

MaineHealth

MaineHealth Knowledge Connection

Operational Transformation

Spring 5-10-2024

Improving Access to MaineHealth Care at Home

Amanda Kunkel

MHCAH Intake Department

MHCAH Scheduling Department

MHCAH Clinical Leadership Team

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/opex>



Part of the [Nursing Commons](#), [Occupational Therapy Commons](#), [Other Rehabilitation and Therapy Commons](#), [Physical Therapy Commons](#), and the [Public Health Commons](#)

Team Members: MHCAH Intake Department, MHCAH Scheduling Department, MHCAH Clinical Leadership Team

Plan

Problem/Impact Statement:

It is known that there are capacity limitations at MaineHealth Care at Home caused by a decrease in staffing. This leads to limited availability of home health services to patients in the community and can also contribute to increased length of stay for patients in acute care hospitals. MaineHealth Care at Home needs a way to measure current capacity to accept referrals and improved systems for communicating with referral sources.

Scope:

In scope: home health referrals
Out of scope: hospice referrals, staffing at MHCAH

Baseline Metrics/Current State:

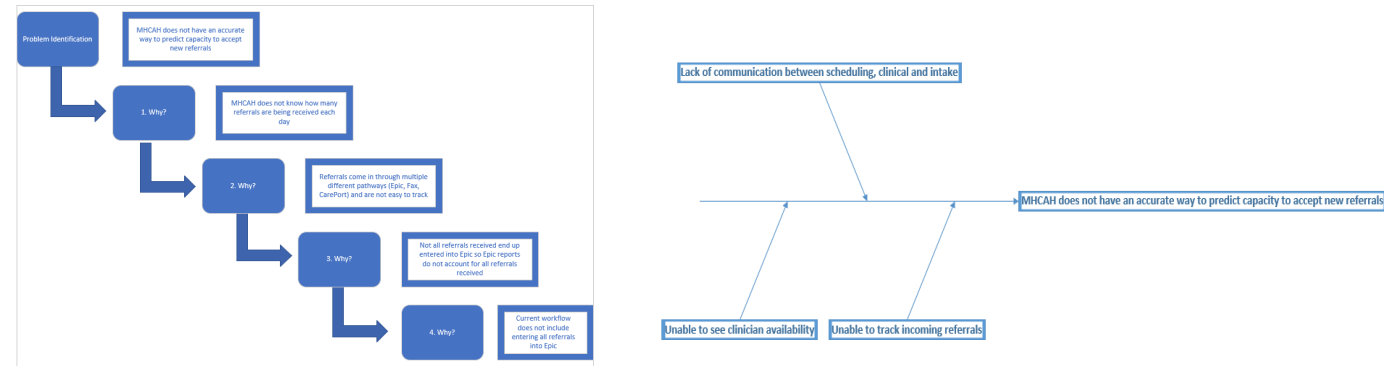
- Baseline Metrics to include:
- declinations each month
 - number of new referrals accepted each month

Current state: MHCAH only tracking referrals received through Epic which does not capture all referrals received

Goal/Objective:

MHCAH will be able to accurately predict capacity and ability to accept new referrals and respond to referral sources within 1 hour of receiving a referral with the goal of accepting as many referrals as possible in order to provide services to as many in the community as possible.

Root Cause Analysis:

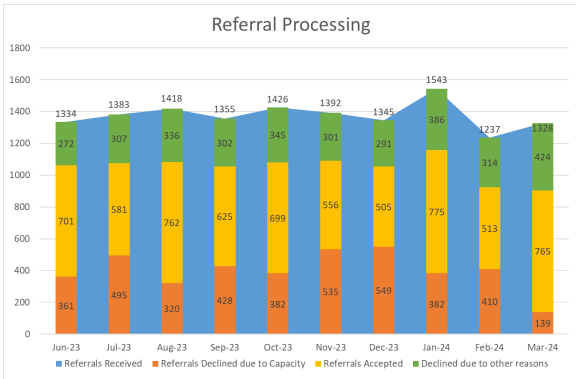


Do

Countermeasures

Department: MHCAH

Task #	Action	Action Plan Item	Who	By When
1	Ensure the ability to track all referrals being received at MHCAH	Generate a standard of work that includes referral specialists entering every referral received into Epic	Amanda, Epic Trainers, Referral Specialists	March 2023
2	Track trends related to referral data	Generate a spreadsheet for tracking referrals received, accepted, and declined (including reason)	Amanda	May 2023
3	Improve communication between scheduling, clinical and intake departments throughout the day	Create Microsoft Teams chats	Amanda	May 2023
4	Make capacity fluid and visible to all in scheduling, clinical and intake departments throughout the day	Create a capacity dashboard to be filled in daily and updated continuously throughout each day	Amanda	May 2023



Study

Outcomes

DAILY DASHBOARD: SCHEDULING/INTAKE					
	Staffing	Caseloads	Pends	Waitlist	Capacity
Division/Discipline:					
York RN					
York PT					
Cumberland RN					
Cumberland PT					
Coastal RN					
Coastal PT					
York Pedi RN					
York Pedi Therapy					
Cumberland Pedi RN					
Cumberland Pedi Therapy					

Definitions:			
Staffing:	At/above baseline staffing	Below baseline staffing, able to cover	Below baseline staffing, unable to cover
Caseloads:	Caseloads below established target (RN = 25, PT = 15)	Majority of caseloads full, minimal capacity	Caseloads all at maximum, no ability to shift
Pends:	Zero pending referrals with EDD in 48 hours	< or = 5 pending referrals with EDD in 48 hours	> 5 pending referrals with EDD in 48 hours
Waitlist:	< 5 patients on waitlist	5-10 patients on waitlist	> 10 patients on waitlist
Capacity:	Accept all referrals	Accept only (1) referrals for SOC in 48 hours	Unable to accept referrals for SOC in 48 hours

Act

Next Steps

- Recent Adaptations/Improvements:
- No longer counting “pended” referrals when considering capacity due to inconsistency with predicted discharge dates from acute care
 - Implemented daily huddles with the scheduling team and the Intake RNs to assist with communication surrounding pending discharges from acute care facilities and complex referrals
- Future Work:
- Standardize communications to all referral sources regarding capacity to accept referrals
 - Create an Epic Dashboard that will supply daily updates on referrals received, declined and accepted to decrease manual work of data gathering

Problem/Impact Statement:

It is known that there are capacity limitations at MaineHealth Care at Home caused by a decrease in staffing. This leads to limited availability of home health services to patients in the community and can also contribute to increased length of stay for patients in acute care hospitals. MaineHealth Care at Home needs a way to measure current capacity to accept referrals and improved systems for communicating with referral sources.

Scope:

In scope: home health referrals

Out of scope: hospice referrals, staffing at MHCAH

Goal/Objective:

By April 1, 2024, MHCAH will be able to accurately predict capacity and ability to accept new referrals and respond to referral sources within 1 hour of receiving a referral with the goal of accepting as many referrals as possible in order to provide services to as many in the community as possible.

Accuracy in predicting capacity will be evidenced by clinicians being at or above productivity expectation on a daily basis and referrals processed with patients seen for home health admission according to timeliness of care regulations.

Baseline Metrics/Current State:

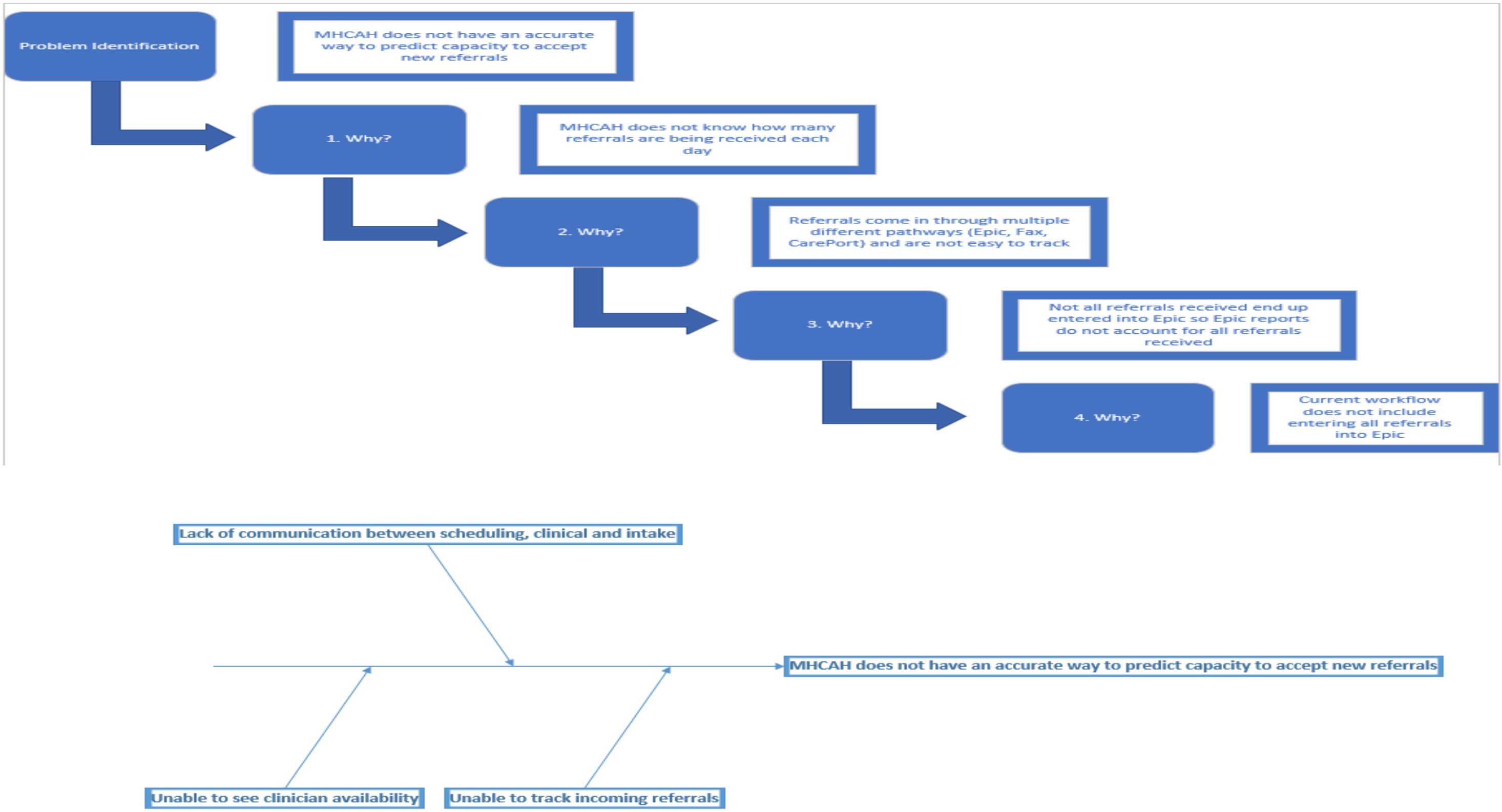
Baseline Metrics to include:

- declinations each month
- number of new referrals accepted each month

Current state: MHCAH only tracking referrals received through Epic which does not capture all referrals received

	7.17-7.23	7.24-7.30	7.31-8.6	8.7-8.13	8.14-8.20	8.21-8.27	8-28-9.3	9.4-9.10	9.11-9.17	9.18-9.24	9.25-10.1	10.2-10.8	10.9-10.15	10.16-10.22	10.23-10.29	10.30-11.6
Total all referrals 7 days																
Accepted	189	195	179	225	189	162	169	186	196	189	228	203	212	220	202	213
Declined	82	91	87	76	61	76	78	65	61	69	62	87	47	39	55	62
Total all referrals	271	286	266	301	250	238	247	251	257	258	290	290	259	259	257	275
Home Care accepted																
Cumberland	72	84	73	91	76	57	62	77	68	95	85	71	63	80	63	74
Coastal	46	41	44	48	44	38	48	39	53	47	63	59	74	60	45	58
York	61	62	48	76	62	62	59	70	75	85	68	39	50	62	64	70
Total All 7 days	179	187	165	215	182	157	169	186	196	227	216	169	187	202	172	202
Total Hospice (included in ALL referrals #s)	10	8	14	10	7	5	21	14	12	15	12	14	14	18	14	12
All Declined Referrals																
At Capacity	56	62	48	35	40	46	44	58	31	40	33	73	32	26	27	37
Clinical	17	29	39	41	21	30	34	17	30	29	29	14	15	13	28	25
Total all declined	82	91	87	76	61	76	78	75	61	69	62	87	47	39	55	62

Root Cause Analysis:

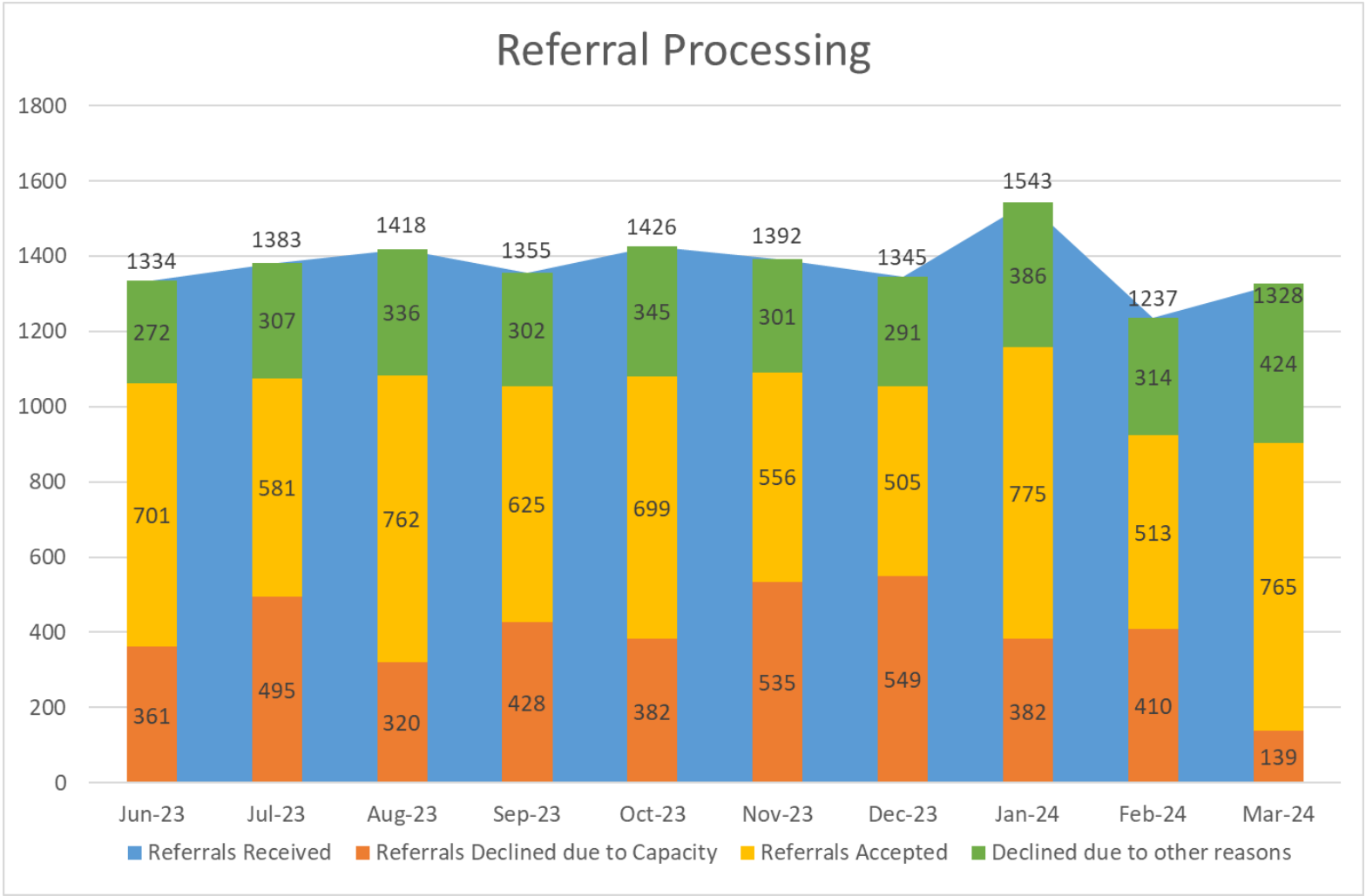


Countermeasures:

Action Plan

Department: MHCAH

Task #	Action	Action Plan Item	Who	By When
1	Ensure the ability to track all referrals being received at MHCAH	Generate a standard of work that includes referral specialists entering every referral received into Epic	Amanda, Epic Trainers, Referral Specialists	March 2023
2	Track trends related to referral data	Generate a spreadsheet for tracking referrals received, accepted, and declined (including reason)	Amanda	May 2023
3	Improve communication between scheduling, clinical and intake departments throughout the day	Create Microsoft Teams chats	Amanda	May 2023
4	Make capacity fluid and visible to all in scheduling, clinical and intake departments throughout the day	Create a capacity dashboard to be filled in daily and updated continuously throughout each day	Amanda	May 2023



Outcomes:

DAILY DASHBOARD: SCHEDULING/INTAKE					
	Staffing	Caseloads	Pends	Waitlist	Capacity
Division/Discipline:					
York RN					
York PT					
Cumberland RN					
Cumberland PT					
Coastal RN					
Coastal PT					
York Pedi RN					
York Pedi Therapy					
Cumberland Pedi RN					
Cumberland Pedi Therapy					

Definitions:			
Staffing:	At/above baseline staffing	Below baseline staffing, able to cover	Below baseline staffing, unable to cover
Caseloads:	Caseloads below established target (RN = 25, PT = 15)	Majority of caseloads full, minimal capacity	Caseloads all at maximum, no ability to shift
Pends:	Zero pending referrals with EDD in 48 hours	< or = 5 pending referrals with EDD in 48 hours	> 5 pending referrals with EDD in 48 hours
Waitlist:	< 5 patients on waitlist	5-10 patients on waitlist	> 10 patients on waitlist
Capacity:	Accept all referrals	Accept only (1) referrals for SOC in 48 hours	Unable to accept referrals for SOC in 48 hours

Next Steps:

Recent Adaptations/Improvements:

- No longer counting “pended” referrals when considering capacity due to inconsistency with predicted discharge dates from acute care
- Implemented daily huddles with the scheduling team and the Intake RNs to assist with communication surrounding pending discharges from acute care facilities and complex referrals

Future Work:

- Standardize communications to all referral sources regarding capacity to accept referrals
- Create an Epic Dashboard that will supply daily updates on referrals received, declined and accepted to decrease manual work of data gathering