Outcome Based Case Conference

Are You On the Train or On the Tracks?

Michelle Funk, RN BS, COS-C
- 15 years RN
- 13 years Home Health
  - Clinician
  - Case Manager
  - Program Coordinator
  - Supervisor
  - QA Coordinator
  - Special Projects
  - OASIS Coordinator
  - Director
  - Administrator
  - Consultant
    • Regulatory Compliance
    • Operations Assistance
    • OASIS Specialist

Goals of Home Health Care Planning

- Relationship Centered
- Interdisciplinary Team Collaboration
- Evidence Based
- Individualized and Goal Driven
- Communication Focused Care
OASIS and Care Planning Process
Linking assessment and intervention to reduce negative outcomes

<table>
<thead>
<tr>
<th>Interventions</th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Intervention: Pressure ulcer prevention and treatment for the prevention of pressure ulcers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Intervention: Falls prevention interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Intervention: Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Intervention(s) to monitor and mitigate pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Intervention(s) to prevent pressure ulcers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Intervention: Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OASIS and Care Planning Process at SOC/REC
(M2250) Plan of Care Synopsis: (Check only one box in each row.)
Does the physician-ordered plan of care include the following:

<table>
<thead>
<tr>
<th>Plan Interventions</th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Falls prevention interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Intervention(s) to monitor and mitigate pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Intervention(s) to prevent pressure ulcers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Intervention: Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OASIS and Care Plan
DATA ITEMS COLLECTED AT INPATIENT FACILITY ADMISSION OR AGENCY DISCHARGE ONLY
(M2400) Intervention Synopsis: (Check only one box in each row.)
Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?

<table>
<thead>
<tr>
<th>Plan Interventions</th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. General care for patients who require interventions that support the principles of moist wound healing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Falls prevention interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Intervention(s) to monitor and mitigate pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Intervention(s) to prevent pressure ulcers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Intervention: Pressure ulcer treatment based on principles of moist wound healing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3/29/2011
Quality Measures in OASIS-C

• **Why?**
  - Enhance the post acute phase of care by focusing on evidence based and best practices

• **Goals for adding quality measures**
  - Reduction of practice variation
  - Measure processes that are under direct control of agency
  - Capture safety as a measure of quality
  - Incentives to implement technology in care delivery

Quality Measures

• **Outcome Measures**
  - Change of health status of beneficiaries treated in a home health episode
    - Recovery from illness
    - Restoration of function
    - Indicates clinical effectiveness of care provided

• **Process Measures**
  - Evaluates agency rate of use of specific evidence-based processes of care
    - Under control of agency
    - Promote evidence-based practice
    - Impact of practices and ongoing efforts of clinicians on prevention of deterioration of health for patients who are not improving (MedPac, 2006)

• **Structure Measures**
  - EMR
  - Training of Staff
  - Equipment and technology use and management

**OUTCOMES**

Where Do I Get Mine?

• Agency for Healthcare Research and Quality (AHRQ)
• National Quality Forum (NQF)
• Center for Medicare and Medicaid Services (CMS)
OASIS Outcome vs Process Measures

<table>
<thead>
<tr>
<th>Improvement In:</th>
<th>Process Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>Timely Initiation of Care</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>Depression Assessment</td>
</tr>
<tr>
<td>Ambulation</td>
<td>Multifactor Fall Risk</td>
</tr>
<tr>
<td>Bed Transferring</td>
<td>Pain Assessment</td>
</tr>
<tr>
<td>Mgt. of Oral Meds</td>
<td>Pressure Ulcer Prevention</td>
</tr>
<tr>
<td>Urinary Incontinence</td>
<td>Diabetic Foot Care</td>
</tr>
<tr>
<td>Pain interfering w/ activity</td>
<td>Heart Failure Symptoms addressed</td>
</tr>
<tr>
<td>Discharge to Community</td>
<td>Drug Education on All Meds</td>
</tr>
<tr>
<td>Acute Care Hospitalization</td>
<td>Influenza and Pneumonia</td>
</tr>
<tr>
<td>ED Use w and w/o Hospitalization</td>
<td>Vaccines</td>
</tr>
<tr>
<td>Improvement in Surgical Wound</td>
<td>Pressure Ulcer Risk</td>
</tr>
<tr>
<td>Status</td>
<td>Assessment</td>
</tr>
</tbody>
</table>

Case Management Tool

M1240 Pain Interfering with Activity

[M1242] Frequency of Pain Interfering with patient’s activity or movement:

- 0 - Patient has no pain
- 1 - Patient has pain that does not interfere with activity or movement
- 2 - Less often than daily
- 3 - Daily, but not constantly
- 4 - All of the time

Medication Management/Compliance
Patient/Caregiver Education
Therapy Program Progress
Absence of Infection
Necessary Adjustments to Activity/Routine
Cultural Conflicts
Fear of Addiction
Wounds

(M1350) Does this patient have a Skin Lesion or Open Wound, excluding bowel stoma, other than those described above that is receiving intervention by the home health agency?

0 - No
1 - Yes

(M1324) Stage of Most Problematic Unhealed (Observable) Pressure Ulcer:

1 - Stage I
2 - Stage II
3 - Stage III
4 - Stage IV
NA - No observable pressure ulcer or unhealed pressure ulcer

(M1334) Status of Most Problematic (Observable) Stasis Ulcer:

0 - Newly epithelialized
1 - Fully granulating
2 - Early/partial granulation
3 - Not healing

(M1342) Status of Most Problematic (Observable) Surgical Wound:

0 - Newly epithelialized
1 - Fully granulating
2 - Early/partial granulation
3 - Not healing

M1400 Improvement in Dyspnea

• Medication and Treatment Plan Compliance
• Therapy HEP Compliance
• Respiratory Exercises
• Infection Control
• Patient/Caregiver Education

www.qualitynet.org
**Cognitive Functioning**

- **[M1740]** 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

  ▶ Time for Assistance: ___

  ▶ Assessment by: ___

  ▶ Date: ___

  ▶ Signature: ___

**Functional Domain**

- Time for Help: ___

- Person in Charge: ___

- Date: ___

- Signature: ___

**Green Zone** = "All Clear"
- Urine is clear yellow with no odor
- There is at least 1/4 cup of urine every hour
- There is no pain, itching, burning or drainage near or at the Foley exit site
- Temperature is 98.6 °F or less by mouth

**Green Zone Means:**
- Continue with good personal hygiene
- Clean and/or change the Foley bags and tubing as your Home Care Nurse instructs
- Keep Home Care Nurse appointments
- Keep physician appointments

**Yellow Zone** = "Caution"
- The Foley has fallen out
- Urine is cloudy and/or has a slight odor
- Increased pain, itching, burning and/or drainage near or at the Foley exit site
- Temperature is 100.5 °F by mouth

**Yellow Zone Means:**
- Your symptoms indicate that you may have a urinary tract infection
- Call your Home Health Nurse and/or your physician

**Red Zone** = "Medical Alert"
- Urine is very cloudy and/or has a strong foul odor
- There is constant pain, itching, burning and/or drainage near the Foley exit site
- There is pain and/or a feeling of bladder fullness in the lower part of your stomach
- There is no urine in the bag
- There is blood in your urine
- Temperature is above 100.5 °F by mouth

**Red Zone Means:**
- This indicates that you need to be evaluated by a physician right away
- Primary MD: ___
- Phone Number: ___

**Agency Name**: M1610, M1615 Improvement in Urinary Incontinence

**Self Management Plan for Foley Catheters**

Name: _____________________________________

Date: ______________________

Timed Voiding, Kegel Exercises, Medication, Caregiver Education
Dressing

- [M1820] Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, pullovers, front opening shirts/blouses, managing zippers, buttons, and snaps:
  - 0 - Able to get clothes out of closets and drawers, put them on and remove
  - 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.
  - 2 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.
  - 3 - Patient depends entirely upon another person to dress the upper body.

- [M1810] Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:
  - 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
  - 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
  - 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
  - 3 - Patient depends entirely upon another person to dress lower body.

Improvement in Bathing

- Occupational Therapy Involved
- HH Aide Involved - Specialized training for safety
- Proper Equipment Access/Training
- Caregiver Training and Safety
- ADL Training in HEP
Improvement in Ambulation

• less than 5% of community dwelling adults over the age of 75 walk at gait speeds needed to safely perform common functional activities

**Falls-Related Statistics**
- 1 in 3 adults over 60 fall each year
- 30% or more result in a fracture
- 10% of falls result in severe injury
- 50% unable to get up without assistance
- Up to 40% of hip fractures due to falls

**Strategies for Completing the PPA at the Start of Care**
- Take of GARS questions is home
- Make observations, use Pt. over time
- Note available equipment condition
- Complete medical history/review record
- Safety, falls - use modifications
- Ask additional questions regarding N of falls, fear of falling, balance, etc. (5 Min.)

Pat Flemng, PT, DSc, GCS
M2020 Oral Medication Management

**M2020 Management of Oral Medications**

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

1. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
2. Individual doses are prepared in advance by another person: (a) OTC or another person (e.g., family member, friend, or caregiver) OR (b) another person develops a drug diary or chart.
3. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times.
4. Unable to take medication unless administered by another person.
5. N/A - No oral medications prescribed.

- **Simplify Medication Regimen**
  - Complexity of regimen increases risk of adverse outcome
  - Collaborate with pharmacist to reconcile and simplify regimen
  - Engage physician in process
  - Educate staff ongoing process

---

**Case Management Tool**

**Case Conference**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Status</th>
<th>Needs/Concerns</th>
<th>Plan/Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/2/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/3/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/4/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/5/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/6/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/7/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/8/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case Conference using OBQI

Expectation of Staff
• Weekly Occurrence
• Mandatory for all staff
• Schedule at the same time each week
• Staff must come prepared to discuss
  • SOC level of function and clinical disposition
  • Progress toward goals
  • Updates to plan of care based on progress
  • Plans for discharge
• Multidisciplinary participation a must

Functional Outcomes Improve Rate of Adverse Events Don’t

• Improvements in:
  2004 2009
  — Walking 36% 45%
  — Transferring 50 54
  — Bathing 59 64
  — Med Mgt 37 43
  — Pain Mgt 59 64

• Adverse Events:
  — Hospitalization 28 29
  — Emergency Care 21 22

(Medsca 2010)

Five Areas For Improvement

• Promoting patient self-management
• Implementing evidence-based practices and guidelines
• Using systems and technology to promote effectiveness and efficiency
• Improving care delivery systems and mobilizing community resources
• Creating a culture of quality
OBQM
Outcome Based Quality Monitoring

- CMS
  - Monitors, Reports and Benchmarks
  - Adverse Events (Potentially Avoidable Events)
    - Emergent care for injury from fall
    - Increased number of pressure ulcers
    - Emergent care for worsening surgical wounds
    - Substantial decline in 3 or more ADLs

Current Quality Studies and the Future of Reporting

- University of Colorado
  - Amount of improvement in ambulation after knee or hip replacement
  - Potentially preventable hospitalizations

Training
A Never Ending Process

- Books
- You Tube
- Webinars
- Online
  - www.otso.com
  - www.cms.gov/HomeHealthQualityInitiatives/
  - www.qualitynet.org
  - www.champ-program.org
  - www.oasisanswers.com