Readers: This issue of the *Stratis Health OBQI Update* is our last. Over the past six years, Stratis Health has been pleased to provide information, education, and resources to Minnesota home health agencies to improve quality of care for their clients. See p. 3, Online Tools and Resources, for sites you can use to continue to access quality improvement resources.

A Partnership that Works
St. Luke’s Partners with University of Minnesota Pharmacy Students to Improve Medication Reconciliation

When St. Luke’s Home Health Services in Duluth, MN, first considered working with University of Minnesota Pharm D students, Nurse Manager Nancy Jordan immediately recognized the value of the partnership for the agency, its clients, and for the pharmacy students. What started as a trial project based on the success of a program at St. Luke’s Hospital, working with Pharm D students has become a regular part of St. Luke’s home care and hospice program over the last two years.

The collaboration has brought the issue of medication reconciliation to the forefront at St. Luke’s and has provided a great educational opportunity for the students, nurses, therapists, and clients. Nancy says, “They have learned so much from each other. I personally have learned much more about medications than I ever knew before. With new medications constantly being put on the market, the knowledge that the fourth-year Pharm D students have is invaluable.”

Staff members appreciate having a student on hand to ask questions about particular drugs, herbal products, and potential drug interactions. Students work with a variety of disciplines, see different styles of nursing and therapy, participate in care conferences, and have the opportunity to see patients in their home environment. The students become part of the home care team and take away valuable lessons they will use in their future professional lives.

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Nancy describes the home visits as the most exciting part of the collaboration. The experience can be eye opening for students seeing clients who may be taking too many medications or taking them incorrectly. One student was asked to accompany a physician and therapist on a visit to help them determine the right medication to control pain for a particular hospice client. They were able to work together to find the right medication to get the pain under control, allowing the person to remain at home.

How the program works
Every five weeks a new student begins an Advanced Pharmacy Practice Experience at the agency. The agency provides the student with a workplace and computer, and a staff member oversees the student’s experience. The University provides the agency with a $500 payment for providing this educational opportunity.

The student conducts an independent orientation to the home care and hospice settings, reading and reviewing its policies, procedures, documentation system, and client charts. Nancy then assigns the student to a nurse or therapist to accompany them on visits. Prior to the visits, the student reviews the client’s records and medications, looking for discrepancies, such as duplicate medications, therapies, drug-to-drug interactions, or opportunities to suggest inexpensive alternatives. The student then documents the review, assessment, and recommendations from the visit. A team member or the student may contact the client’s physician to make a recommendation for changes.

Nancy says, “Another neat surprise has been how independent each student is. They learn on their own and catch on very quickly. During each pharmacy practice experience, the student provides an inservice for staff members, choosing a topic they are particularly passionate about. If it happens that we are without a pharmacy student for a time, staff members are disappointed.”

If you would like to learn more about this educational opportunity for your agency, contact one of the following people at the University of Minnesota College of Pharmacy:

Duluth – Debbie Sisson, RPh, MS, Associate Director, Assistant Professor, 218-726-6019, disson@d.umn.edu

Minneapolis – Raquel Rodrigues, RPh, PhD, Director, 612-625-4077, rodrig001@umn.edu

Stratis Health’s QIO Work with Minnesota Home Health Agencies
Since 2003, Stratis Health has worked with Minnesota home health agencies to improve the quality of client care. As the Medicare Quality Improvement Organization (QIO) for Minnesota, we have supported efforts to improve Medicare quality measures, with special attention over the past three years to reducing avoidable acute care hospitalizations (ACH); improving oral medication management; increasing influenza and pneumococcal assessment; and increasing utilization of telehealth technologies.

We have provided training and resources on clinical quality and organizational improvement to all Minnesota agencies, and from 2005 through 2008 have supported 62 agencies more intensely in the Minnesota Home Health Collaborative. The 62 agencies that focused on reducing rehospitalizations and improving medication management achieved a 2.32% reduction in the ACH rate and a 6.20% improvement in the oral medication management rate.

The graphs below compare national, state, and Minnesota Home Health Collaborative rates for ACH and improvement in medication management. Rates show that while Minnesota agencies are making progress, we still have work to do.

Stratis Health also offered a pilot mentoring program to agencies in the collaborative, providing an opportunity for agencies to share their knowledge and improvement strategies.
with peers to help them improve their outcome rates for ACH and oral medication management.

Minnesota agencies statewide can be especially proud of the 36% improvement in assessing clients for flu and pneumococcal immunizations. As of fall 2007, 86% of Minnesota Medicare certified home health agencies assess clients for vaccine status.

**Future quality improvement opportunities for Minnesota home health agencies**

Although this work has come to an end, Stratis Health in its ongoing QIO role will continue to work with Minnesota agencies in relation to Medicare beneficiary protection through case review and patient safety related to Methicillin resistant staphylococcus aeurus (MRSA) and prescription drug therapy.

Agencies also will be able to benefit from the continuation of the Home Health Quality Improvement National Campaign (HHQI). The campaign, launched in January 2007, sought to unite the home care community under the shared vision of reducing avoidable hospitalizations to improve quality of patient care. Over 60% of Minnesota's agencies participated in the campaign.

Stratis Health and the Minnesota HomeCare Association worked together to recruit agencies for the campaign and shared free monthly best practice intervention packages that included educational tools and resources and guidelines to assist agencies in reducing avoidable hospitalizations. Individual agency reports with actual and risk-adjusted hospitalization rates and characteristics of hospitalized patients were provided monthly, along with national and statewide ACH benchmarking based on CMS data. Watch for more information about the continuation of HHQI as it becomes available.

Stratis Health and the Minnesota HomeCare Association are interested in pursuing new joint opportunities to work together to support quality improvement in home care. If your agency has projects it would like to work on, contact us to discuss how Stratis Health can be a resource and how we might work together to support new initiatives.

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**SBAR and Care Transitions**

At this year’s 2008 Minnesota HomeCare Association Annual Meeting in Rochester, MN, Stratis Health participated in sessions on SBAR and improving care transitions to prevent avoidable hospitalizations.

Based on the work of the Clinical Quality Team, Stratis Health, Clearwater County Nursing Service, Fairview Home Care, and Wilder Home Health presented the standardized SBAR communication approach. SBAR stands for Situation, a concise statement of the problem; Background, pertinent clinical information; Assessment, analysis of options; and Recommendations, recommended actions. SBAR promotes collaborative working relationships and the streamlined transfer of key information among physicians, nurses, and other team members. Rather than a descriptive narrative, physicians only want the headlines; SBAR addresses the physician’s three main questions: What is the problem? What do you need me to do? and When do I have to respond?

Stratis Health, HealthEast, and Allina presented successful strategies, tools, and resources to help agencies prevent avoidable hospitalizations for their clients as they move from one care setting to another. Older adults with complex needs require care in multiple settings. However, care is often fragmented with providers functioning independently from one another, a situation that impacts patient safety and quality, resulting in avoidable hospitalizations. Multiple strategies to address this issue include:

- Developing an emergency care plan with patients and caregivers
- Reconciling medications for transitions from hospital to home
- Ensuring that patients keep physician appointments
- Helping patients prepare for physician appointments and use their personal health record
- Improving communication with other providers

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**Online Tools and Resources for Home Health Agencies**

**MedQIC:** In August 2008, the MedQIC site will become part of QualityNet at [QualityNet.org/MedQIC](http://QualityNet.org/MedQIC). All the best practice tools and guidelines from MedQIC will still be available to download and use free of charge. Look for a MedQIC tab at the top of the QualityNet home page. When you click on the tab, you will see MedQIC. If you have questions, email MedQIC at medqic@sdps.ifmc.org.

**Home Health Quality Improvement (HHQI):** Go to [www.homehealthquality.org](http://www.homehealthquality.org) and [www.qualitynet.org/medqic](http://www.qualitynet.org/medqic) for HHQI best practice intervention tools, guidelines, and resources. In fall 2008, CMS will make HHQI benchmarking reports for ACH available on CASPER. A notice will be posted on CASPER when reports can be downloaded.

**STAR (Setting Targets Achieving Results):** Go to [www.hhqi-star.org](http://www.hhqi-star.org) to set annual targets to improve your ACH and medication management rates, and for other publicly reported outcome rates. View your agency’s trend reports and track progress toward your goals.
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Did you miss an issue?
OBQI Update is available at www.stratishealth.org/obqiupdate