

OASIS Alert

Quality Improvement: Ready Or Not -- Here Come Your QIOs

Briggs study shows how other HHAs succeed.

With the big push to improve acute care hospitalizations now in progress, two top-notch resources will help you move forward in addressing this issue.

Acute care hospitalization is the percentage of home health episodes in a 12-month period that end with a hospitalization, explains **Karen Pace** with the **Delmarva Foundation**. This outcome aims to measure patients who have an acute deterioration in health care status--no one expects it to be 0 percent, she adds. But awareness of early warning signs and better preventive care should lead to fewer hospitalizations, experts believe.

While the **HHS Office of Inspector General** hasn't found rehospitalizations increasing under the prospective payment system, Home Health Compare also has not shown them decreasing (see story, p. 30). So what's an agency to do?

Imitate What The Stars Do

Some home health agencies have achieved remarkably low acute care hospitalization rates, reports the newly finalized Briggs National Quality Improvement/Hospitalization Reduction Study, released in January. The study, sponsored by Northampton, MA-based **Fazzi Associates**, the **National Association for Home Care & Hospice** and West Des Moines, IA-based **Briggs Corp.**, examines 15 frequently-used best practices 400 top-scoring agencies use to address the hospitalization problem (see OASIS Alert, Vol. 6, No. 1).

The top five strategies -- used by 59 percent or more of the best-scoring agencies include:

1. Fall prevention (66 percent of agencies)
2. Front loading services (64%)
3. Management culture/support (61%)
4. Medication management (59%)
5. 24-hour availability/response (59%)

But to be successful, agencies must use these best practices intentionally and use more than one, the study concludes. The successful agencies used an average of 6.4 of the top 15 strategies, the study reports.

Example: Identifying high-risk patients with a safety/risk assessment at the start of care, providing front-loaded services to the patients and instructing patients about your agency's 24-hour availability can work in combination.

For each of the top 15 best practices, the study describes why the strategy is important, recommends how to implement the strategy and often provides additional information such as resources, clarifications or cross-strategy relationships.

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Quality Improvement Organizations nationwide are working to improve the acute care hospitalization quality measure (see OASIS Alert, Vol. 5, No. 12). They are using a variety of resources to help agencies effectively manage chronic care in the community -- which is a good way to reduce hospitalizations and keep patients at home, says New Mexico Medical Review Association's Quality Improvement Manager **Sheila Conneen**.

Agencies will find a rich resource in the "Acute Care Hospitalization Toolkit" provided at the **Medical Quality Improvement Community** Web site, Conneen advises. One of the best forms in the toolkit is a two-page sample

emergency care plan outlining when the patient should call the agency for a medical problem and when he should call 911, she tells **Eli**.

Many agencies find the MedQIC Acute Care Hospitalization Toolkit a critical piece of their efforts, says **Wendy Vernon**, senior associate with QIO **Carolinas Centers for Medical Excellence**. "There's a wealth of information there for agencies," she advises.

"Excellent risk assessment tools are available at the MedQIC site," Vernon notes. These tools help agencies try to identify at the beginning of the episode which patients they may need to follow more closely. Then HHAs can schedule visits differently for those patients -- which is the number two strategy in the Briggs study. Close monitoring will keep patients from getting to the point where they have to go to the hospital, she explains.

Quality improvement staff can't make the improvements alone. Clinician buy-in is critical, says quality improvement staffer **Jackie Wigent** with HHA **Home Care of the Grand Valley** in Grand Junction, CO. Stimulating interest and soliciting ideas -- perhaps with a well-attended meeting -- is a good first step, she says. If you haven't worked on this issue in awhile, you'll need a fresh approach, she adds.

Once you decide how to tackle the problem of acute care hospitalizations, don't stop too soon, Wigent tells **Eli**. "First you have to get good, then you have to stay on top of it for a whole year before you can back off on the intensity of your focus," she recommends.

Note: The Briggs report is at www.briggscorp.com/pdf/BriggsStudy.pdf. The tool-kit is at www.medqic.org.