MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 2018 !

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 November 30, 2018:** Senior Health Clinics address the foot care needs of our aging population and provide education in prevention of strokes, hyper/hypo blood pressure, diabetes and diet. Blood pressure screenings along with education offered at our clinics help clients avoid complications and even hospitalizations. Flu and pneumonia vaccines were offered at the fall Senior Health Clinics to all clients and the general public. These clinics help us reach people who are homebound and in rural areas. 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 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 Iowa law to attend school, preschool or daycare. Presentations and education have been provided to the community on a variety of topics such as the role of Public Health in Story County.

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 November 30, 2018:** Senior Health Clinic survey results are collected once a year in the spring. Verbal and written comments are received at any time by MGMC Story County Public Health nurses and management and follow the MGMC grievance policy. Immunization audits are currently being performed in all public schools, daycares, and preschools in Story County by the Public Health nurses. Evaluations are gather after most presentations.

3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to November 30, 2018):** The Senior Health Clinic survey is yearly so there is no update available. Results of the survey are on the ASSET budget ABF 5(O). The MGMC grievance policy was reviewed, updated and listed on line this summer. We have received neither written nor verbal grievances.

4. **<u>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 November 30, 2018</u>**: Story County has a childhood immunization rate greater than 96%. This is very substantial but there is still room for improvement. Public Health has promoted on social media the benefit of immunizations. All evaluations completed following our presentations indicated participants had received new and informative information.

5. **<u>Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to November 30, 2018)</u>:** Barriers encountered include weather and disease outbreak. Our policy is if school is delayed or canceled, our Senior Health clinics are also cancelled. This is for the safety of our clients and employees. We did have to cancel two Senior Health clinics due to Norovirus outbreaks. This was requested by the facilities to prevent the spread of Norovirus to the clients and Public Health employees.

6. **<u>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 November 30, 2018)</u>:**
   MGMC Home Health Services served 1,347 clients (not unduplicated) at our Community Clinics and Health Education events July through November 2018. 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. **<u>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?</u>**
   Everyone who qualifies for our clinic services is provided this opportunity. There are no financial barriers**.** We have not turned away any clients that qualified for our clinic services.
8. **<u>Comments</u>:**

<u>Staff Use Only:</u>		
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 2018!

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 November 30, 2018:**

   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 November 30, 2018:**

   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 November 30, 2018):**
   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 12/6/2018, Fiscal Year-To-Date, Mary Greeley Home Health Services is 91.2% (25 choose 10, 6 choose 9, 2 choose 8, and 1 choose 5.) NRC 75th Percentile is 89.7%.

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 November 30, 2018:

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 2019, SHP Iowa database average 99.3%, CMS Iowa database average is 97.9% 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 2019 SHP Iowa database average is 15.1%, CMS Iowa database average is 16% and Mary Greeley Home Health Services average is 15.4%.

5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to November 30, 2018):

In January 2018 CMS (The Centers for Medicare and Medicaid) implemented new Conditions of Participation (COPs) for home health. The final interpretive guidelines for the new Home Health Conditions of Participation became available in August. The changes represent the most significant changes to home health in more than three decades. The CoPs include sweeping changes that require home health agencies to provide more patient-specific, outcome-oriented, and collaborative care. They reinforce that home health care must be both a team effort on behalf of the patient and a key stepping stone in a patient's care journey to self-sufficiency. We have invested significant time and resources to comply with the new CoPs.

Mary Greeley Home Health continues to work with Mary Greeley Medical Center to decrease their Surgical Site Infection rates. With this program anywhere from 65-87 visits per month are made to post-surgical patients of colon, back, hip and knee surgeries. 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 helps to ensure that patients 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.

The Medicaid system began its initiative of modernization over 2 years ago. Due the complexity of this initiative, we continue to learn new information every day. 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 continues by the Quality Assurance and Performance Improvement Team related to these measures and outcomes. The education for staff continues with a focus on OASIS documentation and customer satisfaction, as well as constant review of all available data. After almost 3 years into the HHVBP pilot program we are currently above the Iowa state average, so in line for an additional 0.698% payment from CMS for FY 2019.

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 November 30, 2018):

Mary Greeley Home Health Services provided Skilled Nursing Service to 211 clients July 1 through November 30, 2018. Of these 211 clients, 149 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 2018

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 November 30, 2018:** 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 November 30, 2018:** As a Medicare certified and Joint Commission accredited hospice, we measure many patient 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. For the last several quarters, Hospice Compare, a Medicare sponsored web site, assists consumers to find hospices that serve their area and compare them based on the quality of care they provide.

3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to November 30,2018):** The ABILITY report for Q3.2018 shows we are at 100% for patient's screened for pain and if they had pain they received a comprehensive pain assessment. We are also at 100% for shortness of breath screening and treatment, treating patients on opioids with a bowel

regimen to avoid constipation, assessing their spiritual preferences, and assessing their preferences for life sustaining treatments. On the Hospice Compare report all outcomes exceed the National Average for our quality measures, and except for one area that is just below by 1 point, we also meet or exceed the National Average for our Family Experience of Care outcomes.

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 November 30, 2018** The data we receive from NRC for our CAHPS score compares our Hospice program with other Hospice programs around the country. Our ratings for "would recommend" for the Quarter 4, 2018 was 89.5% with the NRC 75th percentile at 90.5%. Our rating for "overall" for quarter 4, 2018 was 86.6% with NRC 75th percentile at 88.5%.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to November 30, 2018):** The Medicaid Managed Care Organizations (MCOs) have difficulty paying timely. We currently have 2 MCO's that serve our patients. We continue to have a patient average length of stay that is below the national and state average. In a months' time, we have as many deaths as we have admissions. Competition is always a factor in the county and the other counties that we serve, with more "for profit" Hospice programs moving into the service area.

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 November 30, 2018):**
   Mary Greeley Home Health Services provided Hospice Homecare to 157 clients July 1 through November 30, 2018. 106 of the 157 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.

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30 2018

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 November 30, 2018:**
   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 visit is provided for 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 November 30, 2018:**
   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 November 30, 2018):**

   Client Survey was completed this fall with a 48.6% return rate.

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 November 30, 2018**:
   The Homemaker client survey was preformed this fall with a response rate of 48.6%. Results

showed that 93.08% of the respondents felt the Homemaker service helped them remain in their own home and 93.18% indicated that the service enhanced their ability to care for the client.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to November 30, 2018):**
   The MCO's case management for waiver clients results in many delays, unnecessary changes, reduction in needed services and confusion for both clients and provides like us. 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 November 30, 2018):**
   For the period July 1, 2018, through November 30, 2018, Mary Greeley Home Health Services provide Homemaker service to 158 clients of which 153 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 2018

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 November 30, 2018:**

   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. Beginning this fall we have extended Lifeline service to our Hospice clients to promote safety in the home.

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 November 30, 2018:**

   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 November 30, 2018):**

   Lifeline incident notifications received for calls July 1 through November 30, 2018

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 November 30, 2018**:

   Of signals received July through November, 94% of the calls were responded to in 2 minutes or less. 94% of the callers needed help. 38% of the requests for help were because the client fell. 56% of the callers had other health or safety concerns. 31% 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 November 30, 2018):

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.

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 November 30, 2018):

Mary Greeley Home Health Services provided Lifeline service to 141 clients from July 1 through November 30, 2018. 114 of the 141 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:

MGMC Home Health Services Leadership has been researching ways to meet the inquiries about GPS and non-landline services. In FY18 and the first months of FY 19 Lifeline service continued to experience a decline in clients and units. We believe this is due to our current Lifeline units allowing for only covering clients with landline telephone service. Other units have the ability to offer a GPS service in which coverage is further and is wireless. Our current Lifeline units are old and need to be replaced in the near future. We would like to replace these with devices that offer a GPS or wireless system. Beginning in FY20 Phillips Lifeline will manage the program. This gives current clients updated Lifeline units at no additional cost with the same daily service. We will continue to be connected with Lifeline and promote this service for our clients. We will not seek ASSET funding for Lifeline in FY20.

Staff Use Only:

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