

LEDYARD REGIONAL VISITING NURSE AGENCY
QUALITY ASSURANCE REPORT
JULY 1, 2015 - JUNE 30, 2016

Ledyard Regional Visiting Nurse Agency (LRVNA) is a state-licensed, Medicare-certified home care agency, which also includes school nursing. We are one of four municipal, non-profit agencies remaining in CT. Home health nurses provide the elderly, chronically ill or frail residents with high-quality, cost-effective, home care. Our home care borders expand to include surrounding towns.

The Quality Assurance Committee met once during the 2015-2016 year. The objective is to ensure a process that systematically evaluates programs and services to improve the quality of health care for all patients and residents of Ledyard. Major accomplishments included reviewing outcome reports on performance, consumer responses, revising the admission survey, reviewing Home Care Compare reports and reviewing Quality Assurance Policies and Procedures.

The Professional Advisory Committee met twice during the 2015-2016 year. This Committee is comprised of professionals in active practice (or who have been in active practice within the last five years) appointed by the LRVNA Board who evaluate, review and approve quality assurance/performance improvement activities, standing orders, standards of care, position descriptions, Agency programs, all incident and accident reports, medication events, ethical concerns and patient care management. Ongoing policies are reviewed annually and changed accordingly.

Staffing

All positions in home care and school nursing are filled.

Agency Staff

- 2 clerical support staff (35 hours)
- Administrator (40 hours)
- Supervisor of Clinical Services (35 hours)
- 6 school RNs (35 hours)
- 4 per diem school RNs
- 6 school health assistants (4-15 hours, 2-19 hours)
- 2-35 hour home care RNs
- 2-21 hour home care RNs
- 2 per diem home care RNs
- 5 per diem home health aides
- 9 contracted health professionals
- IV Therapy contracted
- Dental hygienists through Smiles program in schools
- 24-hour on-call nursing service/answering service
- Dr. Gates - Medical Director

Contracted Professionals - All meet qualifications at a supervisory level. A minimum of three years directly related experience is required. All maintain current licensure, CPR/AED, and professionally required continuing education.

Contracted Providers - Credentials are maintained by their employers. Evidence of current licensure, CPR, and continuing education is kept on file.

Evaluation of Performance

According to the Town of Ledyard policy, staff performance evaluations are done annually. All new staff is evaluated after 6 months of employment. Evaluations based upon job description are also done when an employee's duties change or upon termination. Once an evaluation is reviewed with the employee, it is kept in their personnel file. The Administrative Supervisor's evaluation is filed with Human Resources.

Orientation

All employees hired directly or by contract, completed an orientation program to the Agency and position prior to providing service. Beginning February 1, 2016, all home care employees are required to have a background check and fingerprinted through a Medicare contracted agency.

Clinical Competency

Clinical competency is evaluated at hire for the professional staff and ongoing throughout the year. Methods include direct supervisory visits in the home and other settings, peer record review, formal and informal case conferencing, required competencies on skills and knowledge, and the quarterly clinical record review process. There were over 12 skill training and tests for the home care nurses. Copies are filed in the employee's competency file.

LRVNA policy determines the minimum amount of continuing education required each year. All staff is encouraged to obtain advanced degrees or certification. Part-time staff has prorated requirements.

Clinical competency of the contracted therapists and social worker was evaluated for compliance to Agency policies for providing care by supervisory peer reviews, clinical record reviews, direct supervisory visits, competencies completed and continuing education requirements.

In home care, the nurses and the Administrator Supervisor collectively attended 58 hours of continuing education in addition to mandated inservices. Due to budget constraints, the Administrator Supervisor did not attend the yearly NACH conference.

In the school nursing program, all school nurses met or exceeded the required ten hours of continuing education every two years.

Mandatory Training

Annually, all home care and school health employees are required to maintain CPR certification, OSHA training (including communicable disease statutes, preventative measures, and bloodborne pathogens), infection control, latex allergy and mega HIPAA training. Fire safety, dementia and elder abuse training is required for home care personnel. All met the requirements. Quarterly fire drills are held.

Inservice Education

The licensure regulations of the State of Connecticut require that, “an Agency has an Inservice Education Policy which provides an annual average of at least one (1) hour per month for each employee servicing patients.” Home health aides are required to complete twelve (12) hours per year. All staff met this requirement. Staff input is critical to a successful year. OASIS NP, an online program that has monthly inservices and tests for home care RNs was utilized.

Clinical Record Review

Agency Clinical Record Reviews (CRR) were held quarterly during the year. Membership included one medical social worker, two physical therapists, two occupational therapists, one speech pathologist, one administrative supervisor and one clinical supervisor.

**Ledyard Regional VNA
Record Review Committee 2015 – 2016**

Karen Goetchius, MSN, RN, CHCE Administrative Supervisor 741 Colonel Ledyard Highway Ledyard, CT 06339	Rebecca Scahill, RN Clinical Nurse Supervisor 741 Col. Ledyard Hwy. Ledyard, CT 06339
Donna Libby, PT 12 Julian Street Norwich, CT 06360	Jennifer Beaupre, SLP 27 Lochdale Drive Oakdale, CT 06370
Martha Goldman, LCSW 90 Rose Hill Road Ledyard, CT 06339	Stephanie Law, OT 52 Dimmock Road Waterford, CT 06385
Zondra Thompson, OT 37 Bittersweet Drive Gales Ferry, CT 06335	

Records from the previous quarter were reviewed on:

- July 27, 2015
- October 26, 2015
- January 16, 2016
- April 24, 2016

32 LRVNA (16 active, 16 discharged) therapeutic records were audited with all services provided including: 6 wound audits, 11 adverse event records, 1 IV therapy record and 25 school records.

The following data was collected: Of the 11 adverse events, there were 5 UTIs, 1 pressure ulcer, 4 falls, 1 hypoglycemia.

Total Adverse Events: 11 (down from 12)

5 UTIs (4 resolved) – 1 went to Hospice
 2 chronic - 0 ER
 1 associated with fall → ER
 1 antibiotic - 0 ER visit

1 Pressure ulcer – Stage 2 mid-back pressure ulcer from hospital. Patient went to outpatient therapy before healed.

4 Falls - 2 SNF (permanent placement)
 1 admitted with CHF
 1 ER – Home

1 hypoglycemia – MD failed to order accucheck.

Total # of cases reviewed by service:

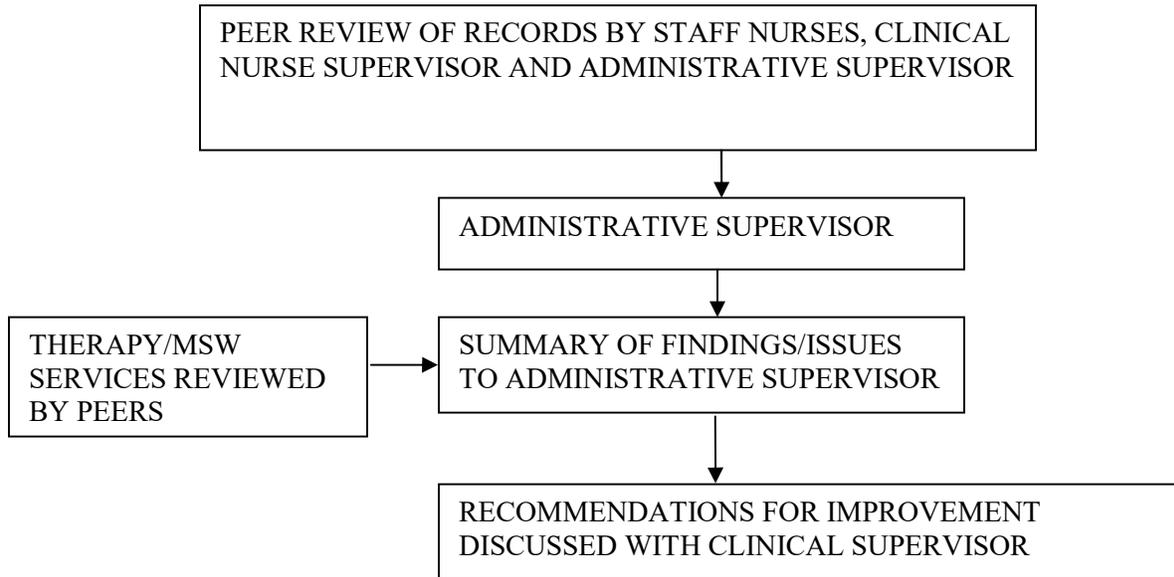
32 - Skilled Nursing, 24 – Physical Therapy, 8- Medical Social Work,
 13 - Occupational Therapy, 4 - Speech Therapy, 15 - Home Health Aide.

Records were reviewed for appropriateness of care in accordance with accepted standards of practice and for technical compliance to Medicare and State Regulations. Process outcome audits were done in all discharged cases. Results of the audits and significant findings were presented to the staff at the next monthly staff meeting. A plan of correction was done.

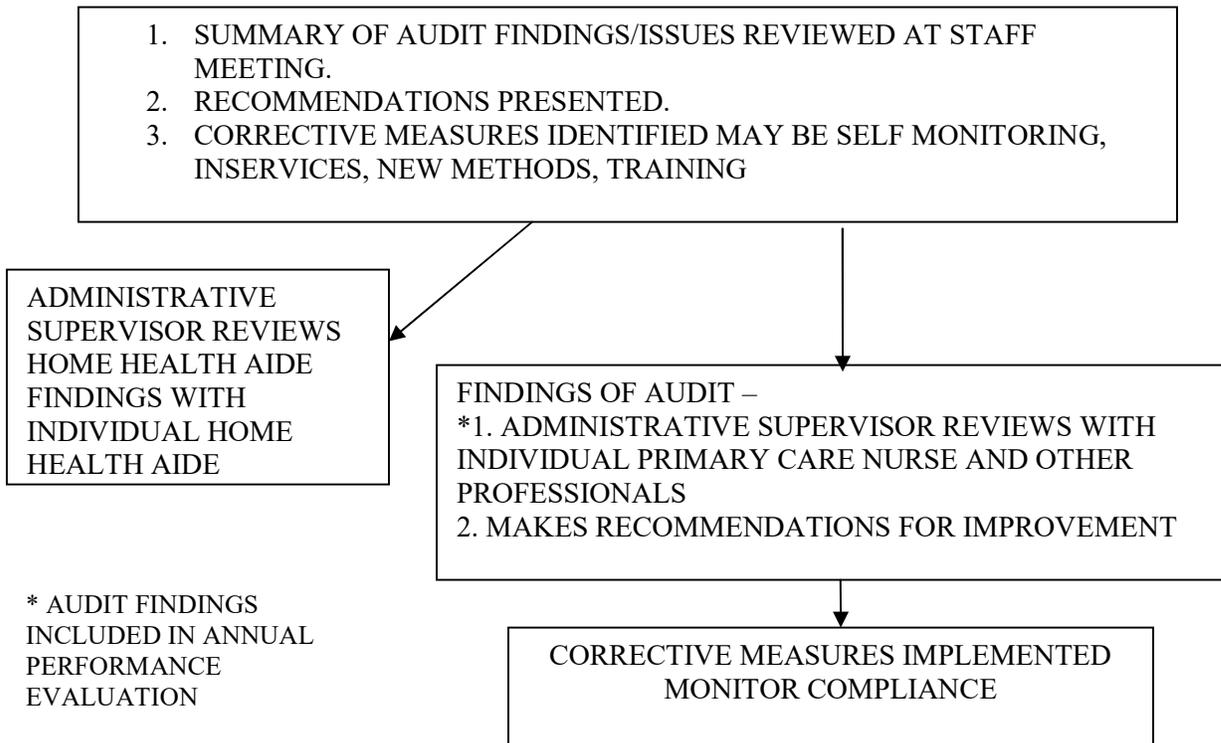
LRVNA proudly did 7,831 visits during the 2015-2016 year.

25 school health records were randomly reviewed at five schools. The Administrative Supervisor conducted a medical review of all schools. All were in compliance.

CLINICAL RECORD REVIEW PROCESS



PLAN OF CORRECTION



PROCESS/OUTCOME: AUDIT SUMMARY JULY 2015 - JUNE 2016

15 discharged records were reviewed during the quarterly clinical record reviews. The patient's rehabilitative service goal was determined by the primary care nurse on admission and evaluated as needed during the patient's period of service. On discharge, the primary care nurse evaluated whether the patient met the service program goal. The rehabilitative outcomes utilized are approved by the Commissioner of Health in accordance with Home Health Care Agency Regulations Sec. 19-13-D76 (g)(3).

The service program goals are identified by rehabilitative groups:

- Group I Patient's health problem resolved. Need for nursing visits eliminated. 8 possible achievable goals
- Group II Patient/family (caregiver) will learn to independently manage continuing health problems. 9 possible achievable goals
- Group III Patient will be rehabilitated to maximize functioning level without continued visiting nurse assistance. 10 possible achievable goals
- Group IV Chronically ill patient will be maintained at home with ongoing visiting nurse assistance as long as possible. 10 achievable goals
- Group V Patient with end stage terminal illness will be maintained at home as long as possible. 14 achievable goals

Out of 15 discharged records, 11 cases achieved all applicable goals during their course of care indicating the effectiveness of appropriate assessment, intervention and outcome of service. One (1) patient did not achieve rehab outcomes due to transferring to hospice.

3 did not achieve goals. They were transferred to the hospital and then to a skilled nursing facility and did not return within the 60-day period.

PERFORMANCE IMPROVEMENT ACTIVITIES

July 1, 2015 – June 30, 2016

Admission Survey

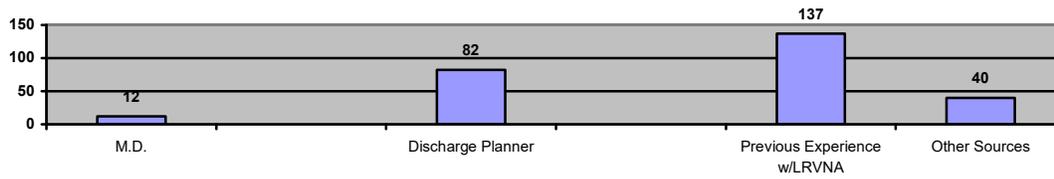
The admission survey helps determine how patients elect to receive home care services from LRVNA. This information is helpful for public relations planning and informing the public of services available. There were 271 surveys collected by the nurses from patients at the time of admission to home care for a 80% rate of return.

1. How did you hear about LRVNA's home care services (check all that apply)

12 (4.6%)	your doctor
53 (20.3%)	L&M
5 (1.9%)	Backus
24 (9.2%)	SNF
10 (3.8%)	friend
8 (3.1%)	relative
1 (0.4%)	senior center
1 (0.4%)	flyers/newsletter
5 (1.9%)	Town/LRVNA web site
137 (52.5%)	Previous experience with Agency
0 (0%)	<i>Thames River Times</i>
15 (5.7%)	Other referral sources: Hartford Hospital, Yale New Haven Hospital, flyer, postcard mailing, Lahey, Westerly Hospital, Town resident, Brigham & Women's, 3 Rivers Health Care, St. Francis Hospital, Insurance Co., Tribal Health

Outcome:

Sources of Referral 7/1/15-6/30/16



Comparison of Patient Referral Sources

	2013-14	2014-15	2015-16
MD	9.4%	9.1%	4.5%
Discharge Planners	24.1%	29.6%	31.4%
Previous Experience with LRVNA	50%	53.7%	52.5%
Other Sources	10.1%	25%	15.3%

Referred - Not Admitted 7/1/15 – 6/30/16

Permanent Placement	8
No answer	8
Refused	22
Moved out of state	1
Hospice	7
Died in facility	2
VNA of SECT patient/Gentiva	3
No skill	8
1 visit made, returned to community	1
Not homebound	11
Police referral/patient refused	1
LVES – not needed	1
TOTAL	73

Consumer Satisfaction Survey PI

Beginning in October 2010, CMS required home health agencies to contract with a vendor (ours is Fazzi) in conjunction with CareFacts to submit patient information monthly for the Patient Satisfaction Survey for state and national comparison. From the results released in February 2016, LRVNA scored in the top 20% of all agencies nationwide for all answers. 86 surveys were completed for a return rate of 50%. 88% of patients will recommend Ledyard Regional VNA to family and friends! Nationally, 78% of patients surveyed would recommend their home health agency to family and friends, and in CT 76%. The QA Committee will review.

The **quality of patient care star rating** summarizes 9 of the 29 quality measures reported on Home Health Compare. It provides a single indicator of an agency’s performance compared to other agencies.

- A 4- or 5-star rating means that the agency performed better than other agencies on the 9 measured care practices and outcomes.
- A 1- or 2-star rating means that the agency’s average performance on the 9 measured care practices and outcomes was below the averages of other agencies.
- Across the country, 21% of agencies fall in the 3½ stars. Ledyard Regional VNA has consistently maintained 3 ½ stars since the rating was created and was named in the top 5 for patient satisfaction in CT!

Measure Description	LEDYARD REGIONAL VISITING NURSE AGENCY	CONNECTICUT AVERAGE	NATIONAL AVERAGE
Quality of patient care star ratings	3 ½ out of 5 stars	3 out of 5 stars	3 out of 5 stars

HomeCare Elite Award - For the eighth consecutive year, LRVNA was named in the top 20% of home care agencies nationwide. Winners are ranked by an analysis of performance measures in quality outcomes, quality improvement and financial performance.

This data collected is from April 2015 – March 2016.

Outcomes	Ledyard RVNA	State	National
Better walking/moving	70.7%	62.8%	66.4%
Better to/from bed	54.8%	57.5%	62.3%
Better at bathing	72.1%	65.2%	70.6%
Checked for pain	99.7%	97.6%	98.9%
Treated for pain	100%	98.5%	98.9%
Less pain moving	71.4%	66.4%	70.2%
SOB less often	67.7%	67.2%	69.2%
Improvement in wounds	89.8%	91.0%	89.8%
Checked for pressure sores	99.7%	97.5%	98.8%
Preventative treatment for pressure sores	99.2%	95.9%	98.3%
How often patients admitted to hospital	15%	16.8%	16%



Ledyard VNA

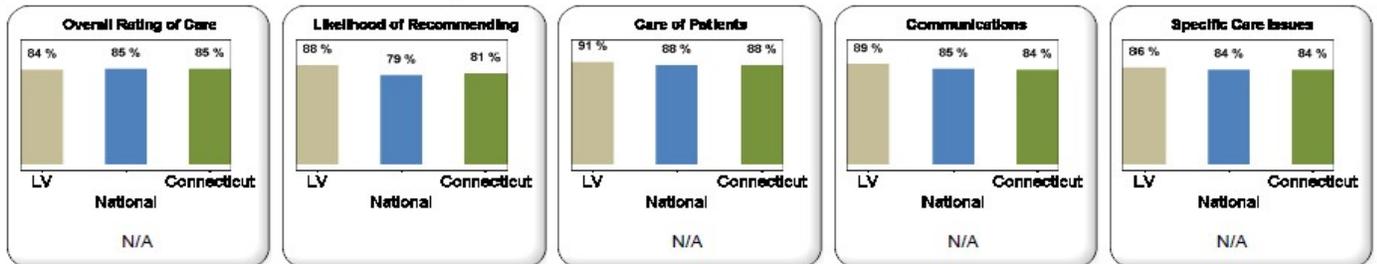
Executive Summary

Twelve month period ending June 2016 / Publicly Reported Results

Your Star Ratings

Quality of Patient Care:	N/A
HHCAHPS Summary:	N/A

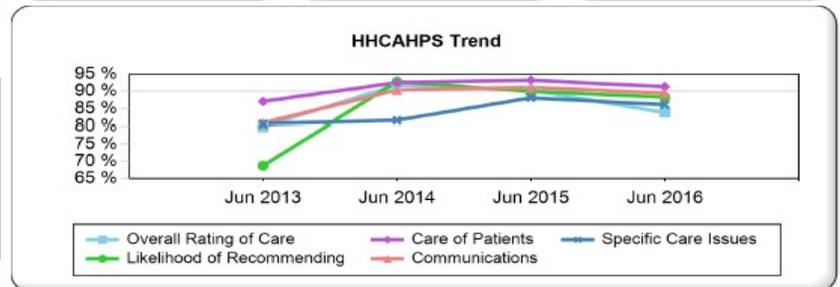
Completed Surveys = 81
 Patients Surveyed = 171
 Return Rate = 47 %



HHCAHPS Measures

Percentile Rank

	National	Connecticut
Overall Rating of Care	34	27
Likelihood of Recommending	76	73
Care of Patients	65	73
Communications	79	77
Specific Care Issues	37	27



NOTE: Fazzi scores may differ slightly from the official CMS results and should only be used for quality improvement purposes. The source used for the Star Ratings is Home Health Compare. The Star Ratings data collection period corresponds with the HHCAHPS data collection period chosen for this report. "N/A" will be displayed if Star Ratings are not available.

Unfortunately, LRVNA went down in all categories from last year but still remained higher than the State and National with 3.

OBQI (Outcome Based Quality Improvement) - Acute Care Hospitalization (ACH)

After eight years, LRVNA continues to remain consistent. With a 24.8% average, we are slightly below the state average of 29.3% and equal to the national average of 24.8% for acute care hospitalization. A hospital risk assessment tool was implemented in February 2007 and is done on admission, recertification and resumption of care. The gradient is 1-10. If over 4, the patient is deemed high risk, and the following interventions are put into place: phone monitoring, front-loading visits and fall prevention plan. Each patient is given an individualized emergency care plan. A list of "Best Practice" interventions is available for staff to implement. Each ACH is reviewed to assess intervention and documentation of patient care.

For 2015 – 2016, 6 records were reviewed that had ACH episodes. All documentation supported ACH. Three patients did not return home. The diagnoses were respiratory, infection, cardiac and urinary. 100% of patients were administered the flu vaccine.



Data Access REPORT

Acute Care Hospitalization Monthly Report

Reason for Hospitalizations

Percentage of Hospital Admissions by Reason for Hospitalization from M2430 (Excludes planned hospitalizations)

Reason (%)	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Total
Improper Medication Administration	0	0	0	0	0	0	0	0	0	0	0	0	0
Injury Caused by Fall	0	0	0	0	0	0	0	0	11	8	0	0	3
Respiratory Infection	25	25	0	25	0	17	43	0	0	25	0	11	18
Other Respiratory Problem	25	25	100	12	33	17	29	0	11	17	60	22	23
Heart Failure	25	25	0	0	0	17	29	0	11	8	40	0	14
Cardiac Dysrhythmia	12	0	0	0	0	0	0	0	0	17	0	11	5
Myocardial Infarction	0	0	0	25	0	0	0	0	0	8	0	11	5
Other Heart Disease	12	25	0	0	0	0	0	0	0	0	0	0	3
Stroke (CVA) or TIA	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypo/Hyperglycemic	0	0	0	12	0	0	0	0	0	0	0	0	1
GI Issues	0	25	0	0	33	17	0	0	0	0	0	11	5
Dehydration, Malnutrition	0	0	0	0	0	0	0	0	11	0	0	0	1
Urinary Tract Infection	12	0	0	12	33	17	0	0	22	8	0	11	11
IV Catheter Infection/Complication	0	0	0	0	0	0	0	0	0	0	0	0	0
Wound Infection/Deterioration	0	0	0	0	0	0	0	0	0	0	0	11	1
Uncontrolled Pain	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Mental/Behavioral	0	0	0	0	0	0	0	50	0	8	0	0	3
DVT Pulmonary Embolus	0	0	0	0	0	0	0	0	0	0	0	0	0
Scheduled Treatment or Procedure													
Other than Above	25	25	200	50	0	50	43	100	56	33	20	22	39
Reason Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0

Percentages may exceed 100% due to multiple reasons per hospitalization

OBQI - Improvement in Ambulation

Upon admission, the RN uses a fall risk assessment tool from the “Best Practices for Acute Care Hospitalization” CMS (Center for Medicare & Medicaid Services) to identify patients at risk and in need of physical therapy evaluation within five (5) days. Fall prevention instruction, both verbal and written, from the patient’s admission packet is also done on the first visit. Fall prevention was also added as a standardized nursing intervention in 2007.

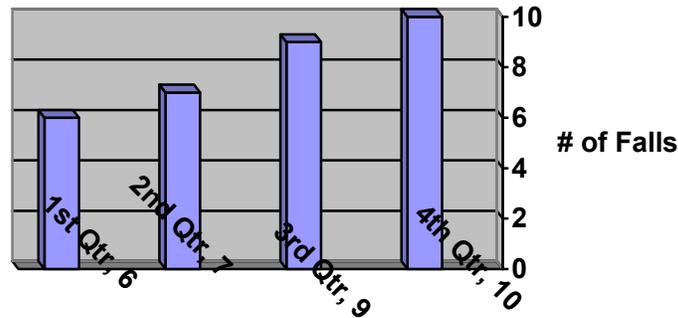
Home Health Outcome 2016 indicates LRVNA is at 70.7% for patient improvement in ambulation. The State average was 62.8% and the National average was 66.4%. A monthly OASIS C competency increases understanding of OASIS data collection and an increase in coordination of care between staff helped results remain high.

The physical therapist implements a standardized functional test (Tinetti) at the time of evaluation and again at discharge to determine high, moderate or low risk. 195 (156 the year before) patients were evaluated. Of those, 168 improved (86.2%), 27 (13.8%) had no change and 0 decreased. At discharge, 47 were at high risk of a fall (42 the year before), 95 at moderate risk (61 year before) and 50 at low risk of fall (53 the year before).

Fall Report 2015- 2016

For the 2015-2016 fiscal year, 32 falls (29 in 2014-2015) were reported.

2015 - 16 Falls



A fall report is filed immediately and a post-fall report is done within one week. (The purpose is to encourage an effective evaluation of circumstances and conditions related to a recent fall in efforts to identify/limit risks).

The 32 falls (witnessed and unwitnessed) during 2015-2016 (up from 29 last year) resulted in 3 ER visits, 1 patient going to hospice and 1 permanent placement. The majority of falls were due to poor judgment or impulsive behavior in the bathroom/bedroom. Physical therapy and occupational therapy were offered if the MD authorized it.

OBQI-Improvement in Oral Meds

As of January 2010, OASIS C has reformatted the oral med assessment section into six questions.

The Home Care Quality Improvement data from June 2015 – May 2016 collected from OASIS C continues to show LRVNA ranks high for patient taking their meds correctly by mouth. This is due to improved assessment tools and an increase in staff education.

The percentage of patients who got better at taking their medications correctly (by mouth) is 59.2%. (2013-14 59.8%, 2014-15=62.4%). The State average is 52.3% and the National average is 56.1%. In addition, we are also compared to other agencies for drug review regimen, medication follow-up, medication intervention, assessing patients in high risk groups - all of which we scored high on.

Six (6) charts from 9/15 – 5/16 were reviewed for not improving. The nurses’ notes support the reason why the patient did not advance.

Quarter	% of patients with med events	# of Med Events
1 st Quarter	7%	10
2 nd Quarter	4.3%	6
3 rd Quarter	11.3%	16
4 th Quarter	2%	3

Med events are listed separately from OASIS collection. An increase of 65.7% from last year occurred. This is attributed to more complex patients with complex medications.

Med events are discussed at monthly staff meetings, the Professional Advisory Committee meetings bi-annually and posted quarterly on the white board. Medication education is ongoing.

Infection Control Report 2015– 2016

All staff and patient infections are tracked and trended. The staff nurses fill out an infection control report and submit it monthly. The report contains when the infection began (SOC – start of care or after), diagnosis, site of infection, date infection started, antibiotic if needed, date of resolution and whether the patient was hospitalized. If a patient had a urinary tract infection (UTI), did the patient have a Foley catheter? If the patient had a respiratory infection, was the patient on oxygen (O₂)? If the patient had a wound infection, was it a surgical wound?

86 infection reports were completed in 2015 – 16. This is an increase from 73 infections since last year. Unfortunately, data was not completely filled out. Ongoing training is done at monthly staff meetings.

There were eight (8) employee infections (two (2) last year). No cross contamination occurred.

**Performance Improvement Initiative
July 2015 – June 2016
Initiative: Hand Washing**

Objective: Assure direct care employees are washing hands according to CDC guidelines and agency policy. Goal is 100% compliance

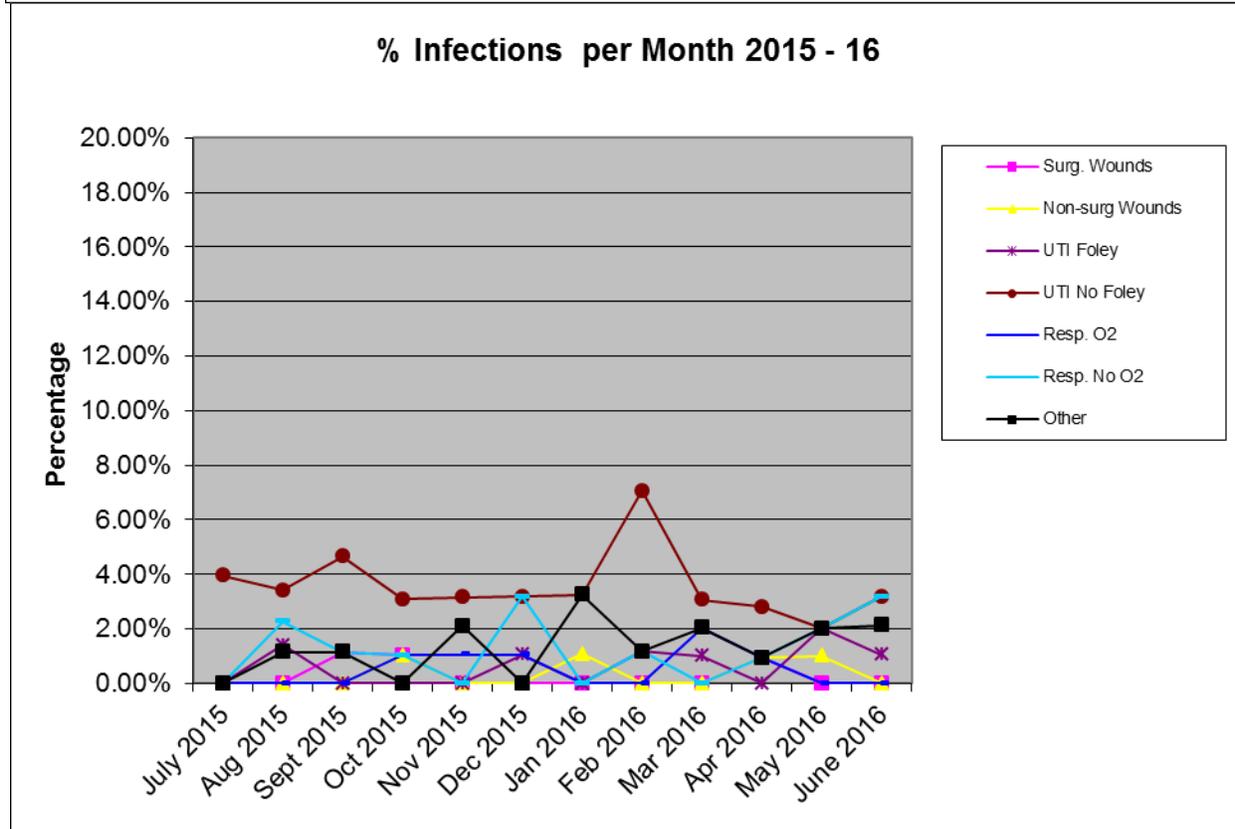
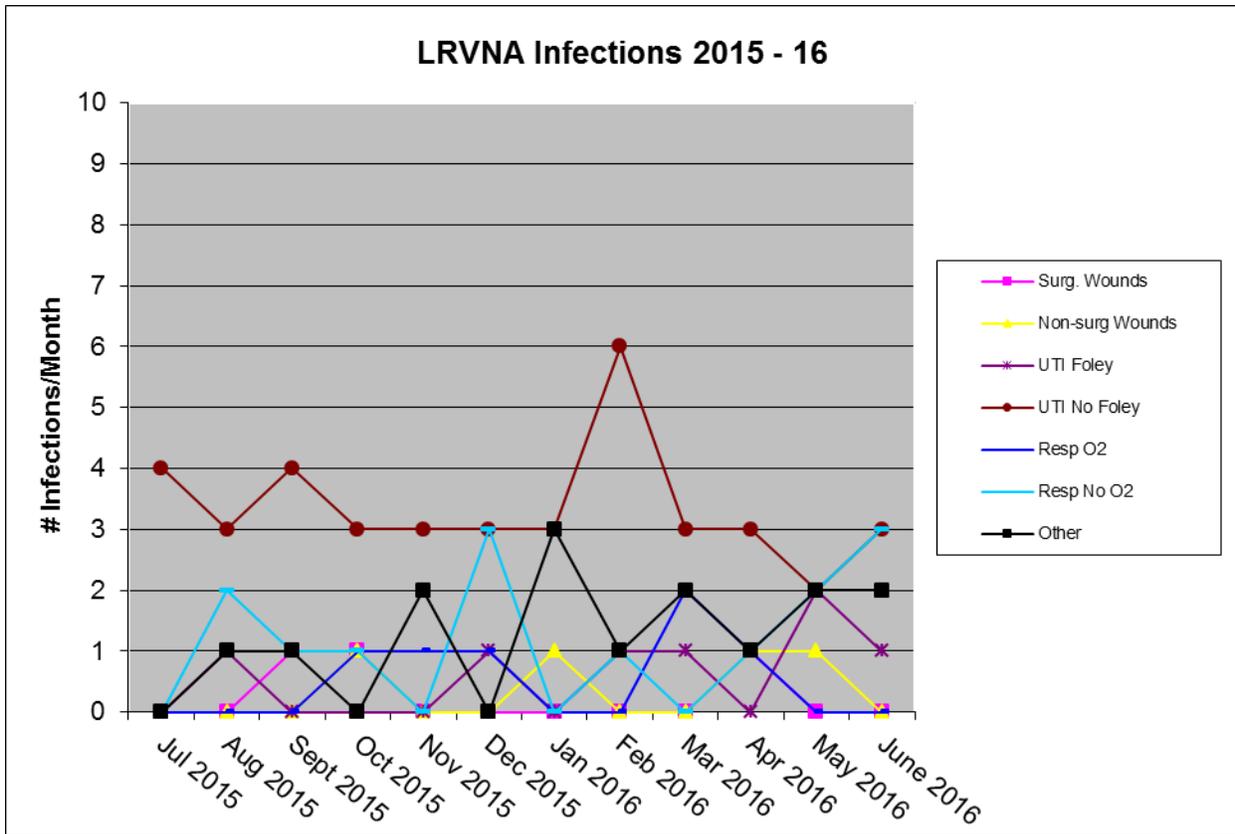
Approach:

- a. Direct care staff will be observed by their supervisor in a patient’s home at least annually with attention to hand washing at three points during the visit
 - a. Arrival at the home and departure
 - b. Going into bag
 - c. After removing gloves

Findings:

	Arrival/departure			Going into bag			After removing gloves			Comments
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
SN	4			4			4			All RNs adhere to handwashing.
HHA	5			5			5			HHAs demonstrate great performance.
Therapy	5			5			5			Therapy was correct.
Total	14			14			14			

FY 2015-2016 findings: All staff compliant.



There were 44 urinary tract infections (up from 40): 7 patients with foleys and 37 without foleys.

There were 7 wound infections (down from 24): 3 surgical wounds and 4 non-surgical wounds.

There were 20 respiratory infections (up from 12): 6 respiratory infections in patients on oxygen and 14 in patients without oxygen.

46 infections started after home care and 40 came to us with infections.

All RNs and Home Health Aides were compliant with monthly adherence to the Agency's policy of not wearing artificial nails.

All patients are asked if they have received flu/pneumonia vaccines. This is recorded in OASIS-C for Medicare.

Annual flu vaccines are available to staff and patients, as is the Hepatitis B and annual tuberculin testing for all employees. Engineered sharps injury protectives are used exclusively.

LRVNA Board approved:

Professional Advisory Committee approved: