



Success Stories

Illinois Home Health Agency Confronts Low Medication Management Rates

In September 2005, Girling Health Care, Inc.'s Lori Spoo, assistant director of patient care, was reviewing OBQI (Outcome Based Quality Improvement) data for the agency, she was not happy with something she noted related to medication management. "At that time, our oral medication rate was really crummy," Spoo said frankly. More specifically, the agency's oral medication observed rate on OBQI (CASPER) was 24.1 percent (compared with a national 48 percent). Spoo, who is also a registered nurse (RN), said she saw an opportunity for improvement.

To further investigate the problem, the agency assembled a interdisciplinary team including **nurses**, a **physical therapist** and a **home health clerk**—to conduct a process of care investigation. Staff conducted chart reviews in an attempt to discover the cause of the low medication improvement rate. Spoo, who previously worked at the Illinois Foundation for Quality Health Care, the state's Medicare Quality Improvement Organization, said that previous work on OBQI helped her guide the process. "I had been part of an OBQI demonstration project in 1995, and I was very familiar with the OBQI process," she added.

Girling Health Care is family-owned and has been in operation for 39 years. The organization provides home health, homemaker services, community care and hospice services in Texas, Florida, Oklahoma, Tennessee, Illinois and New York. At Spoo's workplace in Illinois, Girling has a unique population of patients, and specializes in orthopedic surgery patients. More than 90 percent of the agency's patients are post-operative knee or hip replacements, and are, in general, a healthier and younger population than most home health patients, Spoo explained. Due to those demographics, staff developed "tunnel vision of sorts"; so, when the occasional patient showed up that wasn't quite as functional, that patient was treated the same as the orthopedic surgery patients. "They really needed a more intense kind of treatment," Spoo noted.

Girling Health Care works closely with the Illinois Foundation for Quality Health Care, the Medicare Quality Improvement Organization (QIO) for Illinois. The home health agency specifically works with the QIO on various quality improvement activities.

In addition to this general observation, what did the interdisciplinary staff conclude following the process of care investigation? It was identified that patients were not being assessed properly at the start of care with regard to medication management ability. To correct the faulty assessment, Spoo said the team developed an interdisciplinary form that would assist staff with patient medication management assessment. "It's very simplistic," she said. "It just [poses] questions that should lead to a conclusion... of whether or not a patient is independent on medication management," Spoo added.



The form was included in start of care packets, and the agency conducted in-service training on the new form for all nurses and physical therapists. In-service training was held as part of regular staff meetings, and took a mere 15 minutes, said Spoo. Management also posted medication management information on a bulletin board in the conference room, including graphs that visually showed the agency's medication data/current rates. "We made sure the data and the importance of improving oral medications was in everybody's face all the time," she added.

The agency invited several speakers to discuss medication management. One presentation was conducted by a company that provides electronic medication management systems. Educational learning sessions served as additional reminders of the importance of medication management, and it also assisted staff in becoming familiar with available products in the workplace.

The result? Spoo said the agency has improved its medication management rate by nearly 100 percent. "We're now up to 42.5 percent on the OBQI report, compared to the national reference of 44.5 percent," she said. "We've definitely increased everybody's awareness on how to correctly assess a patient, and their ability to manage medications."

Staff now uses the "Managing Your Medicines" form that is one of the many free tools available from the Quality Medication Administration Project (Q-MAP) National Collaborative. The Collaborative—which began in 2006—was designed to engage large multi-state home health providers in a national initiative to support quality improvement in oral medications management. Over 200 agencies from eight multi-state home care providers participated in the Q-MAP National Collaborative. These tools are also posted on MedQIC (www.medqic.org).

Thanks to the improved results, the agency has also seen a reduction in acute care hospitalizations (ACH), even though it wasn't a focus of the oral medication quality improvement effort. "Our rates weren't that high to begin with," noted Spoo. "Now we are focusing on ACH rates and we recently implemented telehealth in December," she added.

To help with future ACH improvements, Girling also recently refined its on-call system by adding a triage nurse. Spoo said the agency anticipates the new position will help decrease avoidable ACH rates.

Agency leaders remain impressed with the simple, yet important quality improvement processes implemented by Spoo and Girling staff. "I'm amazed and proud that we've accomplished so much," said Nancy Sciortino, RN and director of patient care. "Small changes can make such a big difference."

Lori Spoo, Girling Health Care, Inc. provided the data in this article.



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Interim HealthCare Takes Steps to Improve Oral Medication Management, ACH Rates Also Improve

Interim HealthCare of Greenville, South Carolina is a multi-office home healthcare agency operating in six counties. Interim's 200-plus employees serve both urban and rural patients. Their parent company, Interim HealthCare, was founded in 1966, and is one of the nation's leading providers of home health care services. With a network of more than 300 offices nationwide, and approximately 75,000 health care workers, Interim "delivers appropriate high quality home care and treats each patient with genuine compassion, kindness and respect."

In December 2005 the agency identified two clinical outcome measures, Acute Care Hospitalization (ACH) and oral medication management as targeted outcomes for improvement. The two outcomes complement each other, says Dianne Wingate, outcomes management director for Interim, pointing to significant professional literature on rehospitalizations due to complications with medication.

According to Wingate, while Interim scored above state and national averages for medication management, they wanted to improve further. With an average patient age of 73 and patients averaging 11 medications, the Oral Medication outcome was particularly important for quality patient outcomes and to assist with reducing acute care hospitalization.

Interim also worked with their QIO, the Carolinas Center for Medical Excellence, on reducing ACH rates.

Show, Show, Show

Interim began by administering a staff questionnaire to determine what specifically staff members used to assess a patients' ability to properly take oral medications. To management's surprise, the approximately 20 clinician respondents each gave a different answer.

"We learned that staff was just verbally asking the patients [if they were taking medications], and we really had to have the patient show us that they could take the correct medication in the correct dosage at the correct time," says Wingate. "We ask, ask, ask. We need to have them to show, show, show."

Along the same line, Interim found that there were no consistent documentation tools between the different offices, such as medication planners and medication lists.

Wingate assembled a multi-disciplinary team, made up of RN, PT, OT, MSW, and clinical education staff. The team developed a standardized agency protocol and specific assessment elements with instructions on observing the patient demonstrating the preparation of medications, as well as taking medications correctly.



The team reviewed the OASIS question, M0 780 (related to the management of oral medications), and developed clinical education tools outlining specific assessment strategies. In addition, agency staff helped select and distribute a uniform medication planner (pill box) for all offices that was patient friendly, easy to open and read. The team also developed a uniform patient medication record.

“The staff used all types of medication records before we started this process,” recalls Wingate. “They would list the meds on all kinds of things: card stock, legal paper. The new record developed was separated by morning, lunch, dinner and bedtime. Our social work staff provided their expertise in developing the record, which included pictures of a sun and moon and place settings pictured for specific time periods for medications.”

Implementation and Education is Ongoing

Once the new protocols and products were developed, Interim stepped up to educate every staff member. Each office had a mandatory clinical education program. Employees were educated regarding medication teaching techniques. The new medication tools have been established as part of the orientation for new staff. Interim registered for the national QMAP collaborative in 2006, which was timely as they began their medication management improvement efforts. Management and clinical education staff participated in monthly QMAP conference calls. The agency also distributed various QMAP tools to the staff which were used for patient assessment and education.

Interim implemented additional OASIS education and implemented annual OASIS competency “ride-alongs” with the staff. The clinical supervisors accompany the staff on patient visits to observe staff members following agency process and protocols.

Wingate says the process is ongoing; home health management staff continue to train and monitor how well the offices are doing. Staff members have been very open to implementing new protocols and accepting the process, she says; they have played a vital role in developing and implementing the new processes.

Results

“We learned that we cannot assume that everyone is doing the same thing, which is what we thought was happening. We laughed about how everyone was assessing medications differently. That was the biggest shock,” Wingate reflects.

“In less than six months, we improved seven percent in our oral medication outcome. We are delighted to see the success and we continue to improve,” adds Wingate. “Our ACH rate has decreased three percent in the past year, and we believe [improvement in oral meds management] is one of the things that has helped improve it.”

Dianne Wingate, Interim Healthcare, provided the data in this article.