

Quality Counts

Arizona Home Health Quality Initiative

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Home Health STAR: “Setting Targets Achieving Results”

Call HSAG to begin using this free Web resource today!

Home Health STAR is a Web site that allows registered home health agencies (HHAs) to view their publicly reported quality measure scores, select appropriate targets, and track their progress over time—all in one place! Additionally, HHAs can access and print trending graphs of progress toward their targets, set new targets, and watch the improvement process with minimal effort. The data on HH STAR corresponds with the publicly reported Home Health Compare data periods and has been approved by the Centers for Medicare & Medicaid Services (CMS).

Health Services Advisory Group’s (HSAG’s) goal is to provide HHAs with the tools and information needed to improve the quality of their services. We encourage HHAs to raise the bar for quality by continually reevaluating quality of care and identifying areas for improvement. Become a STAR today!

Registration is free and available to all Medicare- and/or Medicaid-certified HHAs. To register for the HH STAR Web site, please contact Colleen Angotti at 602.745.6295 to get your initial password, then go to <http://www.hhqi-star.org> and create an account. Once your account is created, you will be able to access your data.

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Save The Date:

Home Health
 “Keys For Success”
 Learning Session

August 24 at HSAG

More details coming soon!

Did You Know . . .

. . . The OASIS download Web site, <https://www.qtso.com/hhdownload.html>, contains “OASIS Q and As” as well as additional clarification by CMS on how to code OASIS items?

(Note: you will need your Medicare/Medicaid provider number when creating an account). If you need assistance with this process, do not hesitate to contact Colleen. Arizona nursing homes have been using STAR for over a year to successfully set targets and achieve results!

STAR is for your agency’s internal use; as a result, your registration on this site is completely confidential. Your agency’s name and targets will not be shared with state survey or certification agencies. CMS can only view aggregate or de-identified data.

Tip of the Month:

Informal caregivers and your effort in reducing ACH

Agencies in other states have found that patients with caregivers, especially caregivers outside the home, tend to end up in the hospital more often. Extended caregivers tend to panic and refer their loved ones to the ER, rather than looking at other options.

To assist your efforts in reducing acute care hospitalization (ACH), you might consider creating a letter to “family and caregivers of patients” that reinforces calling the home health agency with questions or concerns, reminds them of the agency’s 24-hour availability, and informs them of the agency’s ability to navigate “the system” to get answers more quickly. Talk to the patient at admission to get the name and address of the primary caregiver outside the home and mail the letter directly to their caregiver.

Source: Lisa Musgrave, RN, BSN, Primaris

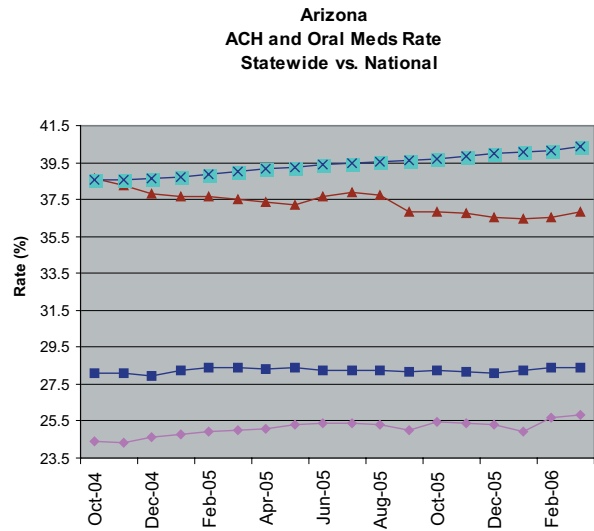
Marianne Canady Retires

After eight years at HSAG, Marianne Canady is retiring. Marianne has most recently served as the Director of Home Health Quality and will be greatly missed. Her commitment to quality improvement will have a lasting impression on all of us.

Andrea Silvey, PhD, MSN, will serve as the Acting Director, Home Health Quality.

New Tools Help Reverse Current Trends for Reducing ACH and Improving Oral Medication Management

The chart below shows the most current data available for Arizona. The ACH rate is going up and the oral medication management rate is going down—the exact opposite of what should be happening. HSAG is committed to helping providers actively troubleshoot and investigate the potential barriers and case-mix characteristics that may be contributing to this pervasive trend. A new Case Mix Analysis Tool is available, along with a new Best Practice Monitoring Tool. Both are very user friendly and designed to be integrated into already established agency auditing practices. You don’t have to reinvent the wheel! Contact Colleen Angotti at 602.745.6295 for more information and assistance with obtaining and utilizing these valuable time-savers.



Time
 —●— ACH AZ Statewide —■— ACH National
 —▲— OralMeds AZ Statewide —×— OralMeds National
 Data Source: OBQI Roll-Up Reports, June 2006

Data Source

Update on the Revised HHABN

CMS has now finished its review of the latest round of comments and made appropriate changes to the HHABN form and instructions. Consistent with the

Paperwork Reduction Act process, CMS is now issuing the revised documents for further public comment before making them final. The revised form and instructions are available for public review and comment at <http://www.gpoaccess.gov/fr/>.

(Note: inserting the page number—36097—in the quick search criteria, and then selecting the third item listed will bring up the start of the announcement.) Comments will be accepted until July 24, after which final approval of the new HHABN is anticipated.

In addition, please note that a new set of HHABN Q and As are posted on the CMS Web site at <http://www.cms.hhs.gov/BNI>.

SBAR

A valuable communication tool to assist HHAs

SBAR creates a shared mental model for effective information transfer by providing a standardized structure for concise factual communications among

Focus on Enhancing Care for Older Adults Free Webcast

Thursday, July 20, from 10:00 to 11:45 a.m.

Focus on Enhancing Care for Older Adults is a 75-minute Webcast presentation, which will be followed by an interactive question-and-answer session, designed to provide health care organizations with:

- An increased understanding of the unique health care needs of older adults.
- Insight into the challenges of effective care management and ways to improve the quality of older adult health care.
- Examples of quality improvement activities by health plans and organizations, which address key issues in the care of older adults.

Register by calling 1.866.330.7335 or visiting <http://www3.extendmed.com/qualityprofilesolderadults>.

clinicians (nurse-to-nurse, doctor-to-doctor, or between nurse and doctor).

SBAR stands for:

S * Situation: What is happening at the present time?

B * Background: What are the circumstances leading up to this situation?

A * Assessment: What do I think the problem is?

R * Recommendation: What should we do to correct the problem?

SBAR can be used by agencies to assist in communication. The following are guidelines for using SBAR to communicate with physicians:

1. Use the following modalities according to physician preference, if known:

- Direct page (if known)
- Physician's call service
- During weekdays, the physician's office directly
- On weekends and after hours during the week, use physician's home phone
- Cell phone

Before assuming that the physician you are attempting to reach is not responding, utilize all modalities.

2. Prior to calling the physician, follow these steps:

- Assess the patient before calling.
- Discuss the situation with resource nurse or preceptor.
- Review the chart for appropriate physician to call.
- Know admitting diagnosis and date of admission.
- Read the most recent progress notes.
- Have available the following when speaking with the physician: patient's chart, list of current medications, allergies, IV fluids, labs, and most recent vital signs.
- Reporting lab results: provide the date and time test was done and results of previous tests for comparison.
- Code status.

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3. When calling the physician, follow the SBAR process:

(S) Situation: What is the situation you are calling about?

- Identify yourself.
- Briefly state the problem, what it is, when it happened or started, and how severe it is.

(B) Background: Pertinent background information related to the situation could include the following:

- The admitting diagnosis, pertinent medical history, and date of admission
- Current medications, allergies, IV fluids, and labs
- Most recent vital signs
- Lab results: provide the date and time test was done and results of previous tests for comparison
- Other relevant clinical information
- Code status

(A) Assessment: What is the caller’s assessment of the situation?

(R) Recommendation: What is the caller’s recommendation or what does he/she want?

- Medication change

- Patient needs to be seen
- Order change/wound care orders

4. Document the change in the patient’s condition, physician notification, and response.

To download the model, go to: <http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.htm>.

Are You Using MedQIC?

MedQIC is sponsored by the Centers for Medicare & Medicaid Services (CMS) to support and promote its Medicare Quality Improvement Program and its contractors, the Quality Improvement Organizations (QIOs), in helping Medicare providers deliver the right care to every Medicare beneficiary, every time. MedQIC fosters a community-based approach to quality improvement. The information found on MedQIC includes provider and QIO interventions that can change processes, structures, or behaviors in health care settings. In addition, various tools, literature, and success stories are available for MedQIC users to study and implement in their own quality improvement efforts. Check it out! <http://www.medqic.org>.

HSAG Home Health Team Contact Information

Mary Fermazin, MD, MPA Vice President, Health Policy & Quality Measurement mfermazin@hsag.com 602.745.6207	Andrea Silvey, PhD, MSN Acting Director, Home Health Quality asilvey@azqio.sdps.org 602.665.6135	Caralyn E. Williams, MOAM Quality Improvement Specialist cewilliams@azqio.sdps.org 602.745.6284
Colleen Angotti Administrative Assistant II cangotti@azqio.sdps.org 602.745.6295	Dawn Holata, BS Communications Project Manager dholata@azqio.sdps.org 602.745.6316	Home Health Quality Improvement Web Site http://hhqi.hsag.com

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