Long-Term Care Survey Alert

Systems Improvement: Considering a New Program or Care Process? Proceed and Succeed Using These 4 Principles

Don't roll out something that paves the way for F tags.

Out with the old and in with the new may be a good New Year's resolution, but moving ahead with a cutting-edge program can backfire if you aren't careful. Experts suggest covering these key bases to ensure your good deeds produce kudos, not regrets.

1. Walk well before you try to race ahead. A facility should fix its foundation before adding something innovative, advises attorney **Loretta LeBar** in Salt Lake City. LeBar once heard a regulator sum up this edict up by saying he didn't care "what the heck a facility is doing if it can't do what the regulations and State Operations Manual required." Thus, if a facility has a lot of negatives historically and wants to "run with a new program" and tout it to surveyors, LeBar tells them to focus on the basics first.

2. Identify the goal and think through how to best achieve it. One facility in an urban area wanted to implement a 24/7 open visitation policy in order to improve its census, LeBar recalls. Its reasoning? Competitors in a nearby, more rural area were successfully using such programs as a marketing advantage. But the urban facility resided in a higher crime area; thus, allowing access to the building all night might leave the door open, literally, to intruders. Also, staff might not have felt safe with the policy in place. Thus, the consequences of the approach could have had a negative effect on the facility's census and staffing levels, LeBar notes.

3. Assemble all the pieces of the program before the rollout. Other- wise, you may find the program doesn't have the wheels or other machinery to get going and stay in motion.

Example: Suppose the facility wants to implement a restraint-reduction program. If the facility lacks the budget to pay for alternative methods to prevent falls and address other reasons for using restraints, it's "already at a failure level," cautions **Reta Underwood**, a long-term care consultant in Buckner, Ky.

In addition to nailing down the necessary budget, consider the following activities before implementing a new program, Underwood suggests:

• **Establishing the standard of care for the program and how it relates to the regulations and reimbursement**;

• **Determining who's responsible and accountable** for the program;

• **Developing new policies and procedures**;

• **Administering staff competency evaluations before and after** implementing the new program or best practice;

• **Developing assessment tools and educational** modules;

• **Obtaining any necessary equipment**;

• **Designing the QA aspect** to evaluate, monitor, and document the new program.

Beware: "You can shoot yourself in the foot if a new process doesn't meet the accepted clinical standards of care," cautions consultant **Patricia Boyer, RN, MSM, NHA**, who sometimes sees facilities roll out programs with no evidence behind them. Deciding what to do is tough because new studies come out all the time, Boyer adds. "But you have to use what's generally recognized in the industry," says Boyer, principal of Boyer & Associates Inc. in Brookfield, Wis.

Example: One facility's pain management program had no scale for non-verbal residents, says Boyer. Yet the evidence-based practice is to use a nonverbal scale for pain assessment in non-verbal and dementia populations, she notes.

Know and show: Boyer has also seen facilities get in trouble with surveyors when staff can't really identify the evidence supporting a program or intervention. The solution? Include the source of that information right on the policy and procedure, she suggests.

4. Watch the pace, maintain the gain. "Sometimes facilities try to tackle too much at one time, particularly if they have several systems they want to address," says **Rena Shephard, MHA, RN, RAC-MT, CE-NE**. "And even when the new programs or processes are implemented well, staff can get overwhelmed."

Or the facility may successfully implement a system that's going well, but then leadership drops the ball when it moves on to the next initiative, observes Shephard, president and CEO of RRS Healthcare Consulting in San Diego and founding chair and executive editor for the American Association of Nurse Assessment Coordinators.

Cover the bases: "If leadership doesn't continue to monitor and support staff in maintaining a new program, many people will backslide -- and there won't be a permanent improvement," Shephard warns. The oversight has to involve not just the DON but also frontline supervisors, she adds.