Enhancing Patient Outcomes through the Utilization of Evidenced Based Best Practices

presented by

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Objectives

• Outline CMS directives of the 8th SOW
• Identify ‘why’ Best Practices should be utilized
• Assure Best Practices will be successful in improving outcomes
• Cite Best Practices and Intervention Actions related to the focus of the 8th SOW, Acute Hospitalization
OASIS

- Accepted measurement tool by CMS & JCAHO
- Fundamental to OBQI
- Changing/Evolving
- OEC’s (OASIS Education Coordinator) and the QIO’s roles in OASIS education
  - SD OASIS Resources:
    - Listserv
      - Rena Hebda, Avera Sacred Heart Home Care
      - Denise Stroud, Rapid City Regional Hospital Home Care
    - Web – www.sdfmc.org
      - OASIS Competency Tool by HH of the Northern Hills
      - CMS OASIS Web Based Training
Definition of Best Practices

- 7th Scope of Work
- 8th Scope (Statement) of Work
  - Evidenced Based Best Practices
First Four Steps of the Plan of Action Tool (POA)

- Review Outcomes Reports
- Identify Target Outcome
  - Develop a “Should Be Done List” of Care Behaviors that your agency should be performing
  - Perform Chart Audit to determine:
- Problem Statement (Identification)
- Write Best Practices to remedy or improve targeted outcome
‘WHY’ Utilize Best Practices?

- National focus on patient safety
- Regulatory scrutiny
- Home Health Compare
- P4P (Pay for Performance)
- Decrease costs under the PPS system
- Growing expertise in HHC Clinicians
- Disease Management Models
- Develop a solid national standard for the home care field
Necessary Components for Successful Best Practices

“The well-being of the patient is the only interest worthy of consideration.”
Wm. S. Mayo, founder of the Mayo Clinic

• Current
• Consistent
• Practical
• Patient-centered
• Robust enough
“CURRENT”
Best Practices

• Rehab services
• AHRQ (Agency for Healthcare Research and Quality, IHI (Institute of Healthcare Improvement), IOM (Institute of Medicine), etc.
  – HF (Heart failure) guidelines
  – Behavioral health
  – Pain guidelines
  – Wound care protocols
  – Diabetes guidelines
“CONSISTENT”
Best Practices

- OASIS assessment strategies
  - Interdisciplinary
  - OASIS scoring
- Policies & Procedures
- Clinical practice guidelines
  - Cross setting
“PRACTICAL”
Best Practices

• Patient safety
• Preventive services  
  – COPD  
    • Stop smoking interventions  
    • Immunizations
• Start with least invasive  
  – Urinary Incontinence (Tx: Surg, Pharm, Behavioral)  
    • Behavior Modification
• Fundamental to more complex practices  
  – Telehealth  
    • Imp in Use of Telephone
“PATIENT-CENTERED”
Best Practices

• Discovering patient’s abilities & goals
• Cultural considerations
• Promotion patient self-mgmt
  – Patient education
  • HEALTH LITERACY
    – DAWN study
ROBUST ENOUGH
Best Practices

- Utilization of advanced technology
  - Telehealth monitoring
  - PT/INR home monitoring
  - Osteoarthritis programs
  - Advanced wound care
- Appropriate therapy interventions
- Disease management
- Pathways
‘HOW’ to assure Best Practices will be successful in improving outcomes

• Intervention Actions
  – Completion
  – Effectiveness
    • PDSA (Plan, Do, Study, Act)
  – Efficiency
    • PDSA

• Monitoring patient charts/outcomes reports
  – Reflect the success of Best Practices
  – Reflect the success of Intervention Actions
Components Necessary for Successful Intervention Actions

- Current
- Consistent
- Practical
- Staff-centered
  - Integrate a continuum of care delivery model
- Robust enough
CURRENT

Intervention Actions

• Current methodologies
• Strategic to national goals for healthcare
• Meet current regulatory/survey requirements
  – Medication reconciliation procedures
CONSISTENT Intervention Actions

- Policies & Procedures
- Chart forms
- IT (Information Technology)
- Pathways implementation
- Physicians part of decision making tree
PRACTICAL
Intervention Actions

• Develop level of common understanding
  – Goals

• Develop & maintain standards of staff proficiency
STAFF-CENTERED

Intervention Actions

• Collaborative vs. competitive
• Current level of staff proficiency i.e. staff competency
  – Technical
  – Interpersonal
  – Critical thinking
  – Nurses are healthcare’s great educators - JAMA
ROBUST ENOUGH

Intervention Actions

• Implementation/extended use IT
• Implementation cross-setting pathways
• Interfacing quality measures across settings
• Strategic to the future
  – Changes and advances in healthcare
  – Changes in payers
• Making a “Business Case” for OBQI
  – Administrative Support
    • Administrator ‘ride-alongs’
MONITORING
The key to identifying success of quality improvement efforts and to sustaining improvements

• Concurrent
  – Intervention Actions
    • Supervisory visits
    • Competency testing
    • =PDSA
  – Patient Charts
    • “Open” Chart Reviews
    • Care Conferences
    • =PDSA

• Retrospective
  – Intervention Actions
    • Annual competency testing
  – Patient Charts
    • “Closed” Chart Reviews
    • CASPER Outcomes Reports
    • SDFMC outcomes trending reports
Monitoring Tools

• “Open” Chart Reviews or Concurrent Monitoring

• “Closed” Chart Reviews or Retrospective Monitoring
  – Outcomes Tally Reports
    • Patient Tally Filter (efficiently used for large HHAs)
  – OBQM Reports (Outcomes Based Quality Management/Adverse Events Reports)
  – Home Health Compare
Outcomes vs. Process Measures

• Clinical Outcomes
  – Not always within control of provider
  – Often a result of a number of factors
    • Diagnoses
    • Disease process
    • Patient age
    • Living situation
    • Economic factors
    • Etc.

• Process Measures
  – More often within the providers’ control
    • Hospitals
    • LTC (Long Term Care)
    • Clinics
The Outcome Measure which will be the focus of the 8th SOW

- Reduction in Acute Hospitalization
  - Emergent Care

- Remaining 10 Publicly Reported Outcomes
  - Discharge to Community
  - Improvement Dyspnea
  - Improvement Urinary Incontinence
  - Improvement Status of Surgical Wounds
  - Improvement Ambulation
  - Improvement Bathing
  - Improvement Transferring
  - Improvement Pain Interfering with Activity
  - Improvement Oral Med Mgmt
Improve Outcomes by Implementing ‘Evidenced Based’ Standards (Processes) of Care

- Reduce Acute Hospitalization Outcomes (limited control)
- By implementing Best Practices Processes (provider control)
- Through aggressive Intervention Actions
- Physician behavior plays large role
Process of Care Investigation for Acute Hospitalization

- Utilize Patient Tally Outcome Reports
- Utilize OBQM Reports
  - Identify those patients who utilized Acute Care
  - According to your HHA’s current practices (Should Be Done List for Acute Care); what should your agency have done to reduce your Acute Care Outcome?
  - According to Evidenced Based Practices for Acute Care, what could your agency implement to reduce your Acute Care Outcome (Could Be Done List)?
Components necessary to implement needed Intervention Actions to implement Best Practices to improve Acute Hospitalization & other patient outcomes

- Spreading Evidenced Based Best Practices
- Coordination of Care Delivery Model
“Spread”ing Change

- 7th SOW
  - Collaborative efforts among provider systems
    - Provider policies and procedures
    - Provider newsletters
    - Provider training
  - Collaborative efforts among SD HHAs
    - SD listserv sd-hh@lists.dfmc.org
    - www.sdfmc.org
    - SDAHO
    - Collaboratives
      - Learning sessions
      - Teleconferencing
“Spread”ing Change (cont.)

– Collaborative efforts among all states’ QIOs
  • National OBQI listserv
  • Teleconferencing
  • Learning sessions

– Collaborative efforts throughout nation’s homecare industry
  • www.medQIC.org
    • Resource Binders for Publicly Reported Outcomes
  • Interstate collaboratives
    – Learning sessions
    – Teleconferencing
  • NAHC (National Association for Home Care)
Coordination of Care

• Providing care across a continuum
  – Increased safety
  – Increased effectiveness
  – Increased efficiencies
  – Increased quality
Models of Care Delivery

Numerous

– Dependent on:
  • Case Mix
  • Payers
    – Privatization of Medicare
    – Future coverage will be based on following Evidenced Based Medical Practices
  • Agency relevance
Models of Care Delivery

Examples

- Chronic care model
  - Disease mgmt model
- Medicaid Model
- Nurse-led transitional model
  - Collaborative model
- Culture of Quality “CQ”
  - Requirement for success in any model
Realizing the vision of CMS

• Transformational Change
• Focus in Reduction of Acute Hospitalization
  – Implementing ‘Evidenced Based’ Best Practices
  – Increase Patient Safety
  • IOM
  • OBQM (Outcomes Based Quality Management/Adverse Events)
    – Risk assessments
      » Coordination of Care including >patient self-management
      » Increased use of the MSW (Medical Social Worker)
The ‘right’ care for every person every time.

Challenge to all of our nation’s healthcare providers
Healthcare’s Great Utility Player
‘the Home Health Clinician’

• Necessary attributes:
  – Flexible
  – Creative
  – Willing to learn, unlearn and relearn
  – Ability to practice independently
  – Ability to tolerate uncertainty
  – Caring
  – Change agents
  – Educators
Celebrate our success!

Questions?