Improving Timely Care Performance

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Abstract

Timely Care is not only necessary to meet the needs of patients, but it is also required by Medicare. Hospice is to provide services 24 hours a day, seven days a week, including nights, weekends and holidays. Through survey results and patient comments, UnityPoint Hospice was not meeting its targeted goal of 78% of caregivers being satisfied with timely response to care.

A performance improvement team was assembled to look for opportunities for improvement. The team identified root causes and implemented interventions. Interventions included: updating the Hospice On -Call Process, requiring that clinicians call the administrator on -call if clinician believed a visit was not necessary when a patient or their caregiver called with a need, an enhancement to the electronic health record system, education for staff and scripting to be used with patients and caregivers.

After the interventions were implemented, **average response time was reduced by 34 minutes** . Survey results for the Getting Timely Care Domain improved from the average of **76.99% in 2019** to **79.96% in 2020** . **June 2021 is 87.05%**. Many positive patient experience comments about timely care are being expressed in surveys as well. UnityPoint at Home is continuing to monitor timely care and plans are in place for if/when needed for next best practice.

Introduction

Hospice care at UnityPoint is a coordinated care approach between a medical director, physician, nurse and others who all work together to provide the right plan of care to relieve suffering and improve the quality of life for the patient. UnityPoint Hospice serve patients in two states, Iowa and Illinois, and in five regions currently. Iowa -Des Moines, Fort Dodge, Cedar Rapids and Waterloo. Illinois - Moline.

Per the Medicare Conditions of Participation and ACHC standards interpretation, " *Hospice is to provide nursing, physician and drugs/biologicals services 24 hours a day, seven days a week as necessary to meet patient needs. An on-call coverage system for care/services must be used to provide this coverage during evenings, nights, weekends and holidays. Other hospice services are available on a 24 -hour basis as necessary to meet the needs of patients for the palliation and management of end -of-life care needs in a* ***timely manner*** *. Hospice provides instructions to patient/families on how to access hospice services, medications and supplies 24 hours a day, 7 days a week."*

Through CAHPS surveys, family caregivers report how often:

- They got help as soon as they needed it, when they asked the hospice team for help
- They got the help they needed from the hospice team during evenings, weekends, or holidays

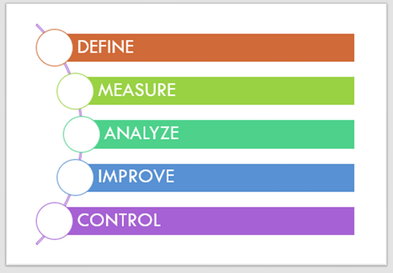
UnityPoint Hospice was not meeting the target goal for Getting Timely Help Domain. A performance improvement team of leaders and front -line staff came together and looked for opportunities for improvement.

Materials

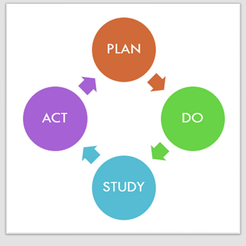
- NetSmart/McKesson -Electronic Health Record System (enhancement and reports)
- Press Ganey -Patient Experience/CAHPS survey platform (scores and patient comments)
- Medicare Conditions of Participation (regulations)
- UnityPoint Hospice On -Call Process
- Education/NetLearning -Learning Management System
- Scripting

Methodology

The DMAIC methodology was used for this performance improvement.



The team first defined the problem and then quantified it by looking at current CAHPS/patient experience scores and comments. A fishbone exercise was done to identify issues and barriers that were then grouped into themes. The team then dove in and did some root cause analysis. Once root causes were identified, the team brainstormed possible solutions and began testing interventions using the PDSA tool, adjusting as needed.



Once improvement was made, the team put a control plan in place for sustainment. Timely care is being monitored and plans are in place for if/when performance dips or when updates are needed for next best practice.

Results

Getting Timely Care Patient Experience Scores:

2019 Average: 76.99%

2020 Average: 79.96%

June 2021: 87.05%

Average Response Time *BEFORE* project	Average Response Time June 2021
1.72 Hours	1.15 Hours

Average Response Time reduced by 34 minutes

Patient Experience Comments after Performance Improvement:

"The Hospice staff was always caring, compassionate, timely & prompt. They took such good care of dad & came at all hours of the day & night whenever needed. They are AWESOME!!! They gave us peace & comfort."

"They came whenever I called."

"Dad knew he was terminal & wanted to go home. By the time the hospital was ready to release him, it was late afternoon New Year's Eve, but hospice came out that night & got us all set up with all we needed to care for him. I was so grateful."

"Was always able to call w/ concerns & got a quick response either a visit or call right back."

"I was always urged to call about any problem that arose-day or night."

Acknowledgements

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Conclusion

In December 2019, the following interventions were implemented:

- **Updated Hospice On -Call Process**

  Process includes:
  - Response guidelines
  - On-Call requirements & steps for clinicians to follow
  - How to communicate with the Hospice Care Team after the On-Call visits are made. This includes transferring laptop documentation to the main server.
  - Requirement to follow up with patient or caregiver after visit was made

- Implemented **clinicians calling administrator** on call if believed a visit was not needed.

- **Electronic Health Record (EHR) enhancement** for documentation purposes. Now able to track when call was received, time of visit and reason for visit/call.

- **Education** developed & rolled out to current staff as well as new hires.

- **Scripting** created to aid clinicians on setting expectations with patients and their caregivers from admission to Hospice.

- **Reports** are now being run on a weekly & monthly basis from EHR and shared with leaders. Leaders then cascade information down to front line staff.

Recommendations

UnityPoint Hospice saw success with the implementation of the interventions below:

- Create a clear on call process with expected responses based on reason for call and severity of symptoms.
- Scripting for nurses on how to explain on -call expectations and triaging of calls
- Require on call RN to collaborate with a leader before determining a visit is not needed for all calls received from patient/caregiver.
- Data collection and monitor trends for volume of calls, reason for calls, if a call resulted in a visit or telephone call, and response time to calls into the hospice.

UnityPoint Hospice

Abstract

Timely Care is not only necessary to meet the needs of patients, but it is also required by Medicare. Hospice is to provide services 24 hours a day, seven days a week, including nights, weekends, and holidays. Through survey results and patient comments, UnityPoint Hospice was not meeting its targeted goal of 78% of caregivers being satisfied with timely response to care.
A performance improvement team was assembled to look for opportunities for improvement. The team identified root causes and implemented interventions. Interventions included: updating the Hospice On-Call Process, requiring that clinicians call the administrator on-call if clinician believed a visit was not necessary when a patient or their caregiver called with a need, an enhancement to the electronic health record system, education for staff and scripting to be used with patients and caregivers.
After the interventions were implemented, **average response time was reduced by 34 minutes**. Survey results for the Getting Timely Care Domain improved from the average of **76.99% in 2019** to **79.96% in 2020**. **June 2021 is 87.05%**. Many positive patient experience comments about timely care are being expressed in surveys as well. UnityPoint at Home is continuing to monitor timely care and plans are in place for if/when needed for next best practice.

Introduction

Hospice care at UnityPoint is a coordinated care approach between a medical director, physician, nurse, and others who all work together to provide the right plan of care to relieve suffering and improve the quality of life for the patient. UnityPoint Hospice serve patients in two states, Iowa, and Illinois, and in five regions currently. Iowa-Des Moines, Fort Dodge, Cedar Rapids and Waterloo. Illinois- Moline.
Per the Medicare Conditions of Participation and ACHC standards interpretation, "*Hospice is to provide nursing, physician, and drugs/biologicals services 24 hours a day, seven days a week as necessary to meet patient needs. An on-call coverage system for care/services must be used to provide this coverage during evenings, nights, weekends, and holidays. Other hospice services are available on a 24-hour basis as necessary to meet the needs of patients for the palliation and management of end-of-life care needs in a* ***timely manner****. Hospice provides instructions to patient/families on how to access hospice services, medications and supplies 24 hours a day, 7 days a week."*
Through CAHPS surveys, primary caregivers report how often they got help as soon as they needed it, when they asked the hospice team for help. And how often they got the help they needed from the hospice team during evenings, weekends, or holidays.
UnityPoint Hospice was not meeting the target goal for Getting Timely Help Domain. A performance improvement team of leaders and front-line staff came together and looked for opportunities for improvement.

Materials

The materials for the project included the NetSmart/McKesson-Electronic Health Record System, which included assessment enhancements and reports. The use of Press Ganey-Patient Experience/CAHPS survey platform to review scores and patient comments. Reference to the Medicare Conditions of Participation to ensure the process changes met regulatory requirements. The UnityPoint Hospice on call process was used as a starting place for updates to the process and education. Education was provided via in person classrooms as well as NetLearning, the computer-based learning management system used by UnityPoint Hospice.

Methodology

The DMAIC methodology was used for this performance improvement. This included steps of define, measure, analyze, improve, and control. The team first defined the problem as an interdisciplinary group with multiple clinicians. Next, the team quantified the problem by looking at current CAHPS/patient experience scores and comments. A fishbone exercise was done to identify issues and barriers that were then grouped into themes. The themes that were identified were prioritization of calls, clear communication to the patient and family, and process issues. The team then dove in and completed root cause analysis. Once root causes were identified, the team brainstormed possible solutions and began testing interventions using the PDSA tool, adjusting as needed.

Results

The interventions from the project improvement project were positive and continue to improve almost 2 years after implementation. The CAHPS scores for Getting Timely Care Patient Experience Scores were 76.99% in November of 2019 prior to starting the performance improvement project. The interventions were implemented in spring of 2020, the average for the year of 2020 was 79.96%. The current scores for June 2021 were 87.05%.

The average response time from patient call to visit or return phone call IMPROVED by 34 minutes. Before initiation of PI Project, the average response time was 1.72 hours in November of 2019. The current response time for June 2021 is 1.15 hours with the interventions in place.

The improvements were also reflected in comments from the CAHPS surveys. "The Hospice staff was always caring, compassionate, timely & prompt. They took such good care of dad & came at all hours of the day & night whenever needed. They are AWESOME!!! They gave us peace & comfort." "They came whenever I called." "Dad knew he was terminal & wanted to go home. By the time the hospital was ready to release him, it was late afternoon New Year's Eve, but hospice came out that night & got us all set up with all we needed to care for him. I was so grateful." "Was always able to call w/ concerns & got a quick response either a visit or call right back." "I was always urged to call about any problem that arose-day or night."

Conclusion

In December 2019, several interventions were put in place based on the performance improvement team recommendations. The on-call process was updated to provide clear guidance. The update included response guidelines on what types of phone calls required an in person visit versus a phone call to manage the need. The process also provided guidance on allowable response times based on the reason for call and severity of symptoms. It also provided guidance on follow-up requirements after a phone call from patient or caregiver by grouping scenarios into level 1, 2, and 3 acuity. For example, a phone call for severe pain, rated 7-10 on 0-10 pain scale required an in person visit within 1 hour along with a follow up call or visit within 8 hours for assessment of interventions initiated. The process defined the communication path for the on-call nurse to the care team prior to the start of the next day. Lastly, it also outlined the requirement for one of the assigned interdisciplinary team members to call or visit the patient the day after the on-call telephone call to the hospice.

A second intervention was the requirement of the on-call nurse to call a leader to collaborate if the nurse felt a visit was not needed. The leader and on call nurse would then discuss the situation to determine if a visit was needed.

A third intervention was an enhancement to the electronic health record. A new assessment form was created to document on call visits. Previously, a narrative type note was completed. The new assessment form required the nurse to enter the time the call was received along with who initiated the call, and the reason for the call. The reasons for calls included 17 different options from pain, fall, caregiver concern, to missing medications or supplies.

The fourth intervention was the implementation of new monthly reports. With the updated assessment forms, new reports were able to be created. The reports included average response time to call, the number of phone call only versus in person visit responses, and the reason for calls. The leaders can drill down into the data for issues with their region and address with the team. For example, an increase in calls for missing medications or supplies triggered re-education to the team on the importance of checking supply levels and medication needs at every visit.

The fifth and last intervention was developing and deploying education to current staff that is now part of all new team member orientation. A document including scripting was created to aid clinicians on setting expectations with patients and their caregivers from admission to Hospice in addition to how to handle different scenarios such as extended travel time to the patient visit.

Recommendations

UnityPoint Hospice saw success with the implementation of the interventions below:

- Create a clear on call process with expected responses based on reason for call and severity of symptoms.
- Provide scripting for nurses on how to explain on-call expectations and triaging of calls.
- Require on call RN to collaborate with a leader before not completing a visit for all calls received from patient/caregiver.
- Data collection and monitor trends for volume of calls, reason for calls, if a call resulted in a visit or telephone call, as well as response time to calls to the hospice.