Implementation Outcomes to Reduce Readmissions in a Home Health Agency

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**Background**
- Advocate Health Care has a large ACO managing patients at risk in population health
- Home Care is a key post-acute service used to prevent hospital readmissions
- Evidence based interventions to prevent readmissions have not been widely studied
- Advocate Home Health Services (AHHS) developed the Readmission High Risk Protocol (HRP) in 2010
- The HRP has not been formally evaluated to determine its sustainability

**Framework**

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<tr>
<th>Proctor Domain</th>
<th>IOM: Outcomes</th>
<th>Quality of Life:</th>
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<tr>
<td>Acceptability</td>
<td>Efficiency</td>
<td>Satisfaction</td>
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<td>Adoption</td>
<td>Safety</td>
<td>Function</td>
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<td>Appropriateness</td>
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<td>Symptomatology</td>
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<td>Costs</td>
<td>Equality</td>
<td>Mortality</td>
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<td>Feasibility</td>
<td>Patient-centeredness</td>
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<td>Fidelity</td>
<td>Timeliness</td>
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<td>Sustainability</td>
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**Purpose**
- Determine the implementation outcomes of the HRP
- Assess the impact of evidence based interventions on 30-day readmissions in high risk home care patients
- Identify an exemplar for program evaluation in the post-acute setting.

**Methods**
- Proctor Framework for evaluation of outcomes
- Mixed method evaluation
- Team Member Survey
- Medical Record Review of High Risk Patients
- Administrative Review: Readmissions and Claims Data

**Findings**
- 42% of team members found the HRP to be acceptable/appropriate
- 63% of clinicians found the HRP easy to use
- 33% of team members recognized all components of the protocol
- Patients were recognized as high risk 47% of the time in population studied
- Patients received 7/14 HRP interventions on average
- 10% of patients who received tele-management received a quality encounter
- Claims were slightly higher in high risk patients compared to average reimbursement

**Conclusions**
- Identification of high risk patients is unclear to team members.
- Knowledge of the HRP was low resulting in poor implementation.
- The HRP as designed has many components.
- Team members fail to see the important of using all parts of the protocol or consider them optional.
- Most tele-management visits lacked quality.
- Unable to determine HRP effectiveness
- True cost benefit not established
- HRP not sustainable in current state.

**Implications for Practice**
- Staff and management have different perceptions of barriers to clinical practice-implementation requires collaboration
- Reduce complexity of protocol, consider bundle approach of vital interventions for ease of use
- Incorporate social determinants of health in risk modeling
- Measuring implementation outcomes is important for clinical programming

**Acknowledgements**
Thank you to Dr. Susan Swider and Dr. Melinda Earle for their guidance on this DNP project. Also, thank you to Katie Riley and Dawn Doe who were the executive sponsors.