

Quality Counts

Arizona Home Health Quality Initiative

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What's New

Arizona Geriatrics Society 19th Annual Fall Symposium and Exposition

November 2-3
Black Canyon Conference Center
9224 N. 25th Avenue, Phoenix, AZ

For more information and to register,
please visit
<http://www.arizonageriatrics.org>.

Nightingale's QI and OASIS Accuracy Success!

Since working with HSAG, Nightingale Homecare's OASIS outcome rates have improved and even exceeded their Setting Targets-Achieving Results (STAR) goals. In addition, these rates are better than the national average for 15 out of 41 measures.

Nightingale's numbers:

- Discharge to community rate is 6.9 percent better than the national average.
- ACH rate is 7.7 percent better than the national average.
- Emergent care rate is 3.3 percent better than the national average.
- Improvement in UTI rate is 3 percent better than the national average.

Nightingale's administrative staff members attribute this success to a commitment to quality improvement (QI) and OASIS accuracy training. Nightingale's clinical quality supervisor, Kim Hall, RN, COS-C, reports that the best practice strategies of using a risk assessment tool, an emergency care plan, and a fall prevention assessment to identify patients at risk for rehospitalization has greatly improved the agency's ability to keep patients safe at home and has helped Nightingale maintain a low ACH rate (15.6 percent as of the last available CASPER report).

(Continued on page 2)

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.

Nightingale's QI Committee used best practice tools provided by HSAG and MedQIC to develop custom forms for its emergency care plan, fall risk assessment, and home safety evaluation.

"Our partnership with HSAG has opened our eyes to resources, tools, and processes to make improvements in all aspects of our agency," reports Hall. "This saves our agency time and money, and helps our staff members perform their jobs correctly."

OASIS accuracy

In addition to a strong QI commitment, Nightingale administrative staff credits OASIS accuracy for much of its success. Joanne Bateman, Nightingale's administrator and president of the Arizona Association for Home Care (AAHC), understands the importance of demonstrating and establishing expertise and commitment to OASIS data accuracy in order to achieve good outcomes.

As part of this commitment, Kim Hall recently completed coursework offered by the OASIS Certificate and Competency Board (OCCB)—a nonprofit organization dedicated to promoting greater reliability in OASIS data through consistent application of guidelines provided by the Centers for Medicare & Medicaid Services (CMS). Hall successfully completed the OCCB examination and was awarded the Certificate for OASIS Specialist-Clinical (COS-C) designation.

"I am very proud of Kim's achievement in her field of expertise," Bateman said. "She has worked hard and is one of a handful of people in the United States who has achieved this certification in OASIS competency."

Hall has been an RN for 29 years and has been with Nightingale for the last two years. Hall currently chairs the AAHC OBQI Committee and sits on the Governor's Task Force for the Continuum of Care across settings. Congratulations Kim!

More about the COS-C designation

Since guidelines and applications related to OASIS are dynamic and are expected to change over time, the COS-C designation demonstrates the certificate holder's commitment to study, review, and apply CMS guidelines in OASIS data collection. The three-year certificate retesting and renewal requirement is intended to provide periodic evaluation, encourage ongoing study, and update the designation at a reasonable time interval, recognizing that OASIS changes may occur more frequently.

As COS-Cs demonstrate their leadership, commitment, and efforts in areas related to staff education, QI, enhanced case-mix assignment, research, and actual data collection, the true meaning and importance of the COS-C will become even more evident.

For more information on the OCCB and the COS-C designation, please visit <http://www.oasiscertificate.org>.

Patient/Staff Tracking Record Available

With flu season quickly approaching, look for ways to keep track of patient and staff immunizations. Many agencies around the country are using the Patient/Staff Tracking Record—an Excel tool that allows you to keep track of patient influenza and pneumococcal immunizations and staff influenza immunizations—created by the National Home Health Quality Improvement Campaign.

This tool is located under Associated Resources on the Immunization Best Practice Implementation Package Web page: <http://www.homehealthquality.org/hh/hha/interventionpackages/immunization.aspx>.

State Wants to Prevent Falls by Elderly

Incident cost in Arizona exceeds \$270 million a year

Worried about the life-changing effects of a senior citizen's sudden collapse? Federal, state, and local governments, as well as health care agencies across the nation, are campaigning to prevent falls that tax the medical system and often force independent seniors into nursing homes.

Hospitalization for falls costs about \$270 million a year in Arizona, not including the cost of doctors, rehabilitation, or long-term disability.

More troubling is that Arizona ranks sixth in the nation per capita for fatal falls among the elderly.

Scottsdale has the nation's highest rate of senior deaths from falling.

The Arizona Department of Health Services (ADHS) has set a goal of cutting the number of falls in the state in half for all ages by 2010. A prevention plan on the health agency's Web site is designed to help seniors stay strong. "The goal is to prevent falls," ADHS Director Susan Gerard said. "Instead of building more emergency rooms and hiring more doctors and nurses, we can start looking at unintentional injuries, including falls, and find ways to prevent them."

Gerard said there is no easy explanation for why Arizona has such a high rate of fatal falls. It could be the state's focus on providing home health care to keep people out of nursing homes, she said.

Because fall injuries account for nearly 9,000 admissions a year in Arizona, hospitals offer an array of

programs to help seniors prevent taking a tumble, including exercises to help strengthen muscles, improve balance, and increase mobility. Scottsdale Healthcare started its free Healthy Steps program in 2005, when 1,175 people in the city older than 75 were admitted to the hospital with fall injuries.

"These were high-risk seniors who had been admitted to the hospital before," said Pauline King, Scottsdale Healthcare's director of community health services. Healthy Steps teams patients immediately with a case manager who monitors their progress. Of the 45 patients in the first Healthy Steps Program, only three were readmitted for fall injuries, King said.

Source: <http://www.azcentral.com/news/articles/0924falls0923.html>. By Carol Sowers, *The Arizona Republic*, September 24, 2007.

HHQI National Campaign Update

As of October 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 Physician Relationships BPIP now available

The latest HHQI National Campaign Best Practice Intervention Package (BPIP) on physician relationships is now available for download by visiting <http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx>.

The Leadership Track of this BPIP will help agencies select key strategies to promote effective relationships with physicians, describe how to use the Situation-Background-Assessment-Recommendation (SBAR) method of communication, and design an implementation plan to develop and/or improve collaborative relationships with physicians.

How to use this BPIP:

- Review **Keys to Collaborative Physician Relationships** (page 9)

CMS-1541-FC Corrections Document Updated

Since the publication of the Home Health Prospective Payment System (HH PPS) Refinement & Rate Update for Calendar Year 2008 (CMS-1541-FC) dated August 29, 2007, technical errors have been identified. The Centers for Medicare & Medicaid Services (CMS) will address these technical errors and corrections in the *Federal Register*, as a correction notice, in the near future. On October 4, this file was revised in regards to the outlier calculation. The revised corrections document is available at http://www.cms.hhs.gov/HomeHealthPPS/downloads/CMS-1541-CN2_web_100407.pdf.

Note: When the correction notice is published in the *Federal Register*, the public should refer to the correction notice as official notification and publication of the errors and corrections.

CMS has updated the previous posting of more user-friendly versions of select tables from the final rule (CMS-1541-FC) to include more user-friendly versions of the wage index related addendums, Addendum A, and Addendum B for nonurban and urban areas. The revised tables are available by visiting http://www.cms.hhs.gov/HomeHealthPPS/downloads/CMS-1541-F_Tables.zip.

- Select and prioritize **Leadership Action Items** (pages 23–24)
- Develop a **Leadership Action Plan** (page 26)
- Identify **Physician Relationship Tools** for implementation (pages 27–30)
- Review and distribute **Connection Pages** (pages 31–35)
- Use **Care Provider Tracks** to complete SBAR education

A 25-minute video on physician communication and a WebEx presentation on this latest BPIP are also available on the campaign’s Web site by visiting <http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx>.

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

Case Mix Grouper Software Package Available

CMS has provided the Home Health Case Mix Grouper Software package for the home health payment regulation effective January 1, 2008. The package includes written grouper logic and associated diagnostic code tables for agencies in developing their own PPS grouper program. CMS will issue additional elements of the package when grouper software is complete.

This package is available at http://www.cms.hhs.gov/HomeHealthPPS/05_CaseMixGrouperSoftware.asp.

HHQI Campaign Monthly Reports Q & A

Question: What is the value of the Acute Care Hospitalization: Actual Rates vs. Risk-Adjusted Rates report?

Answer: The actual rate (from OBQI reports) vs. risk-adjusted rate (on Home Health Compare):

- Visually demonstrates the difference between these two rates and validates the importance of OASIS competency to accurately capture the health/functional status of patient populations.
- Encourages investigation when risk-adjusted rates vary significantly from actual rates. (Has your case mix changed? Are there staff “assumptions” that lead to erroneous assessment and documentation of a patient’s status?)

Question: How are HHQI participants using this information?

Answer: HHQI participants:

- Report they are more clearly able to identify patients most at risk for rehospitalization as clinicians fine tune their assessment skills.
- Have decreased their disparity between actual and risk-adjusted rates through refocused education based on the report.

HSAG Home Health Team Contact Information

Mary Fermazin, MD, MPA Vice President, Health Policy & Quality Measurement mfermazin@hsag.com 602.745.6207	Joe Bestic, NHA, BA Director, Home Health & Nursing Homes jbestic@azqio.sdps.org 602.745.6205	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	Zel Abrams Administrative Assistant III zabrams@azqio.sdps.org 602.665.6105

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

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