

Home Health Services

Case Study

Staff Development and Education Drive ACH Reduction

When asked what was key to VNA of Middlesex-East, Inc.'s (VNAME's) success in reducing its acute care hospitalization (ACH) rate, Chief Executive Office Merry Beth Rucker, RN, continually cited staff development and education as paramount to the agency's achievements. "All of the tangibles like telemonitoring equipment, data and care guidelines have helped, but nothing helps like educating the staff around clinical standards," Rucker said. "That is the most important thing you can do for your staff, your patients and your organization."

The education she spoke of was not solely based upon classroom learning, but instead on real-world quality improvement initiatives conducted through a cycle of problem identification, data analysis and application, intervention, and evaluation. As a result, VNAME has been able to reduce its ACH rate by 13 percent, surpassing its reduction in failure rate goal as outlined by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.

Two years ago, VNAME decided to make a concerted effort to reduce its ACH rate because it felt that the acute care that was now regularly being provided to patients in their homes should be able to prevent most ACH events. It was time to maximize patient outcomes at home.

VNAME first decided to streamline its performance improvement efforts, which had previously consisted of individual flurries of activity. It assembled an ACH team to look at the root causes of ACH (versus simply examining ACH rates) and found that patients' reactions to a change in their condition usually prompted a call to their physician, which typically led to an emergency room visit and subsequent inpatient admission. This approach was not only costly, it was inefficient and not an optimal use of the agency's nursing skills.

The resulting multifaceted approach yielded a host of interventions, including:

- **Care guidelines:** A team developed patient guidelines and teaching tools for 18 different diagnoses, ranging from neurology to wound care to rehabilitation, and staff worked with patients to help them manage their own care.
- **Data tracking:** The ACH team continually tracks nurses' caseloads and data, conducting additional inquiries if ACH rates are rising. This is not done in a punitive manner, rather, it is used as a way to identify increased ACH rates early and work with the nurse to capitalize upon a learning opportunity.
- **Specialized interventions:** The agency began customized interventions targeted toward the most widely reported ACH diagnoses (e.g., heart failure).
- **Telehealth:** VNAME originally used 20 telehealth units to assess its patients, and now has 100 units, which are used on as many patients as possible to help nurses detect red flags. The data also help home health nurses work with patients' nurse case managers.
- **Parameters of care:** At the start of care or resumption of care, nurses contact patients' physicians to establish acceptable parameters of care up front (e.g., dosing of Lasix[®] for heart failure patients), so that they are better able to help manage patients at home. Physicians have been very receptive to this approach.

Rucker also recognized Masspro's assistance in the agency's success, stating that Masspro provided ideas, support and structure to its efforts. Specifically, Masspro supplied trusted risk-adjusted data on a regular basis and tailored staff inservice trainings to reinforce strategies, best practices and the role of data in performance improvement.

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Masspro's performance improvement expertise combined with our unique ability to work across the full continuum of patients, providers, purchasers, and payers, enables us to help transform the care delivery system as a whole, not just its individual components.

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Continued on reverse

VNAME will continue its efforts to further reduce ACH rates by maximizing telehealth, reevaluating care guidelines and continuing its commitment to staff development and patient education. For example, the agency will continue to distribute patient education booklets that it developed using grant funding. It has also purchased ZOEä monitors to measure ahead of time whether patients are likely to retain fluid in their lungs, further facilitating early intervention with select patients.

About VNAME

For over 100 years, VNA of Middlesex-East has provided care, support and comfort to individuals recovering from illness or injury in 28 Greater Boston communities. It also delivers hospice care to those in the last stages of a terminal illness.



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