When Deborah Wesley arrived at Addison County Home Health and Hospice (ACHHH) in New Haven, Vermont, so did Brightree. On day one of the implementation of Brightree’s Home Health and Hospice EMR solution, the VP for Clinical Services witnessed the unfolding of the agency’s overhaul from paper to automation.

“From that first day, I realized this was the perfect partnership for us,” she recalls. “Addison was moving from a completely manual documentation process and had completed extensive research to find a vendor that met the organization’s needs exactly. I’ve been in home health care for almost 30 years, and Brightree is the first vendor to go above and beyond throughout the entire process to ensure our success.”

The challenge: transitioning from 100% paper and prior systems

At ACHHH, the hurdles to EMR adoption were sky high. Several years ago, the agency had tried another system; when the system failed, they resorted back to paper. That meant a return to redundant, duplicative processes, forms in triplicate and poor inter-disciplinary communication. Additionally, ACHHH was exposed to a lot of risk if the organization was audited.

“Because we were 100% paper, referrals were written on paper and photocopied five times, and notes on the patient never came together,” Wesley states. “We were documenting in isolation. Home health used power books as typewriters with paper notes printed and filed, and our hospice team hand wrote everything.”

As ACHHH began an in-depth ROI process to evaluate an EMR system, the administration knew they had to get it right this time around to ensure clinician buy-in.

“The environment at the agency was similar to post-traumatic stress syndrome,” recalls Wesley. “The previous experience had been such a catastrophe that clinicians wanted nothing to do with computers or any automated process. They actually told us, ‘We’re not doing this.’”

Another challenge was that ACHHH’s business lines operated in silos with distinct facilities for hospice, home health and long-term care, and no ability to talk to each other.

“Even scheduling was done on paper and chalkboards, and there was no dialogue between nurses, aides, PCAs and case management,” says Wesley. “We had many instances where PCAs were sent to a home where the patient had either died or been admitted to the hospital.”

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Deborah Wesley, VP for Clinical Services
The solution: finally getting it right with Brightree

After a lengthy year-and-a-half evaluation of EMR vendors for home health and hospice, ACHHH selected Brightree for its ease of use for clinicians, ability to truly capture the care that is provided, and integrated clinical and financial applications for improved billing and reimbursement.

Because ACHHH was transitioning from a paper system, the implementation strategy included using the training module to the fullest extent. Every recertification and admission was loaded into the test unit, and every clinician used Brightree for their documentation prior to the “go live” date.

“This allowed maximum exposure for all staff from intake to final claims,” notes Wesley. “And while it was labor-intensive, the payoff was great. When we were ready to go live, 100% of our clinicians and staff were proficient and comfortable in Brightree.”

And they’ve never looked back. Clinicians, Wesley reports, are ecstatic. Previously, every employee had to drive to the office and spend two hours there writing out a paper schedule, getting assignments and shuffling patients before going out into the field. Today, everyone synchs from home. That ability plus a streamlined assessment process gives more time to spend with patients. The on-call process has also been overhauled now that the on-call nurse can have up-to-minute information on medications, etc.

“Nurses now tell me, ‘I’m excited to be here,’” relays Wesley. “Brightree has completely transformed every layer of our agency from job satisfaction to patient outcomes.”

Executives at ACHHH are equally thrilled with the home health and hospice solution because the Brightree data allows them to make budgetary decisions based on actual live data such as visit productivity. And the billing interface with Optum facilitates timely billing.

“We can now accurately account for visits to the episode and can look at true costs of hospice in terms of medications and supplies,” Wesley adds.

The results: transforming patient care

Because it streamlined all workflow processes, including clinician documentation at the point of care, Brightree Home Health and Hospice has better equipped ACHHH to serve the needs of their patients across multiple care settings.

“Most importantly, the quality of our patient care has been transformed with our EMR,” reports Wesley. “Brightree allows real-time data to be shared among disciplines, which enhances communication and coordination of the care we provide to our patients.”

For instance, a long-term care nurse can now read the electronic notes of the home health nurse to know that the patient is in the hospital. This improved communication and transparency also translates into meeting regulatory requirements including health information exchange.

Financials have come into play as well with timely input of clinical data and reduction in the close time of bills. Nurses are out in the field on their iPads, which has dropped mileage costs in half. And with access to accurate reports, the agency has reduced hospice care costs by 50%.

“We are seeing better outcomes in our data and realizing better financial outcomes because we are delivering the care more appropriately and more efficiently.”

And when it comes to partnership, Wesley couldn’t imagine a better one.

“We haven’t had one issue or challenge from intake to discharge. Brightree’s responsiveness and attentiveness to our needs and anxieties was a key piece to this success. They were there with best practices for all of our processes. They were there with what they’ve seen. They were there with what they knew. They were there with a system that makes sense to clinicians.”

Deborah Wesley, VP for Clinical Services

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