

# the StaffordLife

Stafford   
HEALTHCARE at Belmont

FALL/WINTER 2013 •

Stafford Healthcare at Belmont

## We're Here to Help!

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*Compassionate healthcare professionals who treat you like family.*

## Exceptional State Survey 2013

This past August we had our annual State survey. The experience was a week long and included a full review of our care and services using the QIS Federal Survey process. The findings included three paperwork areas which were easily resolved. Our Quality Assurance Performance Improvement plans are intact and continue to stress care areas for improvement. This was the best results for survey in 14 years! This was a team effort and the results of teamwork were evident.



## Performance Improvement: Infection Control

Since 2011 Stafford Healthcare at Belmont has a contracted with Pat Preston MS infection disease control and prevention consultant, lecturer and author for consultation and inservicing concerning infection control. Advice from Pat has successfully navigated the facility past community outbreaks of flu and Norovirus the past few years. With Pat's help we have access to the latest information available from the CDC in dealing with areas such as MRSA, C-Diff, Flu and other infection diseases.

Flu vaccinations for residents occurred in October. Staff received theirs in November. Resident's typically are more accepting of being vaccinated. It is a challenge to get staff to comply with getting a flu shot. Our goal is to cover at least 70% of staff this flu season. By educating staff that 'others will be better off if we get the flu shot' we hope to reach our goal.

*Get your flu shot!*





## Potential Impact to SNF from the 'Two-Midnight' Rules for Hospitals

Earlier this year CMS announced a new standard for determining whether a patient is admitted to a hospital or there for observation, the two midnight rule.

There are plenty of Google search results that spell out the details of the rule. The intent here is to offer a prediction as to the impact of patients as this plays out. Primarily there will be fewer patients covered by Medicare Part A. Second, there will be a backlog of short-term patients from the hospitals that will need to apply for Medicaid. Third, a communication gap will occur causing frustration along all lines; families, patient representatives, providers and medical case managers.

By not having a qualifying hospital stay some patients will not activate the Medicare benefits for Part A in a SNF. Their rehab and drugs will likely be covered but the room and board charges will fall to the patient and family to pay. Those not able to pay will be forced to apply for Medicaid benefits. The Medicaid application process can take months even though the skilled facility stay for short-term care was done in about 23 days. If approved, they may still find themselves owing what the State determined to be participation toward the care.

Some SNF facilities have a policy not to admit a patient with a questionable payment source. The two midnight rule may restrict access to quality post-acute placement.

Early on in the transition (CMS made the Two-Midnight rule effective 10/1/2013) families, patients, providers, billing offices will be confused as to if enough midnights as inpatients in the hospital to get Medicare. When they learn they aren't covered they will be upset that they have to pay out of their resources for care. Perhaps, even cutting their rehab short and ending up re-hospitalized after leaving too soon.

We will all work to overcome these challenges. The 'rule' will not be delayed so we best learn to live with it.

## Re-Hospitalization Rates

Re-hospitalization rates have been on everyone's minds lately. What is the rate? What or who caused it to change? What strategies are used to avoid preventable hospitalizations? The rate for Stafford Healthcare at Belmont is less than that of the County average rate.

It is routine for Belmont to chart our data using the Advancing Excellence tool. It gathers substantial amounts of information and discloses the rate as well as common themes that may be contributing factors in re-hospitalizations. Our figures then are confirmed with reports from Qualis, the QIO for Washington.

The facility Quality Assurance Performance Improvement goal was to be below 15.5% by October 31, 2013. We have consistently performed better than the goal back since 2012. While we average around 11%, our rate has dropped as low as 8% in a quarter, with a low for a single month of 0%.

Everyone can agree that zero percent is not the goal as there are times when hospitalization is appropriate. It is the avoidable hospitalizations within the 30 days that are targeted.



## Customer Satisfaction Measures Activated

Stafford Healthcare at Belmont embraces the Pinnacle Healthcare customer satisfaction survey solution. Stafford Healthcare facilities in Bremerton, Port Orchard and Seatac contracted with Pinnacle in February 2012 to study our discharged short-term patient's satisfaction and benchmark them amongst the thousands of facilities across the country. Questions are asked about nursing, dietary, therapy, communication, admissions, problem solving, activities and such. The benchmarks are set at the national average and best-in-class. In 2012 Belmont won best-in-class for best laundry. In 2013 we are best-in-class in 7 of 16 areas and exceed national average in five more areas. We follow QAPI systems to maintain our high marks and continue to progress in areas where needed. Involvement in a program such as Pinnacle will soon be mandatory for all SNF providers.