

Home Health Care Quality Conferences: Promoting Change Through Dialogue

The following brief is based on the results of two conferences on home care quality hosted by the Center for Home Care Policy and Research of the Visiting Nurse Service of New York. For more information about the conference outcomes and proceedings please see: Feldman, P.H., Peterson, L.E., Reische, L., Bruno, L., & Clark, A. (2004). Charting the course for home health care quality: Action steps for achieving sustainable improvement. Conference proceedings. *Home Healthcare Nurse*, 22(12): 841-850; and Feldman, P.H., Clark, A., & Bruno, L. (2006). Advancing the agenda for home healthcare quality: Conference proceedings and findings. *Home Healthcare Nurse*, 24(5): 282-290.

Background

In recent years, several federally mandated evaluation mechanisms and regulations have been implemented to improve quality of care and to better integrate home care into the health care continuum. These practices include: the implementation of the Outcomes and Assessment Information Set (OASIS) in 1999; the Outcome Based Quality Improvement (OBQI) initiative in 2002; and the Home Health Quality Initiative (HHQI) in 2003. These efforts have helped the home care industry identify its strengths and weaknesses and develop better training, management, and care initiatives. Yet more can be done to improve quality in home care.

2003 Conference

To this end, in July 2003 the Center for Home Care Policy and Research (CHCPR) of the Visiting Nurse Service of New York convened a conference entitled, “Charting the Course for Home Health Quality: Action

Steps for Achieving Sustainable Improvement.” The conference included 57 participants from throughout the country, including opinion leaders and decision-makers drawn from the provider, consumer, federal and state policymaking, and research communities. Conference objectives included:

1. Fostering dialogue among key stakeholders who can promote patient safety and the quality of care provided
2. Encouraging information-sharing across sectors and identifying areas where more information is needed
3. Developing an agenda and strategy for moving forward

During their two days of work, participants identified action steps to move the home care industry toward meaningful, sustainable quality improvement. The top five action steps are outlined in Table 1.¹ Following the conference, CHCPR took a number of steps to ensure

¹Feldman, P.H., Peterson, L.E., Reische, L., Bruno, L., & Clark, A. (2004). Charting the course for home health care quality: Action steps for achieving sustainable improvement. Conference Proceedings. *Home Healthcare Nurse*, 22(12): 841-850.

that these objectives would be disseminated to a broader audience. The May/June 2004 edition of the *Journal for Healthcare Quality*, for example, is dedicated to the topic of home healthcare quality and includes the six papers presented at the July 2003 conference.

Conference participants also approved a manifesto that included the following broad aims to guide the development of a new home care quality agenda:

- Improve and develop the home care knowledge base
- Infuse all aspects of care management and delivery with the best available evidence and information

- Engage patients, caregivers, and physicians as partners in care
- Empower middle managers and frontline staff
- Support continuous collaborative learning and teaching
- Continuously advocate for quality

2005 Conference

It was this manifesto that formed the basis for the second national conference entitled “Advancing the Agenda for Home Healthcare Quality.” During two days in the spring of 2005, 80 home care executives, quality special-

Table 1: Top 5 Action Steps From 2003 Conference

<p>1. Identify/develop one or more resource centers to share information, tools, and processes</p> <ul style="list-style-type: none"> a) Develop a group to identify and outline resource needs b) Identify existing clearinghouse mechanisms c) Strengthen relationships with the Quality Improvement Organizations (QIOs)
<p>2. Promote organizational change that integrates best practices</p> <ul style="list-style-type: none"> a) Create a center for home health care practice that includes researchers, educators, and practitioners b) Work with quality improvement groups such as the Institute for Healthcare Improvement to determine the best organizational change practices to adopt for the home health care sector c) Establish a repository of best practices
<p>3. Maximize the use of OASIS</p> <ul style="list-style-type: none"> a) Create a group including vendors to specifically work on strategizing and implementing methods for maximizing the use of OASIS b) Use selected OASIS items to screen for specific conditions (e.g., depression) c) Provide feedback on patient level results with protocol based care (condition specific data)
<p>4. Define essential information needs of primary end-user groups: patients/ families, clinicians, physicians, middle managers and executives, and payors</p> <ul style="list-style-type: none"> a) Identify common/core indicators for selected groups b) Make connections to the OBQI process c) Develop user-friendly home care applications that can be used directly by consumers as well as practitioners
<p>5. Modify existing clinical guidelines for home care</p> <ul style="list-style-type: none"> a) Identify core areas for which guidelines would be useful clinically and operationally b) Convene Expert Panels and use other mechanisms to develop the guidelines c) Educate providers to the value of evidence from peer reviewed journals and promote professional association listserv action alerts

ists, and other industry leaders outlined a series of strategies to support the manifesto. The recommendations that participants believed were most critical to the home care agenda and most likely to have an impact are listed in Table 2.²

The commissioned papers for the 2005 meeting were published in the January/February 2006 issue of the *Journal for Healthcare Quality*. Executive summaries of these papers are available on CHCPR’s website at <http://www.vnsny.org/research/projects/1 equip.html>.

Table 2: High Level Recommendations Proposed By 2005 Conference Participants

PATIENT CARE

1. Transform home care services to meet the needs of patients in transition across health care settings
2. To the maximum extent possible engage patients and home care clinicians in a joint effort to manage illness, restore function and/or delay the severity of functional decline

Facilitating Organizational and Policy Changes

- Redesign home health agency structures and roles to support multi-disciplinary teams – include nurses, aides, therapists, educators
- Synthesize best practices for improving patient functional outcomes; develop/execute strategies to implement them; monitor progress via OASIS measures
- Develop/implement strategies to improve communication within home care agencies and across the continuum of care
- Influence government to:
 - Establish standards for information transfer across settings - substantive and technical
 - Establish standards for transitional care
 - Create a transitional care benefit and pay for it

STAFF EMPOWERMENT

1. Commit to being a teaching/learning organization with associated resources and implementation activities
2. Invest in staff knowledge and skills
3. Promote and reward teamwork and quality care

Facilitating Organizational and Policy Changes

- Identify/implement best practices for development, education and training of managers and frontline staff
- Build organizational capacity and infrastructure for analyzing and delivering knowledge/information at the local level – increase use of APNs, multidisciplinary clinical councils, social networks
- Partner with academia to align curricula with home care needs; work to require home health care/gerontological care training in all health education programs
- Implement operational collaboratives to measure and improve key organizational activities and outcomes.
 - Experiment with measuring productivity in terms of financial and clinical outcomes rather than number of visits
 - Reward performance accordingly
- Influence government to:
 - Revise the HIM11 and other regulations to grant more autonomy to home care nurses and optimize patient care
 - Implement “pay for performance” that shares savings from reduction of high-cost adverse events

Note: APN = advanced practice nurse; HIM11= Home Health Agency Health Insurance Manual-11

²Feldman, P.H., Clark, A., & Bruno, L. (2006). Advancing the agenda for home healthcare quality: Conference proceedings and findings. *Home Healthcare Nurse*, 24(5): 282-290.

To summarize, organizational and policy recommendations formulated by conference participants centered around two broad themes: patient care and staff empowerment. Participants agreed that home care clinicians are in a unique position to improve patient function and safety as well as transitional care, particularly from hospital to home. They also agreed that home care organizations should support clinicians in these endeavors by committing resources to advance staff knowledge and skills and to reward quality care.

Conclusion

The home care community is committed to improving patient safety and the quality of care provided within the industry and to using the “best available evidence” in clinical decision-making. The two conferences enabled what we hope will be a continuing, constructive dialogue among home care leaders and experts in other fields about ways to incorporate such evidence into home care practice as well as improve patient care and the work environment.

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