Utilizing CASPER Home Health Reports to Assist in Operational Efficiency and Documenting Quality for Your Agency

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Objectives

• Be able to read and understand:
  – Agency Patient Related Characteristics
  – All Patient’s Risk Adjusted Outcome Report
  – Potentially Avoidable Event Report – Tabular
  – Potentially Avoidable Event Report -- Patient

• Determine your agency’s areas of concern based on your CASPER Reports

• Better prepare for your State Survey by utilizing your CASPER Report

• Understand the basics of implementing CASPER Reports into your Quality Improvement Plan
Why use the CASPER Reports?

- Cost-effective Quality Care
- Preparation for State Survey
- Agency Characteristics
- Evaluate Process Measures
- CMS’s’s intent
OASIS OBQI

OASIS OBQI/Outcome-Based Quality Improvement Reports

This page briefly describes the reports that can be used by agencies as part of their Outcome-Based Quality Improvement (OBQI) efforts - the Outcome Report, the Agency Patient-Related Characteristics Report, and the Patient Tally Report. It also holds the Outcome-Based Quality Improvement (OBQI) Manual (under Downloads below) which explains the reports in detail, discusses their use for quality improvement purposes, and provides step-by-step guidance on implementing the OBQI process.

The OBQI Outcome Report includes 37 risk-adjusted outcome measures, derived from OASIS data, which measure changes in a patient's health status between two or more time points. An example of an OASIS-based outcome measure is whether a patient improves in the ability to ambulate independently between home health start of care and discharge, with ambulation ability measured according to the precise zero-to-six scale in the OASIS-C ambulation item. The OBQI Outcome reports provided to agencies include a series of outcomes for their patients in the current year, compared to prior year and to national reference (i.e., benchmarking) values. HHAs can use the OBQI outcome measures as part of a systematic approach to continuously improving the quality of care they provide. By focusing quality improvement activities on select target outcomes, they can investigate the care processes that contributed to these outcomes, and make changes in clinical actions that will lead to improved patient outcomes. If the agency carefully implements the steps in this process, this change in patient outcomes is expected to be evident when the next
Outcome-Based Quality Improvement Manual (OBQI)

Outcome-Based Quality Monitoring Manual (OBQM)

Process-Based Quality Improvement Manual (PBQI)
Educational Resources

The educational resources on this web page are designed to increase national awareness of the OASIS-C instrument and associated materials. CMS has created four training videos related to OASIS-C and process measure items. They are available on YouTube as follows:

- The Process Based Quality Improvement (PBQI) process:
  [http://www.youtube.com/watch?v=hNno1GIVAPA](http://www.youtube.com/watch?v=hNno1GIVAPA)
- Accurately Responding to Process Items: Intervention Synopsis (M2400)
  [http://www.youtube.com/watch?v=XRJP85GQJVg](http://www.youtube.com/watch?v=XRJP85GQJVg)
- Accurately Responding to Process Items: Plan of Care Synopsis (M2250)
  [http://www.youtube.com/watch?v=H7mdobdiXr4](http://www.youtube.com/watch?v=H7mdobdiXr4)
- Accurately Responding to Process Items: Fall Risk Assessment (M1910)
  [http://www.youtube.com/watch?v=gUFeQZWQycY](http://www.youtube.com/watch?v=gUFeQZWQycY)

CMS also sponsored a 3-part series of National "Train the Trainer" conference calls on topics related to OASIS-C during October, November, and December 2009. Audio recording and transcript of these programs from the Provider Communication Group of Medicare Learning Network are located in the download section below. Original presentation materials from the National Provider Calls are available by clicking on the "CMS Sponsored Calls" link at left.

Downloads

- OASIS-C TTT Call 3 12-08-09 [ZIP, 18MB]
- OASIS-C TTT Call 3 Transcript 12-08-09 [PDF, 139KB]
• Access and review CASPER reports each month
• Understand what the reports are telling you
• Analyze the information
• Study HHA practices that are affecting your data
• Make changes to your HHA practices
• Observe differences in the reports
• The challenge in outcome analysis is to attempt to somehow separate changes due to care from those due to natural progression.

• This is achieved through risk adjustment.
Risk Adjustment

- Ensures fair comparison – “apples to apples”
- Analyzes an outcome and its multiple risk factors
- A different formula is developed for each Outcome to predict the expected value
- Agency’s actual outcome is then compared to the National Reference which is Risk Adjusted
OBQI
(Outcome-Based Quality Improvement)
What is OBQI?
Primary OBQI Reports

- OBQI Outcome Report
- Agency Patient-Related Characteristics Report (Formerly the Case Mix Report)
- Patient Tally Reports
• 39 risk-adjusted outcome measures, derived from OASIS data, which measure changes in a patient’s health status between two or more time points
  – 33 end-result (reflecting changes in health status)
  – 4 utilization outcomes based on OASIS data
  – 2 utilization outcomes based on Medicare claims
How to Read the Outcome Report

The most important features of the All Patients' Outcome Report are listed below. Each feature is numbered and corresponds to a pointer in the sample report on the next page.

Key to shades used in the bar chart: "Current" values are actual agency outcome rates calculated from data collected in the requested data collection period. "Prior" values are actual agency outcome rates calculated from data collected in the actual prior period noted above. "Reference" values reflect your agency's expected outcome rate given your specific agency patient-related characteristics or risk factor distribution for that outcome (for the risk-adjusted outcomes).

Outcome Headers: Describes the type of outcome measures listed immediately below the heading. The Outcome Report contains 37 risk-adjusted outcome measures — 33 end-result (reflecting changes in health status) and 4 utilization outcomes.

Bar Graphs: Indicate the percentage of patient cases who achieved the outcome for the given measure. For each measure, three bars are presented, corresponding to the "current," "prior," and "reference" groups.

Example: For the measure "Stabilization in Grooming," the first bar shows that 89.8% of the "current" patients stabilized, the second bar shows that 92.7% of patients from the "prior" period stabilized, and 92.8% of the "reference" patients stabilized.

Eligible Cases: The number of patient cases included in the group for which the outcome was computed.

Example: For the measure "Stabilization in Grooming," there were 353 cases from "current" data, 89.8% of which stabilized in grooming. From the "prior" period there were 352 cases, of which 92.7% stabilized, and there were 2,179,331 cases from the "reference" data, 92.8% of which stabilized.

Significance: This is relevant when outcomes are compared between sets of patient cases (for example, "current" vs. "reference") and indicates the level of statistical significance for the comparison. This value will always be between 0.00 and 1.00 and can be readily translated to percentage. The percentage is the probability that the result occurred by chance.

Example: For the measure "Stabilization in Grooming," 89.8% of "current" patient cases stabilized, compared with 92.8% of "reference" cases who stabilized. The "0.04" value in the significance column means there is a 4% probability that this difference (between 89.8% and 92.8%) is due to chance. Consequently, there is a 96% probability that the difference is not due to chance, but is a real phenomenon.

When a significance value is high (for example, 90), any difference should be disregarded or interpreted conservatively because there is a greater likelihood that the difference is due to chance (a 90% likelihood, in this case). When a significance value is low (for example, 0.01), the result should be considered important because there is a very small likelihood (1%) that the difference is due to chance. We suggest that you concentrate on differences where the significance value is 10% or less, as indicated by the single or double asterisks (or plus signs).
Formerly the “Case Mix Report”

- Can be found in OBQI and OBQM Manual
- A snapshot of HHA patient characteristics at the start or resumption of care, and discharge information including home health length of stay and need for emergency or hospital care.
  - Patient attributes or circumstances likely to impact health status
  - Allows the HHA to compare the characteristics of their patients to both a national reference sample and to their patients during a prior time period
How to Read the Agency Patient-Related Characteristics Report

The key features of the Agency Patient-Related Characteristics Report are listed below. In view of the large number of factors in the report, it is natural to expect that some differences should appear between a single agency's patient-related characteristics and the average patient-related characteristics of the reference sample. Each report feature is numbered and corresponds to a pointer in the sample report on the next page. This is a hypothetical Agency Patient-Related Characteristics Report for “Faircare Home Health Services.” Note: both the agency data and reference values are hypothetical.

**Current Mean**: Values in this column reflect agency patient-related characteristics averages (means) based on data collected during the actual current period in the upper right corner (in this example, this is 01/2011 to 12/2011). These values correspond to means or averages at start (or resumption) of care (SOC/ROC) for all patients during the report period.

**Prior Mean**: Values in this column reflect agency patient-related characteristics averages (means) based on data collected during the prior period indicated in the upper right corner (in this example, this is 01/2010 to 12/2010). These values correspond to means or averages at start (or resumption) of care (SOC/ROC) for all patients during the report period.

**Reference Mean**: Values in this column reflect agency patient-related characteristics averages based on a representative sample of patients from all agencies submitting OASIS data. Episodes of care ending between the beginning of January 2011 and the end of December 2011 (the same time period that as represented by Faircare’s data) are included in the reference sample.

**Significance**: Indicates whether or not a statistically significant difference exists between the “current” and “reference” means or the “current” and “prior” means. Significance levels of 01 or lower are marked with an asterisk (*) and levels of .01 or lower are marked with a double asterisk (**) for the current and prior comparison, plus signs (+, +) are used to indicate significance values. When a significant value is low (for example, .01), the results may be important because there is only a small likelihood (in this case, 1%) that the difference is due to chance. We suggest you examine only differences where the significance value is 1% or less, as indicated by the asterisks.

In fact, primarily because of the large reference sample, Agency Patient-Related Characteristics Reports may contain a substantial number of significant differences. When this occurs (as it frequently does, particularly for agencies with large numbers of patients), you should be attentive only to large differences between the means within the total of group asterisk (or plus sign) differences.

**Agency Patient-Related Characteristics Attributes Measured Using Scales**: Results for attributes measured using a health status scale (for example, a scale that takes on values between 0 and 5 as indicated by “0-5” after the attribute name) are expressed in terms of the average scale value for the attribute. The scale values are determined by the answer options provided for the specific data item in the OASIS. In general, higher scale values represent more impairment or a more severe condition than lower numeric values for the same measure.

**Example**: Under the section on Types of Assistance Provided, IADLs, the sample report shows that for Frequency of ADL/IADL, which is measured on a 1-5 scale, the average scale value for the current cases of Faircare Home Health Services is 2.89, compared with a mean of 2.68 for the prior period, and 2.68 for the reference average. This indicates slightly more disability on this measure for Faircare’s patients (a non-significant difference) compared to the prior period and compared to the reference average.

**Agency Patient-Related Characteristics Attributes Measured as Prevalence**: Results for attributes that are measured not by scales, but by simple presence or absence, have a “%” next to them. The values in the “Current Mean,” “Prior Mean,” and “Reference Mean” columns provide the percentage of patients with a given attribute.

**Example**: Under Therapies, the percentage of patients with IV Infusion therapy at start of care for Faircare Home Health Services is 7.2% in the current sample compared with 7.0% for the prior time period and 6.4% in the reference sample (non-significant differences).
• Characteristics of Patients cared for affects decisions of the HHA regarding:
  – The need to develop or modify policies, procedures or protocols
  – Possible care path development or disease management approaches
  – Decisions about obtaining or developing patient education materials; and
  – Examining potential areas where increased care coordination may be indicated
Utilization of Patient-Related Report

• Review current staffing
• Agency Strategic Planning and Program Development
  – Resource allocation
  – Budget development
• Verify “hunches” about changes in patient characteristics over time
Patient Tally Reports

• There are 2 separate tally reports available:
  – Individual patient’s characteristics data at SOC or ROC
  – Outcome information for each patient case included in the Outcome Report and the Process Quality Measure Report
### Agency Patient-Specific Characteristics (Case Mix) Tally Report

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>SOC/ROC Date</th>
<th>Gender</th>
<th>Race</th>
<th>Age</th>
<th>Medicare</th>
<th>Any Medicare</th>
<th>Any HMO</th>
<th>Any Medicaid</th>
<th>Private Third Party</th>
<th>Episode Start</th>
<th>Referral Date vs. SOC/ROC</th>
<th>Referral Source vs. SOC/ROC</th>
<th>Lifestyle</th>
<th>Sensory Status</th>
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<td>N</td>
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<tr>
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<td>n</td>
<td>y</td>
<td>n</td>
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<td>0</td>
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<td>Byrne</td>
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<td>y</td>
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<td>81</td>
<td>y</td>
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<td>n</td>
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<td>0</td>
<td>1</td>
<td></td>
<td>y</td>
<td>1 1 3 4</td>
</tr>
</tbody>
</table>

*This sample report for illustrative purposes only. Data on actual Tally Reports that agencies will receive will be presented in a different order.*
### Outcome Tally Report

**Agency Name:** FAIRCARE HOME HEALTH SERVICES  
**Agency ID:** HHA01  
**Location:** ANYTOWN, USA  
**CCN:** 007001  
**Medicaid Number:** 9998888001  
**Data Reported:** 03/21/2012

#### Report Period: 01/2010-12/2010

| Patient Name | SOC/ROC Date | Improvement in Light Meal Preparation | Stabilization in Light Meal Preparation | Improvement in Phone Use | Stabilization in Phone Use | Improvement in Gmt of Oral Meds | Stabilization in Gmt of Oral Meds | Improvement in Diet & Activity | Stabilization in Diet & Activity | Improvement in Speech & Language | Stabilization in Speech & Language | Improvement in Status of Surgical Wounds | Stabilization in Status of Surgical Wounds | Improvement in Urinary Incontinence | Stabilization in Urinary Incontinence | Improvement in Incontinence Frequency | Stabilization in Incontinence Frequency | Improvement in Cognitive Functioning | Stabilization in Cognitive Functioning | Improvement in Anxiety Level | Stabilization in Anxiety Level | Improvement in Behavioral Problem Free | Stabilization in Behavioral Problem Free | Discharge to Community | Acute Care Hospitilization |
|--------------|--------------|--------------------------------------|----------------------------------------|--------------------------|----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------|
| Anderson,    | 06/12/10     | x o o o o o o o o o o o o o o o x   | x x x x x x x x x x x x x x x x x x x x | x x x x x x x x x x x x x x x x x x x x |
| Brown,       | 06/12/10     | x o o o o o o o o o o o o o o o x   | x x x x x x x x x x x x x x x x x x x x | x x x x x x x x x x x x x x x x x x x x |
| Byrne,       | 08/24/10     | o o x x x x x x x x x x x x x x x   | o o x x x x x x x x x x x x x x x x x x | o o x x x x x x x x x x x x x x x x x x |
CMS Recommended Improvement Plan:

- Review report
- Select Outcome
- Investigate
- Develop a Plan of Action
- Develop Action Strategies
- Monitor the Plan of Action
- Expect Improvement
CMS recommends this order of priority:

1. Statistically significant outcome differences
2. Larger magnitude of the outcome differences
3. Adequate number of cases (minimum of 30)
4. The actual significance levels of the differences
5. Importance or relevance to your agency's goals
6. Clinical significance
When to expect improvement

12-15 months!
OBQM
(Outcome-Based Quality Monitoring)
Primary OBQM Reports

• Agency Patient-Related Characteristics Report (Formerly the Case Mix Report)
• Potentially Avoidable Event Report (Formerly the Adverse Event Report)
  – Graphical Report
  – Tabular Report
• Potentially avoidable events serve as markers for potential problems because of their negative nature and relatively low frequency

• They are outcome measures
  – Represent a change in health status between SOC or ROC and discharge or transfer
How to Read the (Graphical) Potentially Avoidable Event Report

The key features of the (graphical) Potentially Avoidable Event Report are listed below. Each feature is numbered and corresponds to a pointer in the sample report on the next page. This is a hypothetical Potentially Avoidable Event Report for “Faircare Home Health Services.” Note: both the agency data and reference data are hypothetical.

1. **Requested/Actual Current Period.** This period is defined by two dates (Requested = 01/2011-12/2011 and Actual = 01/2011-12/2011) that encompass all episodes of care based on discharge/transfer dates, which contributed to the Potentially Avoidable Event Report. Note: These are reported in calendar month increments only, and the time period is inclusive of the starting and ending months. While this sample report is for a 12-month period, agencies may specify other time periods (e.g., one quarter).

2. **Number of Cases in Current and Prior Period.** The number of Faircare’s patients in the current and prior reporting periods for whom data were analyzed to produce the Potentially Avoidable Event Report. If a patient was admitted and discharged more than once in the period, each episode of care is counted as a case. For agencies that place patients admitted to an inpatient facility on “hold” status (meaning that patients who are admitted to an inpatient facility for 24 hours or longer are not discharged from the agency), an episode of care ends with an admission to the inpatient facility. A new episode of care begins at resumption of care.

3. **Number of Cases in Reference Sample:** The total number of reference or comparison cases used to derive the reference incidence rates for the Potentially Avoidable Event Report. This is a national sample of home health episodes ending between 01/2011-12/2011 (the same time interval as the “current” period for Faircare’s patients).

The following terms pertain to each of the separate potentially avoidable events for which findings are presented (e.g., emergent care for falls, emergent care for wounds or infections).

4. **Eligible Cases.** The number of patients (at Faircare or in the reference sample) for whom each specific potentially avoidable event could have occurred. This number varies from one specific potentially avoidable event to another, primarily due to the selective inclusion of patients determined to be “at risk” for specific avoidable events.

5. **Agency Incidence.** The number of potentially avoidable events that occurred in the agency sample divided by the number of eligible cases for that potentially avoidable event measure, expressed as a percentage.

   **Example:** The number of eligible cases for Substantial Decline in Management of Oral Medications is 372 at Faircare Home Health Services. Since this particular potentially avoidable event occurred for 4 cases, then the agency incidence is 4/372 or 1.1%.

6. **Reference Incidence.** The number of potentially avoidable events that occurred in the reference group divided by the number of eligible cases for the reference group, expressed as a percentage.

   **Example:** The potentially avoidable event corresponding to emergent care for Substantial Decline in Management of Oral Medications has a reference incidence of 0.7%. This is lower than the aforementioned 1.1% for Faircare Home Health Services, indicating that the incidence rate for this particular potentially avoidable event is higher at Faircare than is the case for the reference sample. Owing to the nature of potentially avoidable events, it would be appropriate for Faircare to investigate how and why this potentially avoidable event occurred for individual patients.

* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.
* The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.
* The probability is 1% or less that this difference is due to chance, and 99% or more that the difference is real.
* The probability is 0% or less that this difference is due to chance, and 100% or more that the difference is real.
### How to Read the (Tabular) Potentially Avoidable Event Report

The key features of the (tabular) Potentially Avoidable Event Report are listed below. Each feature is numbered and corresponds to a pointer in the sample report on the next page. This is a hypothetical Potentially Avoidable Event Report for “Faircare Home Health Services.” Note: both the agency data and the reference data are hypothetical.

#### Requested/Actual Current Period: This period is defined by two dates (Requested = 01/01/2011-2012 and Actual = 01/01/2011-2011) that encompass all episodes of care (based on discharge/transfer date), which contributed to the Potentially Avoidable Event Report. Note: these are reported in calendar month increments only, and the time period is inclusive of the starting and ending months. While this sample report is for a 12-month period, agencies may specify other time periods (e.g., one quarter).

#### Number of Cases in Current Period: The number of Faircare’s patients in the current reporting period for whom data were analyzed to produce the Potentially Avoidable Event Report. If a patient was discharged more than once in the same episode of care and was counted as a case. For agencies that place patients admitted to an inpatient facility on “hold” status (meaning that patients who are admitted to an inpatient facility for 24 hours or longer are not discharged from the agency), an episode of care ends with an admission to the inpatient facility. A new episode of care begins at resumption of care.

#### Number of Cases in Reference Sample: The total number of reference or comparison cases used to derive the reference incidence rates for the Potentially Avoidable Event Report. This is a national sample of home health care patients with episodes of care ending between 01/01/2011-2011. Whenever reports are generated, the time span for selection of reference sample cases will match the time span for selection of agency cases (current period).

The following terms pertain to each of the separate potentially avoidable events for which findings are presented (e.g., Emergent Care for Injury Caused by Fall, Substantial Decline in Management of Oral Medications):

#### Complete Data Cases: The number of patients at Faircare for whom the specific potentially avoidable event could have occurred. This number varies from one specific potentially avoidable event to another, primarily due to selective inclusion of patients “at risk” for a specific potentially avoidable event.

#### Number of Events: The number of times the indicator potentially avoidable event occurred among Faircare’s patients for the time period covered by the report.

#### Agency Incidence: The number of potentially avoidable events that occurred in the agency sample divided by the number of complete data cases for that potentially avoidable event measure, expressed as a percentage.

*Example:* The number of complete data cases for Substantial Decline in Management of Oral Medications is 372 at Faircare Home Health Services. Since this particular potentially avoidable event occurred for 4 cases, then the agency incidence is 4/372 or 1.1%.

#### Reference Incidence: The number of potentially avoidable events that occurred in the reference group divided by the number of complete data cases for the reference group, expressed as a percentage.

*Example:* The potentially avoidable event corresponding to emergent care for Substantial Decline in Management of Oral Medications has a reference incidence of 0.7%. This is lower than the aforementioned 1.1% for Faircare Home Health Services, indicating that the incidence rate for this particular potentially avoidable event is higher at Faircare than is the case for the reference sample. Owing to the nature of potentially avoidable events, it would be appropriate for Faircare to investigate how and why this potentially avoidable event occurred for individual patients.

#### Patient ID, Name, Gender, Birth Date, SOC/ROC, DC/Transfer: The (agency-defined) identification numbers of all patients for whom the potentially avoidable event occurred in the agency are enumerated, along with name, gender, date of birth, the start of care or resumption of care (SOC/ROC) date and discharge or transfer date (DC) for each such patient. Patients discharged to an inpatient facility may contribute to a specific potentially avoidable event count or incidence rate. Patient-specific information is enumerated so that agency staff can investigate circumstances associated with the potentially avoidable event for individual patients of their choosing.

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<thead>
<tr>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/Transfer</th>
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<td>10/16/2010</td>
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</tbody>
</table>
CMS Recommended Improvement Plan:

1. Prioritize the potentially avoidable event outcomes to investigate first
2. Identify the care provided to patients in tabular Potentially Avoidable Events Report
3. Select instance of problematic care provision
4. Review clinical records for the selected cases
5. Develop an Improvement plan
6. Implement Improvement plan
7. Continued review of Potentially avoidable Event reports for change in the incidence of the potentially avoidable events in the agency
When to expect improvement

5-6 months!
PBQI
(Process-Based Quality Improvement)
Process Quality Measure Report

• Provides opportunity to use process measures for process-based quality improvement purposes
  – Evaluating or investigating the use of specific best care processes by reviewing the care provided to determine any needed changes in care delivery
  – Systematically documenting recommendations for change in written plan; and
  – Thorough implementation and continual monitoring of the plan in order to effectively change care delivery
## Publicly Reported Process Measures

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>PBQI</th>
<th>HH Compare</th>
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<tbody>
<tr>
<td><strong>Timely Care</strong></td>
<td>Timely Initiation of Care</td>
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<td>X</td>
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<tr>
<td><strong>Care Coordination</strong></td>
<td>Physician Notification Guidelines Established</td>
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<tr>
<td><strong>Assessment</strong></td>
<td>Depression Assessment Conducted</td>
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<tr>
<td></td>
<td>Multifactor Fall Risk Assessment Conducted for Patients 65 and Over¹</td>
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<td>Pain Assessment Conducted</td>
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<td>Pressure Ulcer Risk Assessment Conducted</td>
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<td>Pressure Ulcer Treatment Based on Principles of Moist Wound Healing in Plan of Care</td>
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<td></td>
</tr>
</tbody>
</table>

¹ Multifactor Fall Risk Assessment Conducted for Patients 65 and Over

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## Publicly Reported Process Measures

<table>
<thead>
<tr>
<th>Care Plan Implementation</th>
<th>Depression Interventions Implemented During Short Term Episodes of Care</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Depression Interventions Implemented During Long Term Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Depression Interventions Implemented During All Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Diabetic Foot Care and Patient/Caregiver Education Implemented During Long Term Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Diabetic Foot Care and Patient/Caregiver Education Implemented During All Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Heart Failure Symptoms Addressed During Short Term Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Heart Failure Symptoms Addressed During Long Term Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Heart Failure Symptoms Addressed During All Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Pain Interventions Implemented During Short Term Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Pain Interventions Implemented During Long Term Episodes of Care</td>
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<tr>
<td></td>
<td>Pain Interventions Implemented During All Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During Short Term Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During Long Term Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During All Episodes of Care</td>
<td>X</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Drug Education on High Risk Medications Provided to Patient/Caregiver at Start of Episode</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Drug Education on All Medications Provided to Patient/Caregiver During Short Term Episodes of Care</td>
<td>X  (X^2)</td>
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<tr>
<td>Drug Education on All Medications Provided to Patient/Caregiver During Long Term Episodes of Care</td>
<td>X</td>
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<tr>
<td>Drug Education on All Medications Provided to Patient/Caregiver During All Episodes of Care</td>
<td>X</td>
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</tr>
<tr>
<td>Prevention</td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Falls Prevention Steps Implemented for Short Term Episodes of Care</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Falls Prevention Steps Implemented for Long Term Episodes of Care</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Falls Prevention Steps Implemented for All Episodes of Care</td>
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<tr>
<td>Influenza Immunization Received for Current Flu Season</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>Influenza Immunization offered and Refused for Current Flu Season</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Influenza Immunization Contraindicated</td>
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<td></td>
</tr>
<tr>
<td>Pneumococcal Polysaccharide Vaccine Ever Received</td>
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<td></td>
</tr>
<tr>
<td>Pneumococcal Polysaccharide Vaccine Offered and Refused</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Polysaccharide Vaccine Contraindicated</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Potential Medication Issues Identified and Timely Physician Contact at Start of Episode</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Potential Medication Issues Identified and Timely Physician Contact During Short Term Episodes of Care</td>
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<td></td>
</tr>
<tr>
<td>Potential Medication Issues Identified and Timely Physician Contact During Long Term Episodes of Care</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Potential Medication Issues Identified and Timely Physician Contact During All Episodes of Care</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pressure Ulcer Prevention Implemented During Short Term Episodes of Care</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>Pressure Ulcer Prevention Implemented During Long Term Episodes of Care</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pressure Ulcer Prevention Implemented During All Episodes of Care</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Why Measure Care Processes?

- Evaluate elements of care under HHA’s control;
- Promote use of specific evidence-based care practices;
- Evaluate the impact of use of best care practices on patient outcomes;
- For use in HHA performance improvement activities;
- For use in public reporting to assist consumers in across-agency comparisons
- For potential use in future quality-based purchasing systems
- To promote improvements in patient care across settings
Process Quality Measure Report

Agency Name: FAIRCARE HOME HEALTH SERVICES
Agency ID: NHA01
Location: ANYTOWN, USA
CCN: 007001 Branch: All
Medicaid Number: 998886001
Date Report Printed: 03/21/2012

Requested Prior Period: 01/2010 - 12/2010
Actual Prior Period: 01/2010 - 12/2010
# Cases: Curr 701 Prior 601
Number of Cases in Reference Sample: 3569067

All Patients’ Process Quality Measure Report

<table>
<thead>
<tr>
<th>Measure</th>
<th>Elig. Cases</th>
<th>Signif</th>
<th>Current</th>
<th>Prior</th>
<th>National Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely Initiation of Care</td>
<td>701</td>
<td></td>
<td>701</td>
<td>66%</td>
<td>77% (543)</td>
</tr>
<tr>
<td>Timely Initiation of Care</td>
<td>652</td>
<td></td>
<td>652</td>
<td>66%</td>
<td>73%</td>
</tr>
<tr>
<td>Timely Initiation of Care</td>
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<td></td>
<td>3569067</td>
<td>66%</td>
<td>73%</td>
</tr>
<tr>
<td>Physician Notification Guidelines</td>
<td>701</td>
<td></td>
<td>701</td>
<td>71%</td>
<td>76% (531)</td>
</tr>
<tr>
<td>Established</td>
<td>652</td>
<td>0.00</td>
<td>652</td>
<td>71%</td>
<td>76% (531)</td>
</tr>
<tr>
<td>Physician Notification Guidelines</td>
<td>3569067</td>
<td>0.00</td>
<td>3569067</td>
<td>71%</td>
<td>76% (531)</td>
</tr>
<tr>
<td>Depression Assessment Conducted</td>
<td>701</td>
<td></td>
<td>701</td>
<td>46%</td>
<td>66% (420)</td>
</tr>
<tr>
<td>Depression Assessment Conducted</td>
<td>652</td>
<td>0.00</td>
<td>652</td>
<td>46%</td>
<td>66% (420)</td>
</tr>
<tr>
<td>Depression Assessment Conducted</td>
<td>3569067</td>
<td>0.00</td>
<td>3569067</td>
<td>46%</td>
<td>66% (420)</td>
</tr>
<tr>
<td>Multifactor Fall Risk Assessment Conducted For Patients 65 And Over</td>
<td>418</td>
<td>0.50</td>
<td>418</td>
<td>87%</td>
<td>87% (362)</td>
</tr>
<tr>
<td>Multifactor Fall Risk Assessment Conducted For Patients 65 And Over</td>
<td>389</td>
<td>0.50</td>
<td>389</td>
<td>88%</td>
<td>88% (362)</td>
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<tr>
<td>Multifactor Fall Risk Assessment Conducted For Patients 65 And Over</td>
<td>2127921</td>
<td>0.21</td>
<td>2127921</td>
<td>89%</td>
<td>89% (362)</td>
</tr>
<tr>
<td>Pain Assessment Conducted</td>
<td>701</td>
<td></td>
<td>701</td>
<td>96%</td>
<td>96% (675)</td>
</tr>
<tr>
<td>Pain Assessment Conducted</td>
<td>652</td>
<td>0.85</td>
<td>652</td>
<td>97%</td>
<td>96% (675)</td>
</tr>
<tr>
<td>Pain Assessment Conducted</td>
<td>3569067</td>
<td>0.85</td>
<td>3569067</td>
<td>97%</td>
<td>96% (675)</td>
</tr>
<tr>
<td>Pressure Ulcer Risk Assessment Conducted</td>
<td>701</td>
<td></td>
<td>701</td>
<td>74%</td>
<td>74% (518)</td>
</tr>
<tr>
<td>Pressure Ulcer Risk Assessment Conducted</td>
<td>652</td>
<td>0.00</td>
<td>652</td>
<td>81%</td>
<td>74% (518)</td>
</tr>
<tr>
<td>Pressure Ulcer Risk Assessment Conducted</td>
<td>3569067</td>
<td>0.00</td>
<td>3569067</td>
<td>81%</td>
<td>74% (518)</td>
</tr>
</tbody>
</table>

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OBQI begins with HHA-level clinical outcomes, then proceeds with:

- Selection of specific outcomes
- Evaluation of care that produced the outcomes
- Development of Plan of action to improve care
- Implementation and monitoring of the plan of action

PBQI starts with HHA-level compliance with best practices:

- Selection of specific care processes
- Assessment of reasons for low rates of compliance with best practices
- Development of plan of action to improve compliance with best practices
- Implementation and monitoring of the plan of action
The Role of OBQI, OBQM and PBQI in the Agency’s Overall Quality Program
• State Survey Agencies have access to the OBQI, OBQM and Process Quality reports (in CASPER – See list)
• Review Prior to going onsite
• May assist them to identify areas of focus during the onsite survey
• Surveyors expect HHA to use Reports in Quality Program
CoP: Evaluation of Agency’s Program (484.52)

1. Standard: Policy and Administrative Review - 484.52(a)

- expectation of policies and administrative practices to promote patient care that is adequate, effective and efficient

- mechanisms are to be established in writing for the collection of pertinent data to assist in evaluation
CoP: Evaluation of Agency’s Program (484.52)

2. Standard: Clinical Record Review - 484.52(b)

– Quarterly record review is required to determine whether established agency policies are being followed in the provision of care

– investigations are part of the agency’s overall quality monitoring and improvement plan
**EXHIBIT 285**
**WORKSHEET**
**OBQM & OBQI REPORTS - PRE-SURVEY PROCESS AND SAMPLE SELECTION**

### Adverse Event Outcome Report
(for most recent quarter, or longer if necessary to reach 60 patients)

<table>
<thead>
<tr>
<th>Tier 1 AE Outcomes</th>
<th>Any Patients Listed?</th>
<th>Difference ≥ Two Times Ref. Value?</th>
<th>Area for Focus (check box)</th>
<th>Record Review* (check box)</th>
<th>Home Visit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent Care for Injury Caused by Fall or Accident at Home</td>
<td>Y □ N □</td>
<td>N/A</td>
<td>□</td>
<td>□</td>
<td>yes</td>
</tr>
<tr>
<td>Emergent Care for Wound Infections, Deteriorating Wound Status</td>
<td>Y □ N □</td>
<td>N/A</td>
<td>□</td>
<td>□</td>
<td>yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2 AE Outcomes</th>
<th>Any Patients Listed?</th>
<th>Difference ≥ Two Times Ref. Value?</th>
<th>Area for Focus (check box)</th>
<th>Record Review* (check box)</th>
<th>Home Visit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent Care for Improper Medication Administration, Medication Side Effects</td>
<td>Y □ N □</td>
<td>Y □ N □</td>
<td>□</td>
<td>□</td>
<td>Y □ N □</td>
</tr>
<tr>
<td>Emergent Care for Hypo/Hyperglycemia</td>
<td>Y □ N □</td>
<td>Y □ N □</td>
<td>□</td>
<td>□</td>
<td>Y □ N □</td>
</tr>
<tr>
<td>Substantial Decline in ≥ Three Activities of Daily Living</td>
<td>Y □ N □</td>
<td>Y □ N □</td>
<td>□</td>
<td>□</td>
<td>no</td>
</tr>
<tr>
<td>Discharged to the Community Needing Wound Care or Medication Assistance</td>
<td>Y □ N □</td>
<td>Y □ N □</td>
<td>□</td>
<td>□</td>
<td>no</td>
</tr>
<tr>
<td>Discharged to the Community Needing Toileting Assistance</td>
<td>Y □ N □</td>
<td>Y □ N □</td>
<td>□</td>
<td>□</td>
<td>no</td>
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<tr>
<td>Discharged to the Community with Behavioral Problems</td>
<td>Y □ N □</td>
<td>Y □ N □</td>
<td>□</td>
<td>□</td>
<td>no</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<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>□ 10% lower</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Bathing</td>
<td>□ 10% lower</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Transferring</td>
<td>□ 15% lower</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Ambulation/Locomotion</td>
<td>□ 7% lower</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Management of Oral Medication</td>
<td>□ 10% lower</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Dyspnea</td>
<td>□ 15% lower</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Incontinence</td>
<td>□ 20% lower</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Acute Care Hospitalization</td>
<td>□ 10% higher</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Pain Interfering w/Activity</td>
<td>□ 15% lower</td>
<td>Y □ N □</td>
<td>□</td>
</tr>
<tr>
<td>Improvement in Status of Surgical Wounds</td>
<td>□ 10% lower</td>
<td>Y □ N □</td>
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</tr>
<tr>
<td>Other</td>
<td>□</td>
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<td>□</td>
</tr>
</tbody>
</table>

### OBQI Case Mix 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 outcomes.
*** Select one to two HV w/RR and (opt) one to two RR w/o HV.
Big Picture

- Access and review CASPER reports each month
- Understand what the reports are telling you
- Analyze the information
- Study HHA practices that are affecting your data
- Make changes to your HHA practices
- Observe differences in the reports
Questions?
Thank You!

Pathway Health Services is a phone call away. We are able to provide assistance onsite or from afar!

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