

**LEDYARD REGIONAL VISITING NURSE AGENCY**  
**QUALITY ASSURANCE REPORT**  
**JULY 1, 2016 - JUNE 30, 2017**

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 2016-2017 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 2016-2017 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)
- 2 per diem school RNs
- 5 school health assistants (1-15 hours, 4-19 hours)
- 2-35 hour home care RNs
- 1-28 hour home care RN
- 3 per diem home care RNs
- 6 per diem home health aides
- 5 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 3 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, ABCMS (Applicant Background Management System).

### ***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 65 hours of continuing education in addition to mandated inservices. The Administrator Supervisor and Fiscal Assistant attended the yearly NAHC conference in Orlando, FL.

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. The April – June fire drill was missed.

***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 by Fazzi Associates, 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 2016 – 2017**

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

Records from the previous quarter were reviewed on:

- July 22, 2016
- October 24, 2016
- January 24, 2017
- April 22, 2017

32 LRVNA (16 active, 16 discharged) therapeutic records were audited with all services provided including: 2 wound audits, 10 adverse event records, 1 IV therapy record and 30 school records.

The following data was collected: Of the 10 adverse events, there were 3 UTIs, 1 wound, 2 med administration and 4 falls.

Total Adverse Events: 10 (down from 11)

3 UTIs (3 resolved) – 1 documentation error (0 UTI)  
2 ED /antibiotic/home

1 Wound – To ED for IV antibiotics; admitted with cellulitis, great toe infected

4 Falls - 1 fractured elbow  
2 SNF (per placement)  
1 secondary to UTI – Fx nose, hospitalized x 3 days

2 Med Administration/wrong dosage insulin; ED → home

Total # of cases reviewed by service:

32 - Skilled Nursing, 20 – Physical Therapy, 2- Medical Social Work,  
11 - Occupational Therapy, 0 - Speech Therapy, 13 - 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.

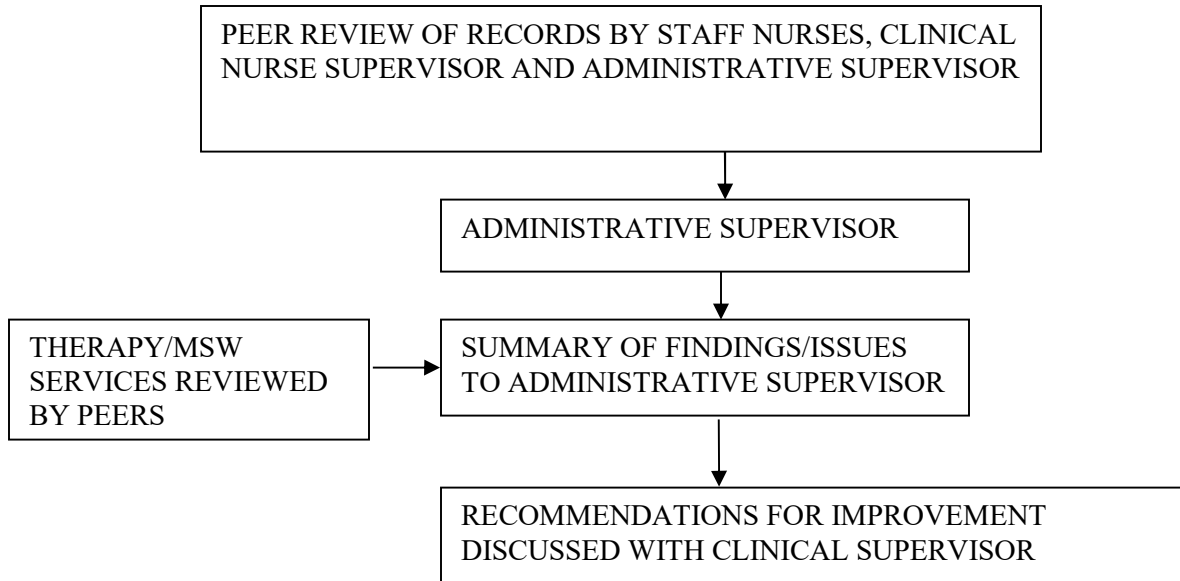
LRVNA proudly did 7,331 visits during the 2016-2017 year.

5 school health records were randomly reviewed at each of the six schools. The Administrative Supervisor conducted a medical review of all schools. All were in compliance. The focus this year was concussions and nutrition.

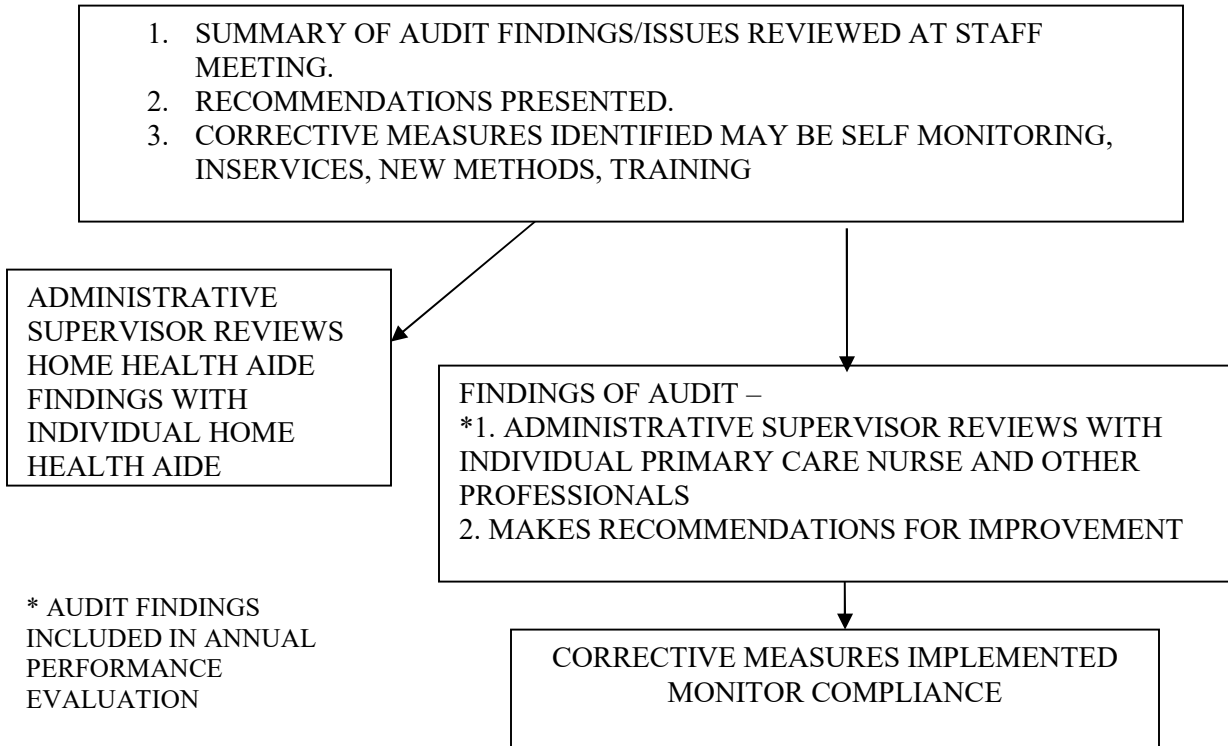
### ***State/Medicare Survey***

On November 16 – 23, 2016, the Department of Public Health did an unannounced visit that lasted 5 days. LRVNA was cited for a home health aide who stole \$25 from an elderly patient on both the Federal and State sides: 1) Violating patient's rights, 2) Not adhering to policy, as LRVNA failed to call Elderly Protective Services/Medical Social Worker after the termination of the aide. The Administrator did call the police, and the aide was charged. The Administrator wrote a 6-month plan of correction which ended June 2017. The license renewal is due December 31, 2017.

### CLINICAL RECORD REVIEW PROCESS



### PLAN OF CORRECTION



**PROCESS/OUTCOME: AUDIT SUMMARY JULY 2016 - JUNE 2017**

18 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 18 discharged records, 16 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.

2 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, 2016 – June 30, 2017

### Admission Survey

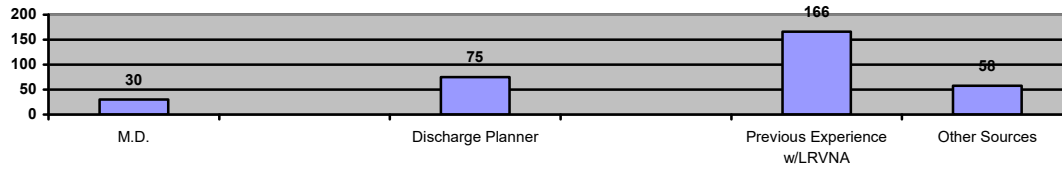
The admission survey helps determine how patients elect to receive home care services from LRVNA. This information is helpful for public relations planning and informing the public of services available. There were 300 surveys collected by the nurses from patients at the time of admission to home care for a 93% rate of return.

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

30 (10%)	your doctor
40 (13.3%)	L&M
7 (2.3%)	Backus
28 (9.3%)	SNF
7 (2.3%)	friend
12 (4%)	relative
1 (0.3%)	senior center
3 (1%)	flyers/newsletter
4 (1.3%)	Town/LRVNA web site
166 (55.3%)	Previous experience with Agency
7 (2.3%)	<i>Thames River Times</i>
24 (8%)	Other referral sources: Yale New Haven Hospital, Westerly Hospital, Miriam Hospital, Newport Hospital, Middlesex Hospital, Gaylord, VNASC, Brigham & Women's Hospital, Rhode Island Hospital, Veterans' Administration

**Outcome:**

**Sources of Referral 7/1/16-6/30/17**



Comparison of Patient Referral Sources

	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
MD	9.1%	4.5%	10%
Discharge Planners	29.6%	31.4%	25%
Previous Experience with LRVNA	53.7%	52.5%	55.3%
Other Sources	25%	15.3%	19.3%

**Referred - Not Admitted 7/1/16 – 6/30/17**

Community Service	7
Refusal	27
Out of Town	3
Other Agency	5
0 Speech Therapy	2
No answer	3
Babies	3
Hospice/Died	9
Not homebound	4
<b>TOTAL</b>	<b>63</b>



**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 on December 31, 2016, LRVNA scored in the top 20% of all agencies nationwide for all answers. 92 surveys were completed for a return rate of 56%. 91% of patients (up from 88%) 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 77%. The QA Committee will review. This is the 8<sup>th</sup> straight year that Ledyard Regional VNA ranked in the top 20%. See how we did: <https://www.medicare.gov/homehealthcompare/search.html#>

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.
  - Ledyard Regional VNA has consistently maintained 3 ½ stars since the rating was created.

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

**HomeCare Elite Award** - For the ninth consecutive year, LRVNA was the recipient of the Home Care Elite award. Winners are ranked by an analysis of performance measures in quality outcomes, quality improvement and financial performance.

This data collected is from January 2016 – December 2016.

<b>Outcomes</b>	<b>Ledyard RVNA</b>	<b>State</b>	<b>National</b>
Better walking/moving	73.9%	68.1%	71.3%
Better to/from bed	51.2%	64.2%	68.3%
Better at bathing	76.9%	68.7%	74.4%
Checked for pain	100%	98.1%	99.1%
Treated for pain	100%	98.8%	99.2%
Less pain moving	74.3%	70.1%	74.5%
SOB less often	71.6%	70.8%	73.1%
Improvement in wounds	91.8%	91.4%	90.6%
Checked for pressure sores	99.6%	98.3%	99%
Preventative treatment for pressure sores	100%	97.2%	98.4%
How often patients admitted to hospital	15.6%	17.5%	16.7%



# Ledyard VNA

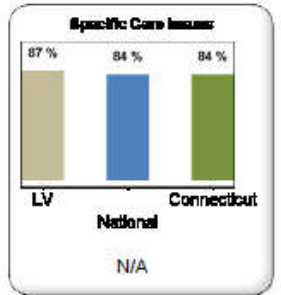
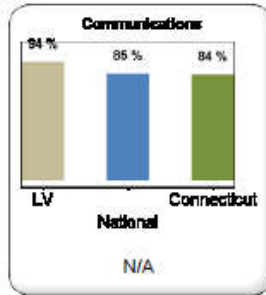
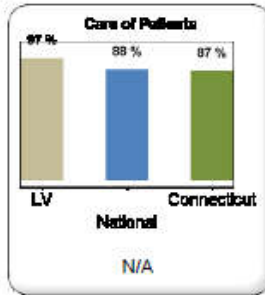
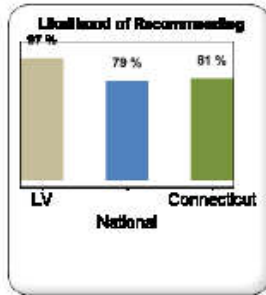
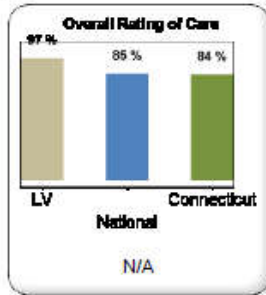
## Executive Summary

Twelve month period ending May 2017 / Publicly Reported Results

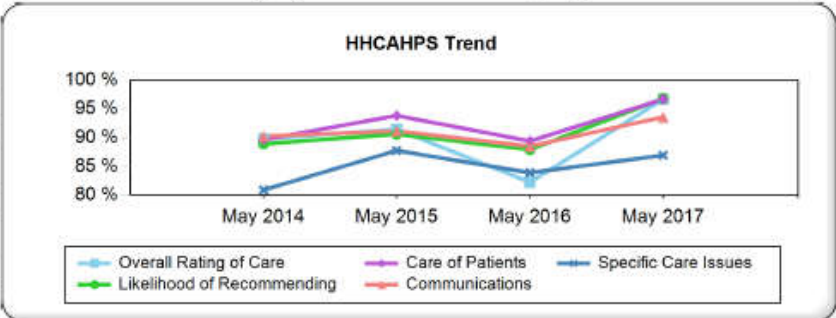
### Your Star Ratings

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

Completed Surveys = 93  
 Patients Surveyed = 170  
 Return Rate = 55 %



HHCAHPS Measures	Percentile Rank	
	National	Connecticut
Overall Rating of Care	99	100
Likelihood of Recommending	100	95
Care of Patients	98	95
Communications	95	100
Specific Care Issues	69	86



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.

LRVNA improved in 4 categories and remains higher than State and National ratings except in specific care issues. This reflects that the RN did not ask to see meds (67%), instruct in when to take meds (70%) and instruct in side effects (70%).

### Acute Care Hospitalization (ACH) – Performance Improvement Activity 2016-17

#### Analysis:

1. 108 completed
2. Some not filled out completely
3. Some patients were missed (weekend, per diem staff)

Forms lacking root cause analysis questions.

HHQI Outcomes: (Lower is better)

#### Admitted

LRVNA 15.6%      CT 17.5%      National 16.7%

#### ED

LRVNA 18.9%      CT 13.6%      National 12.5%

Goals:

1. Decrease number of episodes of hospital admissions by 6/30/17 to 22%. Last year was 24.8%. This year 24.3%, only a slight decrease. Goal not achieved.
2. Decrease Monday admissions to 10% from last year.

2015-16	20.0%
2016-17	14.7%

Goal not achieved

3. To be 90% nationally as of 6/30/17. According to CMS as of 4/2017, LRVNA's QAO (Quality Assessments Only) 98.6%. Goal achieved.

Plan:

Re-educate current new staff on ACH form. Ask for input at monthly staff meetings to capture all our patients.

Do: Fill out form with transfer a.s.a.p.

Monitor:

Administrative Supervisor will collect and audit for any immediate improvement.

Action: ACH form changed to modules root cause analysis. Will go to QA Committee in September.



# Data Access REPORT

## Acute Care Hospitalization Monthly Report

Reason for Hospitalizations													
<i>Percentage of Hospital Admissions by Reason for Hospitalization from M2430 (Excludes planned hospitalizations)</i>													
Reason (%)	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	Total
Improper Medication Administration	0	0	0	0	20	0	0	0	20	0	0	0	3
Injury Caused by Fall	0	0	20	0	20	0	0	0	40	12	17	0	9
Respiratory Infection	11	0	0	20	0	50	0	0	20	50	0	0	13
Other Respiratory Problem	22	0	0	20	20	50	0	0	0	12	17	0	12
Heart Failure	0	25	0	20	20	0	12	0	0	0	0	0	7
Cardiac Dysrhythmia	11	12	0	0	0	0	0	0	0	0	0	0	3
Myocardial Infarction	11	0	0	0	0	0	0	0	0	0	0	0	1
Other Heart Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Stroke (CVA) or TIA	0	12	0	0	20	25	12	0	0	0	17	0	7
Hypo/Hyperglycemic	0	0	0	0	0	0	0	0	0	0	0	0	0
GI Issues	11	12	0	0	0	0	12	0	0	0	33	0	7
Dehydration, Malnutrition	0	0	0	0	0	0	0	0	0	0	0	0	0
Urinary Tract Infection	11	12	20	0	0	25	0	33	0	0	0	50	9
IV Catheter Infection/Complication	0	0	0	0	0	0	0	0	0	0	0	0	0
Wound Infection/Deterioration	11	0	0	20	0	0	0	33	0	0	0	0	4
Uncontrolled Pain	0	0	0	20	20	0	0	0	0	12	0	0	4
Acute Mental/Behavioral	0	0	0	0	0	0	0	0	0	0	0	0	0
DVT Pulmonary Embolus	0	0	20	0	0	0	0	0	20	12	17	0	6
Scheduled Treatment or Procedure													
Other than Above	22	38	40	40	0	25	62	33	20	0	0	50	26
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.

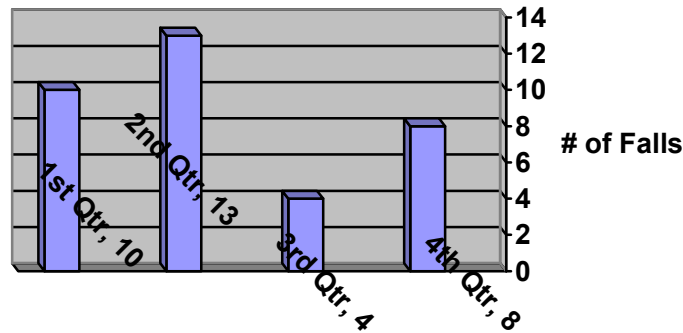
Home Health Compare 2017 indicates LRVNA is at 73.9% for patient improvement in ambulation. The State average was 68.1% and the National average was 71.3%. A monthly OASIS C competency increases understanding of OASIS data collection and an increase in coordination of care between staff helped results 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. 155 (196 the year before) patients were evaluated. Of those, 129 improved (83.2%), 26 (16.8%) had no change and 0 decreased. At discharge, 31 were at high risk of a fall (47 the year before), 74 at moderate risk (95 year before) and 46 at low risk of fall (50 the year before).

**Fall Report 2016- 2017**

For the 2016-2017 fiscal year, 35 falls (32 in 2015-2016) were reported.

**2016 - 17 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 35 falls (witnessed and unwitnessed) during 2016-2017 (up from 32 last year) resulted in 2 ED visits. 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 2016 – May 2017 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 71.4%. (2014-15=62.4%, 2015-2016 =59.2%). The State average is 58.2% and the National average is 62.5%. 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.

Ten (10) charts from 9/16 – 5/17 were reviewed for not improving. There were 17 med events in 2016-17 (35 in 2015-2016). The RN documented why patients had med events. The M.D. was notified in all cases. 0 hospitalizations/ED visits resulted.

Quarter	% of patients with med events	# of Med Events
1 <sup>st</sup> Quarter	5.7%	7
2 <sup>nd</sup> Quarter	2.4%	3
3 <sup>rd</sup> Quarter	2.3%	2
4 <sup>th</sup> Quarter	3.4%	5

Med event forms are completed by the RN and given to the Administrator. Med events decreased 48.6% from last year.

Med events are discussed at monthly staff meetings, the Professional Advisory Committee meetings bi-annually. Medication education is ongoing.

***Infection Control Report 2016– 2017***

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 (O<sub>2</sub>)? If the patient had a wound infection, was it a surgical wound?

86 infection reports were completed in 2016 – 17. This is the same as last year. Unfortunately, data was not completely filled out. Ongoing training is done at monthly staff meetings.

There were five (5) employee infections: 2 URI, 1 GI, 2 colds (8 last year). No cross contamination occurred.

**Performance Improvement Initiative  
July 2016 – June 2017  
Initiative: Hand Washing**

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

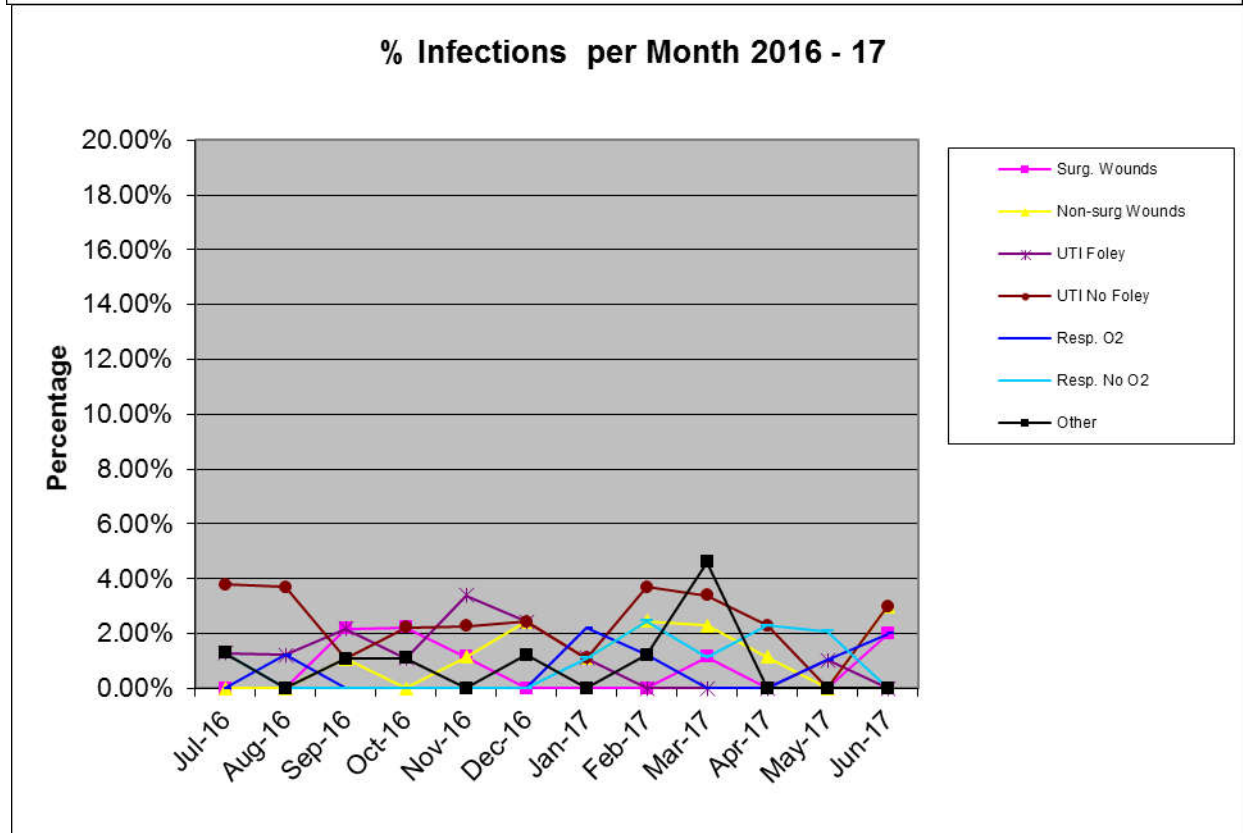
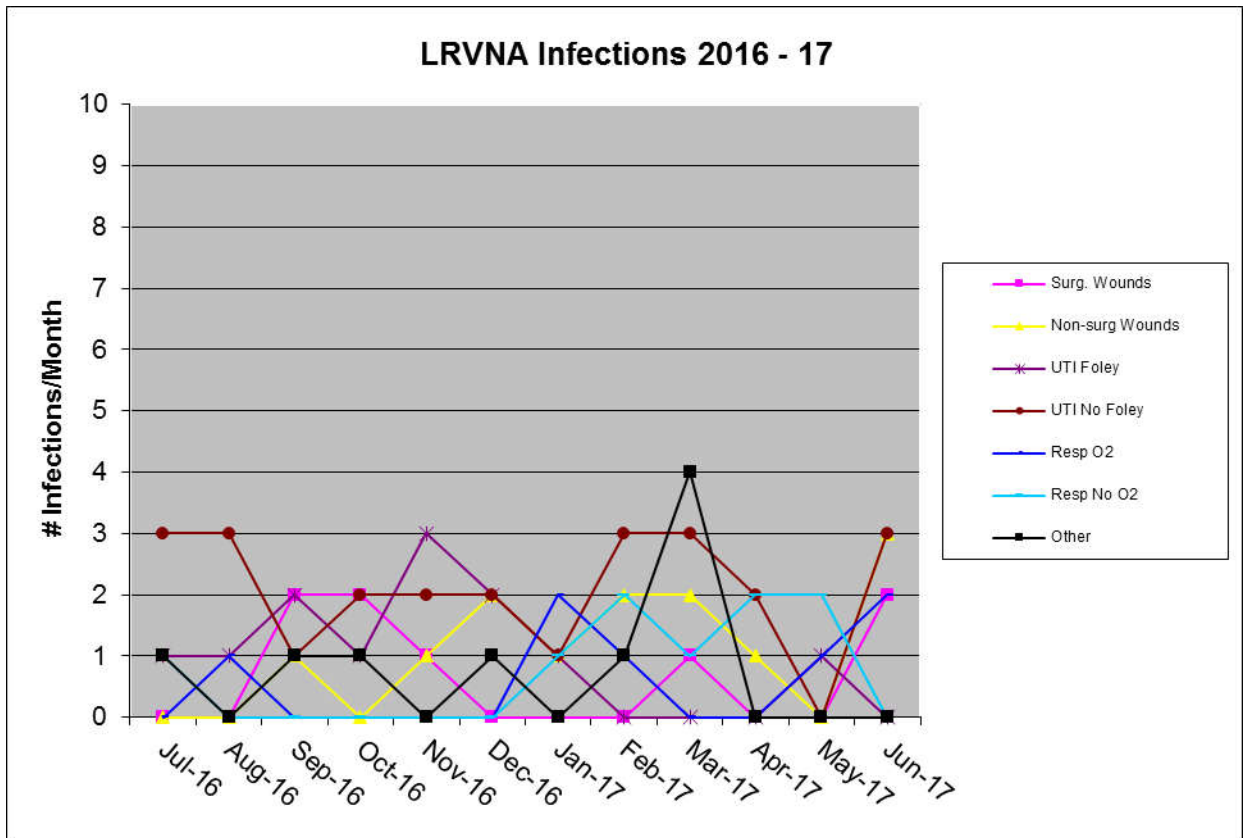
**Approach:**

- 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	
<b>SN</b>	6			6			5	1		RN did not wash hands during changing gloves for dressing change
<b>HHA</b>	6			6			6			HHAs demonstrate great performance.
<b>Therapy</b>	5			N/A			N/A			Therapy washed prn and after visit.
<b>Total</b>	17			12			11	1		

**FY 2016-2017 findings:** Plan of Correction: All staff is re-educated annually on handwashing. RN who did not wash hands was supervised again with wound, washing hands between glove changing.



There were 36 urinary tract infections (down from 44): 12 patients with foleys and 24 without foleys.

There were 16 wound infections (more patients on caseload) (up from 7 in 2015-16): 6 surgical wounds and 10 non-surgical wounds.

There were 16 respiratory infections (down from 20): 7 respiratory infections in patients on oxygen and 9 in patients without oxygen.

45 infections started after home care and 23 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: