

BEAR CREEK NURSING CENTER: NEW QA SYSTEM LEADS TO IMPROVED RESIDENT SATISFACTION, STATE SURVEY RESULTS

By Betty Lou Barron



Hospital:

Bear Creek Nursing Center

Location:

Hudson, FL

Size:

120 licensed beds with an array of services including traditional nursing care, rehabilitation care and respite care

Challenge:

Prepare for the new Quality Indicator Survey and change the culture of the nursing home staff to be more resident centered.

Our Nursing Home

Bear Creek Nursing Center is located in Hudson, Florida in the Central West region of the state along the Gulf of Mexico. Our mission is to ensure the highest quality of care to the residents entrusted in our care. Residents and their families are our first priority. Our focus is to help all residents achieve their highest level of function.

Bear Creek has 120 licensed beds and offers an array of services including traditional nursing care, which can range from several months to a long-term stay; rehabilitation care and respite care - a short-term program designed to give family members a much needed break from the demands of caring for the chronically ill at home. Whether it's for a weekend or a few weeks, we provide a comfortable, secure medical and social environment.

Our Challenge

Florida was one of the first states to pilot the new Quality Indicator Survey (QIS) for nursing homes. With QIS, we had to change the culture of our nursing home staff. Compared to the traditional survey, QIS is designed to be more consistent and less subjective, with a resident-centered focus.

Because QIS is a new and very different process than the traditional survey, our staff was naturally unsure what to expect and how to prepare for the new inspection. The idea of having to change the focus of our quality assurance efforts, after having the traditional survey for so many years, was unsettling for all of us.

Along those same lines, we also realized that our nursing home was managed with an “institutional” mentality, meaning all of our residents were on the same schedule, participated in the same activities, went to bed at the same time, and so on. While we did not know it at the time, this type of system was not the optimal environment for our residents to thrive.



The Solution

With the change in the survey process, we knew we not only had to alter the way we prepared for the new QIS, we had to reassess our entire quality assurance approach to focus more on the resident.

Back in June 2008, I was introduced to a new quality assurance system for nursing homes called abaqis. What got me initially interested in abaqis was that it used the same calculations, thresholds and analysis as the QIS to quickly highlight residents at risk. I wanted something to help take the guess work out of preparing for the survey and make our nursing staff feel confident that what they were doing was helping the resident and enhancing their chances of getting a good survey.

The abaqis Stage I Suite examines 125 resident-centered indicators of quality of care and quality of life that are used to identify care areas for a Stage II in-depth investigation and possible citations during a QIS. These indicators are contained in six modules that replicate exactly the QIS assessments conducted on site during the survey, plus one module that uploads and reviews MDS data. The modules are:

- Resident Interview
- Family Interview
- Staff Interview
- Resident Observation
- Census Sample Record Review
- Admission Sample Record Review
- MDS Data

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After I was trained on abaqis, I identified 13 key personnel at the facility – our department heads – to train and inservice them on abaqis. At first they were reluctant because this new system was a significant departure from what they had been doing in their current QA process and they were uncertain if this was really going to help them prepare for the new inspection.

In early February 2009, we started implementing the abaqis system in our facility. Although abaqis is a Web-based system that can be accessed from any computer, we have an older facility

without wireless capabilities or laptop computers. So we used a manual process to collect data, and then we gave the information to our administrative staff to input into the computer.

I divided the data collection responsibilities according to each staff member's strengths and concentration. For instance, it made sense that our social workers focused on the resident interviews, while the administrative staff concentrated on record reviews.

By the end of February we had completed all the modules, interviews and data analysis for our 112 residents. What we found was that we had 28 areas of concern – areas that abaqis flagged as red and a possible Stage II investigation if we did not correct these deficiencies.

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Some of the Bear Creek clinical staff who have helped transform the facility into a resident-centered nursing center.

Specifically, but not surprisingly, many of the areas of concern came from the resident interviews and their specific needs and suggestions. One of the biggest benefits of abaqis is that it helps us ask our residents insightful questions about their likes and dislikes, and then it statistically analyzes the data to focus us on our residents' key issues. It allows us to uncover trends among our residents and see areas where we can change and improve.

For instance, we learned that our planned activities were not meeting our residents' needs. The abaqis system asks residents for their own suggestions, and they came up with movie nights and more activities on weekends and during afternoon shift changes. In fact, we ended up overhauling the entire activities schedule as a result of the feedback

we received from the abaqis interviews. We also discovered the temperature of the food was not to the liking of many of our residents and some of them wanted to eat at different times than what we had them scheduled.

Over the next several weeks, we whittled down the number of focus areas to six, and then we did a mock QIS survey of the facility at the end of March. Of the six identified areas, four did not get flagged. The two remaining areas of concern we fixed during the next three weeks.

With this new QA tool, we felt positive about the progress we were making on improving the quality of our residents' experiences. Moreover, we became increasingly more confident about the impending Quality Indicator Survey.

The Results

On August 30, the official reporting agency, the Agency for Healthcare Administration (AHCA), visited our facility and began our first inspection using the new QIS - and we were ready. The inspection resulted in only four citations. (We had 16 during our mock survey.) According to the team leader of the survey at our facility, we had the fewest areas cited for a Stage II investigations he had seen so far.

Of the four citations, two were for nurse observations, which are easier issues to resolve versus citations resulting from residents complaints about a specific aspect of their care. I truly believe we had such positive feedback because we had abaqis to prepare us.

At the conclusion of the survey, several of our staff made the following comments:

"You were right, the surveyors asked me the same questions that abaqis asked."

"It really works."

"I see what you mean when you said it was resident-centered."

From the feedback of the surveyors, clearly our staff was less nervous and

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more prepared for this survey than any other we had had previously, despite the new inspection process.

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Future Opportunities

Going forward, *abaqis* has become an integral component of our ongoing QA system. We are implementing two of the modules each month, which means we will complete one full survey of all of our residents every quarter.

This type of comprehensive quality assurance system impacts our facility in many important and significant ways. It not only decreases our chances for a Stage II investigation, but more profoundly, our residents appear happier and more satisfied with their lives. And, as a result, our CNAs and other staff have increased job satisfaction with the knowledge that they are making a real and valuable contribution in the lives of each resident.

abaqis is not only a survey readiness tool, it is an ongoing QA system.

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This *abaqis* module report (similar to the one Bear Creek uses) shows where a facility rates relative to the survey thresholds in the 125 quality of care and life indicators based on the same logic that is used in a QIS survey.



ABOUT THE AUTHOR Betty Lou Barron is Director of Nursing at Bear Creek Nursing Center in Huntington, Florida, a 120 bed skilled nursing facility with emphasis on long term and short term rehabilitation residents. Betty has been working in the long term care industry for almost 10 years in various capacities. She is a Certified Director of Nursing and has earned her certification as an Alzheimer's trainer for the Department of Elder Affairs. She also has earned a masters degree in nursing and health care administration. Betty is certified with the QIS system. This certification enables her to train and educate other Directors of Nursing and administrative staff on the QIS process.