



## Aloha Innovation, Quality, Results

Aloha Nursing Rehab Centre Launches QAPI, INTERACT™, Outcomes Reporting, Wound Management and More

### BACKGROUND

Aloha Nursing Rehab Centre (ANRC) is committed to “peace of mind” in a relaxing, restful retreat for 140 residents, families, and the communities they serve. Whether it is short-stay rehab, long-term care, adult day care, or hospice, ANRC has a stellar reputation for quality service.

### CHALLENGES

“Our Vision is to be the best nursing facility in Hawaii,” states Executive Director Charlie Harris, “and we knew we had an opportunity to empower staff with great tools to get the job done.” Quality is increasingly taking center stage as the top priority.

### SOLUTION

For over two decades, AHT has been ANRC’s solution partner with an integrated system for accounting, clinical, financial reporting, and interoperability with strategic partners. “Continuous improvement requires continuous innovations, and AHT contributes to great performance across our business,” offers Harris. To deliver on its mission, ANRC wraps services around each resident, and technology is the fabric that holds processes together. Every loose thread is addressed with continuous improvement and staff engagement.

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Charlie Harris,  
Executive Director

## RESULTS

*Outcomes Reporting.* “Before we had lots of data but no decisions; raw data doesn’t mean anything unless you can use it,” offers Donna Conner, Director of Clinical Information Systems. “Now in Outcomes Reporting I identify specific readmission patterns by hospital, and produce wonderful graphs. I slice by hospital, diagnosis, length of stay, quality indicator, and a whole lot more. If a physician enters our facility and wants data a certain way, I can create a graphical report instantly. That boosts the physician’s confidence in not only our nursing skills, but also in our management finesse in running the whole operation. It doesn’t matter how good a job we do; we need data to back it up, and we prove it with Outcomes Reporting.”

*eChart.* “At a glance, we rely on graphs to monitor trends in weight, pulse rates, BP, and more. The familiar chart-like tabs help make staff more comfortable with assessing information. Physicians enjoy the vitals reports we produce on their residents, as well as a 360 degree view of their condition.”

*QAPI.* “In August of 2012 we rolled out a Quality Assessment and Performance Improvement (QAPI) initiative and officially transformed our Quality Assurance program. We’ve mobilized all five elements of QAPI, and aligned with national goals for Advancing Excellence. We use Outcomes Reporting in AHT to conduct root cause analyses, measure results, and track progress for QAPI. With Outcomes Reporting we are a stronger, more proactive team in our quest for quality. Data-driven decisions are better than ever.”

*Pain Management.* “We even take on items that are not high enough to trigger a state-monitored Quality Measure, but are vital to achieving our QAPI goals. Pain is a great example. We thought we had pain under control. But we were relying on diffused, dated MDSs which can be hard to interpret. When we pulled up our pain data in Outcomes Reporting, we saw higher than expected incidences of active pain. That was an eye opener. We immediately trained staff.”

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Donna Conner, Director  
Clinical Information Systems

*INTERACT™ Tools.* “We use Outcomes Reporting in conjunction with our INTERACT II™ tracking. We like the program because it breaks the barrier of what is acceptable. When a change is noticed, it means something, and triggers our entire team to proactively monitor.”

*Wound Management.* “It’s essential for quality of life for residents. Busy nurses often find keeping up with detailed assessments a challenge. Using the body map, we tag each wound by type, stage, and size. We input scars, anatomical differences, and more. We assess consistently and thoroughly. We provide the physicians with what they ask for faster. We’ve freed up more time for proactive critical thinking with Wound Management.”

*Stellar Hospital Readmission Rates.* “Hospital transfers are traumatic to our residents and families, so avoiding them has always been a top priority. After the October 2012 penalties kicked in for hospitals, we expected to see shifts in referrals. Thanks to committed leadership, progressive quality programs, and deep use of technology, we have achieved impressively low return to hospital rate of 9.5%. That’s less than half of the national average for skilled nursing facilities. We’re proud of what our staff has accomplished, and proud we have a leadership team that empowers us with the tools and training we need to get the job done. Hospitals trust our Outcomes Reports and reward our success with referrals.”

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