

# QUALITY CARE

## ***Where we've been...***

**H**ospice as an industry and as a discipline has recently made advances in terms of standardized practices and expanding the scope of services beyond those with cancer diagnoses. Hospice has been a unique model of care in that it is truly interdisciplinary, with every patient having the benefit of nurses, aides, social workers, spiritual care, and volunteers. The goal is always to provide support for the family and symptom management for the patient at the end of life.

## ***Where we are now...***

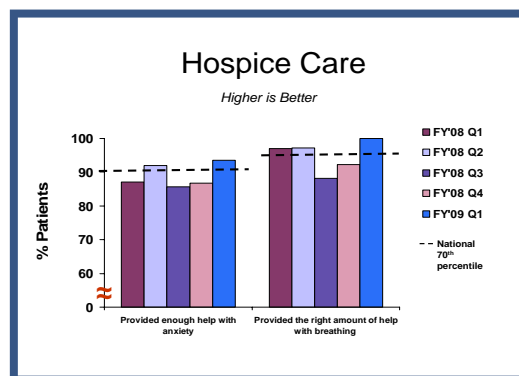
Substantial quality data have been lacking in the hospice industry. The National Hospice & Palliative Care Organization (NHPCO) has set the current standard for data collection with their nationally utilized Family Evaluation of Hospice Care (FEHC) survey. The survey is completed by family members and includes process indicators such as coordination of care, attendance to family needs, and information/education/communication.

**HOSPICE** Hospice staff and management review patient satisfaction data quarterly. An area of concern was the caregiver's confidence in helping to manage symptomatology. Pain management, anxiety, and dyspnea are symptoms that caregivers found most confusing. Based on that, staff began a year-long process to increase the knowledge of caregivers.

Managers and staff took an interdisciplinary approach. Education was given to all disciplines including social workers, hospice aides, volunteers, and office staff. Relieving symptoms and offering support isn't just a nursing function; the interventions are taught by nurses and reinforced by ancillary staff.

Patients and caregivers calling in to the office with such symptoms were immediately referred to the triage nurse for follow-up.

Pain control and management of dyspnea symptoms have improved so that 100% of caregivers now feel confident that they know what to do to alleviate these symptoms. Ninety-four percent of caregivers are confident that they received actionable information and can help with anxiety as well as control of breathing in their loved one.

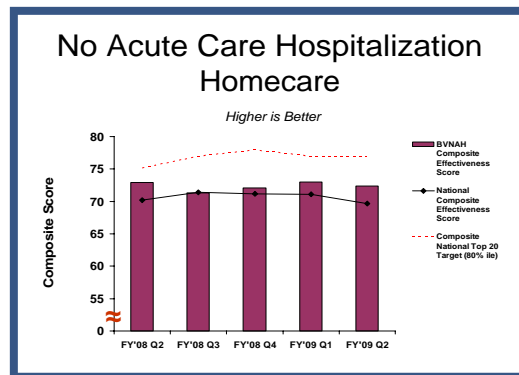


**HEMOCARE** The Homecare team reviews patient satisfaction and quality reports quarterly. The focus areas for homecare are aligned with the Medicare focus areas. They are improvement in bathing, ambulation, management of oral medications, and acute care hospitalization.

The patient’s ability to bathe, ambulate, and monitor their medications is directly related to their independence and ability to remain in their home. Closely monitoring patients’ care and timely intervention when changes in health status occur keep patients out of the hospital.

The Homecare division implemented a new model of care in September 2008 which places the patient at the center of all services, and an interdisciplinary team partners in the care of the patient. This new model of care stresses accurate patient assessment and appropriate utilization of services to provide optimum patient outcomes to prevent rehospitalization. Simply put: providing the right care to the patient at the right time.

All staff members were educated in the new patient-focused model. A complete assessment is performed at the time of admission to determine the functional capability of the patient. Based on the assessment and care needs, a patient-specific plan of care is initiated.



***Where we are going...***

Progress has clearly been made toward improving the services we provide to patients and their families. The next year is significant for hospices nationwide as updated Medicare Conditions of Participation go into effect. A new component includes mandatory quality assurance and performance improvement activities that are intrinsically tied to clinical information. As BVNA&H refines quality activities to meet the new standards, the agency faces new challenges and changes as new providers enter the market and the population requiring services expands with aging baby boomers.