

HOME HEALTH INSIGHTS

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Home Health Agency Finds Success in Fall Prevention Program

“I think patient safety, first of all, is foremost. No matter what setting you’re in, falls, especially for the elderly, really are a life-changing event,” shares Ken Havrilla on the importance of his agency’s fall prevention program, which was a significant part of their recent award-winning Outcomes Initiative. Ken is senior manager for rehabilitation services at UPMC/Jefferson Regional Home Health. UPMC/Jefferson Regional Home Health is a joint venture between the University of Pittsburgh Medical Center (UPMC) and Jefferson Regional Medical Center.



Ken Havrilla and Chris Heasley

literature search, got templates of fall risk assessments and looked at what agencies across the nation were already doing. From that research, the agency developed a fall risk assessment with 10 parameters from OASIS.

UPMC/Jefferson Regional Home Health developed its fall prevention program after UPMC instituted a program within the hospital. The “Catch a Falling Star” program was “really for acute care facilities, not really geared toward home care,” Havrilla explained. However, the home health organization wanted to “be part of a bigger initiative in the continuum of care,” explains Chris Heasley, director of performance improvement.

“Our fall prevention program dates back to 2002,” shares Heasley. “That’s certainly something that was not necessarily done by many home health agencies at that time. We track all the patient incident reports and whenever we see trends, we look at the details from a process improvement perspective. Patient falls were always something that you wanted to prevent, but you weren’t always able to control events that led up to them.”

“Basically, I had spoken to the clinical supervisors and managers [in home health] to try to link some ideas in which direction we should go with a small team of therapists when we had developed a fall prevention program,” Havrilla continues. The team did a

“We are currently on our third generation of a fall risk assessment. It’s a work in progress,” continues Havrilla. The home health organization implemented a Falls Prevention Committee and an

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Fall Prevention Program, continued from page 1

Improvement in Ambulation Committee in January 2006.

The falls risk assessment is completed on all adult patients over the age of 18 admitted to the home health organization. Any discipline completing a start of care assessment, including therapists and speech pathologists, is expected to complete a falls risk assessment. Including all disciplines in the fall prevention program is just one way in which UPMC/Jefferson Regional Home Health has set themselves apart from other agencies.

“We don’t work in a vacuum,” offers Havrilla. “The fall prevention [program], basically, is good, old-fashioned care. Everyone needs to be aware of the patient’s fall status and needs to be able to report any changes.” The agency encourages collaboration and works under the concept of treating the whole patient, bringing all disciplines together.

There was very little resistance among staff in the varying disciplines when the program began. “I think the only slight consternation was the fall risk assessment itself,” Havrilla offered, adding that staff didn’t like the idea of having yet one more form to complete. He continued, “But I think after explaining the reason why we were doing it... everyone was fine with it. Everybody pretty much

realizes the importance of what’s on the fall risk screen.” UPMC/Jefferson Regional Home Health has also incorporated their fall risk assessment into their point-of-care software.

Education on the fall program begins at orientation, during which all employees are instructed on body mechanics. Employees, whether nurses, social workers, or speech language pathologists, are instructed on what to do if a patient does start to fall. Havrilla, who does training at the agency, has even presented to skilled nursing facilities on fall prevention.

The benefits of the program have been far-reaching. “It’s very frustrating as a service provider to the patient that he or she fell Friday night and you’re finding out about it on Monday or Tuesday,” Heasley explains. The majority of falls the agency was seeing were occurring in between visits. Part of program development was helping to identify high-risk patients to determine patterns and trends to help them maintain safety when the agency is not there. We provide extensive safety information to our patients and their caregivers in an effort to have them invested in the program.

Creativity is key to motivate staff to consistently comply with the program guidelines. Heasley offers, “Our improvement in

ambulation committee came up with the idea of the ‘Home Care Emmys.’” They created three scenarios: ALF – for patients in assisted living facilities; Golden Girls – for patients who are grabbers, using furniture and walls to move; and Home Alone – patients who were living at home alone and may not be safe walking alone. The agency voted for the best scenario and awarded prizes. The campaign was highly publicized in all the branches and charting stations and was a fun way to educate the staff.

UPMC/Jefferson Regional Home Health recently received a national award for their outcome initiatives for improving patients’ ability to ambulate safely. Outcome Concept Systems, Inc. (OCS), a national benchmarking and database company, presents the Vision Awards, which recognize visionaries in home care, hospice, and private duty once a year. The awards are for providers across the country actively engaged in improving quality of care. UPMC/Jefferson Regional Home Health submitted an entry for Improvement in an Ambulation Plan of Action and was chosen as an award winner this year. It is the agency’s first national award.

UPMC/Jefferson Regional Home Health has a daily census of 2,800 patients of all age ranges, with the average patient age being 75, according to OBQI case mix reports. ↩