

# ENHANCING QUALITY OF LIFE

THE PENNSYLVANIA NURSING CARE FACILITIES  
BEST PRACTICES PROJECT

2001-2006

## NEED FOR BEST PRACTICES

Currently, one in every eight Americans is a senior citizen. As the first baby boomers approach retirement age in the next few years—increasing demand on long-term care facilities and raising awareness of quality of life issues—healthcare professionals and regulators are actively seeking ways to enhance the quality of care for nursing home residents.

With more than 90,000 residents in 728 long-term care facilities and the third-largest senior population in the United States, Pennsylvania is in a unique position to be a leader in setting the standard of quality in long-term care. Taking up this challenge, the Pennsylvania Department of Health sought to go beyond its survey and regulatory functions, and implement a project that would provide Pennsylvania nursing homes with proven best practices to improve the quality of care for residents. In 2001, the Department launched the *Nursing Care Facilities Best Practices Project*.

## ABOUT THE PROJECT

The *Nursing Care Facilities Best Practices Project* was created to scientifically study, measure and provide proven best practices to aid Pennsylvania long-term care facilities in providing the best possible quality care to residents. The project progressed in three phases over a five-year period. Its primary objectives were to:

1. Evaluate the quality of care across multiple domains in all long-term care facilities in Pennsylvania.
2. Identify and implement a set of best practice protocols designed to improve quality of care.
3. Evaluate the effectiveness of protocol implementation in

achieving improved quality of care.

Led by Morrison Informatics Inc., a leading healthcare information management company, the project team consisted of nationally known, qualified and experienced professionals who have successfully tested effective best practices quality improvement models in facilities throughout the United States. In addition, an Executive Advisory Group and Stakeholders' Work Group with members from state government and regulatory agencies, healthcare and advocacy associations, and family members of nursing home residents provided input on project developments.

Throughout the project, a nurse educator was assigned to each test facility to provide ongoing training and support. Nurse educators conducted training that included an in-depth understanding of the protocol area, how to assess and evaluate residents and use of assessment and evaluation tools. Facility staff then screened all residents using the assessment tools, and care plans were established based on *Best Practices* protocols.



*78% of residents had positive improvements in quality of life.*

## THE FIVE BEST PRACTICES PROTOCOLS

A total of five *Best Practices* protocols were developed and implemented over the course of the project:

- *Self-Care for Seniors*® (Activities of Daily Living or ADL)
- *Managing Pain in Nursing Home Residents*®
- *Managing Depression in Nursing Home Residents*®
- *Prevention of Pressure Ulcers in Nursing Home Residents*®
- *Management of Urinary Incontinence in Nursing Home Residents*®

More than 200 nursing care facilities in Pennsylvania volunteered to participate in the project—a clear indication that the long-term care industry is committed to improving the quality of care for its residents and willing to invest time and resources to that end.

In Phase I (2001-2003), 20 facilities were selected to

implement the first three protocols: improvement in activities of daily living, management of pain and treatment of depression. In Phase II (2003-2005), the project was expanded to include 57 facilities and two new protocols: prevention of pressure ulcers and treatment for urinary incontinence, with some facilities opting to implement two protocols. In Phase III (2005-2006), 21 facilities were given the choice, for the first time, of selecting which of the five protocols to implement.

### PROTOCOL GOALS

The *ADL* protocol is designed as a system-based approach to help facility nursing staff break the cycle of induced dependency for nursing home residents and stabilize and improve ADL functions. The *Pain* protocol provides structure for staff to screen for the presence of pain, conduct an in-depth pain assessment (if warranted), and includes content on

medication management, complementary interventions and individualized care planning tailored to each resident's specific needs and circumstances. The primary focus of the *Depression* protocol is to identify and monitor residents who are at risk for developing depression, facilitate prevention and identify and relieve symptoms of residents suffering from depression. The purpose of the *Pressure Ulcer* protocol is to identify and monitor residents who are at risk for developing pressure ulcers, facilitate prevention and identify and relieve symptoms of residents suffering from pressure ulcers. And finally, the *Urinary Incontinence* protocol is designed to improve the ability of nursing facility staff to detect, manage and reduce reversible causes of urinary incontinence, which affects more than 50 percent of residents and impacts every aspect of resident quality of life.

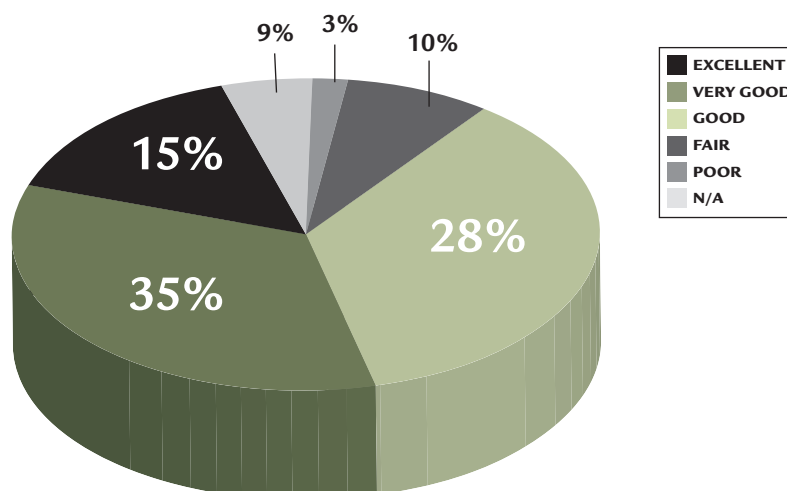


Amy Young, Administrator  
Frey Village, Middletown

“The *Best Practices Program* was an overwhelming success at Frey Village. It encouraged the team to think out of the box and implement alternative approaches and interventions, which we would never have thought of utilizing in the past. Staff learned that a simple 5-10 minute hand rub could calm a resident much more effectively and provide them with a more personal and valued interaction with that resident than in the past.

I believe the *Best Practices Program* can enhance standards of care in the long-term care industry. It provides for defined protocols that can be implemented quite easily, and improvement to quality of life has been evident in a decrease in problematic behaviors [in residents].”

## IMPROVEMENT IN RESIDENT QUALITY OF LIFE AS A RESULT OF THE *BEST PRACTICES PROJECT*



## PROJECT RESULTS

Throughout Phases I and II of the *Best Practices Project*, protocol intervention outcomes were analyzed using Quality Indicators (QIs) derived from computerized longitudinal Minimum Data Set (MDS) Version 2.0 resident assessments. These assessments were completed by facility staff, who received protocol implementation training and support from the nurse educators.

In the abbreviated Phase III, outcomes were analyzed using data from the project's Quality Assurance Monitor, which contains questions for nursing home staff and nurse educators on resident participation, adherence to *Best Practices* protocols and the protocol objectives met.

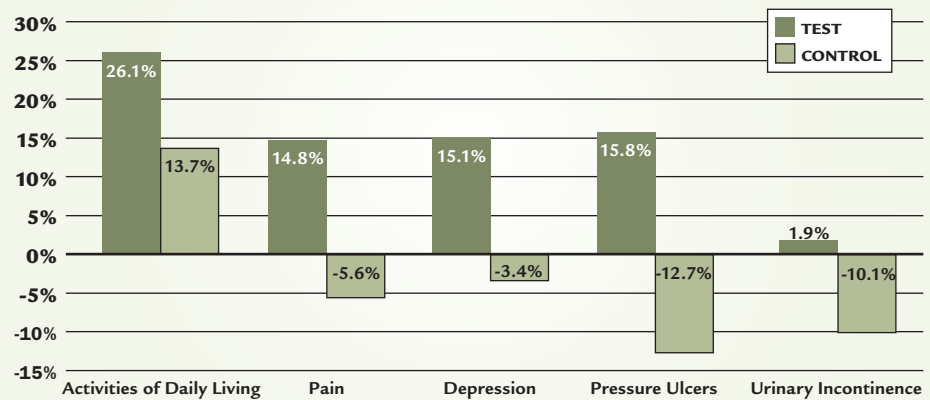
The positive outcomes achieved throughout all phases of the project demonstrate that facility

staff implementation of *Best Practices* protocols, with intensive initial and subsequent support from trained nurse educators, is an effective method for improving the quality of care that nursing facilities provide to residents who have or are at risk for problems in major quality areas.

*Americans 85 and older are the fastest growing segment of the population.*

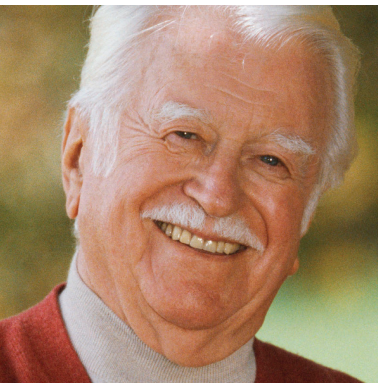
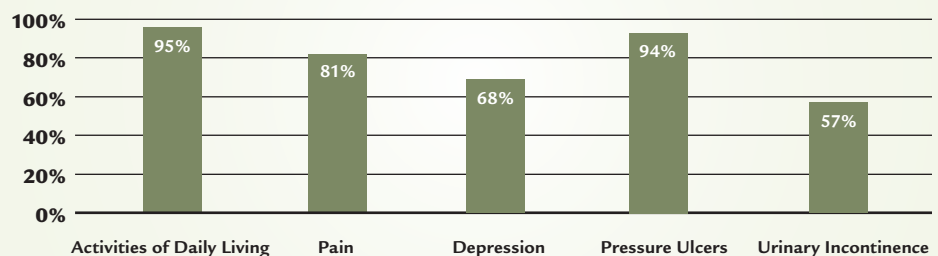
### PERCENTAGE OF CHANGE IN MEAN QI RATES—PHASES I & II

Based on the mean change of improvement in QI rates at baseline (Jan. 2001 – Mar. 2005) and after post-protocol implementation.



### PERCENTAGE OF RESIDENTS REPORTED AS MAKING PROGRESS—PHASE III

Based on data analyzed from the Quality Assurance Monitor (Nov. 2005 – June 2006).



## LESSONS LEARNED

Results from all phases of the project have been encouraging. Test facilities reported that *Best Practices* protocols have resulted in increased consistency of internal systems, strengthened the interdisciplinary care approach and related communications, and improved professional skill levels and job satisfaction. Most importantly, staff at each test facility reported observing, firsthand, improved quality of life for residents, especially in areas of greater comfort, better sleep and nutrition, and a decrease in difficult behavior symptoms.

Many of the lessons learned, come from facility staff members who were directly involved in the program as well as the program's nurse educators. These can be viewed as a check list that will ensure successful implementation of *Best Practices* protocols in nursing homes.

### ADMINISTRATION & DIRECT CARE STAFF COMMITMENT

- Strong leadership and commitment is essential
- Staff buy-in is necessary and depends on quality and frequency of training, recognition by administrators, flexibility of change in organization's culture, and feedback regarding positive changes
- Commitment from multiple levels of staff

### STAFF TRAINING

- Protocol education/training standard for new staff
- Training and implementation of *Best Practices* protocols requires comprehensive integration – can be implemented within six months
- Use of temporary agency staff should be limited due to difficulty of attaining consistent protocol understanding

### COMMUNICATION

- Good communication involves all staff levels, including consulting physicians, direct care team, maintenance and non-direct care staff

- Physician education and support encourages further use of *Best Practices*

- Family communications program should be developed to enlist family support

### MANAGEMENT FLEXIBILITY

- Staff must be willing to adapt and adjust current methods of care delivery
- Protocols do not require additional staff, but require changes in current practices
- Care delivery should address mind-body approach; residents can affect and change their own behavior before needing more care

### STAFF WORKLOAD

- By incorporating data requirements into routine care, the amount of required documentation can be minimized
- A minimum amount of additional paperwork is required for successful implementation and maintenance of protocols
- Screening and enrolling residents at the time of MDS assessments was effective

### NURSE EDUCATOR ASSISTANCE

- Nurse educator technical assistance is essential for protocol implementation
- Weekly or monthly reviews by nurse educators are recommended
- Multiple in-services are recommended to familiarize facility staff with protocols

### GOAL SETTING

- Facilities should not attempt to adopt protocol practices too quickly or to adopt too many protocols at the same time
- Operational culture change is required
- To implement multiple *Best Practices* protocols, facilities must integrate protocols into their routine care so as not to disrupt or diminish the previous protocol
- Residents experience improvements in other quality areas in addition to the area targeted by the protocol



Maryann Rubino,  
Director of Nursing  
Mountain View Care Center  
Scranton

**“The *Best Practices* Program not only provided a UI program, but most importantly, it provided a process with the necessary tools and techniques as well as the education to achieve successful outcomes.**

Anytime you can provide comfort and dignity to a resident, they develop a brighter affect, participate more freely and frequently in activities and therapies as well as reduce the risk/recurrence of UTI's, falls, pressure ulcers, skin irritations and anxiety/depression.

I am grateful to have had Mountain View Care Center chosen to participate in this program. I look forward to future partnerships focusing on developing best practices for geriatric care in Pennsylvania. Our elders deserve nothing less.”



**88% of participating staff prefer to work at a facility that has quality improvement projects like this.**

## IMPLEMENTING NEW PROTOCOLS

Implementing the *Best Practices* protocols requires a commitment of time and resources on every staff level from administration and nursing staff to clinical, therapy, nutrition and housekeeping, as well as the residents themselves. Educating and including staff at all levels ensures consistent application and adherence to the protocols. In addition, residents can play a role in their own care plan, and families can reinforce the best practices for their loved ones by not doing things for them and reinforcing independence.

Facility staff and administrators who participated in the five-year project reported that thorough education and training on the protocols, ongoing refresher training, strong administrative support and staff buy-in were all essential to success.

Nurse educators were also identified as a critical component for ensuring a structured and successful implementation. Nurse educators were able to assist facilities in implementing a quality assurance process to monitor consistency in protocol implementation, resident enrollment, and ensure that care was provided in accordance with protocol guidelines.

## MAINTAINING PROTOCOLS

Once protocols are established, ongoing staff training and administrative support are necessary to maintain constant and consistent procedures, re-evaluation and documentation. Facility staff that participated in the program reported a need for more workshops and hands-on training for staff at all levels. In addition, staff members from various facilities were interested in establishing a regional network among facilities to provide support, training and regional workshops. Many facilities incorporated innovations for the protocols, including alternative therapies. Regional workshops and networking would be an ideal avenue to share innovations and successes with other facilities.

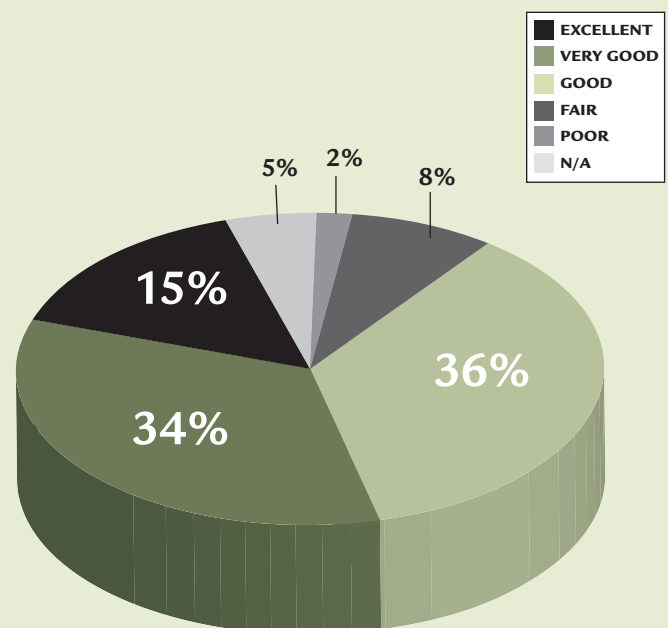
Staff awareness of the protocols and their goals is a crucial element to maintain momentum and dedication to the protocol procedures and documentation.

Awareness campaigns, ongoing training and staff recognition can all assist facilities to keep protocol procedures and goals at the top of their mind. In addition, as new staff members are hired, it is important to fully educate them in the protocol procedures and goals and provide hands-on training, possibly with a mentor.

Nurse educators are another crucial element to the success of maintaining protocols. To implement the *Best Practices* protocols, facilities can contact Morrison Informatics, Inc. ([www.informaticinc.com](http://www.informaticinc.com)) at 800.559.8410 to discuss implementation options. These include contracting for a professional nurse educator to provide in-services for staff or training a current facility staff member in *Best Practices* procedures, documentation and quality assurance monitoring to serve in a nurse educator role.

*73% of participating staff learned new skills as a result of the Best Practices Project.*

### FEELINGS ABOUT JOB AS A RESULT OF THE BEST PRACTICES PROJECT



## KEEPING STAFF MOTIVATED

When implementing new procedures or introducing changes to current programs, staff motivation can frequently be a challenge. Even when motivation is high at implementation, maintaining staff enthusiasm and dedication to new practices over time can be even more challenging. Knowledge is perhaps the most critical element to combat resistance to change and keep staff motivated. A thorough understanding of the goals of the protocols and their effects on

residents' quality of life are essential for staff to feel invested in the protocols.

Ongoing training, networking with other facilities and support from administration are other key elements in not only maintaining the protocols, but providing renewed enthusiasm. Sharing experiences, challenges and successes both internally and with other facilities keeps awareness high, offers additional support and provides new ideas and innovations.

Awareness campaigns and other visual cues such as slogans, posters, signage and buttons are other methods that can be used to keep awareness high, and can be especially effective when involving staff in developing the slogans and materials. In addition, activities such as socials, workshops, discussion groups and staff recognition/awards provide ongoing incentives through shared experiences, success stories and recognition.



*Dorothy Smart, Resident  
Armstrong County Health  
Center, Kittanning*

[Editor's Note: Armstrong implemented the protocol for prevention of pressure ulcers.]

Do you feel the *Best Practices Program* brought positive improvements to residents at Armstrong?

**DS: Yes, I do.**

What are some of your thoughts or reactions to the program?

**DS: I thought it was efficient.**

What changes did you notice?

**DS: My wounds healed well.**

Did you like the practices that were put in place under the protocol?

**DS: Yes.**

## CONCLUSIONS

Results from the project, obtained through measurable MDS quality indicators as well as data analyzed from Quality Assurance Monitoring, have provided the following key insights:

- Significant increases in quality can be consistently achieved for nursing home residents.
- Results can be easily replicated.
- Introducing protocols and guidelines can be accomplished relatively quickly.
- To a considerable extent, use of this program represents a form of cultural change in nursing homes, emphasizing resident capabilities and independence.
- The program results in higher staff motivation and retention as well as early identification of major healthcare concerns.
- Implementing nursing home quality improvement programs that are effective, requires that training and monitoring assistance be provided to nursing homes that want to adopt evidence-based protocols and guidelines.
- Commitments of multiple levels of staff are necessary, including the director of nursing, clinical and case management staff, dietary and maintenance staff, and particularly nurse aide staff.
- Nursing homes can improve resident quality of care without any additional staff expense or other costs.

**A data CD containing the *Best Practices* protocols is enclosed with this brochure. If you did not receive a disk and would like one, please contact Morrison Informatics, Inc. ([www.informaticinc.com](http://www.informaticinc.com)) at 800.559.8410.**

Perforation

PENNSYLVANIA DEPARTMENT OF HEALTH

## **NURSING CARE FACILITIES BEST PRACTICES PROJECT**

Yes, I would like more information on *Best Practices* protocols:

\_\_\_\_\_ Help with setting up training sessions

\_\_\_\_\_ Help with protocol implementation

\_\_\_\_\_ Help with quality assurance monitoring and evaluation

\_\_\_\_\_ General information only

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_



For more information or assistance in implementing *Best Practices* protocols, please fill out and return the attached card.

For information about the *Pennsylvania Nursing Care Facilities Best Practices Project*, please contact one of the following agencies:

**MORRISON INFORMATICS, INC.**

[www.informaticinc.com](http://www.informaticinc.com)

800.559.8410

**KENDAL OUTREACH, LLC**

[www.bestpractices.kendaloutreach.org](http://www.bestpractices.kendaloutreach.org)

610.388.5580

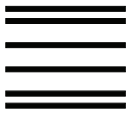
**HEBREW SENIORLIFE INSTITUTE  
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[www.hebrewrehab.org](http://www.hebrewrehab.org)

617.363.8542

Fold

*By 2030, one in every five  
Americans will be a senior citizen.*



# BUSINESS REPLY MAIL

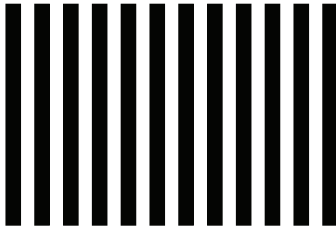
FIRST-CLASS MAIL PERMIT NO. 76 MECHANICSBURG PA

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: RUTH CHENG  
MORRISON INFORMATICS INC  
1150 LANCASTER BLVD SUITE 101  
MECHANICSBURG PA 17055-9893



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



Perforation



*84% of participating staff felt their facility should continue this project.*

## PARTICIPATING FACILITIES

Arbutus Park Manor, *Johnstown*  
Armstrong County Health Center, *Kittanning*  
Autumn Grove Care Center, *Harrisville*  
Bala Nursing and Retirement Center, *Philadelphia*  
Beacon Ridge, A Choice Community, *Indiana*  
The Bethlen Home of the Hungarian Reformed  
Federation of America, *Ligonier*  
Beverly Healthcare – Hillview, *Altoona*  
Beverly Healthcare – Lansdale, *Lansdale*  
Beverly Healthcare – William Penn, *Lewistown*  
Beverly Manor of Lancaster, *Lancaster*  
Birchwood Nursing and Rehabilitation Center, *Nanticoke*  
Bradford Manor, *Bradford*  
Briarcliff Pavilion for Specialized Health Care, *North Huntingdon*  
Briarleaf Nursing and Convalescent Center, *Doylestown*  
Brighten at Julia Ribaldo, *Lake Ariel*  
Brookmont Health Care Center Inc., *Effort*  
Chicora Medical Center, *Chicora*  
Christ the King Manor, *DuBois*  
Church of the Brethren Home, *Windber*  
Cliveden Convalescent Center, *Philadelphia*  
Concordia Lutheran Ministries, *Cabot*  
Crawford County Care Center, *Saegertown*  
Deer Meadows, *Philadelphia*  
DuBois Nursing Home, *DuBois*  
Edinboro Manor, *Edinboro*  
Elk Haven Nursing Home, *Saint Marys*  
Ellen Memorial Health Care Center, *Honesdale*  
Epworth Manor, *Tyrone*  
Frey Village, *Middletown*  
Friendship Ridge, *Beaver*  
Germantown Home, *Philadelphia*  
Guardian Elder Care, *Nanticoke*  
Hempfield Manor, *Greensburg*  
Homeland Center, *Harrisburg*  
Homewood at Martinsburg, PA Inc., *Martinsburg*  
Jewish Home of Eastern Pennsylvania, *Scranton*  
Kearsley Long Term Care Center, *Philadelphia*  
LGAR Health and Rehabilitation, *Turtle Creek*  
Little Flower Manor, *Darby*  
Moravian Manor, *Lititz*  
Mountain View Care Center, *Scranton*  
Nottingham Village, *Northumberland*  
Orchard Manor Inc., *Grove City*

Oxford Health Center, *Oxford*  
Parkhouse, Providence Point, *Royersford*  
The Patriot, A Choice Community, *Somerset*  
Pembroke Health and Rehabilitation Residence, *West Chester*  
Pinecrest Manor, *Saint Marys*  
Rochester Manor, *Rochester*  
Rockhill Mennonite Community, *Sellersville*  
Rouse Warren County Home, *Youngsville*  
Saint Anne's Retirement Community, *Columbia*  
Saint Francis Country Home, *Darby*  
Saint John Neumann Nursing Home, *Philadelphia*  
Saint Joseph Villa, *Flourtown*  
Saint Mary Manor, *Lansdale*  
Saint Paul Homes, *Greenville*  
The Sarah A. Reed Retirement Center, *Erie*  
Schuylkill County Nursing Home – Rest Haven, *Schuylkill Haven*  
Shippensburg Health Care Center, *Shippensburg*  
Simpson House Inc., *Philadelphia*  
Southwestern Veterans Center, *Pittsburgh*  
Statesman Health and Rehabilitation Center, *Levittown*  
Sugar Creek Rest, *Worthington*  
Sugar Creek Station Skilled Nursing and  
Rehabilitation Center, *Franklin*  
Tel Hai Retirement Community, *Honey Brook*  
Twinbrook Medical Center, *Erie*  
Valley View Haven Inc., *Belleville*  
The Village at Morrison's Cove, *Martinsburg*  
Vincentian Home, *Pittsburgh*  
Vincentian Regency, *Allison Park*  
Wayne Woodlands Manor, *Waymart*  
West Haven Nursing Home, *Apollo*  
Westmoreland Manor, *Greensburg*  
The Williamsport Home, *Williamsport*  
Woodland Place, *Mercer*

## BEST PRACTICES PROJECT TEAM

Pennsylvania Department of Health  
Morrison Informatics, Inc.  
Kendal Outreach, LLC  
Hebrew SeniorLife Institute for Aging Research  
University of Michigan  
Clifton Gunderson, LLP  
Sacunas Stoessel, Integrated Marketing Communications

For more information about the *Best Practices Project*, contact one of the following:

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### ABOUT THE PENNSYLVANIA DEPARTMENT OF HEALTH

The Pennsylvania Department of Health is responsible for planning and coordinating health resources throughout the Commonwealth. It licenses and regulates a variety of health facilities, such as hospitals, nursing homes, ambulatory surgical facilities, and other inpatient and outpatient facilities. In addition, the Department supports outreach, education, prevention and treatment services across a variety of program areas. Grants and subsidies to community-based groups are used to provide essential services to the Commonwealth's citizens, including programs for women and children, nutrition, immunization, diagnosis and treatment of certain blood and communicable diseases, cancer control and prevention, and the prevention and treatment of substance abuse.