

Quality Counts

Arizona Home Health Quality Initiative

In This Issue

September is Pain Awareness Month.	2
Best Practices for Managing Medications.	2
New OASIS Guidance Issued	3
Telehealth Value Study Results	3
CMS Open Door Forum.	4
ACH Tools—What Agencies are Using	4
HSAG Contact Information	4

The ACH Event Tree

Identifying root causes for ACH

The Acute Care Hospitalization (ACH) Event Tree is a representation of the pathways that may lead to hospitalization of home health patients. One purpose of the Tree is to illustrate the complexity of the problem of hospitalization among home health patients. Nationally, about 28 percent of all home health episodes end with hospitalization—that’s more than a million per year! Another purpose of the Tree is to help lay out the “big picture” and to better recognize and understand the root causes behind ACH.

Understanding that there are many causes of ACH will help you realize that different approaches are needed to reduce these hospitalizations. Additionally, understanding the causes of ACH in your agency can help identify improvement strategies that actually address your agency’s problems.

The ACH Event Tree has three main “branches,” the A Branch, B Branch, and C Branch:

A Branch—hospitalization necessary and unavoidable

A necessary and unavoidable hospitalization can occur because of an elective admission or because of trauma that isn’t related to home health care (i.e., a car accident), or because of limitations of thera-

(Continued on page 2)

New on MedQIC!

The Immunization 2006 Toolkit is now posted on MedQIC.

Look for links from the home health main page.

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

Best Practice Monitoring Tool Update Now on MedQIC

Visit <http://www.medqic.org> to view and download the Best Practice Monitoring Tool Update. This tool is similar to the Acute Care Hospitalization Best Practice Monitoring Tool, but it now can monitor all measures! Included with the tool is a user’s guide, addendum on reinstallation, and a cybermonitoring WebEx, handout, and audio recording.

peutic science. In these instances, there may not be opportunities for your agency to intervene with these causes in ways that would actually reduce hospitalizations.

B Branch—hospitalization necessary but avoidable

A necessary but avoidable hospitalization can occur because your agency admits a patient that is inappropriate for home health services. This may occur if there is missing information, inadequate knowledge or skills on the part of the intake staff or field staff, or pressure on either intake or field staff to admit patients. A necessary but avoidable hospitalization can also occur because a patient's condition deteriorates AND the condition deterioration is not caught. When these situations occur, it may be helpful to think about:

- The resources available within your agency and/or within the community.
- The communication patterns among the staff that are involved with a patient.
- The competencies of staff assigned to specific patients.
- How the care plan might be modified based upon the home environment.

C Branch—hospitalization unnecessary

An unnecessary hospitalization (that is, the patient's condition has not deteriorated to the point of needing hospitalization, but it happened anyway) can occur because of failures related to direct admissions and admissions via the emergency department. Examples of failures may include not following admission

September is Pain Awareness Month

The American Society of Pain Educators (ASPE) has launched a month-long calendar of educational events focused on pain management education for health care providers. Visit <http://www.painawareness.org> or call 888-ASPE-REG to view educational activities, meetings, and live Web-based events with key opinion leaders speaking out about pain management related topics.

guidelines and recognized practices, “defensive” admissions, or admissions to satisfy reimbursement requirements.

How and when to use the ACH Event Tree

Now that the ACH Event Tree has been described, it is important to understand how and when to use it.

The ACH Event Tree can be used to:

- Create a basis for discussion about what might be an avoidable hospitalization.
- Identify possible approaches in addressing root causes for ACH.
- Review before beginning the Process-of-Care Investigation.
- Create ideas for things to check for during chart audits.
- Understand the reasons why a process was not consistently implemented.

To view and download the ACH Event Tree, please visit <http://www.medqic.org/dcs/ContentServer?cid=1134322317090&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>.

If you have questions on how to use the Tree, please contact Caralyn Williams, MAOM, HSAG Quality Improvement Specialist, at 602.745.6284 or at cwilliams@azqio.sdps.org.

Source: Quality Insights of Pennsylvania (PA QIO, 2006)

Best Practices for Managing Medications:

Using these can make a difference!

Taking too much or too little medication can prevent home health patients from feeling better, make them sicker, confuse them, affect safety, or even cause death. Health Services Advisory Group (HSAG), the Medicare Quality Improvement Organization (QIO), can help agencies by teaching them evidence-based best practices to improve the management of oral medications by patients and caregivers.

In some instances, barriers to medication management identified via clinical record audits and clinical

staff interviews indicated that clinicians were not adequately assessing the patient's ability to manage medications. Some best practices to help this situation may include:

- Using consistent assessment criteria to measure and assess the patient's ability to manage oral medications.
- Using written guidelines to assess patients for referral to a medication management pharmacy program (here, a home care nurse would make a referral to the pharmacist, who would evaluate the patient's medication profile and make recommendations to the patient's physician).
- Keeping the home care nurse in the loop on the physician contact outcome through a case conference (and the pharmacist could make a home visit as needed).
- Ensuring continuity of nursing personnel assessing the patient's ability to manage oral medications.
- Conducting seminars and trainings on medication protocols for direct-care staff at in-services, orientation, team meetings, and in newsletters.

New OASIS Guidance Issued

New instructions for completing the OASIS assessment were published on the Centers for Medicare & Medicaid Services Web site in July. Changes were made to Chapters 4 and 8 of the State Operations Manual in an effort to help clinicians complete OASIS assessments accurately.

M0780 example:

New instructions are included in medication management. First, "the patient who sets up his/her own planner device and is able to take the correct medication in the correct dosage at the correct time as a result of this would be considered independent in administration." However, if another person must create a list or set up a planner device, Response 1 ("Able to take medication[s] at the correct times if . . .") applies.

The electronic OASIS User's Manual is available at http://cms.hhs.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp.

How a medication pharmacy program works

A home health agency may have an agreement in place with a pharmacy college to have a pharmacist, upon clinical referral, visit patients to evaluate their medications. The pharmacists use a standardized medication assessment method and written guidelines to refer patients into the program. These documents provide clear direction to clinical staff for the assessment of the patient's medication management skills.

Best practice outcomes

One specific home health agency in New York worked with its QIO to implement the medication management best practices listed above. Results showed that the home health agency improved patients' ability to manage oral medications from 28.8 percent to 38.2 percent, an increase of almost 10 percent when compared with the year prior.

HSAG is here to help; please feel free to contact Caralyn Williams, MAOM, HSAG Quality Improvement Specialist, at 602.745.6284 or at cwilliams@azqio.sdps.org if you need assistance in implementing any of these best practices.

Source: IPRO (NY QIO, 2006)

Telehealth Value Study Results

Honeywell HomMed studied home telehealth monitoring value among 32 non-profit, for-profit, and hospital-based home health providers from June 1, 2005, to November 30, 2005. Each site was provided equipment and clinical training to complete the study.

The study required:

- No prior telemonitor and program experience (minimum of 35 patients).
- Comparisons for monitored and non-monitored patients using the agency's own population.
- Electronic data collection to consist of telemonitor patient identifiers, OASIS assessment, 837 claims data, and visit data.
- Incorporation of the same risk adjustment that

(Continued on page 4)

CMS uses so the data could be evaluated within the context of each agency's unique case mix.

- Patients with telemonitors feel a sense of security and comfort.

Source: *Federal Telemedicine News*, August 22, 2006

The results showed:

- Hospitalization rates and emergent care visits can be reduced.
- Clinical outcomes can be improved.
- Agencies with little experience using telemonitoring can achieve immediate returns on investment.
- Nursing productivity can be improved through reduced visits, and the nurses can carry higher caseloads without adversely impacting financial and clinical outcomes.
- Costs can be reduced through decreased travel time and travel expenses.
- Additional cost expenditures may include staff training, the need to employ a dedicated telemonitor nurse, the additional cost to purchase/lease equipment, and additional marketing expenses.

CMS Open Door Forum

September 26 at 10 a.m.

Visit http://www.cms.hhs.gov/OpenDoorForums/17_ODF_HHHDME.asp for more information.

ACH Tools—What Agencies Are Using

Hospitalization Risk Assessment Tool
Evidence-based tool to identify patients at high risk for hospitalization at SOC.

CHF Zone Tool
Evidence-based patient education tool to improve the patient/caregiver understanding of high-risk conditions.

Patient Emergency Care Plan
Individualized urgent/emergent contact instructions for each patient that assures the agency has 24/7 resources for patients and caregivers.

SBAR Tool
Situational briefing tool to improve nurse-physician communication.

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

HSAG Home Health Team Contact Information

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