

Porchlight a 5 Star Agency

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Porchlight VNA/Home Care

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attracting referrals: Porchlight a 5 Star Agency



Porchlight Mission

Porchlight VNA/Home Care is guided by a tradition of patient-centered care combined with clinical and technological excellence. We are dedicated to providing the highest quality services, with compassion and respect, to our communities and home-based patients.

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Overview of 5 Star Operational Best Practices

- Technology
 - Electronic Medical Record (EMR) – Homecare Homebase
 - Web-based system
 - Strategic Health Partners (SHP)
 - Tele-health-Honeywell HomMed
 - Outsource coding - Quality in Real Time(qirt)
- Staff
 - Senior Management involvement
 - Clinical Manager – Review of chart, meetings with clinicians, team meetings
- Operations
 - New work flow – accountability
 - Quality calls to Patients
 - Clinically Integrated Network membership

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Electronic Medical Record

- Administrative workflows changed for everyone in the organization
- This is an orders driven system – nothing can be completed without an order
- Accountability increased
- Quality check on the upfront
- Review of Oasis questions
- Staff education provided by the Clinical Manager
- Redesign of EMR Pathways. Best practices built into the EMR so clinician delivery of care is consistent

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Capturing Performance Data

- Strategic Health Partners (SHP)
- SHP shows us real-time data analytics and benchmarking
- Home Health Quality Improvement (HHQI)
- Quality in Real Time(Qirt) – Outsource coding for ICD10

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OASIS Alerts



Customer 9991: Email Alerts from SHP (01-14_10:01:22-8862)

SHP Data Services <noreply@shpdata.com>
to Superior Home Health

SHP ProviderID: 9991
Superior Home Health
23 Alerts found in file: 01-14_10:01:22-9991

SHP has detected Alerts in your most recently uploaded OASIS data. To see the details of this report on the web, click on or cut and paste the link below into your web browser:
<https://secure.shpdata.com/Agencies/AlertManager?AlertId=47747344>
or use one of the hyperlinks below:

Jump to Section Below – Details by:
[Alert Type](#) - [Clinician](#) - [Case Manager](#) - [Team](#)

Details by Alert Type:

All Oasis Accuracy Alerts	16
Note: Alerts may be present in more than one subgroup	
Case Mix Accuracy	8
Coding Accuracy	13
General Accuracy	11

Details by Alert Type:

[All Oasis Accuracy Alerts](#)

Note: Alerts may be present in more than one subgroup

[Case Mix Accuracy](#)

[Coding Accuracy](#)

[General Accuracy](#)

16	may be a candidate for hospice referral	3
	at high risk of hospitalization	1
8		2
13	decline (Non-OBQI)	1
11		1
	Quality Measures	3
	received - Ever	1
	PM: Flu Vaccine Received - Current Season	1
	PM: Med Issues Identified/Dr Contact at SOE	1

All Potentially Avoidable Events

Congratulations! SHP did not detect any Potentially Avoidable Events in your OASIS data.

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Manage by Alert Category

Viewing Data Porchlight VNA Oct 08 06:16 AM (5 Alert(s) for 33708)

Providers: Enterprise Porchlight VNA

Manage By: E-mail Alerts Oct 08 06:16 AM (5 Alert(s) for 33708)

Alert Status: All

Options: Reset Default Options User Guide

My Views

Group by: Alert Category

Submit Feedback Total Open Alerts in Results: 0

Alert Category >> Assessment >> Alert	Status	Open	Closed
OASIS Accuracy		0	2
CHI00000981401 10/07/2015 (03) ROC C2F2S1 ✓		0	2
<input checked="" type="checkbox"/> DX Patient has an ICD code that is invalid for this assessment's M0090 date.	Resolve Pend		Pending
<input checked="" type="checkbox"/> S DX Patient has a DX of paralysis or other condition affecting functional skills and M1910 indicates patient at risk for falls, but ADLs contradict.	Resolve Pend		Pending
Outcome		0	1
CHI00002111801 10/06/2015 (06) Transfer		0	1
<input checked="" type="radio"/> H Acute Care Hospitalization	Resolve Pend		Pending
Predictive		0	1
CHI00000981401 10/07/2015 (03) ROC C2F2S1 ✓		0	1
<input checked="" type="radio"/> Patient is at moderate risk of hospitalization.	Dismissed		
Process Measure		0	1
CHI000002111801 10/06/2015 (06) Transfer		0	1
<input checked="" type="radio"/> H Process Measure Not Met: Influenza Immunization Received For Current Flu Season	Resolve Pend		Pending

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Real-time OASIS/Coding Review

SHP SHP for Agencies - Alert Details

Search Results

Run Date: 10/8/2015

☒ Eco-Friendly

Alert Category: OASIS Accuracy

Assessment: 10/07/2015 (03) ROC View Revenue: C2F2S1 ✓

Patient: [Redacted] Clinician: [Redacted]

Patient ID: CHI00000981401 Case Mgr: [Redacted]

Age: [Redacted] Team: [Redacted] ProviderID: 33708

Telehealth? No Physician: [Redacted] SHP#: 71137132

☒ **S** **DX** Alert Type: OASIS Accuracy 105001062 ☒ **Resolve Pend**

Patient has a DX of paralysis or other condition affecting functional skills and M1910 indicates patient at risk for falls, but ADLs contradict.

PPS # 14, 16, 18, 46, 47, 48, 49, 50, 51 may apply if more severe ADL/IADL scores indicated in M1810-M1860

Relevant Measures	Current Assessment
M1021a Primary DX	M17.9 - Osteoarthritis of knee, unspecified
M1910 Fall Risk Assessment	2 - Assessed, patient at risk
M1840 Toilet Transferring	1 - Able when reminded, assisted, or supervised
M1850 Transferring	1 - Able to transfer with minimal assistance or a device

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Clinician Overview & Scorecard

SHP Clinician Overview									
SHP for Agencies Superior Outcomes Home Health - Santa Maria Provider ID: 99012 Report Date: 10/10/2019									
Aggregate Scores		SHP Usage		Avg Case Weight		Publicly Reported Measures			
SOC/ROC	TRF/DC	Edits Resolved	Edits Not Addressed	AI Final Claim	% AI Final Claim	HHCAPHS Overall Avg	Outcomes Improved	PAIs	Process Measures Met
High/Low Better (+/-)	High/Low Better (+/-)	+	-	High/Low Better (+/-)	High/Low Better (+/-)	High/Low Better (+/-)	High/Low Better (+/-)	High/Low Better (+/-)	High/Low Better (+/-)
SHP National Avg		18.48%	64.08%	1.27	1.26 16%	85.35%	85.44%	0.53%	85.48%
SHP State (CA) Avg		19.23%	60.29%	1.16	1.16 11%	82.88%	81.21%	0.50%	86.95%
Agency Avg	587 256					53.63%	0.56%	81.06%	
SOC Clinicians									
DEMO Clinician 1	65 53	19.12%	53.62%	0.95	1.01 11%	85.88%	73.90%	0.00%	89.58%
DEMO Clinician 2	35 30	26.47%	39.71%	0.98	1.22 24%	83.75%	66.67%	0.00%	96.12%
DEMO Clinician 3	121 106	32.76%	72.07%	0.99	1.22 24%	83.33%	74.36%	0.56%	94.24%
DEMO Clinician 4	72 63	23.08%	43.59%	1.09	1.58 56%	86.12%	50.13%	0.00%	88.47%
DEMO Clinician 5	7 7	0.00%	75.00%	1.22	1.43 31%	87.50%	81.82%	0.00%	96.77%
DEMO Clinician 6	111 93	11.39%	41.77%	0.99	1.27 28%	79.45%	73.89%	0.02%	91.07%
DEMO Clinician 7	70 65	14.93%	28.36%	1.01	1.33 32%	85.05%	75.36%	1.00%	94.93%

Individual Scorecards Show:

- Productivity
- Top 5 diagnosis
- SHP utilization
- Financial metrics
- Outcomes
- Potentially avoidable events
- Process measures
- HHCAPHS
- Trended performance
- Visit utilization

- The clinician overview gives a color-coded side-by-side comparison of clinicians
- Drill-down to the clinician scorecard for detailed breakdowns and trending

Clinician Scorecard										SHP for Agencies	
09/01/2019 - 12/31/2019										Report Date: 11/4/2019	
Clinician:											
Admissions and Discharges											
Clinician	Year	Agency	Total	Agency	Year	Agency	Total	Agency	Year	Agency	Total
Admits SOC/ROC in Reporting Period	132	61	1.32%	1.32%	1.32%	1.32%	1.32%	1.32%	1.32%	1.32%	1.32%
DCs TRF/DC in Reporting Period	101	41	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%	6.08%
Top Five Primary Diagnosis Categories											
Clinician	Year	Agency	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP
Aftercare	15.18%	21.38%	10.07%	10.07%	10.07%	10.07%	10.07%	10.07%	10.07%	10.07%	10.07%
Injury/Poisoning	18.18%	8.89%	10.62%	10.62%	10.62%	10.62%	10.62%	10.62%	10.62%	10.62%	10.62%
Circulatory	8.89%	5.27%	9.44%	9.44%	9.44%	9.44%	9.44%	9.44%	9.44%	9.44%	9.44%
Musculoskeletal/Connective Tissue	7.50%	10.45%	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%
Respiratory	7.50%	0.00%	0.00%	21.00%	6.10%	6.10%	6.10%	6.10%	6.10%	6.10%	6.10%
SHP Usage											
Clinician	Year	Agency	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP
Resolved	18.52%	21.38%	10.07%	24.00%	19.79%	10.07%	21.00%	18.48%	10.07%	21.00%	18.48%
Unresolved	11.11%	23.61%	9.17%	0.00%	8.80%	10.07%	9.40%	10.00%	10.07%	9.40%	10.00%
Declined	17.34%	16.64%	6.67%	1.00%	6.56%	6.71%	5.54%	6.20%	6.71%	5.54%	6.20%
Ignored	10.00%	2.00%	1.47%	0.00%	1.00%	1.00%	0.00%	1.00%	1.00%	0.00%	1.00%
Total Addressed (Not Pending)	20.97%	38.99%	61.47%	25.00%	63.67%	64.11%	62.47%	64.98%	64.11%	62.47%	64.98%
Financial Performance Metrics											
Clinician	Year	Agency	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP
Avg Case Weight at Start	0.98	0.98	1.12	1.37	1.03	1.20	1.31	1.26	1.20	1.31	1.26
Avg Case Weight at End	1.12	1.12	1.12	1.37	1.20	1.20	1.31	1.27	1.20	1.31	1.27
Avg Case Weight at End vs Start	1.12	1.12	1.12	1.37	1.20	1.20	1.31	1.27	1.20	1.31	1.27
Case Weight - Resource Variance (RAP vs Actual)	10.00%	20.00%	10.00%	20.00%	10.00%	10.00%	21.00%	10.00%	10.00%	21.00%	10.00%
Up/Down	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Declined	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Outcome Measures											
Clinician	Year	Agency	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP
Bathing	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Bed Transfer	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Ambulation	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Management of Oral Meds	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Dyspnea	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Pain Interfering w/ Activity	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Status of Surgical Wound	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Urinary Incontinence	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Total Improved	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Declined	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Bathing	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Bed Transfer	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Ambulation	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Management of Oral Meds	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Dyspnea	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Pain Interfering w/ Activity	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Status of Surgical Wound	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Urinary Incontinence	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Total Declined	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Home Health Compare											
Clinician	Year	Agency	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP	SHP
Improved (Home Health Compare)	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Declined	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%

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Scorecard: Clinician Detail

Admissions and Discharges		SOC/ROC Clinician	Your Agency Avg	Your Agency Total	Percent of Agency Total Completed by SOC/ROC Clinician		
Admits SOC/ROC in Reporting Period		151	20	730	20.68%		
DCs TRF/DC in Reporting Period		134	21	714	18.77%		

Top Five Primary Diagnosis Categories	SOC/ROC Clinician	Your Agency	SHP State (MA)			SHP National		
			SN	PT	Agency	SN	PT	Agency
Aftercare	26.72%	26.82%	20.87%	7.07%	19.21%	18.82%	6.55%	17.20%
Injury/Poisoning	10.34%	8.48%	7.72%	2.18%	7.05%	6.41%	1.15%	5.73%
Circulatory (not HTN, HF or CVD)	9.48%	7.73%	7.71%	0.68%	6.85%	7.68%	0.45%	6.74%
Musculoskeletal/Connective Tissue	9.48%	7.58%	5.19%	12.85%	6.07%	7.26%	6.75%	7.17%
Respiratory (not COPD)	6.90%	6.21%	3.80%	0.43%	3.39%	3.00%	0.28%	2.65%

SHP Usage	High/Low Better(+/-)	SOC/ROC Clinician	Your Agency	SHP State (MA)			SHP National		
				SN	PT	Agency	SN	PT	Agency
Critical Alerts Resolved	+	96.43%	93.10%	52.65%	42.78%	50.87%	56.23%	53.28%	55.48%
Potential Alerts Closed	+	79.94%	81.21%	37.65%	32.12%	36.80%	50.09%	49.04%	49.84%
Informational Alerts Closed	+	83.33%	86.95%	28.55%	28.10%	28.53%	37.87%	35.60%	37.47%
Critical Alerts Dismissed	-	2.38%	3.79%	3.18%	3.94%	3.33%	5.99%	5.92%	5.99%
Resolved Pending	-	0.50%	0.29%	2.04%	1.58%	1.97%	2.72%	2.33%	2.64%

Outcome Measures	High/Low Better(+/-)	SOC/ROC Clinician	Your Agency	SHP State (MA)			SHP National		
				SN	PT	Agency	SN	PT	Agency
Improved (Home Health Compare)									
Bathing	+	78.85%	74.86%	75.49%	65.90%	74.21%	72.38%	72.12%	72.25%
Bed Transfer	+	79.59%	72.40%	69.68%	69.07%	69.56%	63.70%	70.26%	64.80%
Ambulation	+	78.35%	71.27%	72.72%	71.46%	72.51%	67.95%	74.25%	68.99%
Management of Oral Meds	+	74.29%	62.26%	67.57%	51.50%	65.70%	60.22%	51.49%	58.74%
Dyspnea	+	83.82%	84.55%	72.74%	67.84%	72.24%	71.51%	71.86%	71.53%
Pain Interfering w/ Activity	+	91.30%	90.04%	73.96%	69.89%	73.44%	70.05%	69.20%	69.88%
Status of Surgical Wound	+	100.00%	100.00%	93.49%	94.28%	93.53%	90.00%	88.90%	89.86%
Urinary Incontinence (not public)	+	42.50%	46.49%	55.04%	43.74%	53.53%	50.92%	41.99%	49.45%
Total Improved	+	79.40%	74.69%	71.24%	64.58%	70.40%	66.88%	66.94%	66.82%
Declined									
Bathing	-	0.00%	0.55%	2.82%	2.15%	2.74%	2.86%	1.66%	2.66%
Bed Transfer	-	0.00%	0.18%	2.08%	1.57%	2.02%	2.14%	1.08%	1.96%
Ambulation	-	0.00%	0.18%	2.19%	1.27%	2.08%	2.49%	1.07%	2.25%
Management of Oral Meds	-	0.00%	0.44%	4.80%	5.47%	4.90%	4.38%	3.55%	4.25%
Dyspnea	-	0.00%	0.36%	5.11%	4.36%	5.01%	4.29%	4.29%	4.06%
Pain Interfering w/ Activity	-	0.00%	0.22%	6.65%	5.97%	6.57%	5.97%	4.59%	5.74%
Status of Surgical Wound	-	0.00%	0.00%	0.99%	0.35%	0.91%	0.94%	0.48%	0.86%
Urinary Incontinence (not public)	-	4.00%	2.22%	5.28%	5.34%	5.29%	5.40%	4.11%	5.18%
Total Declined	-	0.51%	0.52%	3.66%	3.15%	3.60%	3.53%	2.39%	3.34%

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Translating Data into QI

- Daily SHP alerts are resolved
 - Education takes place immediately either face-to-face with the clinician or a voicemail is left by the manager to the clinician
- Performance data reviewed monthly
- QI training for sustainability – OASIS C1 training modules handed out and a question a week is addressed at team meetings

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Specific Star Related QI Initiatives Process Measures

- Timely initiation of care
- Drug education on all medications provided to Patient/Caregiver
- Influenza immunization received
- Admit within 24 hours
- Review all medications. Porchlight Practice 5 or more medications nursing admits even on PT only cases.
- Staff education from October one forward

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Outcome Measures

- Improvement in Ambulation
- Improvement in Bed Transferring
- Improvement in Bathing
- Improvement in Pain
- Improvement in Shortness of Breath
- Working with Therapy and Nursing to coordinate care
- OT's reviews and recommends placement of HHA's
- Standardized scale for pain, use of NP to evaluate complex patients, VNANE best practices

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Decrease Hospitalizations

- Patients call us FIRST!
- Utilize the continuum of care
- Refer to Home Visiting Nurse Practitioner
- Direct admission to Skilled Nurse Facility
- Be sure enough services are in place
- Tele-monitoring

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5 Star Clinical Measures

- Utilization of Wound Care Nurse to evaluate product use in order to decrease number of visits per episode
- Clinical Pathways – one of 20 VNAs freestanding in Massachusetts that belongs to Visiting Nurse Association of New England (VNANE's) Clinically Integrated Network
- Educate patients to call us first – Direct readmissions to Skilled Nursing Facilities (SNF)
- Use of Telehealth
- Lots of transparency and teaching
- Use of internal continuum of care
- Home Visiting Nurse Practitioner

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Employee Engagement

- Employee engagement starts with the clinical managers and the field staff
- Porchlight delivers patient-centered care
- Employees know patient satisfaction is first this is reflected on their individual report cards
- Always ask the patient before you leave “Is there anything else I can do for you before I go”

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Patient Satisfaction

- New Initiative – A phone call is made the first week of service by QI Director with standardized questions.
- What we learned.
 - New staff training needs are identified through the call
 - Some patients had unrealistic ideas as to what to expect from home care services. Perhaps they had services for a family member 10 years ago and things now are much different.
 - Patients appreciated the call in this society of increased technology

Accountability/Reporting

- Internal reporting
- Key Performance Indicators(KPI's)
- Report to insurers – Outcomes and Process Measures
- Report to referral sources- How many referrals were received, how many were hospitalized, how many returned to the nursing home?

Barriers

- New Staff
- Physicians who send our patients to the ER first
- Lack of use of internal continuum of care
- Culture change for staff, physicians and patients

Top Five Practices to Assist in 5 Star Status

- Senior Management Buy in
- Staff – Strong Clinical Manager
- Technology – Strategic Health Partners (SHP)
- Technology – EMR – HomeCare HomeBase (HCHB)
- Tele-health

Thank you!

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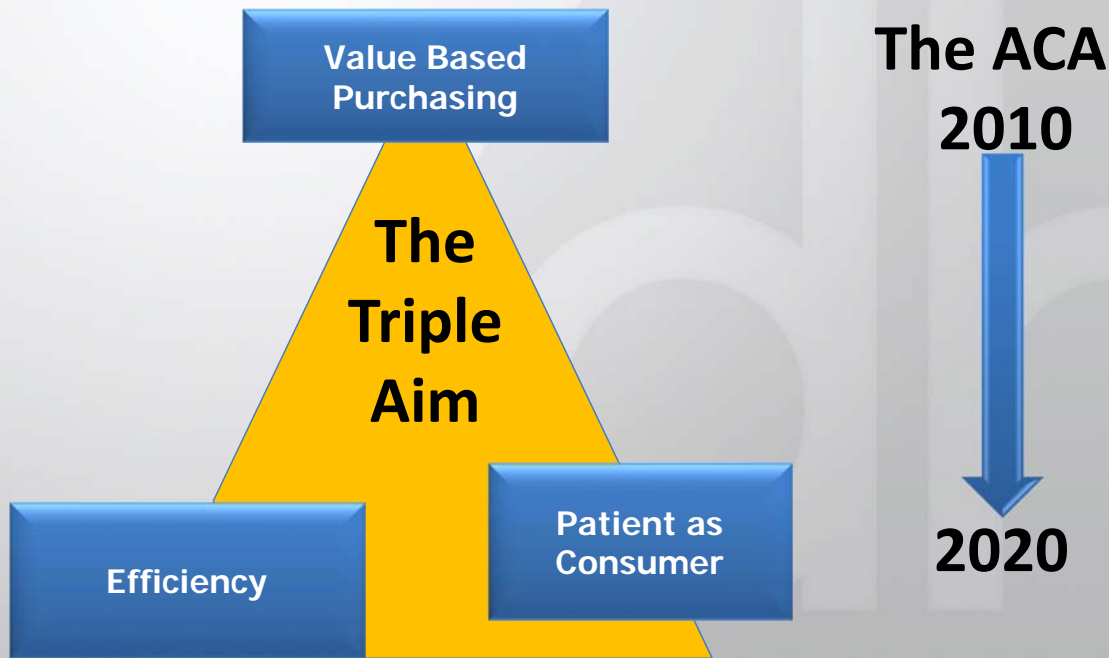
Fixing the Faults In Our Stars

Barbara A McCann
Chief Industry Officer

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The Dynamic Force of Change












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Int-*rim*
HEALTHCARE®

db DECISIONHEALTH®

So How Did Agencies Look Nationally? CMS Findings Using Calendar Year 2013 OASIS Data

Overall Agency Star Rating	Number of Agencies	% of HHAs with Star Rating
	6	0.06%
	188	1.95%
	868	9.02%
	1612	16.75%
	2224	23.11%
	2191	22.77%
	1480	15.38%
	809	8.41%
	245	2.55%

by adding the ½ Star 'center' moves to 3-3.5


24 | 5-star agency reveals best practices for improving quality, attracting referrals: Fixing the Faults In Our Stars

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The Overall Agency Score: *Not* Calculated the Same as the Individual Measure Scores










- The overall score takes the 'adjusted' ratings and averages them across the 9 measures and rounds to the closest 0.5 or

Overall Score Rounded to the Nearest ½ Star	Overall Quality of Patient Care Star Rating
4.5 and 5.0	5 
4.0	4.5 
3.5	4.0 
3.0	3.5 
2.5	3.0 
2.0	2.5 
1.5	2.0 
1.0	1.5 
0.5	1.0 



Where Do You Begin Improvement?

- The Star Ratings tell you, each measure contributes to **10% of your rating- no weighting right now**

Measure	Rating
Timely Start of Care (86%)	
Drug Education (95%)	
Current Flu Vaccine (41%)	
Improved Ambulation (53%)	
Improved Bed Transfers (54%)	
Improved Bathing (55%)	
Improvement in Pain (62%)	
Improved Dyspnea (63%)	
Acute Care Hospitalization (17%)	

The 9 Measures –

3 Process Measures: Doing the Right Thing

1. Timely initiation of care
2. Drug education on all medications is provided to patients and caregivers
3. Flu vaccine received for current flu season

All reflect staff behaviors or tasks that should result in Quality Care



Strategies:

Timely Start of Care



- **Timely start of care:** Percentage of home health episodes of care in which the start or resumption of care date was either on the physician-specified date or within 2 days of the referral date or inpatient discharge date, whichever is later.
- Outline the process of who gets the dates and enters the dates?
- Is everyone clear what to do if a referral is delayed?
- **OASIS Data Sources:** (M0102) Date of Physician-ordered Start of Care: (M0104) Date of Referral: compared to the (M0030) Start of Care Date or (M0032) Resumption of Care Date or (M1005) Inpatient Discharge Date – whichever is later

Strategies: Drug Education



- Education on All Medications is Provided to the Patient/Caregiver
- The Measure: Percentage of home health episodes of care during which the patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems (since the previous OASIS assessment).
- Data Source: OASIS M2015 on the Transfer to Inpatient; Discharge from Agency
- Who is completing these assessments? In therapy only cases or if therapy is last skilled discipline? What information is the person's answer based on? All interpret the same?

Strategies: Current Flu Shot



- Influenza Immunization Received for Current Flu Season: Percentage of home health episodes of care during which patients received influenza immunization for the current flu season.
- Data source: M1041 is used to establish if episode in the current flu season. M1046-if answered: 4-offered & declined; 5-medical contraindications; 7-declared shortage; 8 didn't receive, other reason-all these count against your agency. CMS 5/15/2015 FAQ
- Problem: The flu question is on the discharge OASIS, and on transfer to inpatient (a little late). Interim adds it to SOC OASIS to cue staff to work on getting the patient the flu shot.
- Ability to work with Walgreen's, CVS, etc.

The 9 Measures - 6 Outcome Measures: What Happened as a Result of Your Care

- Improvement in ambulation or moving around
- Improvement in bed transferring
- Improvement in bathing
- Improvement in pain with activity
- Improvement in dyspnea (shortness of breath)
- Acute care hospitalization



All outcome measures are risk-adjusted

Outcome Measures: Function CMS Goal- Living at Home, Safely, as Long as Possible



- Improvement in Ambulation-Locomotion
- Percentage of home health episodes of care during which the patient improved in ability to ambulate.
- Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in ambulation/locomotion at discharge than at start (or resumption) of care
- Data Source: (M1860) Ambulation/Locomotion; (M1710) When Confused, and (M1720) When Anxious (risk adjustment)
- Excludes patients who are non-responsive or independent at SOC or ROC or Follow UP

Outcome Measures: Function

CMS Goal- Living at Home, Safely, as Long as Possible



Measure: Improvement in Bathing

- Percentage of home health episodes of care during which the patient got better at bathing self.
- Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at start (or resumption) of care.
- Data Source: (M1830) Bathing: (M1710) When Confused, and (M1720) When Anxious (risk adjustment)
- Excludes patients who are non-responsive or independent at SOC or ROC or Follow UP

Outcome Measure: End Result - Functional



- Improvement in Bed Transferring
- Percentage of home health episodes of care during which the patient improved in ability to get in and out of bed
- Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in bed transferring at discharge than at start (or resumption) of care.
- Data Source: (M1850) Transferring; (M1710) When Confused and (M1720) When Anxious (risk adjustment)
- Excludes patients who are non-responsive or independent at SOC or ROC

Outcome Measure: End Result – Able to Engage in Activity-Remain at Home, Safely



- Improvement in Dyspnea
- Percentage of home health episodes of care during which the patient became less short of breath or dyspneic.
- Number of home health episodes of care where the *discharge assessment* indicates less dyspnea at discharge than at start (or resumption) of care.
- Data Source: (M1400) When is the patient dyspneic?
- Excludes patients at SOC rated as not dyspneic at anytime and patients transferred to inpatient facility and discharged

Outcome Measure: Able to be Active, Stay at Home Safely



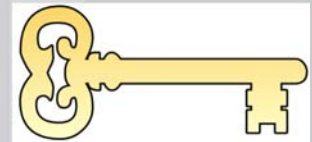
- Improvement in Pain Interfering with Activity
- Number of home health episodes of care where the value recorded on the discharge assessment indicates pain interfering with activity less frequently at discharge than at start (or resumption) of care.
- Data Source: (M1242) Frequency of Pain Interfering with Activity; (M1700) Cognitive Function and (M1710) When Confused and (M1720) When Anxious (risk adjustment)
- Professional Assessment vs. Self-Report

Proxy Outcome Measure: Acute Care Utilization



- Percentage of Medicare FFS home health episodes of care that ended with the patient being admitted to the hospital.
- Data source *not* OASIS, hospital claims database
- Risk-adjusted, excludes home health episodes of care that end in patient death.
- If you need to improve, this measure focuses on Medicare FFS patients only...start there-effects will spill over to other patients with other payers.
- Use a hospitalization risk predictor-OCS, SHP, or paper

Key Issues in Outcome Measures



- Who completes these questions on the SOC, the ROC and importantly on the Discharge OASIS?
- Regardless of discipline (e.g. nurse, therapist) are they evaluating the patient *using the same criteria or understanding of the question?*
- It is time *to standardize the points of evaluation across disciplines* – prepare for bundling across settings, being at risk for outcomes, etc.
- Note the importance of accurate assessment and answers to the other questions key to risk adjustment

VBP-HH and Your Future

- As VBP model uses medians, use the Stars Ratings Score review in CASPER to note which of those measures is above or below the median. The median counts going forward.
- The agencies in the 9 VBP HH states will be directly impacting those scores-acknowledge that an investment must be made in improvement and achievement and then sustaining that level-orientation of new staff
- Watch for the final measures used in VBP HH and include those in your ongoing focus-it's coming!

Recommendations: Let's Talk Quality of Care



- What you as managers need to know,
 - Are results a practice issue or a documentation problem? And
 - Ask, what are the barriers that keep us from being better?
- Most often a failure of processes, not people
- Support an understanding of accountability - results of their performance and attention to documentation:
 - impact the public image of the Agency,
 - reflects their professional practice, and
 - will impact possible revenue sources of the Agency