VNA Home Health and Hospice Services

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Letter from our Executive Director

New Hampshire home care agencies, including the Visiting Nurse Association of Franklin, have been losing money in the wake of years of inadequate Medicaid reimbursement rates and cuts to Medicare, along with the rising costs of services and goods.

Many of our funding sources have been cutting back for several years now, not only Medicare and Medicaid, but also grants and community funds, town and county appropriations, and United Way donations. Our agency has been stretched to meet an increase in demand with reduced resources. We just cannot keep up with the demand for services while reimbursement rates fail to cover the cost to deliver care. Inadequate rates do not allow us to keep up with our costs for staff, benefits, gas, insurance and other expenses.

Medicaid reimbursement rates have never kept up with the cost of delivering care. Despite modest increases since 2006, Medicaid reimbursement rates for skilling nursing care and short home health aide visits are currently 40 to 60 percent below cost. In the past, we used surpluses in our Medicare program to cover shortages in other programs. Today, Medicare surpluses have shrunk as Medicare reimbursement rates continue to be cut, diminishing our ability to underwrite state programs and offer free care.

In addition to Medicaid, some state-funded programs, such as homemaker services and adult in-home care, are paid at very low rates, requiring providers to underwrite the programs with other funds. When those other sources shrink, we must evaluate whether we can continue to offer the services.

Inadequate reimbursement rates also hamper our ability to offer competitive wages and benefits. Adequate reimbursement rates are necessary to hire qualified staff to deliver quality care.

We are making every effort to make sure that we can continue to provide care to those in need of essential healthcare services. While all of the care we have been delivering is important to our clients, limited funding would force us to prioritize.

Your contributions allow us to continue to provide the needed services to residents in your community. Please read on and see how your contributions are helping us make difference

Sincerely,

Tabitha Dowd, MSN RN LSSGB

HOME CARE

Franklin VNA & Hospice provides the traditional home care services that one might expect such as diabetic teaching, cardiac assessment, wound care, rehabilitation, and so much more. Our goal is to assist people to convalesce in the comfort of their own home where evidence base research has identified improved outcomes for patients. Although the elderly and Medicare age patients represent the majority of those we serve, we do provide care across the lifespan for patients with various medical needs.

HOME CARE

The Homecare Program provides short term, intermittent services to patients 18 years of age and older.

Evaluation	FY 18	FY17
Medicare Admissions	303	320
Medicare Visits	6,818	8,476
Commercial/Other Admissions	126	143
Commercial/Other Visits	7,015	2,380

THE PATIENT EXPERIENCE

The Franklin VNA Home Care staff believes that excellent customer service translates into superior patient care. We have measured our patient's satisfaction with service through a nationally recognized tool that is administered by an external contractor. Each year, we look to understand and improve one or more themes from these survey tools.
We know that the likelihood to recommend question is the aggregate of all of our work. Research has shown that communication with the patients and their families improve this score. Franklin VNA & Hospice has been dedicated to improve communications with patients this last year. We continue to share patient experience comments/ letters/ suggestions in our staff and team meetings. We have improved our 'likelihood to recommend' scores to above the national averages in 2017.

	FY18	FY 17
FVNA	90%	88%
SHP State NH	86%	84%
SHP National	80%	80%

COMMUNITY HEALTH CLINICS

The VNA offers several clinics to the elderly in the community. Locations include elderly housing, senior centers, and churches. Foot clinics are paid for privately by the individual but are priced at a reasonable rate. Blood Pressure and health screening clinics are provided free of charge. Community Health Clinics allow our nurses to provide basic health services to individuals who might not otherwise have contact with the healthcare system.

Evaluations	FY18
Foot Clinic Encounters	417
BP Encounters	461
Flu Clinics	18
Flu Vaccinations	125

QUALITY IMPROVEMENT AND PERFORMANCE IMPROVEMENT FOR HOME CARE:

Quality assurance and performance improvement, or QAPI, is a process dedicated to achieving positive results for our patients and employees. The process helps identify factors that contribute to a desired performance or outcome and how those factors can be maintained, improved or strengthened. We use a variety of methods to monitor quality performance and improve outcomes including, continuous quality improvement, quality assurance, quality management, process improvement and outcome-based quality improvement. Our goal is to continuously look for ways to improve organizational processes and outcomes. For example, this year we evaluate the employee education process and identified opportunities for improvements by utilizing Lean methodologies. The VNA has a robust Quality Assurance and Performance Improvement program which brings together line staff and management to help improve care outcomes as well as patient engagement. Several performance improvement projects occurred in the Home Care Division in this last calendar year.

PERFORMANCE IMPROVEMENT PROJECTS

The Franklin VNA focused on the aspect of patient care and agency performance we identified we wanted to improve. There were several improvement opportunities. We began by ensuring all employees were involved in the analysis and improvement of processes. Continuous applications of the principles of QAPI ultimately lead to improved patient care, as well as increased employee ownership and greater job satisfaction. We empowered the team to apply process improvement to help improve patient outcomes,

AVOIDABLE REHOSPITALIZATIONS (30 DAY HOSPITAL READMISSIONS)

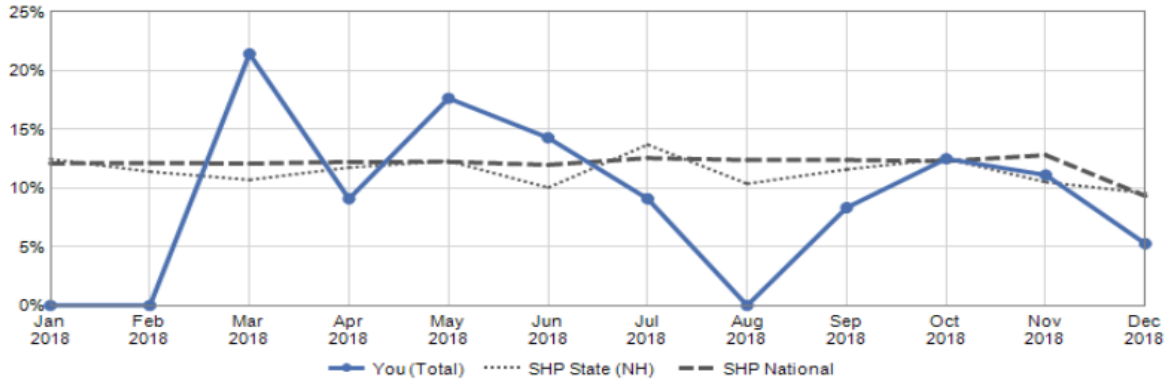
The Franklin VNA's Rehospitalization Improvement Project Team meets monthly to improve the rehospitalization rate of Medicare home care patients. Care coordination that is multidisciplinary in conjunction with patient engagement has been shown to greatly reduce hospitalization. At the Franklin VNA we measure optimal performance in decreasing the need for acute care hospitalization by comparing Outcome Based Quality Indicators Data (OBQI data) at transfer of care.

Results from FY17 to FY18 data support our need for future development of Continuity of care, as we saw a slight dip in our statistics this year. There is an opportunity to improve coordinated care, particularly because of the growing prevalence of long-term conditions and an increasing number of frail and elderly people.
Our analysis looked at the link between continuity of care and hospital admissions for elderly patients at admissions those that could potentially be prevented through effective treatment in homecare.
We believe there will be fewer hospital admissions – both elective and emergency – for these conditions for patients who experience higher continuity of care.

	FY18	**FY 17**
FVNA	9.09%	14.65%
SHP State	11.38%	12.11%
SHP National	12.04%	12.16%

Rehospitalizations Within 30 Days

		You	SHP State (NH)	SHP National	Your % Rank
Within 30 Days of SOC (Hospital DC in the five days prior to M0030)	Count:	13	11.38%	12.04%	79%
	Cases:	143 9.09%			



EDUCATION PLAN EVALUATION AND REVISION PERFORMANCE IMPROVEMENT PROJECT

Orientation Initiatives:

We continue to utilize Lean Methodology to assess and redesign our new employee orientation program. New hires continue to provide positive feedback to us. We have seen an improvement in employee satisfaction with the process as voiced by new hires during and at the end of their orientation program.

Staff Development Initiatives:

Staff education is vital in this changing health care world, and home care is no exception. Contained here is the list of educational offerings:

1) Professional Training

This year we have taken a new approach to create a knowledge-base of critical information and best practices. We have now partnered with the Fazzi Learning Center. Our focus has been to augment their knowledge and abilities with access to e-learning modules, in-services, and class room education. By simply completing one or two online learning modules/ webinars employees can stay up-to-date with regulatory tends and new practices, strategies and tactics that others have found successful.

2) Cross-Departmental Training

The business of home health and hospice can be likened to an ecosystem. As in nature, all of the different species of plants and animals are interdependent.
Management must guide each of their teams to improve the overall health of the agency. We have encouraged cross-departmental training of homecare nurses and therapist as they can each see the impact of their efforts more clearly across the continuum of care that we provide. What they learn can also inform the fine details of development work on the collaborative care project, or patient satisfaction conversations with patients and families.

HOSPICE

Hospice story

Recently, at one of our contracted facilities, while the hospice chaplain was visiting a hospice patient that was actively dying, facility staff notified her that another hospice patient had suddenly transitioned to an actively dying condition as well. The chaplain quickly notified the hospice team about the second patient. The hospice nurse visited to ensure the patient's symptoms were brought under control; family notified and summoned a Catholic priest to perform the sacrament of the sick at the request of the family. The hospice team and facility staff worked together to manage these two patients who were actively dying simultaneously. The hospice volunteer vigil team was in place for the first patient while the hospice chaplain contacted the family of the second patient to obtain consent for the vigil team to sit with the second patient. The Hospice volunteer vigil team member's support ensured that our patient peacefully moved on. The vigil team member quickly went over to sit vigil at the bedside of the second patient who was met by the Catholic priest to perform the sacrament of the sick. All the while the hospice nurse worked with staff to ensure patient remained comfortable. Our chaplain focused on supporting the facility staff members that were grief-stricken at losing two longtime residents. Just as the first patient, the second patient passed away peacefully while receiving prayers from the priest and hospice vigil team member. The hospice chaplain after a conversation with the family notified the funeral home of the passing and ensured the patient would leave and be buried with all his military medals. The funeral home respectfully draped the body of this WW2 veteran with the American flag. The hospice and facility staff formed a procession in honor of this man as he was taken away. This is just one of many examples of how hospice and facility staff work together to ensure the physical, psychosocial and spiritual needs of the patient and family are met.

HOSPICE 2017

Evaluation	FY 18	FY17
Hospice Admissions	61	35

BEREAVEMENT PROGRAM UPDATE

Franklin VNA Hospice programs are intended to help individuals, families, or groups of similarly bereaved people. The goal of all bereavement interventions is the easing of the grieving process and the prevention or mitigation of the harmful consequences of bereavement. The VNA has implemented many different approaches this fiscal year. The major approaches to helping the bereaved are mutual support, bereavement counselor, community resources, and spiritual care.