10 Tools to Improve Outcomes

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Contents

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Introduction

Many changes have occurred in the home health and hospice sector that have affected the ways HHAs operate. Some of these changes are regulatory in nature, including developments in CMS payment models such as the Home Health Value-Based Purchasing Model and the introduction of the home health groupings model, or HHGM. Other changes concern the nature of care, with a growing number of HHAs providing informal palliative care programs to their patients as a way to reduce hospital readmission rates.

The common thread among these changes, however, is that HHAs are being increasingly rewarded for positive metrics of patient outcomes and penalized for negative marks such as rehospitalization. Having an EMR equipped with intelligent tools is key to ensuring that an HHA can successfully adjust to these changes and continuing providing high-quality care into the future.

As a helpful resource, we've put together a list of 10 tools that can help an HHA improve outcomes. Together, they are essential to enabling HHAs to meet the needs of a rapidly developing industry.

1. Consistency checking

HHA staff shouldn't be confused by or unfairly penalized for record-keeping errors. An EMR with a built-in consistency-checking function gives HHA clinicians the information they need to make care decisions with confidence, and gives administrative staff the peace of mind that comes with knowing their agency's data-collection efforts are uniform. This type of tool should evaluate the consistency of not only a single field's response but also between associated fields and between OASIS and non-OASIS fields. It should also check the consistency of fields that go to the MD POC for ultimate convenience and accuracy.

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2. Mandatory fields

OASIS and HIS fields need to be complete to be compliant. However, a mandatory fields tool that goes one step beyond this to allow customization by the individual agency can reduce regulatory stress. This tool enables agencies to customize fields in the patient referral and revisit forms to make sure they comply with their respective policies and procedures.

3. Automated patient care plan

The payment changes coming from CMS are intended to be patient-responsive, meaning that they take into account a larger variety of detailed fields to create plans of care that respond to patients' individual needs. Automated patient care plan is a tool that automatically creates a customized POC for every patient as clinicians enter the details of their head-to-toe assessments.

4. Auto-pulled POCs

Once the customized patient plan of care is created, all the information contained therein automatically pulls to the MD POC. This feature keeps everyone on the same page in terms of what care the patient receives and reduces the chance of costly and harmful errors and oversights as patient health information is exchanged among providers.

5. History of fields

EMRs that show you a clear and detailed history of fields eliminate being forced to "fly blind" and make care decisions without any awareness of what was charted prior to the visit. A history of fields tool shows you who charted what and when, enabling more consistent care coordinated across multiple clinicians and specialists, within and outside of your agency.

6. Alerts and notifications

CMS regulations have made it so that a larger and more complex quantity of patient information is collected by HHAs than ever before. That's why it's important to have an EMR with an alerts and notifications function to keep clinicians and staff on track. Real-time alerts in areas including supervisory visits and therapy reassessments that

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appear directly in the workflow make it easier to be compliant. As a result, care teams can have greater clarity, faster response times and enhanced agility to adjust care plans, improving outcomes for patients.

And when this tool features OASIS-to-OASIS alerts, consistency and quality of care can see even greater improvement. These alerts notify clinicians in areas including patient improvement, decline and stabilization in real-time. Instantaneous status updates eliminate the need to send and review reports back and forth for follow up, as a result saving HHAs time and money.

7. Flowsheets

To make the best decisions for their patients and to improve outcomes, HHA staff need to be able to identify trends in their data. This is possible with EMRs equipped with flowsheets. It's most helpful to have access to standard flowsheets built into the EMR, such as therapy reassessments and wounds, as well as the ability to create custom flowsheets that suit an HHA's specific needs and programs.

By proactively identifying trends, HHAs can better strategize and plan care for the future to improve outcomes across the board.

8. Auto compliance updates

CMS makes dozens of changes to OASIS per year, and HHAs need to be able to readjust their systems quickly. Automatic compliance updates as a feature of an EMR take care of this responsibility for HHAs, with the system updating itself automatically prior to the effective dates of regulatory changes. This gives HHAs the chance to quickly pivot and train their staff and clinicians using training screens. Once the OASIS change is effective, the training screens are automatically updated for the entire staff without any action required by the agency.

9. Convenient patient summary access

Patient summaries are much more complex and detailed than they were a decade ago, and typically, clinicians have to leave their current screen to view a summary of the patient's status. Advanced EMRs, however, enable staff and clinicians to see the

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entire patient record without having to open the chart to avoid disruption of workflows. Everything they need to view, from Meds to Documents to Authorizations, is just one click away and can be viewed without having to leave your visit, which makes a convenient capability for when you're charting a visit and receive a call from the MD, for example.

10. Employee dashboard

An employee dashboard is a must-have tool for any modern HHA. Transcending a simple workflow, clinicians can manage the entire caseload from a

single function. This leaves more time for patient care, and having more time for patient care is key to improving outcomes.

CONCLUSION

The home health agencies of today face a new slew of regulations and payment rewards and penalties, with the common thread of the need to improve patient outcomes as a goal of every HHA. The tools listed above can help HHAs accommodate these changes to improve outcomes and operate successfully now and into the future.

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