Introductions

Summer greetings to our South Dakota home health agencies (HHAs) from the Home Health Quality Initiative (HHQI) team at the South Dakota Foundation for Medical Care (SDFMC). The National Healthcare Quality Report Executive Summary, which was published in December 2003 by the US Department of Health and Human Services, outlines the future of quality improvement in healthcare. A timely excerpt from this report follows:

Improvement comes about not through mandates, but rather through innovation that is led by ‘champions’ with the vision to customize improvements to local circumstances. Many provider organizations offer quality health care. They strive to achieve the best health care practices as described by experts in the field. While the reasons for superior performance are complex, high scores are often achieved because a group of providers and other stakeholders have identified a quality problem and committed resources and personnel to fix it. In the process they may discover something that works, which in turn can be learned and adopted by others.

This quotation illustrates the focus of the OBQI project at this point in time: to strive for home healthcare improvement through the innovation and dedication of champions, or leaders, in the healthcare industry.

OBQI training began in South Dakota approximately one and one-half years ago, and over the past 18 months, 95 percent of South Dakota HHAs have championed the OBQI process. Already 80 percent of these participants are showing improvement in their selected targeted outcomes, thus championing the OBQI process and making significant strides toward improving home healthcare in South Dakota.

Monitoring for Sustained Quality Improvement

“We’ve improved our outcome—now what do we do?” Although some agencies have shown statistically significant improvement in their target outcomes as early as three to six months after implementing their plans of action, to have true improvement and change in clinical behavior, the improvement must be sustained for a year.

OBQI training is like losing weight: many people can change their behaviors for a month or two and lose weight, but often the weight will reappear as they slip into old habits. The rule of thumb for weight loss—and OBQI—is that you must maintain behavior changes for a year to have really incorporated “best practices” into your everyday routines. After seeing success in your selected outcome(s), you can select another outcome(s) to work on if you like, but don’t stop monitoring your first targeted outcome(s). You want to make the best practices a normal part of your agency’s clinical practices, and that takes time and continued monitoring.

As John Maynard Keynes once noted, “The hardest thing is not to get people to accept the new ideas, it is to get them to forget the old ones.” And thus, “When in conflict, Culture will eat Strategy for lunch—every time!”

—paraphrased from Mark Bard, MD.

Save these Dates!

Wound Care Seminar
Featuring Dorothy Doughty, MN, RN, CWOCN, FAAN
August 24 in Sioux Falls       August 25 in Rapid City
8:30 am – 3:30 pm

Pain Management Seminar
Featuring Carol Curtiss, RN, MSN
October 12 in Sioux Falls       October 13 in Rapid City
8:30 am – 3:30 pm

Target Audiences
Nurses and Physical Therapists
When it Comes to Quality, these Agencies are Right at Home

Congratulations to Avera McKennan HomeCare and Brookings Hospital Home Health Agency for winning the South Dakota Foundation for Medical Care Outstanding Associate Participation award. Both agencies have demonstrated measurable improvement in their targeted outcomes due to quality improvement endeavors including OASIS education, improved patient teaching, and better chart documentation.

In its second quarter of creation, the Outstanding Associate Participation Award requires agencies to meet set criteria that include implementation of the agency’s plan of action (POA), demonstration of positive movement in a targeted outcome, presentation of (or suggestions for) conference calls/educational sessions, and completion of the Outstanding Participation Associate Award application, which asks agencies to document monitoring findings associated with their POAs.

Brookings Hospital Home Health Agency

Brookings Home Health Agency has demonstrated 7.3 percent improvement in its targeted outcome, Improvement in Management of Oral Medications. According to the agency, their improvement is due much to positive staff reception and education efforts. “The nurses were very receptive to education in this area,” said Brookings Home Health Agency.

Nurses’ interpretations of MO780, medication assessments, and protocols were reviewed in staff meetings and staff in-services. OASIS education, too, resulted in greater staff uniformity in scoring MO780. The agency reported this staff education was key to correctly assessing patients at start of care and improving its targeted outcome.

Avera McKennan HomeCare

Avera McKennan HomeCare’s targeted outcome is Improvement in Status of Surgical Wounds. According to the agency, their targeted outcome has improved by approximately 25 percent since the start of the project due to improved dietary patient education and staff development.

Avera McKennan HomeCare developed several staff interventions that targeted patients’ diets, including a nutritional poster series (made easily accessible to staff), a nutritional risk assessment, and dietitian referral. Staff and clinician in-services were implemented to educate staff on these new dietary interventions.

Still Time to Apply

Agencies that have not applied for or won the Outstanding Associate Participation Award may do so next quarter. Applications may be obtained at SDFMC’s website at www.sdfmc.org and must be returned by August 31, 2004. Winning agencies are given a laser engraved award, promotional buttons, a spot on the SDFMC Home Health website, and additional copies of this newsletter to promote their quality efforts and participation record.

Have you visited www.sdfmc.org lately?

Shared quality improvement tools, as well as POA monitoring tools, are updated regularly. We’ve also added a Pharmacist’s Corner where clinical articles and presentations, authored by pharmacist Dr. Jane Mort, are posted. Check it out today!

Do you wish you could communicate with other South Dakota home health agencies via e-mail? Now you can! Sign-up for the South Dakota Home Health Discussion List! Call Mary at (605) 336-3505 ext. 235 or e-mail her at mhonerman@sdqio.sdps.org to join today!
Technical Conference Outlines Eighth Scope of Work

Goldie Burnham, Project Manager of the Home Health Quality Initiative at South Dakota Foundation for Medical Care attended the technical conference New Frontiers, sponsored by the American Health Quality Association (AHQA) and the American Health Quality Foundation (AHQF) in March of 2004. The technical conference focused on quality healthcare and the future Eighth Scope of Work (8th SOW).

SDFMC is contracted with the Centers for Medicare and Medicaid Services (CMS) to perform quality improvement activities during a three-year period. This contract is called a Scope of Work and outlines the contractual requirements for the Quality Improvement Organization (QIO).

According to the conference keynote speaker, Dr. Stephen Jencks, the vision for the 8th SOW is "The Right Care For Every Person, Every Time." The right care will be safe, effective, patient-centered, timely, efficient and equitable. This care should be evidenced based and achieve the desired outcomes.

The home health goals proposed in the 8th Scope of Work include accelerating the rate of improvement in home health outcome measures and increasing the Medicare-certified home health agencies' confidence in using Outcome Based Quality Improvement.

Health Care Quality Improvement Program's (HCQIP) critical strategies to accelerate change follow:

- Promote the use of comparative performance data, transparency, and public reporting.
- Promote the use of information technology to increase efficiency and accuracy.
- Spread learning and success.
- Focus on increasing system reliability and safety.
- Promote the use of rapid-cycle improvement and progress redesign methods.
- Focus on decreasing waste and inefficiency.
- Support and promote workforce development.

QIOs will collaborate with home health agencies to

- Accelerate the rate of improvement in selected quality measures.
- Promote care coordination and care collaboration to reduce waste and care fragmentation.
- Promote the use of information technology to enhance efficiency of care delivery.
- Promote work-force development.

Providing the right care for every person every time requires transformation of the healthcare system. As Stephen Jencks says, “We must focus on projects where our efforts are likely to be transformational.”

—Excerpt from Technical Conference paraphrased from Stephen Jencks, M.D., Director of Quality Improvement Group (HCQIP)
The South Dakota Foundation for Medical Care’s home health conference calls have become an integral part of the OBQI/HHQI process, providing home health agencies with a means to learn and discuss the OASIS process as well as other processes and topics that affect quality improvement in the home health setting.

Recently changed from bi-monthly to monthly, these conference calls are scheduled the first Wednesday of every month at 1:30 p.m. Central Time.

You can find conference call materials on SDFMC’s website at http://www.sdfmc.org/HHQI/. If you would like to volunteer to present on a conference call, please contact Darlene Steenholdt at (605) 336-3505 ext. 234 or e-mail her at dsteenholdt@sdqio.sdps.org.

### South Dakota Performance on Outcome Measures

The table below illustrates the combined improved performance of the home health agencies in South Dakota on each of the publicly reported outcome measures. The time periods shown in the graph represent 12 months of discharges, ending with the month shown. The comparison is a risk-adjusted comparative rate that accounts for differences in risk factors and case mix.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Feb2003</th>
<th>Feb2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Hospitalization*</td>
<td>24.9%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Any Emergent Care*</td>
<td>20.8%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Improvement in Ambulation/Locomotion</td>
<td>26.1%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Improvement in Bathing</td>
<td></td>
<td>50.6%</td>
</tr>
<tr>
<td>Improvement in Confusion Frequency</td>
<td>28.7%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Improvement in Management of Oral Medications</td>
<td>26.2%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Improvement in Pain Interfering with Activity</td>
<td></td>
<td>49.6%</td>
</tr>
<tr>
<td>Improvement in Toileting</td>
<td></td>
<td>52.6%</td>
</tr>
<tr>
<td>Improvement in Transferring</td>
<td></td>
<td>58.0%</td>
</tr>
<tr>
<td>Improvement in Upper Body Dressing</td>
<td></td>
<td>59.4%</td>
</tr>
<tr>
<td>Stabilization in Bathing</td>
<td></td>
<td>68.9%</td>
</tr>
</tbody>
</table>

* Note: a lower percent is better on these two outcome measures.