

Who

Bandera therapy and clinical resources, facility DOR, DNS and RNA staff.

What

We wanted to make sure that the LTC residents in our facilities were getting the best care and quality of life that they could have by improving our LTC programming. We thought that enhancing the RNA meeting to include all facility LTC residents would allow us to do this.

How and Why

Over the past quarter, the therapy and clinical resources partnered together to improve the LTC programming.

- First we started by doing a complete audit and review of the facilities RNA meeting. We ensured that we had correct orders and care plans for all residents on RNA services.
- Then we pulled the ADL significant Change Analysis report to see the changes (declines and improvements) of all the LTC residents of the facility.
- Using this report we first looked at all the residents who were currently on RNA to see if those programs were effective.
- We looked to see if the resident was staying the same, declining or improving. Depending on what the report said we either modified the RNA program, discharged the program or recommended a therapy screen.
- Secondly, we looked at all the rest of the LTC residents to see if they were either declining or improving.
- If we found either one, we would observe them for another week to see if the trend continued or we asked for a therapy screen.
- At times, if we saw changes that none of the IDT staff in the meeting agreed were accurate, we would use this information to do documentation training with the CNA's.

After the initial review and clean up of the program, we completed a training with the RNA staff, RNA nurse manager and the therapists. We provided education for all of them on RNA in general and what it is used for; they cycle from therapy to RNA to functional maintenance programs. Then we trained them on best practices for running the meeting and helped them individualize it for each of their buildings.



Working Together is Better!

Results

We found that by working together, nursing and therapy, we were able to identify residents that were having changes more quickly and we were able to provide them with the services they needed to improve their quality of life and in some instances we were able to discharge them to a lower level of care.

We also found that the therapy and nursing departments started collaborating better on a daily basis, and not just during the scheduled meeting times. In the future, we hope to have data to show the changes in quality measures and the RNA program.

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