



Advancing quality. Improving lives.

# PHCA ANNUAL CONVENTION 2016 Excellence in Quality Contest

## **Submission Information:**

- All applications should be in an electronic/typed format. (No hand-written applications will be accepted).
- The application should be no more than five pages using 12-point font.
- Attachments (charts, graphs, etc.) can be added, but should not exceed three additional pages.

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**Organization:** Altoona Center for Nursing Care

**Company/Corporation:** Company

## **Storyboard Contact Information:**

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## **Quality Category (Please select the one that best describes your storyboard):**

Best Practice in Decreasing a PHCA Quality Measure

**Evaluation Criteria: (Insert responses in each section below)**

**LVII. Indicate the problem that the quality project was trying to solve/impact.**

In 2015, the Altoona Center for Nursing Care was ranked as a two star in Quality Measures. The interdisciplinary team identified that improvement was needed.

**LVIII. Outline the root cause analysis that occurred as part of the process.**

The interdisciplinary team also identified that there wasn't a full understanding of the scoring of the different measures, so our first step was to be educated on the scoring of the different measures. Education was completed by our Q.I. Consultants. We then reviewed each measure to determine what items needed the most attention. Monthly interdisciplinary meetings are completed and all measures are reviewed. Any areas that are scored above 70% are the teams focus.

**LIX. Describe the process that was implemented or adapted.**

The process that was implemented was the monthly meetings to review the previous months Quality Indicators/Quality measures. The focus is for any areas that are ranked as 70% or higher and the residents that trigger in 3 or more areas are reviewed individually by the team to ensure that the appropriate plan of care is in place and that they are care planned accordingly. Q.A.P.I. sub-committees were formed to address the problem areas and identify resolutions.

**LX. Outline the monitoring plan, timeframe.**

The timeframe is ongoing as there is always room for improvement. As of the last five star rating posted in July of 2016, our quality measures are ranked as a five. The interdisciplinary team will continue to meet on a monthly basis to review the quality measures from the previous month. Any problem areas will be discussed and individually reviewed following the Q.A.P.I. process and development of sub-committees as needed.

**LXI. Identify challenges/pain points that occurred throughout the process.**

Some of the challenges have been arranging a time that accommodates the entire interdisciplinary team to review the Quality Measures monthly. After reviewing each quality measure and understanding the process, it was identified that some of the entries on the MDS assessments were incorrect; which resulted in completing all of the necessary corrections.

**LXII. Indicate any adaptations or modifications that were made throughout the process.**

As mentioned above, modifications had to be made on some of the MDS assessments due to misentries. Several different sub-committees have been formed to resolve any problem areas that are identified during our monthly interdisciplinary meetings. For example, one of our focuses was reducing hospitalizations. Stop and watch forms were implemented for all of the staff to use in the event that they notice that there is any kind of change in a resident's condition because being proactive is key.

**LXIII. Provide the plan for sustainability.**

As described above the interdisciplinary team will continue to meet on a monthly basis. Interdisciplinary meetings are also held on a daily basis to review any problem areas, incidents, and/or changes of conditions. Interventions are discussed and followed through with.

**LXIV. Outline the status of the project (include progress towards goal).**

Our goal is to continue to achieve a 5 star in Quality Measures and provide the best quality of care to our residents.