

Process of Care Investigation Methods for Home Health Agencies

1. Use LEAN Principles to Map Admission/Discharge Process.

- a. Create a Current State map.
 - i. Identify *waste* (e.g., inefficiencies, re-work, delays):
 - Waste is anything other than the minimum amount of tools, materials, technology, space and worker's time that are essential to add value to the service.
 - Waste is a symptom, not a cause.
 - Waste points to underlying problems within the system.
 - ii. Identify and address the underlying problems (the causes of waste) to improve performance.
 - iii. Identify *incidental* work.
 - iv. Identify *value-creating* work.
- b. Create a Future State map.
 - i. Identify customer requirements.
 - ii. Map the work flow.
 - iii. Improve work quality and reliability.
 - iv. Design to manage for improving and learning:
 1. Introduce metrics, set goals and use milestones to pace work.
 2. Schedule regular checkups of progress.
 3. Hold reflections/reviews at key points.
 4. Discuss feedback to discern lessons learned.

2. Perform an Institutional Assessment of Current Care.

- a. Conduct a thorough survey of your current care environment, order sets, critical pathways and guidelines, and care processes central to the discharge transition process.
 - i. Review the following assessment items and determine which are critical to your organization's care transition issues:
 1. Institutional support
 2. Presence of a multidisciplinary team to address issues
 3. Reliable data flow and metrics
 4. Standardized discharge preparedness
 5. Patient/family/caregiver preparedness
 6. Medication safety
 7. Follow-up Care
 8. Educational issues
 9. General staff education and certification
 10. Pharmacy issues

3. Audit Process of Care Using *Best Practices*.

- a. Audit a random selection of patient records against identified *best practices*.
- b. Use audit spreadsheet and a minimum of 10 patient records or sufficient records to determine trends.
- c. Determine if your current discharge processes meet *best practices*.
- d. Identify root causes.
- e. Identify opportunities for improvement.

4. Interview Staff

- a. Develop a set of questions and interview case managers and/or other key staff about the current admission/discharge processes.
- b. Depending on the types of questions and the information sought, conduct interviews one-on-one or in a group discussion setting.
- c. Develop questions that elicit key information related to the current process and engage staff in redesign efforts, such as:
 - Compare the current process to *best practices*.
 - Identify barriers and frustrations, then rework.
 - Assess staff knowledge and/or competence.
 - Engage frontline staff in the process of redesign.

5. Analyze Data

- a. Identify trends in patient readmission at 30 days (also may consider looking at readmission within 60 days) and analyze metrics such as:
 - Admitting diagnosis (primary and co-morbidities)
 - Length of stay
 - Number of days to readmission
 - Discharge disposition (e.g., home SNF, IRF)
 - Admitting Physician
 - “Frequent Flyers”
- b. Use the Case Mix Analysis for ACH, HHA Trend Analysis Report, and Utilization Outcomes: Any Emergent Care, Discharged to the Community and ACH Risk Adjusted Outcome Report.

6. Assess Current Agency Processes by National Campaign:

- a. Patient Self-Management
- b. Disease Management
- c. Transitional Care Coordination