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**CHS Home Care/  
McAuley Seton Home Care**

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*"We made the strategic decision to use OCS monthly outcomes reports to track our results.  
That way we can identify areas that need attention and intervene in a timely manner."  
Maureen Walsh Koricke*

## Summary

The CHS McAuley Seton organization's mission is to provide quality healthcare to its patients while remaining good stewards of resources. The dedicated staff at McAuley Seton live and work to fulfill this mission. As part of that focus they consistently use information and benchmarks to monitor their progress in both of these areas.

In a review of their performance metrics for 2003, the leadership at McAuley Seton identified that their overall average case weight fell below both the national, and state, norms. Further investigation found the same lower case weights in the most common primary diagnosis at the agency, CHF. Because there are several factors that relate to this diagnosis, it represented a large portion of their patient population. Medicare was the most common payment source for CHF, and the agency had established a "Cardiac Team" focused on the care of these patients. These factors lead the leaders to decide to focus their initial case weight investigation and performance improvement initiative on this subset of their patient population.

## Project Description

The team from McAuley Seton approached this problem by deciding to place equal focus on the analysis of financial outcomes, utilization data, resource practices, and clinical outcomes. They used OCS benchmarking products to review metrics on a quarterly basis to analyze their performance at a high level. As the project progressed, they used OCS-BBI Elite to look more closely at three subsets of CHF patients—all CHF patients, Medicare CHF patients, and Managed Medicare CHF patients.

Once the subsets of CHF patients were isolated, the leaders at McAuley Seton looked at what, if anything, made the agency, and their patients, different from their comparison groups. They noted some slight differences in the demographics. Specifically, their patients were slightly younger, more females, with a shorter LOS, fewer visits, and a lower rate of anticipated need for high therapy. They also reviewed data on average LOS, visits per patient (including a specific look at distribution of visits by discipline), and clinical outcomes that aligned with public outcome measures and agency initiatives.

Once the data was analyzed, the team got to work creating their plan for performance improvement. The first activity on their list to improve case mix while enhancing patient outcomes was to set a priority to combine the data drill down from OCS reports with real time record audits on a regular basis. In addition to data analysis, the agency initiated other on-going activities such as OBQI and a new utilization management program. The managers also started researching long-term strategic solutions, notably, telemonitoring.

The team selected other opportunities for improvement, specifically, improvement in dyspnea and improved use of therapy. The agency instituted more clinical training and made operational changes to effect change in these areas. In the first quarter of 2005, the Performance Improvement Department began auditing 100 percent of the charts of CHF patients admitted to the Cardiac Team. They wanted to focus on the data collected at the initial assessment, related to the two identified clinical outcomes.

As they move towards the end of 2005, their on-going clinician education continues. In addition to the broad training developed for the clinical staff, a detailed and targeted cardiac education is being developed specifically for the rehab staff. The agency has also created a focus group dedicated to developing an agency guideline for patients with dyspnea, with the goal of continuing to enhance financial and clinical outcomes.

## Project Results

In 2004, all ten of the clinical outcomes monitored by McAuley Seton improved in the subset of CHF patients. Comparing the first quarter of 2004 to the first quarter of 2005, the difference in improvement rates were dramatic—transferring 51% to 54%, bathing 46% to 53%, confusion 50% to 86%, dressing upper body 68% to 73%, and management of oral medications 33% to 42%.

In the first quarter of 2005, the average SOC case weight for CHF patients had increased to 0.925 compared to the first quarter 2005 case weight of 0.881. They also improved their use of home health aide visits.

## OCS Tools Used to Support the Project

- OCS-BBI Reporter and OCS-BBI *Elite*
  - ✦ Case Mix, Select Clinical Indicators, Quality Tracking, Utilization Summary, and Executive Summary Reports
  - ✦ OCS-BBI *Elite* to drill-down and look at subsets of patients by primary diagnosis

## Processes Defined and Implemented

- Data analysis to understand drivers behind case weight:
  - ✦ Review case mix and utilization overall and by subset
  - ✦ Evaluate OASIS integrity
  - ✦ Staff education
  - ✦ Correlating clinical outcomes and business development
  - ✦ Revised practices related to incorporating comparative data in targeted marketing material
- Continuous evaluation of action plan:
  - ✦ Quarterly review of OCS-BBI and BBI-Elite reports, using payer and primary diagnosis drill down
- Ongoing communication of results:
  - ✦ Rely heavily on the use of graphs