Outcome Improvement: Tackling the Five Most Challenging Measures

December 1, 2011
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The Good Old Days?

“Send your patients to us doctor because we provide quality care.”
Look at Your Model

• Formal Care Management program?
  o Comprehensive OASIS assessment aligned with POC
  o Regular, scheduled interdisciplinary meetings
  o Consistency in assignments/scheduling
  o Accountability for patient goal management
  o Care planning that is regularly evaluated and modified as needed
    o *Intentional* clinical actions
Outcomes Focused Care

• Accurate Initial Assessment
• Understanding OASIS item
• Selection of best OASIS answer
• Develop the Care Plan
• Work the Care Plan
• Accurate Discharge Assessment / OASIS Completion

Coaching

• Case Review—Specific questions
  o What did your patient score at SOC/ROC with M1810?
  o Why?
  o What do you plan to do to improve that score?
  o Where are you with that now?

• Use the SOC/ROC as a discharge planning tool
Owning Outcomes

- Begins with recognizing an outcome measure
- Key case management function
- Team process
- Intentional clinical activity
- Accountability for goal setting & outcome

Insights

- Agency processes may be inadequate or not used effectively for sharing info on quality measures
- Clinical communication does not usually include status of quality indicators
- More time spent on ensuring correct OASIS response vs. ensuring the response/clinical finding results in a specific clinical action
- Undervalue the significance of risk adjustment
Plan of Care Development & Ongoing Review

Key Questions

- Are your outcomes accidental or intentional?

- How does clinical practice include outcome management in your agency?
**Working the Care Plan**

**PDCA Cycle**

- **Act**
- **Plan**
- **Check**
- **Do**

**Key Strategies**

- Link assessments to the Plan of Care
  - Ask “Why?”
- Plan an intervention
- Write a goal
- Check progress during team/case management meetings – care coordination
Accurate OASIS Assessment

- Care Management
- Outcomes
- OASIS Assessment
- Plan of Care

OASIS Competency

- Consistent training is critical
- Ongoing education to keep current
- Once trained, expect competency
- Hold accountable
- Use OASIS as a basis for case management and development of plan of care
- Optimally use same clinician for each OASIS time-point
Be Aware

• Although separate data items, some will influence others
  o E.g., ambulation and med management, toileting, dressing, transfer; grooming and upper body dressing, etc.

• Fall risk assessments and functional limitations can corroborate or conflict with data items

Risk Adjustment

• Statistically minimizes differences between groups being compared

• Applies to Outcome Measures and Potentially Avoidable Events

• Process Measures are not risk adjusted
Risk Adjustment and Reports

<table>
<thead>
<tr>
<th>OBQI</th>
<th>Home Health Compare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>Actual</td>
</tr>
<tr>
<td>State</td>
<td>N/A</td>
</tr>
<tr>
<td>Nation</td>
<td>Risk Adjusted</td>
</tr>
</tbody>
</table>

Top Five Challenging Outcome Measures By National Average
Top Five Challenging Outcome Measures By National Average

<table>
<thead>
<tr>
<th>#5</th>
<th>How often patients’ breathing improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>#4</td>
<td>How often the home health team determined whether their patients received a pneumococcal vaccine</td>
</tr>
<tr>
<td>#3</td>
<td>How often patients got better at walking or moving around</td>
</tr>
</tbody>
</table>

Top Two Most Challenging Outcomes

<table>
<thead>
<tr>
<th>#2</th>
<th>How often patients got better at getting in or out of bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>How often that patients got better at taking their drugs by mouth</td>
</tr>
</tbody>
</table>
How Often Patients’ Breathing Improved
National Average: 62%

- Risk Adjusted? Yes
- # of Risk Factors used in predicting the outcome measure: 83
- Measure Description: % of episodes during which the patient became less SOB or dyspneic

Improvement in Dyspnea

- Measure Specific Exclusions:
  - Episodes for which at SOC or ROC was not short of breath at any time
  - Episodes that end with death or transfer to a facility
- M Items Used for Calculation:
  - M1400
M1400 When Noticeably Short of Breath

(M1400) When is the patient dyspneic or noticeably Short of Breath?

- 0 - Patient is not short of breath
- 1 - When walking more than 20 feet, climbing stairs
- 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- 4 - At rest (during day or night)

- Level of exertion that resulted in dyspnea or shortness of breath on the day of assessment
  - Continuous O\textsuperscript{2}: Mark response using O\textsuperscript{2}
  - Intermittent O\textsuperscript{2}: Mark response without O\textsuperscript{2}

What Factors Influence this Score?

- Response to M 1400
  - As well as the items used in risk adjusting (83 of them!)
Pneumococcal Vaccine Ever Received
National Average: 62%

- Risk Adjusted? No

- Measure Description: % of HH episodes during which patients were determined to have ever received PPV

Pneumococcal Vaccine Ever Received

- Measure-specific exclusions:
  - Episodes of care during which patient died OR patient does not meet age/condition guidelines for PPV

- M Items used for calculation
  - M1050  Pneumococcal Vaccine
  - M 1055  Reason that PPV not received
M1050-1055 Pneumococcal Vaccine TIF/DC

(M1050) **Pneumococcal Vaccine:** Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOCC/ROC to Transfer/Discharge)?

- 0 - No
- 1 - Yes [Go to M1500 at TRN. Go to M1230 at DC]

(M1055) **Reason PPV not received:** If patient did not receive the pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOCC/ROC to Transfer/Discharge), state reason:

- 1 - Patient has received PPV in the past
- 2 - Offered and declined
- 3 - Assessed and determined to have medical contraindication(s)
- 4 - Not indicated; patient does not meet age/condition guidelines for PPV
- 5 - None of the above

Is he immunized?

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**Improvement in Ambulation**

**National Average: 55%**

- **Risk Adjusted?** Yes
- **# Risk Factors used in predicting the outcome?** 59
- **Measure Description:** % of home health episodes during which the patient improved in ability to ambulate
Improvement in Ambulation

- **Measure Specific Exclusions:**
  - Episodes of care for which the patient at SOC or ROC was able to ambulate independently, episodes that end with inpatient facility transfer or death or patient is unresponsive

- **M Items Used for Calculation:**
  - M 1860
  - M 1720 When Confused
  - M 1720 When Anxious

**M1860 - Ambulation**

(M1860) AmbulationDefinition: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e. needs no human assistance or assistive device).</td>
</tr>
<tr>
<td>1</td>
<td>With the use of one hand-held device (e.g., cane, single crutch, hemo walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.</td>
</tr>
<tr>
<td>2</td>
<td>Requires one or more hand-held devices (e.g., cane, single or double crutch) to walk, in addition to even surfaces and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.</td>
</tr>
<tr>
<td>3</td>
<td>Able to walk only with the supervision or assistance of another person at all times.</td>
</tr>
<tr>
<td>4</td>
<td>Chairfast, unable to ambulate but is able to wheel self independently.</td>
</tr>
<tr>
<td>5</td>
<td>Chairfast, unable to ambulate and is unable to wheel self.</td>
</tr>
<tr>
<td>6</td>
<td>Bedfast, unable to ambulate or be up in a chair.</td>
</tr>
</tbody>
</table>
A patient lives alone and is currently walking throughout two levels of the house with no assistive device. She is observed to frequently rely on the furniture and walls to support herself, and when asked to walk unsupported, her gait is unsteady.

<table>
<thead>
<tr>
<th>M1860 - Ambulation</th>
<th>Environment</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Even/Uneven Surfaces and Stairs</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Even/Uneven Surfaces and Stairs</td>
<td>One-handed device</td>
</tr>
<tr>
<td>2</td>
<td>Even Surfaces &gt; But Uneven Surfaces/Stairs</td>
<td>One or Two-handed device Human Supervision/Assistance</td>
</tr>
<tr>
<td>3</td>
<td>Unsuspecified</td>
<td>Human Supervision/Assistance at All times</td>
</tr>
<tr>
<td>4</td>
<td>Chairfast</td>
<td>Able to Wheel Self</td>
</tr>
<tr>
<td>5</td>
<td>Chairfast</td>
<td>Unable to Wheel Self</td>
</tr>
<tr>
<td>6</td>
<td>Bedfast</td>
<td>NA</td>
</tr>
</tbody>
</table>
Improvement in Bed Transferring
National Average: 53%

- Risk Adjusted? Yes

- # Risk Factors used in predicting the outcome? 99

- Measure Description: % of HH episodes where patient improved in their ability to get out of bed

Improvement in Bed Transferring

- Measure Specific Exclusions:
  - Episodes of care for which the patient at SOC or ROC was able to transfer independently, episodes that end with inpatient facility transfer or death or if patient is non responsive

- M Items Used for Calculation:
  - M1850
  - M1710 When Confused
  - M 1720 When Anxious
M1850 - Transferring

(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedrest.

☐ 0 - Able to independently transfer
☐ 1 - Able to transfer with minimal human assistance with use of an assistive device.
☐ 2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
☐ 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
☐ 4 - Bedrest, unable to transfer but is able to turn and position self in bed.
☐ 5 - Bedrest, unable to transfer and is unable to turn and position self.

Time Points

National Average: 46%

• Risk Adjusted? Yes

• # of Risk Factors used in predicting the outcome? 99

• Measure Description: % of HH episodes during which the patient improved in ability to take their medications correctly (by mouth)
Improvement in Management of Oral Meds

• Measure Specific Exclusions:
  o Episodes of care for which the patient at SOC or ROC was able to take oral meds correctly without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive, or patient has no oral meds prescribed

• M Items Used for Calculation
  o M 2020
  o M 1710 When Confused
  o M 1720 When Anxious

M2020 Management of Oral Meds

Management of Oral Medications: Patient’s current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/interval. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

- 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- 1 - Able to take medication(s) at the correct times if:
  (a) individual dosages are prepared in advance by another person; OR
  (b) another person develops a drug diary or chart.
- 2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times
- 3 - Unable to take medication unless administered by another person.
- NA - No oral medications prescribed.

All p.o. meds, RX and OTC, all the time!

Right patient, Right drug, Right dose, Right route, Right time
You determine the patient is able to set up and prepare his medications correctly and reliably with the use of a multi-day pill planner. He reports remembering to take them, but you notice the Coumadin from yesterday is still in the box. He is alert and oriented, and there is no evidence of confusion or noncompliance or a physician’s order to hold the medication. Upon questioning, he says, “I didn’t take it?”

(M2020) Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/interval. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

- **0** - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- **1** - Able to take medication(s) at the correct times if:
  - (a) individual dosages are prepared in advance by another person; **OR**
  - (b) another person develops a drug diary or chart.
- **2** - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times.
- **3** - **Unable** to take medication unless administered by another person.
- **NA** - No oral medications prescribed.

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**M1710 When Confused Within Last 14 Days**

(M1710) **When Confused (Reported or Observed Within the Last 14 Days):**

- **0** - Never
- **1** - In new or complex situations only
- **2** - On awakening or at night only
- **3** - During the day and evening, but not constantly
- **4** - Constantly
- **NA** - Patient nonresponsive

**Nonresponsive:**

- Unable to respond **OR**
- Responds in such a way unable to make clinical judgment about level of orientation
M1720 When Anxious
Within Last 14 Days

(M1720) When Anxious (Reported or Observed) Within the Last 14 Days:

- 0 - None of the time
- 1 - Less often than daily
- 2 - Daily, but not constantly
- 3 - All of the time
- NA - Patient nonresponsive

Anxiety includes:
- Worry that interferes with learning and normal activities
- Feelings of being overwhelmed and having difficulty coping
- Symptoms of anxiety disorders

Outcome Focused Activities

- Pick one outcome to work on per month
  - Distribute checklist to guide clinician
  - Give extra attention to this outcome during case conferences
  - Conduct a chart review at month’s end - were considerations used for this outcome?
### Outcome Management

<table>
<thead>
<tr>
<th>Outcome Item</th>
<th>Score</th>
<th>WHY/Plan/Intervention</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1400 Dyspnea</td>
<td></td>
<td>2wks 4wks 6wks</td>
<td></td>
</tr>
<tr>
<td>M1242 Interfering Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M1342 Status Surgical Wound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M1860 Ambulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M1830 Bathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M1850 Bed Transferring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M2020 Manage Oral Meds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M1308 Number of Pressure Ulcers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Track Progress—Encourage ownership of outcomes

<table>
<thead>
<tr>
<th>Outcome Item</th>
<th>Score</th>
<th>WHY/Plan/Intervention</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1400 Dyspnea</td>
<td>3</td>
<td>Not using O2 as ordered—Plan to monitor O2 use closely, take freq O2sats—share finding with team</td>
<td>3 2</td>
</tr>
<tr>
<td>M1242 Interfering Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M1342 Status Surg Wd</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>
Process of Home Care

OASIS Comprehensive Assessment

Plan of Care

Care Coordination

Patient Outcomes Process Measures Reimbursement P4P

= Patient able to stay safely in home
And out of the hospital

QI on You Tube

• The Process Based Quality Improvement (PBQI) process. http://www.youtube.com/watch?v=hNno1GIVAPA

• Accurately Responding to Process Items: Intervention Synopsis (M2400) http://www.youtube.com/watch?v=XrPJ85GQJVg

• Accurately Responding to Process Items: Plan of Care Synopsis (M2250) http://www.youtube.com/watch?v=H7mdobdIXr4

• Accurately Responding to Process Items: Fall Risk Assessment (M1910) http://www.youtube.com/watch?v=gUFeQZWQycY
Resources

• OASIS Download—QIES Technical Support Office (QTSO)
  o https://www.qtso.com/hshadowload.html

• http://www.cms.gov/HomeHealthQualityInits/01_Overview.asp#TopOfPage
  o OBQI Manual
  o OBQM Manual
  o PBQI Manual
  o OASIS-Users Manual

  o Models for Risk Adjustment

Questions?

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