Robin Kipple, Advanced Home Care (AHC) Director of Disease Management and Practice Team met with the VNAA Operational Best Practices Work Group to discuss her organization’s approach to improving its Star Rankings. Advanced Home Care provides home health, HME and other services in 5 states in 35 locations.

AHC developed an educational strategy to focus on new hire knowledge gaps and to address knowledge gaps of existing staff. The program was designed to address the following quality barriers:

- Preceptors felt that new hires didn’t have the knowledge they needed to go out on their own
- There was a range of orientation processes across branches
- New RN Internship program with preceptors had not been very successful at achieving consistent practice and improving nurse retention
- The preceptor model was costly and reduced productivity of preceptor staff
- AHC hoped that better orientation would impact new hire retention rate

To address these barriers AHC revamped the orientation process first. The goal was to bring new hires up to full productivity within 4 months of start. The program now offers 1 full month of in-house orientation, with information provided directly through the program (rather than outsourced to preceptors, who may have variable practices). AHC uses certified staff to demonstrate clinical topics such as wound care and infection control in compliance with AHC’s written policies for these procedures. To manage costs and staff engagement, AHC sometimes involves field clinician content experts by phone with a facilitator in the classroom.

AHC developed approaches to make learning “fun” or at least engaging through lecture, simulation, documentation standards, periodic testing to evaluate knowledge and practice. Adult learners in the program particularly liked the simulation exercises such as “draw a visit out of a hat.” Learners would respond to the clinical scenario card they drew by discussing how they would incorporate the tools and knowledge that they would need in the home for that visit.

AHC differentiates training for new hires with prior home health experience and new hires new to home health. The company pretests all new hires to see what additional training they need. AHC covers 30+ topic areas in orientation, some of which are required for new hires while others can be ‘tested out of.” All nurses have to go through OASIS training, wound care and infusion care, but other courses can be
customized based on the individual’s nursing information needs. Courses can be taken through classroom lessons or a ‘virtual university’ that houses some of the AHC courses. LPNs participate in a briefer version of the training so that they understand factors driving OASIS and nursing requirements.

A sampling of courses available to clinical staff includes:
- Payers and insurance – how are the agency is paid
- Home health compliance – what are requirements of HHA
- Cardiac and pulmonary – who are high risk patients?
- Wound care and working with the wound care specialty nurse
- Infusions
- Managing medications and impacts on outcomes
- Interdisciplinary team – how to get the right players and engage them
- Safety, falls, prevention, etc

Staff Evaluations:
- At 8 weeks and 16 weeks the company evaluates specific competencies and will re-address skills if needed
- Managers review clinical scorecards to make sure the new hires are on top of managing clinical outcomes
- Evaluation uses both clinical checks and patient experience scores measured through HCAHPS

Results:
- AHC has gone from 77% to 89% retention in the program
- Employees are consistently productive at 4 months with high performance

Clinicians Care Program
AHC also developed a program to maximize performance of current staff. In addition to performance evaluations, AHC uses the SHP Clinician Scorecard to assess employee performance. Prior to implementing a quantitative scorecard, AHC observed a gap in how employees were rated by supervisors and the quantitative reports generated by SHP performance reports. A drill down on the variance showed that managers looked at things like willingness to work overtime and attitude, etc., while the SHP score looks at clinical interventions. AHC found that the biggest gaps were in OASIS scoring, not actual practice.

As a result of the gap analysis, the company made a number of strategic changes:

- **Public Recognition of High Performers.** AHC decided to make improvement competitive. Each clinician is now rated on HHCAPHS scores and wound care as part of the “care excellence” program. The highest performing employees each month get certificate, a ribbon to wear on their name badge, and incentive funds to use at agency store. High performing staff are also recognized in meetings and in a ‘hall of fame’ on the wall. AHC believes that the Care Excellence program drives ‘healthy competition’ among clinicians. Clinicians now have more ownership of their outcomes data. Staff also appreciates the recognition they get when they wear their ribbons into the patient homes. This signals to the patients that they are getting a high quality nurse.

- **Strategic Management:** AHC realized that management needed to be more strategic than operational. Many managers were filling in at the clinical level rather than focusing on quality
and performance. The company now directs management to specifically look at clinical outcomes. Managers are considered the outcomes and readmission owners. Star ratings, readmission rates, QI process measures are their entire focus. Managers are accountable for partnering with referral sources to move metrics. SHP Clinician Scorecards and other data are a key tool to success. These SHP reports enable AHC to track outcomes at the individual clinician level. There is buy in to using scorecard across all levels of the organization. Based on data, managers apply focused interventions with clinicians needing improvement in select areas, rather than pursuing a shotgun educational approach. The tool can identify clinicians who need improvement and the specific areas needed for improvement. This saves dollars and training time.

OASIS Retraining: AHC now has a certified OASIS coder at each location. The company created a lecture class on responding to OASIS based on intent of the indicator. Staff now go through a 2 day simulation course based on clinical scenarios, addressing how a clinician would be expected to score it based on best practice interpretation of OASIS. Case simulations are based on clinical conditions that drive outcomes and finances. AHC found that the OASIS training initiative is cost effective. More accurate OASIS coding drives higher case mix weight and also improves productivity at 4 months (used to be 6 months before staff were full and consistently productive). For example, the agency was able to improve metrics on ‘Timeliness of care initiation’ by educating staff on which dates to use, and what to do in case of delays. Previously clinicians didn’t understand the impact of what they were entering into the agency metrics. After training and improvements in coding reliability, AHC keeps OASIS information fresh by distributing OASIS Tips of the Month.

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