



EDUCATIONAL RESOURCES



UTILIZING CASPER REPORTS FOR YOUR HOME HEALTH AGENCY'S QAPI PROGRAM

OBJECTIVES


- Describe how to obtain a Home Health Agency's CASPER Reports
- Analyze and prioritize key OASIS Quality Improvement and HHA Provider reports to build an HHA Performance Improvement Project (PIP)

QAPI OVERVIEW

- Required: CMS Home Health Conditions of Participations effective January 2018
- § 484.65 Quality assessment and Performance Improvement-Condition was added
 - Required Standards
 - Executive Responsibilities
 - Program Scope
 - Program Data
 - Program Activities
 - Performance Improvement Projects

QAPI OVERVIEW


■ Standards

- Executive Responsibilities
- Program Scope 
- Program Data
- Program Activities
- (PIP) Performance Improvement Projects

- Organization-wide
- Data Driven
- Designed to improve patient care and agency operations
- Include areas that are:
 - High-risk
 - High-volume
 - Problem-prone
- Reflect organization
 - Scope of services
 - Complexity of patients
 - Reflect past performance
- Capable of showing measurable results

QAPI OVERVIEW

■ Standards

- Executive Responsibilities
- Program Scope
- **Program Data** 
- Program Activities
- (PIP) Performance Improvement Projects

• Internal Data Sources:

- Infection reports
- Incident reports
- Adverse events
- Staff/patient satisfaction survey
- Complaint report
- EMR/Clinical Record Audit data
- Billing/Financial
- Etc.

• External Data Sources:

- Home Health Compare Report
- **CASPER** ✓
- 5-Star report
- PEPPER
- Etc.

QAPI OVERVIEW

■ Standards

- Executive Responsibilities
- Program Scope
- Program Data
- Program Activities
- (PIP) Performance Improvement Projects



- Analyze Data/Identify Gaps and Opportunities
- Prioritize Quality Opportunities
- Establish PIP Teams
- Conduct a QAPI Awareness Campaign
- Plan, Conduct and Document PIPs
- Monitor and Evaluate
- Communicate Efforts and Results
- Take Systemic Action

QAPI OVERVIEW

■ Standards

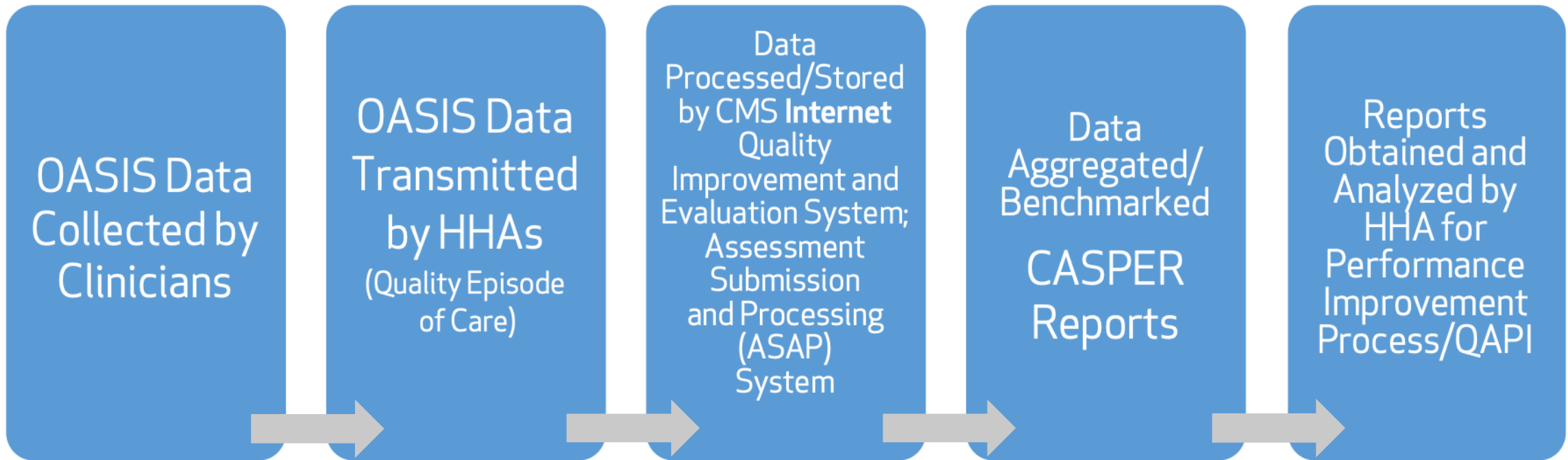
- Executive Responsibilities
- Program Scope
- Program Data
- Program Activities
- **(PIP) Performance Improvement Projects**



- Determine a project to work on
 - Why? Reasons for project(s)
 - What? Actions taken toward performance improvement
 - Who? Person Responsible
 - When? Timeline of Activities
 - How? Measure progress
- Create PIP Charter
- Utilize PDSA Cycle (Plan/Do/Study/Act Improvement Tool)

CASPER REPORTS: Certification And Survey Provider Enhancement Reports

IT ALL STARTS WITH OASIS!



OBTAINING CASPER REPORTS: WHO'S GOT ACCESS?

- Must have a CMSNet user ID and QIES Submission login ID to access
- New users: registration done online
- Total of two individual user accounts per facility — written form/request for additional user(s)
- Must send written form/request if removing/adding individual user(s)
- It is a Violation of the CMS Security Policy to share OASIS user IDs
- User login needed every 60 days or account will be disabled

OBTAINING CASPER REPORTS: WHO'S GOT ACCESS?



It is the same access/login when transmitting HHA OASIS data

- <https://qtso.cms.gov/cmsnet.html>
- CMSNet Help Desk: (888) 238-2122
- QTSO Help Desk: (800)339-9313 or (888)477-7876
- Email: help@qtso.com

CASPER ACCESS

The screenshot shows a web browser at the URL <https://qtso.cms.gov/>. The page header includes the CMS logo and the text "QIES Technical Support Office". A search bar is present with the text "Search QTSO...". A navigation menu contains the following items: "I am a...", "Software", "Reference & Manuals", "Training", and "Access Forms". The "Access Forms" menu item is expanded, and "CMSNet - Submission Access" is highlighted with a red box. A red arrow points from this box to a dropdown menu on the "CMSNet - Submission Access" page. The dropdown menu contains the text "Select your state from the dropdown list or from the image below." and a "Select Your State" dropdown menu. Below the dropdown menu is a map of the United States with state abbreviations. The map includes WA, OR, ID, MT, ND, MN, WI, MI, NY, ME, NH, MA, CT, RI, NJ, DE, MD, VT, PA, WV, VA, NC, SC, GA, AL, MS, AR, TN, KY, IN, OH, IL, MO, IA, NE, KS, CO, UT, NV, CA, AZ, NM, OK, TX, LA, MS, AL, GA, SC, NC, VA, WV, PA, NY, ME, NH, MA, CT, RI, NJ, DE, MD, VT, DC, AK, HI, GU, PR, VI, AS, FL.

CASPER ACCESS (PAGE SEQUENCE)

https://qies-east.cms.gov/dana-na/auth/ur_defaul/welcome.cgi

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Pre Sign-In Notification

****WARNING**WARNING**WARNING****

You have accessed a U.S. Government Information system. There is no right of privacy on this system.

All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner.

Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system.

Unauthorized access is prohibited by Title 18 of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement officials.

System users are required to adhere to all applicable statutes, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to CMS Information Security Policies, Standards and Procedures.

******WARNING**WARNING**WARNING******
Click OK to continue

https://qies-east.cms.gov/dana/home/index.cgi

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Logged-in as: [redacted] Home Client Apps Help Sign Out

Welcome to the Pulse Connect Secure, [redacted]

Web Bookmarks

- HOSPICE
-

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https://qies-east.cms.gov/dana-na/auth/ur_defaul/welcome.cgi

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

**Welcome to the
CMS Secure Access Service**

username

password

NOTE: If this is your first time connecting, you will need to have admin rights to enable the necessary components for remote access to the QIES application. If you do not have admin rights, please contact your local support. If you are having trouble with the password on this page, please contact the CMSNet Helpdesk at (888) 238-2122 <https://qtso.cms.gov/cmsnet.html>



Welcome to the CMS QIES Systems for Providers - OASIS

[OASIS User Registration](#)

 [OASIS Submissions](#)

OASIS Submission User's Guide

[CASPER Reporting](#) Select this link to access the Final Validation and Provider reports.

CASPER Reporting User's Guide:

[Change Password - QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)


[OASIS Forms](#)



CASPER ACCESS

Browser address bar: https://web.qiesnet.org/cas/login?app=CASPER%20Reporting&appPath=https://web.qiesnet.org/Web&sr...

QIES National System Login ... X



QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

User ID:

Password:

[Unable to login?](#)
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

YOU'RE IN! OBTAINING YOUR REPORTS

https://web.qiesnet.org/Web/home.html

CASPER Topics - Home Page

Skip navigation links [Skip to Content](#)

CASPER Topics Logout Folders MyLibrary **Reports** Queue Options Maint Home

Topics

- Home Page
- Merge PDF Feature
- ZIP Feature
- Java JRE
- PSR/Jasper Report Viewer & Unzip Utility
- CMS Tally Template

Home Page

Welcome to CASPER

Use the buttons in the toolbar above as follows:

- Logout** - End current session and exit the CASPER Application
- Folders** - View your folders and the documents in them
- Reports** - Select report categories and request reports
- Queue** - List the reports that have been requested but not yet completed
- Options** - Customize the report format, number of links displayed per page and report display size
- Maint** - Perform maintenance such as creating, renaming and/or deleting folders
- Home** - Return to this page

Welcome: [REDACTED]

EREN 1.3 powered by **jasperreports**

REPORT CATEGORIES

Skip navigation links [Skip to Content](#)

CASPER Reports

Logout

Folders

MyLibrary

Reports

Queue

Options

Maint

Home

Report Categories

HHA Provider

OASIS Quality Improvement

Utility Reports

Addresses HHA OASIS submission, error and patient roster reports

Addresses patient-related characteristics, outcome measures, process measures, potentially avoidable event measures, trend analysis, and review/correct reports.

Addresses surveyor, deficiency tag, report locator, and template-listing reports

OASIS QUALITY IMPROVEMENT REPORTS

WHAT TO GET?

[Skip navigation links](#) [Skip to Content](#)

CASPER Reports

[Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report Categories

[HHA Provider](#)
[OASIS Quality Improvement](#)
[Utility Reports](#)

OASIS Quality Improvement

- [Agency Patient-Related Characteristics \(Case Mix\) Report](#)
 - [Agency Patient-Related Characteristics \(Case Mix\) Tally Report](#)
 - [HHA Review and Correct Report](#)
 - [Outcome Report](#)
 - [Outcome Report - Text](#)
 - [Outcome Tally Report](#)
 - [Potentially Avoidable Event Patient Listing Report](#)
 - [Potentially Avoidable Event Report](#)
 - [Potentially Avoidable Event Report - Text](#)
 - [Process Measures Report](#)
 - [Process Measures Report - Text](#)
 - [Process Tally Report](#)
 - [Quality Improvement Package](#)
- [Agency Patient-Related Characteristics \(Case Mix\) Report](#)
 - [Agency Patient-Related Characteristics \(Case Mix\) Tally Report](#)
 - [HHA Review and Correct Report](#)
 - [Outcome Report](#)
 - [Outcome Report - Text](#)
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 - [Process Measures Report](#)
 - [Process Measures Report - Text](#)
 - [Process Tally Report](#)
 - [Quality Improvement Package](#)

Pages **[1]**

Enter Criteria To Search For A Report:
(Hint: Leave blank to list all reports)

Search

QUALITY IMPROVEMENT PACKAGE TOP FIVE KEY REPORTS

CASPER Reports Submit

Skip navigation links

CASPER Reports Submit

Logout Folders MyLibrary **Reports** Queue Options Maint Home

Report: Quality Improvement Package

Reports:

- Process Measures Report
- Process Measures Report - Text
- Agency Patient-Related Characteristics (Case Mix) Report
- Outcome Report
- Outcome Report - Text
- Potentially Avoidable Event Report
- Potentially Avoidable Event Report - Text
- Potentially Avoidable Event Patient Listing Report

Prior Begin Date: 01/2017

Prior End Date: 12/2017

Current Begin Date: 01/2018

Current End Date: 12/2018

Prior Claims Begin Date: 01/2017

Prior Claims End Date: 12/2017

Current Claims Begin Date: 01/2018

Current Claims End Date: 09/2018

Report By Branch:

To start: Obtain a full year performance data then quarterly (or less) when monitoring progress/end result

OASIS-Based data: 3 months "lag" time

Claim-Based data: >7 months "lag" time

Template Folder: My Favorite Reports

Template Name: Quality Improvement Package

Submit

Save & Submit

Back

Save

REPORT PERIOD

Agency Name: [REDACTED]
Agency ID: [REDACTED]
Location: [REDACTED]
CCN: [REDACTED] Branch: All
Medicaid Number:
Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
Requested Prior Period: 01/2017 - 12/2017
Actual Current Period: 01/2018 - 12/2018
Actual Prior Period: 01/2017 - 12/2017
Cases Curr: 118 Prior: 194
Number of Cases (National): 5,375,790

End Result Outcomes (Risk Adjusted): Elig. Cases Signif. HHA Obs HHA Adj Prior¹ HHA HHC RA Nat'l Obs

CASPER FOLDERS (SUBMITTED REPORTS)

Skip navigation links [Skip to Content](#)






CASPER Folders Logout **Folders** MyLibrary Reports Queue Options Maint Home

Folders

My Inbox

- * MI HHA [REDACTED]
- * MI HHA [REDACTED] VR

My Inbox

Info	Click Link to View Report	Date Requested	Select
	Process Measures Report	05/01/2019 11:01:24	<input type="checkbox"/>
	Agency Patient-Related Characteristics (Case Mix) Report	05/01/2019 11:01:24	<input type="checkbox"/>
	Outcome Report	05/01/2019 11:01:24	<input type="checkbox"/>
	Potentially Avoidable Event Report	05/01/2019 11:01:24	<input type="checkbox"/>
	Potentially Avoidable Event Patient Listing Report	05/01/2019 11:01:24	<input type="checkbox"/>

Pages [\[1\]](#) [\[2\]](#) [\[3\]](#)

[SelectAll](#) [Zip](#) [MergePDFs](#) [Move](#) [Delete](#)

Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.

From the "Reports" tab, all "Submitted"/requested Reports are stored and accessed in "My Inbox Folder" for later on viewing/use.

QUALITY IMPROVEMENT PACKAGE: TOP FIVE KEY REPORTS

1

Agency Patient-Related Characteristics (Case Mix) Report

- “Snapshot” of what the Agency population looks like (patient attributes or circumstances that are likely to impact health status)
- Shows comparison between your patients (“HHA Obs”) to national sample (“Nat’l Obs”) and between the Agency’s current population and patients during a prior time period
- Can impact many decisions about patient care delivery, staffing, resource allocation, strategic planning, program development and PIP



CASPER Report Agency Patient-Related Characteristics (Case Mix) Report

Agency Name: [Redacted]
Agency ID: [Redacted]
Location: [Redacted]
CCN: [Redacted] Branch: All
Medicaid Number: [Redacted]
Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
Request Prior Period: 01/2017 - 12/2017
Actual Current Period: 01/2018 - 12/2018
Actual Prior Period: 01/2017 - 12/2017
Cases: Curr 180 Prior 278
Number of Cases (National): 7,330,996

Definitions:
HHA Obs - Home Health Agency's Observed Rate/Value is the agency's actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

HHA Prior Obs¹ - Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for patients served during the reporting period. These rates/values are not risk adjusted.

Nat'l Obs - National Observed Rate/Value is the actual rate (e.g., xx.yy% of patients were Female) or average value (average age was xx.yy years) for all patients served by home health agencies nationally during the reporting period.

Asterisks - Represents significant difference between the current (HHA Obs) and national observed (Nat'l Obs) values.
* 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 0.1% or less that this difference is due to chance, and 99.9% or more that the difference is real.

	HHA Obs	HHA Prior Obs ¹	Nat'l Obs		HHA Obs	HHA Prior Obs ¹	Nat'l Obs
Mobility							
Lying to sitting on side of bed (Not Attempted) (%)	---	---	---	Wheelchair or scooter (%)	---	---	---
Lying to sitting on side of bed (Dash) (%)	---	---	---	Wheel 50 feet w 2 turns (1-6)	---	---	---
Sit to stand (1-6)	---	---	---	Wheel 50 feet w 2 turns (Not Attempted) (%)	---	---	---
Sit to stand (Not Attempted) (%)	---	---	---	Wheel 50 feet w 2 turns (Dash) (%)	---	---	---
Sit to stand (Dash) (%)	---	---	---	Wheel 150 feet (1-6)	---	---	---
Chair/bed to chair transfer (1-6)	---	---	---	Wheel 150 feet (Not Attempted) (%)	---	---	---
Chair/bed to chair transfer (Not Attempted) (%)	---	---	---	Wheel 150 feet (Dash) (%)	---	---	---
Chair/bed to chair transfer (Dash) (%)	---	---	---	MEDICATIONS, OTHER			
Toilet transfer (1-6)	---	---	---	Falls Risk			
Toilet transfer (Not Attempted) (%)	---	---	---	At risk of falls (%)	96.67%	92.03%	95.50%
Toilet transfer (Dash) (%)	---	---	---	Medication Status			
Car transfer (1-6)	---	---	---	Drug regimen: problem found (%)	33.14%	8.06%	21.39% **
Car transfer (Not Attempted) (%)	---	---	---	Mgmt. oral medications (0-3)	1.51	1.66	2.18 **
Car transfer (Dash) (%)	---	---	---	Mgmt. oral medications: NA (%)	0.56%	2.16%	0.56%
Walk 10 feet (1-6)	---	---	---	Mgmt. injected medications (0-3)	1.75	1.67	2.21 *
Walk 10 feet (Not Attempted) (%)	---	---	---	Mgmt. injected medications: NA (%)	68.33%	64.75%	78.31% *
Walk 10 feet (Dash) (%)	---	---	---	THERAPY / PLAN OF CARE			
Walk 50 feet w 2 turns (1-6)	---	---	---	Therapy Visits			
Walk 50 feet w 2 turns (Not Attempted) (%)	---	---	---	# Therapy visits indicated (#)	10.18	10.57	7.89 **
Walk 50 feet w 2 turns (Dash) (%)	---	---	---	PATIENT DIAGNOSTIC INFORMATION			
Walk 150 feet (1-6)	---	---	---	Chronic Conditions			
Walk 150 feet (Not Attempted) (%)	---	---	---	Dependence in personal care (%)	80.00%	88.85%	55.18% **
Walk 150 feet (Dash) (%)	---	---	---	Impaired ambulation/mobility (%)	53.33%	58.27%	58.05%
Walk 10 feet uneven surfaces (1-6)	---	---	---	Dependence in med. admin. (%)	83.33%	85.61%	63.93% **
Walk 10 feet uneven surfaces (Not Attempted) (%)	---	---	---	Chronic pain (%)	22.86%	18.98%	19.38%
Walk 10 feet uneven surfaces (Dash) (%)	---	---	---	Cognitive/mental/behavioral (%)	37.14%	28.10%	21.70% **
1 step (curb) (1-6)	---	---	---	Chronic pt. with caregiver (%)	91.67%	94.24%	67.50% **
1 step (curb) (Not Attempted) (%)	---	---	---	Home Care Diagnoses			
1 step (curb) (Dash) (%)	---	---	---	Infections/parasitic diseases (%)	3.33%	1.44%	5.45%
4 steps (1-6)	---	---	---	Neoplasms (%)	0.56%	3.60%	8.88% **
4 steps (Not Attempted) (%)	---	---	---	Endocrine/nutrit./metabolic (%)	52.22%	51.44%	45.41%
4 steps (Dash) (%)	---	---	---	Blood diseases (%)	2.22%	5.76%	8.12% *
12 steps (1-6)	---	---	---	Mental diseases (%)	17.22%	19.42%	25.86% *
12 steps (Not Attempted) (%)	---	---	---	Nervous system diseases (%)	70.56%	70.50%	28.55% **
12 steps (Dash) (%)	---	---	---	Diseases of the eye (%)	---	---	0.00%
Picking up object (1-6)	---	---	---	Diseases of the ear (%)	---	---	0.00%
Picking up object (Not Attempted) (%)	---	---	---	Circulatory system diseases (%)	95.00%	92.81%	79.49% **
Picking up object (Dash) (%)	---	---	---	Respiratory system diseases (%)	38.33%	37.41%	25.04% **
				Digestive system diseases (%)	7.78%	9.35%	11.28%
				Skin/subcutaneous diseases (%)	7.78%	7.91%	12.02%

¹ Home Health Agencies that are newly certified will not have available data in the "HHA Prior Obs" column until they have 12 months of data.

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.



CASPER Report Agency Patient-Related Characteristics (Case Mix) Report

Agency Name: [Redacted]
Agency ID: [Redacted]
Location: [Redacted]
CCN: [Redacted] Branch: All
Medicaid Number: [Redacted]
Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
Request Prior Period: 01/2017 - 12/2017
Actual Current Period: 01/2018 - 12/2018
Actual Prior Period: 01/2017 - 12/2017
Cases: Curr 180 Prior 278
Number of Cases (National): 7,330,996

Definitions:
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* 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 0.1% or less that this difference is due to chance, and 99.9% or more that the difference is real.

	HHA Obs	HHA Prior Obs ¹	Nat'l Obs
Home Care Diagnoses			
Musculoskeletal sys. diseases (%)	85.00%	83.09%	43.02% **
Genitourinary sys. diseases (%)	30.00%	24.10%	24.45%
Symptoms, signs, abnormal findings (%)	---	---	0.00%
Injury, poisoning, other external causes (%)	---	---	0.00%
External causes of morbidity (%)	---	---	0.00%
Influences of health status (%)	---	---	0.00%
Active Diagnoses			
Diabetes Mellitus (%)	42.22%	45.89%	36.58%
Peripheral vascular disease or peripheral arterial disease (%)	76.67%	53.25%	9.65% **
PATIENT DISCHARGE INFORMATION			
Length of Stay			
LOS until discharge (in days)	71.00	84.79	56.76 **
LOS from 1 to 30 days (%)	26.11%	24.82%	46.69% **
LOS from 31 to 60 days (%)	35.56%	31.29%	34.53%
LOS from 61 to 120 days (%)	22.22%	24.46%	11.34% **
LOS from 121 to 180 days (%)	10.56%	8.63%	3.31% **
LOS more than 180 days (%)	5.56%	10.79%	4.13%
Reason for Emergent Care			
Improper medications (%)	0.00%	0.00%	0.63%
Hypo/Hyperglycemia (%)	0.00%	0.00%	1.46%
Other (%)	60.00%	78.57%	39.50%
No emergent care (%)	70.79%	82.67%	76.50%
Falls			
Any falls since SOC/ROC (%)	---	---	---
Falls with no injury (%)	---	---	---
Falls with injury (except major) (%)	---	---	---
Falls with major injury (%)	---	---	---

¹ Home Health Agencies that are newly certified will not have available data in the "HHA Prior Obs" column until they have 12 months of data.

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.

QUALITY IMPROVEMENT PACKAGE: TOP FIVE KEY REPORTS

2

Outcome Report

“Did patient get better in __?”

- Displays utilization and claim-based outcomes (described as proxies for significant change in health status)
- Displays bar graph with percentage of cases
- Displays end result of the care provided
- Risk-adjusted

3

Process Measure Report

“Did clinician provided this __ care to the patient?”

- Displays HHA's use of specific evidence-based processes of care
- Displays bar graph with percentage of cases

QUALITY IMPROVEMENT PACKAGE: TOP FIVE KEY REPORTS

4

Potentially Avoidable Event Report

“Did this the patient experience this __ negative event?”

- Displays incidence rates for 10 infrequently occurring untoward event and how HHA compares
- Serve as markers for potential problems in care/quality of care indicators
- Alerts HHA to investigate patient cases
- Displays bar graph with percentage of cases

QUALITY IMPROVEMENT PACKAGE: TOP FIVE KEY REPORTS

5 Potentially Avoidable Event Report — Patient Listing

“Who experienced this __ adverse event?”

- Tabular list of patients for whom the potentially avoidable event occurred.
- Need to investigate how/why the event occurred for patients under HHA care to lower the incidence to the extent possible

TALLY REPORTS

Provide the HHA the specific patient-level information during the process-of-care investigation.

Outcome Tally

- Descriptive information of individual patient included in the HHA's OUTCOME REPORT
- Use for process of care investigation

Process Tally

- Descriptive information of individual patient included in the HHA's PROCESS MEASURE REPORT
- Use for the agency's process of care investigation

Agency Patient Characteristic (Case Mix) Tally

- Individual patient's profile/ characteristics data at SOC or ROC

OUTCOME TALLY REPORT



CASPER Report Outcome Tally Report

Agency Name: [REDACTED]
 Agency ID: [REDACTED]
 Location: [REDACTED]

CCN: [REDACTED]
 Medicaid Number: [REDACTED]
 Report Run Date: 05/01/2019

Report Period: 01/2018 - 12/2018			Functional Outcomes																
			Activities of Daily Living														IADLs		
Legend:			Improvement in Grooming ¹	Stabilization in Grooming	Improvement in Upper Body Dressing	Improvement in Lower Body Dressing	Improvement in Bathing	Stabilization in Bathing	Improvement in Toilet Transferring	Stabilization in Toilet Transferring	Improvement in Toileting Hygiene ¹	Stabilization in Toileting Hygiene	Improvement in Bed Transferring	Stabilization in Bed Transferring	Improvement in Ambulation/Locomotion	Improvement in Eating ¹	Improvement in Management of Oral Medications	Stabilization in Management of Oral Medications	
Patient Name	SOC/ROC Date	SOC/EOC Branch ID																	
[REDACTED]	12/28/17	N/N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
[REDACTED]	01/06/18	N/N	n	y	n	n	n	y	-	y	n	y	n	y	n	-	n	-	
[REDACTED]	01/10/18	N/N	n	y	y	n	y	y	n	y	n	y	y	y	y	n	n	y	
[REDACTED]	03/23/18	N/N	v	v	v	v	v	v	n	v	v	v	v	v	n	v	-	v	

PROCESS TALLY REPORT



CASPER Report Process Tally Report

Agency Name: [REDACTED]
 Agency ID: [REDACTED]
 Location: [REDACTED]

CCN: [REDACTED]
 Medicaid Number: [REDACTED]
 Report Run Date: 05/01/2019

Report Period: 01/2018 - 12/2018			Process Quality Measures						
			Timely Care	Assessment		Care Plan Implementation			
Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Timely Initiation Of Care	Depression Assessment Conducted	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Depression Interventions Implemented During All EOC ¹	Diabetic Foot Care And Patient/Caregiver Education Implemented During All EOC	Pain Interventions Implemented During All Episodes Of Care ²	Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing For All EOC ¹
[REDACTED]	12/28/17	N/N	y	y	y	y	-	y	-
[REDACTED]	01/06/18	N/N	y	y	y	-	y	y	-
[REDACTED]	01/06/18	N/N	-	-	-	-	-	-	-

Legend:
 SOE = Start Of Episode
 POC = Plan Of Care
 SOC = Start Of Care
 ROC = Resumption Of Care
 EOC = Episodes Of Care
 y = Measure achieved
 n = Measure not achieved
 - = No data available
 / = Excluded from this measure

RISK-ADJUSTMENT

- Statistically accounts for differences in one agency's patient vs. the reference sample or patients from a prior time period
- Minimizes possibility that differences in outcomes between comparison groups are due to factors other than care provided by the agency.
- “Levels out the playing field”
- Outcome Report is the only Risk-Adjusted Report

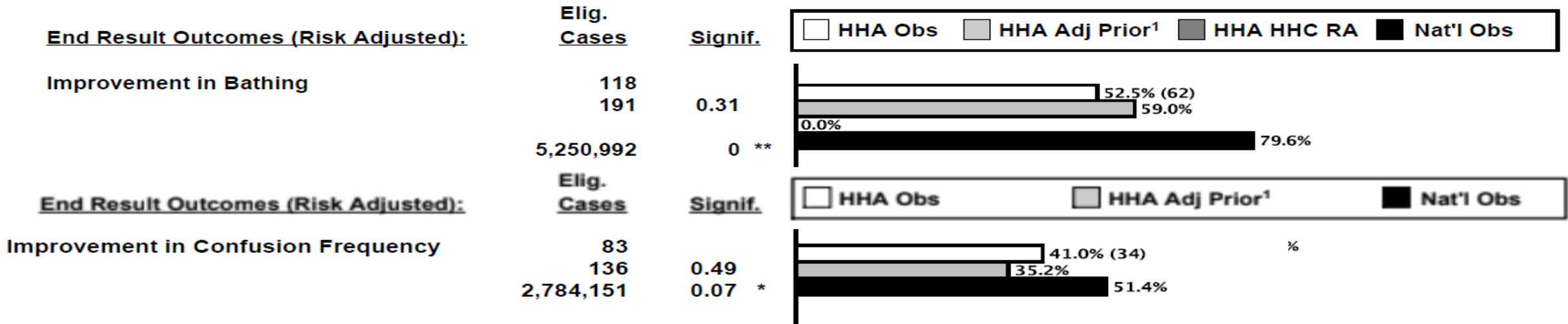
STATISTICAL DIFFERENCE

Real or Chance?

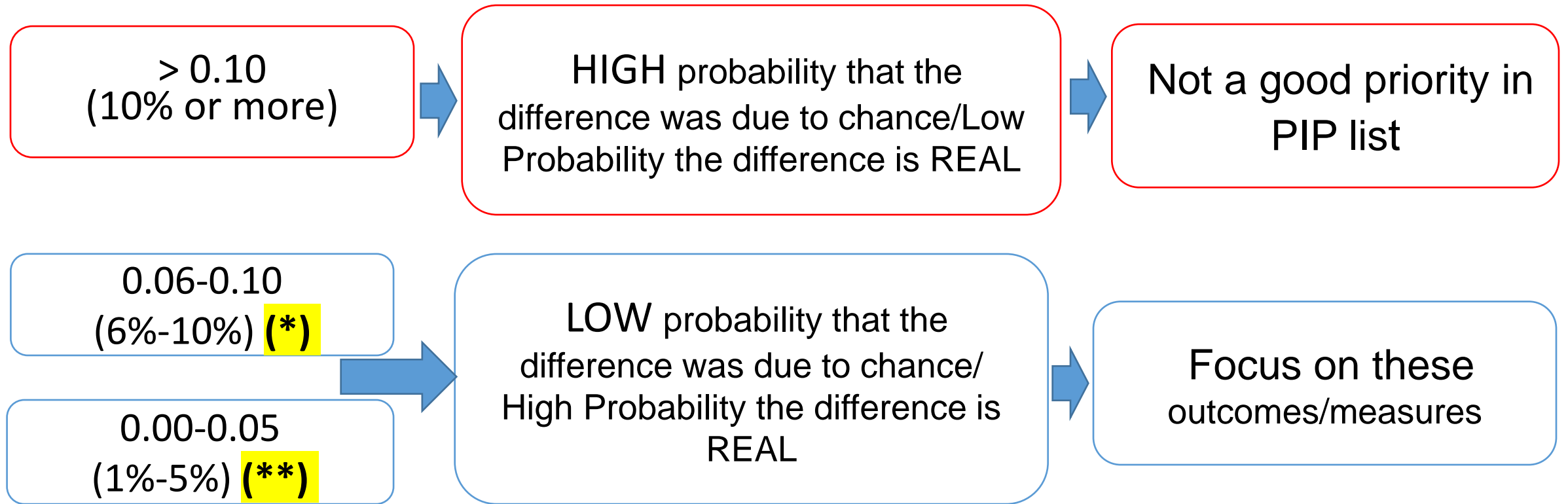
- Relevant when outcomes/measures are compared between sets of patient cases
 - "HHA Obs" vs. "Nat'l Obs"
 - "HHA Obs" vs. "HHA Adj Prior"

* 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.



STATISTICAL DIFFERENCE



SELECTING, ANALYZING & PRIORITIZING OUTCOME/PROCESS MEASURES

Criteria:

1. Statistically significant outcome differences (*/**)
2. Larger magnitude of the outcome differences
 - Outcome/Process Measure Report:
 - “HHA Obs” 7% or more below the “Nat’l Obs”
 - Potentially Avoidable Event Report:
 - “HHA Obs” difference is \geq twice the “Nat’l Obs” Value
3. The actual significance levels of the differences
4. Adequate number of cases (minimum of 30)
5. Importance or relevance to your Agency’s goals and QAPI Scope
 - (ex: High-risk/High-volume/Problem-prone/Patterns/Trends)
6. Clinical significance
7. Feasibility (to implement given current resources)
8. Cost (cost incurred each time this issue occurs)

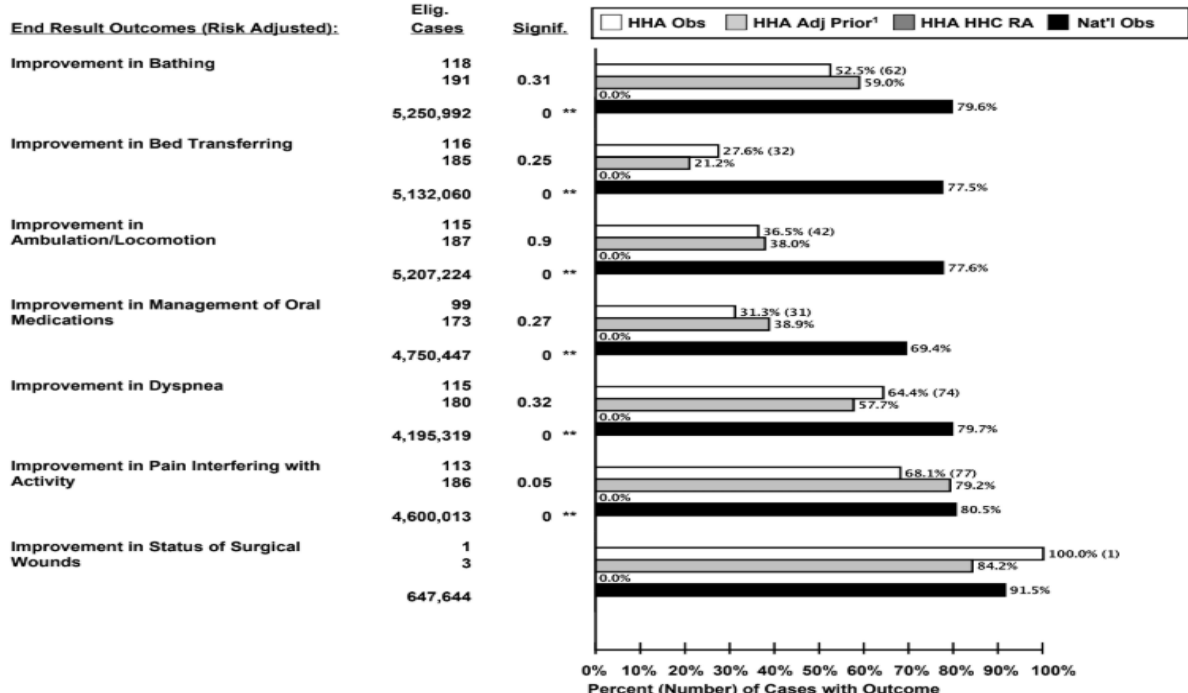


CASPER Report Outcome Report

Agency Name: [Redacted]
 Agency ID: [Redacted]
 Location: [Redacted]
 CCN: [Redacted] Branch: All
 Medicaid Number: [Redacted]
 Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
 Requested Prior Period: 01/2017 - 12/2017
 Actual Current Period: 01/2018 - 12/2018
 Actual Prior Period: 01/2017 - 12/2017
 # Cases Curr: 118 Prior: 194
 Number of Cases (National): 5,375,790

Definitions:
HHA Obs - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.
HHA Adj Prior¹ - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and calculated using the following formula: HHA Adj Prior = HHA Prior Obs + HHA curr pred - HHA prior pred.
HHA HHC RA - Home Health Agency's Home Health Compare Risk Adjusted Rate is the home health agency's Home Health Compare (HHC) risk adjusted performance for the measure for the selected period. Starting with Q1 of 2017, this rate will match the HHC rate for measures displayed on HHC when the reporting period for this report matches the HHC reporting period. If the two reporting periods do not align or if the measure is not displayed on HHC, the display for the HHC RA value will be omitted. This rate is adjusted and is calculated using the following formula: HHA RA = HHA Obs + Nat'l pred - HHA pred. This rate is only computed for measures with a risk-adjusted rate displayed on Home Health Compare.
Nat'l Obs - National Observed Rate is the average (mean) performance of all home health agencies that have a quality episode of care for the selected period for the quality measure. [A quality episode is calculated from the beginning of care (start of care or resumption of care) to end of care (transfer to an inpatient facility, discharge from the agency, or death.)]
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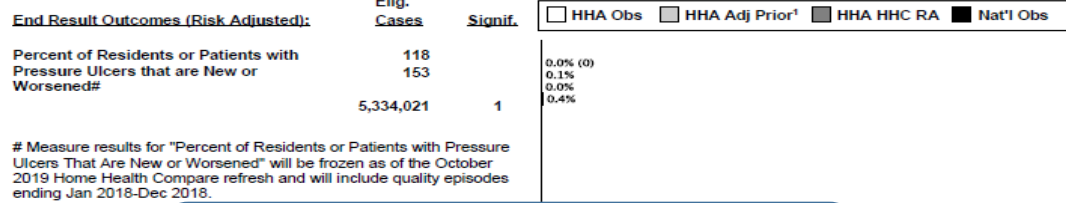
CASPER Report Outcome Report

Agency Name: [Redacted]
 Agency ID: [Redacted]
 Location: [Redacted] Branch: All
 CCN: [Redacted]
 Medicaid Number: [Redacted]
 Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
 Requested Prior Period: 01/2017 - 12/2017
 Actual Current Period: 01/2018 - 12/2018
 Actual Prior Period: 01/2017 - 12/2017
 # Cases Curr: 118 Prior: 194
 Number of Cases (National): 5,375,790

Definitions:
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FYI: Consider:
 High risk/High volume/Problem prone areas
 Does it reflect HHA's scope of services, complexity of patients and past



Measure results for "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened" will be frozen as of the October 2019 Home Health Compare refresh and will include quality episodes ending Jan 2018-Dec 2018.

Let's practice (pg 1-2):
 Which end result outcomes would be Top 2?

For All End Result Outcomes:
 The Goal is for "HHA Obs" rate to be **higher** than "Nat'l Obs" rate.

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CASPER Report Outcome Report

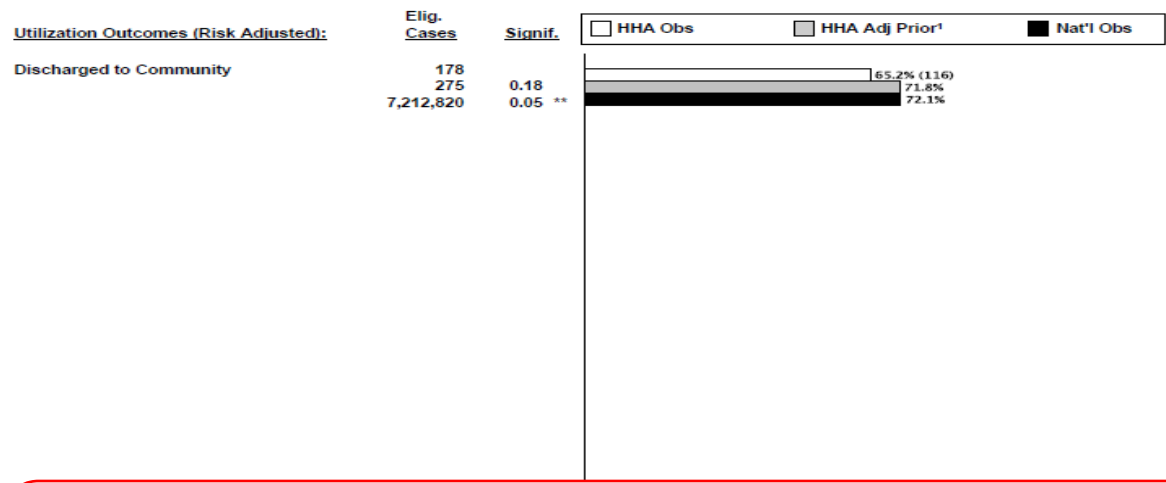
Agency Name: [Redacted]
 Agency ID: [Redacted]
 Location: [Redacted]
 CCN: [Redacted] Branch: All
 Medicaid Number: [Redacted]
 Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
 Requested Prior Period: 01/2017 - 12/2017
 Actual Current Period: 01/2018 - 12/2018
 Actual Prior Period: 01/2017 - 12/2017
 # Cases Curr: 180 Prior: 278
 Number of Cases (National): 7,330,996

Definitions:
HHA Obs - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.
HHA Adj Prior¹ - Home Health Agency's Adjusted Prior is the agency's prior performance for the measure for the selected period. This rate is adjusted and is calculated using the following formula: HHA Adj Prior = HHA Prior Obs + HHA curr pred - HHA prior pred.

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For Utilization AND Claim-Based Outcomes:
 The Goal is for "HHA Obs" rate to be **lower** than "Nat'l Obs" rate.

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CASPER Report Outcome Report

Agency Name: [Redacted]
 Agency ID: [Redacted]
 Location: [Redacted]
 CCN: [Redacted] Branch: All
 Medicaid Number: [Redacted]
 Report Run Date: 05/01/2019

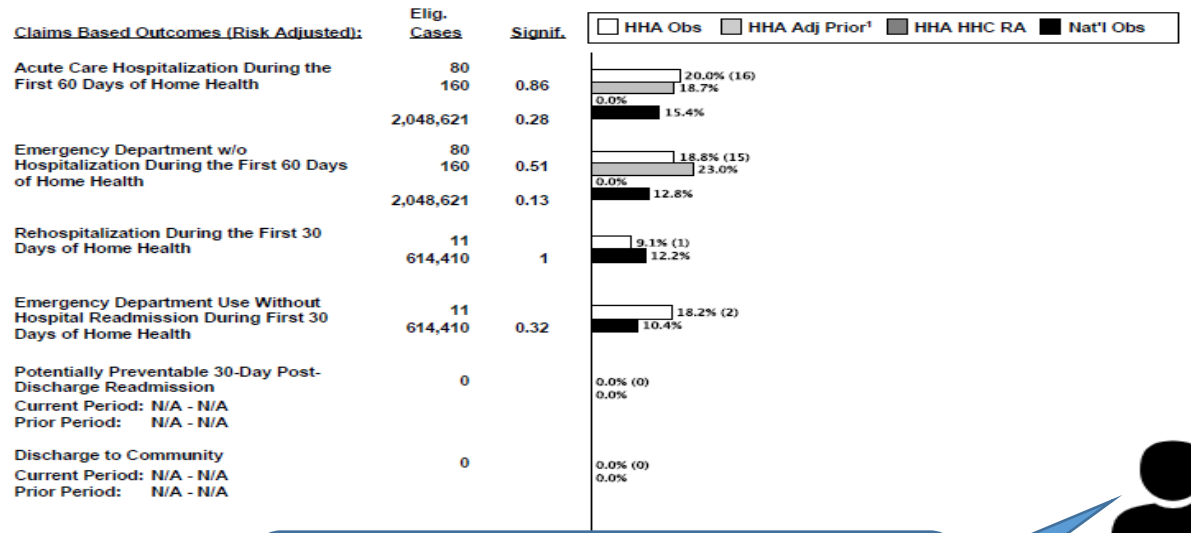
Requested Current Period (Claims): 01/2018 - 09/2018
 Requested Prior Period (Claims): 01/2017 - 12/2017
 Actual Current Period (Claims): 01/2018 - 09/2018
 Actual Prior Period (Claims): 01/2017 - 12/2017
 # Cases Curr (Claims): 80 Prior (Claims): 160
 Number of Cases (National) (Claims):

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Let's practice (pg 5-6):
 Which outcomes would be Top 1?

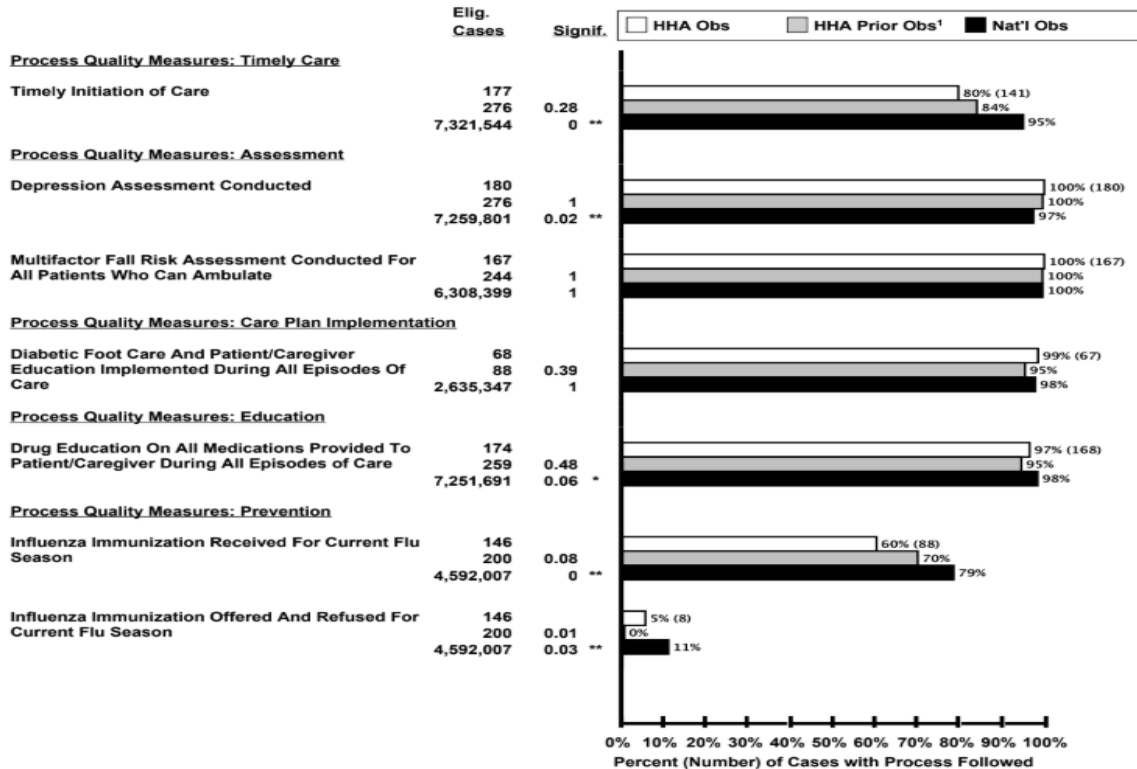


CASPER Report Process Measures Report

Agency Name: [Redacted]
Agency ID: [Redacted]
Location: [Redacted]
CCN: [Redacted] Branch: All
Medicaid Number: [Redacted]
Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
Requested Prior Period: 01/2017 - 12/2017
Actual Current Period: 01/2018 - 12/2018
Actual Prior Period: 01/2017 - 12/2017
Cases: Curr 180 Prior 278
Number of Cases (National): 7,330,996

Definitions:
HHA Obs - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.
HHA Prior Obs¹ - Home Health Agency's Observed Rate from the Prior Period is the HHA's prior performance for the measure for the selected period. This rate is not risk adjusted.
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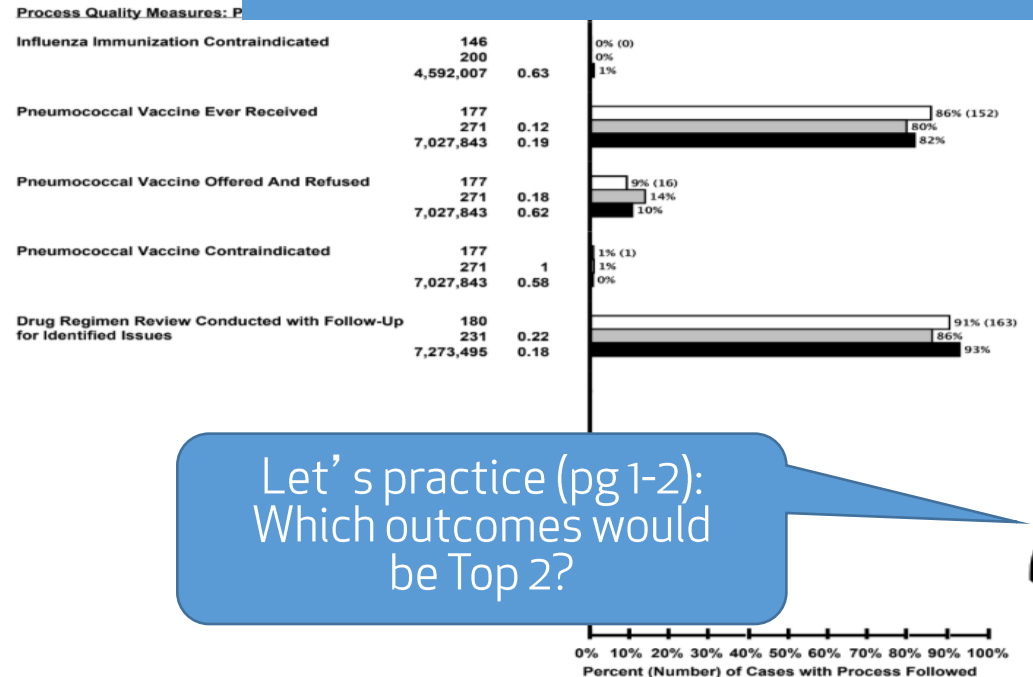
CASPER Report Process Measures Report

Agency Name: [Redacted]
Agency ID: [Redacted]
Location: [Redacted]
CCN: [Redacted] Branch: All
Medicaid Number: [Redacted]
Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
Requested Prior Period: 01/2017 - 12/2017
Actual Current Period: 01/2018 - 12/2018
Actual Prior Period: 01/2017 - 12/2017
Cases: Curr 180 Prior 278

Definitions:
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FYI: Consider:
High risk/High volume/Problem prone areas
Does it reflect HHA's scope of services, complexity of patients and past performance?



NOTE: When a measure value is calculated using less than 10 Episodes of Care, the statistical significance level will not be displayed on the report.

Let's practice (pg 1-2):
Which outcomes would be Top 2?

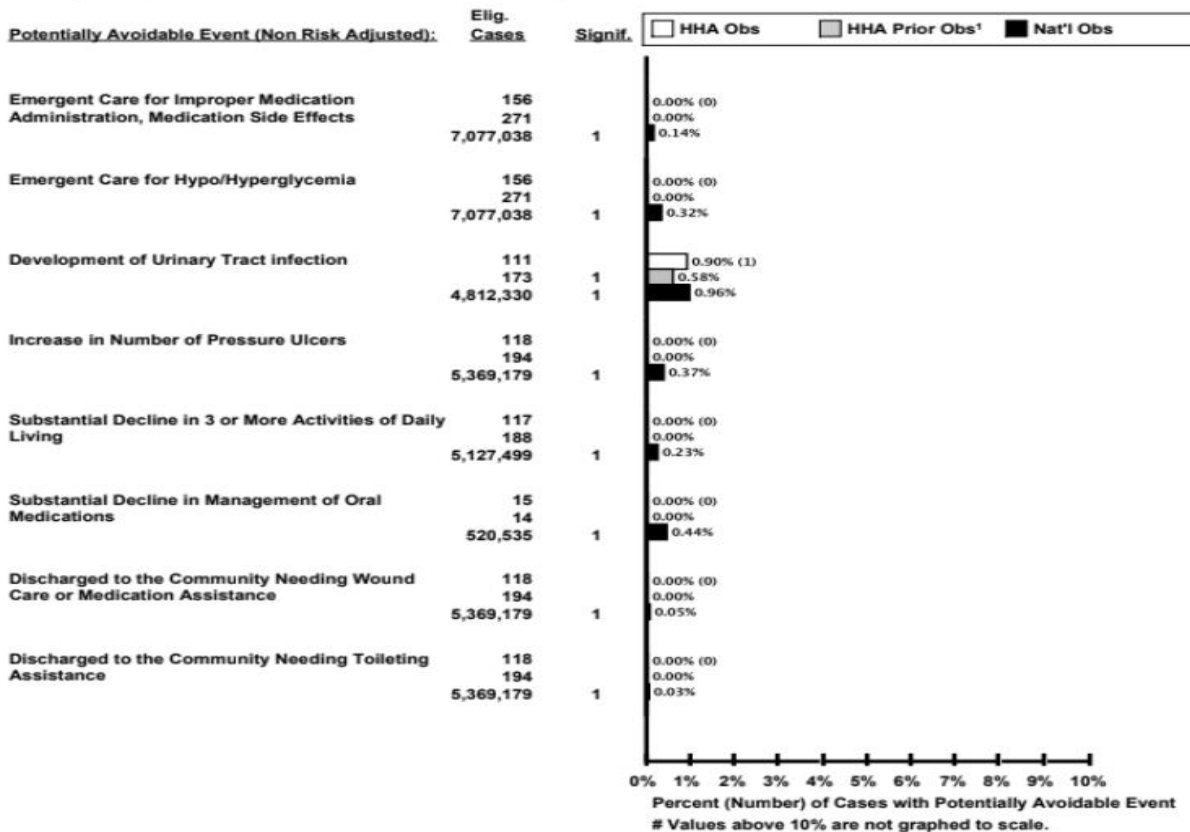
For All Process Quality Measures:
The Goal is for "HHA Obs" rate to be higher than "Nat'l Obs" rate.

**CASPER Report
Potentially Avoidable Event Report**

Agency Name: [Redacted]
 Agency ID: [Redacted]
 Location: [Redacted] Branch: All
 CCN: [Redacted]
 Medicaid Number: [Redacted]
 Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
 Requested Prior Period: 01/2017 - 12/2017
 Actual Current Period: 01/2018 - 12/2018
 Actual Prior Period: 01/2017 - 12/2017
 # Cases: Curr 180 Prior 278
 Number of Cases (National): 7,330,996

Definitions:
HHA Obs - Home Health Agency's Observed Rate is the HHA's actual performance for the measure for the selected period. This rate is not risk adjusted.
HHA Prior Obs¹ - Home Health Agency's Observed Rate from the Prior Period is the HHA's prior performance for the measure for the selected period. This rate is not risk adjusted.
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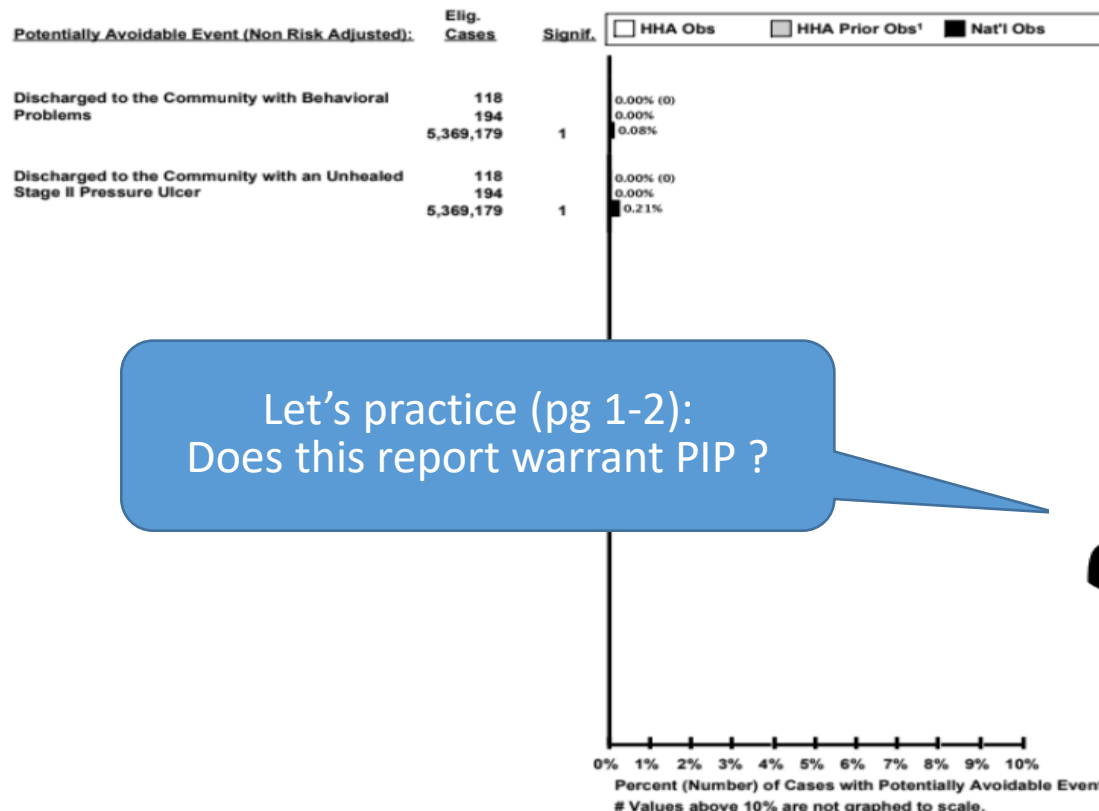
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**CASPER Report
Potentially Avoidable Event Report**

Agency Name: [Redacted]
 Agency ID: [Redacted]
 Location: [Redacted] Branch: All
 CCN: [Redacted]
 Medicaid Number: [Redacted]
 Report Run Date: 05/01/2019

Requested Current Period: 01/2018 - 12/2018
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Let's practice (pg 1-2):
 Does this report warrant PIP ?



5



CASPER Report

Page 1 of 2

**Potentially Avoidable Event:
Patient Listing Report**

Agency Name:	[REDACTED]	Requested Current Period:	01/2018 - 12/2018
Agency ID:	[REDACTED]	Actual Current Period:	01/2018 - 12/2018
Location:	[REDACTED]	Number of Cases in Current Period:	180
CCN:	[REDACTED]	Number of Cases (National):	7,330,996
Medicaid Number:	[REDACTED]	Report Run Date:	05/01/2019

Emergent Care for Improper Medication Administration, Medication Side Effects

Complete Data Cases : 156 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.14%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

Emergent Care for Hypo/Hyperglycemia

Complete Data Cases : 156 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.32%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

Development of Urinary Tract infection

Complete Data Cases : 111 Number of Events : 1 Agency Incidence : 0.90% Nat'l Obs : 0.96%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

[REDACTED]	[REDACTED]	[REDACTED]	M	03/14/1946	01/10/2018	02/28/2018	N/N
------------	------------	------------	---	------------	------------	------------	-----

Increase in Number of Pressure Ulcers

Complete Data Cases : 118 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.37%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

Substantial Decline in 3 or More Activities of Daily Living

Complete Data Cases : 117 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.23%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

Substantial Decline in Management of Oral Medications

Complete Data Cases : 15 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.44%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

Discharged to the Community Needing Wound Care or Medication Assistance

Complete Data Cases : 118 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.05%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

Discharged to the Community Needing Toileting Assistance

Complete Data Cases : 118 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.03%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

Discharged to the Community with Behavioral Problems

Complete Data Cases : 118 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.08%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

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**CASPER Report
Potentially Avoidable Event:
Patient Listing Report**

Page 2 of 2

Agency Name:	[REDACTED]	Requested Current Period:	01/2018 - 12/2018
Agency ID:	[REDACTED]	Actual Current Period:	01/2018 - 12/2018
Location:	[REDACTED]	Number of Cases in Current Period:	180
CCN:	[REDACTED]	Number of Cases (National):	7,330,996
Medicaid Number:	[REDACTED]	Report Run Date:	05/01/2019

Discharged to the Community with Behavioral Problems

Complete Data Cases : 118 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.08%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

Discharged to the Community with an Unhealed Stage II Pressure Ulcer

Complete Data Cases : 118 Number of Events : 0 Agency Incidence : 0.00% Nat'l Obs : 0.21%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/TRANSFER	SOC/EOC Branch ID
------------	-----------	------------	--------	------------	---------	-------------	-------------------

No Patient

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- [HHA Roster](#)
- [HHA Start Resume Care](#)

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- HHA Error by Month by Agency
- HHA Roster Report
- HHA Start Resume Care

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Enter Criteria To Search For A Report: Search

(Hint: Leave blank to list all reports)

To start: Obtain a full year submission data then quarterly (or less) when monitoring progress

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[HHA Submission Statistics by Agency](#)

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To start: Obtain a full year submission data then quarterly (or less) when monitoring progress

WHAT HHA PROVIDER REPORTS TO GET: AT A MINIMUM...

- Obtain the following:
 - HHA Error Summary by Agency
 - HHA Error By Field By Agency
 - HHA Submission Statistics Monthly

Note:

Latest Report: a month prior (Lag Time)

Expectations:

- That HHA is submitting monthly
- <20% Rejection rate
- <20% or less Warning rate
(ex: Submission date is more than 30 days from assessment completion date; inconsistent record/date sequence [<10%])
- Absence of pattern/trend

Report: HHA Error Summary by Agency

Date Criteria:
from (mm/yyyy):
thru (mm/yyyy):



CASPER Report
(MI) HHA Error Summary by Agency
from 01/2019 thru 03/2019

Run Date: 05/01/2019
Page 1 of 1

Agency ID: [REDACTED]
Agency Name: [REDACTED]
Agency City: [REDACTED]

Error #	Error Description	# of Assessments Processed	# of Assessments with the Error	% of Assessments with the Error
-3280	Inconsistent Dates: If M0100 is equal to 01, then M0030 minus M1005 should be greater than or equal to zero and less than or equal to 14 days.	157	1	0.64%
-3330	Record Submitted Late: The submission date is more than 30 days after M0090 on this new record.	157	31	19.75%
-907	Duplicate Assessment: The submitted record is a duplicate of a previously accepted record.	157	9	5.73%
-909	Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.	157	7	4.46%
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	157	18	11.46%
		Total:	66	

https://web.qiesnet.org/Web/Req.jsp

CASPER Reports Submit

Skip navigation links

CASPER Reports Submit [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#)

Report: HHA Submission Statistics Monthly

Date Criteria:

from (mm/dd/yyyy):

thru (mm/dd/yyyy):

Template Folder:

Template Name:

Run Date: 05/01/2019

Page 1 of 1

CASPER Report
(MI) HHA Submission Statistics Monthly
 from 01/01/2019 thru 03/31/2019

Agency ID: [REDACTED]
 Agency Name: [REDACTED]
 Agency City: [REDACTED]

Month of Processing	Batches	Agency	Records Processed	Records Rejected	Records Accepted	Reject %
01/2019	8	1	74	9	65	12.16%
02/2019	2	1	19	0	19	0.00%
03/2019	3	1	64	0	64	0.00%
Totals:	13		157	9	148	5.73%

PERFORMANCE IMPROVEMENT PROJECT (PIP) CHARTER TEMPLATE

What is a project charter? A project charter clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an Improvement Project (PIP). The charter is typically developed by the QAPI team and then given to the team that will carry out the PIP, so that the PIP team has a clear understanding of what they are being asked to do. The charter is a valuable document because it helps a team stay focused. However, the charter does not tell the team how to complete the work; rather, it tells them what they are trying to accomplish.

1. Project Overview			
Project Name:			
Problem to be solved:			
Background leading up to the need for this project: (Reference specific background documents, as needed.)			
2. Project Team			
Title	Name	Responsibilities	E-mail
Project Manager:			
Team Members:			
3. Stakeholders (e.g., those with a significant interest in or who will be significantly affected by this project)			
4. Project Scope Statement			
The goal(s) for this project: <i>Describe the measurable outcomes of the project.</i>			
Scope <i>List what the project will and will not address</i>			
Recommended Project Time Table:			
Project phase	Start date	End date	
Initiation: Project charter developed and approved			
Planning: Specific tasks and processes to achieve goals defined			
Implementation: Project carried out			
Monitoring: Project progress observed and results documented			
Closing: Project brought to a close and summary report written			
Barriers (including significant Assumptions) <i>Identify obstacles that may cause the project to fail.</i>			
What could get in the way of success?		What could you do about this?	

Material Resources Required for the Project (e.g., equipment, software, supplies):

5. Communication Strategy (specify how the project manager will communicate to the Executive Sponsor, Project Team members and Stakeholders, e.g., frequency of status reports, frequency of Project Team meetings, etc.)

6. Sign-off

The signatures of the people below relay an understanding and approval of the purpose and approach to this project. By signing this document you agree to establish this document as the formal Project Charter and sanction work to begin on the project as described within.

	Name	Signature	Date (MM/DD/YYYY)
Administrator			
Project Sponsor			
Project Manager			

7. Notes

Submitted by: _____

EXAMPLE Performance Improvement Project (PIP): Medication Management

PLEASE NOTE: The Centers for Medicare & Medicaid Services (CMS) does NOT require any specific format or template for your Performance Improvement Project. Each PIP can be unique to each home health agency.

Problem(s):

- Low number of patients improving in management of oral medications, which is impacting patient recovery, outcome reports, Quality of Patient Care Star Ratings and Patient Survey Star Rating (from HHCAHPS)
- Lower medication independence may be leading to higher hospitalization rates.
- Questioning patients' understanding of clinical medication education

Data Source: HHQI's Monthly Oral Medication Report (Oral Medication Improvement Rate (%) by Medication Follow-Up (M2020) and Home Health CASPER Report

Baseline Data Results: HHQI's Improvement in Management of Oral Medications (M2020) rate is % as of [date].

Expected Outcome: Increase number of patients who improved the management of their oral medications to % as of [date] (e.g., 4 months post-implementation) as evidenced by HHQI Management of Oral Medications Report.

Interventions:

- Educate all clinicians on the use of teach-back with medication education.
- Designated documentation location for using teach-back techniques and patient/caregiver response

Barriers:

- Clinicians feel rushed to complete requirements during visits.
- Therapists feel uncomfortable with medication education.
- Inconsistencies for patient education documentation

1

This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization supporting the Home Health Quality Improvement National Campaign, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The views presented do not necessarily reflect CMS policy. Publication number 11SOW-WV-HH-MMD-121416A

PDSA Cycle:

STAGE	ACTIONS
PLAN:	<ul style="list-style-type: none"> • Plan clinician education on teach-back with medication education during upcoming team meetings. <ul style="list-style-type: none"> ◦ Provide "10 Elements of Competence for Using Teach-Back Effectively" sheet. ◦ Show a short video from YouTube. ◦ Designate location in medical record to document teach-back and response.
DO:	<ul style="list-style-type: none"> • Select a small team including clinician champions to test the education plan with 5 patients. <ul style="list-style-type: none"> ◦ Provide education session including YouTube video. ◦ Use the HHQI Teach-Back Role Play exercise with education. ◦ Ask for initial feedback about teach-back and which patients were tested. ◦ Ask staff to try teach-back with one patient each day for the next week and report back any feedback (positive or negative).
STUDY:	<ul style="list-style-type: none"> • Review documentation in the charts where teach-back was utilized. • Review comments and create talking points to address all feedback and share successes (de-identified patient information) during roll-out.
ACT:	<ul style="list-style-type: none"> • Modify instructions for documenting teach-back. • Ask the same clinician team to again use teach-back on 8 patients for the next week and provide feedback.

Spread Plan: Roll-out with small, receptive nursing team to gather constructive feedback. Create talking points for managers to provide to staff for negative feedback during roll-out. After two weeks of testing with the first team, expand to a second nursing team, and continue to roll-out to all teams within the next 30 days.

2

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EDUCATIONAL RESOURCES



QUESTIONS?



EDUCATIONAL RESOURCES

THANK YOU

Christie Scituro

Principal In-charge of Consulting Operations

christie@a1homecare.net

a1homecare.net | (734) 259-3775

