

MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30, 2020

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:** Since March 2, 2020, Story County Public Health has been unable to provide Senior Health Clinics in county due to COVID-19 due to the closing of senior centers and Assisted Living Facilities, as well as limited resources due to time dedicated to COVID-19 response in the county. MGMC does continue to offer monthly vaccination clinics, as well as flu clinics throughout the county. 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 and/or daycare.
- 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:** MEASUREMENT 1: Senior Health Clinic clients express their views and needs in the yearly Customer Survey. The surveys are confidential and placed in a sealed envelope after completion. Verbal and written comments are received at any time by MGMC Story County Public Health nurses and MGMC Home Health Management. MEASUREMENT 2: Data related to childhood immunizations is obtained from the annual IDPH Immunization Report. An audit will be conducted by an IDPH surveyor reviewing the results. MEASUREMENT 3: Attendees of our presentations are surveyed and the results are reported.
- 3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

MEASUREMENT 1: No Senior Health Clinics have occurred since March 2020 so the survey has not been conducted at this time. MEASUREMENT 2: Story County has a vaccination rate of greater than 70%. MEASUREMENT 3: Presentations have been limited or suspended due to COVID-19.

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:

OUTCOME 1: Unfortunately due to COVID-19 our clinics have been suspended in March.

OUTCOME 2: Immunizations audits are being performed now in all public schools and daycares/preschools by Story County Public Health nurses. OUTCOME 3: Currently presentations have been limited or suspended due to COVID-19.

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):

March of 2020, the COVID-19 pandemic began to impact our public health agency and the focus of the department changed to managing the pandemic within Story County. Being unable to follow the Public Mitigation guidelines or the inability to enter Assistive Living facilities the Senior Health Clinics have been suspended at this time. Immunization clinics continued using the Public Health Mitigation guidelines in our office. Flu clinics have been provided in the county. Education is constantly provided to the community related to COVID-19, as well as contact tracing for the school within Story County. Currently the planning for Point Of Distribution sites for the COVID-19 vaccines distribution have begun.

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):

Senior Health Clinics – 0

Immunization Clinics – 510

Education - 99

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 is 60 years of age and older qualifies for our Senior Clinics regardless of financial and or economic status. There are no financial barriers. Clients under 60 are still offered service if they pay full fee or qualify for Exception Request Form. Everyone is served that presents to our immunization and flu clinics.

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, 2020

Agency Name: Mary Greeley Home Health Services

Program Name: RN - Skilled Nursing

Brief Description of Program:

Under a physician's order, registered nurses provide skilled nursing care and serve as the primary case manager of other in-home services when patients are recovering from illness, hospitalization, surgery, or a new diagnosis. This care reduces the length of stay in the hospital and reduces inpatient readmission rates.

- 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 variety of services such as: medication management, wound dressing changes, enteral feedings, Foley catheter/intravenous therapy management, lab draws, ostomy care, assessing vital signs/general health status, comprehensive assessment, etc. These interventions allow the client to be discharged from an acute facility to their own home safely, rather than transitioning to a higher level of care. This service allows clients to remain safe in their own homes while having their health care needs met by the skilled nurse. A skilled nurse's assessment results in acute awareness to changes in the client's health that, if left untreated, could lead to serious medical issues, or re-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:**

We are a Medicare certified agency. CMS requires 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 several patient satisfaction measures, such as increase in patient satisfaction to ensure we are providing the care that is expected by our patients. CMS Iowa average is 86% and MGMC home health Services is 87%. When asked if they would recommend the home health agency to friends and family, CMS Iowa average is 81% and Mary Greeley Home Health Services is 87%. We use NRC to measure patient's rating of our home health agency, currently the 75th percentile is 90.7% and Mary Greeley Home Health Services current rating is 90.0%.

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 several 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 improvement in medication taking, CMS Iowa database average is 76.2% and MGMC Home Health Services 78.6%. Percent of patients who required acute care hospitalization within 60 days (lower is better). This refers to the percentage of active skilled homecare clients that require 60-day re-hospitalizations in the course of their homecare episode. CMS Iowa database average is 16.9% and MGMC Home Health Services average is 19.3%.

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):

In March of 2020, the COVID-19 pandemic began to impact our home health agency and continues to do so today. In the summer of 2020, we began to experience community spread of COVID-19, this places our staff at increased risk due to providing care to the community in an uncontrolled environment. MGMC who is our main referral source, began to have a decrease in inpatient numbers as elective surgeries were held, and our referrals decreased as a result. Elective surgeries continue to be monitored closely by MGMC. The increased use of PPE and proper disinfectants continues to result in increased supply costs. We continue daily precautions and screenings are completed prior to each patient home visit and communicated to staff to ensure not only their safety, but also our client's safety.

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 158 Story County clients July 1 through November 30, 2020.

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 agency and that qualifies for skilled nursing services. A client is only turned away from our agency if we do not have the skilled nursing staff availability to provide the quality of care that they deserve. In the past six months, approximately 44 clients were not served. These clients were given names of other home care agencies to contact in this event.

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, 2020

Agency Name: Mary Greeley Home Health

Program Name: HOMEMAKER

Brief Description of Program:

This service provides Homemaking, Personal Care, Meal Prep and cooking to low and moderate income. Homemaker Service enhances the ability to maintain a clean and safe environment.

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 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 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 surveyed every 3 years by the Iowa Department of Inspection and Appeals and completed a successful survey on 12/3/2020.

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

We will be sending annual Surveys out in December/January.

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:

No change from last survey. Will be sending annual Survey out in December/January

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 hired another FT employee to cover the increased need for Homemaker Service.

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):

From July 1, 202 to November 30, 2020 we served 91 Clients 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 client has been turned away. Currently have about 10 clients on a waiting list wanting for Homemaker service. With the new FT Homemaker hired we will be able to cover the Homemaker Service needs.

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, 2020

Agency Name: Mary Greeley Medical Center Hospice Services

Program Name: Mary Greeley Home Hospice Services

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 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 date):** The ABILITY report for Q1 2021 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 3 points, 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 date:** The Data we receive from NRC for our CAHPS score compares our Hospice program with other Hospice programs around the country. As of November 2020, we have been able to divide our data between the home patients and those served at IFHH. Our ratings for “would recommend” for the Quarter 1, 2020 were 79.2% with the NRC 75th percentile at 90.5%. Our rating for “overall” for Quarter 1, 2020 was 76.0% with NRC 75th percentile at 89.4%.
5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):** With our home based hospice, 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. We continue to see competition in the counties that we serve, with more “for profit” Hospice programs moving into the service area. We continue to see the impact of COVID-19, to include decreased referrals, decreased access to current patients within facilities, decreased family involvement with patients and their care. We believe the decrease in family satisfaction is due the decrease in care involvement and increased difficulty with communication, as well as how we are communicating with patients and families-virtually vs. in person contact. Bereavement has been impacted, unable to provide support groups or Tree of Love 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 date):** Mary Greeley Home Health Services provided Hospice Homecare to 157 Story County clients July 1 through November 30, 2020.
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 away any hospice patients that meet the hospice criteria set by Medicare
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 to individuals in our communities who need grief support and/or counseling.

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