

# Quality Counts

Arizona Home Health Quality Initiative

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## What's New

### HH Compare Refresh Schedule

Home Health (HH) Compare is refreshed quarterly. The 2007 refresh schedule is as follows:

Refresh Date	Reporting Period
3/29/07	10/2005–9/2006
6/28/07	1/2006–12/2006
10/27/07	4/2006–3/2007
12/20/07	7/2006–6/2007

## Oral Medication Management

### Understanding how the measure is calculated

Understanding how the oral medication management (OMM) measure is calculated will lead to strategies designed to improve patients' management of their medications. The OMM rate found on the Home Health Compare and STAR Web sites is calculated as follows:

**Numerator** = Patients at discharge whose MO780 score is numerically lower than at SOC or most recent ROC during the 12-month period under consideration (patient is less impaired at discharge).

**Denominator** = Patients who scored 1 or greater on MO780 on the SOC or ROC assessment during the 12-month period under review (patients have the potential to improve in OMM).

**Calculation of observed rate (percentage):**  
(numerator / denominator) x 100.

Ask yourself: If 100 patients could improve and only 30 patients did, what opportunities are agency staff missing that could help the other 70 percent of these patients? This may help agency staff understand the potential for OMM rate improvement.

Armed with this information, identify patients—in real time—that can improve in OMM management. Do this when auditing charts for

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## HSAG's Home Health Keys For Success Learning Session Materials Now Online!

To view and download materials from the February 27 event, visit [http://hhqi.hsag.com/keys\\_for\\_success\\_materials\\_feb07.asp](http://hhqi.hsag.com/keys_for_success_materials_feb07.asp).

Visit HSAG's Home Health Quality Initiative (HHQI) Web site, <http://hhqi.hsag.com>, for more valuable quality improvement information.

start-of-care or resumption-of-care OASIS (scores higher than 0). Next, identify the clinicians that will be following these patients through the episode. Be prepared to ask the clinicians what they plan to do to help these patients improve the management of their oral medications.

At first, follow one or two patients to see what the clinicians document and then talk to them about what was actually written down. Challenge their creativity in developing strategies that can be customized to these patients. If staff are stumped, brainstorm solutions and work as a team to come up with solutions. This will build better working relationships, as well as provide patients with the best possible care.

### **Remember, OASIS accuracy is critical to improvement**

- MO780 refers to *ability*, not compliance or willingness.
- *Ability* includes safely taking medications and reliability in taking them at the appropriate times/intervals.
- Assess patients based on their manual dexterity, cognitive ability, and visual acuity.
- Set standards and expectations that assure the use of consistent methods of assessment.
- Identify reasons for nonadherence and include other disciplines to assist the patient.
- Educate physical therapists on how to evaluate oral medication adherence.
- Simplify the patient's medications.

### **Medicare Appeals: Provider Information**

Coming soon! HSAG's new Medicare provider Web page will contain information about Fee-for-Service and Medicare Advantage benefits.

Providers will be able to view the latest information on:

- The beneficiary notices initiative (BNI).
- Managed care appeals and grievances.
- Sample notice forms (downloadable).
- The Federal Register (BIPA) Regulation.

- Collaborate with other disciplines such as occupational therapy and social workers to problem solve and identify adherence issues.

If you have questions regarding the calculation of the OMM measure or strategies to help improve your agency's OMM rates, please contact Caralyn Williams, MAOM, or Pam Sensky, RN, at HSAG.

Source: <http://www.hhqi-star.org>; *My Data Comparison*; 3/2006.

### **Using Data to Drive QI Processes**

Home health agencies are encouraged to use their data to drive quality improvement (QI) processes and improve publicly reported outcomes. Becoming familiar with and reviewing different data sources is the key to understanding trends and factors that may impact your agency's ability to improve outcomes.

All OBQI data comes from raw OASIS assessments required for all Medicare/Medicaid agencies. This data is submitted to the state and transmitted to the CMS National OASIS Repository where the data is transformed into patient episodes of care that cover a 12-month period. The following are OBQI data sources.

#### **OBQI Outcome Reports from CASPER**

Available to HHAs, state agencies, CMS, and QIOs:

- Risk-Adjusted Outcome Report
- Descriptive Outcome Report
- Patient-Level Tally Outcome and Tally Case Mix Reports
- Case Mix Analysis Summary Report (now on CASPER)

#### **Home Health Compare**

- <http://www.medicare.gov/HHCompare/Home.asp>
- Publicly reported data that provides HHAs with performance data to use for QI and monitoring of performance changes over time
- Risk-adjusted outcome rate of all patients served by providers

- OASIS public state and national means
- <http://www.cms.hhs.gov/apps/hha>

### Home Health STAR Web site

- Set targets for publicly reported measures and track achievement of targets over time
- Agency-level quality measure trend reports
- National quality measure percentiles

*Note: The STAR data update did not occur as originally planned following the December 2006 Home Health (HH) Compare Update. Due to the change in the reporting period, the HH Compare data no longer matched the format required by the STAR Web site. Per CMS directions, the STAR site simply skips the data update that corresponds with the December 2006 HH Compare period. The next update will take*

*place following the March 29 HH Compare update and will include data from October 1, 2007–September 30, 2006. Look for the STAR update around mid-April.*

If you have not registered on STAR, contact Caralyn or Pam at HSAG to receive your initial registration password.

*Source: HHQIOSC CoP call presentation, S. Hunt, 6/20/06.*

### SBAR Toolkit Launch Event

According to JCAHO, communication failure has been implicated in 63 percent of all sentinel events as the leading root cause, surpassing orientation and training. Join the Arizona Hospital and Healthcare Association's Safe and Sound patient safety initiative for the **SBAR Toolkit Launch Event on Wednesday, April 25, at the Phoenix Zoo.**

Safe and Sound will present the SBAR Communications Toolkit to Arizona hospitals to encourage statewide support and adoption of SBAR communication principles. To reserve your space at this event, contact Kathy De Lisle at [kdelisle@azhha.org](mailto:kdelisle@azhha.org) or 602.445.4325.

### HHQI National Campaign Update

#### **Best Practice Intervention Package now available**

The 2007 Home Health Quality Improvement National Campaign initiative is gaining momentum, thanks to a nationwide commitment from home health agencies dedicated to reducing acute care hospitalizations (ACH). The campaign—a grassroots quality improvement collaborative effort among home care leaders and quality improvement organizations—has just released its first Best Practice Intervention Package for hospital risk assessment.

The theme: Keep it simple! Don't worry about implementing the entire package, simply select a few items to implement from each track. The package is designed to educate agency staff members and create awareness of ACH best practices.

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### **Advancing the Collaboration Across the Continuum of Care**

Mark your calendars and join your colleagues from various health care settings for two exciting events:

#### **2007 Reducing Pressure Ulcers Summit on May 23**

Black Canyon Conference Center  
9940 N. 25th Avenue, Phoenix, AZ 85021

#### **2007 Reducing Restraints Summit on June 27**

Desert Willow Conference Center  
4340 E. Cotton Center Boulevard, Phoenix, AZ 85040

Join the Arizona Association for Home Care, the Arizona Association of Homes and Housing for the Aging, the Arizona Department of Health Services, the Arizona Health Care Association, the Arizona Hospital and Healthcare Association, the Department of Economic Security, Health Services Advisory Group, the National Association of Directors of Nursing Administration—Arizona Chapter, and the Office of the Governor in collaboration to reduce the number of pressure ulcers and use of restraints *across all health care settings*, including acute care, long-term care, and home health. Both of these summits will feature leading experts who will share best practices to implement within your organization.

For more information, please call 602.445.4356 or e-mail [edsservices@azhha.org](mailto:edsservices@azhha.org).

Campaign participants can go to <http://www.homehealthquality.org> to access the package. In addition, participants will receive individualized data reports, including ACH benchmarking reports and monthly hospitalizations vs. transfers/discharges reports. These reports contain data as recent as one-and-a-half months old.

If you have not yet registered for the campaign, please visit <http://www.homehealthquality.org> and click on the registration link.

## Documenting Immunization Assessments

### *If it's not documented, it's not done*

Home health agencies should be assessing their patients for immunization status, determining which patients need to be immunized, and ensuring that all of the agency's eligible patients get both influenza and pneumococcal vaccines.

Does your agency have an assessment process in place to ensure that each eligible patient who desires the influenza and pneumococcal vaccinations receives them? Are you documenting your findings?

For sample policies and resources for documentation, download the Immunization Toolkit 2006 on [MedQIC](#).

## NPI Update

Will you be ready to use your National Provider Identifier (NPI)? Time is running out! Failure to prepare could result in a disruption of cash flow. The deadline for providers to implement the new National Provider Identifier (NPI) is scheduled for May 23.

There are some questions regarding mapping the new NPI numbers back to the old Medicare Provider Numbers and when the new NPI numbers will show on the OBQI roll-up and CASPER reports. CMS is working on a crosswalk table to map from the new NPI numbers back to the old.

To apply for an NPI, visit <https://nppes.cms.hhs.gov> or call the NPI enumerartor to request a paper application at 1.800.465.3203.

For more information and education, visit the CMS Web site at <http://www.cms.hhs.gov/NationalProvIdentStand>.

Getting an NPI is free—not having one can be costly.

*Source: Centers for Medicare & Medicaid Services (CMS)*

## HSAG Home Health Team Contact Information

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

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