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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.

Organization: Bradford Manor

Company/Corporation: HCF Management

Storyboard Contact Information:

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

Best Practice in Quality-Integrating Technology

Evaluation Criteria: (Insert responses in each section below)

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

Bradford Manor had a history of a acuity pressure sore issues, both community acquired and in house acquired. The CASPER report revealed a high trigger of 87% and was effecting the 5 star rating and quality of care for our residents.

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

The Director of Nursing and Wound Nurse conducted the root cause analysis and discovered that physicians in a rural setting did not have expertise specific to wounds. Primary care physicians were prescribing the same treatments for a variety of wound types, which were not effective.

CLV. Describe the process that was implemented or adapted.

Bradford Manor researched several options for physician education and other options to treat complex wound beds. The search finalized with the discovery of Vohora Physician Service located in Florida. The service is telemedicine specific to wounds and wound treatment. Through an app (VSEE) on an Ipad, the physician can make rounds with the wound nurse and speak directly to the patient concerning their care.

CLVI. Outline the monitoring plan, timeframe.

The Vohora Physician and Wound Nurse round weekly at the same day and time with the Ipad. The wound nurse rounds before the weekly wound rounds to obtain measurements and depth of wound beds and any skin issues within the facility. The program has been in effect for approximately 6 months.

CLVII. Identify challenges/pain points that occurred throughout the process.

Challenges included local physicians and primary care physicians education into the telemedicine process. One physician did not accept the program due to the local hospital and wound clinic are treating his patient. The Vohora physician conducted physician education and how the process would benefit resident care by not sending residents out of the facility and have a more effective treatment plan. Families also questioned the program and residents were sometimes afraid of the technology.

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

Modifications were minimal. Resident education was completed to be comfortable with speaking to a live person on TV.

CLIX. Provide the plan for sustainability.

Weekly wound rounds are continuing. The Vohora physician documents weekly on their web site to track QAPI outcomes including number of treatments, number of wounds, number of residents and number of treatments to heal wounds. Physician notes are downloaded weekly and added to the resident chart. Trends and patterns are also reviewed by the Director of Nursing and Wound Nurse.

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

Wounds at the community are currently been reduced to 2 wounds. The most current CASPER report for short term wounds have been reduced to a National Group percentile at 0%. Long term has reduced from 37% to 28% percentile. The facility is attempting to educated 1 physician to trial the program to reduce one resident's long standing wounds. The program has significantly reduced the pressure sore issues and skin issues within the facility.