



Tennessee Nursing Homes Collaborate to Make Quality Improvements

In January 2013, a select group of nursing home chains and facilities across Tennessee committed to work in a collaborative designed to improve the quality of life for their residents.

Qsource, now part of atom Alliance, created the Tennessee Nursing Home Quality Care Collaborative (TN NHQCC) in response to goals set by the Centers for Medicare & Medicaid Services (CMS) to instill quality and performance improvement practices, eliminate healthcare-acquired conditions and dramatically improve resident satisfaction in nursing homes.

These facilities worked for 18 months to test systems of change in organizational and clinical areas and to share their experiences and best practices to help each other improve. Throughout the collaborative, Qsource quality improvement specialists offered consultation and support, application of interventions, educational opportunities and a variety of tools and resources.

Stephanie Sauer, Assistant Director of Nursing (ADON) at NHC Healthcare, McMinnville, said that being in the collaborative helped their facility “look at the big picture of all the things we wanted to improve and get to the root of the problem. We asked what is it that we could do to make the most impact?”

They decided to improve consistent staffing to affect the greatest change, believing that if they had caregivers who grew “to know and love” their residents, other health outcomes would improve.



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Assistant Director of Nursing (ADON) at NHC Healthcare, McMinnville

Staff from Bright Glade Health and Rehabilitation Center in Memphis, Tenn., focused on reducing antipsychotics. Lynn Yarbrough, ADON, discovered unnecessary AP drug use among their residents due to misdiagnosis.

When they got those numbers down, they noticed increased interaction among the staff and residents. Residents who had been previously staying in their rooms, were now interacting with others in the dining room.

“Our facility was able to decrease AP meds with our dementia residents by 50 percent,” added Susie Hutchings, DON at Erwin Health Care Center in Erwin, Tenn. “This took a degree of work but the outcome was phenomenal to our residents, staff, families and all who were involved.”

Tools the collaborative focused on often came from CMS’ Quality Assurance Performance Improvement (QAPI) process—a systematic, data-driven, approach to performance management and improvement.

QAPI involves members at all levels of the organization in identifying opportunities for improvement, addressing gaps in systems or processes, developing and implementing improvements and continuously monitoring their effectiveness.

Beth Stephens, Administrator at NHC Health Care, Sparta, said that QAPI helped them involve their “partners, families and patients in problem solving and making sure we have the best environment that our patients could possibly have.”

By the end of the 18-month collaborative, 52 of the 83 participating facilities had improved their clinical quality measure scores, which are publicly reported on the Nursing Home Compare website.

“(The collaborative) has been a value because it’s a lynch pin between what our company does, what the American Healthcare Association does and what CMS is wanting to see as improvements in our nursing homes,” said George Monshaw, Administrator at Bright Glade.

Importantly, it brought together facilities dedicated to improving the quality of care for their residents—

facilities that otherwise may not have shared their struggles, successes and resources with each other.

Cheri Childress, Nurse Manager at Maury Regional Medical Center in Columbia, Tenn., said, “I’ve enjoyed getting together with the other facilities and getting to know them. It’s not about being cookie cutter; it’s about ideas. Here are some things that have worked for other people. Now take them back and see if they’ll work for you.”



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