



485 Turnaround Times Plummet While MD Satisfaction Skyrockets

For years, administrator Joan Hull dreamed of reaching 95% physician order return within a calendar month. Her agency, **Home Health VNA**, of Lawrence, Massachusetts, had never done better than the low 80's. During the summer of 2002, the VNA hit 96% one month and 97% the next. Hull credits her point-of-care system from **HealthWyse**, of nearby Reading, for the achievement.

"We tried process improvement teams, cajoling and pleading," Hull remembers. "None of those things worked." The problem, she explains, was that many orders could not be sent to physicians in their original condition because of errors. Frequently, after the process of taking the order, writing it down and signing it, submitting it for transcription and printing it was completed, the order was held up because it did not pass supervisory proofreading. Then would begin the even longer process of notifying the originating nurse and waiting for her to return to the office and make the change, followed by a repeat of the first process.

"*HealthWyse* has allowed us to get the order to the physician sooner to begin with," Hull says. "Then all we have to deal with is getting it signed and returned." She believes the front-end process is more streamlined because clinicians respond more quickly to internal correction promptings. The *HealthWyse* system includes an email feature, allowing office staff to deliver detailed messages to field staff on their handheld Pocket PCs. "The physicians like the new look of the orders as well," Hull adds. "All changes are printed, not handwritten, and all changes made during an episode are automatically incorporated into the next 485."

Thanks to point-of-care automation, Home Health VNA has already eliminated 25 unnecessary positions. Hull expects to realize even more streamlining once the VNA incorporates the new *HealthWyse* billing module in January.

An unexpected benefit directly attributable to the *HealthWyse* system has been recruiting new clinicians. With all the talk throughout the industry about nurses who are reluctant to use computers, Hull received applications from four nurses and a therapist within two weeks of her technology story appearing in local newspapers. "They wanted to work where they could use a handheld," Hull reports. "During a time of severe nursing shortage, this was a welcome surprise."

The newspaper articles led to another landmark event. Home Health VNA parlayed its local fame into a federal grant to lower the incidence of patient falls, a leading cause of injury, even death, among the frail elderly. They developed a screening system, five or six easy questions that reveal conditions indicating a fall risk. When answers to the questions indicate a fall risk exists, the VNA puts a customized care plan into effect to minimize that risk. The agency has moved from average to well below national average in fall-related adverse events since instituting the procedure. *HealthWyse* agreed to incorporate the questions into their software so that clinicians could record and transmit patient answers electronically as they do OASIS assessments and visit notes. The VNA is gearing up to implement another grant to help law enforcement authorities with domestic violence. Nurses who notice evidence of abuse will use the Pocket PC to quietly report it to police without alerting the suspected offender.

A new Utilization Review module has solved some severe lag times and communication issues within Hull's agency. Previously, office-bound Utilization Review nurses used to use voice mail to gather information from field nurses in order to provide it to an insurance company. "Now, our UR nurses can see the entire patient record without leaving their desk," Hull says, "and without having to track down the field nurse. If they need further information, they can send an email directly to the nurse's handheld device. When new payer authorization arrives, it shows up automatically on the appropriate nurse's Pocket PC and she can immediately begin to schedule more visits. The handheld system also warns a nurse when she tries to schedule an unauthorized visit. Nurses typically go online to upload and download data once in the morning and again in the evening, but they can do it at any time of the day if they should need up-to-the-minute information.

"Home health care has always been more of an art," Hull summarizes. "What we are doing is moving from the art of home health to the science of home health. Our nurses tell me they are excited about the enhanced communications and improved data they are getting. They say it gives them the ability to improve patient care." What more can one ask?



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