

The Clinical Improvement Project
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Poor quality of life and poor quality of care have plagued the institutional nursing home for most of its 40 year history. Nursing Homes are considered a sub-standard component of the American health care system, places where few want to work and even fewer want to live. The three critical elements of long-term care are good personal care, livable housing, and adequate chronic disease care. Over the last decade under the umbrella of culture change, various attempts have been made to improve the nursing home by tinkering with individual components with the intent of improving quality of life. Some of these modifications have demonstrated positive outcomes in quality of life especially in areas of autonomy and dignity but reformers have largely ignored the element of chronic disease management. Since good-quality of life is inextricably linked to good health, improved clinical care needs to be incorporated as a key component of nursing home reform.

The Clinical Improvement Project (CIP) will develop tools to improve the clinical outcomes in a de-institutionalized nursing home. It will have three components: the creation and implementation of an early clinical change identification software system, advanced education for licensed practical nurses and registered nurses, and the creation and implementation of evidence based clinical protocols.

Clinical Glide Paths software conceptualized by Robert Kane, MD will detect individually identified and programmed early warnings that the status of a chronic condition has changed, and requires clinical action. The goal is to promote early intervention. Nurses will be provided with learning opportunities in areas of major concern in long term care including medication management and polypharmacy, pain management, depression, urinary incontinence, falls prevention, preventing skin breakdown, managing individuals with diabetes, CHF, COPD, dementia and nutritional issues. Clinical protocols for managing depression, polypharmacy and pain will be created and implemented.

It is expected that by adding this CIP to a newly created small house model deinstitutionalized nursing home the small house will be successful in capturing all of the three critical elements of long-term care, good personal care, livable housing, and adequate chronic disease care. The qualitative results of the project will be an improvement in self-reported quality of life as it relates to health. The expected quantitative outcomes include a decrease in hospitalizations, decrease in emergency room visits, decrease in the number of residents who have moderate to severe pain and a decrease in the number of medications per resident. If successful the potential exists for widespread use of these clinical tools in all nursing home and assisted living settings.

Please [email Jude](#) with any questions or comments regarding this project.