MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 2017!

Agency Name: Mary Greeley Medical Center Home Health Services

Program Name: Community Clinics and Health Education
Brief Description of Program:

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date: November 30, 2017.** Senior health Clinics address the needs of our aging population and provide education in prevention of strokes, high blood pressure, diabetes and diet. Blood pressure screenings along with education offered at our clinics help clients avoid complications and even hospitalizations. Foot care provided at our clinics assists in maintaining the ambulatory status of the clients and can detect open wounds, poor circulation, edema, and infection. Immunization and Flu Clinics provide clients with protection from serious communicable diseases that are vaccine preventable. They also assist parents in obtaining immunizations for their children that are required by law to attend school, preschool or daycare. Presentations and education have been provided to the community on a variety of topics such as flu and pneumonia related illnesses.

2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date: November 30, 2017.** Senior Health Clinic clients may express their views and needs in the yearly customer survey. The surveys are confidential and placed in a sealed envelope after completed by the client. Verbal and written comments are received at any time by MGMC Story County Public Health nurses and management.
   Data related to childhood immunizations is obtained from the Iowa Department of Health – Public County Immunization Report.

3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):November 30, 2017** Both the Senior Health Clinic survey and the Iowa Department of Public Health County Immunization Report are yearly so there is no update available. Results of these surveys are on the ASSET budget ABF 5(O).

4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date**: This information is taken from the 2017 survey for senior health clinics and IDPH report.
   Outcomes were as follows:

   OUTCOME 1: 94.49% of respondents reported the nurses have instructed me on the importance of maintaining proper foot care to prevent complications and 95% of respondents reported they would recommend MGMC Senior Clinics to others. A comment from the survey: " Very friendly and skilled nurses: excellent service for older people."
   OUTCOME 2: IDPH CoCASA assessments show that 45% of the children served by MGMC Home Health Services have received the recommended vaccines by 24 months of age. This is an increase of 17% from the previous year. The VFC site visit identified no compliance issues.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):** Our primary Public Health nurse is relatively new to her position so education and instruction continue to occupy a portion of her time. When her training is complete she may have the opportunity to devote time and energy to additional areas of Public Health concerns such as the opioid crisis.

6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**
   MGMC Home Health Services served 1,721 clients (not unduplicated) at our Community Clinics and Health Education events July through November 2017. This number is not an unduplicated number of clinic participants as we have no inexpensive efficient way to gather unduplicated clients at our various clinic sites and events. The additional clerical staff needed to gather this information would increase our costs with little or no added benefit to the client.

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**
   Everyone who qualifies for our clinic services is provided this opportunity. There are no financial barriers**.**
8. **Comments:**

Staff Use Only:		
Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 2017!

Agency Name: Mary Greeley Medical Center Home Health Services

Program Name: Skilled Nursing

Brief Description of Program:

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

   Skilled nursing provides a wide variety of services such as medication management, dressing changes, intravenous therapy, enteral feedings, monitoring vital signs and general health status, cardiac assessment, etc. These interventions allow the client to be discharged from an acute facility to their own home rather than transitioning to a higher level of care. Clients can remain safely in their own homes and still have their health care needs met. Hospital length of stay and readmission rates can be reduced and the burden on the patients' caregivers can also be lessened. All of this can enhance the patients' quality of life. The assessment skills of the RN often allow the nurse to notice a change in the client's health that if left untreated could lead to very serious medical issues. The nurses teach clients and families how to care for themselves or their family member and recommend changes that can lead to a healthier life style.

2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

   We are Medicare certified and accredited by the Joint Commission. Both of these agencies require strict compliance to exacting standards. We have frequent internal audits for patient outcomes and to adhere to the guidelines set forth by the regulating agencies. Clinical data and outcomes are benchmarked with other Home Care agencies statewide and nationally. To help with this a tool called Strategic Health Care Programs (SHP) is utilized. We currently subscribe to survey vendor National Research Corporation (NRC) to measure satisfaction of our Skilled Nursing care.

3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**
   Mary Greeley Home Health Services measures a number of patient customer satisfaction measures to ensure that we are providing the care that is expected of us by our patients. One of the tools used is NRC or National Research Corporation. Mary Greeley Home Health Services strives to be in the NRC 75th Percentile. The following data reflects our overall customer satisfaction score:

Percentile ranking of Overall experience asking we want to know your rating of your care from this agency's home health providers. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers: Publication date of 12/10/2017, Fiscal Year-To-Date, Mary Greeley Home Health Services is 86.5% (28 choose 10, 4 choose 9, 4 choose 8, and 1 choose 7. NRC 75th Percentile is 89.6%.

4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:

Mary Greeley Home Health Services measures a number of patient outcomes and quality measures to ensure that we are providing the best care possible. One of the tools used is SHP (Strategic Health Care Programs). The following data reflects some of those quality measures when compared to the industry database:

- Percent of patients who demonstrate drug education of all medication in a short term episode of care: Publication date expected January 2018, SHP Iowa database average 99.1%, CMS Iowa database average is 97% and Mary Greeley Home Health Services 100%.
- Percent of patients who required acute care hospitalization within 60 days (lower percentage is better). This refers to the percentage of active skilled homecare clients that require a 60 day re-hospitalization in the course of their homecare episode. Publication date expected January 2018 SHP Iowa database average is 15.4%, CMS Iowa database average is 17.2% and Mary Greeley Home Health Services average is 16%.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):

Mary Greeley Home Health continues to work with Mary Greeley Medical Center to decrease their Surgical Site Infection rates and the program has expanded this December 2017. Home health skilled nursing visits are provided to patients that have had colon surgery. This December, patients that have had back, hip, and knee surgery were added to the program. During these visits the following occurs: hand hygiene, review of good technique for wound care and dressing changes, medication reconciliation and a home safety environmental assessment. This service will help to ensure that clients are caring for their surgical wounds in a manner that will decrease the chance for infection and improve the client's overall health status. It will also minimize re-admissions to the acute care setting that has an overall positive effect on the health care system.

Beginning April 1, 2016 the Medicaid system began its initiative of modernization. Medicaid clients were being managed through 1 of 3 Managed Care Organizations (MCOs). As of December 1, 2017 however, one of the three Managed Care Organizations withdrew, resulting in two remaining MCO's. Due to the complexity of this initiative, we continue to learn new information every day. Currently our focus has been on pre-authorization and as needed visits.

One of the 2 MCO's requires pre-authorization for visits, but requires documentation before visits are authorized. In addition, neither of the MCO's will pre-authorize for as needed visits. We have changed our processes to make sure our admission visit documentation is completed in a timely manner so it can be faxed and approval received before our next scheduled visit, so we are aware if reimbursement will be received. We also continue to evaluate our as needed visit for medical necessity and upon completion of the visit, again fax the documentation within 24 hours to the MCO for approval and then payment. We continue to look at processes to make sure that our services remain with the clients and reimbursement continues to our home health agency. As a provider of care we strive to provide seamless uninterrupted care to our clients in their homes and believe we have been successful through continued education to staff and clients.

The Centers for Medicare & Medicaid Services (CMS) implemented a pilot program in January 2016 for nine states of which Iowa is one of them entitled Home Health Value-Based Purchasing (HHVBP). The model is to incentivize Medicare Home Health Agencies to provide higher quality and more efficient care through a payment adjustment system. HHVBP is based on 6 process measures and 10 outcome measures, both of which data is derived from OASIS assessment, 5 HHCAHPS survey questions, so data derived from the clients, and 3 agency reported measures which in influenza, herpes zoster and advanced care planning. Much planning and education lead by the Quality Improvement Team has been done to prepare the agency for this shift in reimbursement. The education for staff continues with a focus on OASIS documentation and customer satisfaction, as well as constant review of all available data. Almost two years into the HHVBP pilot program we are currently above the Iowa state average, so in line for an additional 1.142% payment from CMS.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

Mary Greeley Home Health Services provided Skilled Nursing Service to 223 clients July 1 through November 30, 2017. Of these 223 clients, 173 lived in Story County.

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

We provide care to most everyone that requests our service and qualifies for Skilled Nursing visits. As our program census grows, a client is only turned away from our program if we do not have the staff available to provide the quality of care that they deserve. In the past six months approximately four clients were not served and given names of other home care agencies to contact.

8. Comments:

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 2017!

Agency Name: Mary Greeley Medical Center Home Health Services

Program Name: Home Based Hospice

Brief Description of Program:

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:** Home Hospice care is a multi-disciplinary service for persons at the end-of-life. Our focus is on maintaining comfort and relief from any distressing symptoms that our patients may have. Our availability to home hospice patients and their family/caregivers improves the ability to remain at home for end-of-life care. Our services bring a sense of calm and normalcy to families who are dealing with the impending death of a loved one. Maintaining comfort, dignity and quality of living are hallmarks of our service. Our end-of-life services must be consistent with the patient and family needs and goals. We also provide bereavement support to our surviving family members. We provide individualized grief counseling, grief support groups and educational materials on grief and loss.

2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:** As a Medicare certified and Joint Commission accredited hospice, we measure many patient outcomes and quality outcomes. We use medical record review for some data captured and also participate in national benchmarking data bases, including family satisfaction of hospice care through Hospice consumer Assessment of Healthcare Providers and Systems (CAHPS). We receive ongoing data from the National Research Corporation (NRC) on a monthly basis along with family comments. We monitor most quality measures quarterly, although some are monitored on an ongoing basis with every new admission. Through ABILITY we receive data quarterly which is demonstrated on a Clinical Dashboard that measures our Hospice Item Set (HIS), which includes admissions, discharges, symptom management and our outcomes. As of this past quarter, there is a new report called Hospice Compare that shares how we are doing in particular areas in comparison to other hospices in the area which is publicly reported.
3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):** ABILITY data for Q3 Clinical Dashboard, our pain, dyspnea, scheduled opioid and bowel regiment assessments are all at 100%. For the data from Hospice Compare, we were above the national average in each quality measures that are displayed in the report.

4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date**: The data we receive from NRC for our CAHPS score compares our Hospice program with other Hospice programs around the country. Our rating for "would recommend" for the current YTD was 92.3% with the NRC average at 91.1%. Our rating for "overall" for the same period was 92.3% with the NRC average at 92.2%.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):** With our home based hospice, the Medicaid Managed Care Organizations (MCOs) have difficulty paying timely. As of 11/30/17, one of the MCO's is no longer in service and providers have to select a new provider. There may be issues in regards to covering room and board for those patients who reside in the nursing facility. We continue to have a patient average length of stay that is below the national and state average. In a months' time, we may have as many deaths as we have admissions.

6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**
   Mary Greeley Home Health Services provided Hospice Homecare to 130 clients July 1 through November 30, 2017. 91 of the 130 clients lived in Story County.

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**
   No, we do not turn down any hospice patients that meet the hospice criteria.

8. **Comments:** The support we receive from ASSET assists our patients to be able to die comfortably in a setting of their own choice, mainly their own homes. Comfort cares, like pain and symptom management are provided to the patient along with education to the primary caregivers/family members. Our hospice care reduces the need for hospitalization associated with end of life care. Our bereavement support helps not only the families of our hospice patients who have died, but also individuals in our communities who need grief support and/or counseling.

Staff Use Only:		
Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No

Reporting for: July 1 – November 30 2017!

Agency Name: Mary Greeley Medical Center Home Health Services

Program Name: Homemaker

Brief Description of Program:

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**
   The Homemaker service provides personal care, assistance with activities of daily living, meal prep, grocery shopping and light housekeeping. During the Homemaker visit the client's safety is assessed and recommendations for a safer environment are encouraged. A nurse visits each personal care homemaker client at least every other month and at this visit they review the client's medications and provide a comprehensive physical assessment. She also supervises the homemaker. The Homemaker service assists the client to maintain an independent lifestyle in their own home. Personal care and exercises provided by the homemaker increase a client's strength and help the client return to a more normal life after an illness or hospitalization.

2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**
   Surveys are sent to all Homemaker clients annually. In addition the Iowa Department of Public Health conducts yearly record reviews and on-site compliance audits every other year. We are accredited by the Joint Commission and periodically reviewed by the Iowa Department of Inspection and Appeals.

3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

   The Homemaker survey is completed once a year and results were compiled this fall and reported on the ASSET budget ABF 5(O) form.

4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date**:
   The Homemaker client survey was preformed this fall with a response rate of 48.9%. Results showed that 94.4% of the respondents felt the Homemaker service helped them remain in their own home and 93.5% indicated that the service enhanced their ability to care for the client. The results showed that 95.5% are likely to recommend our services to others.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

Several waiver clients have been referred to our service from agencies that had previously been providing the service but no longer are serving these clients because of slow or sometimes no reimbursement from the MCO's. The clients that qualify for waiver services are frequently low income, fragile and vulnerable. Often waiver services that are provided are needed to have the client remain safely at home rather than transition to a nursing home.

We currently have a full time opening for a Health Care Aide. Keeping HCA staffing at a consistent level is a challenge and it is not uncommon that we have an opening for a HCA.

6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

   For the period July 1, 2017, through November 30, 2017, Mary Greeley Home Health Services provide Homemaker service to 160 clients of which 157 lived in Story County.

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

   We provided Homemaker services to everyone that met our requirements and we have not turned anyone away.

8. **Comments:**

   Support from ASSET is vital to this program. We offer the Homemaker service on a sliding fee scale and many of the clients we serve have very limited income. These clients would not have the resources to pay full fee for this service. The Homemaker service is an important component of needed care that allows clients to remain independent in their own home. Without this service, undoubtedly some clients would require out of home placement much sooner. The client's quality of life and well-being would be diminished. Client's health could be compromised. Every Homemaker client we serve wishes to remain independent in their own home as long as they safely can do so and this program helps them achieve this goal.

Staff Use Only:		
Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 2017!

Agency Name: Mary Greeley Medical Center Home Health Services

Program Name: Lifeline

Brief Description of Program:

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

   Lifeline is a nationally recognized emergency response system that allows clients quick easy access to help 24 hours a day, 365 days a year. In the event of a fall or other emergency, help can be summoned immediately. Almost 40% of seniors living at home fall each year. Having a fast response is key to a speedy recovery. Quick response can reduce the severity of complications from falls.

2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**

   Every time a help button is activated by a subscriber a report if faxed to Mary Greeley Home Health Services. The report includes the client's name and address along with the date and time Lifeline received the signal. Included on the report is the response to the signal including the time and resolution. The expectation is that 90% of all signals will be responded to in no greater than 2 minutes.

3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

   Lifeline Central received 49 calls from Mary Greeley Home Health Services Lifeline clients July 1 through November 30, 2017.

4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date**:

   Of these 49 signals received July through November, 41 were responded to in 2 minutes or less. 48 (98%) of the callers needed help. 21 (43%) of the requests for help were because the client fell. 27 (55%) of the callers had other health or safety concerns. 9(19%) of the callers that requested help were transported to a hospital.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

We have a continuing need for Lifeline volunteers to assist our clients often at inconvenient times of the day. We offer the Lifeline service at reduced fees for clients with low and moderate incomes and we are grateful we can continue to provide low income clients financial assistance with the Lifeline fees. Our Lifeline program is showing a steady decline in clients partially because clients are moving into assisted living and because our system does not offer a GPS option. We feel strongly there are people that would greatly benefit from having access to Lifeline. We are looking for opportunities to reach out to additional segments of our population and creative ways to market the Lifeline program.

We are currently researching options for GPS and Wireless service and will have a decision on who our provider will be by end of February 2018.

6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):

Mary Greeley Home Health Services provided Lifeline service to 155 clients from July 1 through November 30, 2017. 132 of the 155 clients live in Story County.

7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?

Every person that had the appropriate telephone equipment was provided Lifeline service. No one was turned away because of their financial resources. We receive approximately 1-2 inquiries weekly regarding GPS or non-landline services.

8. Comments:

If Lifeline service was not available many of our clients would not be able to stay at home alone. Without Lifeline, clients face the possibility of severe complications from falls and other health issues if they do not get quick assistance. Clients needing hospitalization could face longer stays in the hospital because of these complications. Lifeline allows people to live independently, confidently and safely in their own home and provides clients and their families peace of mind and a sense of confidence that they can maintain independent living. We often think of Lifeline as a devise to be used when someone falls and while this is certainly true, quite often the calls we received are for other health concerns. During the past 5 months 55% of the calls received were for other health or safety concerns. The Lifeline image needs to be updated to recognize this service as a very valuable tool for non-fall related situations in addition to response to falls. MGMC Home Health Services Leadership has been researching ways to meet the inquiries about GPS and non-landline services.

Staff Use Only:

Change/ Benefits demonstrated for client/ community?	Yes	No
Quantifiable Outcome Measures?	Yes	No
Outcomes Reported?	Yes	No