

Quality Counts

Arizona Home Health Quality Initiative

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What's New

2007 AAHC Workshops

Supervisory Skills/Hiring
Strategies—February

ICD-9 Coding—April

HHABN/OASIS—August

Telehealth—September

ICD-9 Coding—October

Visit <http://www.azhomecare.org>
for more information.

Oral Medications—M0780

Everything you wanted to know, but were afraid to ask

M0780 refers to the patient's *ability* to prepare and take all prescribed oral medications *reliably and safely*, including administration of the correct dosage at the appropriate times/intervals. *The patient's compliance and willingness is NOT being measured.*

Staff education is essential for accurate assessment of this OASIS item. The following strategies and Q and A list can help educate staff members on procedures to make the correct coding of M0780 easier.

Assessment Strategies

- A *combined observation/interview* approach with the patient or caregiver is required to determine the most accurate responses for this item.
- *Observe* the patient opening medication containers.
- *Ask* the patient to state the proper dosage for each medication and the correct times for administration.
- The *cognitive/mental status and functional assessments contribute* to the appropriate response to this item. If the patient's ability to manage medications varies from medication to medication, *consider the total number of medications and the total daily doses in determining what is true most of the time.*

(Continued on page 2)

Happy Holidays From the Staff at HSAG!



We wish each and every one of you a very happy and healthy holiday season!

We appreciate all of your efforts and look forward to working with all of you in 2007!

M0780 Q and A list

Q: Some assisting living facilities require that facility staff administer medications to residents. If the patient appears able to take oral medications independently, how would the clinician answer M0780?

A: M0780 refers to the patient's ability to take the correct oral medication(s) and proper dosage(s) at the correct times. Your assessment of the patient's vision, strength, and manual dexterity in the hands and fingers, as well as cognitive ability, will allow you to evaluate this ability despite the facility's requirement. You would certainly want to document the requirement in the clinical record.

Q: When scoring M0780, should medication management tasks related to filling and reordering/obtaining the medications be considered?

A: No. Tasks related to filling and reordering/obtaining medications are considered part of the instrumental activity of daily living—shopping tasks—and they are evaluated during the scoring of M0760.

Q: When scoring M0780, should assessment include only prescription medications? Or should over-the-counter medications be included as well?

A: Scoring of M0780 should include all oral medications, prescribed and nonprescribed, that the patient is currently taking and that are included on the plan of care.

Sources: Chapter 8: OASIS in Detail, Implementation Manual (December 2002) pg. 8.103. and CMS QTSO Q & A worksheets (4/25/2003), accessed at <https://www.qtso.com/hhdownload.html>.

CMS Open Door Forum

The next CMS Home Health, Hospice & DME Open Door Forum is scheduled for:

Wednesday, December 20, from noon to 1:00 p.m.

To participate, call 1-800-838-1935 and reference Conference ID 7362274.

Tip of the Month: Telehealth

Consider phone monitoring for patients at high risk for hospitalization

Telehealth is a broad term that is used to describe three basic modes of interaction with home care patients:

1. **Teletriage**—patients call into a home care agency when they have a problem they need to discuss. This is a nonscheduled, patient-driven call. Most home care agencies have been providing this service for many years, although this intervention may not have a formal process.
2. **Phone monitoring**—planned calls from the home care agency to the patient or caregiver. These calls have the specific intent of monitoring and educating patients in self-management of their disease.
3. **Telemonitoring**—high-tech monitoring equipment is placed in a patient's home and uses computer connections and software to enable clinicians to monitor patients from a distance.

If your agency does not have the resources for telemonitoring, consider phone monitoring. This can provide interventions for patients at high risk without the cost of high-tech equipment. Phone monitoring can be successfully paired with a disease management program and can be implemented in a relatively short period of time.

Evidence shows that patient interventions between home care visits can directly reduce rehospitalization rates. Steps to implementing phone monitoring as an intervention include:

1. Establishing a phone monitoring policy.
2. Identifying patient selection criteria.
3. Providing a system for documentation of calls.
4. Educating staff on phone monitoring policies and procedures.
5. Designating/Assigning staff to make planned calls.

6. Educating patients and caregivers on phone monitoring interventions.
7. Identifying an evaluation mechanism.

For more information on implementing telehealth in your agency, visit MedQIC and download the [Home Telehealth Reference 2007](#).

HSAG encourages agencies to consider phone monitoring as an important strategy that can improve the quality of care provided to patients and reduce rehospitalization rates. Please contact Caralyn Williams or Pam Sensky at HSAG for more information or assistance with implementing phone monitoring in your agency.

For additional information on disease management tools, visit HSAG's Home Health Quality Initiative (HHQI) Web site at http://hhqi.hsag.com/disease_management1.asp.

Obtain Preview Reports Via CASPER

HHA Preview Reports now on Home Health Compare

HHA Preview Reports were made available to agencies on November 11, 2006, and covered July 1, 2005–June 30, 2006. Reports will be made available each year (mid-November to mid-December) covering July 1 of the previous year through June 30 of the current year. Reports are posted in CASPER under the folder labeled MY INBOX* prior to public posting on *Home Health Compare*.

To access Preview Reports:

- Log into CASPER via the OASIS transmit system Welcome Page (the ID and password are the same as submitting OASIS).
- Select the Folder tab.
- Select MY INBOX.
- Select Report link.

* The CASPER folder is called MY INBOX, which is not the same place where the OBQI/OBQM reports are located.

One Agency's Success Story

Focused attention fuels HHA's QI efforts

The staff members at a Washington-based home health agency (HHA) have reason to be proud of their quality improvement (QI) efforts. The agency rates above the national benchmarks on nearly every publicly reported measure on [Home Health Compare](#). In addition to receiving high marks across the board, officials at the facility say they continue to make steady improvements beyond the levels already posted online.

A QI coordinator at the agency attributes the success to having a committed staff, possessing a deep understanding of the Outcome-Based Quality Improvement (OBQI) numbers, and maintaining a multi-pronged, long-lasting campaign to raise awareness among staff members about QI efforts.

Initially, the agency struggled with all the data that make up the OBQI effort. The agency worked with staff members from their state's Quality Improvement Organization (QIO)—HSAG is Arizona's QIO—to help guide them through the data. This helped the agency gain a better understanding of what the reports mean and how to use the data to find root causes of problems. This increased knowledge had a ripple effect: other staff members can look at the data and immediately see where progress is being made or where progress is stalled.

The OBQI reports help the agency focus attention on where it is most likely to have an impact. For example, the agency might decide to research a particular result, going back through patient charts to determine what caused a measure to go up or down. Armed with that information, the agency can more effectively work with the agency's performance improvement council to develop best practices and determine what message needs to be relayed to the rest of the staff.

To bring about change, the agency doesn't simply send a memo and hope change occurs. It uses a combination of methods to get the word out again and

again. The agency uses staff meeting presentations and handouts, and schedules one-on-one education sessions if expected results during chart audits are not seen. Contact Caralyn Williams or Pam Sensky for information on how to create this kind of success in your agency.

Source: *Qualis Health, 2006*

Patient Awareness Campaign

HSAG informs Medicare beneficiaries of appeal rights

HSAG has recently launched a patient awareness campaign on Medicare beneficiary appeal rights. The campaign educates beneficiaries on their rights to appeal the decision when payment is discontinued for skilled nursing facility care, home health care, hospice care, or comprehensive outpatient rehabilitation facility care. Stay tuned for more information.

Home Health Compare Update

The next *Home Health Compare* update is scheduled for Thursday, December 21.

Please note that the data period is only ONE month more recent than the period posted with the September 2006 release.

Winter Resources on MedQIC

SBAR Series

Situation-Background-Assessment-Recommendation package designed to improve communication.

ACH Clinical Resource Kit

Patient-centered tools and resources organized by best practices.

Home Telehealth Reference 2006/2007

Resources designed to assist agencies with improving processes for home health teletriage.

Immunization Toolkit 2006

Resources featuring current information and resources for influenza and pneumococcal immunizations.

ACH Promotional Package

Resources and tools to assist agencies in promoting ACH improvement with physicians, other medical professionals, and the general public.

Visit MedQIC's home health section at <http://www.medqic.org> for more information and downloadable resources for your home health agency.

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Visit HSAG's Home Health Quality Initiative (HHQI) Web site at <http://hhqi.hsag.com>

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