

Case Study

At A Glance

Organization

- Homecare and Hospice provider
- Serves residents of northern and southern Utah

Solution spotlight

- Horizon Hospice™
- VNA *First* Hospice Home Care Steps Protocols

Critical issues

- Improve consistency of care delivery
- Improve documentation of regulations and standards
- Document and analyze outcomes

How Agency Met Hospice CoP's

- Integrated best practice standards (interventions, outcomes) into the pathways
- Standardized the care provided during each phase of end of life, yet allowed for adaptation to meet an individual's unique physical, psychosocial/emotional, functional, caregiver / family, and spiritual needs
- Promoted proactive quality improvement during the episode that ensured outcomes were being met, and if not, promoted case communication and changes in the plan of care

Intermountain Homecare and Hospice uses Clinical Pathways to Drive Best Practices

Intermountain Homecare and Hospice, located in Salt Lake City, Utah, provides homecare and hospice services to more than 13,000 patients. The organization has an average daily census of 1550 and delivers 350,000 visits annually through 11 branch offices. Intermountain was looking for a way to standardize care and improve outcomes across the organization.

Challenge

Intermountain faced a combination of pressures. The organization wanted to enhance efficiency and prepare for CMS's Conditions of Participation, which include requirements that focus on hospice care and assessing the impact of palliative interventions on patients' satisfaction and quality of life.

Intermountain wanted to implement best practice standards to hospice patient care to standardize care and improve symptom management. According to Karen Baranowski, Hospice Educator, the agency decided that the most effective means to achieve these goals was to implement care plans in order to provide evidence-based, demonstrable care. She said the organization saw that structured

care delivery would benefit not only patients, but clinicians.

Answers

Baranowski said Intermountain decided to implement evidence-based, outcome-driven clinical pathways.

"Clinical pathways were the logical way to move standards off of the shelf and into the field," says Baranowski.

Intermountain implemented clinical pathways in conjunction with its new automated system, Horizon Hospice™, an integrated system for intake, office clinical, personnel scheduling, point of care, reimbursement, telephony, physician access and supply management.

The organization rolled out an interdisciplinary guideline that included steps for nursing, social work and chaplain. The nursing steps used a step-by-step process: 1) Admission 2) Plateau/Condition Progressing 3) Actively Dying 4) Death 5) Discharge Non-Death 6) Inpatient Admission add-on 7) Inpatient Visit add-on 8) Recert add-on.

Case Study

“Care plans enhance coordination of the hospice care team and open communication.”

Karen Baranowski, Hospice Educator

According to Baranowski, it was essential that the hospice pathways incorporate functionality to support regulatory requirements and standards in both care delivery and documentation. She says structured hospice clinical pathways also provided standardized care through planned interventions and evaluation of anticipated outcomes. Clinicians could then individualize care within the structured framework to meet each patient’s unique needs.

Results

Implementing evidence-based care plans helped Intermountain improve consistency and demonstrate congruence between planned care and the care that was provided.

By improving the consistency of care, Baranowski said Intermountain was able to improve regulatory compliance. “The care plans helped clinicians provide standardized care and reminded them to provide documentation specifically that met regulatory requirements,” she says.

Baranowski went on to say that using evidence-based care plans improved coordination of care, promoted quality improvement during the episode and helped the

entire team function together more effectively. “Interdisciplinary care plans opened communication by clearly identifying problems and outcomes, which enhanced the hospice team’s coordination and care delivery,” she says.

Standardized documentation using care plans allowed Intermountain to identify best practices and determine the effectiveness of care. Additionally, the organization could use this data to compare outcomes within the agency or with other agencies and national standards.

According to Baranowski, the benefits of implementing care plans extended to clinicians, as well. She says that clinical pathways were a great support for new employees and helped ensure that each clinician’s care delivery was structured and supported best practices. At the same time, she points out that clinical pathways offered the clinician flexibility within the care structure to ensure each patient received exactly the care he or she required.

Baranowski concludes, “By collecting specific patient data, the care plans also made it easy to evaluate patient progress toward goals.”

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