

Quality Counts

Arizona Home Health Quality Initiative

In This Issue

HH Keys For Success Materials Now Online	2
OASIS Accuracy Strategies.	2
OASIS Warning Message	3
Reducing Avoidable Hospitalizations. . .	3
Is Your Agency Registered on STAR?	4
New Home Health Tools on MedQIC	4
HSAG Contact Information	4

Building a Culture of Quality Improvement

Identifying “tools of engagement”

Health Services Advisory Group (HSAG) encourages all home health agencies (HHAs) to create a culture of quality improvement (QI) by implementing evidence-based best practices that embrace the entire home health team. Transforming internal processes to include interventions and best practices can reduce avoidable hospitalizations and improve other publicly reported measures. When HHAs focus on efficient, patient-centered models they can positively impact change and outcomes.

An important characteristic of successful HHAs includes implementation of a Plan of Action (POA), which can include:

- Hospital risk assessments at SOC and ROC.
- Patient emergency care planning—including caregivers.
- Front loading visits.
- Medication management education.
- Patient self-management.
- Telehealth/phone monitoring.
- Transitional care coordination.
- SBAR communication strategies.
- Disease management programs.

(Continued on page 2)

What’s New!

The Situation-Background-Assessment-Recommendation (SBAR) Package is now posted on MedQIC.

Look for links from MedQIC’s home health main page.

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

OASIS Competency Test on CMS Training Web Site

If your agency suffers from turnover and has hired nurses who are new to home care and do not have sufficient OASIS training, visit the Centers for Medicare & Medicaid Services (CMS) training Web site at <http://www.oasistraining.org> to view and download an OASIS Competency Test. Have staff demonstrate an awareness of the impact accurate observation and documentation have on OBQI and reimbursement.

Focus on things you CAN DO to improve outcomes

It is necessary to understand how your agency's process flow affects patient outcomes.

Field staff collects OASIS data → CMS generates CASPER reports

- HHAs can use this data to focus on patients with specific attributes and outcomes by using the CMS Tally Template.



- HHAs can then ask questions or “query” this program about hospitalized-patient characteristics (*i.e.*, *How many patients were hospitalized with worsening wounds? How many patients that were hospitalized live with family members?*)



- HHAs can identify specific patient charts to review for compliance with the POA.



- HHA QI and field staff can work together develop/revise a POA to implement best practices to improve the quality of patient care.



- HHAs can monitor staff compliance with POAs by using the Best Practice Monitoring Tool (*provided by HSAG*).



Improved patient care ↔ Improved outcomes

HH Keys For Success Materials Now Online

In case you missed it, you can now view and download materials from the August 24 Home Health Keys For Success Meeting by visiting HSAG's Home Health Quality Initiative (HHQI) Web site at http://hhqi.hsag.com/keys_for_success_materials_august06.asp.

Other valuable resources and tools are also available on the site. Visit <http://hhqi.hsag.com> today!

Quality improvement “tools of engagement” include:

- HSAG learning sessions.
- Best practice sharing teleconferences.
- Home Health Setting Targets-Achieving Results (STAR) Web site.
- MedQIC educational resources, tools, and presentations.
- HSAG's HHQI *Quality Counts* Newsletter.

HHA submits data to HSAG → HSAG helps HHA focus on best practice strategies

- HSAG can help HHAs by providing technical assistance and educational resources.



- HHAs can now incorporate what they have learned to engage their entire home health team in agency-wide quality improvement efforts.

For questions on how your HHA can build a culture of quality by improving patient outcomes and using these “tools of engagement,” contact Caralyn Williams, MAOM, HSAG Quality Improvement Specialist, at 602.745.6284 or at cwilliams@azqio.sdps.org.

For additional home health quality resources, visit HSAG's Home Health Quality Initiative (HHQI) Web site at <http://hhqi.hsag.com>.

OASIS Accuracy Strategies:

Management of oral medications—M0780

M0780 is defined as 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.

In order to understand documentation of the OASIS item M0780, consider these strategies:

- Assess by observation and interview. Barriers to independent medication management may be cognitive, behavioral, emotional, functional, sensory, or environmental.

(Continued on page 3)

- Score OASIS on *ability*, not performance.
- Don't make assumptions when compliance aids are present.
- Match compliance aid features to patient needs and abilities.
- Observe how and where medications are stored and organized.

What is true “most of the time?”

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.”

(OASIS Implementation Manual—Chapter 8)

Patient knowledge (Q & A example)

Q: If the patient does not know the potential side effects of a medication, should I consider him or her able to safely administer oral medications?

A: The OASIS item refers to safely preparing and tracking the correct medications in the correct

dosages at the correct time. It does not report the patient's (or caregiver's) knowledge about a medication. Preparation includes ability to read the label (correct medication), open the container, select the pill/tablet or millimeters of liquid (correct dosage), and orally ingest at the prescribed time(s) (taking). *(CMS OASIS Web-based Training—<http://www.oasistraining.org>).*

For more information on policy and technical information related to OASIS, visit <http://cms.hhs.gov/oasis>.

HSAG is here to help; please feel free to contact Pam Sensky, RN, Clinical Quality Specialist, at 602.745.6330 or at psensky@azqio.sdps.org if you need assistance in implementing any of these strategies.

Source: Q-MAP National Collaborative Learning Session #1. Original presentation by Linda Krulish, PT, MS, OASIS Answers.

Reducing Avoidable Hospitalizations

Best practice strategies to impact change

Nationally, the acute care hospitalization (ACH) rate is 28 percent. This translates into the fact that more than one in four home health patient episodes will result in a hospitalization. There are just some things you can't do anything about, right? wrong! By understanding that ACH has multiple dimensions and facets, as well as the frequent causes of hospitalizations in your agency's population, positive changes can occur. Clean your house first—focus on improving agency and clinician processes.

Take action!

Does your agency have planned actions for implementing best practices such as hospitalization risk assessments, emergency care plans, front loading visits, physician communication, home telehealth, etc.? Use the planned actions on the next page to determine how much action your agency is taking toward implementing these best practices.

OASIS Warning Message

If you are receiving error +257 for the HIPPS Code and Version Code even if your HIPPS Codes are correct, pay close attention.

A new grouper was created to accommodate the changes for the ICD-9 codes, effective October 1. The version of the new grouper is 1.06 and is included in the HAVEN 7.1 upgrade, while HAVEN 7.0 contains the grouper 1.05 version. Review the HIPPS Code and Version Code, and if the Version Code is the only difference, then no further investigation is necessary. Once upgraded to HAVEN 7.1, this error will cease to occur. *(Note: Agencies using HAVEN 6.2, will need to upgrade to HAVEN 7.0 before installing the HAVEN 7.1 patch. Agencies not using HAVEN will need to contact their vendors for upgrades.)*

Download the HAVEN 7.1 patch by visiting the QTSO Web site at <https://www.qtso.com/havendownload.html>.

Planned actions

- No Action—**No action is planned.** My agency is doing this **or** is not considering doing this.
- Minimal Action—My agency has limited resources at this time, but we will **educate our staff members** on this best practice.
- Moderate Action—My agency will **fully implement this best practice** (including education, process changes, and/or policy changes).
- Extreme Action—My agency will add this to our **Plan of Action** or formal quality improvement project.

Example using hospitalization risk assessment

- Do you know which patients are at greater risk for hospitalization?
- Factors: Prior pattern of hospitalizations, chronic conditions, lives alone, confusion, etc.
- Assess at SOC/ROC.

Is Your Agency Registered on STAR?

Set targets, achieve results today.

Visit <http://hhqi.hsag.com/star.asp> for more information or <http://www.hhqi-star.org> to register.

- Customize existing tools to meet your agency's needs: (<http://www.medqic.org>).

Check your agency's level of action for this best practice. Is your agency doing everything it can to reduce ACH?

Source: Marian Essey, RN, BSN, Director, Health Care Quality Improvement, *Quality Insights of Pennsylvania, 2006.*

New Home Health Tools on MedQIC

ACH Clinical Resource Kit 2006

Organize select tools and resources to reduce avoidable acute care hospitalization (ACH).

ACH Promotional Package

Developed for home health agencies (HHAs) to promote their ACH reduction efforts.

Home Telehealth Reference 2006/2007

Developed as a reference for HHAs in implementing and using home telehealth to reduce avoidable hospitalizations.

Immunization Toolkit 2006

Designed as a resource for HHAs and includes information on immunization requirements, pandemic and avian influenza information, and documents for implementing an effective immunization program.

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

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, MAOM Quality Improvement Specialist cwilliams@azqio.sdps.org 602.745.6284
Pam Sensky, RN Clinical Quality Specialist psensky@azqio.sdps.org 602.745.6330	Dawn Williams, BS Communications Project Manager dwilliams@azqio.sdps.org 602.745.6316	Colleen Angotti Administrative Assistant II cangotti@azqio.sdps.org 602.745.6295

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

This material was prepared by Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.