All of the above

Answers:

1. a, b
2. b
3. b
4. d
5. a
6. a
7. b
8. d
9. a, b
10. e
11. a
12. d
13. b
14. e
15. d

Exercise #7: Implementation: Factors for Success

Please choose the best answer to the questions.

1. During On-Time team meetings with the Facilitator, it is important to have the following team members present (*circle all that apply*):
 - a. Nursing assistant
 - b. Floor nurse
 - c. Director of Nursing or administrator
 - d. Unit manager
 - e. Rehab staff member
 - f. Social worker
 - g. Dietitian

2. Which team member takes the lead in conducting the Trigger Summary Report validation exercise?
 - a. MDS nurse
 - b. Nursing assistant
 - c. Unit manager
 - d. QI or staff education staff member
 - e. Housekeeping
 - f. All of the above

3. Steps in good communication include:
 - a. Setting the stage; giving the information; asking for feedback or discussion to confirm information is valid; ending with clear next steps
 - b. Making sure supervisor communicates the message
 - c. Providing electronic or written communication and checkoff sheet

4. The reasons for monitoring high risk-triggers weekly are (*circle all that apply*):
 - a. Regulatory requirements
 - b. Opportunity to be more proactive in responding to resident needs
 - c. More timely than MDS information
 - d. Requests from physicians for more frequent updates on residents
 - e. All of the above

Answers:

1. a, b, d, e, g
2. c
3. a
4. b, c

Exercise #8: Coaching Teams Through Use of Report Information

Scenario: The sample Trigger Summary Report below was generated for a single nursing unit. The team you are facilitating is assembled for a routine meeting.

Sample Trigger Summary Report												
Name	Room #	Wt Loss ≥5% in Prior 30 Days	Wt Loss ≥7.5% in Prior 90 Days	Wt Loss ≥10% in Prior 180 Days	2 Meals ≤50% in 1 Day	Weekly Meal Intake Average <50%	Daily Urinary Incont	>3 Days Bowel Incont	Foley Catheter	Current Pressure Ulcer	# of Triggers Last Week	# of Triggers This Week
Res 1	0001	X	X	X	X	X				X	5	5
Res 2	0002				X	X		X	X	X	4	5
Res 3	0003			X	-	-	X	X			3	4
Res 4	0004	X			X	X	X	X			2	4
Res 5	0005		X	X		X	X				3	3
Res 6	0006				X	X		X			2	3
Res 7	0007			X	X	X					3	3
Res 8	0008					X	X	X			3	3
Res 9	0009						-	X	X	X	0	3
Res10	0010					X	X				0	2

1. What questions will you ask your core team about the Trigger Summary Report information?
2. What questions will you ask your core team about interventions for residents?
3. What questions would you consider asking the team about facility processes?

Answers:

1. How are you using this report? At which meetings? Who is in attendance? Who leads the meeting? Is the information on the report useful?
2. Nurse: Have the residents with weight loss and decreased intake been evaluated by the dietitian? Is resident 9 a new admission? Was this resident's pressure ulcer present on admission? What is the reason for his/her Foley catheter? Has this resident been re-evaluated by the wound nurse?

Restorative Nurse: Have the residents with bladder and bowel incontinence been evaluated for a restorative bowel/bladder program? Residents 2, 6, and 9 have Foley catheters. What is the diagnosis to support catheter use? Have these residents been evaluated to determine if the Foley catheter could be removed? Are their care plans up to date?

Wound Nurse: Residents 1, 2, and 9 have pressure ulcers. What is the status of these ulcers? Are they healing on schedule? Is Resident 9 a new admission? Was this resident's pressure ulcer present on admission? What is the treatment?

Dietitian: What are the nutritional interventions for the residents with pressure ulcers? Have you evaluated the residents listed with weight loss and decreased intake? What were the recommendations that came out of those meetings? Have the care plans for these residents been updated and any new interventions communicated to the nursing assistants?

3. Are the Weekly Nutrition Risk Huddles occurring as scheduled? Are the nursing assistants attending? Are the dietitian and nurse manager present? Are the nursing assistants included in wound rounds?

Weight Summary Report Information Exercises

Objective: Facilitators will understand criteria and rules that determine information that displays on the Weight Summary Report.

Exercise #1: Risk Criteria and Rules

Please choose the best answer to the questions about report rules.

1. The Weight Summary Report displays 4 weeks of trended weight information for each resident.
 - a. True
 - b. False
2. If a resident was not weighed during the report week, what would you expect to see in the Weight Change in lb cell?
 - a. Blank cell
 - b. Dash (-)
 - c. 0
 - d. NA
 - e. None of the above
3. If a resident was not weighed weekly, what weight values would you expect to see on the report?
 - a. Four consecutive monthly weights instead of weekly weights
 - b. Weight values in weeks when weights were recorded and blank cells when weights were not recorded
 - c. The resident would not display on the report if weekly weight values were not recorded
 - d. None of the above
4. If multiple weights are recorded during the report week, the highest weekly weight is used for report calculations.
 - a. True
 - b. False
5. Weight changes for the past 30, 90, and 180 days are calculated.
 - a. True
 - b. False
6. Weights that are entered into the system incorrectly will be included in weight calculations unless the weight is flagged as an incorrect entry.
 - a. True
 - b. False

Answers:

1. a
2. a
3. b
4. b
5. b
6. a

Exercise #2: Report Information

Using the table below, answer the following questions:

1. How many residents have any weight loss in the current week?
2. How many residents have weight loss within the last 30 days?
3. How many times has Resident 2 experienced weight loss in the last 30 days? Resident 4?
4. How many residents experienced $\geq 10\%$ weight loss in the last 6 months?
5. Do any weights stand out as potential inaccuracies? What would be your followup questions to the team?

Sample Weight Summary Report												
Name	Res ID	Wt 180 Days Prior	Wt 90 Days Prior	Wt 30 Days Prior	Wt for Week 05/08/14 Week 4	Wt for Week 05/15/14 Week 3	Wt for Week 05/22/14 Week 2	Wt for Week 05/29/14 Week 1	Weight Change in lb	$\geq 5\%$ Weight Loss ≤ 4 Weeks (Any)	$\geq 7.5\%$ Weight Loss ≤ 90 Days	$\geq 10\%$ Weight Loss ≤ 180 Days (Point-to-Point)
Res 1	001	285.3	275	254.5	252.4	256.1	251.7	253.8	2.1		7.7%	11%
Res 2	002	172.1	175.3	180	180	170	181	171	-10	5.6% : 5/12/2014; 5% : 5/24/2014		
Res 3	002	146.8	132	126.2	124	122.2		116.8	-5.4	5.8% : 5/23/2014	11.5%	20.4%
Res 4	004	151	148.2	145				142.2	-2.8			
Res 5	005	112	110.2	108	94.8	99.8	98	100.8	2.8		8.5%	10%
Res 6	006	114	119	118.2				115	-3.2			
Res 7	007	165.3	155	144.5	132.4	136.1	131.7	123.8	-7.9	6.5% : 5/27/2014; 9% : 5/27/2014 6% : 5/27/2014	20%	25.1%
Res 8	008	182.1	175.3	180	180	164	161					
Res 9	009	158.8	166.2	148.2	146.6	142.6	140.6	136.8	-3.8	6.7% : 5/23/2014	17.7%	13.9%
Res10	010	169.3	159.3	136	132.2	145.4	134	128.2	-5.8	6% : 5/19/2014 6% : 5/23/2014	19.5%	24.3%

Answers:

1. 7
2. 10
3. Resident 2 twice; Resident 4 once
4. 6

5. Resident 7 has weights for 30 days prior and 4 weeks ago that are quite different. Is that possible? Same with Resident 5. Ask the team when those two weights were obtained (4 weeks ago and 30 days prior). How many days between those two weights? Was there something going on with the resident to explain the large difference in the two values?

Resident 8 either had no weight loss or had no weight recorded during the report week.

Weights for Resident 10 seem to fluctuate significantly. The weight for Week 3 seems particularly high and not in line with the other weekly weights. That one should be double-checked.

Followup questions could focus on their weight recording procedures. If weights identified as possibly inaccurate were done by the same nursing assistant, there could be a need for retraining in this area.

Exercise #3: Prioritize Residents for Followup

Using the table below, prioritize residents for followup.

Sample Weight Summary Report												
Name	Res ID	Wt 180 Days Prior	Wt 90 Days Prior	Wt 30 Days Prior	Wt for Week 05/08/14 Week 4	Wt for Week 05/15/14 Week 3	Wt for Week 05/22/14 Week 2	Wt for Week 05/29/14 Week 1	Weight Change in lb	≥5% Weight Loss ≤4 Weeks (Any)	≥7.5% Weight Loss ≤90 Days	≥10% Weight Loss ≤180 Days (Point-to-Point)
Res 1	001	185.3	175	154.5	152.4	156.1	151.7	153.8	2.1		12.1%	-17%
Res 2	002	192.1	185.3	180	170	174	171	168	-3		9.3%	-12.5%
Res 3	002	188.8	176.2	168.2	166.4	162.4	158.6	156	-2.6	6.3%: 5/29/2014	11.5%	-17.4%
Res 4	004	159.3	139.3	135	136.2	155.4	144	126.2	-17.8	7.3%: 5/24/2014; 7.3%: 5/16/2014 18.8%: 5/24/2014 12.4%: 5/24/2014	9.4%	-20.8%
Res 5	006	164	159.2	145.9	148.2	144.2	136.8	135	-1.8	7.7%: 5/18/2014; 8.9%: 5/26/2014 5.1%: 5/18/2014 6.4%: 5/26/2014	15.2%	-17.7%
Res 6	007	126	133.2	130.3				129	-1.3			
Res 7	008	184	169.2	155.5	148.2	136.2	130.8	130	-0.8	8.1%: 5/9/2014 11.7%: 5/18/2014 12.3%: 5/24/2014	23.2%	-29.3%
Res 8	010	156	133.2	130.3				129	-1.3			-17.3%

Answers:

Residents 3, 4, 5 and 7

Weight Summary Report Implementation Exercises

Objective: Facilitators will understand how to coach teams on implementation of report use. Facilitators will be prepared to respond to a variety of questions from clinical teams implementing the Weight Summary Report for the first time.

Exercise #4: Report Calculations

Choose the best answer to the questions about report calculations.

1. How is Weight 180 Days Prior determined? (*Circle all that apply*)
 - a. Identify all weights that occur in the range of 170-190 days from the most recent weight date; select the weight closest to 180 days
 - b. Identify all weights that occur in the range of 175-180 days from the most recent weight date; select the weight closest to 180 days
 - c. If two weights are the same distance from 180 days, select the highest weight
 - d. If two weights are the same distance from 180 days, select the lowest weight
 - e. None of the above
2. When determining Weight 30 Days Prior, first identify all weights that occur in the range of 28-32 days from the most recent weight date.
 - a. True
 - b. False
3. When determining a Point-to-Point weight loss within a 30-day period, you may identify multiple weight losses.
 - a. True
 - b. False
4. How is $>5\%$ Wt Loss ≤ 30 Days calculated using Any weight loss calculation? (*Circle all that apply.*)
 - a. Week 4 Weight is subtracted from Week 3 Weight, then Week 2 Weight, then Week 1 Weight; negative values are divided by Week 4 Weight
 - b. Week 3 Weight is subtracted from Week 2 Weight, then Week 1 Weight; negative values are divided by Week 3 Weight
 - c. Week 2 Weight is subtracted from Week 1 Weight; negative values are divided by Week 2 Weight
 - d. None of the above

Answers:

1. a and d
2. b
3. a
4. a, b, c

Exercise #5: Implementation: Key Points

Choose the best answer to the questions.

1. Dietitians are generally more likely to adopt and use the Weight Summary Report if weight loss calculations are explained prior to report use.
 - a. True
 - b. False

2. Weight Summary Reports typically replace facility reports currently in use by dietitians once dietitians become familiar with report data and calculations.
 - a. True
 - b. False

3. Initial use of the Weight Summary Report often highlights opportunities for facilities to improve existing processes to capture and record resident weights in their health IT system.
 - a. True
 - b. False

4. Weight Summary Reports are often used in the following forums (*circle all that apply*):
 - a. Weight Management Meeting
 - b. Interdisciplinary Team Meeting
 - c. Risk Management Meeting
 - d. Weekly Nursing Assistant Nutrition Risk Huddle
 - e. MDS Assessment Prep/Review
 - f. All of the above
 - g. None of the above

5. Using the Weight Summary Report (*circle all that apply*):
 - a. Highlights the importance of accurate and timely documentation of resident weights
 - b. Motivates the team to document weights in a more accurate and timely manner
 - c. Helps CNAs understand the link between weight loss and nutritional status
 - d. Highlights the value of having a formal process to validate resident weights prior to entry into the health IT system
 - e. All of the above
 - f. None of the above

Answers:

1. a
2. a
3. a
4. f
5. e

Completeness Report

Exercise #1: Report Information: Entire Facility

Sample Completeness Report: Entire Facility				
Documentation Section	5/4/14	5/11/14	5/18/14	5/25/14
Meal Intake	92.2	93.1	90.4	92.0
Bowels	67.6	74.9	66.2	58.3
Bladder	54.8	61.7	78.2	86.9
Behaviors	53.1	69.9	87.1	91.0

Discussion Questions

1. Which documentation category in current week has:
 - The highest completeness rate? The lowest?
2. Viewing the trends over the last 4 weeks, which category has:
 - Shown no improvement over 4 weeks?
 - The most fluctuation week to week?
3. What questions would you ask the team about:
 - Trend in Behavior completeness rates?
 - Changes in Bladder completeness rates?

Answers:

1. Highest completeness rate: Meal intake
Lowest completeness rate: Bowels
2. Shown no improvement: Bowels
Most fluctuation: Behaviors
3. Trend in Behavior completeness rate: Did they make any changes to the way they record behaviors? Have there been any recent in-services or trainings that have raised awareness of behaviors?

Trend in changes in Bladder completeness rates: What have they been doing to improve their completion rates so significantly?

Exercise #2: Report Information by Shift

Day Shift

Documentation Section	5/29/14	6/5/14	6/12/14	6/19/14
Meal Intake Breakfast	88.2	97.2	99.1	99.4
Meal Intake Lunch	98.4	96.2	92.2	96.6
Bowels	87.6	84.9	96.2	98.3
Bladder	54.8	61.7	78.2	86.9
Behaviors	53.1	69.9	87.1	91.0

Evening Shift

Documentation Section	5/29/14	6/5/14	6/12/14	6/19/14
Meal Intake Dinner	90.0	92.0	80.0	80.0
Bowels	97.6	94.9	96.2	98.3
Bladder	54.8	61.7	78.2	86.9
Behaviors	53.1	69.9	87.1	91.0

Night Shift

Documentation Section	5/29/14	6/5/14	6/12/14	6/19/14
Bowels	67.6	64.9	66.2	58.3
Bladder	54.8	61.7	78.2	86.9
Behaviors	53.1	69.9	87.1	91.0

Discussion Questions

1. What can you say about documentation completeness in the current week?
2. What trends are worth noting:
 - Which shift has the most consistent rates?
 - Which shift has the most fluctuation in rates?
3. What areas of documentation need some followup investigation? Why?

Answers:

1. Only one category is below 75% - Bowels on night shift
2. Shift with most consistent rates - Day shift

Shift with the most fluctuation in rates - Evening

3. Areas of documentation in need of followup: Bowels on night shift because they are still below 75 percent in completeness. Also, all three shifts have the exact same percent completeness for Behaviors, which makes it look like evening and night shifts are copying day shift entries.

Intervention History for Nutrition Risk Report

Exercise #1: Report Information

Please choose the best answer to the questions.

1. Intervention History is a companion report to (*circle all that apply*):
 - a. Nutrition Risk Report: High Risk
 - b. Nutrition Risk Report: Medium Risk
 - c. Weight Summary Report
 - d. Trigger Summary Report
 - e. None of the above
 - f. All of the above

2. If there is no physician's order for Hospice, the cell shows:
 - a. The word "NO"
 - b. A dash (-)
 - c. Blank
 - d. None of the above

3. Lab values are displayed.
 - a. True
 - b. False

4. Average supplement intake is displayed.
 - a. True
 - b. False

5. All residents for a single nursing unit display on the Intervention History for Nutrition Risk Report.
 - a. True
 - b. False

6. If a resident has two orders for a PT consult in the last 30 days, then both order dates will display on the report.
 - a. True
 - b. False

Answers:

1. a, b
2. c
3. b

4. b
5. b
6. b

Exercise #2: Using the Intervention History for Nutrition Risk Report

Use the Intervention History for Nutrition Risk Report and the companion Nutrition High-Risk Report to answer the following questions.

1. Resident A was admitted after a stroke and has been at the facility for about 2 months receiving therapy. What questions would you want to ask the multidisciplinary team?
2. Resident B was admitted from the hospital with advanced cancer. What would you want to discuss with the team?
3. Resident C was admitted with dementia as a long-term patient several months ago. What questions would you want to ask?

Sample Intervention History for Nutrition Risk Report: High-Risk Residents

Nursing Unit: A

Report Date: 4/2/14

ID	Name	Room	Diet	Diet Changes	Supplements	PT	OT	Speech	Social Services	Psych	Gastro-enterology	Hospice	Seen by MD/PA or NP	Chemistry	Micro-biology	Hema-tology
A	Jones, M	301	Pureed	2/28/14		2/28/14	2/28/14	2/28/14					3/28/14			
B	North, D	310	Mech	1/22/14	3/14/14								2/13/13			11/13/13
C	Kelly, D	304	Reg	1/22/13						1/25/14			3/16/14	3/18/14	3/18/14	3/18/14

Sample Nutrition Report: High Risk

Nursing Unit: A

Report Date: 4/2/14

Resident	Room Number	Decreased Intake: First Date	Avg Meal Intake % 3/1/14	Avg Meal Intake % 3/8/14	Avg Meal Intake % 3/15/14	Avg Meal Intake % 3/22/14	Diet	TF	Avg Supplement Intake %	Weight Change in lb	Most Recent Ulcer Assess Date	# of Pr Ulcers
A	301	03/22/2014	50	41	36	29	Pureed 2/28/14			-3.5		
B	310	03/22/2014	54	52	47	45	Mech 1/22/14		50%	-2.3	3/31/14	1
C	304	03/21/2014	74	62	58	42	Reg 1/22/14			-5.5		

Answers:

Resident A. What did the speech therapist recommend on 2/28/14? Does ST plan to do a followup? If not, should another ST consult be considered? There are no lab dates. Can it be true that the resident has never had lab work? Is the dietitian aware of the steady decline in meal intake over the past 4 weeks? The pureed diet was ordered on admission, but could the diet be advanced at this stage? Who will speak with the speech therapist? Should a supplement be considered? Has the dietitian spoken to the resident about food preferences? How are the resident's spirits? Has the nursing assistant noticed any change in mood? Is this person depressed? Is a psych consult in order?

Resident B. Is the dietitian aware of the poor meal intake over the past 4 weeks? Has he or she spoken to the resident or family about food preferences? Has this resident or family been approached regarding hospice? It has been a while since any labs have been done. Has this been discussed with the physician or resident and family? Should PT evaluate the appropriateness of the support surfaces? How are the resident's spirits? Does the nursing assistant or social worker have any insight into this resident's frame of mind? Should a social services or psych consult be considered?

Resident C. Is the dietitian aware of the decline in meal intake over the past 4 weeks? Has he or she discussed food preferences with the resident and family? What is the nursing assistant seeing? Are there any problems swallowing? Any problems with the resident's teeth? Should a change in the diet order be considered or the addition of a supplement? Has this resident been evaluated by restorative nursing? Would he be a candidate for restorative dining?

Resident Clinical, Functional, and Intervention Profile Report

Exercise #1: Report Information

Choose the best answer to the questions.

1. The Resident Clinical, Functional, and Intervention Profile Report can be run to show quarterly trends.
 - a. True
 - b. False

2. If the resident is not receiving a tube feed:
 - a. The word “No” appears in the cell
 - b. The cell is blank
 - c. A dash appears (-)
 - d. None of the above

3. If a lab test was not performed:
 - a. The word “No” appears in the cell
 - b. The cell is blank
 - c. A dash (-) is displayed
 - d. None of the above

4. If a weight was not obtained during one of the report weeks, the cell displays a dash.
 - a. True
 - b. False

5. ADL function is displayed as:
 - a. Self-performance only
 - b. Support only
 - c. Self-performance and support
 - d. None of the above

6. The number of pressure ulcers and stage of each is displayed.
 - a. True
 - b. False

7. If temperature cell is blank, it means that the resident did not have a fever that week.
 - a. True
 - b. False

8. In the “Habits” category under Bladder, if there is no information in a cell, that means:

- a. There was no documentation on continence/incontinence recorded that week
 - b. The resident was continent that week
 - c. The resident was using a catheter that week
 - d. None of the above
9. The ADL category EA/2 means:
- a. Extensive assist by 2 people
 - b. Easy transfer by 2 people
 - c. Enter with 2 people
 - d. Evaluate before 2 p.m.
10. The nursing assistants at Facility A work 12-hour shifts. The maximum number of shifts that a resident can be recorded as incontinent of urine on the Resident Clinical, Functional, and Intervention Profile Report is:
- a. 12
 - b. 14
 - c. 16
 - d. 21
11. Bladder – Daily Incontinence is displayed as a “Yes” when a resident is incontinent two or more times per shift.
- a. True
 - b. False
12. The Resident Clinical, Functional, and Intervention Profile Report may help staff gain insight into the nutritional status of a resident during the 4 weeks leading up to pressure ulcer development.
- a. True
 - b. False

Answers:

1. b
2. a
3. b
4. b
5. c
6. b
7. b
8. c
9. a
10. b
11. b
12. a

Exercise #2: Using the Resident Clinical, Functional, and Intervention Profile Report

1. What trends do you see regarding vital signs? Meal intake? ADLs?
2. What questions would you ask the nursing assistant? The nurse manager? The dietitian?

		Week Ending			
		4/6/14	4/13/14	4/20/14	4/27/14
Vital Signs	Number of pressure ulcers	0	0	2	2
	Temperature		98.2		100.4
	Pulse	82	88	99	110
	Respirations	20	20	20	24
	Blood pressure	134/68	130/74	126/70	100/42
	O2 saturation	99	99	98	90
Weight	Weight in pounds	160			156
	Weight date	3/26/14			4/23/14
Nutrition/Vitamins & Supplements	Diet	Reg	Reg	Reg	Reg
	Tube feeding	No	No	No	No
	Supplements	No	No	Yes	Yes
	Multivitamin	No	No	No	Yes
	Vitamin C	No	No	Yes	Yes
	Arginaid	No	No	No	No
	Zinc	No	No	No	No
	Protein	No	No	Yes	Yes
	Weekly average meal intake - percent				
	Breakfast	100	75	75	80
	Lunch	75	70	25	25
	Dinner	50	50	25	20
	Nutritional supplement - percent				
	Breakfast	0	0	25	25
Lunch	0	0	25	25	
Dinner	0	0	0	0	
Bowel	Habits	Continent	Continent	Incontinent	Incontinent
	Loose stool	No	No	No	Yes
	Incontinence				
	# shifts/week	0	0	2	14
	Daily incontinence				X
	3 days without BM				
Bladder	Habits	Continent	Continent	Incontinent	
	Catheter	No	No	No	Foley
	Ostomy	No	No	No	No
	Incontinence				
	# shifts/week	3	5	10	14
	Daily incontinence	No	No	Yes	Yes
	Did not void # shifts/week	0	0	0	1
Restorative	Bowel	No	No	No	No
	Bladder	No	No	No	No
	Eating	No	No	No	No
	Mobility	No	No	No	No

		Week Ending			
		4/6/14	4/13/14	4/20/14	4/27/14
Self-Performance/Support Provided ²	Bed mobility	EA/1	EA/1	EA/1	EA/2
	Transfer	EA/1	EA/1	EA/1	EA/2
	Locomotion	EA/1	EA/1	EA/1	EA/2
	Dressing	LA/set up	LA/1	LA/1	EA/1
	Eating	LA/set up	LA/set up	LA/1	EA/1
	Personal hygiene	LA/set up	LA/set up	LA/1	EA/1
	Toileting	EA/1	EA/1	EA/1	EA/2
Labs ¹	Pre Albumin (19.5-35.8 mg/dL)	31.0		19.6	
	Albumin (3.4-5.4 g/dL)	3.4			
	Sodium (135-145 mEq/L)	135			
	Potassium (3.5-5.2 mEq/L)	4.0			
	Creatinine (0.7-1.3 mg/dL)	0.8			
	BUN (6.0-20.0 mg/dL)	16.0			
	Transferrin (20-50%)	20			
Bed Surfaces	Air fluidized surface				
	Dynamic/alternating pressure				
	Low air loss	X	X	X	X
	Replacement mattress				
Chair Surfaces	Fluid filled or gel cushions	X	X	X	X
	Foam cushions				
	Combination cushions				
Other	Heel boots				

¹ Lab normal value ranges used by the facility in parentheses.* Indicates abnormal value.

²These abbreviations are based on MDS 3.0 ADL coding: Self-Performance—EA= extensive assistance; LA = limited assistance; and Total = total dependent; the abbreviation after the slash represents ADL support provided—set up=set up help only, 1 or 2 = how many staff provide physical assistance.

Answers:

1. Vital signs: There is a slightly elevated temp with pulse and respiratory rate trending up over the past 2 weeks. O2 sat has dropped over the past week.

Meal intake: Breakfast is this resident's best meal; lunch and dinner intake have declined significantly over the last 2 weeks. Supplement intake is minimal.

ADLs: It appears the resident is trending toward increased dependence, especially in the last 2 weeks.

2. Questions for the **nursing assistant**: This resident seems to be declining in certain ADLs for several weeks. Have you noticed this? Can you provide more details? Do you have any idea of what's going on? How has her appetite been? Can you explain the dramatic reduction in meal intake for lunch and dinner over the last 2 weeks? Have you noticed a decline in her intake? Have you noticed any changes in her food preferences? How has her energy level been? Same or different? How about her orientation or cognitive level? Any differences there?

Questions for the **nurse manager**: This resident now has two pressure ulcers. Has this newest ulcer been evaluated by the wound nurse? Have you discussed the progress of these pressure ulcers with the physician? How frequently are the labs drawn? Should labs be more frequent now with the additional pressure ulcer? There have been no changes in the support surfaces on the bed or chair. Should rehab evaluate these surfaces to make sure they are still the most appropriate options?

Questions for the **dietitian**: This resident's meal intake has been declining but only for lunch and dinner. Do you have an explanation? Have you spoken to the resident about food preferences? With a new pressure ulcer, have calorie and vitamin requirements been re-evaluated? Would you recommend any particular labs be drawn?