Highland House Nursing Center Uses abaqis® Quality Assurance System to Improve Survey Results, Reduce Readmission Rates

‘abaqis Helps Us Improve Patient Care’

By Jason Fiske

OUR HEALTHCARE FACILITY

Highland House is a 174-bed skilled nursing and rehabilitation center in Grants Pass, Ore. We are part of the Pinnacle Healthcare system made up of 10 skilled nursing facilities located throughout Oregon that provide a wide range of rehabilitation and nursing services.

We strive to give our residents the best possible quality of life by delivering resident focused care and shattering the stigma of nursing homes. We are members of the Pioneer Network, committing ourselves daily to meaningful culture change as we move toward a totally resident-centered care community.

OUR CHALLENGE

The staff at Highland House is passionate about providing the highest level of care to our patients. In recent years, we’ve had two main challenges to overcome. The first was to understand and perform well on the new state survey. We have always achieved good results from our state survey, but in 2011, the state of Oregon began rolling out the new Quality Indicator Survey (QIS).

The QIS is based on more resident input and is more consistent and less subjective with a resident-centered focus. QIS encourages providers of skilled nursing facilities to interview residents and family members and solicit feedback about their satisfaction with their care.

The second significant challenge was reducing the rate at which our residents are readmitted to the emergency room or hospital. With the government beginning to penalize hospitals for certain avoidable re-hospitalizations, we needed to address our readmission issues and partner with our local hospital to keep rates down and help improve quality of care for the patients and our residents.

THE SOLUTION

In 2011, our parent company, Pinnacle, partnered with Medline, a leading provider of healthcare products and services and the exclusive supplier of the abaqis Quality Management System. Pinnacle made the abaqis system available to all of its facilities. Unlike the traditional survey, the QIS asks residents, family members and staff lots of questions about care at the facility. Our quality assurance tools at the time did not help us prepare to answer those questions.

However, we immediately understood the benefits of abaqis, mainly because it mimics the QIS survey by addressing many of the same questions. The only question I faced was: “Why wouldn’t we want a tool to help us get a handle on what’s happening at our facility all the time?”

Our director of nurses, Linda K, attended a week-long training on abaqis where she learned how to use the tool, its capabilities and how it tied in with the new state survey. Initially, our people resisted implementing abaqis because they felt it added to their already very busy schedules.

So, we listened and built abaqis into the staff’s schedule and into our budget rather than squeezing it into their existing day. During 2011, the first year we had abaqis, we designated about two hours a week for our activities aide to conduct phase I of abaqis, the resident and family interviews. We chose this person to do the interviews because he had the best ability to sit down with our residents and get honest, non-biased answers.

For phase II, which is the investigation phase, we set aside about two hours a week for our resident care manager assistant to investigate issues identified in phase I.

We liked that abaqis was a web-based program that uses the same calculations, thresholds and analysis as the QIS to quickly highlight our residents at risk for a stage 2 citation. When the information from the resident and family interviews is loaded into the program, abaqis creates a high level report that directs us to areas of concern – or triggers – that could develop into more serious problems.
SUCCESS STORIES

STAYING ONE STEP AHEAD

Once abaqis helps us identify issues of concern, we meet with the department heads and assign which issues they are to address. As a way to build team work and keep everyone honest, departments work on each other’s issues – meaning if there is a dietary issue, we may have activities investigate the concern. This way a department does not work on resolving its own issue, and it takes away the bias that could be involved.

In September 2012, we had our second QIS, but our first using abaqis. The surveyors began by conducting resident interviews just like abaqis. The lead surveyor asked Linda K if she was aware of the concerns that were expressed during resident interviews, such as not offering activities on the weekend and resident choice.

She told the surveyor that she was very aware of the concerns, and we were addressing them. In fact, she showed the surveyor the abaqis print out showing our areas of concern, which matched exactly the list he had prepared. Linda said it was literally a meeting of minds that we had never had before with the state surveyor. After the survey was completed, the lead surveyor gave her a nod as if to say, “keep up the good work, you’re on the right track.”

What is nice about abaqis as an administrator is that I know our team is familiar with the survey process. We know how it works, we’ve seen the questions they ask and because of that, abaqis has become the core of our quality improvement program.

Since that survey was conducted, we have resolved our residents’ major concerns. We now ask all of our new residents within 72 hours of being admitted what time they like to get up, when they want to take their showers and when they want to do their therapy. We also are posting activity calendars at wheelchair height and handing out flyers so our residents are aware of when we offer activities.

GETTING A HANDLE ON READMISSIONS

Avoidable hospital readmissions is also a crucial area for us, and abaqis has helped tremendously to identify our trends and issues so we can lower our rates. Initially, abaqis helped us identify our readmissions rate. It tracks what day and time the patients left our facility, their initial diagnosis when they were admitted to our facility and their diagnosis when they were admitted to the hospital or ER, who was the on-call or primary care physician, who was the nurse, RN or LPN, how many days had lapsed from being admitted to our facility and the five areas that trigger the readmission penalty.

Once we had that information, we were able to identify some troubling trends and patterns that led us to make some important changes that helped us reduce our rates. First we learned we needed more RNs than LPNs on our skilled units. RNs on the whole were more apt to take control of a situation and aggressively seek early medical intervention for our residents than LPNs. This kept more of our residents out of the hospital or ER.

Another trend abaqis shows us is whether a certain physician or physician group has a pattern of admitting our residents to the hospital during after-hours or on the weekends. When a physician is identified, we work with our local managed care organization to intervene and tell that physician to be more proactive about addressing these matters in the nursing home rather than admitting the residents to the hospital.

During this process, we also hired our own physician and nurse practitioner. They were taught the Pinnacle philosophy of improved medical oversight in order to preempt decline and unnecessary hospitalizations. They start IVs, prescribe antibiotics and run lab tests. These changes have helped us lower our readmissions rates from 18% at the end of 2010 to 12% at the end of March 2013 based on our Medicare patients.

If you aren’t using abaqis, you are really flying blind with the state survey. abaqis enables us to stay one step ahead of the surveyors, which really helps us provide consistent and resident-focused quality of care.

About the Author

Jason Fiske has served as the administrator of Highland House for the last six years. He has been a licensed long-term care facility administrator in Oregon and California for five years and a physical therapist for 11 years. Jason recently received state recognition at the Annual Oregon Healthcare Convention as the association’s “Administrator of the Year.”

Highland House uses the abaqis quality assurance system to identify resident choices such as what time they want to have their therapy or when they prefer to get up.