

## Success Stories

### **Tennessee Agency's Emergency Plan Helps Improve Patient Care**

Sometimes it's a simple thing that provides a solution to a tricky problem. Medical Center Homecare Services in Johnson City has instituted a number of new programs and processes in recent years to lower its acute care hospitalization (ACH) rate. To illustrate, the agency increased educational resources for patients aimed at reducing ACH and also focused on recruitment, retention and recognition of staff. Both of those efforts resulted in more informed patients and improved morale and productivity among staff.

Performance Improvement Coordinator, Julie Sharp, said what's recently made a real difference in tackling ACH reduction is the placement of a simple sticker on the front of folders left in patients' homes. The stickers state "'call us first,' in capital letters and it includes the agency's phone number," said Sharp, who is also a registered nurse. Staff also stress to patients that if they are feeling worse, they should give the agency a call before heading to the emergency room (ER). "It seems really simple," she said. But adding this intervention in combination with other agency efforts seems to be paying off.

The agency attends roundtable meetings sponsored by QSource, the state's Medicare Quality Improvement Organization, which are a "huge benefit in networking and sharing ideas with other home health agencies," Sharp said. "Staff is always there to help with resources that assist us with our ACH rate, and always there with an answer to my questions," she added.

The idea for the emergency care plan sticker came from Johnson City's medical director, a physician who was a member of a focus group formed by the agency to work on reducing ACH. As a doctor working with the agency, he told members of the focus group that some of the agency's patients were calling his office or going directly to the ER, and the ER would then contact him about his patient. He quickly recognized that often the patient's condition could have been treated and/or addressed through a visit by home health staff.

Sharp said examples of what may typically happen is that a patient may notice additional swelling in his or her feet, experience a two-pound weight gain in one day or even panic because he or she gets a little short of breath. Patients experiencing these symptoms end up in the ER, when home health intervention may have been the better option. "We could have prevented it, gone to the home, called the doctor, and made a medication change," she said.

Typically the first person to educate the patient and explain the purpose of the sticker is a nurse or therapist, Sharp explained. This takes place when the staff person makes the initial visit, and is reinforced on subsequent visits. Home health staff—typically nurses, and occasionally home health aides—reiterate the importance of calling the agency first with health concerns. Patients find this approach reassuring. "They know that there's a nurse available 24 hours a day,

seven days a week,” she said. “Even in the middle of the night, and on the weekends, [we tell them], ‘don’t hesitate to call because there is always somebody available.’”

On call coordinators have also played a significant role in helping to reduce ACH. The coordinators triage phone calls after hours and if the patient needs to be seen, the coordinators notify the nurses on call to see that patient, said Sharp. The coordinators make sure the on call nurses haven’t worked during the day so they are sharp and ready to go. In addition, because of the new focus on ACH reduction in recent years, coordinators are better educated about patients’ conditions and what “emergencies” may actually be treated in the home setting.

The agency’s ACH rate is currently at its lowest point in years, according to Sharp. December 2006 CASPER data shows an ACH rate of 25.68 percent (January 2006 to December 2006 reporting period); this compares with 31.6 percent in November 2005. (The eligible number of cases or patients that could potentially be hospitalized for the 2006 period was 2,485.)

In addition to the “call us first” campaign, Johnson City has also found success in recent years by utilizing a congestive heart failure (CHF) disease management program. Launched at the agency in 2003, the program provides CHF patients with telehealth monitoring equipment that transmits vital signs, such as weight and blood pressure readings to a call center in Atlanta, Georgia. If their weight has increased or their blood pressure has elevated, the patient is called, and registered nurses who work at the telehealth center in Atlanta follow orders written specifically for the patient. Sharp said the agency plans to implement a similar diabetes disease management program in the future.

“It’s truly a team effort, and the entire team finds pleasure in watching our ACH rate decline,” Sharp said.

*Data in this article was provided by Julie Sharp, Medical Center Homecare Services.*

“We would rather have the patients call us first and allow a clinician to assess them before just going into the ER... and if we have to, we will send them to the ER. Many times we provide intervention at home and keep the patient at home.”

Jane Andrews, RN  
Disease Management  
Medical Center Homecare Services



## **Iowa Home Health Agency Thinks “Pink,” and Reduces Avoidable Hospitalizations with Improved Emergency Care Plans**

Iowa’s Pocahontas Community Hospital – Home Health is working to create a health care system that ensures each person receives the right care at the right time by: increasing patient and caregiver satisfaction, improving health outcomes and reducing avoidable hospitalizations. The agency was recognized in 2006 as a home health “superstar” by the Iowa Foundation for Medical Care (IFMC), the state’s Medicare Quality Improvement Organization.

The national hospitalization rate for home health patients has been steadily rising over the past three years. The Centers for Medicare & Medicaid Services (CMS), in recent years, set a national target of reducing the home health acute care hospitalization (ACH) rate to 23 percent CASPER data. Pocahontas Community has not only achieved this goal, but has also already surpassed it with an ACH rate of 21 percent.

Pocahontas Community’s reduction in ACH shows a leadership and staff commitment to improving the quality of health care provided to patients. Based on various quality measures, the agency is providing more effective care and saving Medicare dollars, according to IFMC’s Medical Director, Tim Gutshall.

To reduce avoidable hospitalizations, physicians and home care agencies must continuously communicate and address patient problems and care needs both efficiently and effectively. “We have provided additional staff, patient and family education, and introduced new emergency care plans and call sheets to help reduce the number of hospitalizations,” said Judy Schmidt, Pocahontas Community’s project’s leader and case manager. “Our patients want to be at home and we are working hard to keep them there.”

More specifically, the agency in June 2006 began using a patient emergency care plan that is reviewed with all patients at start of care and resumption of care. The plan is left in the home for the patient to use. The plan includes the agency name and phone number, and lists problems or conditions; including diabetes, infection, heart/lung problems, etc. To illustrate, under “diabetic problems” signs and symptoms that are listed include: sudden weakness or dizziness, uncontrollable thirst or hunger, blurred vision, sweating spells and frequent headaches.

Home health nurses complete the emergency care plan with the patient and/or family during the initial evaluation. The clinicians discuss various problem areas with the patient, and provide examples of when the patient should call the agency or when it is more appropriate to go to the emergency room. The emergency care plan also includes information for patients to assist them in determining when they should call 911. Conditions listed in that category include a fall resulting in a broken bone or bleeding, chest pain that is not relieved by medication, and signs or symptoms of a stroke (including a sudden weakness on one side and difficulty with speech).



In addition to the emergency care plan forms, nurses also continue to leave *emergency information sheets* with patients. The 8.5 by 11 sheet—which is posted on the patient’s refrigerator—includes the agency name and phone numbers in large, bold font which also provides an area to write in the names of the nurse, physician and hospital. To make the emergency information sheet more noticeable for the patient, staff decided to print the form on hot pink paper (a sample *emergency information sheet* is available on the HHQI website for home health agencies to utilize).

Nurses review both the emergency care plan and emergency information sheet at the start of care, resumption of care, and at re-certification. Schmidt said the simple change from plain white paper to hot pink appears to be making a difference. Prior to changing to the brightly colored form, Schmidt said most clients would merely answer, “yes,” when asked if they knew how to get in touch with the agency. Now, patients or clients all refer to the “pink sheet.”

Agencies that want to reduce ACH and improve outcomes can include the use of the emergency care plan as an intervention. As part of the agency’s goals, Schmidt said that it is imperative to beef up the agency’s education. It is the continuing education component of the emergency care planning process that is perhaps even more important than new forms. “We’ve improved [because of] the education,” she said. “I always say, ‘educate, educate, educate’ the client on calling us.”

Hospital leaders express pride when asked about the success of the facility’s home health services. “We strive to provide the highest quality of care for our community, said CEO James Roetman, Pocahontas Community Hospital. “I am proud of the ongoing quality improvement efforts of our Home Care staff,” he concluded.

*Data in this article was provided by Judy Schmidt, Pocahontas Community Hospital – Home Health.*