



Advancing quality. Improving lives.

PHCA ANNUAL CONVENTION 2017 Excellence in Quality Contest

Organization: Manor Care at Mercy Fitzgerald

Company/Corporation: Hcr-Manor Care

Storyboard Contact Information:

1. **Name:** Dan Fessler
2. **Title:** Administrator
3. **Address:** 600 S. Wycombe Ave.
Yeadon, PA 19050
4. **Email address:** Daniel.Fessler@hcr-manorcare.com
5. **Telephone:** (610) 626-8065

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

Improved Quality of Care for Residents

Evaluation Criteria: (Insert responses in each section below)

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

To improve the quality measure "Percentage of long stay residents whose ability to move independently worsened" below the national average of 19.8% and state average of 18.1%. During the 4th 2016 quarter the facility was at 20.1%

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

Processes were reviewed in the facility related to:

- C.N.A's identifying changes in resident's ADL's,
- Making a referral to the therapy department for resident screens by therapist,
- ADL education with C.N.A's,
- MDS coding of functional declines/communication with therapy
- Review of the nursing restorative process within the center.

III. Describe the process that was implemented or adapted.

-Director of Therapy reviews quarterly MDS's, any resident with functional decline is evaluated by therapy. -C.N.A's submit alerts with any resident who is noted to have a change in condition for nursing/therapy evaluation.

- 1:1 inservices were complet

IV. Outline the monitoring plan, timeframe.

- Audits were completed related to nursing restorative program participation, and ADL documentation by C.N.A's Trends were reviewed and submitted to QA for further recommendations. time frame was for one month, but was extended for another month.

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

- Review of ADL education was imperative to capture correct functional decline/improvement.
- Resident refusals with participation in nursing restorative program led to decline in resident function

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

VII. Provide the plan for sustainability.

- Quarterly on going education with C.N.A's for ADL training

- Director of Rehab continues to pull MDS declines for therapy evals
- Daily nursing restorative conversation/review in eagle room with department managers

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

We were able to decrease the percentage of long stay resident who ability move independently worsened from 20.1% down to 17.3%, and most recently down 15.1% (below both the national/state average) per Medicare.gov data.