

Quality Counts

Arizona Home Health Quality Initiative

In This Issue

CMS Open Door Forum	2
Register for the HHQI National Campaign	2
A Therapist's Guide to Recognizing Med Problems in Therapy-Only Patients	3
Control Pain, Reduce Hospitalizations	3
Home Health Compare Update	4
Winter Resources on MedQIC	4
HSAG Home Health Team Contact Information	4

What's New

Home Health Compare Updates on STAR

Agencies can log on to the STAR Web site, <http://www.hhqi-star.org>, to view their publicly reported quality measures, update appropriate targets, and track progress over time.

Set Targets-Achieve Results today!

Performance Gaps

Getting staff members to implement agency strategies

All agencies have used quality improvement techniques in an effort to improve patient care, but how can your agency go one step further? Analyzing your agency's CASPER data to determine an area that needs improvement and developing a plan of action (POA) using best practices is a lot of work. In some ways, it is just the beginning of the work. Asking agency staff members to implement agency POA strategies can be the most challenging part of the OBQI process, but it is a necessary next step.

What can be done about the performance gap that exists between the POA and the implementation of POA strategies? A method for understanding behavior called Human Factors identifies the "Big 3" categories for performance gaps:

1. The plan itself was inadequate to achieve the desired outcome.
Planning errors example: expecting a complete assessment via a standardized form without training staff members in its use.
2. The plan was not executed properly.
Execution errors example: staff members are not aware that the agency expectation for an initial assessment for ambulation includes demonstration.

(Continued on page 2)

Save the Date!

Upcoming HSAG Learning Session

Don't miss HSAG's next Home Health Learning Session

Tuesday, February 27

9:00 a.m. to 3:00 p.m.

More information coming soon!

3. There was a deliberate departure from the plan.
Violation of plan: deviation from plan is deliberate, but negative consequences are not intended.

What MAY NOT work

- Training and education
- Reminders
- Prompts
- Memory aids
- Punishment

Why? Behavior is a product of consequences and positive consequences are most powerful.

What MAY work

- Redesigning work to eliminate frustrations
- Using policies and rules only when necessary
- Giving positive feedback for desired behavior

How to apply Human Factors to the real world of home care

- Take a critical look at agency processes.
- Identify places where the Human Factors model can show the reason for the “gap.”
- Address barriers to implementation for agency strategies.

For more information on Human Factors and how this model can help agencies address performance gaps, please visit the Knowledge Net Presentation on home health emergent care posted on [MedQIC](#).

CMS Open Door Forum

The next CMS Home Health, Hospice & DME Open Door Forum is scheduled for Tuesday, January 30.

These forums address issues related to home health PPS, the newly proposed competitive bidding for DME, and the Medicare hospice benefit. Many issues covered bridge concerns with all these settings.

Visit http://www.cms.hhs.gov/OpenDoorForums/17_ODF_HHHDME.asp for more information.

Register for the HHQI National Campaign

What is it?

The Home Health Quality Improvement (HHQI) National Campaign 2007 is a grassroots collaborative quality improvement effort among home care leaders and Quality Improvement Organizations (QIOs—HSAG is Arizona’s QIO). The Campaign seeks to unite the home care community under the shared vision of reducing avoidable hospitalizations to improve patient quality of care. Home health agencies participating in the Campaign will work to reduce the number of avoidable hospitalizations while improving clinical outcomes and patient satisfaction.

The Campaign will provide participating agencies with free tools, resources, guidelines, success stories, best practice education materials, and data to support improving the quality of care as measured by reducing avoidable hospitalizations. This will be accomplished through the electronic distribution of monthly best practice [intervention packages](#) to participating agencies.

All home health agencies are invited to participate in this free, educational offering. There are no prerequisites, and no previous quality improvement experience is required to participate.

How do agencies register?

Home health agencies simply go to the Campaign’s Web site, <http://www.homehealthquality.org>, to register as a participant. Campaign registration begins on January 11 and is ongoing. Agencies that register between noon on January 11 and midnight on January 12 will receive Premier status.

Why participate?

Patients desire and prefer to stay at home whenever possible. Being hospitalized can create unnecessary financial and emotional burdens for patients and their families and can negatively impact the health care delivery system.

(Continued on page 3)

Currently, more than one in four home health patient episodes results in a hospitalization.

In addition, this Campaign will help agencies:

- Optimize performance.
- Cope with staff turnover.
- Continue to improve acute care hospitalization rates.
- Demonstrate a commitment to quality and improved patient care.
- Work collaboratively with state and national home health stakeholders to reduce hospitalizations.

Don't forget to [register](#) today!

Sources: <http://www.homehealthquality.org>.
Home Health Quality Improvement Campaign Info Sheet, 2007

A Therapist's Guide to Recognizing Med Problems in Therapy-Only Patients

New onset of any of these symptoms may be a drug reaction

- Nausea, vomiting, diarrhea
- Unusual lethargy
- Confusion
- High/Low blood pressure
- Unusually high/low glucose
- Rash
- Dizziness
- Unexplained falls
- Vision changes
- Ringing in ears

Common side effects

- Forgets to take meds
- Meds are lost/stolen
- Doesn't want to take meds
- Doesn't understand what to take
- Can't afford to buy meds
- Doesn't "need" meds
- Doesn't understand what to take

Basic solutions: Call in reinforcements

- Call 911 if the situation is life-threatening.
- Call the doctor, inform him or her of what's happening, and get a referral for nursing/other discipline if the situation is severe.
- Call your nurse manager for advice if the situation is mild or nonurgent.

Source: QSource, 2006.

Control Pain, Reduce Hospitalizations

Principles of pain management

Did you know that pain is the most common reason for seeking medical attention and for admission to palliative care units? By improving pain management and the undertreatment of pain in home health patients, agencies can help decrease hospitalizations and the cost of inadequate pain relief.

Pain decreases mobility, ability to perform ADLs, and quality of life. In addition, pain increases the risk of infection, thromboembolism, myocardial oxygen needs, and physiologic stress, among other things. It is important that agency staff members know the patient's goals with respect to pain management and employ principles to help keep patients from ending up in the hospital.

The American Pain Society (APS) has developed 12 Principles of Pain Management to help health care providers manage pain in patients under their care and avoid barriers to effective pain management.

APS 12 Principles of Pain Management

1. Individualize dose, route, and schedule.
2. Use around-the-clock dosing.
3. Look at the selection of opioids.
4. Use adequate dosing for infants/children/geriatric population.
5. Follow patients closely.
6. Use equianalgesic dosing.
7. Recognize and treat side effects.
8. Be aware of hazards of Demerol and mixed agonist-antagonists.
9. Watch for the development of *tolerance* (more drug is needed to produce the same effect over time).
10. Be aware of *physical dependence* (the body becomes used to the drug over time, and suddenly stopping it will cause symptoms of withdrawal).
11. Do not label a patient *addicted* (uncontrollable

use of a drug). Look at *pseudoaddiction* (drug seeking due to inadequate pain relief).

12. Be aware of the patient's physiological state (what else is going on?).

In addition to these 12 principles, you may also use the following effective pain management strategies:

- A. **Ask** about pain regularly and **assess** pain systematically.
- B. **Believe** the patient and family.
- C. **Choose** pain control options appropriate for the patient, family, and setting.
- D. **Deliver** interventions in a timely, logical, and coordinated fashion.
- E. **Empower** patients/families and **enable** them to control the course of their care.

Sources: American Pain Society, <http://www.ampainsoc.org/ce/enduring.htm>. Fink R, Gates, R. Pain assessment. In: Ferrell BR, Coyle N, eds. Textbook of Palliative Nursing 2nd ed. NY, NY: Oxford University Press; 2006; 131-154.

Home Health Compare Update

Home Health Compare was updated on 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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