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

- 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

Proctor Taxonomy

<table>
<thead>
<tr>
<th>Implementation Outcomes</th>
<th>Defined in Literature</th>
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</thead>
<tbody>
<tr>
<td>Acceptability</td>
<td>Satisfaction with innovation</td>
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<tr>
<td>Adoption</td>
<td>Uptake and utilization</td>
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<tr>
<td>Appropriateness</td>
<td>Perceived fit; relevance</td>
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<tr>
<td>Feasibility</td>
<td>Actual fit; utility; practicability</td>
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<tr>
<td>Fidelity</td>
<td>Delivered as intended; integrity</td>
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<tr>
<td>Cost</td>
<td>Cost effectiveness; cost benefit</td>
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<tr>
<td>Penetration</td>
<td>Level of institutionalization; spread</td>
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<tr>
<td>Sustainability</td>
<td>Maintenance; continuation; durability; integration; sustained use</td>
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</tbody>
</table>

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 importance 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

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