

**ROCK YOUR
AGENCY WITH
OBQI CASE
CONFERENCE**

Arnie Cisneros, P.T.




**Audit Findings
(FI)**



Audit-Case #1

- Recert Denied
- 1/17 Hospital admit sec meds
- 3/16 recert
- First cert should handle meds



Audit-Case #2

- 0-0 MO 700 scores
- “ambulates without aide”
- P.T. eval visit denied



Audit-Case #3

- 4/7, 4/9 eval and rx covered
- 4/17-4/24 denied all visits without gait training sec “too weak”



Audit-Case #4

- SN – 3/31 SOC – CABG x 3
- 4/6 closed wound
- All 3 next RN denied



Audit-Case #5

- PT only case
- Difficult Clinical Delivery
- Not reasonable/necessary



Audit-Case #6

- PT TKA
- Poor ROM Description
- FLEX/EXT
- Quad cane by 3rd visit



Audit-Case #7

- “DC by next week if she maintains gains”



OBQI CASE CONFERENCE



OBQI CASE CONFERENCE

- TIMELY ORDERS
- POC DISCIPLINE PROVISION
- OT ORDERS
- OASIS-C COMPLIANCE
- HEP COMPLIANCE
- OBQI FOCUS
- DC REVIEW



CASE CONFERENCE RULES

ALL clinical staff participate

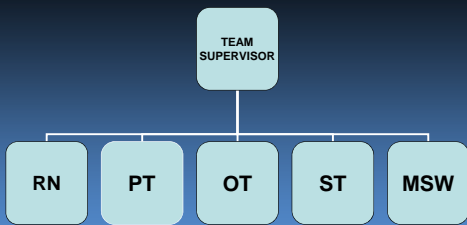
- Mandatory
- Weekly
- Scheduled
- Individual
- Reimbursed for time
- With consequences for noncompliance



CASE CONFERENCE FORMATS



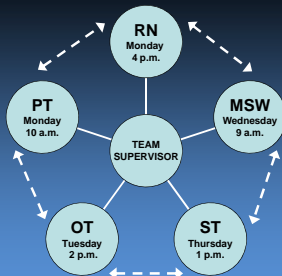
MULTIDISCIPLINARY CASE CONFERENCE



ALL MEET AT ONCE



HHSM CASE CONFERENCE



OASIS ANALYSIS

- MO 175 --- (M1000)
- MO 340 – 390 (M1100)
- MO 650 – 700 (M1810-1860)



OASIS ANALYSIS

- MO 420 – (M1240)
- MO 490 – (M1400)
- MO 520/530 – (M1610)



CASE CONFERENCE EXAMPLE



PLAN OF CARE ORDERS

- SOC by PT
- PT only - total of 12 visits (3x4)
 - Addressing gait deficits requiring new assist level
 - Caregiver skilled instruction with HEP/gait safety
- OT not utilized – at facility with paid help
 - If home alone, add OT for bathing, LE dressing



Week 1 – PT notes

- Written HEP (home exercise program):
 - Supine -10 reps, BLEs - glut/quad sets, heel slides, hip abduction, short arc quads, ankle pumps
 - Sitting -10 reps, BLEs - hip flex/ext, knee flex/ext
- Gait training with front-wheeled walker 75 feet with minimal assist and 50% verbal cues to increase bilateral heel strike for dynamic standing balance.



Week 2 – PT notes

- Written HEP progressed to:
 - Supine -15 reps, BLEs heel slides, hip abduction, short arc quads, SLRs
 - Sitting - 20 reps, BLEs, 2.5# PRE hip flex/ext, knee flex/ext
- Gait training with FWW 105 feet with SBA and 10% verbal cues to increase width of steps for Good dynamic standing balance.



Week 1 – OT notes

Therapeutic Exercises:

- BUEs – shoulder shrugs, sh. flex/ext, sh. abduction, elbow flex/ext, horiz. abduction, mild resistance therapy: all X 10 reps.



Week 1 – OT notes- con't

ADL Training

DRESSING – Mod assist to place sleeve on affected (L) arm, able to complete shirt dressing w/verbal cues for sequence, requires mod assist with buttons sec decreased fine motor. Pt able to trans sit-supine for max assist w/pants (same issues with fastener).

BATHING – Mod assist for tub transfer LE from out to in tub with tub bench. Pt requires verbal cues to scoop LE with unaffected leg to swing LE's into tub.



Week 2 – OT notes

Therapeutic Exercises:

- BUEs – all exercises unchanged EXCEPT: all X 20 reps, moderate resist theraband with horizontal abd. FMC now large fasteners or buttons with VCs and extended time for successful completion. Pt compliant w/HEP.



Week 2 – OT notes- con't

ADL Training

DRESSING – Mid/mod assist w/dressing upper body, min assist w/buttons, lower body skirt w VCs, mod asst for donning slacks.

BATHING – VCs for tub bench ,able to mimic bathing activities, caregiver training re shower assist; patient and spouse now trying shower movements (w/o water) as home program activity.



Discharge Visit

Review for skilled DC visit

- DC summary
- Post-DC instructions & documentation
- Caregiver instruction re: DC
- Patient agreement & understanding



OASIS-C

Functional Domain Changes



FUNCTIONAL DOMAIN-OASIS

- Alteration in MO Designation
- Elimination of Prior/Current data
- Separation of Toileting Transferring/Hygiene
- Addition of One-handed Device Ambulation Indicator
- Addition of Prior Functioning ADL/IADL Question
- Addition of Fall Risk Assessment Question



OASIS-C FUNCTIONAL CHANGES

M1845 TOILETING HYGIENE

Current ability to maintain perineal hygiene safely, adjust clothes and / or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.



OASIS-C FUNCTIONAL CHANGES

M1860 AMBULATION

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



OASIS-C FUNCTIONAL CHANGES

M1860 AMBULATION

Box 0 – Walk independently on even / uneven surfaces and stairs with or w/o rail

Box 1 – Independent walk w/ one-handed device on even / uneven surface

Box 2 – Independent walk w/ two-handed device and / or assist / sup on stairs or uneven surface



OASIS-C FUNCTIONAL CHANGES

M1860 AMBULATION

Box 3 – Walk only with supervision / assist of other person at all times

Box 4 – Chairfast, wheels self independently

Box 5 – Chairfast, unable to wheel self

Box 6 - Bedfast



OASIS-C FUNCTIONAL CHANGES

M1900 PRIOR FUNCTIONING ADL/IADL

Indicate the patients usual ability with everyday activities PRIOR TO THIS CURRENT ILLNESS, exacerbation, or injury. Check only one box in each row.



OASIS-C FUNCTIONAL CHANGES

- Independent
- Needed Some Help
- Dependent



OASIS-C FUNCTIONAL CHANGES

M1910 FALL RISK ASSESSMENT

Has the patient had a multi-factor falls risk assessment (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?



OASIS-C FUNCTIONAL CHANGES

M1910 FALL RISK ASSESSMENT

- Box 0 – No Multi-factor falls risk assessment conducted
- Box 1 – Yes, and it does not indicate a risk for falls
- Box 2 – Yes, and it indicates a risk for falls



SCHEDULE & BEGIN OBQI CCs



12 OBQI Indicators Related to OASIS



Percentage of patients who get better
at walking or moving

National Average 46%



M1860 Ambulation

- Box 0 – Walks independently
- Box 1 – Uses one-handed device
- Box 2 – Uses two-handed device
- Box 3 – Safe with supervision or assist only
- Box 4 – Chairfast & able to wheel self
- Box 5 – Chairfast & unable to wheel self
- Box 6 – Bedfast



Protocol Interventions – M1860

- Appropriate device
- Individualized HEP on first visit
- Skilled HEP progression/visit
- Skilled gait progression/visit
- HEP compliance
- Caregiver involvement



Percentage of patients who get better at getting in and out of bed

National Average 54%



M1850 Transferring

- Box 0 – Transfers independently
- Box 1 – Transfers with minimal assistance
- Box 2 – Unable to transfer self but able to bear weight & pivot
- Box 3 – Unable to transfer, bear weight, or pivot
- Box 4 – Bedfast but able to turn / position self
- Box 5 – Bedfast and unable to turn / position self
- UK – Unknown



Protocol Interventions – M1850

- Appropriate device (?)
- Individualized HEP on first visit
- Skilled HEP progression/visit
- Skilled transfer progression/visit
- HEP compliance
- Caregiver involvement



Percentage of patients who have less pain
when moving around

National Average 64%



M1240 Pain

- Box 0 – No pain
- Box 1 – Less than daily
- Box 2 – Daily, but not constant
- Box 3 – All the time



Protocol Interventions – M1240

- Medication Management
- Therapy involvement
- Activity analysis
- Functional modifications
- HEP compliance (?)
- MD/Caregiver involvement



Percentage of patients whose bladder control improves

National Average 47%



M1610 Urinary Incontinence/Catheter

- Box 0 – No incontinence or catheter
- Box 1 – Patient is incontinent
- Box 2 – Patient requires urinary catheter



M1610 Urinary Incontinence

- Box 0 – Timed-voiding defers incontinence
- Box 1 – During night only
- Box 2 – During day and night




Protocol Interventions – M1610/1615

- Time-voiding
- Discipline support (RN,PT,OT,HHA)
- Medication management
- Caregiver involvement
- Kegel exercises
- Home program compliance



Percentage of patients who get better at bathing

National Average 65%




M1830 Bathing

- Box 0 – Bathes independently
- Box 1 – Uses devices
- Box 2 – Bathes with supervision
- Box 3 – Participates in bathing but requires assistance
- Box 4 – Unable to use shower / tub and is bathed in bed
- Box 5 – Totally bathed by another person
- UK – Unknown




Protocol Interventions – M1830

- Occupational Therapy involvement
- OT dependent HHA only
- Equipment modifications
- Caregiver training
- OT ADL training
- HEP compliance




Percentage of patients who get better at taking their medicines correctly (by mouth)

National Average 43%



M2020 Oral Medication Management

- Box 0 – Able to independently take correct oral medication & proper dosage at correct times
- Box 1 – Able to take medications at correct times if : a) individual dosages are prepared in advance by another person or b) given daily reminders or c) someone develops a drug diary or chart
- Box 2 – Unable to take medication unless administered by someone else
- N/A – no oral medications prescribed




Protocol Interventions – M2020

- Productive Nursing interventions
- Written home programs
- Caregiver identification
- Caregiver training
- Skilled progression every visit
- Home program compliance




Percentage of patients who are short of
breath less often

National Average 60%



M1400 Dyspnea

- Box 0 – Never short of breath
- Box 1 – When walking >20ft.
- Box 2 – With moderate exertion
- Box 3 – With minimal exertion
- Box 4 – At rest



Protocol Interventions – M1400

- Written home respiratory programs
- Skilled progression every visit
- Home program compliance
- Caregiver training



Percentage of patients who stay at home after an episode of home health care ends

National Average 67%



MO 870 Discharge Disposition

- Box 1 - Remained in community
- Box 2 – Hospice
- Box 3 – Unknown
- N/A



Protocol Interventions – MO 870

- SOC education
- Caregiver training
- Education based clinical delivery
- Front-loading (?) visit schedule
- Skilled progression all disciplines
- Discharge planning/control



Percentage of patients who had to be admitted to the hospital

National Average 29%
(lower percentages are better)



MO 855 Inpatient Facility

To which inpatient facility has the patient been admitted?

- Box 1 – Hospital
- Box 2 – Rehab facility
- Box 3 – Nursing home
- Box 4 – Hospice
- N/A



Protocol Interventions – MO 855

- SOC education
- Caregiver training
- Education based clinical delivery
- On-call mechanism
- Skilled progression all disciplines



Percentage of patients whose wounds improved or healed after an operation

National Average 80%



MO 488 Surgical Wound Status

- Box 1 – Fully granulating
- Box 2 – Early/partial granulation
- Box 3 – Not healing
- NA - No observable surgical wound



Protocol Interventions – MO 488

- Contemporary wound care
- Medication management
- Physician communication
- Patient/caregiver education
- Patient/caregiver participation
- Skilled healing progression



Percentage of patients who need urgent, unplanned medical care

National Average 22%
(lower percentages are better)



MO 840 Emergent Care/Wounds

- Box 0 – None
- Box 1 – Hospital ER
- Box 2 – MD emergency visit
- Box 3 – Outpatient clinic emergency visit
- Unknown



Protocol Interventions – MO 840

- SOC education
- Caregiver training
- Education based clinical delivery
- On-call mechanism
- Skilled progression all disciplines



Percentage of patients who need unplanned medical care related to a wound that is new, is worse, or has become infected.

National Average 1%



MO 840/895 Emergent Care

- Box 5 (MO 840) – Wound infection, deterioration, new lesion
- Box 4 (MO 895) – Wound/tube site infection, deterioration, new lesion



Protocol Interventions – MO 840/895

- Start of care education
- Contemporary wound care
- Medication management
- Physician communication
- Patient/caregiver education
- Patient/caregiver participation
- On call management



**CHANGE YOUR
AGENCY TODAY!**



Home Health Strategic Management

1-877-449-HHSM

www.homehealthstrategicmanagement.com