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Quality Counts

Arizona Home Health Quality Initiative

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What's New

Arizona Association for Home Care (AAHC)

Coding Workshop (New Date)

November 27 from 8:30 a.m. to 4 p.m.
Hilton Garden Inn Phoenix Airport

This one-day workshop will provide an overview of the PPS changes and their impact on coding and OASIS.

Register by visiting http://www.azhomecare.org/cde.cfm?event=181195.

Continuous Quality Improvement for the Future

A glimpse into the QIO program 9SoW

The September issue of *QIO News* recently revealed a glimpse into the Quality Improvement Organization (QIO) program goals for the next three years. The 9th Scope of Work (9SoW)—currently in draft form—will focus on four overarching themes across the care continuum: beneficiary protection, care coordination of patient pathways, patient safety, and prevention.

Beneficiary protection tasks

For the beneficiary protection theme—a Congressional mandate—QIOs will continue to emphasize:

- Utilization review.
- Quality-of-care review.
- Alternative dispute resolution.
- Beneficiary appeals review.
- Potential anti-dumping case review.

Care coordination—patient pathways tasks

The 9SoW will also focus on patient pathways to help Medicare beneficiaries stay healthy as they navigate the many sites of care delivery, including hospitals, nursing homes, home health agencies, and physician offices. This theme will focus on improving coordination across

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Medicare Appeals: Provider Information

To view HSAG's new Medicare provider Web page that contains information about fee-for-service and Medicare Advantage benefits, visit http://www.hsag.com/providers. The page contains information on:

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

the continuum of care, and in particular, on seamless transitions from setting to setting. QIOs will also help providers reduce unnecessary rehospitalizations that both harm patients and drain the Medicare Trust Fund.

Care coordination—patient safety tasks

The patient safety theme will address major areas of patient harm. QIOs will further their current work in:

- Reducing avoidable pressure ulcers and the use of restraints in nursing homes.
- Improving surgical care.
- Reducing the incidence of drug-resistant staph infections in hospitals.
- Improving drug safety.

Care coordination—prevention tasks

With Medicare's added coverage for preventive services in recent years, an emphasis on prevention is needed to increase utilization of these services. QIO activities under this theme will help:

- Improve vaccination rates for flu and pneumonia.
- Reduce the incidence and progression of chronic kidney disease.
- Encourage the use of colorectal cancer screening and mamography.
- Support provider adoption of electronic health records.

The QIO 9SoW is projected to start in August 2008. More information on the 9SoW and associated topics will be provided as it becomes available.

Source: QIO News*, September 2007.*

HHQI National Campaign Update

As of November 5, over 5,500 agencies have registered for the Home Health Quality Improvement (HHQI) National Campaign. This represents the majority of all Medicare-certified home health agencies in the country. Thanks for all your hard work and dedication to reduce avoidable hospitalizations!

New Fall Prevention BPIP now available

The latest HHQI National Campaign Best Practice Intervention Package (BPIP) on fall prevention is now available for download by visiting http://www.homehealthquality.org/hh/hha/interventionpackages/falls_prevention.aspx.

The Leadership Track of this BPIP will help agencies identify the key priorities of a fall-prevention program, recognize the potential impact of the **lack** of a fall-prevention program on an agency's acute care hospitalization (ACH) rate, and initiate and/or enhance a structured fall-prevention program.

This BPIP discusses the four Cs approach to evaluating and developing a fall-prevention program. This approach states that fall prevention must be Consistent, Cross disciplines, be Coordinated, and address Culture differences.

In addition, there are four fall-prevention program priorities in this BPIP, which include:

- Fall risk assessment.
- Proactive interventions.
- Patient/caregiver education.
- Program evaluation.

Falls . . . Impact on ACH

- In 2003, there were more than 309,500 hospital admissions for hip fractures (*NCHS 2006*).
- In 2000, nearly **two-thirds** of the costs for nonfatal fall injuries were for those needing hospitalization (*CDC*).
- Falls were a major reason for 40 percent of nursing home admissions (*AGS*).

A nine-minute PowerPoint with video on the fall prevention BPIP is also available on the campaign's Web site by visiting
http://www.homehealthquality.org/hh/hha/interventionpackages/falls_prevention.aspx.

Source: http://www.homehealthquality.org.

Embracing PTAs in Home Health

Physical Therapist Assistants (PTAs) can be a wonderful way for home health agencies (HHAs) to provide a vital service to patients during a nationwide shortage of therapists. Using PTAs has numerous

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other benefits, including lower salary costs, increased treatment specialization, and increased staff diversity.

Last fall there was a lot of excitement in the home health community as the State of Arizona finally allowed general supervision for PTAs. Initially, everyone thought PTAs would be waiting and ready to explore these new home health opportunities. But once the laws were passed, most HHAs noticed there were no PTAs to be found! What happened?

Medicare Announces Plans for HH P4P Demo

The Centers for Medicare & Medicaid Services (CMS) recently announced plans for a home health pay-for-performance (P4P) demonstration, an important new step in its drive to become a more effective purchaser of quality health care.

CMS will begin soliciting home health agencies (HHAs) for the project this fall with the actual demonstration performance period to begin January 1, 2008. The demonstration will operate for two years in seven states: Connecticut, Massachusetts, Alabama, Georgia, Tennessee, Illinois, and California.

Under the demonstration, HHAs will be eligible to receive incentive payments if their quality improvement efforts result in the highest performance levels or in significant improvements in patient outcomes.

Seven quality measures from the existing OBQI set will be used to evaluate HHA performance so that HHAs will not have to submit additional data to participate.

The measures are:

- Incidence of Acute Care Hospitalization.
- Incidence of Any Emergent Care.
- Improvement in Bathing.
- Improvement in Ambulation/Locomotion.
- Improvement in Transferring.
- Improvement in Status of Surgical Wounds.
- Improvement in Management of Oral Medications.

For additional information, please visit http://www.cms.hhs.gov/apps/media/press_releases.asp.

Rules and regulations governing the use of PTAs have been changed several times since they were first introduced and passed. This has resulted in a lack of forward movement by HHAs to embrace on-staff PTAs. To help clarify the new laws, the most commonly asked questions are answered below.

How often does the PT need to see the patient?

Every fourth visit or every 30 days; whichever comes first.

Must both the PT and PTA be present for the supervisory visit?

No. The intention of this visit is for the PT to see how the *patient* has progressed, not a periodic check-up of the PTA's skills. The PTA's skills are verified by state certification, the passing of a national exam, and an agency's internal qualifications. This visit should be used for the PT to evaluate patient progress and alter the treatment plan if necessary. The PT should direct and advise the PTA based on these findings, as well as on patient feedback.

Does the PT have to be within 50 miles of the patient the PTA is seeing?

No. This is one way the rule changed from the way it was initially written. The rule has been changed to state that the PT must be able to get to the patient the same day the PTA is providing care if the PTA determines the need for a PT.

Can I hire a newly graduated PTA?

No. In order for a PTA to be eligible to practice under general supervision, a minimum of 2,000 *directly supervised* hours must be obtained. This correlates to roughly one year of full-time work. This also applies if a PTA applicant practiced only in home health (in another state) and wanted to practice in Arizona. The applicant would need to obtain the directly supervised hours before working under general supervision because the out-of-state treatment hours were not obtained under direct supervision of a PT.

Is a cosignature required on a PTA's documentation?

No, a cosignature is not required. However, other documentation criteria should be met. This includes

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documentation stating that the use of a PTA is appropriate based on the patient's acuity and treatment plan—please refer to R4-24-303(B) for specific guidelines. The criteria place a large burden on the PT, and it is recommended that agencies determine whether or not their internal procedures require a cosignature.

What if the supervising PT is on vacation?

Another PT can serve as the supervising PT. This PT must be familiar with all of the patients the PTA is seeing and should also be able to access the patient's medical history and previous PT notes in case there is an issue. The PTA should always cite the specific supervising PT for that visit in the treatment note—including the PT's name and license number.

While the initial task of preparing to employ PTAs can seem daunting, your agency will reap the rewards throughout time. This task can be effectively accomplished by creating a multi-disciplinary team approach that includes the rehab manager and/or senior members of the therapy team, a human resource representative, and the agency's administrative staff. Buy-in from the entire team is also necessary to ensure the relationships with your PTAs are successful.

Source: Mary Aloe, Western Region Neurorehabilitation Specialist, Gentiva Health.

National Home Care & Hospice Month

Each November, the National Association for Home Care & Hospice (NAHC) celebrates National Home Care & Hospice Month to honor care-giving heroes who make a remarkable difference in the lives of patients and the families they serve.

This themes for November 2007 are:

- Home Care—"Preserving Health Independence and Freedom."
- Home Care Aide—"Honoring Those Who Honor Others."
- Hospice— "Love In Action."

NAHC develops themes for National Home Care & Hospice Month each year to exemplify the high regard it holds for home care and hospice professionals and the special relationships they maintain with patients and their family members.

Some ideas for celebration include:

- Promoting awareness among potential consumers.
- Showing appreciation for staff and volunteers.
- Strengthening relationships with physicians.
- Garnering support from public officials.

For more information on National Home Care & Hospice Month, including media resources and ideas on how to celebrate, please visit http://www.nahc.org/HCHPCMonth/07.

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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Information for Health Care Improvement

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