



**Lehigh Valley Home Care**  
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## Summary of Project

Lehigh Valley Home Care was facing a unique clinical challenge. They had an atypically high percentage of patients with surgical wounds—57 percent as compared to a national norm of 33 percent. In addition to the volume, many of the wound care patients were orthopedic patients. Orthopedic patients coming to Lehigh for wound care were often quickly discharged to outpatient rehab. The speed of the transfer made it difficult to provide the complete care required for the patients' wounds to heal.

## Details

The first step to success in improving surgical wound outcomes was creating a Clinical Practice Committee (CPC). The committee used the CMS-defined Outcomes Based Quality Improvement (OBQI) process to approach the problem of low rates of improvement in surgical wound status. The committee also took advantage of OCS Reports to take a closer look at the problem and identified the orthopedic patients as the primary driver of low surgical wound outcomes.

After narrowing their definition of the problem, the CPC was better able to customize their work to meet the specific situational needs. After reviewing the data and selecting their outcome goal, the CPC created a plan to implement a series of best practices. The plan was focused on addressing the particular challenges associated with the orthopedic wound care patient population.

First on the list of best practices—advanced clinical education to refine the wound assessment skills of the clinicians. Those clinicians who continued to have problems with accurately assessing wounds, as identified by chart reviews and patient assessment comparisons, were provided with additional training. In addition to the educational piece of the best practices, the agency put wound assessment forms into use and created a set of new clinical guidelines, policies, and procedures.

The Clinical Practice Committee realized that maintaining a very high level of communication was the most critical component of their success. Their communication plan focused on developing awareness among all levels of the staff, as to the level of performance demonstrated by the reports and the importance of the project. The CPC and Executive Team now dedicate time on a quarterly basis to review the set of OCS benchmark reports to identify areas needing continued improvement and course-correct activities to initiate the desired change. Once every six weeks a portion of each staff meeting is carved out to go through performance metrics and Team meetings are held every two to four weeks that revolve around data. Finally, outcomes are highlighted in the monthly agency newsletter.

## Project Process and Key Elements of Success

1. Dedicate a team to understanding and improving quality outcomes
2. Initiate regular data review within the team—look for opportunities to improve performance and highlight success
3. Dig into the problem to understand the root cause
4. Identify best practices related to the issue at hand
5. Educate the staff on the importance of outcomes and how to use data to evaluate performance
6. Implement best practices—in this case, clinical education, as well as new protocols, processes, and assessment tools
7. Continually monitor progress through in depth chart reviews and reports
8. Communicate, communicate, communicate! Build staff buy-in, knowledge, and excitement about working towards the agency's goals by letting everyone know what is going on and why it's important.

## OCS Tools Used to Support the Project

- OCS-EPIC
  - ✦ Patient Lists in the Process of Care Investigation module—To identify a list of patients who did not achieve the outcome
- OCS-EPIC
  - ✦ Executive Reports and Progress Reports—To always have current information
- OCS-BBI
  - ✦ Select Clinical Indicators—To drill-down by service line and evaluate the outcomes of patient populations with a higher probability of not achieving the target outcomes

## Project Results

The results of all this hard work were remarkable. First, the agency increased their outcomes performance for improvement in the status of surgical wounds from 40 percent to 74.5 percent.

Beyond that, because of the comprehensive approach of this project, the agency lowered their average visits and length of stay and decreased supply costs per patient.