Case Study: Operational Best Practices for Becoming a 5 Star Agency - Data and Information Management

Holly Chaffee, Porchlight President & CEO met with the VNAA Operational Best Practices Work Group in September, 2015 to discuss her agency’s approaches that resulted in 5-Star status. Porchlight VNA is a free-standing non-profit organization providing skilled nursing, therapies, 24-hour care, social work, maternal and child health. It has 2 offices in Massachusetts, serving three counties. Porchlight is the only Western Massachusetts agency rated five stars by the Centers for Medicare and Medicaid Services (CMS) as of September, 2015.

Porchlight’s quality improvement journey began about 6 years ago. Prior to making changes, the agency was using an electronic medical record (EMR) where there were a lot of ‘work-arounds.’ They recognized that they needed a tool that could be programmed to include all of the quality and compliance requirements and to support quality improvement. Now, Porchlight uses Homecare Homebase (HCHB) as the agency-wide EMR tool. Having a more comprehensive and functional medical record has been a major contribution to their quality initiative. The EMR streamlined information management and workflow and gave the managers the technology needed to manage. For example:

- The agency was able to streamline workflow through the EMR. They recognized that there was a cascade impact if any team member did not carry out required aspects of the care and documentation process. Work impacted people downstream e.g. visit frequency had to be written in before it could be scheduled. Now the agency uses an order driven system in which each task leads to the next process step, and is quality checked as it is entered.
- The system is configured with prompts and hard stops so that staff realizes they need to complete certain aspects before moving on. For example, notes have to be written and completed by the Primary Care Nurse (PCN) so that the next visit can be scheduled. The tool improves timeliness and quality of documentation.
- Redesign of the EMR impacts performance outputs – the patient record documents each quality measure and facilitates the process to ensure that the agency meets its goals.
- The EMR capability and the programmed functions within it have helped provide a systematic approach to inputting data, which enables them to look at outputs and identify areas for improvement.

Porchlight’s program to review data at the individual and organization level helps to make employees engaged and accountable. The agency uses Strategic Healthcare Programs (SHP) for data analytics and benchmarking. SHP reporting is also a key element of the quality management strategy. There are several dashboards in this tool to track revenue, clinical outcome metrics, and regulatory concerns. All
dashboards and reports have drill down capabilities to view the patient and clinician scores impacting the outcomes. Porchlight’s data management process includes:

- Staff members review data biweekly as a team, and supervisors review SHP data alerts daily
- SHP data reporting tools report performance indicators that are directly relevant to Star Ratings measures. Management uses the reports to benchmark their performance against national performance thresholds, and to predict where the agency will fall in the CMS Star Ratings.
- SHP uses clinical alerts to indicate possible performance gaps in OASIS accuracy; these alerts direct clinicians to specific areas needed for further assessment. Management can review the pattern of alerts across all staff to determine the need for additional staff training.
- Clinical managers meet with clinicians weekly or biweekly to review their individual SHP scorecard data and set improvement goals. The supervisor and clinician discuss patients and measures relating to those patients. Although labor intensive, Porchlight believes this approach pays off because clinicians can improve individual performance, and overall it improves staff retention.
- Supervisors communicate data results with frontline staff weekly at team meetings at each branch. QI staff person provides 10-15 minutes of education each week based on staff performance and identified needs for improvement.
- Board members get agency performance information quarterly with outcomes from SHP and information on quality improvement processes.
- The agency also conducts regular data reviews with SHP to make sure they are not letting things fall through the gaps.

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See also SHP Data Reports for Quality document on the VNAA Blueprint for Excellence website.