New QA System Improves Resident Quality Care; Builds Staff Morale

INNOVATIVE QUALITY ASSURANCE TOOL REPLICATES QIS PROCESS AND EMPOWERS STAFF TO IMPROVE RESIDENTS’ QUALITY OF LIFE.

By Carmen Shell

OUR NURSING FACILITY

Morse Geriatric Center is a not-for-profit, mission-driven, 280-bed long-term care facility designed and dedicated to serving the elderly in Florida’s Palm Beach County. Morse Geriatric Center is also a designated teaching nursing home by the Florida legislature.

Morse Geriatric Center has received the Gold Seal Award from the State of Florida, Governor’s Panel on Excellence in Long-Term Care. The Gold Seal Award was established in 2002 to recognize Florida nursing homes that consistently demonstrate exceptionally high standards and quality of care.

OUR CHALLENGE

I guess you could say we’re early adapters at Morse Geriatric Center. In October 2006, Florida was added to the Quality Indicator Survey (QIS) demonstration project to test a statewide implementation approach to prepare for a national QIS rollout. I was selected as the QIS trainer for our facility and subsequently trained all of our corporate staff and key personnel, including administrative staff, nurses, dietitians, housekeepers, certified nursing assistants and social workers.

The training opened our eyes to the new QIS, which is radically different than the traditional survey. We immediately realized we needed education and new internal processes to be proactive to the survey process. Moreover, our past performance on the traditional survey was satisfactory, but we wanted zero deficiencies and our goal is to have our facility operate at the highest level continuously, not just in our survey window.

The QIS process is resident-centered, customer service-oriented and designed to more accurately and objectively evaluate facility compliance with federal regulations. The survey sample is randomly selected and uses established threshold markers to consistently identify, and therefore confirm areas of non-compliance.

One of the biggest changes with the new QIS process is that it is designed to be more consistent and less subjective with a resident-centered/customer service focus. As a result of these changes, we needed not only new processes to help us prepare for the survey, but a new quality assurance tool to guide us in reflecting that the resident is the focal point of our business.

THE SOLUTION

The introduction of the new QIS coincided with our mission to improve customer service. Our priority was to first find a continuous quality assurance tool to help us achieve these goals. We knew if we could better identify quality and customer service issues, we could directly affect our day-to-day outcomes and survey results.

In the winter of 2007, we were exposed to a new quality assurance tool for nursing homes that was tied directly to the QIS called abaqis. Marketed and distributed exclusively by Medline Industries, Inc., abaqis is a web-based tool that uses the same calculations, thresholds and analyses as the QIS to quickly highlight residents at risk. abaqis also would prove to be a tool that could easily be taught to our staff and that allowed me to access reports quickly and easily.

Replicates QIS Survey

The abaqis Stage I Suite examines 125 resident-centered indicators of quality of life (QCLIs) 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

Just one month to implement abaqis system wide

Once we learned about the abaqis system, we trained the key people at our facility who would be implementing the new tool, including administrative assistants, clinicians, dietitians, housekeepers and social workers. The training was not difficult and took about one month in total to get our facility trained and ready to implement abaqis.

The goal is to have the resident, family and staff interviews completed quarterly by an administrative assistant, dietitian, unit manager or a social worker. Chart reviews are on the same timeline, but are usually conducted by the clinicians. We then have QA meetings on a monthly basis to review performance measures and areas for improvement.

Like the QIS survey, abaqis also uses laptop computers or tablet PCs to capture data. Early on we used traditional pen and paper, and then entered the data into a central computer. But now we are making the transition to computers or WOWs (workstations on wheels), which reduces administrative time substantially and allows us to utilize abaqis and our staff more efficiently.

‘Real-time’ summary reports reveal deficiencies

The data from our facility is aggregated on a central file so we can review summary reports on the entire facility. This enables us to determine our progress and what action steps need to be taken. For instance, we can view reports that show how many residents still need to be interviewed, what areas could be flagged for deficiency or what trends are developing in specific areas or facility wide.

Another key benefit of abaqis is that it lets us see results in real time. As soon as the data is entered into the computer, we are able to access it on our computers, analyze it and identify areas of concern.

RESULTS

Staff attitude shifts to resident-centered care

At first, many of our staff did not feel they had time to implement a new ongoing QA process. They were hesitant and reluctant to change. Fortunately, soon after the staff started using abaqis, saw the results, and realized the benefits, they became believers in our new continuous quality improvement tool.

Because abaqis asks residents questions about how they feel they are being treated in specific areas of their care such as food preparation, daily activities or even what time they go to bed, both staff and residents immediately felt the lines of communication open up. Residents sensed a greater voice and staff had an evidence-based platform to direct care and services.

Real change to improve care

Our previous QA system often did not enable us to easily drill down to find the heart of a problem. It seemed our audits were all retrospective. abaqis is real-time, and upon completion of all Stage I and Stage II modules, we were able to determine if the problem was a structure, process or outcome issue.

Similarly, with QIS and abaqis redefining what quality assurance means to our facility, our staff now has a renewed sense of empowerment and team building. They ask our residents what they want and how they feel, and if a resident wants something changed, our staff has the real sense that they can improve our residents’ lives.

Asking the resident and family interview questions has forced us to take a hard look at ourselves and ask the hard question, “Are we truly meeting the needs and choices of our residents and families?” The interviews, as well as resident observations, can really reveal a facility’s weak spots.

After several months using abaqis and employing ongoing quality assurance, our line staff felt prepared for the QIS survey and confident they knew what to expect.

About the Author

Carmen Shell, RN, CDONA has served, since 2000, as the Vice President of Clinical Services at MorseLife, a comprehensive senior care community located in Palm Beach County. Ms. Shell has clinical and operational responsibility for Nursing, Social Services, Admissions, Rehabilitation and Therapeutic Recreation for the campus which includes more than 400 SNF/IL/AL beds and a staff of 800+ employees.