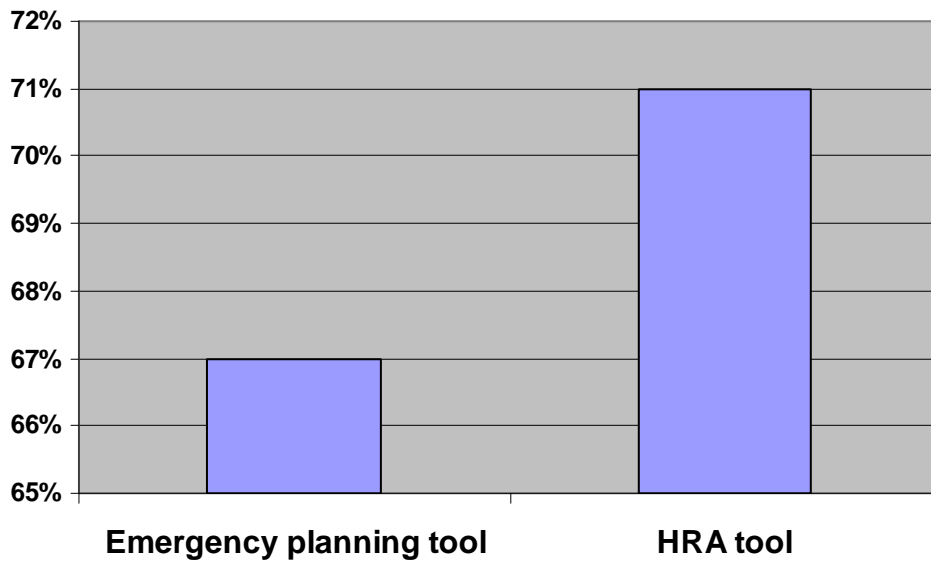


Participating Agencies Give “Thumbs up” to Campaign Tools

More than two thirds of home health agencies reported using emergency planning and hospitalization risk assessment (HRA) tools in most patient care, according to a recent follow-up of agencies participating in the current national campaign. Almost 500 home health agencies responded to the customer satisfaction survey after downloading the Home Health Quality Improvement Campaign’s Best Practice Improvement Package on Acute Care Hospitalization (ACH).

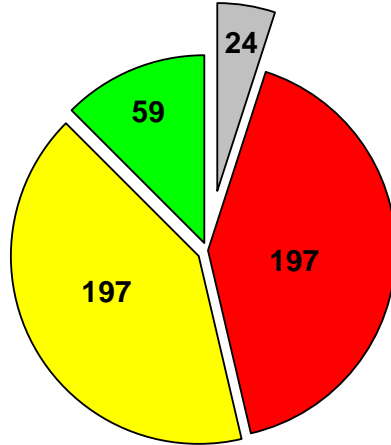
Percent of Agencies Using Campaign Tools Frequently or All the Time



Many agencies reported beginning to use these tools during or after the first national campaign in 2008, but one third of the HRA users and one quarter of the emergency plan tool users said they’d started after this campaign began or modified their approach after receiving this campaign’s materials.

Nearly all agencies reported using at least one of the resources the campaign provided to help bring improvement, and one quarter used four or more of them. Over 100 agencies named additional improvement methods they adopted besides those that the campaign provided. Three quarters of the agencies set targets for reducing the ACH rate. Most agencies felt these materials had helped them prevent unnecessary hospitalization.

Self-Reported Impact of Campaign Materials



- No impact at all.
- Helped us think about how to prevent ACH
- Helped change how we manage patients to avoid ACH
- Measurable reductions in ACH

The high response rate to the survey and high reported use rates of campaign materials and recommended practices augurs well for the campaign's ultimate success in reducing ACH rates. Campaign participants appear to be actively engaged in important, ongoing quality improvement work.

Staff Respond to Agency Comments on ACH Improvement Package

HHQI Campaign Staff received hundreds of comments along with the responses to questions in the recently-completed assessment of the Best Practice Improvement Package on Reducing Acute Care Hospitalization. The vast majority were positive, and many were simply compliments or thanks. Here are examples:

- “The BPIPs are really good and easy to understand. Lots of helpful tools. It is so nice to have all of this research handed to you - we don't have to go out and read lots of articles - you all have summarized the best practices for us!”
- “We thank you for providing the tools and giving us the latitude to use them or modify them to work for us.” *(HHQI Team: Exactly---use them and modify them!!! We encourage agencies to incorporate these tools and modify them to fit with their processes and program! See the next comment for a great example of taking the tools a step further!)*
- “We changed the name of the PEP to My Medical Emergency Plan because it was being confused with other emergency home health plans. Also My Medical Emergency Plan is more patient-centered and suggested the Medical team which could involve the physician led Patient-Centered Medical Home practice.”
- **One of the most common comments related to work in progress. Often, an agency would indicate that it had just begun studying how to implement an activity, or was planning an activity in the near future.** “We are still in the process of implementing more of the strategies. We plan to update our emergency plan and use the "Call the Nurse First" poster.” *(HHQI Team: We did not think of this possibility when we developed our questionnaire, but we will capture information on commitment to action when we assess the next BPIP. Thanks for the great idea!)*
- Of course, there was criticism. A few expressed disappointment that there were few new tools in this campaign, compared with the last. “These are tools we used before and there was no difference.” *(HHQI Team: Sorry to hear that. This was a ‘refresher package’, but there were some refurbished and new tools. There were new sections (Organizational Culture) and new strategies. The ZONE tools were shared by 2 home health agencies. The ZONE tools have been available, but these agencies made some modifications and developed some new ZONEs. Many agencies took advantage of these and the “Call the Nurse First” poster—which was another tool shared by a home health agency. See the following comments.)*

Generally the comments were enthusiastic and provided insights about how individual agencies were using the resources.

- “The field staff really like the Zone tools provided in the BPIP, felt they were user friendly, and "very intelligent!”
- “We downloaded information talked it over with staff and adapted sections for use with our clients.” *(HHQI Team: Involving staff is a great strategy and carefully selecting tools (even sections) for your agency's use is strongly encouraged.)*

Thanks for the comments. Keep them coming!