Fazzi

Home Health VNA

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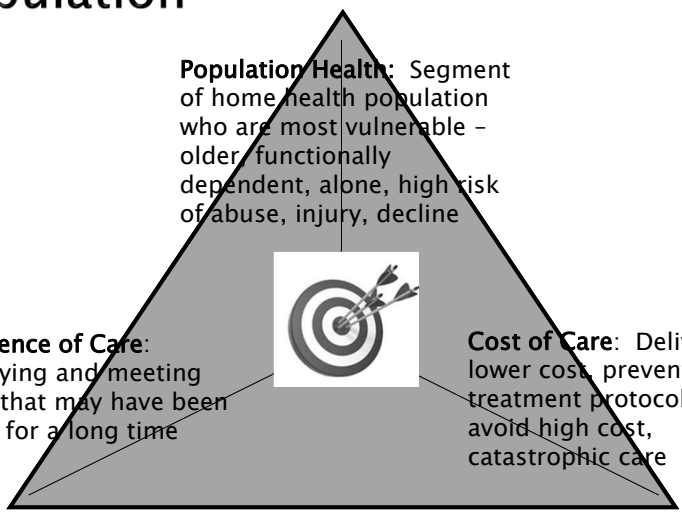
How to Determine if your Recert LUPA Patient is High Risk

Identifying and treating highly vulnerable patients by applying patient-centered clinical protocols

Taking Aim at Vulnerable Patient Population



Recert LUPA or Vulnerable Patient?

- Comprehensive assessment every 60 days:
  - Required by regulation.
  - Promotes advocacy.
  - Performed much less than you may expect.
  - Financial and Clinical impact.
- Triple Aim objectives rely on a platform of optimal agency function:
  - Care management process: best practice, utilization management.
  - OASIS competence, every time it is required.

"Vulnerable"

- Defined as "being in a dangerous position or condition and thereby at risk of being infected or injured"

- Mosby Medical Dictionary, 8th edition, 2009, Elsevier

Vulnerable Patients

Are at heightened risk for serious injury up to and including death

- Risks to individuals – due to gaps in care, complex needs, inadequate supports
- Risks to the organization – quality, legal, financial
- Risks to the community – underserved, vulnerable populations – how can HH organizations fill this critical need?

Event Leads to Action! Vulnerable Patient Task Force

Task Force Formation

- Structure to support function
  - Multi-discipline
  - Intra-agency
  - External providers

- Key Deliverables
  - Definition
  - Staff Ed - Advance Directives, Abuse Reporting, Supportive Care Personnel
  - Criteria and Resource Grid
  - Protocol

Vulnerable Patients Defined

"A patient with very complex care needs resulting from any combination of serious medical condition, cognitive deficit, functional deficit, psycho-social instability, lack of reliable caregiving and/or inadequate or dangerous home environment, leaving the patient at a greatly elevated risk for serious injury or rapid disease progression up to and including death."

Classification Criteria

- Used by managers, staff to identify VPs using criteria in four domains
- Helps determine what additional services would be useful for individual patient situations
- Created "tool kit card" for all staff to have information at their fingertips

VP Clinical Protocol

- Action Steps
- Responsibility/Accountability
- Protocol – minimum practice standards
- Ongoing auditing and monitoring

Outcomes, Take-aways

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- 74 patients identified as VPs since inception
- 32 patients active VPs as of 9/22/15
- 6 have been active for at least a year
- 21 currently active with disciplines added due to protocol – PT, OT, MSW, Palliative, Psych, Dietician, CDE
- 24 different RNs have actively designated VPs

Outcomes, Take-aways

- Financial Impacts:
  - LUPA to full episode conversions
  - Higher Therapy utilization

- Quality Impacts:
  - Addressing Advance Directives
  - Making Elder at Risk reports
  - Improving Safety
  - Decreasing Hospitalization (less than 10% have had a hospitalization since inception)

Next Steps

- Continue to develop reporting capabilities to target likely patient populations
- Auditing and monitoring to ensure staff are consistently applying protocol to identified patients
- Refine outcomes monitoring approaches
- Continue to develop staff awareness and understanding of “goals of care”, MOLST/POLST, advance directives

The Basics – Increasing Agency Value in Population Health

- Care Management: best practice, utilization management, yielding discovery of unmet need and advancement of correlating best practice.
- OASIS competence: bedside and documentation, following regulation which supports patient advocacy.
- Leadership to accountability: promoting patient and agency advocacy as the hospital moves home.

Providing an added layer of support for those who need it most

Thank you!

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