Quality Improvement in the Medical Respite Setting

May 15, 2012 – NHCHC Annual Conference

Dawn Petroskas, RN, PhD

Director of Health Services

CATHOLIC
CHARITIES

Quality Improvement: Objectives

- Provide real life examples of quality improvement processes in two respite programs.

- Keep it simple.

CATHOLIC CHARITIES

Quality Improvement

Developing the Program

- Client Barriers to Respite:

  ➢ Sobriety requirements

  ➢ Shelter based

  ➢ Geographical barriers

  ➢ Financial barriers

CATHOLIC CHARITIES

Quality Improvement

Catholic Charities Performance Quality Improvement (PQI) Processes

Performance Quality Improvement: Transitional Recuperative Care

- PQI review on monthly basis

  - Identify client barriers to services

  - Identify strategies to address barriers

  - Evaluate progress made to past strategies

CATHOLIC
CHARITIES

Quality Improvement

Identified Client Barriers to Services	Strategies to Address Barriers	Update on Progress Made to Past Strategies
January 2012		
• **Low referrals**	• **In-service explaining program to hospital staff** • **Outreach to community agencies (e.g. churches), clinics, and shelters to find referrals** • **Be open to referrals on 'off-hours'**	• **Revise referral form to make it more 'user friendly' - revisions suggested by hospital staff. Continue to evaluate** • **In-service held** • **Outreach continues** • **Calls forwarded to RN cell**
February 2012		
• **Need for medical directorship**	• **Establish medical director for Catholic Charities who has respite/homeless experience** • **Reach out to hospital to provide in-kind medical directorship**	• **In-progress** • **Hospital willing to donate two MDs for medical directorship. Need to formalize in contract.**
• **Difficulty accessing hospital/health system medical records, which results in poor continuity of care**	• **RN to get ROI signed and have records released** • **Request hospital provide access to EMR**	• **Current practice** • **Hospital in process of granting us 'read-only' access to their EMR**
March 2012		
• **Clients unsure of the roles/expectations of program and RN versus case manager** • **Poor communication between RN and case manager**	• **Facilitate meeting to discuss roles/expectations of clients, nurse, and case manager** • **Write up clear job descriptions and program agreements**	• **Not complete**

CATHOLIC CHARITIES

Quality Improvement

- Review files: administrative, peer review

- Identify trends in incidents, accidents & grievances

- Identify issues in customer surveys

Quality Improvement

Performance and Quality Improvement - 2012
Meeting Template for PQI Teams

PQI Team: Transitional Recuperative Care Program

Client Barriers to Success

Identified Client Barriers to Services	Strategies to Address Barriers	Update on Progress Made to Past Strategies
January 2012		

File Review

Peer Review (identified trends):

Case File Review (identified trends):

Strategies to address negative trends:

Update on progress made to past strategies:

Incidents, Accidents, Grievances

Identified trends of incidents:

Identified trends of accidents:

Identified trends of grievances:

Strategies to address negative trends:

Update on progress made to past strategies:

Customer Surveys

Identified trends of customer survey results:

Strategies to address negative trends:

Update on progress made to past strategies:

Other

Identified trends:

Strategies to address negative trends:
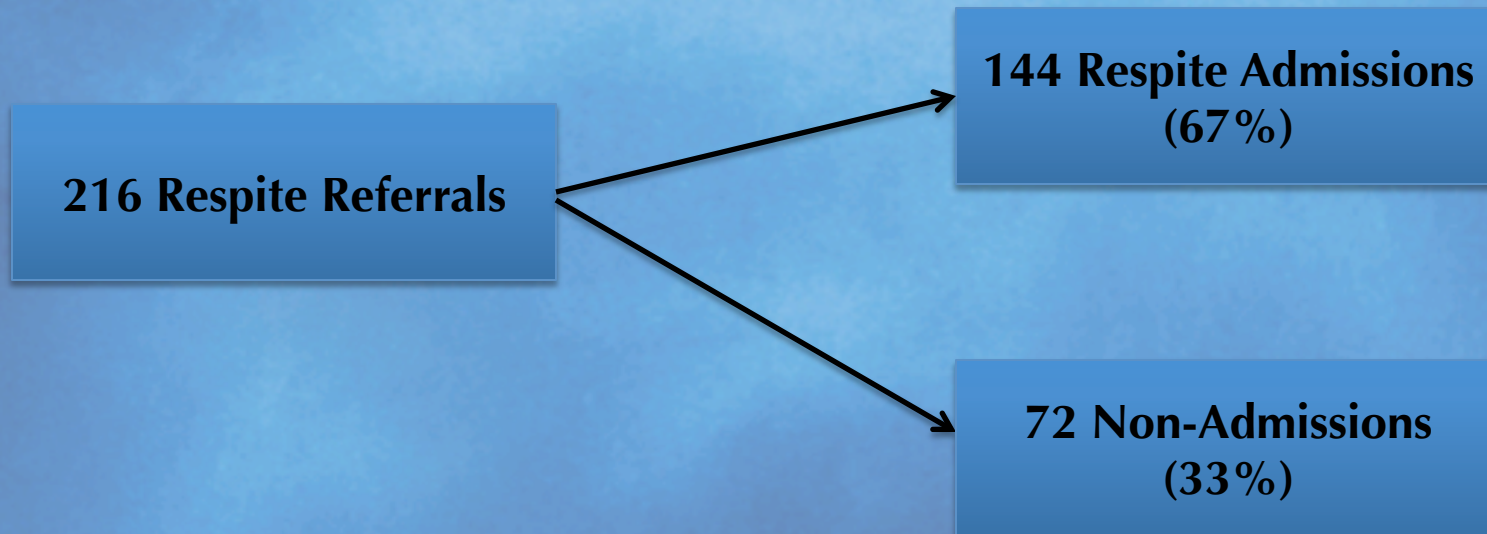
CATHOLIC CHARITIES

Quality Improvement

Hennepin County Healthcare for the Homeless Project Respite Program

Quality Improvement: HCH Respite

- ## Problem focused
  - ### Aim: Reduce attrition rate of referrals

216 Respite Referrals

144 Respite Admissions (67%)

72 Non-Admissions (33%)

*Analysis conducted by Koleena Johnson, RN, PHN
Hennepin County Respite Nurse

CATHOLIC CHARITIES

Quality Improvement: HCH Respite

No Admission to Respite

**Infection
Delayed Healing
Exacerbation of Illness
Poor Disease Management
No Follow-up
Poor Medication Compliance**
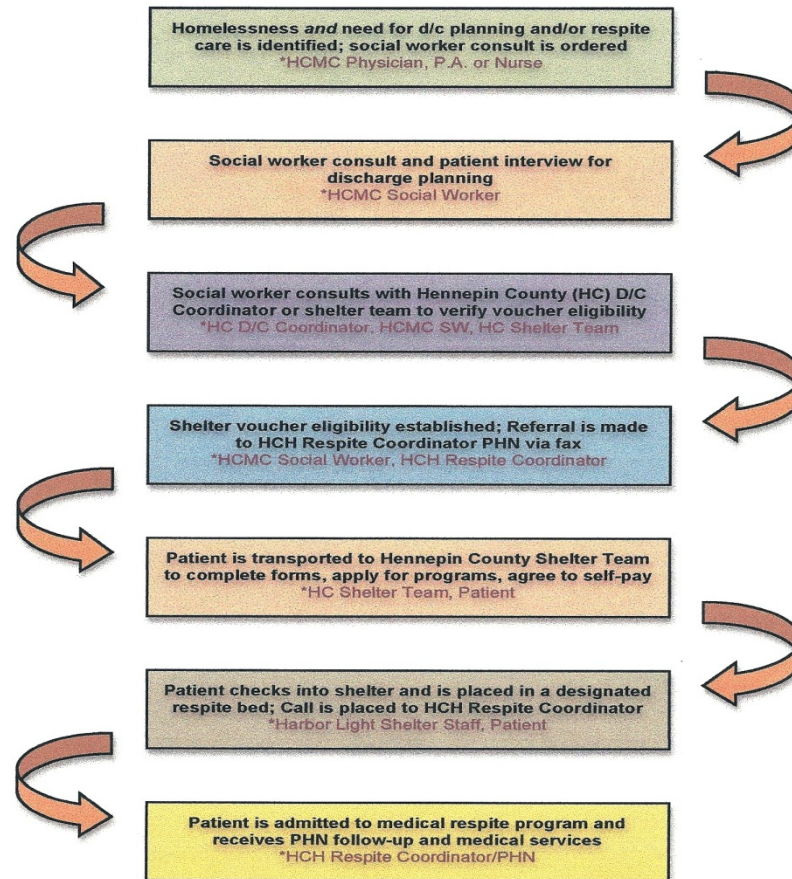
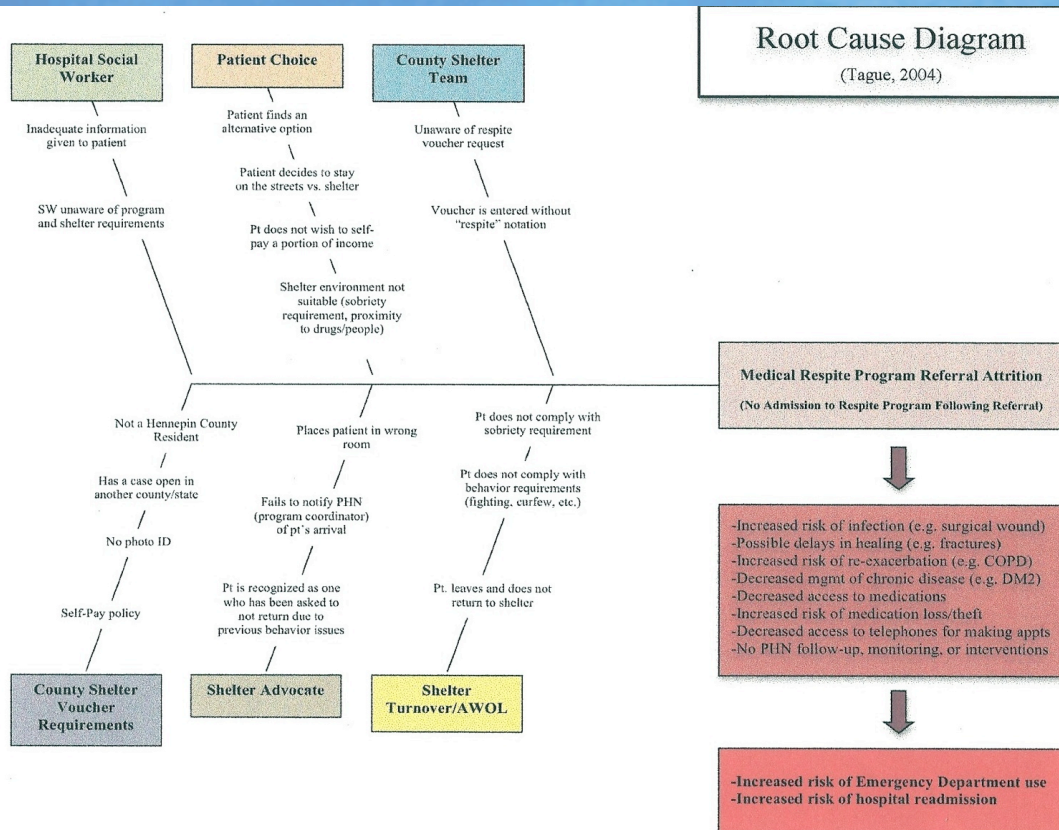**Increased ER Use
Increase Readmission**

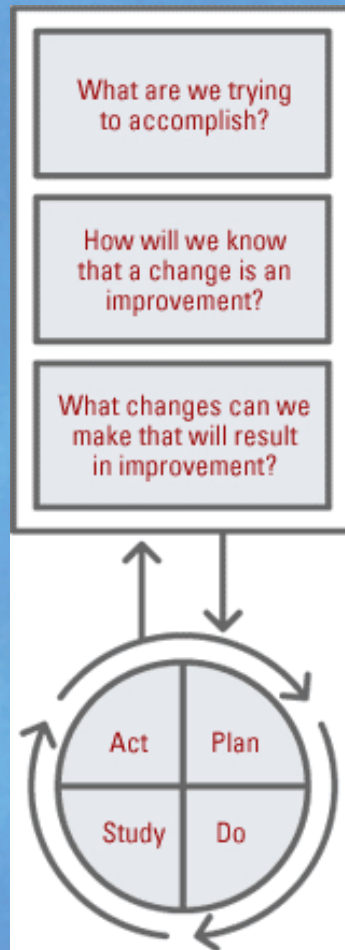CATHOLIC CHARITIES

Quality Improvement:
Identify key people in referral process

Quality Improvement:
Root Cause Analysis to ID Barriers

Quality Improvement:

Institute for Healthcare Improvement
Plan, Do, Study, Act

Quality Improvement:
Plan, Do, Study, Act

Plan: Determine process changes to reduce referral attrition - Goal of at least 78% admissions achieved

Act: Continued education & training with staff. Respite program staff to meet with patients prior to discharge

Do: Implementation of process changes - Education & training with involved staff

Study: Data collected and measured. 1/1/11 – 6/1/11 – 81% admissions achieved

CATHOLIC CHARITIES

Questions? Contact Info

Dawn Petroskas

- ➢ 612.232.5991
- ➢ dawn.petroskas@gmail.com

CATHOLIC
CHARITIES