Partnerships for a Smooth Transition Home

A 65-year-old retired nurse was convinced she was going to die after being diagnosed with the same form of cancer that had just killed her sister-in-law. Not wanting to be a burden to her sons, she gave up her apartment and all of her possessions to check into a nursing facility in the Mahoning Valley. Nearly a year later, the cancer was in remission and she moved from the facility back into the community, a prime success story of Ohio’s home transition program that benefits everyone from nursing homes to taxpayers to eligible residents. The happy ending would not have been possible without a team effort among a variety of partners both inside and outside of the nursing home.

Collaborative relationships between nursing facilities, ombudsmen, Area Agencies on Aging, home health agencies, social workers, transition coordinators and nursing facility staff have the federal government taking notice. Ohio is among the top three leaders in the nation in Home Transitions, according to the Centers for Medicare and Medicaid. The state has nearly 5,000 people who have transitioned from facilities back into the community — not only a successful example of the Money Follows the Person (MFP) model, but it also utilizes the person-centered care approach.

A resident can return to the community through the HOME Choice Program or in post-therapy discharges from nursing facilities through partnerships and collaboration from various parties. In the past, a discharge from a nursing facility may have been a plastic bag filled with medications, a referral phone call to a home care agency, and maybe a call to an Area Agency on Aging for an assessment.

As the world of health care changed, so too did our outlook toward facilities becoming peoples’ permanent address. One major change was recognition that increased health care costs - both in acute and long term care - are unsustainable. Person centered care became a focus of long term care, and is now moving into home care planning. Money Follows the Person (MFP) became a national effort; in Ohio the MFP grant created the HOME Choice Program.

Long Term Care Ombudsman Programs in many parts of Ohio became active in the HOME Choice Program through the role of Transition Coordination. Ombudsmen became intimately involved in a new venue of the discharge process. Nursing facility staff, primarily social service staff, nursing, and administrators began working together with Ombudsman staffs, Pre-Transition Case Managers (from local AAA’s, and now MCO’s), and case managers from the PASSPORT and the Ohio Home Care Waiver (and now MyCare case managers).

Ohio Health Care Association

The Ohio Health Care Association (OHCA) is proud to represent more than 800 skilled nursing care facilities, assisted living communities, and intermediate care facilities for individuals with intellectual disabilities (ICF-IID). The Association was established in 1946 to meet the needs of the state’s growing number of long-term care professionals, which today totals more than 100,000 exceptional men and women who care for Ohio’s most frail and vulnerable citizens. OHCA is a non-profit association with 2 affiliate organizations – the Ohio Centers for Assisted Living (OCAL), and the Ohio Centers for Intellectual Disabilities (OCID). Many OHCA members also provide a variety of home and community-based services. OHCA is the largest long-term care association in the state, and the only chartered Ohio affiliate of the American Health Care Association, representing more than 12,000 long-term care facilities nationwide.

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The discharge date now is not just a day on the calendar, but a day when an older or disabled Ohioan would return home, with needed home care services in place, and a system of supports in place to facilitate the individual’s transition back to the community.

HOME Choice is an example of culture change and person-centered care at its finest. The person-centered care movement helps us focus on maintaining quality in facilities as well as the community. As institutional mindsets evolve to a broader understanding of the value of individual preference and choice, the definition of “home” also expands sometimes to a nursing facility, sometimes an assisted living and sometimes a house or an apartment like the retired nurse whose cancer is in remission.

AHCA Achievement in Quality Awards Program Provides Additional Consumer Guidance

Tim Case, M.A, M.S. Ed.
AHCA Quality Award Program Administrator

In 1987 the U.S. Congress established the Baldrige National Quality Award to raise awareness of quality management and recognize U.S. companies that have implemented successful quality management systems. Based on meeting the requirements of rigorous criteria standards, awards can be given annually in six categories: manufacturing, service, small business, education, healthcare and nonprofit. The Baldrige Award is the U.S. Government’s highest recognition of quality.

This prestigious program has given rise to similar state and business-sector programs that use the same criteria and evaluation processes to recognize organizational excellence across the country.

More than thirty-eight states, and several other countries, including South Africa, Thailand, Singapore, and Sri Lanka have their own Baldrige-based award programs, as does the Coast Guard and the U.S. Army. These programs, and the National Baldrige program, receive an average of around 25 applications per year.

One program however, typically receives six to seven hundred applications per year – nearly as many as all the other U.S. programs combined. This program – the largest Baldrige-based program in the world - evaluates organizational excellence in only one type of business. You may be surprised to learn that that business is – skilled nursing care.

Across all types of businesses, and all of healthcare, no sector has embraced the rigors of the Baldrige evaluation process more robustly than long term care. The program, administered by the American Health Care Association and the National Center for Assisted Living has challenged its members operating skilled nursing centers, assisted living communities and centers for individuals with intellectual and development disabilities to embrace the challenges of world-class quality for twenty years and has recognized thousands of facilities nation-wide.

Recognized across a series of three progressive steps; Bronze, Silver, and Gold, the awards given require complex assessment, sophisticated systems and objective results - all aimed at delivering excellent care and overall service.

To date, well over 200 Ohio facilities have been recognized with quality awards, including a recently announced Gold award for Altercare of Louisville (see following article).

Customers of award-recipient facilities at any level can be assured that careful assessment is ongoing regarding customer expectations and delivery, clinical quality, and other key measures. Participation and recognition in the AHCA/NCAL award program is an indication that a facility is actively pursuing excellence.
Altercare of Louisville –
Earning a Gold AHCA Quality Award: the Process, Criteria & Achievements

Ralph Reese, LNHA
Altercare of Louisville Center for Rehabilitation & Nursing Care, Inc.

Altercare of Louisville has been awarded the 2014 American Healthcare Association’s Gold Excellence in Quality Award. To receive the Award, Altercare of Louisville demonstrated superior performance in leadership, strategic planning, customer and staff satisfaction, as well as clinical and financial results.

The Gold – Excellence in Quality Award is the most prestigious of the program. It requires care centers to previously achieve both the Bronze – Commitment to Quality and Silver – Achievement in Quality awards and adheres to the rigorous criteria outlined in the Baldrige Performance Excellence Program. The Gold Award is designed to elicit best practices from recipients in the areas of leadership, strategic planning, customer focus, process management and results.

“We are honored to be recognized as an AHCA Gold – Excellence in Quality Award recipient,” said Scott Haas, previous administrator at Altercare of Louisville. “The application process was an in-depth look into our systematic approaches to quality improvement in all areas of the organization. Achieving this award is a validation of the hard work from all staff members in providing the highest quality of care to the patients we serve.”

Altercare of Louisville’s national recommendation for the Gold level Award acknowledges their commitment to overall quality and performance improvement, specifically in improved turnover percentages and annual inspection results from the Ohio Department of Health which were better than the state of Ohio averages for three years.

Leaders at Altercare of Louisville acknowledge that the achievement of the Gold Quality award is a team effort. First, a team of four nationally trained examiners reviewed the application. The application was then submitted to a judge to determine if an on-site visit to the facility was warranted. Altercare of Louisville received a two day on-site examination of processes and validation of their quality systems by three examiners. Seven 1-2 hour sessions were completed.

The Senior Leader team was questioned about their areas of quality, and the examiners interviewed and questioned direct care staff about key areas of the application including the facility’s Vision, Mission, and Core Competencies. The examiners evaluated the direct care staff’s involvement in decisions and quality improvement, and analyzed their findings and presented them to a judging panel which finally honored Altercare of Louisville with the Gold Quality Award.

“I have been a resident at Altercare of Louisville Center since September 29, 2010,” said Mary J. Lautzenhiser. “I love living here and I would recommend this facility to everyone. When my daughter asked if I wanted to come home, I said, ‘Why would I do that?’ I am very happy living here and everyone is wonderful. I can’t imagine living anywhere else.”

Since the inception of the National Quality Award Program in 1996, only 24 care centers nationally have achieved this level of quality recognition. Altercare of Louisville is the first Ohio Facility to receive the Gold Award.

It is a pleasure and honor to be recognized by AHCA with the Gold Award for Quality. It speaks highly of our staff here at Louisville and their dedication to providing outstanding service to the people we serve. It is truly a team effort.
Faces of Long-Term Care

Many Ohioans have had their lives touched by long-term care as a resident, care provider, family member or loved one. Even if they have not had direct experience, chances are they know someone who has.

Faces of Long-Term Care is an initiative to give a voice and public presence to residents and caregivers through a variety of forums. The Ohio Health Care Association is working with the American Health Care Association (AHCA) to establish a presence on Facebook, websites and other social media featuring the images and words of residents, family members, caregivers and others.

The first step in this initiative features a series of weekly “Faces of Long-Term Care” posts to the OHCA Facebook page, which have resulted in numerous “likes” and re-posts. In addition, AHCA/NCAL has established a “Faces of Assisted Living” (www.ahcancal.org/ncal/Pages/Faces-of-Assisted-Living.aspx) website that will serve as the base for future efforts.

Providers, family members and residents who would like to take part in this program can post images, stories and quotes directly to the Association’s Facebook page (www.facebook.com/OHCA.OCAL.OCDD). Providers posting images or quotes from residents should have signed releases in the residents’ files.

Watch for future activity as this initiative kicks off. Faces of Long-Term Care is designed to grow into a rewarding community where participants can share and enjoy the experiences and successes of others.

Favorite thing in facility –
“Friends. You can look after them, and they look after you. We take care of each other!”

Eddie Carpenter

Care Conversations: Changing the Conversation

Seventy percent of us will need long-term care after age 65, yet few of us openly discuss care needs and wishes.

Care Conversations (http://careconversations.org/home.aspx) is bringing people together to change this conversation trend. The website provides information and resources to get people talking with loved ones, health care providers and industry experts. Working together, we can plan and prepare for our future and ensure care needs are met every step of the way.

Care Conversations focuses on people and the honest discussions needed to plan and prepare for the future. Finding care may seem difficult or even overwhelming at first. Whether you’re seeking care for yourself or for a loved one such as a spouse, parent or sibling, Care Conversations can help you every step of the way. Worry less about tomorrow. Start a conversation today.

Getting Started with Care Conversations

Because everyone’s situation is different, no two Care Conversations will be the same. The website helps you start a conversation, explore options, and find solutions that are right for you. The website allows users to:

- Hear others share their personal experiences.
- Watch featured conversations throughout the site and in the video library.
- Learn how to start a Care Conversation.
Analysis of skilled nursing facility quality incentive data shows improvement

Mandy Smith, OHCA Regulatory Director

Analysis of Ohio Quality Incentive Point data covering three state fiscal years shows how skilled centers’ scores have moved over that period. Facilities earn Quality Incentive Points based on quality measurement criteria established under Ohio law, and the Department of Medicaid uses the points to determine a portion of each center’s Medicaid reimbursement rate. Overall, the data show improvement in a number of areas.

The median number of points for State Fiscal Year (FY) 2013 was 13; it decreased to 12 in FY 2014 and returned to 13 in FY 2015. Centers showed improvement each year in reducing overhead paging, with 85% of facilities earning the point during the last year. Consistent assignment has also shown steady improvement, with 73% of facilities meeting the requirement. Nursing assistant attendance at resident care conferences has improved yearly as well, up to a 60% achievement rate. Sixty-seven percent of facilities met or exceeded the standard for reducing restraints, demonstrating that restraints are seldom used in nursing facilities.

Even though the state reduced the thresholds for points for both urinary tract infections and pressure ulcers for FY 2015, Ohio facilities continued to improve in both areas. The Quality Measure requirement for urinary tract infections was lowered to 7%, but 65% of facilities succeeded in meeting or exceeding this requirement. Similarly, the pressure ulcers threshold went down to 5.16%, but 51% of facilities remained at or below that level.

On the other hand, there was a marked decrease in the number of facilities that met the Advancing Excellence measure, which reflects participation in the national standards program. While complete analysis is not available, the parameters for earning this point have always been that a facility needed to "satisfy the requirements for participation" in Advancing Excellence. The criteria for participation change every year, and based on participants’ feedback, the most recent change – which requires six consecutive months of goal reporting by the facility – was not effectively shared with centers in time for them to meet the new standards.

We expect that if the parameters do not change again, participation will return to the level of the previous two years. State law added two new goals for FY 2015 regarding vaccinations and PASRR completion, replacing two points relating to room personalization and accessible bathrooms. For FY 2016, two new points will replace the overhead paging and advance care planning points. The legislature added the replaced items to Ohio statute as licensure requirements. The two new points to be implemented this year, reported in May of 2015, and awarded in FY 2016 are: (1) the facility employs, for at least forty hours per week, at least one licensed social worker; and (2) the facility utilizes a person-centered method of medication delivery for its residents instead of a medication cart.
New Skilled Care Facilities Targeting Post-Hospital Care

Nationwide, millions of adults will be discharged from hospitals this year requiring skilled nursing and rehabilitation before returning home for further recovery. The traditional role of a skilled nursing and rehabilitation center has changed. For many post-hospital patients, skilled nursing centers have become the primary source of medical and rehabilitation services geared towards returning them to an independent lifestyle.

Today, skilled nursing facilities (SNFs) provide short-term care that patients need to help them meet their goals and return home as quickly as possible. In Ohio, several new facilities have opened with rehabilitation, therapy and post-hospital care in mind.

Recent data from Scripps Gerontology Center indicate that the movement of individuals served by home and community-based services for older people with severe disability using Medicaid has changed dramatically. In 2004 nine of ten older Ohioans with severe disability were served in a skilled nursing facility; now almost half utilize home and community based services.

But the transition from hospital to home often requires an intermediate step.

Heartland of Dublin, recently opened by Ohio’s Lima-based HCR ManorCare, is an example of this new style of post-acute health care center developed to meet this need. The facility provides 24-hour nursing care and medically complex and intensive rehabilitation services for short-term patients transitioning from hospital to home. The interdisciplinary staff at the 120-bed, two-story facility has complex medical programs for wounds, joint replacement, stroke and IV therapy, and provides follow-up patient and family education to ensure that residents can manage their own care when discharged home.

Because injuries do not discriminate by age, SNFs are caring for patients of all ages, not just the elderly. As the average age of patients needing skilled nursing and rehabilitation steadily declines, the goals and expectations of care providers are changing too.

The new style facility provides Wi-Fi and other amenities that appeal to the younger population, and has a state-of-the-art therapy gym similar to the equipment found in hospitals.

Heartland of Dublin also features a MedBridge unit, which is a specialized unit within the center designed to develop independent function and assist the patient in returning home. “When a patient comes to Heartland’s MedBridge unit, we’re planning their discharge home from the moment of admission,” said Tammy Meyers, administrator of the new facility. HCR ManorCare’s MedBridge units have been able to send 90% percent of their patients home.

According to Scripps, over the last 15 years, while the age 85 and older population grew by 50%, Ohio decreased skilled nursing care use for older people by 11%. During this same 15-year time period, the state increased the number of older people receiving home and community-based services by 150%.

Based on these numbers the need for specialized care centers will continue to grow. OHCA Quality Focus will highlight other innovative models from Ohio providers in the coming months.