### Worksheet for OBQM & OBQI Reports

#### Tier 1 PAE Outcomes (Threshold 1 patient):
- Emergent Care for Injury Caused by Fall
  - Any Patients Listed? Yes, No
  - Difference ≥ Two Times Ref. Value? N/A
  - Area for Focus (check box): Yes
  - Record Review* (check box): No
  - Home Visit*: Yes
- Emergent Care for Wound Infections, Deteriorating Wound Status
  - Any Patients Listed? Yes, No
  - Difference ≥ Two Times Ref. Value? N/A
  - Area for Focus (check box): Yes
  - Record Review* (check box): No
  - Home Visit*: Yes

#### Tier 2 PAE Outcome (2x Reference)
- Emergent Care for Improper Medication Administration, Medication Side Effects
  - Any Patients Listed? Yes, No
  - Difference ≥ Two Times Ref. Value? N/A
  - Area for Focus (check box): Yes
  - Record Review* (check box): Yes
- Emergent Care for Hypo/Hyperglycemia
  - Any Patients Listed? Yes, No
  - Difference ≥ Two Times Ref. Value? N/A
  - Area for Focus (check box): Yes
  - Record Review* (check box): Yes
- Substantial Decline in ≥ Three Activities of Daily Living
  - Any Patients Listed? Yes, No
  - Difference ≥ Two Times Ref. Value? N/A
  - Area for Focus (check box): Yes
  - Record Review* (check box): No
- Discharged to the Community Needing Wound Care or Medication Assistance
  - Any Patients Listed? Yes, No
  - Difference ≥ Two Times Ref. Value? N/A
  - Area for Focus (check box): Yes
  - Record Review* (check box): No
- Discharged to the Community Needing Toileting Assistance
  - Any Patients Listed? Yes, No
  - Difference ≥ Two Times Ref. Value? N/A
  - Area for Focus (check box): Yes
  - Record Review* (check box): No
- Discharged to the Community with Behavioral Problems
  - Any Patients Listed? Yes, No
  - Difference ≥ Two Times Ref. Value? N/A
  - Area for Focus (check box): Yes
  - Record Review* (check box): No

#### OBQI Outcome Report (For most recent 12-month period)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>≥ 30 eligible cases? (Check if yes)</th>
<th>Difference from Ref. Value?</th>
<th>Statistically Sig.? (Check if yes)</th>
<th>Outcomes for Focus (check two)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement in Upper Body Dressing</td>
<td>□</td>
<td>≥ 10% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Bathing</td>
<td>□</td>
<td>≥ 10% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Transferring</td>
<td>□</td>
<td>≥ 15% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Ambulation/Locomotion</td>
<td>□</td>
<td>≥ 7% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Management of Oral Medications</td>
<td>□</td>
<td>≥ 15% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Dyspnea</td>
<td>□</td>
<td>≥ 10% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Urinary Incontinence</td>
<td>□</td>
<td>≥ 20% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Acute Care Hospitalization</td>
<td>□</td>
<td>≥ 10% higher Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Pain Interfering w/Activity</td>
<td>□</td>
<td>≥ 15% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Status of Surgical Wounds</td>
<td>□</td>
<td>≥ 10% lower Yes □ No □</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### OBQI Patient/Agency Characteristics Report (for most recent 12-month period)

Acute conditions or diagnoses statistically sig. & ≥ 15% points higher than ref.***

* Select one to two records and one to two HV w/RR for areas for focus.
** Select one to two HV w/RR for patients eligible for focus outcome.
*** Select one to two HV w/RR and (opt) one to two RR w/o HV.
Submission Statistics by Agency (for most recent 6-month period)

Submission Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is HHA submitting data less often than monthly?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Does HHA have &gt; 20% rejected records?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

If yes to either probe, investigate:

- HHA policies/procedures for receiving, tracking, data entering and transmitting OASIS data and correcting clinical records. Do HHA processes follow policies/procedures?.... Y N

- If another organization (vendor, corporate office, etc) submits data for the HHA:
  * Is there a written contract covering the arrangement? ............................................ Y N
  * Does the other organization provide feedback reports to the HHA? ............................ Y N

- For 4-6 records selected for clinical record review, ask the HHA for a printout of a final validation report showing that at least one assessment (e.g., SOC, F/U, Discharge) was received by the state. (Because the HHA may not yet have submitted data for more recent assessments, it will be necessary to select patient assessments that were completed one to two months prior to the survey.)
  * Can the HHA provide the requested final validation reports? ............................................ Y N
  * Was at least one assessment per record (e.g., SOC, F/U, Discharge) received by the State?  Y N

- If there is a high percentage of rejected records:
  * Is there a legitimate reason (e.g., a large batch of records was sent twice, and all records in the second batch were rejected)? .............................................................. Y N
  * Can the HHA verify that its software conforms to CMS standards? ............................................ Y N

Error Summary Report by HHA (for most recent 6-month period)

Do the following errors appear on the report? Threshold met or exceeded? If yes, determine if the HHA’s processes:

<table>
<thead>
<tr>
<th>Error Code</th>
<th>Description</th>
<th>Y</th>
<th>N</th>
<th>Threshold</th>
<th>Y</th>
<th>N</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>262</td>
<td>Inconsistent M0090 date; RFA 4 must be done on an every 60-day cycle (warning)</td>
<td>Y</td>
<td>N</td>
<td>≥ 20%</td>
<td>Y</td>
<td>N</td>
<td>Ensure that recertification assessments are completed between day 56 and day 60 of the certification period (HHA has system for notifying clinical that recertification is due and tracks incoming recertification assessments to ensure timely completion).</td>
</tr>
<tr>
<td>1003</td>
<td>Inconsistent effective date sequence (warning)</td>
<td>Y</td>
<td>N</td>
<td>≥ 10%</td>
<td>Y</td>
<td>N</td>
<td>Track submission of complete patient episodes (SOC/ROC and corresponding Transfer or Discharge assessment for each patient).</td>
</tr>
<tr>
<td>1002</td>
<td>Inconsistent record sequence (warning)</td>
<td>Y</td>
<td>N</td>
<td>≥ 10%</td>
<td>Y</td>
<td>N</td>
<td>Track that assessments are submitted in the order they were conducted (e.g., SOC data are entered and submitted prior to recertification data).</td>
</tr>
</tbody>
</table>

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