

OASIS Alert

Case Study: These Strategies Can Slash Your Emergent Care

Unexpected benefit: Your OASIS accuracy could also improve.

Do you think there isn't much you can do to reduce your patients' emergent care incidents? Just look at the significant turnaround one North Carolina agency accomplished.

Lake Norman Home Health in Mooresville, NC noticed its emergent care numbers were higher than the reference norms and decided to focus on this as its outcome based quality improvement target outcome. A year later, Seattle-based **Outcome Concept Systems** named the agency a 2004 Rising Star.

The challenge: High emergent care numbers affected LNHH in several ways. Incidents of emergent care triggered adverse event reports, showed up on Home Health Compare and negatively affected the agency's affiliated hospital's finances. But the solution was not obvious.

What they discovered: Agency staff searched their data to pinpoint factors they could control. Sometimes a patient will go back into the hospital no matter what you do, says **Christi Jarrett**, clinical supervisor. But LNHH found that a small percentage of patients experienced most of the emergent care incidents, and they suspected many of these patients were discharged from the hospital prematurely. Expectations for what home care can do are not always realistic, she says.

The next step: The agency attacked the emergent care problem on several fronts, but the most important decision was to focus on the beginning of the episode. Because of concern about inappropriate or premature admissions, LNHH hired as an intake coordinator a registered nurse with seven years of home health experience, Jarrett says. Someone with field experience can identify potential problems right up front, she explains. Emergent care numbers began to drop shortly after the new intake coordinator came on board, Jarrett tells **Eli**.

The intake coordinator calls the family and makes other calls for additional information. This communication lets her provide staff with a clearer idea of what admitting this patient will involve. She may even visit a patient in the hospital to be sure the home health referral is appropriate.

Biggest surprise: When the agency looked at assessing activities of daily living as a way to prevent falls and the resulting emergent care, they had an eye-opening experience, Jarrett reports. Both nurses and managers were amazed at how different the nurses' assessments were from physical therapists'. In the end, "the nurses had to change their mindset about how they interpreted some of the OASIS questions," she reports.

To get to that result, LNHH had therapists and nurses make joint visits so the therapists could teach the nurses how to answer ADL and IADL questions accurately. The agency also has had good results with having occupational and speech therapists train clinicians in how they assess the patient. "You can see the light bulbs go off as the nurses realize there are other ways to look at the assessment," Jarrett says.

As an unexpected benefit, the agency's focus on assessment training has helped improve overall OASIS quality as well, says **Robin Hudson**, LNHH's quality coordinator.