Resident Quality Care Improves With Staff Empowerment

INNOVATIVE QUALITY ASSURANCE TOOL HELPS IMPROVE CENSUS AND ENHANCE QUALITY OF RESIDENT CARE

By Len Southwick

OUR HEALTHCARE FACILITY

Holladay Healthcare Center is a 120-bed skilled nursing facility serving three patient communities: long-term care residents, dementia patients and short-stay, transitional rehabilitation patients in the Salt Lake City area. It’s important to us that our patients, as well as their family members, feel loved, informed and comfortable during their stay at our facility. Quality of life is just as important as quality of care in a skilled nursing facility – and we work hard to make sure that every patient is as happy and comfortable as possible.

Every staff member on the floor and in the office knows each patient and resident by name. They make eye contact as they greet them, and once a request is met, they ask if there is anything else they may need. If there is a request, the team member is then empowered to carry it through. We’ve found that with this kind of team member empowerment, patients have consistently shown greater motivation to reach their goals.

OUR CHALLENGE

In January of 2007, the nursing home was acquired by the Ensign Group, and since then we have made great strides in improving our quality assurance, including enhanced staff training and remodeling the facility.

As part of this initiative, we’ve studied with the best the hospitality industry has to offer: The Ritz Carlton. The Ritz Carlton training led to our mission statement, quality standards, and even pocket-sized assistants: “secret service-style” radios that dramatically cut the time it takes for our staff to communicate with each other, thus increasing their response time and effectiveness.

We employed the same intensity preparing for the new state survey, the Quality Indicator Survey (QIS), as we did when improving our staff and quality of care. Although QIS was not scheduled to be rolled out in Utah until January 2011, we were beginning to prepare for it 18 months earlier. We were concerned because QIS was so different than the traditional survey. The QIS process is designed to more accurately and objectively evaluate facility compliance with regulations and standards of practice by enhancing the survey sample, comparing it to established threshold markers and consistently identifying, and therefore confirming, areas of compliance infractions. Our previous state survey had yielded 13 citations, so we wanted to be as prepared as possible for the QIS and significantly improve our performance. Since the QIS is designed to be more consistent and less subjective, we quickly realized in the training that we did not have the tools to prepare for this new process.

THE SOLUTION

In the summer of 2010, our sales representative from Medline introduced us to a new quality assurance tool for nursing homes called abaqis. It was different than any other system we had found. No other tool replicated the methods and procedures of the QIS like abaqis.

We liked that abaqis was a web-based program that uses the same calculations, thresholds and analysis as the QIS to quickly highlight residents at risk.
This new QA system also would prove to be a tool that could easily be taught to our staff and gave our director of nursing and me quick and easy access to reports.

At this time, our facility was employing intense training programs for our staff focused on providing the best resident-centered care. We soon realized that abaqis could do more than just help us with survey readiness; it could help us in our effort to improve overall resident care and quality outcomes.

abaqis ENSURES OBJECTIVITY
abaqis 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 and MDS Data.

Training on abaqis took about one month with the key people at our facility who would be implementing the new system, including administrative assistants, nurses, dietitians, social workers and department heads.

The goal is to have each resident, family member and staff interviewed at least twice a year. Our MDS coordinator organizes the interviews. To ensure the objectivity of the results, we have staff interview residents or family members on care areas that are not their direct responsibility. For instance, when residents are interviewed on their dietary experiences, we have someone from the nursing staff or administration interview them. This way, we avoid any conflicts of interest.

Like the QIS survey, abaqis also uses laptop computers or tablet PCs to capture data. Our staff uses iPads, which are easy to carry around to each area and easy to input the data, which gets directly downloaded into the abaqis system on the internet. This is highly efficient and reduces administrative time. Reports can then be generated immediately, which show specific care areas with the highest risk for an in-depth investigation.

For instance, the report will show us if we are at risk for choices in dressing and bathing. We can then drill down and identify the specific resident or residents who are having issues based on their answers.

RESULTS
Many of our staff did not embrace abaqis right away because they perceived it was just another thing they had to do in their already very busy schedules. This attitude did not last long, however, as they quickly saw the benefits of this new tool.

Specifically, before abaqis, we had a major problem with resident falls, and we were having a difficult time identifying the solution. After we conducted interviews with residents, family members and our staff through abaqis, our director of nursing spotted the problem: we didn’t have consistent schedules for our staff for each day or each week, which meant caregivers weren’t getting to know the residents as well as they should and didn’t know the issues they had. Once we began scheduling staff on consistent shifts – same time period and care area each day – they got to know the residents much better and their delivery of care improved significantly. As a result, falls have declined more than 75 percent.

These results helped us achieve outstanding performance on our last survey in which we received just three minor citations. Since using abaqis and employing other key quality assurance initiatives, our reputation in the community has improved and our quality outcomes are better, both of which has to led to our census jumping from 70 percent to more than 90 percent!

In order to provide the best care possible, our caregivers must be empowered to make decisions, because in many cases, every second counts. abaqis has helped empower our caregivers by helping them identify problems before they become major issues and giving them the tools to solve those issues.

About the Author
Len Southwick has served as the Executive Director and Administrator for Holladay Healthcare, part of the Ensign Group, since 2008.