

Administering and Using Results From Nursing Home SOPs: Experiences of a Florida Nursing Home

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Track: SOPs in Medical Offices, Nursing Homes, and Other Settings

Session: Using Nursing Home SOPs to Improve Resident Safety

Date & Time: April 20, 2010, 9:30 am

Track Number: SOPS T3_S1

Objectives

- Describe the facility demographics, including project involvement.
- Explore the AHRQ survey demographics, including looking at how Bear Creek did compared to pilot facilities.
- Review the strengths that the AHRQ survey identified.

Objectives

- Review 4 improvement opportunities identified by through AHRQ Survey.
- Explore an action plan for improvement for the 4 areas identified.
- Identify some survey success & challenges that were faced at Bear Creek.

Facility Demographics

- Independent facility
- 120 beds
- 124 employees
 - 75 % nursing
 - 15 % supportive staff
 - 10 % administrative staff

Project Involvement

- Identified by FMQAI
 - 9th Scope of Work
 - Physical Restraint Reduction
- Best Practices
 - Call to Action
 - AHRQ Culture Survey

Data Collection

- Assign a Point Person
- Survey all staff
 - Direct Care Staff
 - Indirect Care Staff
 - Administrative Staff
- Used paper surveys

Survey Distribution

- Small Group Meetings
 - On work time
 - Time allowed to complete survey
- Survey was explained
 - Why we were participating
 - Goal of the survey
- Survey was Collected
- Anonymity was emphasized

Report Results

- Response Rate
 - 98% returned
- Staff Reaction
 - Administration
 - Very pleased
 - Direct Care Staff
 - “not surprised”

Patient Safety Culture Area	Bear Creek % Positive	NHPilot Study Comparison: Average % Positive
1. Overall Perceptions of Resident Safety	91	87
2. Feedback and Communication About Incidents	87	85
3. Supervisor/Manager Expectations and Actions Promoting Patient Safety	82	81
4. Organizational Learning	79	76
5. Management Support for Resident Safety	70	72
6. Training and Skills	80	72
7. Compliance With Procedures	64	67
8. Teamwork	74	67
9. Handoffs	58	63
10. Communication Openness	61	58
11. Nonpunitive Response to Mistakes	58	55
12. Staffing	64	48

Demographic Data Analysis

■ Staff Positions

- 3% Administrative
- 17% Licensed Nurse
- 58% Direct Care Staff
- 17% Support Staff
- 5% Administrative Support Staff

■ Tenure

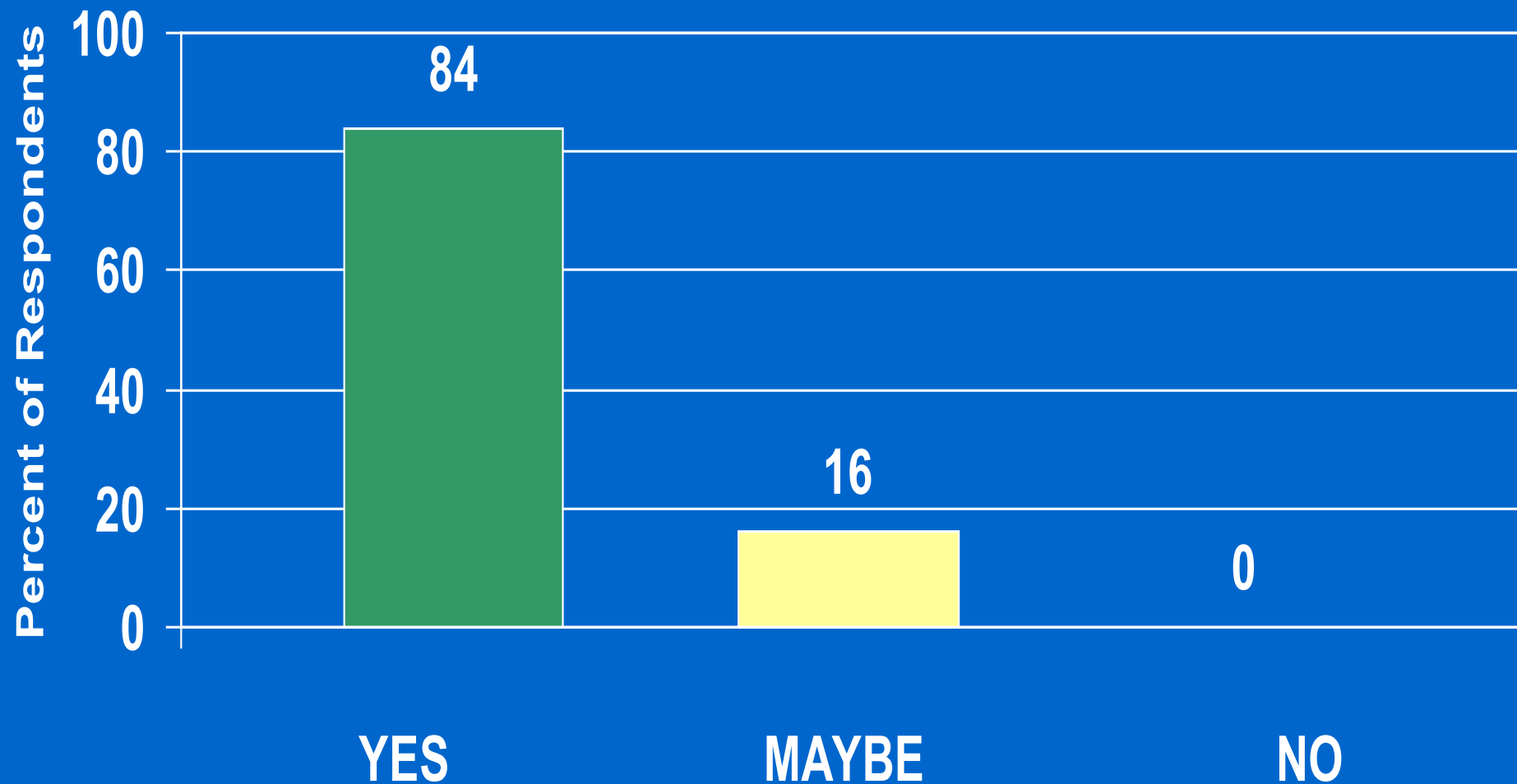
- 21% 2 to 11 months
- 27% 1 to 2 years
- 24% 3 to 5 years
- 12% 6 to 10 years
- 16% 11 year or more

Facility Strengths

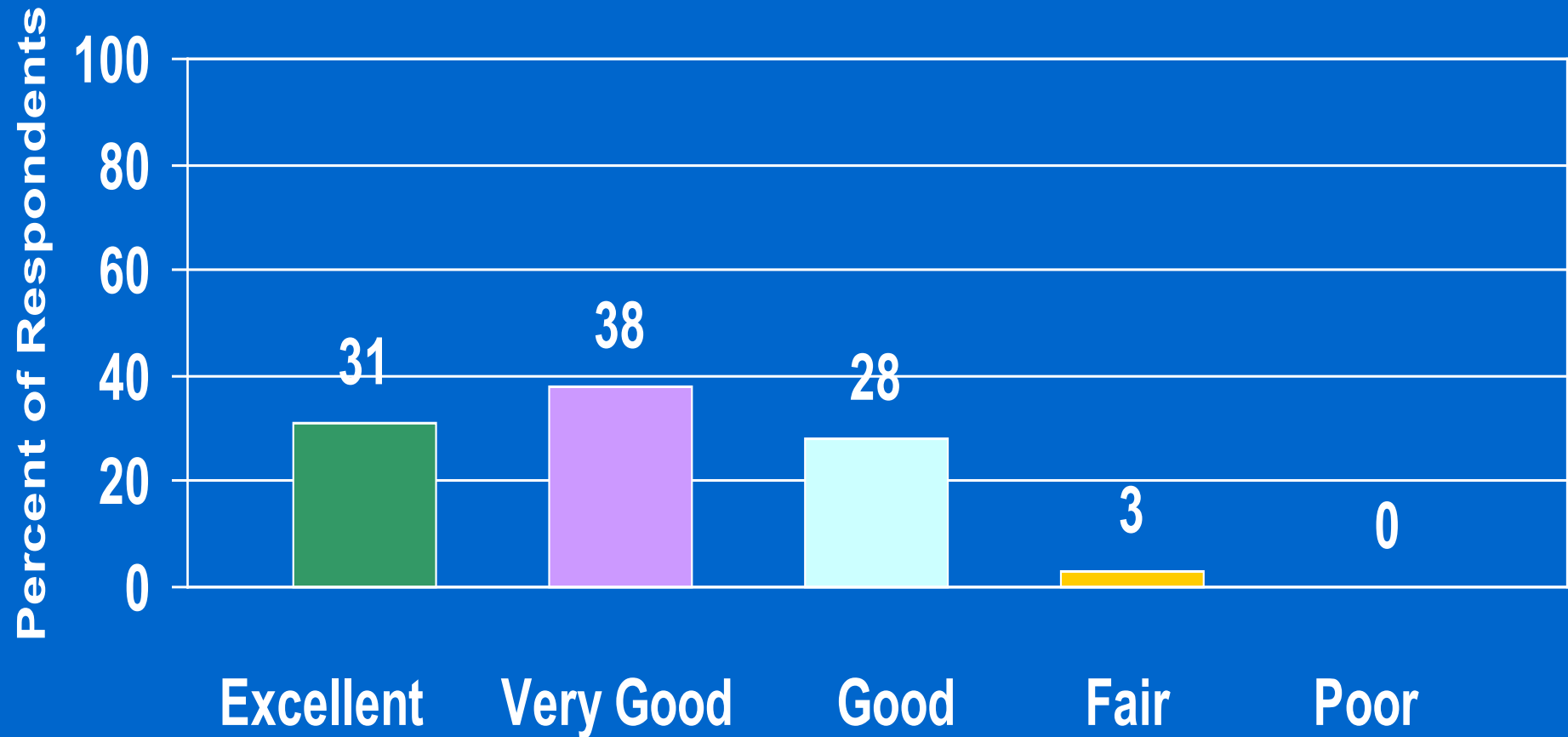
- Overall Perception of Resident Safety
 - 91 % responded – Residents are well cared for in this home
 - 89 % responded – This nursing home does a good job keeping residents safe
 - 93 % responded – This nursing home is a safe place for residents

- Feedback & Communication About Incidents
 - 92 % responded – In this nursing home, we discuss ways to keep residents safe from harm
 - 91 % responded – In this nursing home, we talk about ways to keep incidents from happening again

I would tell friends that this is a safe nursing home for their family



Give this nursing home an overall rating on resident safety



Improvement Process

- Promote our strengths
- Development a Quality Improvement Team
 - Employees from all departments and shifts
 - Work together to better the facility and enhance patient safety
- Identified areas for improvement

Improvement Opportunities

■ Staffing

- 68 % responded (neutral/negative) – Staff have to hurry because they have too much work to do

■ Compliance with Procedures

- 68 % responded (neutral/negative) – Staff use shortcuts to get their work done

■ Nonpunitive Response to Mistakes

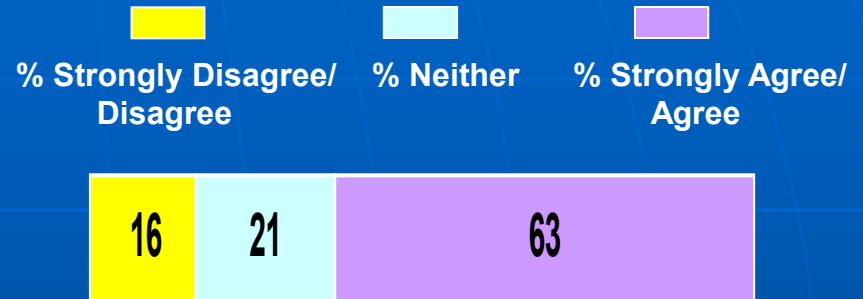
- 78 % responded (neutral/negative) – Staff are blamed when a resident is harmed
- 80 % responded (neutral/negative) – Staff are afraid to report their mistakes

■ Handoffs

- 58 % responded (neutral/negative) – We have all the information we need when residents are transferred from the hospital

Staffing

1. We have enough staff to handle the workload.
(A3)



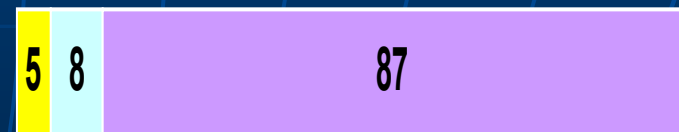
2. Staff have to hurry because they have too much work to do.^R (A8)



3. Residents' needs are met during shift changes.
(A16)



4. It is hard to keep residents safe here because so many staff quit their jobs.^R (A17)






Action Plan - Staffing

- Staff have to hurry because they have too much work to do
 - Add a CNA position
 - Quality of Life Aids
 - Work split shift
 - 7 days a week
 - Responsible
 - Main dining room
 - Quiet room
 - One on one to at risk patients

Quality of Life CNAs

- Focus is placed on meals & difficult patients
- Extra hands during busiest times of the day/eve shifts
- Have been able to keep patients out of restraints
- eliminated overuse of psychotropic meds

Compliance With Procedures

 % Strongly Disagree/
Disagree  % Neither
 % Strongly Agree/
Agree

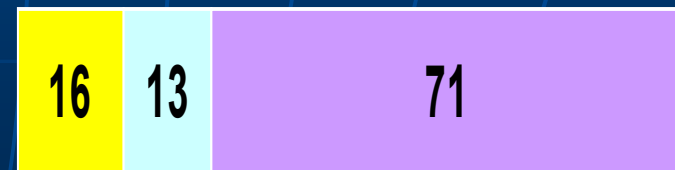
1. Staff follow standard procedures to care for residents. (A4)



2. Staff use shortcuts to get their work done faster. ^R (A6)



3. To make work easier, staff often ignore procedures. ^R (A14)






Action Plan – Compliance with Procedures

- Staff use shortcuts to get their work done
 - Inservice conducted
 - Importance of procedure compliance expressed
 - Observation of procedures
 - Checked competency

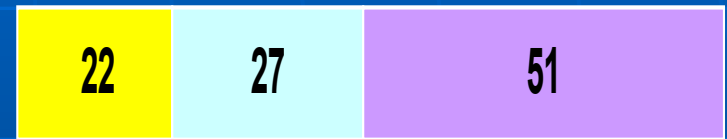
Procedure Compliance

- Our current focus
- Looking at procedures that staff are most likely to use shortcuts
- Developing competency
 - Training employees as leaders to train other staff
- Periodic monitor to ensure procedure compliance is maintained

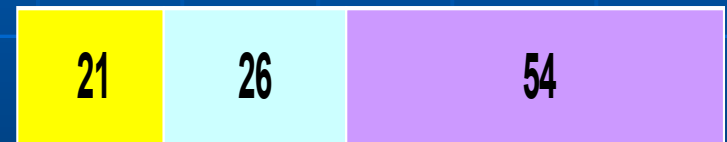
Nonpunitive Response to Mistakes

 % Strongly Disagree/Disagree  % Neither  % Strongly Agree/Agree

1. Staff are blamed when a resident is harmed. ^R (A10)



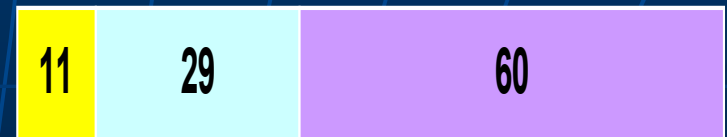
2. Staff are afraid to report their mistakes. ^R (A12)



3. Staff are treated fairly when they make mistakes. (A15)



4. Staff feel safe reporting their mistakes. (A18)



Action Plan - Nonpunitive Response to Mistakes

- Staff are blamed when a resident is harmed
 - Educational inservices
 - Discussed accidents vs. staff failure
 - Examples of actual facility accidents were discussed
 - Staff testimonials regarding accidents with no punitive response

Response to Mistakes

- Focused on what an accident is
- Current staff members gave testimonials of incidents they were involved in

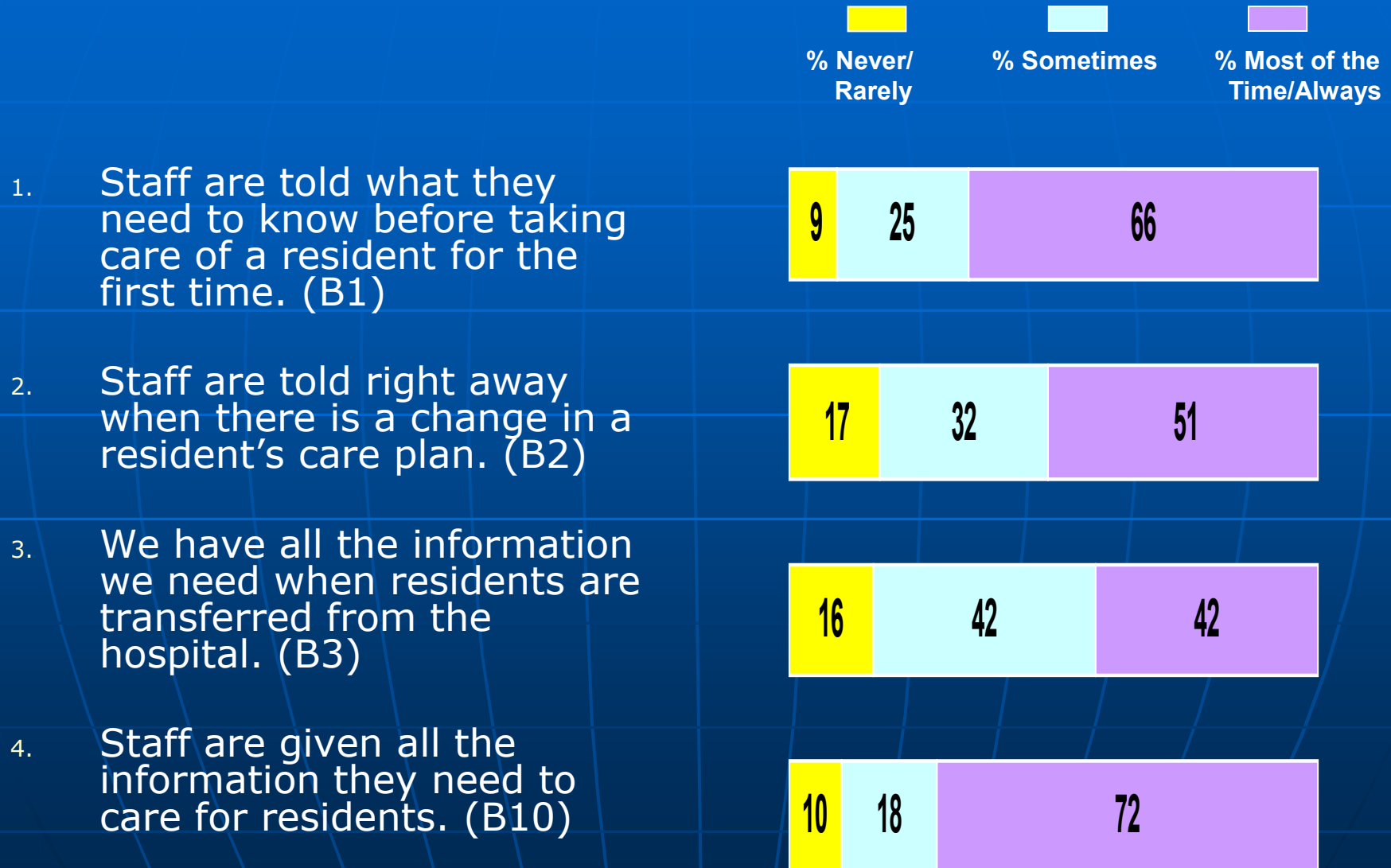
Action Plan - Nonpunitive Response to Mistakes

- Staff are afraid to report their mistakes
 - Educational inservices
 - Importance of reporting accidents timely
 - Assisting in investigation process
 - Encourage to be part of resolution

Staff Afraid to Report

- Importance emphasized on preventing reoccurrences
- Praising staff for doing the right thing by reporting accidents
- Monitoring for missed incidents of reporting

Handoffs



Action Plan - Handoffs

- We have all the information we need when residents are transferred from the hospital
 - Analysis showed this was a response from the CNAs
 - Developed a better reporting system for CNAs
 - Getting more timely information about patients

Report on New Patients

- Developed an information form
 - Completed by the nurse
 - Delivered to CNA
 - Information about the patient relevant to the CNAs
- Follow up with CNAs to ensure they are receiving new patient information

Survey Successes

- Administrative buy in
- Doing survey in small groups
- Allowing employees time to complete survey on work time
- Sharing survey results

Survey Challenges

- Pessimistic people
- Negatively worded question
 - Staff did not read the question completely
- Time constraints

Conclusion

- Foundation for employees voices to be heard
- AHRQ Survey
 - Identify our strengths
 - Identify areas for improvement
 - Developed a team to improve quality care
- We have been able to keep restraint usage low

QUESTION?

IT IS OUR DUTY TO OUR
EMPLOYEES AND MOST
IMPORTANTLY OUR RESIDENTS
TO EXPLORE EVERY POSSIBILITY
TO ENHANCE PATIENT CARE TO
THE BEST OF OUR ABILITY