



# COMING TO THE TABLE FOR EXCEPTIONAL CARE

Quality Report 2020

**rih<sup>+</sup>ca**

A report by the Rhode Island Health Care Association





Combine Compassion + Commitment.  
Stir well.

### **RECIPE FOR QUALITY**

A heart full of respect for our residents

A book full of current policies and standards  
of practice

A cup full of commitment to the organizational  
mission and vision

Two handfuls of person-centered approach in  
delivery of care

A team of competent and knowledgeable staff

A dash of exceeding customer expectations

2 cups of compassion, caring and empathy

2 tablespoons of doing the right thing and  
doing it well

1 quart of perseverance

2 gallons of motivation

Combine all ingredients each and every day  
to achieve optimal quality care and services.

– RIHCA QUALITY COMMITTEE





## Message from RIHCA Leadership

### Collaboration: Key Ingredient for Exceptional Care

Whether in the media or around the water cooler, talk of collaboration features prominently in health care conversations these days. A simple definition of the word is two or more people working together toward shared goals. Related to health care delivery, collaboration is not just a warm, fuzzy concept. Rather it is the vital ingredient required to produce exceptional, person-centered care. The days of siloed, uncoordinated healthcare are past. With partners that include hospitals, schools, and other providers, today's nursing centers work on many initiatives aimed at quality improvement. Around the table at our nursing centers, interdisciplinary teams share expertise aimed at delivering the best experience and outcomes for their residents and patients.



When considering quality care, there are never “too many cooks in the kitchen.” Rhode Island’s nursing homes demonstrate this collaborative approach by engaging in partnerships and shared projects across the healthcare continuum. In the 2020 Rhode Island Health Care Association (RIHCA) Quality Report, **Coming to the Table for Exceptional Care**, we showcase how this allied work empowers people to create innovative “recipes” for care that result in positive quality outcomes and address the needs of our rapidly expanding, diverse, and higher acuity population.

Rhode Island nursing centers work diligently to improve the lives of nearly 8,000 people each day. By highlighting their quality performances, it is our intention to help policymakers, consumers and stakeholders understand the difficulties of our nursing homes who are charged with delivering exceptional care while simultaneously tackling an ongoing, steady stream of state and federal funding cuts.

Rhode Island nursing homes, health care providers, community leaders, and legislators must come to the table and work together to advocate policy that provides “full plates” of quality care and services for all those in our care.

Scott Fraser  
President/CEO  
RIHCA

Pamela Marchetti  
RNC, MS, NHA, CLNC,  
CPHQ, CHC, DNS-CT  
President, Triad Health Care LLC  
Co-Chair, RIHCA Quality Committee

Katherine Norman  
Executive Director, Grand Islander  
Co-Chair, RIHCA Quality Committee

“Cooking is the art of adjustment.” – Jacques Pepin

*This year we’ve decided to season our report with some special quality measures ...*

While “Coming to the Table for Exceptional Care” is intended as a metaphor for collaboration, it also speaks to the comfort and enjoyment of making and enjoying a good meal. And who knows how to cook and eat better than our fellow Rhode Islanders! With that in mind, we asked our valued members and associates to share some their favorite recipes with you. *Bon Appétit!*

### Equal Measures of Compassion and Conversation Create Healing



On a Thursday evening this past December, 70-year old Gail Faraone was attending a Zumba class at the Benjamin Church Senior Center in Bristol. Not a remarkable event for most, but a miracle for Gail who had suffered a severe cerebral hemorrhage in March. On that terrible night, the staff at Rhode Island Hospital prepared the family for the worst.

“The doctor told us that she was in very bad shape and that we should call all the family to the hospital to say goodbye,” said daughter Amy Faraone, Gail’s daughter. The next several weeks in the hospital’s neuro ICU were precarious. Gail was unresponsive and couldn’t open her eyes. She was experiencing seizures and was physically restrained to the bed for her protection. “It was the most horrific time for our family,” continued Faraone. “It felt like every time there was a half a step forward, mom took ten steps back. Every tiny glimmer of hope turned to nothing. We were preparing that mom would need a high level of care for the rest of her life.”

#### Searching for Care

After five weeks in critical care, on a feeding tube and non-verbal, Gail was pronounced “medically stable.” The hospital gave the family a list of nursing homes with 48 hours to decide on a place for their mother. Like many, the Faraones had little first-hand knowledge of skilled nursing centers. With input from friends and reviews from the internet, the choices were narrowed, and tours were conducted. Grand Islander in Middletown was one option. “We were looking for a place that would push her as hard as possible to get as well as she could. And a place that had a positive environment,” says Faraone. “As soon as we walked in, we had a good feeling. The woman who showed us around was very kind.

Everybody we passed said hello. They had an available room and we took it.”

Gail’s daughter feels that the compassionate staff and physical environment were greatly responsible for her rapid progress. “Mom started to get better right from day one. She opened her eyes and was alert for the first time in weeks. The first morning, James her therapist came into her room and said he was going to get her up. I was convinced she wouldn’t be able to do it. It was incredible, but with his support, she did!”

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#### Rhode Island Nursing Centers Get People Home Faster

Discharge to Community (higher is better)

**56.9% RI v 49.1% Nation**

Median Length of Stay (lower is better)

**21.7 days RI v 25.1 days Nation**

Source: AHCA Trendtracker: SNF Quality Measures, January 2020

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#### Adapting to Personal Needs

Each day that passed, Gail continued her remarkable journey toward recovery. “Even though mom was always motivated to get home, there was never a day that she said she didn’t want to be there,” states Faraone. Gail’s large family ensured that at least one of them was at her side every day. “With strokes and neurological diagnoses, I normally don’t like to have patients overloaded with stimulation. Because they can’t tell us, you don’t know how they’re feeling. But in Gail’s case, her family was a big part of her

\*Discharge to Community Measure: the percentage of all new SNF admissions from a hospital who are discharged back to the community and remain out of a skilled nursing center for the next 30 days.

recovery. She would have been lost without those people bustling around,” offered James Dussault, Physical Therapy Assistant (PTA), a mainstay of Gail’s team.

Adapting plans of care to an individual’s needs is a main goal for today’s nursing homes. Therefore, the staff at Grand Islander readily incorporated Gail’s family in her recovery process. “The staff were amazing,” remarks Faraone. “They were constantly teaching us how to best support mom. They explained everything that was going on and encouraged us in every way.”

“A big part of what we do is to find a patient’s deficits and work to improve them,” states Dussault. “In Gail’s case, she had right-side neglect. So, we asked her family to sit on her ride side when talking to her which would encourage her to focus in that direction.” Turning personal attributes into advantages is also a therapeutic tactic. Dussault adds, “We learned that Gail had always been a great conversationalist. She worked hard to engage with her loved ones. I would say that conversation became a catalyst in her recovery.” Julie Hannum, Speech Language Pathologist (SLP), agreed that Gail made remarkable progress. “She came to us with a feeding tube. Within two weeks, she was speaking in full sentences and eating a regular diet.”

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“A big part of what we do is to find a patient’s deficits and work to improve them. With Gail, conversation became a catalyst in her recovery.”

– James Dussault,  
Physical Therapy Assistant (PTA),  
Grand Islander

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### Getting Home is the Main Goal

“Gail was so confused about what happened to her, but she was so excited to participate in therapy,” stated Dussault. “This is not always the case. Often half the job is trying to get people to work with their therapists. At the end of the day, our goal is to get them home as quickly as possible.”

After a two-month stay, Gail was making purposeful sentences, eating well, dressing herself, and walking on her own. Having made many new friends among staff and patients, Gail was ready to go home. Amy Faraone attributes this successful outcome to the staff’s ability to compassionately push her mother to succeed. “I can’t say enough how supported we all felt through the whole emotional process of my mom’s situation. We had lost my dad earlier in the year and at one-point mom didn’t remember he had passed. The staff were able to give us the best ways to respond to her. I really think every person there is working toward the good of the patient. We couldn’t imagine a better outcome.”





Kelly Marot, Therapy Compliance & Oversight Consultant for Triad Health Care, teaches restorative nursing to a full house of RIHCA members.

## RI Nursing Centers Work Hard to Get Better

Rhode Island's nursing centers work very hard to provide 'quality care'. That is, care that is proven to work and that is responsive to the needs of each person. Nursing homes across the nation have access to specific measures of quality that they analyze regularly to understand areas where improvement needs to happen.

Rhode Island nursing centers outperform the nation in many areas related to care including weight loss, depression and use of anti-anxiety medication. Quality measures are moving targets affected by many variables. For this reason, data should be considered within context. For example, nursing homes that admit a high proportion of post-acute orthopedic patients may reflect higher 'numbers' related to pain. A nursing center whose population includes many long-stay residents with behavioral health diagnoses may skew higher for use of anti-psychotics.

Whether within their own facility or partnered with peers, Rhode Island's nursing centers are engaged in a wide scope of performance improvement projects (PIP) to enhance the lives of those in their care. The scope of these projects moves beyond metrics to embrace goals to improve the experiences of both the long-stay resident and short-stay patient.

“Rhode Island Nursing Centers are always the first state in the country to show progress on any performance improvement project they work on.”

– Nella Silva Odom, RN, BSN, MBA, MHA, WCC, Program Administrator, Healthcentric Advisors

## Short Stay Patients

**1.5%** vs. 1.8%

Patients who received antipsychotic medication for the first time\*

**72.3%** vs. 67.4%

Patients who improved their ability to move around on their own▲

**84%** vs. 82.6%

Patients who received flu shot▲

**2.7%** vs. 4.6%

Patients who reported depression\*

**16.5%** vs. 16.8%

Patient rehospitalization rate

■ RI ■ Nation

\*lower is better ▲higher is better

Source: AHCA Trendtracker: SNF Quality Measures, January 2020

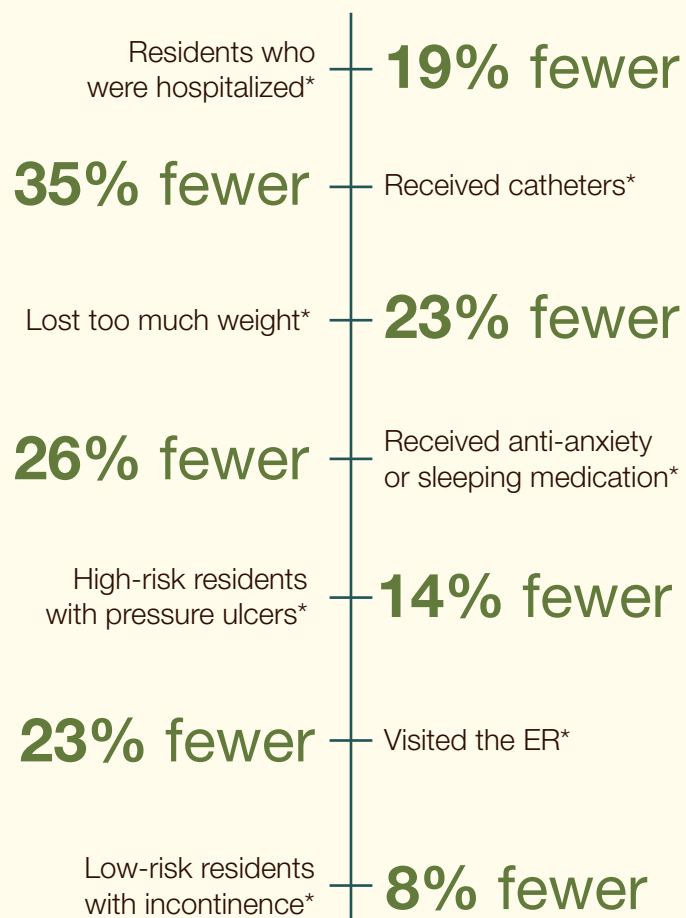




## Rhode Island's long stay residents as compared with the nation's long stay residents

In Rhode Island, resident needs come first.

Rhode Island nursing centers outperformed the nation in 10 out of 15 quality measures for its long-stay residents that can be viewed by consumers on Medicare's Nursing Home Compare website.



## COLLABORATION COOKS UP COMFORT



“With Social Practice Art, we are extending our experience to the Providence community by partnering with a local nursing center...”

– Serenity Room Project, Spring 2018

Activity Aide, Anna Silveira, ‘Master Chef of Calm’ for residents in Elmwood’s Serenity Room

“A soothing and therapeutic area that serves as a refuge from the bustling activity within the center” is how the Rhode Island School of Design (RISD) proposal described **The Serenity Room Project** they envisioned for Elmwood Nursing & Rehabilitation Center in Providence. Having completed a community garden project, RISD’s Experimental & Foundation Studies class sought to partner with a local nursing home and provide “artistic social work.”

RISD’s class proposed the design of a special room that would provide “mental and emotional comfort” for dementia residents. Elmwood, a 70-bed nursing center that cares for a large population of residents diagnosed with dementia and behavioral health issues, was the perfect choice.

### Engaging All the Senses

Inspired by the Dutch Snoezelen model, the RISD team with input from Elmwood staff and residents designed a room that would appeal to all the senses. Students painted a colorful mural to stimulate memory of Elmwood landmarks. Tactile senses were to be engaged with handmade “toys” such as soft dice and wooden balls encouraging movement and coordination. Plants hung safely out of reach and soothing aromatherapy would bring in the natural world. The most dramatic enhancement would be multi-color mood lighting and Bluetooth audio to give staff ready access to comforting music.

Prior to the project, residents of Elmwood’s secured dementia ‘neighborhood’ shared a single common recreational space. This challenged staff to address individual needs of dementia and behavioral-health residents who can easily become overwhelmed by groups and noise. Specially designed, private

comfort rooms like Elmwood’s have been linked to many benefits including improved food intake and reduced anxiety.

The Serenity Room truly came to life with the addition of Anna Silveira, a housekeeper and certified dining assistant, who was assigned to oversee resident activities and dining in the Serenity Room. Josh Segal, Elmwood’s Administrator, says that Anna, both intuitive and caring, has been deemed “The Dementia Whisperer” by staff and families.

Since the inception of the Serenity Room, Elmwood has seen many of their quality measures improve. From 2017 to 2019, they saw a 5.5% reduction in use of anti-psychotics. Other positive stats include lowered weight loss at 1.9 percent (vs 5.5 percent for the nation) and depression among long-stay residents at zero (vs 4.6% for the nation).

### Caring Creates Quality

Karen Morin, Elmwood’s Administrator at the time of the Serenity Room’s inception, says a collaborative approach to resident care is what drives quality improvement for Elmwood’s dementia population. “All departments are included in our QAPI (performance improvement) efforts. Staff understand that it’s everyone’s job to ensure residents receive the very best care.” Segal adds, “We accomplish all we do because every staff person truly knows every resident and their needs. In many cases, we are the only family that our residents have. There is true love here.”



## Behavioral Health on the Menu for Rhode Island Nursing Centers

Nationally, Rhode Island ranks in the top three for the prevalence of mental illness. Our state's healthcare providers are partnering to prepare to meet the needs of these vulnerable individuals that make up 4-6% of the population. According to a white paper issued by Healthcentric Advisors, QIO (Quality Improvement Organization) for Rhode Island, three of the top reasons for hospital admissions and readmissions are behavioral-health related.

Like all providers across the care continuum, Rhode Island's nursing centers are seeing an increase of younger admissions with diagnoses related to behavioral health and substance use combined with comorbid chronic health conditions. To proactively address the inherent challenges, Rhode Island nursing centers volunteered to participate in a CMS-funded pilot program led by Healthcentric Advisors in collaboration with Rhode Island College and the Substance Use and Mental Health Leadership Council of RI. As a result, nursing center staff learned new skills and discovered the best resources to address the special needs of this growing and diverse population.



### Caring for a Younger, More Complex Population

In a 2018 article in *Caring for the Ages*, Gail Patry, RN, CPEHR, chief program officer at Health Centric Advisors spoke about the need for specialized nursing home staff training. "Nursing homes are definitely caring for younger folks than in the past and have a higher incidence rate of behavioral health concern. The average age of a nursing home resident, at least in Rhode Island, used to be in the 80s. But we are now seeing a growing number of residents aged between 45 and 65. Many of these individuals have co-occurring substance use and mental disorders with other chronic medical conditions that require care in skilled nursing facilities."

Ms. Patry offered that nursing home administrators were eager to participate in the project. "They were saying how this is so important. They were thanking us, saying it was hard to believe some of the situations they were finding themselves in."

### Staff Learn New Skills to Manage Challenging Behaviors

Participant in the pilot project, Linda Wheeler-Omiunu, RN, NHA, administrator of Trinity Health and Rehab in Woonsocket, stated "In the last year our resident population has seen an increase in substance abuse and psychological disorders. Many of the residents are homeless or unable to safely return to the community. The hope is that this program will assist the staff with handling and managing behaviors using nonpharmacological interventions prior to use of traditional pharmacological interventions. This would result in a positive impact on the life of our residents."



“Performing at a high level — consistently — takes work. Rhode Island nursing centers work very hard to get better at getting better. They also work faster at getting better.”

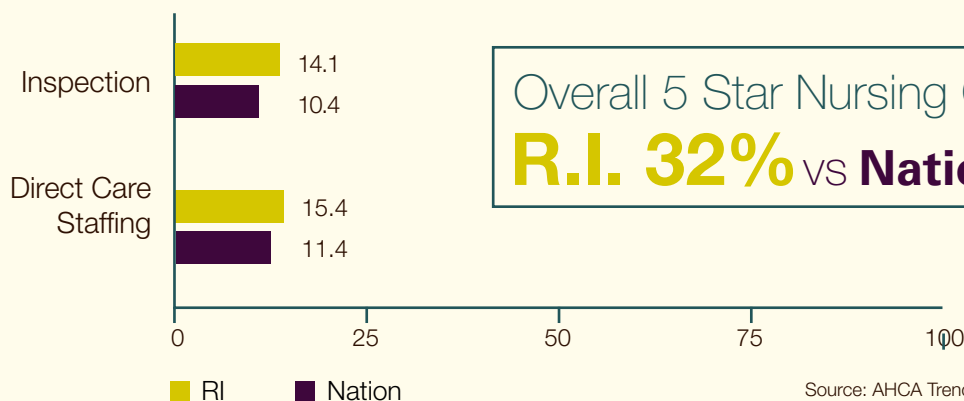
– Pam Marchetti, President of Triad Healthcare  
and co-chair of RIHCA's Quality Committee

## ☆☆☆☆☆ Rhode Island Outshines the Nation in 5 Star Ratings

Created by the Centers for Medicare and Medicaid Services, the Five-Star Rating System was originally designed to help seniors and their families select skilled nursing centers. Today, star ratings are also considered by other providers, such as hospitals, in selection of post-acute partners.

### CMS 5 Star Rating

statistics shown in percentages



Overall 5 Star Nursing Centers  
**R.I. 32%** vs **Nation 23%**

Source: AHCA Trendtracker, January 2020





Rhode Island ranks #1 in the country for least amount of health department survey deficiencies

Average number of deficiencies

**R.I. 1.8** vs **Nation 6.8**

28% of RI nursing homes were deficiency free vs. 7.1% of the nation.

Infection Prevention and Control is the most cited health-related deficiency in the nation with 40.66% of nursing centers being tagged. In contrast, only 13.75% of Rhode Island nursing centers are cited for infection prevention – the lowest in the nation. A nursing home inspection, conducted by the state at least every 15 months, determines compliance with the requirements of Medicaid and Medicare participation. Nursing centers can be “tagged” in 684 areas related to health and life safety, including quality of life and care, resident rights, dietary services, physical environment and more.

Source: AHCA Trendtracker: SNF Quality Measures, January 2020

The majority of RI short-stay patients, long-stay residents and their families are more satisfied with their nursing center experience than the nation.		<b>R.I.</b>	<b>vs.</b>	<b>Nation</b>
	Short Stay Patient	96.8%		85%
	Long Stay Res.	90.1%		83.3%
	Family RI	93.6%		83.8%

source: CoreQ/AHCA Trendtracker Jan 2020

75% of RIHCA nursing centers have met an AHCA Quality Initiative goal to:

- Safely reduce long-stay and short-stay hospitalizations by improving 10 percent—or maintain a rate of 10 percent or less;
- Improve functional outcomes (mobility) by 15 percent;
- Improve long-stay and short-stay satisfaction by 10 percent—or achieve a rate of 90 percent or greater; and
- Safely reduce the off-label use of antipsychotics by 10 percent, or maintain a rate of 8 percent or less in long-stay residents, and maintain a rate of 1 percent or less in short-stay patients.

RIHCA Members Exceed Nation in 3 out of 4 Improvement Goals									
		Hospitalization Goal		Antipsychotic Goal		Customer Satisfaction Goal		Functional Outcomes Goal	
	SNF Members	#	%	#	%	#	%	#	%
<b>RI</b>	<b>61</b>	<b>39</b>	<b>64%</b>	<b>53</b>	<b>87%</b>	<b>44</b>	<b>72%</b>	<b>39</b>	<b>64%</b>
Nation	9756	5732	59%	7735	79%	1773	18%	6474	66%

“We want to draw students into career paths that deal with elderly individuals across the disciplines. In almost any field, from psychology to counseling, people are going to be taking care of aging baby boomers. As a culture and society, we’re behind the eight ball in that regard.”

– Sharon Galloway, M.S., M. Ed, D.N.P, in Rhode Island College newsletter, November 2019

### Future Nurses Line Up for Eldercare

When Rhode Island College Professor Sharon Galloway proposed adding a geriatrics focus to the clinical rotation required for nursing program seniors, she received some push back. “Some colleagues thought students would have no interest in working with elders. This was not the case,” states Galloway. Until this point, students in the Transition to Professional Nursing Practice could choose clinical placement in medical/surgical, emergency, pediatrics, maternity and psychiatry. Adding long-term care was a gamble. “We had so many people sign up, we had to lottery for it. I think this speaks volumes.”

Galloway, director of RIC’s Fundamentals of Nursing, has championed geriatrics throughout her career which includes both long-term care nursing and teaching at Toll Gate High School’s career center where she developed a CNA training program. She was therefore a natural choice to serve as principal investigator for a \$111,000 Health System Transformation Project grant that has forged a new

educational frontier that connects RIC students with Rhode Island elders.

“The grant made me think that long-term care belongs in the nursing program. It steered my attention toward how we can impact the lives of our elders. As nurses, making a difference is what we do,” continues Galloway.

RIC nursing senior, Maria Lako, who took part in the intergenerational pilot program last fall, is now continuing to connect with the aging population through the new long-term care clinical available through the Transition program. At Coventry Respiratory and Rehab Center, Lako will rotate within the facility and follow staff to experience medication administration, assessments, wound care, subacute care and dementia care. Coventry joins six other RIHCA homes as initial long-term care clinical sites including Riverview, Kent Regency, Grand View, Apple Rehab Clipper, and Elderwood at Scallop Shell.

### Preparing for Growing Population

While it has been a long journey for Lako, she is excited to graduate this spring with a Bachelor of Nursing degree. She is a fine example of this new generation of healthcare professionals who are dedicated, hard-working and have a true affinity for eldercare. Originally from Liberia, Lako has worked full time as a nursing assistant and taken care of her family while taking one nursing class at a time. She hopes to encourage younger students to enter the long-term care field. “I loved the intergenerational program and getting to know older people. I definitely see myself ending up working with elders when I graduate. I think we are going to need a lot more nurses to take care of this growing population.”



Rhode Island College nursing senior Maria Lako chats with elder partner Hilda Mial, resident of Charlesgate in Providence.



## RI Nursing Centers Outperform Nation for Staff Retention

Staff Turnover Rates	R.I.	vs.	Nation
All Staff	45.3%		64.8%
Direct Care Staff	49%		75.8%
Certified Nursing Assistants	46.2%		73.7%
RNs	56.7%		70.2%
Overall Staff Retention Rate	77%		68.8%

Source: AHCA Trendtracker, January 2020

## Job Growth is on the Menu for R.I. Skilled Nursing Home Employees

- Rhode Island has the highest concentration of nursing assistants in the nation with 21 nursing assistants per 1000 jobs.
- R.I. is in the Top 5 states with share of employment for nursing assistants.
- Projected growth for nursing assistants from 2018 to 2028 – faster than the average for all occupations.

(source: United States Dept of Labor)

<b>10,800*</b>	Total number of Skilled Nursing Workers in RI
<b>390</b>	Management
<b>200</b>	Business/Financial Operations (HR, Training, Accounting)
<b>170</b>	Community and Social Services
<b>2,620</b>	Healthcare Practitioners/Technical (RNs, LPNs, Physical Therapy, Occupational Therapy, Speech Language Pathology, Dietitians)
<b>4,350</b>	Healthcare Support (Nursing Assistants, Physical Therapy Assistants, Occupational Therapy Assistants)
<b>1,210</b>	Food Preparation/Serving Related (Cooks, Servers)
<b>970</b>	Building/Maintenance (Repairs, Housekeeping, Janitors, Laundry)
<b>420</b>	Activities/Recreational Therapy
<b>470</b>	Office/Administration (Payroll, Secretaries)

\*Hundreds more are employed independently through contracted services.  
(Source RI Dept of Labor and Training 2019)

## RI Nursing Centers Pave the Way to Long-term Care Careers

Rhode Island has the highest share of residents 85+ in the U.S. By 2030, 1 in 4 RI residents will be over 65, many with chronic diseases. Rhode Island nursing centers are proactively addressing the need to attract and train more healthcare care workers by partnering with our colleges and schools and offering their centers as clinical training grounds. Students gain first-hand experience of caring for a diverse population and begin to understand the complex medical care and services provided by today's long-term/post-acute care providers.

“Our students shadow every department including nursing, dietary and therapy. We started with just juniors and seniors, but because of demand we have opened up the program for 8th to 12th grade. We had 87 students apply for 50 spots,” states Lauren Fontaine, RN, Director of Medical Pathways, Cranston Area Career and Technical Center. Her students, who graduate high school with C.N.A. certification, visit Cedar Crest Nursing Centre as the long-term care clinical site for this program.



Technology has become essential to a growing population of aging seniors and baby boomers. For those who reside in nursing centers, where most have both physical and cognitive impairments (80-90%), emerging technology can enable persons to perform tasks or functions in activities of daily life, promote a sense of control and dignity, and improve the quality of life.

According to the National Center for Biotechnology Information, “one of the greatest potential benefits from current and emerging technologies would be a possibility to provide a new person-centered environment in LTC settings.” Kingston Health Center, using Virtual Reality in their activities programming, is a great example of this type of nursing center innovation.

### Nursing home introduces virtual reality goggles to its residents



WEST KINGSTON, R.I. (WJAR) — A local nursing home has introduced virtual reality goggles to its residents and they're loving it.

About four months ago, Amy Alvarado, the recreation director at the Kingston Center in West Kingston, reached out to her corporate company, Centers Health Care, requesting they purchase a pair of virtual reality goggles.

A lot of the residents don't get outside much and it's one of the reasons she pushed for them.

“It's just something that gives our residents an experience to travel if they were never able to or if there's places they want to see that they otherwise wouldn't,” said Alvarado.

Alvarado's wish was granted. The nursing home was gifted a pair of goggles.

Gloria Corbin, a resident, lit up with excitement when demonstrating the goggles for NBC 10 News.

She saw an elephant with the goggles on and noted how cute it was.

“I love it, I love the unit very much,” said Corbin. “The animals, they look right at you, it's like you're riding with them.”

“Their reactions like kind of give you chills sometimes,” added Alvarado.

Besides the fun factor, Alvarado said the medical research she did on them has proven to be successful.

“It's really great for stimulating like Alzheimer's, dementia. It just brings life back into them,” she said. “You can just see it.”

The goggles help keep residents occupied and encourage them to move.

Employees said it provides something for seniors to focus on during exercise and helps overall health and cognitive function.

“They were a little leery at first because when you put them on, you really feel like you're there,” said Alvarado. “I have set times on the calendar for virtual reality and they all come and say what they want to see, and I put it on for them.”

Alvarado recommends other nursing homes and facilities try out the virtual reality goggles.

“It's amazing,” she said. “It's touching, and it's really cool I can share this opportunity with them.”

“People should get them because they're very good,” said Corbin. “It's the best Christmas gift to give somebody.”



“The return-on-investment for any (HIT) system is the adoption of products that move the capture of care provided closer to the bedside, increasing opportunities for more frequent and timely documentation. Rhode Island, compared to all states, has good adoption of such products, ranking 14th in overall usage of MDS (Stages 1 and 2) and 9th for POC (Stage 3)”

– Jayne Warwick, RN, HBScN, Marketing Director of Market Insight for PointClickCare

## Technology Gives Staff More Time to Care

Federally mandated, the Minimum Data Set (MDS) must be completed for each resident of a Medicare/Medicaid certified nursing center. Taking on average more than 5 hours to complete, the MDS is considered the most important document in a nursing home. Extensive, it has four areas for resident interviews: Cognitive Patterns, Mood, Daily and Activity Preferences, Pain Assessment. A functional assessment of the resident's ability related to activities of daily living is also included. The MDS also flags a facility's quality measures creating a focus for improvement.

It's no wonder why new technology is being embraced by nursing center staff. Moving from paper to “computers on wheels” and now to wireless healthcare information technology (HIT), today's nursing homes are capturing resident data at the point-of-care (POC) to complete their Electronic Health Record (EHR) and plan of care. Easy access to timely, comprehensive and accurate patient information allows for fully informed care decisions that improve patient safety, as well as decrease avoidable hospital readmissions, Emergency Department (ED) visits, length of stay and other adverse events.

## Study Shows Tech Tools Can Improve Nursing Center Quality

Dr. Gregory Alexander, professor in the Sinclair School of Nursing, and his research team at University of Missouri-Columbia are conducting a three-year study to assess national trends in IT adoption by our nation's nursing centers. They are investigating how IT is being used in resident care, clinical support and administrative activities. Survey findings indicate that with access to right technology tools, quality of care in nursing homes can improve.

“Approximately 16,000 nursing homes exist in the United States, and more than one million older Americans depend on nursing homes for their care. Yet despite the significant role nursing homes play in health care, nursing homes do not receive the same financial incentives to upgrade their IT systems as hospitals”, states Alexander.

“The scores indicate that technology is becoming a greater part of resident care in areas where physicians and nurses work, not just in areas of administration and billing. We found that as IT sophistication increases in resident care, there appears to be a positive impact on quality measures.”



IT brings an order of smiles to the table.

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## RI Nursing Homes Adept at Using IT to Improve Care

PointClickCare, an associate RIHCA member, provides cloud-based Electronic Health Record (EHR) software solutions to long-term/post-acute care providers (LT/PAC). As their nursing center clients progress through five complex stages of EHR adoption – from census management to managing integrated orders - a scorecard is created. Running data against CMS Quality Measures, PointClickCare staff found that as Rhode Island nursing centers enhanced their EHR adoption, quality measures also improved. Areas included decreased long- and short-stay antipsychotic use, decreased emergency room visits and increased functional improvement.

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## Why Receiving the AHCA Quality Awards Tastes Sweet

When Sue Whipple crossed the large convention stage to accept the American Health Care Association (AHCA) Silver Quality award this past fall, she was surprisingly calm. In her 25 and more years as owner and administrator for Cedar Crest Nursing Centre, Sue's had many public speaking occasions but has never relished the spotlight. "I am generally not thrilled about getting up in front of people, but this was an amazing experience. Receiving this award in front of hundreds of cheering peers from all over the country was incredible. I felt like all my staff were up there with me."

### Determination Yields Success

Winning a coveted AHCA Quality award is made all the sweeter because of how exceptionally difficult it is to achieve. Entirely voluntary, the undertaking of the AHCA Quality award process is a rigorous yearlong project consisting of research, self-analysis, and a great deal of writing. A leadership team effort, the application process is a tremendous investment of time and resources as Sue Whipple and her staff at Cedar Crest know. "We applied for the award in the past. When we didn't initially receive the Silver, we were naturally disappointed. But we were determined to win. Although the quality of our care and services was remarkable, we were not yet proficient at collecting the data we needed to tell our story well."

Pam Marchetti, RNC, MS, NHA, CLNC, CPHQ, CHC, DNS-CT, President, Triad Health Care, understands exactly how hard it is to receive a coveted AHCA award. In her capacity as a consultant, she has helped many nursing homes

navigate this difficult application. She is aware that while a nursing center might be doing a great job, narrating their day-to-day quality work within the intricate Baldrige guidelines is another thing all together. Because of the complicated application verbiage, Pam conducts offsite brain storming sessions. Commanding a flipchart with sharpie in hand, she helps nursing centers to define their key systems for clinical, quality and other operational outcome areas. When a nursing home approaches her for help, she is completely upfront with them. To win a Silver or Gold award, a nursing center's work must be at the very highest level. They must have solid systems in place. Winning this award means that the facility must be doing a lot [in terms of care and services] extremely well, with consistently positive results.

### Getting Better at Getting Better

Overall, nursing homes who embark on the AHCA Baldrige journey view the process as an improvement framework to shape their culture of quality and performance excellence. Leaders use their new expertise as a tool to help them align and improve work related to their entire organization. To pursue this prestigious award they must track and understand key performance measures and be able to respond to needed improvement with creativity and agility. According to Marchetti, to achieve Baldrige status, nursing centers "must get better at getting better. And they must get faster at getting better."





## About The Malcolm Baldrige Award

The Malcolm Baldrige National Quality Award (MBNQA), named after the late secretary of Commerce, is an award established by the U.S. Congress in 1987 to raise awareness of quality management and recognize U.S. companies that have implemented successful quality management systems. Given in six categories including healthcare, the award is the nation's highest presidential honor for performance excellence.



'Top Chefs' for the Cedars Take Home the Silver

## Quality Ingredients Ensure Quality Results

Organizations that apply for the Malcolm Baldrige National Quality Award are judged by an independent board of examiners. Recipients are selected based on achievement and improvement in seven areas, known as the Baldrige Criteria for Performance Excellence:

1. **Leadership** How upper management leads the organization, and how the organization leads within the community.
2. **Strategy** How the organization establishes and plans to implement strategic directions.
3. **Customers** How the organization builds and maintains strong, lasting relationships with customers.
4. **Measurement, analysis, and knowledge management** How the organization uses data to support key processes and manage performance.
5. **Workforce** How the organization empowers and involves its workforce.
6. **Operations** How the organization designs, manages, and improves key processes.
7. **Results** How the organization performs in terms of customer satisfaction, finances, human resources, supplier and partner performance, operations, governance and social responsibility, and how the organization compares to its competitors.

Apple Rehabilitation Clipper  
 Apple Rehabilitation Watch Hill  
 Bannister House  
 Bayberry Commons ■  
 Berkshire Place ▲  
 Brentwood Nursing Home  
 Briarcliffe Manor, ▲  
 Brookdale Sakonnet Bay  
 Brookdale South Bay  
 Cedar Crest Nursing Centre ■  
 Charlesgate Nursing Center  
 Cherry Hill Manor ▲  
 Cra-Mar Meadows  
 Crestwood Nursing  
 & Rehabilitation Center  
 Eastgate Nursing  
 & Rehabilitation ▲  
 Elderwood at Riverside ■  
 Elderwood at Scallop Shell ■  
 Elmhurst Rehabilitation  
 & Healthcare Center ▲  
 Elmwood Health Center ■  
 Evergreen House ▲  
 Friendly Home ■  
 Golden Crest Nursing Centre ▲  
 Grand Islander ●  
 Grandview Center ▲  
 Greenville Skilled Nursing  
 & Rehabilitation Center ▲  
 Greenwood Care  
 & Rehabilitation Center ▲  
 Harris Health Care Center-North  
 Heatherwood Nursing  
 & Subacute Center ▲  
 Hebert Health Center ▲  
 Heritage Hills Nursing ▲  
 Holiday Retirement Home  
 Hopkins Manor ▲  
 John Clarke Retirement Center  
 Kent Regency Center ▲  
 Kingston Center  
 Mansion Nursing  
 & Rehabilitation Center  
 Morgan Health Center ▲

Oak Hill Nursing  
 & Rehabilitation ■  
 Oakland Grove Health  
 Care Center  
 Orchard View Manor ▲  
 Overlook Nursing &  
 Rehabilitation Center  
 Pawtucket Skilled Nursing  
 & Rehabilitation ▲  
 Respiratory & Rehabilitation  
 Center of RI ▲  
 Riverview Health Center ▲  
 Roberts Health Centre  
 Royal Middletown ▲  
 Royal Westerly  
 Silver Creek Manor ■  
 South County Nursing  
 & Subacute Center ■  
 South Kingstown Nursing  
 & Rehabilitation ■  
 Stillwater Assisted Living  
 & Skilled Nursing Community  
 Summit Commons  
 Sunny View Nursing Home  
 The Cove at Grace Barker  
 Trinity Health Center ▲  
 Village at Waterman Lake  
 Village House Nursing  
 & Rehabilitation Center ■  
 Warren Skilled Nursing  
 & Rehabilitation Center ▲  
 Waterview Villa, Inc.  
 West Shore Health Center ■  
 West View Nursing  
 & Rehabilitation Center ■  
 Westerly Health Center ■  
 Woodpecker Hill Health Center ▲  
 Woonsocket Health  
 & Rehabilitation Center ▲

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- AHCA Quality Award Gold Winner
  - AHCA Quality Award Silver Winner
  - ▲ AHCA Quality Award Bronze Winner

## 2019 RIHCA QUALITY Award Winners

Distinguished Administrator

**Tracie Arel**

Roberts Health Centre

Social Worker of the Year

**Jennifer Brown**

West Shore Health Center

Distinguished CNA

**Ilda Lopes**

Eastgate Nursing and Rehabilitation

Activity Director of the Year

**Gerry McVeigh**

Westerly Health Center

Exceptional Service Award

**Diana Coelho**

Eastgate Nursing and Rehabilitation

Exceptional Service Award

**Lou Lavigne**

Trinity Health Center

Lifetime Achievement Award

**Hugh Hall**

John Clarke Retirement



### Christmas Cut Out Cookies

*In memory of Maureen Sprague, Cedar Crest short-stay patient*

¾ c butter  
1 1/4 c packed brown sugar  
1 ½ tsp vanilla extract  
1 tsp lemon juice  
2 eggs  
3 cups sifted flour  
2 tsp baking powder  
½ tsp salt  
(frosting)

Cream butter add sugar and beat until light and fluffy. Add vanilla and lemon juice. Add eggs, one at time, beating well after each. Sift flour, baking powder, and salt. Add to creamed mixture and beat well. Chill. Roll dough to about 1/8" thickness. Cut into trees (or other shapes). Bake at 425 in preheated oven for 5 minutes or until edges are lightly browned. Cool. Frost. Decorate. Makes 3-4 dozen.

### Amanda Roberge's Grandmother's Crustless Italian Rice Pie

Grand Islander Food Service  
Director's Family recipe.

1 dozen eggs  
2 cups of white cooked rice  
2 cans crushed pineapple w/juice  
2 cans evaporated milk  
1 1/2 cups of sugar  
2 teaspoons of vanilla extract

Mix eggs, all crushed pineapple / juice, cooked rice, 2 cans of evaporated milk, 1 1/2 cups of sugar, 2 teaspoons of vanilla extract in a big bowl pour in to 13 x 9 ungreased pan. Cook at 350 degrees for about an hour or until firm. Cool. Sprinkle a little bit of ground cinnamon on top. Serve cold.

### Rhode Island Style Calamari

1 lb Town Dock tubes and tentacles, trimmed and cut into ½ inch rings  
¾ cup of flour  
1 teaspoon garlic powder  
Black pepper to taste  
Corn oil  
Pickled hot cherry peppers, sliced  
Pepperoncini rings, sliced  
1 tablespoon pepperoncini juice  
3 cloves garlic, peeled & chopped

Heat corn oil in a heavy skillet on medium-high. Coat pan with ¼ inch of oil. Mix flour, garlic powder and pepper in a plastic bag. Add squid and shake evenly, coating the squid. Shake off excess flour. Add ½ pound squid to skillet when oil is hot. Cook until crisp and brown (approx. 1½ min). Remove from oil and drain on paper towels. Add remaining squid to oil and repeat. Sauté fresh garlic in oil. Add all peppers and a tablespoon of pepperoncini juice and heat. Mix in the squid, coat evenly and serve!

### Dominican Rice & Beans

*from Elmwood Nursing & Rehabilitation Center*

3 tablespoons vegetable oil  
1 small red onion, cubed  
half of a green and/or red bell pepper, cubed  
2 cloves of garlic, minced  
1 tablespoon cilantro, chopped  
2 tablespoons tomato sauce  
2 cubes of chicken bouillon (caldo de pollo)  
1 pack of sazón (culantro y achiote)  
1 teaspoon oregano  
1/2 teaspoon adobo  
1/2 teaspoon ground black pepper  
1 can red or pinto beans, with liquid  
2 1/2 cups water  
3 cups rice

In a cast-iron pot, heat oil over medium heat. Sauté vegetables, herbs and spices for 2-3 minutes. Add beans with its liquid and water. Bring to boil, add rice, stirring occasionally to avoid sticking to the pot. Once the rice has soaked up all the water and begins to dry, turn heat to low. Cover and let cook for 25 minutes. Then, stir the rice and cover for an additional 5 minutes. Serve warm. Makes six servings.



## OUR MISSION

The Rhode Island Health Care Association (RIHCA) is a non-profit trade association representing more than 80 percent of the nursing homes in Rhode Island. Founded in 1972, we are a state affiliate of the American Healthcare Association.

RIHCA's mission is to enhance our members' ability to provide sustainable quality health care and quality of life to the residents and patients of Rhode Island's skilled nursing centers.

We strive to continually advocate for our member homes and provide information, education and administrative tools to our member facilities, policymakers and consumers.



Enhancing Quality in Rhode Island's Nursing Homes

57 Kilvert Street, Warwick, RI 02886 | [rihca.com](http://rihca.com) | 401-732-9333