

Transcript for Success Story: Ridgeview Rehabilitation and Skilled Care

I'm Carol Valentine. And I'm the director of nursing here at Ridgeview Rehabilitation and Skilled Nursing in Cleburne, Texas. We have gone 94 weeks without having an acquired in-house pressure ulcer.

First of all, you have to get everybody on board. It's not one person doing it. It's everybody. It takes nursing, dietary, therapy.

The first thing that we had to do was start with our education. Then after the education, you have to continually inspect what you expect. With saying that, that means when you see something positive out there going on, you have to recognize those staff members. Then it becomes competition with the staff. And from there, it has just been a true success.

You cannot have an employee working with you and not recognizing what good they're doing out there. The more you recognize, the more success you're going to have. And you have to empower your staff.

You can't just be a dictator and say, this is what we're going to do. You empower your staff starting with the nurse and with the aides. And then they're going to come to you and say, hey, this is what I see with this resident and this is what we need or this is what I've already done.

Every one does want to do good. Sometimes they don't have the knowledge. They don't have the know how. They want to do it, but they're just not sure. And if you're willing to teach them and if you're willing to go back and inspect what they're doing then you'll have success. They just thrive on the recognition and because they may not have gotten this in the past.

The CNAs are our backbone of any facility. And without them buying in and without empowering them, we will not have success. And we have to recognize them.

You want to be looking at the resident before ever they get to you. You want to see what kind of problems do they have. What diagnosis do they have? What dependency do they have?

What medications are they on? What risk are they? And before ever they get into your building you start putting together a plan. It's just like you do with your life. You have a care plan for everything. What is your goal for anything in life?

And the same thing has to be done with the resident. What is the goal for that resident coming in? So you want those interventions put into place. So you may have special mattresses. You may have special cushions for the wheelchair. You may have special nutrition needs being met. You may have additional rounds being done with that resident.

We have upgraded our mattresses. We have the Panacea mattresses. It's the pressure-reducing mattresses. We have the cushions in the wheelchair. We have the heel lifts.

We do not use heel protectors that they have used and some places still use them. We don't use those anymore because you still have the pressure. You're not reducing the pressure on the heels.

And so with all of that going into place and then instead of doing just q.2 hour rounds, you may have someone you have to turn q.30 minutes. You have someone you do q.1 hour. It has to be resident specific. But you start-- we start looking at that resident before ever they get to us.

The success with working with TMF I have to owe to being involved with the webinars by just having the tools to work with that they offer on their website. I think that that has probably gotten us where we are today. There is nothing secret to it.

People say, well, how do you do it? I find it very easy. It's a team effort. You can't do it just with nursing. You have to do it with dietary, therapy, nursing, being proactive, empower your staff. And if you do all of those areas and then inspect what you expect, any facility will have success.