National HealthCare Corporation Delivers Post-Acute Care "The Better Way"

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Patient-Centered Care Case Study

July 2017

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Organization Profiled

National HealthCare Corporation, Murfreesboro, Tennessee

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Statement of Interest

Organizations are often faced with the challenge of having limited resources that can prevent adequate time allocation to properly design and implement improvement initiatives. Even when a focus is present, it can be difficult to know which initiatives should be adopted among the many alternatives. Further adding to the complexity has been the rise of integrated delivery models, healthcare systems merging, and hospitals needing to have alignment across vast geographical areas. Learning from top performers in the industry can expedite an organization's performance level by adopting best practices that are known to procure results. Rare is the opportunity to learn from other segments of the healthcare continuum where that same organization has adopted best practices from outside-industry and morphed it to healthcare. When the culture, consistency of processes and delivering care, staff engagement, and accountability are vibrantly intact, extraordinary results can be produced.

Organization Profile

National HealthCare Corporation (NHC) affiliates operate for themselves and third parties 76 skilled nursing centers with 9,597 beds. NHC's affiliates also operate 36 homecare programs, five residential living centers, and 24 assisted living communities. NHC's other services include Alzheimer's units, long-term care pharmacies, hospice, a rehabilitation services company, and providing management and accounting services to third parties.

NHC is recognized nationwide as an innovator in the delivery of quality long-term care. Its goal is to provide a full range of extended care services, designed to maximize the well-being and independence of patients of all ages. The organization is dedicated to meeting patient needs through an interdisciplinary approach combining compassionate care with cost-effective healthcare services.

NHC IS A TOP PERFORMER ON TWO GLOBAL QUESTIONS:

- How would you rate your overall satisfaction with this facility?
- What is your recommendation of this facility to others?

NHC ALSO HAS EXCELLENT PERFORMANCE IN ALL THREE DOMAINS ON THE POST-ACUTE CARE SURVEY FOR EVERY ITEM NOTED BELOW:

- Quality of Life:
  - Meeting choices and preferences, facility safety, security of personal belongings, staff respectfulness, dining, privacy, friendships, activities, religious and spiritual opportunities
- Quality of Care:
  - Rehab therapy, staffing, grooming, family updates, staff competency, care and concern of staff, RN/LVN/LPN care, CNA/NA care
- Quality of Service:
  - Management responsiveness, cleanliness of premises, meals, laundry services

Providing Care "The Better Way"

NHC is dedicated to a strong culture of patient-centered care, which is what it attributes to its high performance on post-acute care surveys. NHC created what it calls "The Better Way" culture, which serves as a daily reminder that the organization has the opportunity and responsibility to serve patients better today than it did yesterday. This means providing care that is respectful, seeks to meet all standards of quality, and promotes recovery, well-being, and independence. This culture was established at the corporate level and flows down to all affiliates. Every part of the organization is working together to fulfill the same values through the work they do every day.

As part of this culture, NHC developed 20 promises, which are based off of the Ritz-Carlton's customer service model. These promises include greeting patients with a smile and making eye contact, always using their name, addressing their needs with a sense of urgency, giving them as many choices as possible, maintaining a safe and secure environment, resolving concerns, and using compassion. (For the full list of The Better Way promises, see **Appendix 1**.) Many of these promises closely align with questions on the post-acute care surveys and are a constant reminder for staff of the high standard of care they are expected to maintain.

To effectively live the promises, partners (staff) in all locations review one promise a day for 20 days during each shift's stand-up meeting so they clearly understand each commitment to the customer (patients, families, and visitors). Last year, they worked to make revisions and perfectly tailor each one to NHC's current needs. It was a corporate-wide effort with input across the entire organization to update and reenergize the promises.

The 20 promises are part of the new hire orientation so that from the beginning of employment staff know exactly what is expected of them. Employees formally sign off that they are fully committed to these promises and will demonstrate them daily. They even create their own purpose statements specific to their role. This is seen at the organization through their positive attitudes, compassionate communication, and high-quality performance.

The Better Way culture is hardwired into the organization through initiatives, meetings, staff recognition, and performance evaluations. The departments at each affiliate have promise card mission statements and posters hang in all breakrooms as a continuous reminder. Staff have daily stand-up meetings to go over admissions, discharges, resident issues, or anything important that has come up in the last 24 hours. The corporate office creates talking points each week related to The Better Way that sites can tailor and discuss in their stand-up meetings. This keeps everyone on the same page and weaves in the culture on a regular basis.

Within 90 days of employment, staff are presented with a certification that recognizes that they attend daily stand-up meetings, demonstrate the promises, completed the orientation, and created their own individual purpose statement. Supervisors also award Better Way pins, recognizing staff for their achievements and daily practices that exemplify this culture of care. Wearing the pins is a big honor for staff and makes them feel proud to be living the culture and making a difference for patients. The Better Way is incorporated into staff performance evaluations as well to ensure they are held accountable to this culture. "The Better Way culture with its 20 promises and stand-ups extends the values on which Dr. Carl Adams founded the company," said Julia Powell, M.A., RN, NEA-BC, Senior Vice President of Patient Services.

NHC has created a strong structure where it sets the direction for its affiliates at the corporate level. Having everything standardized and streamlined makes it so the different facilities have the same values and way of providing care no matter what their type or location and everyone is exemplifying The Better Way culture of care. NHC allows the affiliates flexibility to make modifications for their specific needs, such as items discussed in addition to the talking points at the stand-up meetings. Another example of this is the family newsletters that they publish on their own. While it includes some information from the corporate level, affiliates are able to include what works best for their particular entity and audience. This dynamic ensures they have the support they need from corporate while cultivating a high level of coordination and trust.

Educational Opportunities and Leadership Commitment to High-Quality Care

NHC has several programs throughout the organization dedicated to education. It has a tuition reimbursement program for CNAs, LPNs, and RNs. Leadership keep an eye out for top candidates for career progression programs so that valued employees are continuously being developed. This shows NHC's commitment to career development, setting employees up for success, and training and promoting from within. Knowledgeable nurses are better able to provide high-quality care and understand how to best serve patients and families.

The organization offers a two-year AIT (administrator in training) program with advancement into an administrator (ADM) role. The first year, they gain experience by working in different areas of the skilled nursing center, the second year they have more responsibility working like an assistant administrator, and after this they are prepared to run their own center as an ADM. By having this hands-on training they know the real-world expectations of the position because they have already shadowed all the shifts and areas of the organization and have

worked as an assistant administrator before advancing into the ADM role. Developing leaders from within also helps to preserve The Better Way culture of NHC.

To help ensure there are people with geriatric focus available to the organization, NHC has an intern program for registered dieticians. People from across the country apply and only a handful are accepted each year. Because it's a competitive program to get into, NHC is able to choose the best candidates to start their career there. NHC also has a physical therapy geriatric residency program, which is unique in the post-acute care setting. It recruits from out of area for this as well in order to open up the opportunity to a wide variety of applicants. Having these programs shows that they are strategically bringing in people who fit the culture and have the potential to be top performers in their field.

Leadership at NHC is very committed to providing high-quality, patient-centered care. Even before CMS came out with pay-for-performance, NHC implemented a system where center partners except administrators and DONs receive financial awards every six months based on center performance. This helps keep everyone motivated and focused on their goals and gives them an extra incentive to provide patients and families with the best care possible. Regional and senior management are always looking at patient care and financial outcomes, survey results, and quality measures so it is top of mind at all times.

Processes for Care Transitions and Handling Concerns

From the moment the patient arrives to when they are discharged everything is aligned at NHC. To smoothly transfer patients to the next level of care NHC created the TAKE OFF transition plan, which stands for:

- **T**akes the right medications in the right way
- **A**ctivities are carried out safely
- **K**nowledgeable about medical conditions
- **E**quipment obtained/ordered to optimize safety at time of transfer to discharge setting
- **O**pportunities to improve caregiver confidence have been presented
- **F**ood plan is in place to optimize health and minimize risk for complications
- **F**ollow-up plan

Staff use the TAKE OFF checklist to ensure patients have everything in place at the time of discharge. (See **Appendix 2** for the TAKE OFF transition plan.) This includes assessing whether they have the knowledge (e.g., are able to "teach back" information), performance (e.g., can demonstrate the task), and processes set up (such as medication reconciliation, home safety assessments, or follow-up appointments) to successfully facilitate a discharge transfer from one facility to the next. The family and patient appreciate having a plan and being involved in setting up necessary discharge goals, so they leave feeling supported and ready to take the next step.

NHC is proactive in handling any concerns or grievances. Instead of calling them "complaints" they call them "gifts" since this is a chance to make improvements that benefit the patients. Social workers are the patient advocates and they are trained in Better Way skills for service recovery. They do annual training to ensure these skills are fresh and staff know how to handle any tough situations that may occur. Leadership empowers frontline staff to take action when a concern comes up so they are handled right away. All of this is taught in orientation as well so the expectation is there from the beginning of employment.

Staff are fully dedicated to working together to provide a better way of care that promotes compassion and high-quality services. "Everyone is in it together at NHC and the patient is the reason for it," said Beth Dault, LMSW, Assistant Vice President of Social Work. This mixed with the aligned processes and culture has led to a consistently positive experience at NHC centers for patients and families.

The Better Way promises 2016

Promise #1 Greet you with a smile and make eye contact.
I will make a friendly and professional first impression.

Promise #2 Use your name always.
I will tell you my name and the purpose of my visit.

Promise #3 Address your needs with a sense of urgency.

Promise #4 "Put my heart" into everything I do.
Empathize with you, value your perspective, and care for you the way you want.

Promise #5 Respect your privacy, dignity, and confidentiality.

Promise # 6 Answer the telephone within 3 rings and with a "smile".
Transfer the call if needed. Do not leave a caller on hold.

Promise # 7 Give you as many choices as I can.

Promise # 8 Maintain a safe and secure environment for you.
Be aware of all fire and safety emergency procedures.

Promise # 9 Do my part in keeping the environment pleasant.
Pay attention to details. Clean and tidy the workplace.
Limit or eliminate overhead paging and loud conversations.

Promise 10 Resolve any of your concerns
A complaint is a gift. I own it. I will fix it.

Promise # 11 Provide you with a person centered experience.
My services will be individualized to fit your wants and needs. I will do my best to exceed your expectations.

Promise # 12 Anticipate your needs.
Don't wait until you ask.

Promise #13 Be a part of the NHC team – there is no "I" in TEAM.
Each partner will be committed to a positive work environment.

Promise #14 Only make promises to you that I can keep.
If I promise it, I will do it. My actions will earn your trust.

Promise #15 Be neatly dressed and well-groomed according to NHC standards.
Each partner will take pride in their personal appearance.

Promise #16 Respond to your "needs" rather than maintaining my schedule.

Promise # 17 Use compassion as my second language.
Use the healing power of "touch". Communicate at eye level.

Promise # 18 Escort you to your destination.

Promise # 19 Recognize that all your concerns are major.
Perception is reality. There are no "minor" incidents.

Promise #20 Maintain a positive attitude.
I will demonstrate "My Purpose" with enthusiasm and always speak positively of NHC, fellow partners, and the customer. Take pride in being an important part of *The Better Way*.

Appendix 2: TAKE OFF: Transition Plan

PATIENT:_____ ADMISSION DATE: _____

PRIMARY DIAGNOSIS:_____

ESTIMATED DATE OF DISCHARGE:_____ UPDATED ESTIMATED D/C DATE:_____
(INITIAL) (*SEE BACK FOR DETAIL)

LEARNER(S) *(POST D/C SUPPORT PERSON THAT WILL BE ASSISTING THE PATIENT AFTER D/C TO BE SUCCESSFUL)*: _____

T	**TAKES THE RIGHT MEDICATIONS IN THE RIGHT WAY**		
	Knowledge: Able to "teach back" information on Medication Instructions form.		
	Performance: Demonstrates ability to carry out task consistently.		
	Process: Medication reconciliation completed just prior to discharge.		
A	**ACTIVITIES ARE CARRIED OUT SAFELY.**		
	Performance: Demonstrates consistent, safe ADL as required in discharge setting.		
	Performance: Demonstrates consistent, safe mobility as required in discharge setting.		
	Process: Home safety assessment completed. Recommendations communicated.		
K	**KNOWLEDGEABLE ABOUT MEDICAL CONDITIONS.**		
	Knowledge: Able to teach back information about signs and symptoms of worsening conditions and appropriate action to be taken.		
	Process: Communication with primary care physician at discharge.		
E	**EQUIPMENT OBTAINED/ORDERED TO OPTIMIZE SAFETY AT TIME OF TRANSFER TO DISCHARGE SETTING**		
	Knowledge: able to teach back importance of and appropriate use of recommended Equipment.		
	Performance: able to demonstrate consistent, safe use of recommended equipment.		
	Process: Equipment has been ordered.		
	Process: Equipment list provided to patient/caregiver including contact information for questions/concerns.		
O	**OPPORTUNITIES TO IMPROVE CAREGIVER CONFIDENCE HAVE BEEN PRESENTED.**		
	Process: Primary caregivers (appropriate Learners) have been identified.		
	Process: Caregiver concerns have been identified and addressed.		
F	**FOOD PLAN IS IN PLACE TO OPTIMIZE HEALTH AND MINIMIZE RISK FOR COMPLICATIONS**		
	Knowledge: Able to "teach back" information related to dietary recommendations, and considerations.		
	Performance: can consistently plan, prepare, and eat meals that incorporate person centered choices.		
	Process: Adequate and appropriate food acquisition post discharge has been ensured.		
F	**FOLLOW-UP PLAN**		
	Process: Follow-up appointments are scheduled transportation arranged.		
	Knowledge: Patient/Caregiver able to "teach back" appointment times and transportation plan.		
	Process: Date Next Level of Care is identified and communication initiated timely prior to discharge date. *Estimated* number of days Prior to Discharge of notification: _____ Next LOC identified: (home care, support person, etc. as appropriate):_____ Contact Name: _____ Date:_____		

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