Healthcare Quality Reporting Program

NURSING HOME SUBCOMMITTEE

3-4:30pm, 04/19/11
RIHCA, 57 Kilvert Street, Warwick, RI

Goals/Objectives
▪ To advise the Department on nursing home reporting and implement agreed-upon policies

Invitees		
T Rosa Baier, MPH	G Bill Keough	**T** Janet Robinson, RN, M.Ed, CIC
T Lonnie Bisbano	G Ann Messier	G Raymond Rusin
G John Gage, MBA, CNHA, CAS, FACHCA	**T** Jim Nyberg, MPA	G Lynda Sprague
T Diane Gallagher	G Gail Patry, RN, CPEHR (Chair)	**T** Samara Viner-Brown, MS
T Stefan Gravenstein, MD, MPH	G Mariana Peterson, BSN	**T** Rachel Voss, MPH
G Hugh Hall, MA	G Arthur Pullano	G Sylvia Weber, MSN, PCNS
G Joan Hupf, RN	G Adele Renzulli	

Time	Topic/Notes
3:00pm	**Welcome** *Rosa Baier, MPH*

- Rosa reviewed the meeting objectives, which included a debrief on the satisfaction survey process and several Open Forum topics from Stefan.
- She then reviewed the previous meeting's action items:
  - **Partner with Subcommittee on draft press release** (Rachel) – Complete

    Rachel drafted the press release with input from RIAFSA and RIHCA, and HEALTH is now finalizing it with a quote from Dr. Fine. We anticipate releasing it late this week or early next week. The most recent draft was included with the meeting handouts.
  - **Send the satisfaction Methods with today's minutes** (Rachel) – Complete

    Rachel sent the Methods with the last meeting's minutes.
  - **Identify data display options prior to releasing this public report** (Gail) – Complete

    The Subcommittee also had an ad hoc conference call on 3/3 (between meetings), to review the diamond calculation methodology and recommend a reporting format.

3:10pm **Nursing Home Satisfaction Debrief**
Rosa Baier, MPH
Rachel Voss, MPH

- Debrief:

  - My InnerView's sale

    At the end of December, My InnerView notified HEALTH and Quality Partners that they had been sold and that the point of contact for the state's reporting efforts would change. This resulted in a delay in receipt of the 2010 data and also a delay in My InnerView's ability to answer questions about the data, once received.

  - Diamond methodology

    During discussion of the draft report at the 2/15 Subcommittee meeting, participants asked for clarification about how the diamonds are calculated. Rosa subsequently sent the following text from the Methods report:

    "The diamonds compare each facility's score to the state average, allowing consumers to determine whether or not that facility is better or worse than the average.

    - *"The one- and three-diamond cut-points are the 25th and 75th percentile of all Rhode Island scores.*
    - *"To have one diamond (—) the score must fall below the 25th percentile and its margin of error, or "95% confidence interval," cannot include the Rhode Island average.*
    - *"To have three diamonds (———) the score must fall above the 75th percentile and its margin of error, or "95% confidence interval," cannot include the Rhode Island average.*

    "If the 95% confidence interval includes the Rhode Island average, then the nursing home's score is not accurate enough to categorize it as better or worse than other nursing homes. The nursing home then has two diamonds for that score (——)."

    To clarify the Satisfaction Report, the raw scores (percentages) were removed and only the diamonds were reported (see handout). This is consistent with the 2009 report and was approved by those who participated in the ad hoc conference call on 3/3. The pending environmental scan will focus on statistical methods and visual presentation. We will also look at how the Advancing Excellence Campaign presents their data. There may also be opportunities to seek a grant to show whether consumers use these reports to choose nursing homes or not.

  - Press release

    As mentioned in the action items, Rachel drafted the press release with input from RIAFSA and RIHCA, and HEALTH is now finalizing it with a quote from Dr. Fine. We anticipate releasing it late this week or early next week. The most recent draft was included with the meeting handouts.

  - 2011 planning

    One of the outcomes from the 3/3 call was a request to revisit the report format and methodology prior to the 2011 satisfaction survey process. As a result, Rachel has begun an environmental scan to identify other states with reports and compare/contrast their methodology with ours. This will be the topic of discussion of an upcoming Subcommittee meeting. Rosa mentioned possibly adding percentages to the methods document, similar to other settings' reports (e.g., hospital).

    The other "between survey" task is to identify any nursing home educational opportunities for

Summer 2011. The associations noted that they incorporate areas of improvement into their usual educational curriculum; there are no additional needs currently, though HEALTH is happy to help facilitate education.

The group discussed what sort of follow-up should occur for homes who did not report; they are supposed to receive state-level citations. The group may consider: 1) specifically targeting those who are out of compliance for the second year in a row, or 2) requiring homes to pay for a second survey to ensure they have something to report.

Clinical reporting is still on hold, pending Home Health Compare reporting.

3:55pm **Open Forum & Next Steps**
Rosa Baier, MPH

- Stefan shared several care transitions topics, and asked for the group's input.

  - 3/29 Transitions Summit

    On 3/29, Quality Partners convened a statewide Transitions Summit with approximately 250 providers and stakeholders in attendance. About 20% of the audience represented the nursing home setting. Among the meeting outcomes was a preliminary "Rhode" map for future care transitions work (see handout), including a request for nursing homes to focus on advance care planning.

  - Medications for discharge to community

    The Picker Always Events project is evaluating possibilities for improved patient education as well as logistical support; could the nursing home send patients home with enough medications to get them to their first doctor visit?

    As a side note, East Side Labs went live today in providing data to *current*care, another venue for ensuring appropriate medication communication (and reconciliation) between healthcare settings.

  - Antibiotic stewardship

    Locally, Stefan discussed a project to identify high-prescribing doctors (individually or at the ward- or facility-level) for education. The project could also identify whether the referring hospital is related to antibiotic prescriptions. By partnering with Memorial Hospital, OmniCare, the Genesis homes, and East Side Labs (and possibly Pharmerica), the project will mostly spark conversation around the issue of judicious test/lab ordering (vs. defensive medicine) and identifying when/where people could intervene.

    Nationally, Dr. Nimalie Stone (CDC) is highly involved with infection control in nursing homes and hospitals, including a current pilot project in VT focusing on infection control practices.

  - Communication preferences

    Stefan is partnering with HEALTH and the Rhode Island chapter of AMDA to survey nursing homes, EDs, and hospitals about cross-setting communication with one another. The results will inform work at HEALTH, AMDA, and also within Quality Partners' Safe Transitions Project, which is currently developing "best practices" for nursing home communication with community partners (e.g., hospitals and physician offices). Stefan asked for the group's input on a draft survey (see handout). You can also preview the survey at https://www.surveymonkey.com/s/32GLY2W.

    The group offered some revisions:

    1) Add labs
    2) Reword question 1: In parentheses, add "Where do you work?"

Rosa indicated that Quality Partners would also reach out to anyone interested in participating in the nursing home best practice development process.

- **Action items**:
  - Do environmental scan of nursing home satisfaction reporting (Rachel)
  - Identify the status of follow-up with non-reporting nursing homes (Sam)
  - Contact Rosa if interested in participating in developing best practices (Subcommittee)
  - Send feedback on communication preferences survey to sgravenstein@riqio.sdps.org by COB on **Tuesday April 26th** (Subcommittee)

- Next meeting: 06/21/11

Rhode Island Department of Health

2010 Nursing Home Satisfaction Report

			Area of Performance				
Nursing Home *(Alphabetical)*	**Bed Size**	**Survey**	**Quality of Care**	**Quality of Life**	**Quality of Services**	**Overall Satisfaction**	**Total**
ALPINE NURSING HOME INC.	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
APPLE REHAB CLIPPER	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
AVALON NURSING HOME	31	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
BALLOU HOME FOR THE AGED	43	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆	◆◆	◆◆◆	◆◆
BANNISTER HOUSE, INC	95	Family	◆	◆	◆	◆	◆
		Resident	--	--	--	--	--
BAYBERRY COMMONS	110	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆◆	◆
BERKSHIRE PLACE NURSING AND REHABILITATION CENTER	165	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆
BETHANY HOME OF RHODE ISLAND	33	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
BRENTWOOD NURSING HOME	96	Family	◆◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
BRIARCLIFFE MANOR	122	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
CEDAR CREST SUBACUTE & REHABILITATION CENTRE	156	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CHARLESGATE NURSING CENTER	140	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CHERRY HILL MANOR NURSING AND REHABILITATION CENTER	172	Family	◆	◆◆	◆	◆	◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
CHESTNUT TERRACE NURSING AND REHABILITATION CENTER	58	Family	◆	◆◆	◆◆	◆◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

-- No completed surveys, so no rating is possible

2010 Nursing Home Satisfaction Report

Nursing Home *(Alphabetical)*	Bed Size	Survey	Area of Performance: Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
CORTLAND PLACE	80	Family	◆	◆	◆	◆	◆
		Resident	N/A	N/A	N/A	N/A	N/A
COVENTRY CENTER	210	Family	◆	◆	◆	◆◆	◆
		Resident	◆	◆	◆	◆	◆
CRA-MAR MEADOWS	41	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
CRESTWOOD NURSING AND CONVALESCENT HOME	76	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
EASTGATE NURSING & RECOVERY CENTER	68	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
ELMHURST EXTENDED CARE	194	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆	◆	◆	◆
ELMWOOD HEALTH CENTER	70	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
EMERALD BAY MANOR	30	Family	N/A	N/A	N/A	N/A	N/A
		Resident	--	--	--	--	--
EPOCH SENIOR HEALTHCARE ON BLACKSTONE BOULEVARD	55	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
EVERGREEN HOUSE HEALTH CENTER	160	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
FOREST FARM HEALTH CARE CENTER, LLC	50	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
FRIENDLY HOME	126	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
GOLDEN CREST NURSING CENTRE	152	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆
GRACE BARKER NURSING CENTER,INC.	86	Family	◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆◆	◆◆	◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

-- No completed surveys, so no rating is possible

2010 Nursing Home Satisfaction Report

			Area of Performance				
Nursing Home *(Alphabetical)*	**Bed Size**	**Survey**	**Quality of Care**	**Quality of Life**	**Quality of Services**	**Overall Satisfaction**	**Total**
GRAND ISLANDER	148	Family	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
GRANDVIEW CENTER	72	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
GREENVILLE CENTER	131	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆
GREENWOOD CARE AND REHABILITATION CENTER	130	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆	◆◆	◆
HALLWORTH HOUSE	57	Family	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HARRIS HEALTH CARE NORTH	32	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆	◆	◆	◆◆	◆
HARRIS HEALTH CENTER	31	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆	◆
HATTIE IDE CHAFFEE HOME	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
HEATHERWOOD NURSING & REHABILITATION CENTER	112	Family	◆◆◆	◆◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HEBERT NURSING HOME INC	133	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HERITAGE HILLS NURSING CENTRE, LLC	95	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆	◆	◆◆	◆
HOLIDAY RETIREMENT HOME	170	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HOPKINS MANOR, LTD.	200	Family	◆◆◆	◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆◆	◆◆	◆◆
JEANNE JUGAN RESIDENCE	44	Family	◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆

◆◆◆ Statistically better than the Rhode Island average

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JOHN CLARKE RETIREMENT CENTER	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
KENT REGENCY	153	Family	◆◆	◆◆	◆◆	◆	◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
LINN HEALTH CARE CENTER	84	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MANSION NURSING AND REHABILITATION CENTER	62	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MORGAN HEALTH CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MOUNT ST. FRANCIS HEALTH CENTER	158	Family	◆	◆◆	◆◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MOUNT ST. RITA HEALTH CENTRE	98	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
NANCYANN NURSING FACILITY	20	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
NORTH BAY MANOR	44	Family	◆	◆◆	◆◆	◆	◆
		Resident	N/A	N/A	N/A	N/A	N/A
OAK HILL NURSING AND REHABILITATION CENTER	139	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
OAKLAND GROVE HEALTH CARE CENTER	172	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
ORCHARD VIEW MANOR NURSING AND REHAB	166	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆◆	◆◆◆	◆◆	◆◆
OVERLOOK NURSING & REHABILITATION CENTER	100	Family	◆◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
PARK VIEW NURSING HOME	66	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

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PAWTUCKET CENTER	154	Family	◆◆	◆◆	◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
PAWTUXET VILLAGE CARE AND REHABILITATION CENTER	131	Family	◆	◆	◆	◆	◆
		Resident	◆	◆	◆	◆	◆
PINE GROVE HEALTH CENTER	69	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
RHODE ISLAND VETERANS HOME	260	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
RIVERVIEW HEALTHCARE COMMUNITY	190	Family	◆	◆◆	◆	◆	◆
		Resident	◆	◆	◆	◆	◆
ROBERTS HEALTH CENTRE INC.	66	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	--	--	--	--	--
SAINT ANTOINE RESIDENCE	260	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SAINT ELIZABETH HOME	120	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SAINT ELIZABETH MANOR	133	Family	◆◆◆	◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
SAKONNET BAY MANOR	30	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
SCALABRINI VILLA	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SCALLOP SHELL NURSING & REHABILITATION CENTER, INC	72	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SCANDINAVIAN HOME	74	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SHADY ACRES, INC.	55	Family	◆◆	◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

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2010 Nursing Home Satisfaction Report

Nursing Home *(Alphabetical)*	Bed Size	Survey	Area of Performance: Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
SILVER CREEK MANOR	128	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆◆	◆◆	◆◆	◆◆
SOUTH BAY MANOR	57	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SOUTH COUNTY NURSING AND REHABILITATION CENTER	120	Family	◆	◆◆	◆◆	◆	◆
		Resident	--	--	--	--	--
SOUTH KINGSTOWN NURSING AND REHABILITATION CENTER	112	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
ST. CLARE HOME	47	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
STEERE HOUSE NURSING AND REHABILITATION CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SUMMIT COMMONS	130	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆	◆◆	◆
SUNNY VIEW NURSING HOME	57	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
TOCKWOTTON HOME	42	Family	◆◆	◆◆	◆◆	◆◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
VILLAGE AT WATERMAN LAKE	22	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
VILLAGE HOUSE	95	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆	◆◆	◆◆	◆◆
WARREN CENTER	63	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
WATCH HILL CARE & REHAB	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
WATERVIEW VILLA	132	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

-- No completed surveys, so no rating is possible

			Area of Performance				
Nursing Home *(Alphabetical)*	**Bed Size**	**Survey**	**Quality of Care**	**Quality of Life**	**Quality of Services**	**Overall Satisfaction**	**Total**
WEST SHORE HEALTH CENTER	145	Family	--	--	--	--	--
		Resident	N/A	N/A	N/A	N/A	N/A
WEST VIEW HEALTH CARE CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆	◆◆	◆◆
WESTERLY HEALTH CENTER	106	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆◆	◆◆	◆◆	◆◆
WESTERLY NURSING HOME	66	Family	◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
WOODLAND CONVALESCENT CENTER, INC	40	Family	--	--	--	--	--
		Resident	--	--	--	--	--
WOODPECKER HILL NURSING HOME	41	Family	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
WOONSOCKET HEALTH CENTRE	150	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

-- No completed surveys, so no rating is possible

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FOR IMMEDIATE RELEASE
Date: 4/11/11
Contact: XX

Consumer Satisfaction in Rhode Island Nursing Homes Outpaces National Rates

The Rhode Island Department of Health (HEALTH) has released the results of the 2010 survey on resident and family satisfaction with nursing home care in Rhode Island. For the sixth consecutive year, this annual survey indicates that nursing home care in Rhode Island overall exceeded the national benchmark. James Nyberg, Director of LeadingAge Rhode Island, responds, "We can all be pleased that these results once again reflect the hard work of nursing homes in Rhode Island to provide quality care to our most frail citizens."

A total of 92% of residents and family respondents for 2010 rated their satisfaction with the facility as either "good" or "excellent." Only 89% of residents and 87% of families gave such positive results nationally. Similarly, 92% of residents and families would recommend their nursing home to others, compared with 88% (residents) and 87% (families) nationally.

"Who better to judge the quality of care in nursing homes than those who use their services?" asks Virginia Burke, President/CEO of the Rhode Island Health Care Association. "Our providers have led the country in quality improvement initiatives. It's nice to know that those efforts are recognized by those receiving care in our nursing homes, as well as their families."

Satisfaction scores are available at http://www.health.ri.gov/nursinghomes/about/quality/. Consumers can use these satisfaction scores when comparing nursing homes. On the same site, consumers can also compare care outcomes reported by the Centers for Medicare & Medicaid Services. These reports are most useful when consumers also visit nursing homes and get opinions from friends and family.

The satisfaction scores are not just for residents and families. "In addition to giving consumers valuable information, these data help nursing homes monitor their own residents' experiences," said Gail Patry, Director of Long Term Care at Quality Partners of Rhode Island and Chair of the public reporting program's Nursing Home Subcommittee. Supplemental information describing how these scores are put together appears with the scores on the same HEALTH website: http://www.health.ri.gov/nursinghomes/about/quality/.

Many organizations partner to make these reports possible, including all of the licensed nursing homes in Rhode Island; the Rhode Island Health Care Association; LeadingAge Rhode Island; the Alliance for Better Long Term Care; the Rhode Island Department of Human Services; the Rhode Island Department of Elderly Affairs; the Rhode Island Long Term Care Coordinating Council; and the Department of Health's contractor, Quality Partners of Rhode Island.

###

“Rhode” Map for Action

Back to the C’s -

1. **Consumer engagement**: Activate patients and ensure role in transferring information between providers
2. **Consumer voice:** Person-**directed** care
3. **Commitment**: What will you or your organization do differently? (postcard)
4. **Collaboration**: Participate in a state collaborative
5. **Communication**: Establish all-physician database
6. **Care delivery**: Implement evidence-based best practices
7. **Care incentives:** Medical homes enough?
8. **Care timeliness**: Open Access scheduling (or clinics?)

“Rhode” Map for Action

- **All settings:**
  - Implement best practices, including med reconciliation
  - Encourage HIE enrollment
  - Standardize patient education materials
- **Home health**: Facilitate post-hospital physician appt
- **Hospital**: Consider primary care clinics; ensure remote EMR access to clinicians without admitting privileges
- **Nursing home**: Discuss, revisit advance care planning
- **Physician office**: Become medical homes; discuss, revisit advance care planning
- **Payor**: Incentivize evidence-based care transitions care
- **Regulatory**: Expand CoC Form mandate to physicians

Nursing Home & Hospital Communication

The following needs assessment should take no more than 5 minutes to complete. Your input will help the Department of Health understand how to enhance communication between nursing homes and hospitals when transfering patients between the two facilities, and thereby improve patient outcomes.

Thank you for your input.

* 1. Where do you receive patients? (Use this perspective when answering the following questions.)

- ◯ Hospital
- ◯ Emergency Department (ED)
- ◯ Nursing home

2. When RECEIVING a patient from a nursing home, what is the minimum information you need and when? (Check all that apply.)

	Prior to admission	At time of admission	After admission	Not needed
Medications	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Reason(s) for being sent	☐	☐	☐	☐
Relevant baseline symptoms	☐	☐	☐	☐
Pressure ulcers	☐	☐	☐	☐
Drug-resistant bacterial infections	☐	☐	☐	☐
Special equipment needed for care	☐	☐	☐	☐

Other (please specify):

3. Please indicate the extent to which you agree or disagree with the following statements. Prior to receiving a patient's Continuity of Care (CoC) Form:

	Strongly disagree	Disagree	Agree	Strongly agree
Contact with nursing home from which you receive patient is important.	◯	◯	◯	◯
Access to electronic medical records is sufficient.	◯	◯	◯	◯
Phone communication with nursing home is sufficient.	◯	◯	◯	◯

4. When would you prefer to receive the Continuity of Care (CoC) Form?

☐ Prior to admission ☐ At time of admission ☐ After admission ☐ Before & after admission

5. When DISCHARGING a patient to a nursing home, what is the minimum information you can provide and when? (Check all that apply.)

	Prior to discharge	At time of discharge	After discharge	Not needed
Medications	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Reason(s) for being sent	☐	☐	☐	☐
Relevant baseline symptoms	☐	☐	☐	☐
Pressure ulcers	☐	☐	☐	☐
Drug-resistant bacterial infections	☐	☐	☐	☐
Special equipment needed for care	☐	☐	☐	☐

6. What is your preferred method of communicating patient information for the following?

	E-mail	Telephone	Fax	Paper
RECEIVING a patient from a nursing home	○	○	○	○
DISCHARGING a patient to a nursing home	○	○	○	○

7. When RECEIVING a patient from a hospital, what is the minimum information you need and when? (Check all that apply.)

	Prior to admission	At time of admission	After admission	Not needed
Medications	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Reasons for being sent	☐	☐	☐	☐
Relevant baseline symptoms	☐	☐	☐	☐
Pressure ulcers	☐	☐	☐	☐
Drug-resistant bacterial infections	☐	☐	☐	☐
Special equipment needed for care	☐	☐	☐	☐

Other (please specify):

8. What is your preferred method of communication for the following?

	E-mail	Telephone	Fax	Paper
RECEIVING a patient from a hospital	○	○	○	○
DISCHARGING a patient to a hospital	○	○	○	○

9. Please indicate the extent to which you agree that having a Continuity of Care (CoC) Form prior to patient admission is helpful to ensure adequate preparation (e.g., room set up and infection precautions, if needed).

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Agree
- ◯ Strongly agree

10. How far in advance to RECEIVING the patient would you like the Continuity of Care (CoC) Form?

- ◯ 6 hours before
- ◯ 12 hours before
- ◯ 24 hours before
- ◯ 2-3 days before
- ◯ Other (please specify):

11. Please provide any additional comments or recommendations to help improve communication between nursing homes and hospitals/EDs.

Thank you. Your input helps us understand existing hospital-nursing home communication and your preferences.