

Stratis Health OBQI Update

A Newsletter About Outcomes-Based Quality Improvement for Medicare-Certified Home Health Agencies in Minnesota

August 2007

Preston Good Samaritan Home Care: Ahead of the Curve

How one agency uses telehealth successfully to improve care, reduce avoidable hospitalizations, and increase client satisfaction

At Preston Good Samaritan Home Care, the combination of phone monitoring, teletriage, and telemonitoring helps to provide physicians and staff with current, reliable information about their clients, reduces clients' anxiety about their symptoms, and ultimately keeps clients safe at home.



BACK ROW: Vickie Lynch, Director; Gwen Grabau, LPN
FRONT ROW: Michele Gatzke, RN, Case Manager

With a staff of 11 part-time nurses and 15 home health aides, the agency serves more than 130 clients in a five-county area in southeast Minnesota. Home Health Director Vickie Lynch, RN, BSN, MSN, describes how Good Samaritan is a great example of an agency that successfully uses all three telehealth strategies for its clients with chronic diseases.

Good Samaritan has been using phone monitoring as a tool for many years, most frequently with its Medicare therapy clients and those with acute illnesses or exacerbations of chronic diseases such as congestive heart failure. Staff members typically visit clients three times a week and supplement visits with phone calls. This strategy has enabled staff members to get to know their clients and establish trusting relationships. Clients know that the nurse will be calling to check on them, and are consequently less anxious about their symptoms. The agency uses an assessment adapted from the Telehealth Reference Guide (available at www.medqic.org, Home Health, Telehealth) to help nurses determine which questions to ask, how to reassure the client, and the appropriate actions to take.

The agency has a triage planning and client education process in place. Nurses advise clients on when to call the agency and when to call 911, and then help clients practice calling, so that they are prepared to do so when the time comes.

Physicians have been generally receptive to the use of the technology, either viewing client statistics and information online, or receiving updates from staff. And the real-time video units have proved to be invaluable for use with chronic wounds, allowing physicians to view wounds online and make recommendations for treatment.

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Stratis Health is a non-profit independent quality improvement organization that collaborates with providers and consumers to improve health care.

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*Minnesota's Medicare
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(Preston Good Samaritan continued from page 1)

The majority of Good Samaritan clients have adapted well to telemonitoring. Often, clients who are skeptical at first are won over by the technology once it is in the home and they have had a chance to use it. In fact, it becomes such a source of comfort and reassurance that they continue to pay for the technology even after Medicare or other insurance coverage has ended. With telemonitoring, the client is reassured because they or a family member can take their vital signs any time, day or night. Knowing that a nurse or doctor is actually looking at their breathing, weight, and blood pressure readings regularly helps reduce anxiety and provides a higher level of comfort on a daily basis.

Family members feel the regular monitoring and reassurance is well worth the cost. They are especially interested in being able to regularly view current online information about their mother or dad to have a good idea of how they are doing. With client consent and a password, the family can access information, day or night, via the Internet rather than having to call the physician or agency, then wait for a call back. This is especially important to clients' children who may live miles away or in another state. Vickie says, "Younger clients and family members love telemonitoring. They tend to be more conscious of the benefits of wellness, prevention, and self-care management, and want to be able to monitor their health

or the health of their loved ones regularly."

Vickie's number one recommendation for agencies considering telemonitoring is to

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have a champion to ensure that it is implemented and used to its full extent in the agency. Often staff members are so busy that if one person does not own the process, it will not be used or carried out consistently or successfully. Agencies also are advised to look carefully at the product to know how it works and whether it will meet the needs of the agency and the clients; to be aware that the technology is usually new to physicians, staff, clients, and the public, and to be prepared to provide education.

Phone monitoring, teletriage, and telemonitoring have helped reduce the agency's hospitalization rate. For example, one client with a history of COPD was being hospitalized every five weeks or so, then spending a week in a nursing home. Since she has had a telemonitoring device in her home, she has not been hospitalized for two and a half years!

The agency also has measured the success of its telehealth approach by using a satisfaction survey. The survey shows that Good Samaritan's clients and families appreciate the regular calls and the reassurance that someone is there—and will be there—to talk to or call in case the client is having trouble. ◆◆◆

St. Luke's Home Care and Hospice Uses STAR to Set Its Targets and Achieve Results



Hear from an agency that has set targets for all the home health quality measures! (www.hhqi-STAR.org)

Contributed by Jennifer L. Stark, RHIA, Health Information & Compliance Coordinator, St. Luke's Home Care and Hospice Duluth

St. Luke's has found the STAR Web site to be an extremely user-friendly resource. After obtaining my user name and password from Stratis Health, I was able to easily maneuver throughout the site and targets specific to our agency's goals. The different methods for determining a target were extremely helpful. It is often a challenge to determine a realistic goal for OBQI, so I especially like the option of setting a target with a certain percentage improvement or percentile ranking.

The Web site also brings together all the different resources available and places them in one location, with quick links to public quality data, including Home Health Compare. And each outcome measure links to OASIS-specific guidance, including how the measure is calculated, specific OASIS wording, assessment strategies, CMS Q&As, web-based training, FAQs, and special alerts.

The STAR Web site is like a one-stop shop for OBQI, with a lot of great information that we always use when starting work on a new outcome measure. The trend graphs are a great visual tool for staff meetings and are easy to modify when comparing our rates to national or state rates, our targets, or even our rates from a year ago. The graphs make it easy for management and staff to see if there is a notable trend over time related to a specific measure. I'm grateful to the QIOs that helped put this site together. I know our agency has benefited from it and will continue to use it for current and future OBQI projects. ◆◆◆



HHQI Risk Assessment Tool Focuses Attention for Gentiva Duluth Staff

Branch Director Beth Abrahamson, RN, describes how Duluth's Gentiva Health Services uses tools from the Home Health Quality Improvement (HHQI) Campaign: "HHQI has been a major focus for us. Gentiva has enrolled all of its certified branches nationwide. Each month, when the latest intervention package comes out, our Performance Improvement Team has a conference call to discuss how the package will be implemented.

The risk assessment intervention has had an especially positive influence in our agency. Even though Gentiva has a number of processes already in place, having a specific form to use has helped focus our attention on risk assessment and increase staff awareness. We take advantage of the forms and strategies to help make sure our patients remain stable in the home and avoid unnecessary hospitalizations." ◆◆◆

Free WebEx Session: Influenza and Pneumococcal Disease: Strategies for Prevention

Wednesday, September 19, 2007, 2:00 – 3:15 pm

Influenza causes an estimated 36,000 **excess** deaths each year in the U.S, with 90% occurring in persons 65 or older. Together, influenza and pneumococcal disease are listed by the Centers for Disease Control and Prevention as one of the leading causes of death in the U.S. Rates of invasive disease have declined, possibly due to the widespread use of the pneumococcal conjugate vaccine. Learn about current vaccination recommendations, successful vaccine delivery strategies, vaccination myths, reporting initiatives, and available resources. To register, go to www.stratishealth.org, Training & Events.



FREE Immunization Pocket Guides for Health Care Personnel

To download free influenza and pneumococcal pocket guides, go to: <http://www.preventinfluenza.org/pocketguides>. The influenza guide provides information about indications and contraindications for injectable and intranasal influenza vaccines, with details on how to administer the vaccines.

Freedom to Breathe Act Takes Effect October 2007

The Freedom to Breathe Act provides comprehensive smoke-free workplace protections from secondhand smoke across the state—with very few exceptions. A recent study by Blue Cross and Blue Shield of Minnesota and the Johns Hopkins School of Public Health revealed that secondhand smoke kills nearly 600 Minnesotans each year and contributes to the illnesses of more than 66,000. Minnesota health costs due to secondhand smoke amount to more than \$215 million annually. A recent statewide poll showed that 69 percent of Minnesotans are in favor of this smoke-free legislation.

What does this mean for Minnesota home health agencies? Stratis Health expects that home health agencies and other providers will have an increased demand for smoking cessation resources. To help your clients quit smoking, go to: http://www.MnCancerResources.org/smoking_cessation.html, the Minnesota Cancer Resources Web site for materials and resources from more than 80 local sources.

My Medicine List

Help your clients keep track of their medications and help prevent medication errors by providing them with *My Medicine List*, a tool produced by the Minnesota Alliance for Patient Safety. Go to www.mnpatientsafety.org to download *My Medicine List*.

MIIC – Are You Connected?

Contributed by Barbara Post, Quality Improvement Specialist,
Metropolitan Health Plan

What is the Minnesota Immunization Information Connection?

The Minnesota Immunization Information Connection (MIIC) is a network of regional immunization services – health care providers, public health agencies, **home health agencies**, health plans, and schools working together to prevent disease and improve immunization levels. These regional services use a confidential, computerized information system that contains shared immunization records. This information system—also known as an immunization registry—provides secure, accurate, and up-to-date immunization data, no matter where the shots were given.

How does MIIC work? As an authorized user, you can securely retrieve an immunization record through the web-based MIIC, or by sending a phone or fax request to your regional staff. In turn, you can submit new or historical immunization data by direct entry to MIIC through the Internet, or via a file export from your electronic system.

Is there any cost for participating in MIIC? No, MIIC is a public health information system funded through federal, state, and local public health dollars.

Benefits for Participants

- Allows easy access to patient data on immunizations given elsewhere
- Provides expert decision support on what vaccines are due, coming due, or past due
- Reduces chart pulls, phone calls, and other efforts to locate or send immunization histories
- Recognizes **home health agencies** as a viable and significant partner in ensuring that children and adults are protected against vaccine-preventable diseases
- Provides your staff with the most complete immunization records available in Minnesota

Expectations for Participants

Submit complete, accurate, and timely data, by directly entering the data, or by using your information technology staff to build an interface that extracts batch data from your billing system or electronic medical record. (Preferred method is electronic medical record first, then billing system.)

How do we get started with MIIC? First, set up an initial meeting with your regional registry staff. As a MIIC user, you will receive ongoing support from your regional immunization registry staff, including an initial orientation and training for key staff, as well as ongoing help desk support.

Who is the regional registry contact? To find your regional contact, go to the Minnesota Department of Health Web site, at: www.health.state.mn.us/divs/idepc/immunize/registry. You also can obtain assistance by calling 1-800-657-3970 or 651-201-5503 and asking for the MIIC Help Desk. ◆◆◆



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