

Working Towards Optimal Client Outcomes in Home Care



**7th National Community Health Nurses Conference
Kelowna, BC, June 18, 2013**

Presented by: Karen Thompson, Clinical Consultant and
Cheryl Reid-Haughian, Director of Professional Practice



ParaMed™
get better

Objectives

- Outline a provincial initiative for implementation of outcome based wound pathways to achieve optimal client outcomes
- Discuss ParaMed's response and change management activities in relation to the initiative

ParaMed Home Health

- Canadian provider of exceptional quality Home Health Care services and Workplace Health and Wellness programs.
- Outcome-based approach to care.
- Focus on delivering healthier outcomes for clients.
- Accredited with Accreditation Canada.
- Have 24 home care centers in Ontario and Alberta.

Home Care in Ontario

- Publicly-funded home care in Ontario is administered by Community Care Access Centres (CCACs) who are responsible for deciding who receives care, what type and level of care is needed and for how long. The CCAC care coordinator is involved at all times with client's care.
- Home Care Service Providers are contracted by Community Care Access Centres to deliver the care to the client, as they are requested by the CCAC.
- Nurses / therapists and support workers provide quality health care and support services to clients of all ages in their homes, schools, offices and assisted living centers 24 hours a day, 7 days a week, 365 days a year.

Wound Management in the Home Setting

- Estimated that one third to one half of all home care clients have wound care needs (CHCA 2012).
- Prevalence and complexity of wounds are increasing in the community (aging/chronic diseases)
- Leg ulcers are estimated to affect 60,000 Canadians (Campbell et al. 2006)
- Open surgical wounds and pressure ulcers are the most common wound types in home care in Canada (McIsaac 2010)

Cost of Wound Care

- In Canada, the cost of home care for clients with venous stasis ulcers is estimated to be more than \$100 million per year. (Graham et al. 2006)
- Evidence based approach to wound care produces both financial and quality of life benefits.
- Studies suggest that up to 50% of home care wound costs can be reduced where best practice is adopted (CHCA 2012)

Ontario's Approach to Standardized Wound Care

Development of Outcome Based Pathways (OBP) and Outcome Based Reimbursement (OBR)

- Tools and concepts of the CCACs
- New practice and funding models in alignment with the Ministry of Health and Long Term Care
- Core concepts developed and tested in four CCACs and service providers with expert input
- Supports a model of care delivery for quality and value

Outcome Based Pathways

- The outcome based pathway (OBP) identifies expected outcomes to be achieved
- Standardized reporting and outcome measurements based on best practices
- Provides consistent client experience across the province
- Encourages nurse's flexibility in providing care

Outcome Based Pathway Reimbursement

- Quality and value based funding strategy
- Alternate reimbursement approach where payment is received based on outcome achievement in a staged approach
- Supports client focused collaboration between the CCAC Care Coordinator and ParaMed Nurses and Supervisors

Proof of Concept Phase

- Period of time to test the concepts of OBP and OBR – started mid-October 2012 and still in effect.
- Testing
 - Pathway content
 - Reimbursement framework
 - Use of standardized service provider reports – wound care
 - Exception reporting
 - Efficacy of identified intervals for reporting

CCAC Tools

Wound Care Pathways (11)

- Arterial Leg Ulcer
- Diabetic Foot Ulcer
- Pilonidal sinus
- Pressure Ulcer
- Surgical Wound
- Traumatic Wound
- Venous Leg Ulcer
- Maintenance Wound
- Non-healing Wound
- Malignant Wound
- Assessment

CCAC Tools

Outcome Based Wound Care Service Provider Report

- A detailed report for the nurse to complete that is based on the wound pathway criteria and expected outcomes.
- Details from this report are used to complete the specific reporting requirements in the CCAC portal

Wounds Not Healing on Time

- If expected outcomes are not being met at the specific interval times or wounds are not healed by the end of the pathway the Nurse and Care Coordinator will review the client's situation and current status of the wound and those barriers which may be impeding wound healing
- Options – extend the time to meet outcomes or change to either a maintenance or non-healing pathway.

Outcome Based Care

ParaMed has been focused on outcomes for many years

- Outcome based care in documentation system since 2002
- Nursing Care Pathway for wounds
- Report internally on expected outcomes

ParaMed's Change Management Activities

Creating a climate for change

- Corporate team - at the provincial table for the high level decisions/directions and attended provincial kick off event July 2012
- Based on the provincial initiative identified issues in area of
 - Clinical Practice
 - Reporting on outcomes
 - Billing
 - Education

ParaMed's Change Management Activities

Create a climate for change

- Local team members identified – managers, supervisors, operation / clinical consultants, accounting and IT representation to plan for changes to clinical and business processes

ParaMed's Change Management Activities

Create a Climate for Change

Clinical Tools – Use for all Wound Care Clients

- Lower Leg Assessment tool
- Completing Doppler study
- Wound Assessment Tool
- Wound Assessment Flow Chart
- Nursing Wound Care Path – includes expected outcomes
- Nursing Wound Care Path Flow Sheet

ParaMed's Change Management Activities

Create a Climate for Change

Clinical Leader – Wound Care

- Is assigned to clients on Assessment Pathway or any of the lower leg ulcer pathways
- Completes the Lower Leg Assessment and Doppler measurements
- Re-assesses clients whose wound is not healing (on time) and recommends treatment
- Recruitment based on local needs

ParaMed's Change Management Activities

Engaging and Enabling the Organization

Assign an OBP supervisor

- Support to nurses for pathway implementation
- Ensures clinical information is entered into the CCAC portal for each client's interval report
- Monitors and tracks nurse visits and reports submitted for the wound pathway clients.

ParaMed's Change Management Activities

Engaging and Enabling the Organization

Nurse Re-Education - provided to all over a 3 month period

- CCAC pathways, expected outcomes and report forms
- ParaMed's clinical tools – emphasis on best practices and creating client visit schedule
- Use of Clinical Leaders - Wound
- Role of the OBP supervisor

ParaMed's Change Management Activities

Implementing and Sustaining the Change

- Follow up teleconference with Centres to share local experiences with implementation of OBP and ParaMed's clinical tools/supports
- Sharing of "tools" that individual Centre create to assist with business efficiencies
- Auditing of nurse's charts to ensure use of ParaMed's clinical wound pathways

Challenges

Nurse uptake

- Some nurses were use to the 'old' wound care pathway and like the 'new' wound care pathway – improvement with updated expected outcomes
- Some nurses resisting the change to 'new' wound care pathway – don't like change!
- Some centres have not completed the education

Challenges

Inter-disciplinary

- Some physicians are outdated with best practices
- Need for OT/PT/Chiropody consults with some of the wound pathways – some difficulty getting completed in timely fashion
- Human resource challenge with recruiting clinical leaders for wound care (demand and supply)

Challenges

Client's response

- 12% – 15% of wounds not healing within expected time frame (co-morbidities e.g. diabetes)
- Compliance issues especially with chronic wounds

Successes

- Nurses more accountable for the care of the wound – determining with each visit if wound progressing towards expected outcome, if right product is being used and if visits can be decreased. Daily visits not as common.
- Nurses are seeing the wounds heal better/faster when best practices are implemented
- Some physicians are recognizing the important work of home care nurses and the value they bring to healing the client's wound.

Summary

- This provincial initiative with collaboration from the various service providers is still undergoing changes – is still in a proof of concept phase (pilot).
- The data on expected outcomes met within pre-determined time frames is to be analyzed for accuracy
- Reimbursement models still need to be outlined and implemented after a review of ‘shadow billing’
- Continue with collaboration across disciplines and organizations so that the right care is delivered at the right time by the right provider.

Discussion and Questions

For more information or questions, contact

- Karen Thompson at kvthompson@paramed.com
- Cheryl Reid-Haughian at creidhaughian@paramed.com

