



# On-Time Quality Improvement for Long-Term Care

## Frequently Asked Questions

### ***What is the On-Time Quality Improvement for Long-Term Care Initiative?***

The On-Time Quality Improvement for Long-Term Care Initiative is funded by the Federal Agency for Healthcare Research and Quality (AHRQ), with support from the California Healthcare Foundation, to improve long-term care by turning daily documentation into useful information that enhances clinical care planning. Front-line teams work to streamline daily care documentation, redesign workflow, and improve interdisciplinary communications. One of the program's key objectives is the reduction of in-house pressure ulcer rates.

### ***Why should our facility join this initiative?***

There are several reasons why your facility should join this project:

- Increase use of certified nurse assistants (CNA) daily documentation in clinical decisionmaking. Of all nursing home staff, CNAs spend the most time with residents. By using on-time tools to document key observations on every shift, critical information is made available for decisionmaking by the entire care team.
- Identify residents at risk for pressure ulcer development sooner to prevent adverse consequences.
- Improve all aspects of care—not just care for pressure ulcers, but across the board—through better documentation of all aspects of resident care and through on-time feedback reports to inform care planning.
- Save money by reducing pressure ulcer development. The savings from preventing just one stage 3 ulcer and one stage 2 ulcer will more than cover the cost of participating in the project for a year.
- Increase CNA job satisfaction and involvement in multidisciplinary quality improvement teams.

- Move your facility from a fragmented, paper-based environment to a more efficient electronic-based environment.

### ***How many nursing facilities are in the initiative now?***

As of spring 2007, 38 nursing facilities located in 15 States have participated in the project. Fifteen of the participating facilities are in California.

### ***How does the project work?***

This project harnesses the wealth of clinical information documented daily by CNAs to increase the power of interdisciplinary team discussions and care planning. A key component of the work is bringing the entire clinical care team—CNAs, dieticians, nursing coordinators, and managers—to the table and engaging them in discussions about workflow, documentation, and care planning. The project team works with clinical care staff to standardize daily documentation elements, streamline documentation processes, and use weekly feedback reports by the care planning team. Weekly feedback reports address documentation completeness, behavior, nutrition, high-risk indicators for pressure ulcer development, and incontinence trends.

### ***What has the project accomplished to date?***

The precursor project achieved an average 33 percent reduction in pressure ulcer prevalence within a year among 11 participating nursing homes. Some facilities reduced prevalence by up to 73 percent and incidence by up to 65 percent. Data from the current project are still preliminary, but at least one facility reports that its rates have fallen below both State and national averages. All facilities report impact on identification of residents at risk for pressure ulcer development and interdisciplinary communication processes.



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In addition, CNA clinical care staff have become very engaged in the project and, as a result, more involved in overall quality improvement efforts. They like the fact that the project has reduced the number of documentation forms they have to fill out every day and they find great value in the on-time feedback reports. These positive experiences help create a “culture of data,” a key step in quality improvement that creates the foundation for integrating health information technology (IT) into nursing home care.

### ***What is required of my facility if we join?***

Your facility will be required to demonstrate a high level of commitment to and interest in innovation and workflow redesign to prevent pressure ulcers and improve quality in other ways. You will need to replace your current CNA documentation forms with standardized documentation. Finally, you must have a strong interest in migrating from a paper-based environment to an electronic, data-based environment.

### ***What is the cost to participate in this project?***

The cost to participate will depend on the type of technology your facility decides to implement. You may use existing technology or invest in low-cost technology for an estimated \$12,000 to \$15,000 for an average 100-bed facility. Ultimately, this cost will be offset by savings from reduced pressure ulcer rates.

In addition to financial investment, clinical staff will be asked to invest their time by participating in weekly team meetings—usually for the first 2 to 3 months—to integrate standardized data elements into CNA documentation forms, redesign workflow, and integrate clinical reports into daily work processes.

### ***What ongoing assistance would be available for this project?***

The following assistance is available to project participants:

- Ongoing project management and implementation support.
- Regular communication regarding project status and impact.
- Facilitation of regular conference calls to support workflow redesign and implementation.

- On-site training to support use of on-time clinical decisionmaking reports by front-line caregivers.
- Conference calls among multiple facilities to share lessons learned.

### ***Would participating in this project mean more work for our staff?***

CNAs report that the project has made their work more efficient, more productive, and more rewarding. Streamlined documentation reduces the number of forms they have to fill out. More importantly, the on-time reports serve as a key tool for supporting resident care, rather than as add-ons that generate more work and headaches.

It is important to keep in mind that care staff are asked to invest a portion of their time up front in regular meetings, phone calls, and training to standardize documentation and redesign clinical workflow. But many front-line staff have said this investment has been well worth their time.

### ***Do we have to use digital pen technology to participate in this project?***

You do not have to use digital pen technology to participate in this project. The project team does not impose preconceived IT solutions on facilities. Each facility’s leadership and clinical care team make that decision based on the everyday challenges that staff face and what they believe can be done to make their work easier, more efficient, and more effective.

### ***What do other nursing facilities that have participated in this project say about it?***

Feedback from participating nursing facilities has been overwhelmingly positive. “One of the best things ... is the focus on CNAs as important members of the team providing critical information for clinical decisionmaking,” one nursing director said. Another nursing manager remarked about how engaged CNAs were in the project and eager to progress to the next level of participation. “It is so important as we try to increase the responsibility of the front-line clinicians for clinical decisionmaking,” she said. Others have described their experience in the project as collaborative, exciting, and valuable.

