This report represents Visiting Nurse Services of Connecticut's responses to Charting Impact, a joint project of BBB Wise Giving Alliance, GuideStar USA Inc, and Independent Sector. Charting Impact uses five simple yet powerful questions to encourage strategic thinking and help organizations share concise information about their plans and progress toward impact.

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Mission:
Visiting Nurse Services of Connecticut, Inc., (VNS) a nonprofit health care provider, finds its mission in the provision of quality home health and hospice services to individuals, families and the communities it serves. VNS is committed to the development of a partnership with the patient in the delivery of comprehensive, compassionate care. Our competent and caring staff are guided by: A respect for the dignity and value of life. Patient centered satisfaction.

The content of this Charting Impact Report is the sole product and responsibility of Visiting Nurse Services of Connecticut. This report does not in any way represent an endorsement from Independent Sector, BBB Wise Giving Alliance, or GuideStar, nor does it represent fulfillment of the BBB Wise Giving Alliance's Standards for Charity Accountability. For more information on Charting Impact, visit www.guidestar.org/chartingimpact
1. What are we aiming to accomplish?

Visiting Nurse Services of Connecticut (VNS) is a not-for-profit provider of home healthcare services. We provide a comprehensive range of services to meet patient needs including: skilled nursing; occupational, physical and speech therapy; palliative and hospice care; and home health aides. In addition, our clinical staff includes advanced credentialed nurses with specialized training to address complex patient needs. Our organization objectives include: to assist patients in attaining their optimal health outcomes; to provide dignified and compassionate care for the terminally ill; and to provide access to vital home healthcare services for uninsured and underinsured patients who may not have other accessible care options.

2. What are our strategies for making this happen?

We endeavor to meet our patient-centric philosophy of care by recruiting and appropriately training qualified staff; adopting and implementing best-practice care delivery protocols; and by providing care-delivery staff with the resources and technology capabilities to deliver best practice care. We have a strong clinical management team to ensure adherence and compliance to evidence-supported care protocols. We have a strong commitment to quality reviews and process improvement and continuously assess our outcomes to identify improvement opportunities. We assess our documented patient outcomes against national, regional and peer-group benchmarks to identify any significant variances. We have a robust and inclusive referral network to ensure all residents, particularly the underinsured and uninsured, have access to quality home healthcare services during their time of need. We maintain voluntary accreditation through the Community Health Accreditation Program (CHAP) to ensure that our performance outcomes and processes meet and exceed Centers for Medicare and Medicaid (CMS) quality standards.

3. What are our organization’s capabilities for doing this?

VNS has an experienced and trained staff of 450 committed employees capable of providing quality health and supportive care to a diverse patient census. We operate 24 hours a day / seven days a week and have multiple languages. Our patient outcomes and care delivery is assessed for adherence and compliance with adopted best patient protocols by an experienced clinical management staff. In June 2013, VNS transitioned to electronic health records (EHR) and equipped our nursing and therapy staff with portable tablets providing real-time access to clinical decision-support systems and connectivity to clinical supervision and other members of the patient’s health team while they are with the patient in the patient’s home.

4. How will we know if we’re making progress?

VNS assesses patient contact processes and outcomes through both internal and external auditing, patient surveys and oversight designed to continuously improve point of care services and patient engagement. We have a Total Quality Management Program which includes compliance monitoring, performance improvement activity coordination, and outcome measurement and management. We also manage patient contact processes to satisfy mandated and voluntary accreditation standards. We contract with an external vendor for an independent patient satisfaction survey, the results of which are used to enhance patient care, including process and policy revisions. Similarly, VNS uses external benchmarks such as the CMS’ reporting of Outcome Based Quality Improvements (OBQI) for specific care indicators. The instrument/data collection tool used to collect and report performance data by home health agencies is called the Outcome and Assessment Information Set (OASIS). Since 1999, CMS has required certified home health agencies to collect and transmit OASIS data for all adult patients whose care is reimbursed by Medicare and Medicaid. OASIS data are used for multiple purposes including calculating several types of quality reports which are provided to home health agencies to help guide quality and
performance improvement efforts. VNS also utilizes a home health software program to evaluate concurrent patient outcomes and monitor trends in a timely manner. If outcome trends are below target, a performance improvement project is initiated with a subsequent implementation plan revising clinical practices to achieve the desired change in outcomes. These processes are used to measure outcomes in all of our patient populations. Results for the most recent year indicate that we are achieving organizational objectives and assisting patients to achieve their highest attainable health outcomes: (1). VNS has earned repeat designation as a 2012 National HomeCare Elite Agency, an industry designation based on performance, which places VNS at the top tier of all U.S. home health providers; (2). The most recent CMS Patient Experience of Care survey (2012) reports that VNS exceeds national and Connecticut averages on each of the five surveyed topics. (3) The most recent CMS Quality Measures report shows that VNS outcomes meets or exceeds both national and state averages on 14 of the selected 22 indicators. VNS patient outcomes and CMS survey results are publicly accessible at www.medicare.gov/homehealthcompare/.

5. What have and haven't we accomplished so far?

Based on internal and external assessments of patient outcomes, we believe we are meeting agency objectives in delivering quality comprehensive care to the residents of the 54 communities we serve. Along with other healthcare providers in the network, we are reviewing all of our processes to ensure we are doing all that is possible to meet the triple aim of healthcare reform: improved outcomes, increased patient satisfaction and cost-reduction in the delivery of care. While there are a variety of indicators of patient outcomes, we continue to work with hospitals and emerging managed care organizations to reduce the incidence of hospitalization among our patient census. VNS is implementing an Integrated Chronic Care Management (ICCM) protocol for chronically ill patients which to date is showing reductions in the incidence of rehospitalization for at risk patients. We also anticipate that our new point of care integrated technology and software capabilities will improve patient adherence to their recovery plan and result in improved patient outcomes. We are also planning to expand our use of telemonitoring services for chronically ill patients. Telemonitoring provides early detection of conditions requiring intervention and supports the patient's ability to maintain independence at home. We can also report that VNS is providing access to quality home healthcare services for underinsured and uninsured residents in our service area. In the year ending June 2013, 2,000 VNS patients received subsidized services; this included uninsured patients in need of care and patients requiring services for which VNS was not reimbursed.