

Home Care Elite: The Road to Rapid Improvements in Quality Outcomes and Financial Management



Health Group
Visiting Nurse Association Health & Hospice

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- What is Home Care Elite
- Why is Elite Status Important
- Five Domains of Performance
- Operational Processes to Achieve Elite
- Strategies Critical for Sustainability



- Name the outcomes that contribute to obtaining Elite Status
- Apply strategies to improve outcomes
- Evaluate results to achieve sustainability



What is Home Care Elite?

- Home Health Compare History
- National Data Base OASIS
- Clinical Outcomes
- Patient Experience HHCAHPS



Why is Elite Status Important?

- Reimbursement Dependent on Outcomes
- Competitive Environment
- Alliances with Providers and Insurers



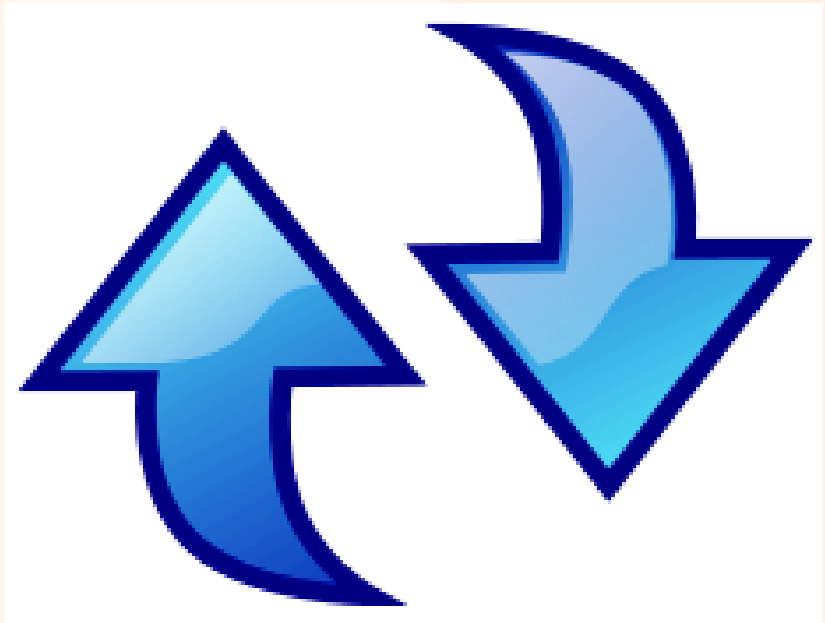
Five Domains of Performance

1. Quality of Care
2. Quality of Improvement and Consistency
3. Patient Experience (HHC AHPS)
4. Process Measure Implementation
5. Financial Performance



Based on data from 9 outcome measures

1. Ambulation
2. Transferring
3. Bathing
4. Pain
5. Dyspnea
6. Status of Surgical Wounds
7. Oral Meds Management
8. ED without Hospitalization
9. Acute Care Hospitalization



Results based on 7 outcomes

1. Ambulation
 2. Transferring
 3. Bathing
 4. Pain
 5. Dyspnea
 6. Status of Surgical Wounds
 7. Oral Meds Management
- Comparison of current year to prior year



- (M1860) Ambulation/Locomotion: Current ability to walk **safely**, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.
- 0- Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device).
 - 1- With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
 - 2- Requires use of two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
 - 3- Able to walk only with the supervision or assistance of another person at all times.
 - 4- Chairfast, unable to ambulate but is able to wheel self independently.
 - 5- Chairfast, unable to ambulate and is unable to wheel self.
 - 6- Bedfast, unable to ambulate or be up in a chair.

- (M1850) Transferring: Current ability to move **safely** from bed to chair, or ability to turn and position self in bed if patient is bedfast.
- 0- Able to independently transfer.
 - 1- Able to transfer with minimal human assistance or with use of an assistive device.
 - 2- Able to bear weight and pivot during the transfer process but unable to transfer self.
 - 3- Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
 - 4- Bedfast, unable to transfer but is able to turn and position self in bed.
 - 5- Bedfast, unable to transfer and is unable to turn and position self.

(M1830) Bathing: Current ability to wash entire body **safely**. Excludes grooming (washing face, washing hands, and shampooing hair).

- 0- Able to bath self in shower or tub independently, including getting in and out of tub/shower.
- 1- With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2- Able to bathe in shower or tub with the intermittent assistance of another person:
 - (a) for intermittent supervision or encouragement or reminders, OR
 - (b) to get in and out of the shower or tub, OR
 - (c) for washing difficult to reach areas
- 3- Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.

(M1830) Bathing: Current ability to wash entire body **safely**.

Excludes grooming (washing face, washing hands, and shampooing hair).

- 4- Unable to use the shower or tub, but able to bathe self independently, with or without the use of devices at the sink, in chair, or on commode.
- 5- Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- 6- Unable to participate effectively in bathing and is bathed totally by another person.

(M1400) When is the patient dyspneic or noticeably Short of Breath?

- 0- Patient is not short of breath.
- 1- When walking more than 20 feet, climbing stairs.
- 2- With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- 3- With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation.
- 4- At rest (during day or night)

(M1342) Status of Most Problematic (Observable) Surgical Wound:

- 0- Newly epithelialized
- 1- Fully Granulating
- 2- Early/partial granulation
- 3- Not healing

Quality- Oral Med Management

(M2020) Management of Oral Medications: Patients current ability to prepare and take all oral medications **reliably and safely**, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to the ability, not the compliance or willingness.)

- 0- Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- 1- Able to take medication(s) at the correct times if:
 - (a) individual dosages are prepared in advance by another person; OR
 - (b) another person develops a drug diary or chart
- 2- Able to take medication(s) at the correct times if given reminders by another person at the appropriate times.
- 3- Unable to take medications unless administered by another person at the appropriate times.
- NA- No oral medications prescribed.

Based on Five Home Health CAHPS

1. Gave Care in a Professional Way
2. Communication Well
3. Discuss medications, pain, and home safety
4. Overall Satisfaction
5. Recommend to friends and family



HHCAHPS

- Sample size
- Consistency with language used
- Mirror verbage from survey
- Employee satisfaction/engagement



Does
SIZE
matter?

- “Let’s review your home safety checklist...”

OR

- “Now I would like to talk with you about how to set up your home so you can move around safely”

Actual HHCAHPS Question

- 3. When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?

- “I’m removing your old bandage now, it’s a little stuck so I am wetting it down good with saline first”

OR

- “I’m removing your old bandage now, it’s a little stuck so I am wetting it down good with saline first, I promise to be as gentle as possible”

Actual HHCAHPS Question

- 16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?

Acceptable

- Remind patients may get survey

Not acceptable

- Provide survey copy
- Contact patients to ask for participation
- Advise on how to respond
- Discuss or help answer



Comparison of 13 Process Measures

1. Timely Initiation of Care
2. Medication Education
3. Fall Risk Assessment
4. Depression Assessment
5. Flu Vaccine
6. Pneumonia Vaccine



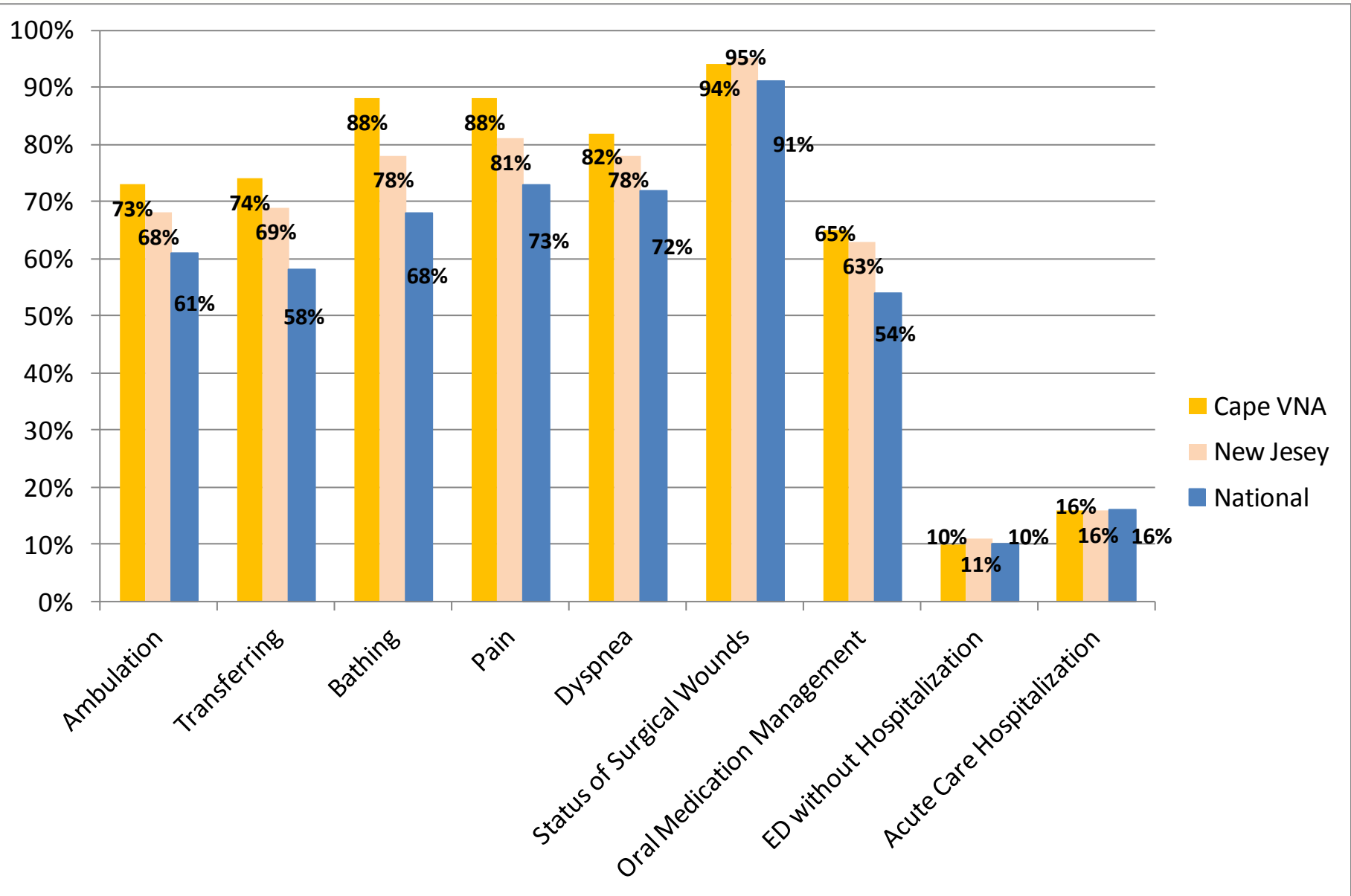
7. Diabetic Foot Care
8. Pain Assessment
9. Pain Treatment
10. Heart Symptom Treatment
11. Pressure Ulcer Prevention
12. Pressure Ulcer Care
13. Pressure Ulcer Risk Assessment



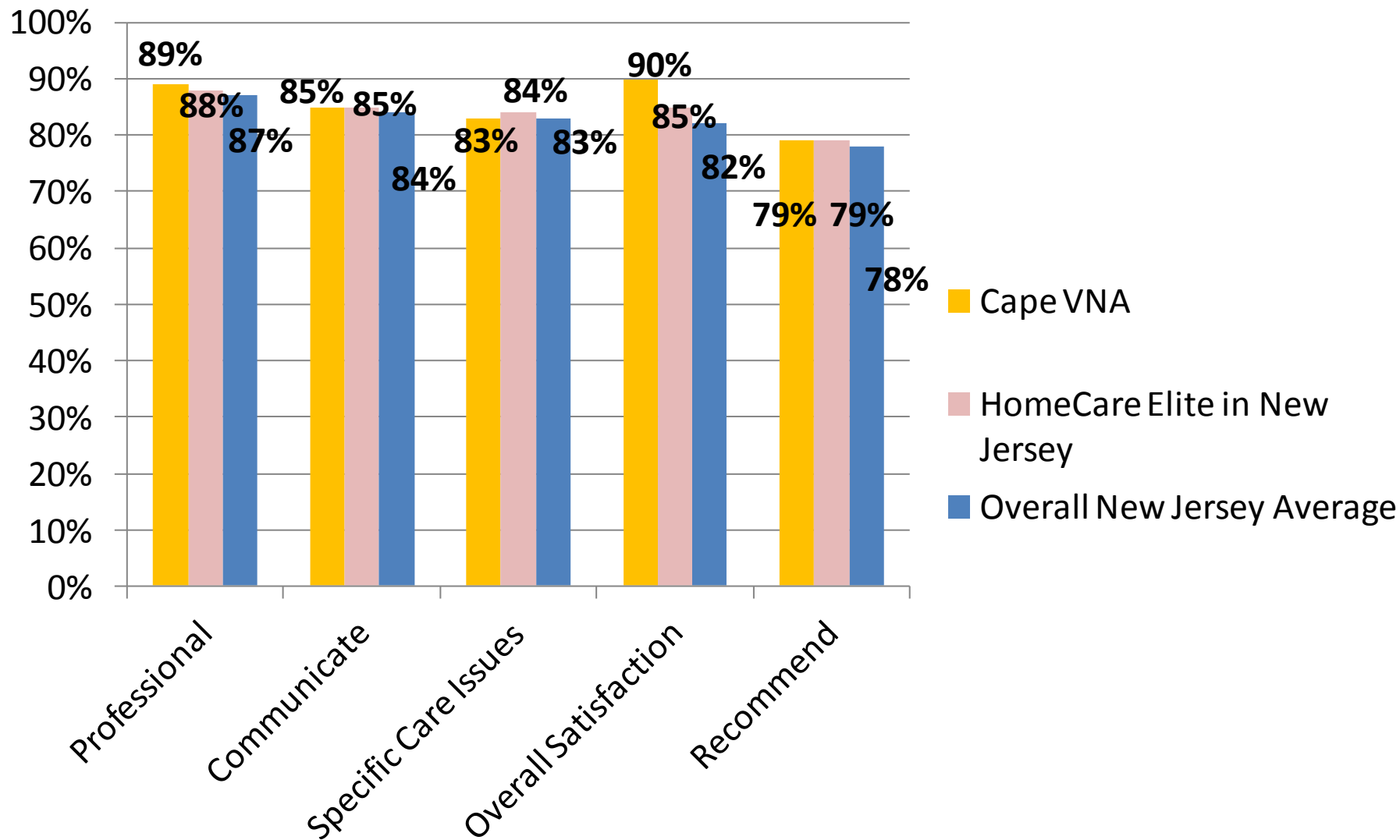
- Based on Medicare Cost Report
- Financial Data representative of similarly affiliated organizations
- Maximum percentile ranking is 45th



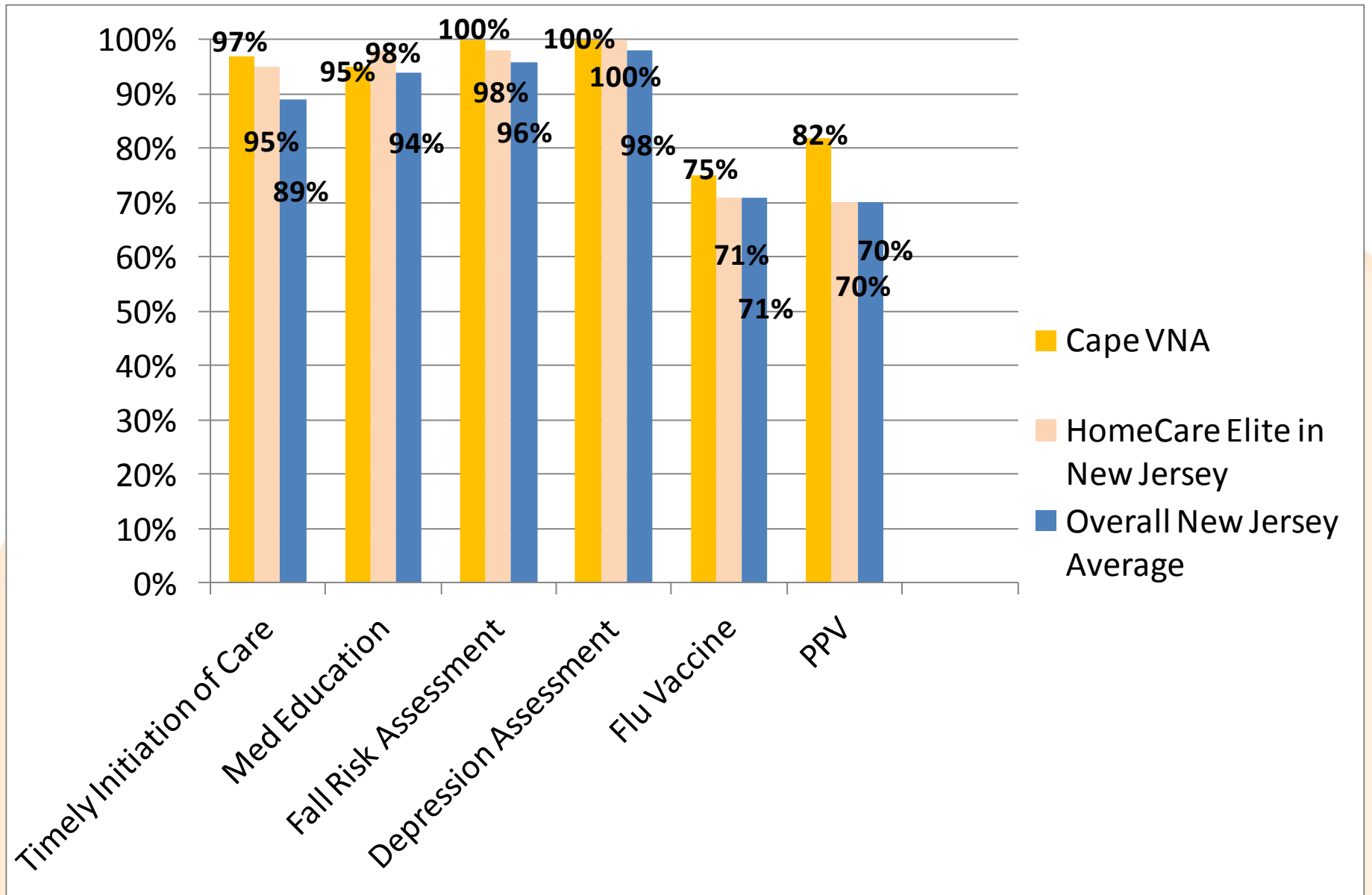
Cape VNA Outcome Results



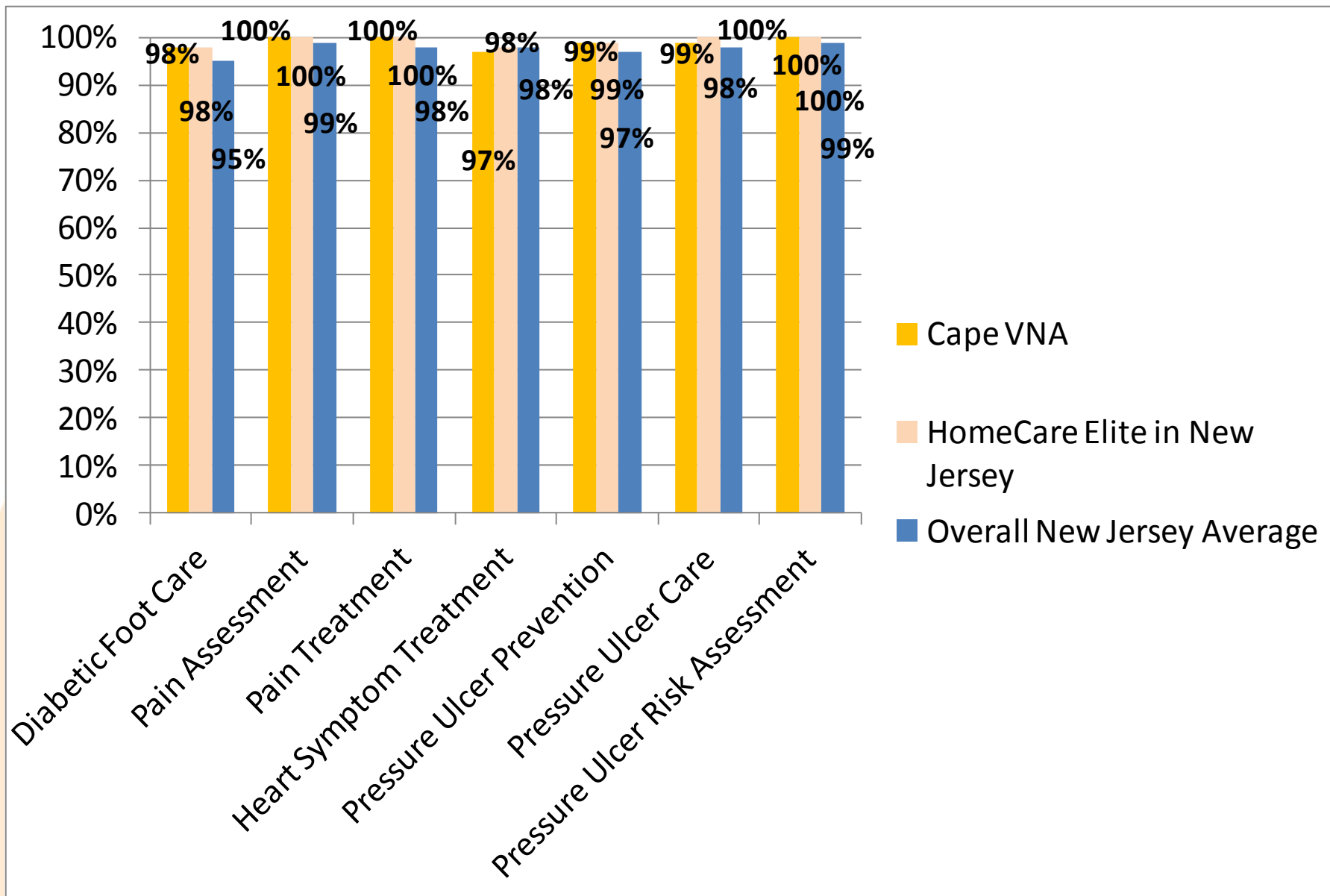
Cape VNA HHCAHPS



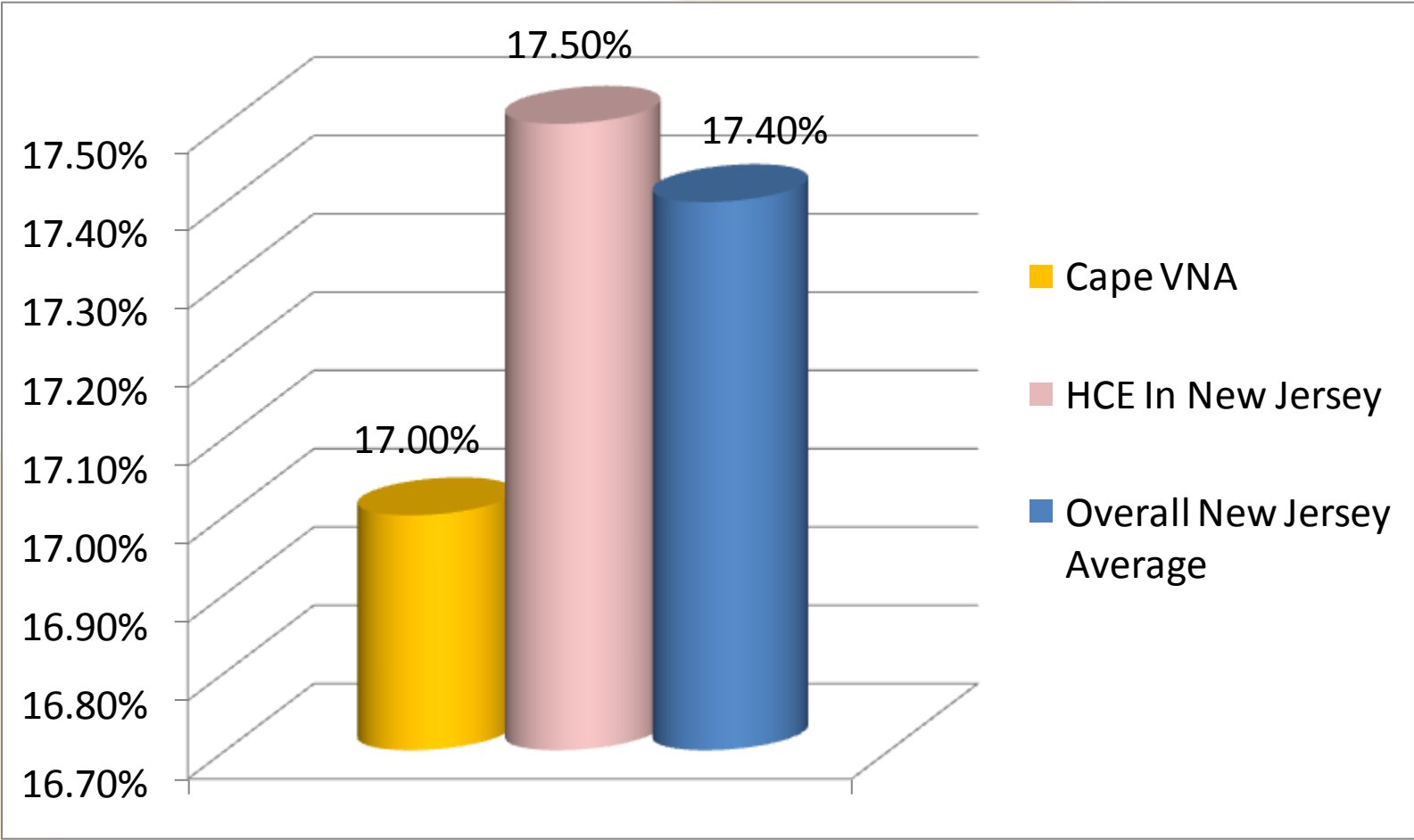
Cape VNA Process Measures



Cape VNA Process Measures, cont



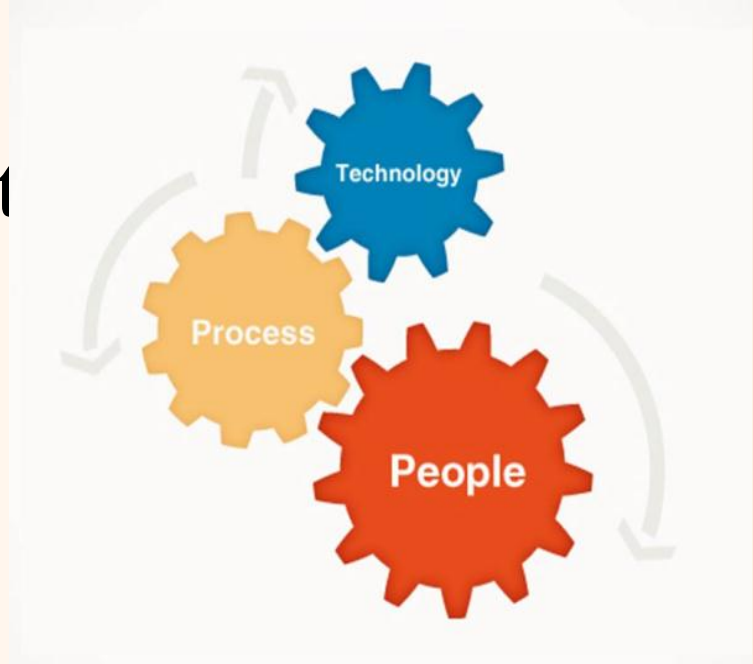
Cape VNA Financial Performance



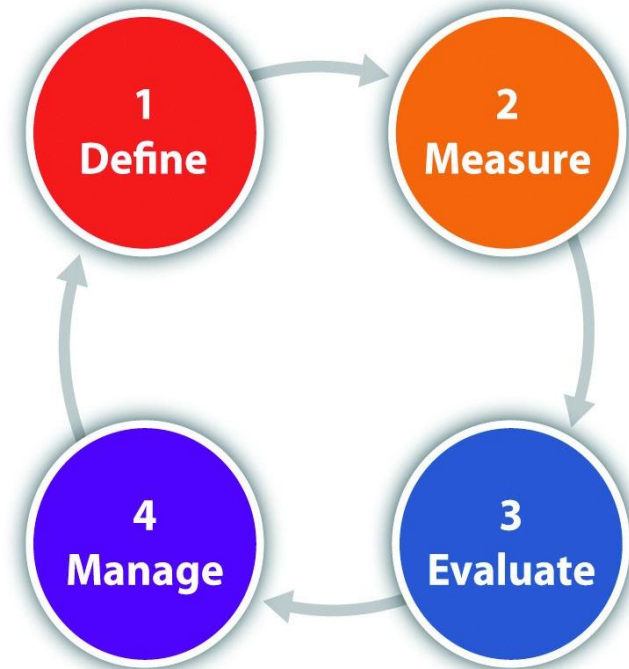
- Education
 - SBAR
 - OASIS Accuracy
- Inter-rater reliability
- OASIS documentation consistency (discharges done by CM)
- Oasis reviewers/coders



- Software/Hardware
- Team Meetings/QAPI
- Therapists full time
- Employee engagement
- Blame Free Environment



- Admission Nurse Model
- Interdisciplinary Teams
- PT's educate nurses on functional status
- OT's for ADL training
- Communicate Revised Policies
- Practice Guidelines
- New Learning Materials
- Mentoring Program



Lessons Learned

- Clinical Competency Program
- Consultation with Clinical Specialists
- Memos to Implement Best Practices
- Visual Reminders
- Addressing Complaints
- Halo Effect
- Celebrate Improvements

- Establish a Culture Where Patient Comes First
- Processes Developed to Improve:
 - Outcomes
 - Patient Experience
 - Employee Engagement
 - Financial Viability

Lessons Learned

**"I've learned
that people will
forget what you
said, people will
forget what you
did, but people
will never forget
how you made
them feel."**

Maya Angelou



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