



# ORGANIZATION-WIDE COMMITMENT

## St. Johnland Nursing Center, Kings Park, NY

In recognition of organization-wide commitment to quality improvement and reducing readmissions.



### Quality Improvement Through CMS National Nursing Home Quality Care Collaborative (NNHQCC) Participation

#### BACKGROUND

- A non-profit, urban, skilled nursing facility
- Offering specialized care in Alzheimer's/dementia care, head injury rehabilitation, subacute care, and adult day care
- 250 certified beds
- 5 STAR Quality Measure Rating
- Caring for the needy since 1866

St. Johnland's clinical and leadership team manifested its commitment to quality improvement by focusing on key areas:

- Communication with hospitals
- Wound care
- Falls

Working with the IPRO QIN-QIO, St. Johnland implemented focused interventions that led to measurable improvements in these domains.

#### APPROACH

The St. Johnland team regularly monitors multiple data sources and has improved patient safety measures and sustained that improvement over time.

##### Communications with Acute Care Facilities

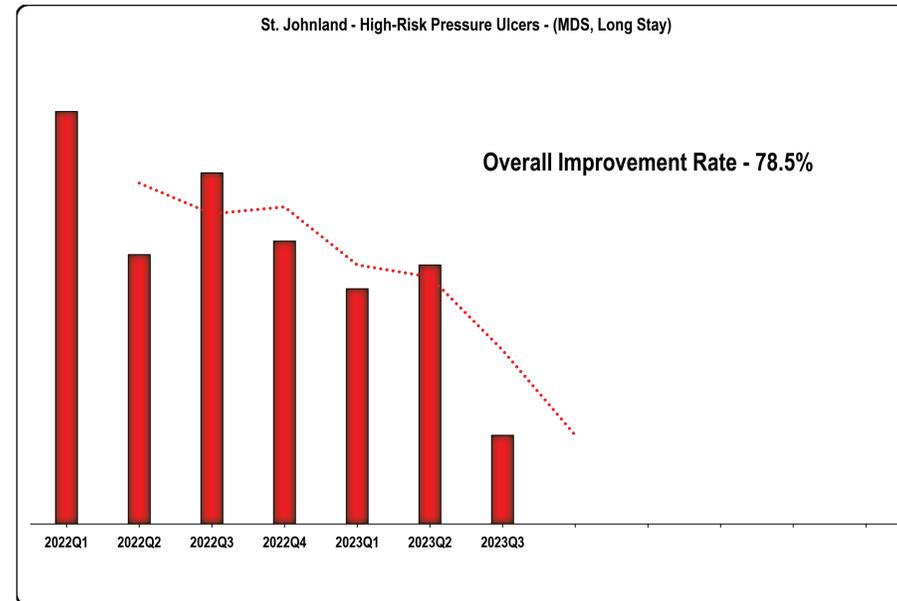
St. Johnland took a multi-faceted approach to reduce admissions, readmissions, and emergency department visits. To improve communication with partner hospitals, St. Johnland established a direct line to identify next steps for patient transitions and to discuss assessments and follow-up care. To reduce unnecessary readmissions and transfers, referrals are made with a focus on first determining the right placement for the individual, the correct location, and the right time for transitioning.

##### Wounds/Pressure Injuries

- The team realized that improvements in skin assessment and interventions would help to identify early changes and reduce emergency department visits as well as transfers.
- Additional interventions included education and wound management, weekly rounding with providers, and reduction of skin injuries.
- The facility placed an increased focus on skin management upon admission.
- The staff implemented and continues to use the IPRO QIN-QIO Wound Tracker.

##### Falls

- The team implemented and continues to use the IPRO QIN-QIO Falls Tracking Tool.
- They identify trends, including locations and frequency of falls within the facility, and have implemented sustainable and effective interventions to prevent falls based on the noted trends.
- The staff participated in the IPRO-sponsored "Falls and Injury Prevention" webinar series, featuring six monthly webinars, each followed by an open forum and coaching sessions.



#### Pressure Ulcer Data Input Worksheet

MONTHLY PRESSURE ULCER TRACKING FORM										Enter "X" for each week					Additional Comments				
Location / Unit	Resident Last Name, First Name	Date of Admit or Re-Admit	Room #	Bed	PU Site* 1=Heel 2=Foot 3=Buttocks 4=Sacrum 5=Elbow 6=Thigh 7=Hip 8=Coccyx 9=Back 10=Ear 11=Trichium 12=Ankle 13=Knee 14=Other	Location Detail	Date of Wound Onset	PU# Acquired in House	PU# Prior to Admit/Re-Admit (PTA)	Date Wound Healed	Age of Wound in Days	Days to Heal	Discharge or Death during Current Month	Wk 1		Wk 2	Wk 3	Wk 4	Wk 5
1	[REDACTED]	03/02/10	300	B	8		03/02/10	3		29				N	S	S	I	S	3
4	1	[REDACTED]	03/02/10	200	A	10	RIGHT	03/02/10	2	03/28/10	24			N	S	I	I	H	
5	1	[REDACTED]	01/28/10	201	A	3	RIGHT	02/12/10	2	03/12/10	28	x		I	H				
6	1	[REDACTED]	02/22/10	109	A	1	RIGHT	02/22/10	3		37			S	S	I	I	S	2
7	2	[REDACTED]	03/10/10	111	A	1	RIGHT	03/11/10	1	03/18/10	5			N	H				
8	2	[REDACTED]	08/25/09	115	A	5	RIGHT	02/12/10	2	03/09/10	25			I	I	H			
9	2	[REDACTED]	02/17/10	110	A	1	LEFT HEEL	02/17/10	2	03/15/10	26			I	I	H			
10	2	[REDACTED]	10/12/08	113	A	1	LEFT HEEL	10/12/08	3	535				S	S	I	S	S	2
11	2	[REDACTED]	01/07/10	201	A	7	LEFT	01/07/10	3		83			S	W				4
12	2	[REDACTED]	02/05/10	221	B	2	RIGHT	02/20/10	2	03/16/10	24			I	I	H			
13	2	[REDACTED]	03/02/10	217	B	3	LEFT BUTTOCKS CLEFT	03/02/10	3		29			N	S	S	I	S	3
14	2	[REDACTED]	01/04/10	217	B	6	RIGHT POSTERIOR THIGH	03/05/10	1	03/09/10	4			N	H				

#### RESULTS

The work of the St. Johnland team has resulted in

- A 78.5% rate of relative improvement in reducing the percent of long-stay nursing home residents at risk for pressure ulcers, based on having previously experienced a pressure ulcer.
- Zero opioid hospitalizations due to adverse drug events in both baseline and performance periods.
- Zero hospitalizations due to *C.diff* in both baseline and performance periods.
- Zero hospitalizations due to fall-related wounds/pressure injuries.
- Meeting target rates for residents being up to date on COVID vaccinations.

#### CONCLUSIONS

The St. Johnland team has actively participated in the NNHQCC since its inception in 2002. The staff is open to new ideas and are among the first to use IPRO-developed tools to track events in patient safety focus areas such as falls, pressure injuries, infection control, and transfers to emergency departments and hospitals. They participate in IPRO QIN-QIO presentations and share their efforts and results collaboratively with staff from other participating nursing homes.

Their exemplary management of the Quality Assurance/Performance Improvement (QAPI) program has resulted in improvements in patient safety that have been sustained over time.