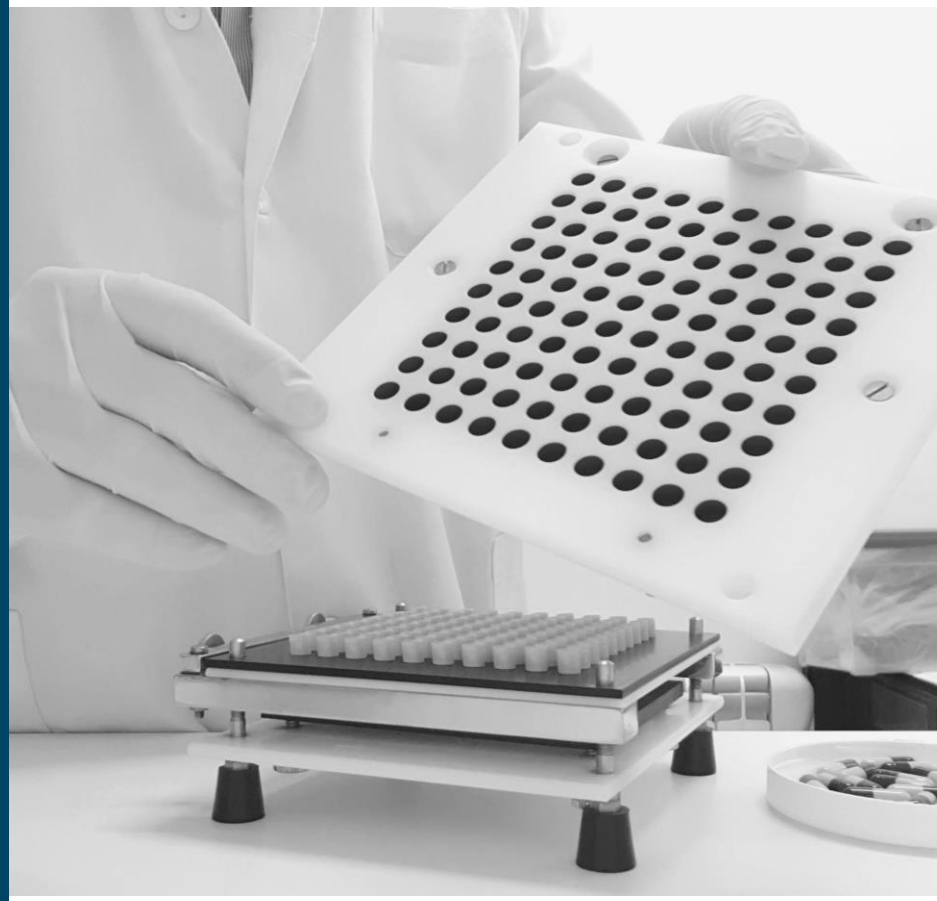
ACHC U®
EDUCATIONAL RESOURCES

PHARMACY

Quality measures in Home infusion and Outcomes

Don’t just collect data, make it actionable.



Objectives & Program Intent

- Discuss implementing a systematic approach to the collection of data
- Identify tracking and trending required by agencies and accrediting bodies
- Discuss the creation of meaningful data collection points
- Discuss the components in the framework to collect and analyze data
- Implement actionable steps to improve operations through data analysis
- Discuss creation of an ongoing system to collect, analyze and interpret data

Quality Measures

Why collect and analyze data anyway?

- Increase Quality of services provided
- Identify areas of opportunity resulting in efficiencies
- Demonstrate value to payers and referral sources
- Spot trends and proactively respond to industry changes
- Requirement by regulatory, payor, referral source and Accrediting body

Quality Management and Data Collection

- Focus on solving a problem within your organization
- Begin with the end in mind
- Spend time determining data collection
- Assign accountability
- Document your activity
- Identify trends and implement action plans

Quality Measures

An Accreditation standard and CMS requirement

Standard DRX6-1A

- The organization measures, analyzes, and tracks quality indicators that enable the organization to assess processes of care, services, and operations. Organization-wide Performance Improvement (PI) efforts address priorities for improved quality of care/service, client/patient safety, and that all improvement actions are evaluated for effectiveness.
- Correctly implemented, a PI plan can be a valuable tool to improve patient outcomes, employee satisfaction, and financial viability.
- Choose an area identified as having potential to be a problem.

Quality Measures

An Accreditation standard and CMS requirement

DMEPOS Quality Standards

- Beneficiary satisfaction and complaints
- Timeliness of response to Beneficiary concerns
- Frequency of Billing and Coding Errors
  - Claim Denials
  - Internal errors discovered
- Adverse Events
- Employee, Customer and Referral source satisfaction survey

Quality Measures

BOP Requirements (Example Virginia Board Regulations)

- 18VAC110-20-418
  - Continuous quality improvement program
  - Any pharmacy that actively reports dispensing errors and the analysis of such errors to a patient safety organization consistent with § 54.1-3434.03 of the Code of Virginia and 18VAC110-20-10 shall be deemed in compliance with this section
  - Pharmacies not actively reporting to patient safety organizations, consistent with § 54.1 3434.03 and 18VAC110-20-10, shall implement a program for continuous quality improvement in compliance with this section.

Quality Measures

Data Collection and Analysis

- A description of indicator(s) to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Develop limits for findings or thresholds
- Who will receive the reports
- Written POCA when thresholds are not met
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

Examples of Outcome Measures for trending and Analysis

Financial/Operational Measures for Trending and Analysis *(Two are pre-selected for you because of CMS mandate. No additional choices are necessary.)*	
☐	DSO (Days Sales Outstanding)
☐	Referrals per Month
☐	Admissions per Month
☑	Internal Billing Accuracy
☑	Review of Claim Denials
☑	Monthly Charges (check if you are in your first 3 years of operations)
☐	Other:

Examples of Outcome Measures for trending and Analysis

Sentinel Events (Criteria List)	
☑	Death or permanent organ dysfunction attributed to a medication error caused by an incorrect action or omission by a pharmacy staff member
☑	Death or permanent organ dysfunction attributed to the use of incorrect/inappropriate equipment or procedures by a member of the pharmacy staff
☑	Perpetration of physical, emotional, or psychological abuse, neglect, or exploitation by a pharmacy employee
☐	Other:

Examples of Outcome Measures for trending and Analysis

Custom Data Collection (Pharmacy Process) (Check one.) ***(Contact QA Staff for assistance in selecting and preparing for these internal data programs.)***	
☐	On-time delivery rate (percentage of total number of deliveries)
☐	Chart audit for drug temperature control on delivery (Percentage of charts compliant)
☐	Percentage of patient supplies assembled that are complete and accurate.
☐	Coordination and communication with an outside home health agency
☐	Percentage of tasks "missed" on Apollo Cleanroom Maintenance Log
☐	Percentage of tasks "missed" on Apollo LAFH Maintenance Log
☐	Other:

Examples of Outcome Measures for trending and Analysis

High Risk Focus Areas (Internal Pharmacy Audits Using Pre-designed Program Materials) (Check one.) ***(Contact QA Staff for assistance in selecting and addressing these high risk focus areas.)***	
☐	Preparation of high risk level compounded sterile products
☐	Preparation of low and medium risk level compounded sterile products
☐	Placement of PIC Catheters and Midline Catheters
☐	Preparation and dispensing of chemotherapeutic agents
☐	Aminoglycoside utilization in geriatric patients
☐	Medication management of one or more high-risk high-alert medications (i.e. therapeutic anticoagulation)
☐	Other:

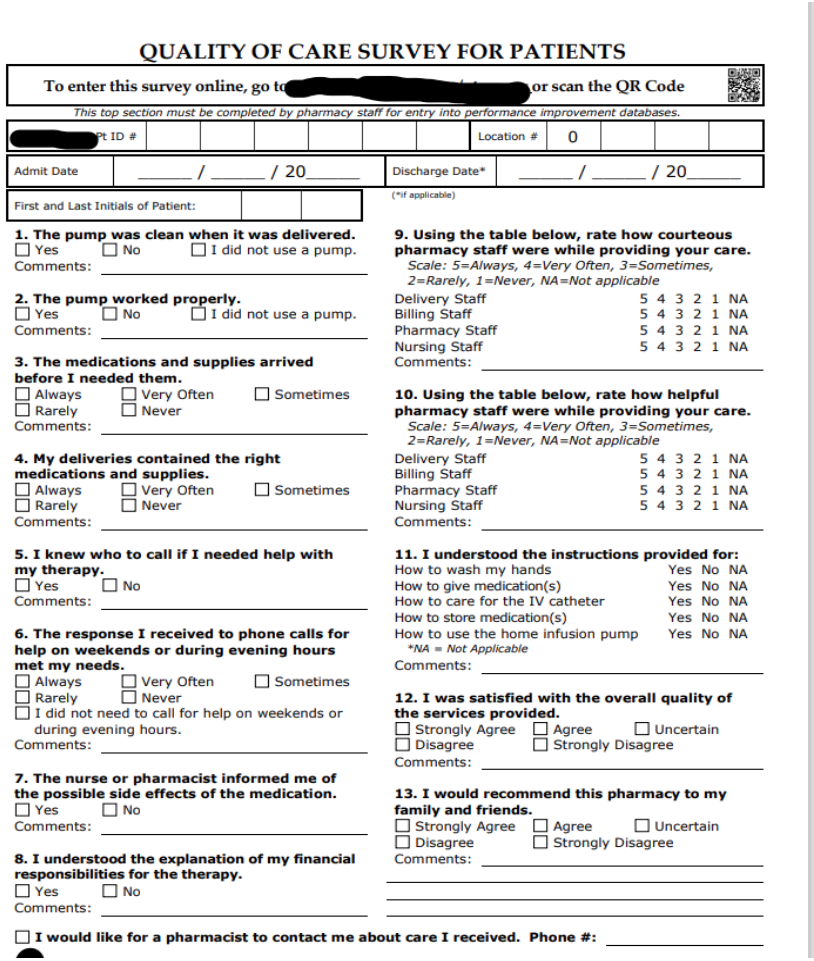
Examples of Outcome Measures for trending and Analysis

CareEnds® Outcome Measures for Trending and Analysis ***(Select three that you will report and follow on a monthly basis.)***	
☐	Unscheduled Hospitalization (incidence per 1000 patient days)
☐	Adverse Drug Reaction (incidence per 1000 patient days)
☐	Pharmacy Dispensing Error (incidence per 1000 patient days)
☑	Patient Perception of Care: Overall Satisfaction (average rating)
☐	Percentage of patients discharged that met therapy goals (percentage)
☐	Patient Grievances (incidence per 1000 patient days)
☐	Pump Malfunction (incidence per 1000 patient days)
☐	Catheter complication requiring removal (incidence per 1000 patient days) (select only if your staff administered catheter care and assessment)
☐	Catheter related infection (incidence per 1000 patient days) (select only if your staff administered catheter care and assessment)
☐	Other:

Quality of Care for Patients

Patient Survey Exercise

- Method of Collection
  - Sample Surveys
  - Focus groups
  - Operational Feedback systems
- Initial Questionnaire planning
  - Open Ended
  - Fill in
  - Y/N
  - Ranking/Rating
  - Guttman
  - Likert
  - Semantic



QUALITY OF CARE SURVEY FOR PATIENTS

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[redacted] Pt ID # | Location # 0

Admit Date ____ / ____ / 20____ | Discharge Date* ____ / ____ / 20____ (*if applicable)

First and Last Initials of Patient:

1. The pump was clean when it was delivered.
☐ Yes ☐ No ☐ I did not use a pump.
Comments:

2. The pump worked properly.
☐ Yes ☐ No ☐ I did not use a pump.
Comments:

3. The medications and supplies arrived before I needed them.
☐ Always ☐ Very Often ☐ Sometimes
☐ Rarely ☐ Never
Comments:

4. My deliveries contained the right medications and supplies.
☐ Always ☐ Very Often ☐ Sometimes
☐ Rarely ☐ Never
Comments:

5. I knew who to call if I needed help with my therapy.
☐ Yes ☐ No
Comments:

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☐ I did not need to call for help on weekends or during evening hours.
Comments:

7. The nurse or pharmacist informed me of the possible side effects of the medication.
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Comments:

8. I understood the explanation of my financial responsibilities for the therapy.
☐ Yes ☐ No
Comments:

9. Using the table below, rate how courteous pharmacy staff were while providing your care.
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Delivery Staff	5	4	3	2	1	NA
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Nursing Staff	5	4	3	2	1	NA

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Comments:

11. I understood the instructions provided for:

How to wash my hands	Yes	No	NA
How to give medication(s)	Yes	No	NA
How to care for the IV catheter	Yes	No	NA
How to store medication(s)	Yes	No	NA
How to use the home infusion pump	Yes	No	NA

*NA = Not Applicable
Comments:

12. I was satisfied with the overall quality of the services provided.
☐ Strongly Agree ☐ Agree ☐ Uncertain
☐ Disagree ☐ Strongly Disagree
Comments:

13. I would recommend this pharmacy to my family and friends.
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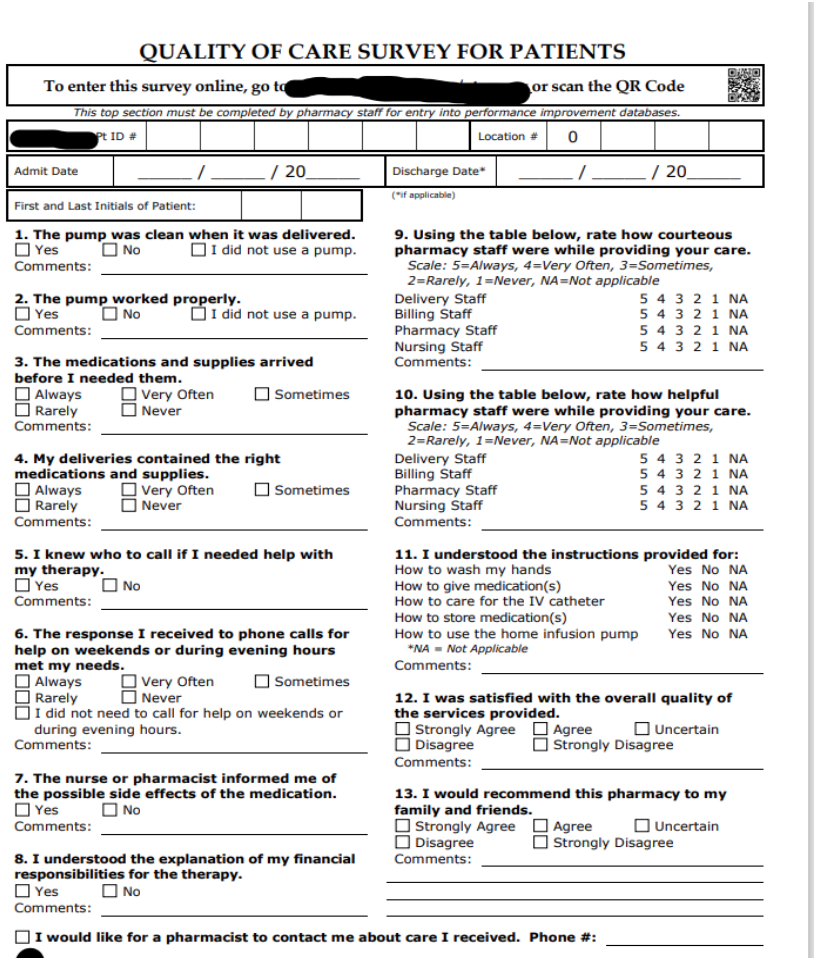
☐ Disagree ☐ Strongly Disagree
Comments:

☐ **I would like for a pharmacist to contact me about care I received. Phone #:**

Quality of Care for Patients

Patient Survey Exercise

- Frequency of Activity
  - Upon Discharge
  - Chronic Patients
  - Report out Quarterly
- Accountability
  - PI Coordinator
  - Other staff
- Benchmarking
  - Internal
  - External



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How to use the home infusion pump	Yes	No	NA

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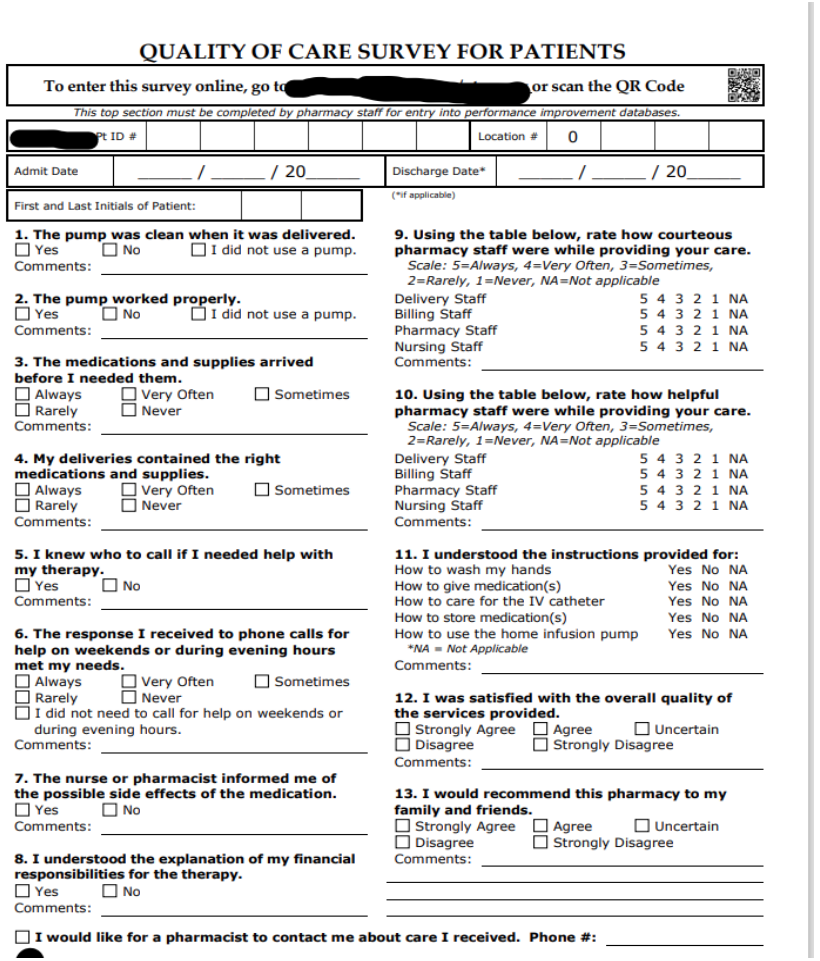
Quality of Care for Patients

Patient Survey Exercise

- Internal Benchmarking
  - Used when providers compare their historical performance with another
  - This process allows providers to track, analyze, and trend their performance over time or compare different locations within the same organization



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How to use the home infusion pump	Yes	No	NA

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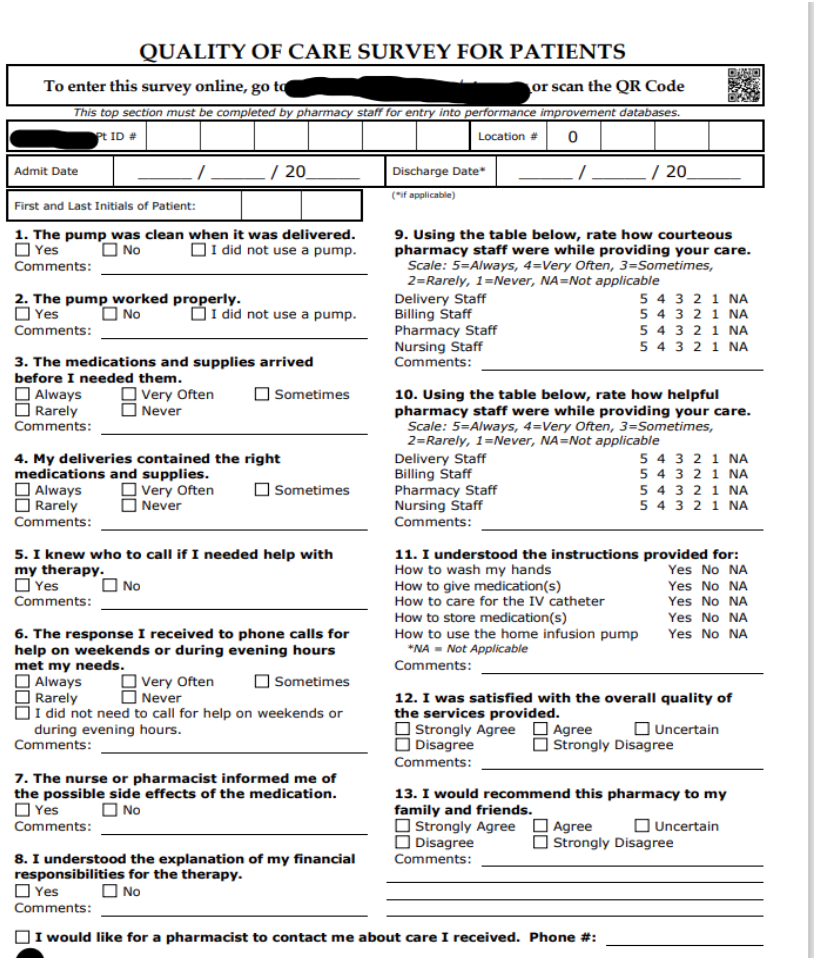
Quality of Care for Patients

Patient Survey Exercise

- External Benchmarking
  - It is a tool that provides key information on how one provider's service measures up against other "similar" providers. Without this added context, providers lack the perspective of what constitutes good performance.



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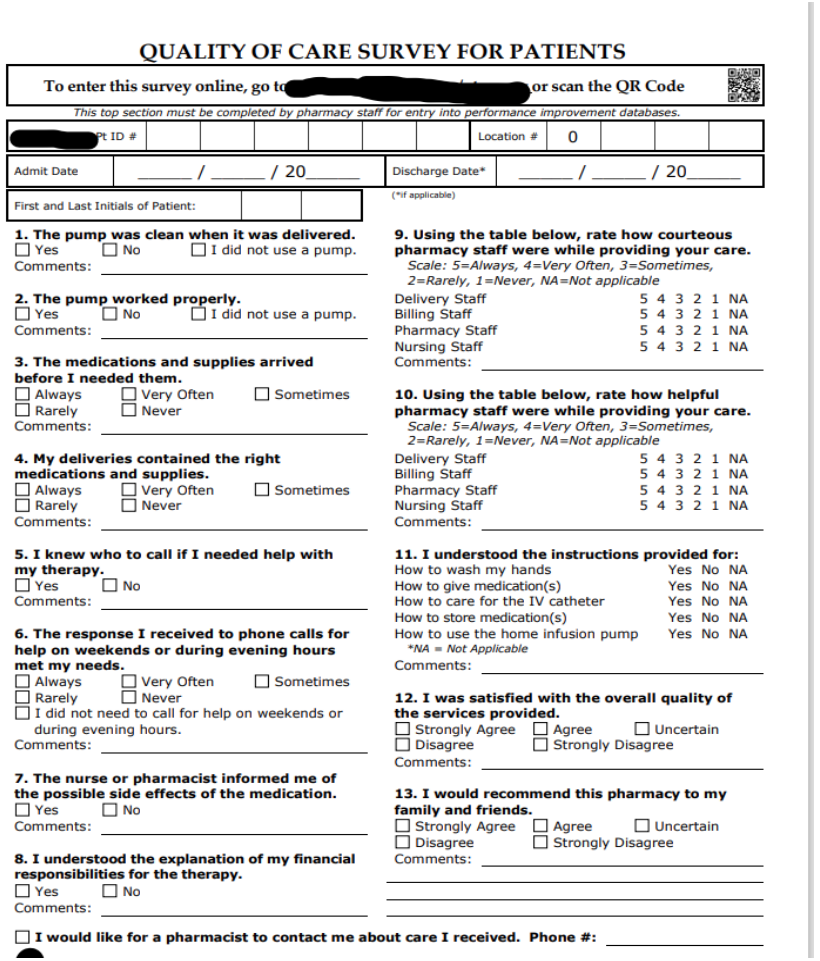
Quality of Care for Patients

Patient Survey Exercise

- Plan-Do-Check-Act
  - **PLAN**
    - Describe what data or observations led the team to decide that an improvement was needed
    - Describe what the measurable goal of the improvement will be
    - Describe, in general terms, how you plan to cause the improvement, and what your time frame is



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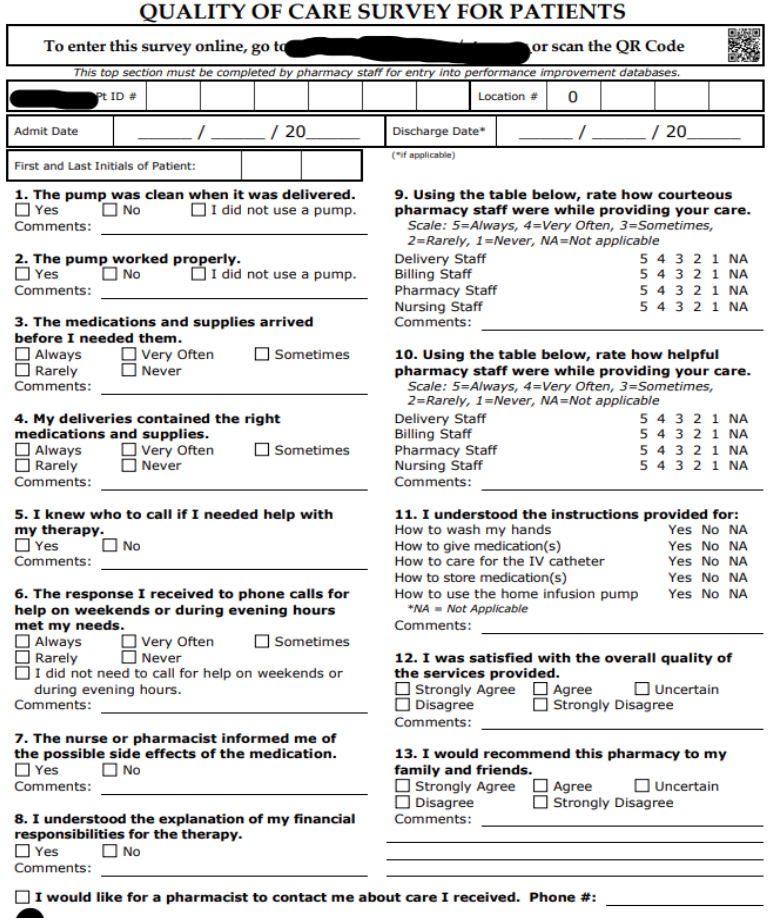
Quality of Care for Patients

Patient Survey Exercise

- Plan-Do-Check-Act
  - **DO**
    - List, the steps that were taken by different staff members to cause an improvement.
  - **STUDY**
    - Describe the repeated collection of data or observations that helped you determine if the steps that were taken in the “DO” section were effective in causing an improvement



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12. I was satisfied with the overall quality of the services provided.
☐ Strongly Agree ☐ Agree ☐ Uncertain
☐ Disagree ☐ Strongly Disagree
Comments:

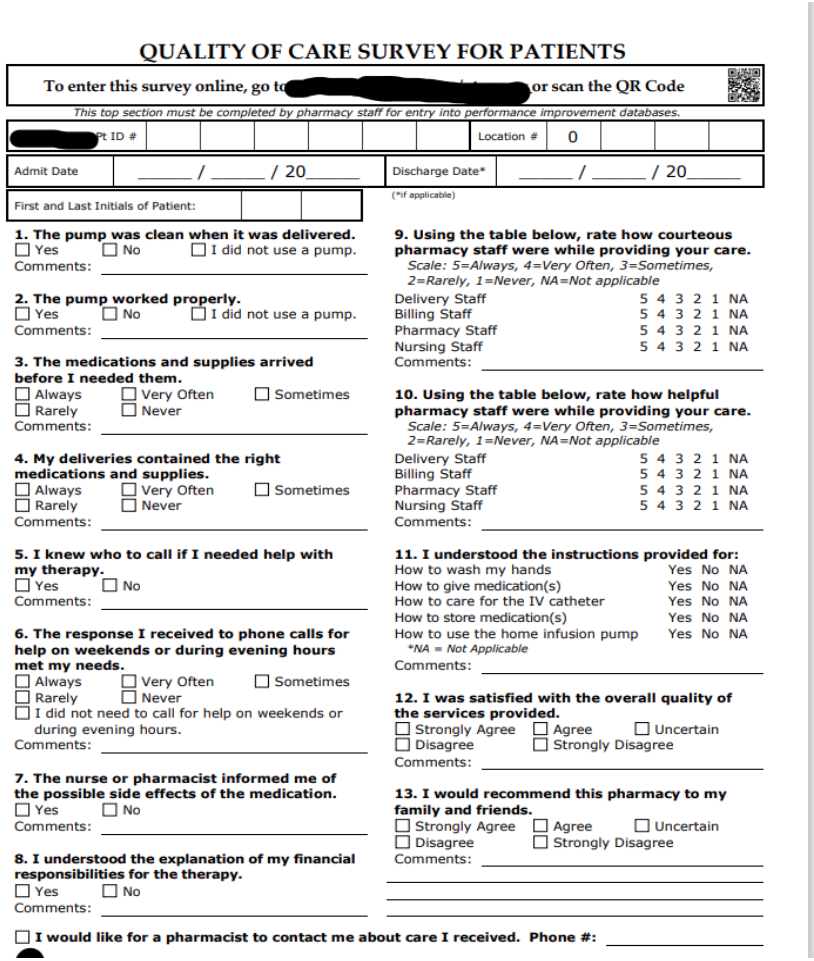
13. I would recommend this pharmacy to my family and friends.
☐ Strongly Agree ☐ Agree ☐ Uncertain
☐ Disagree ☐ Strongly Disagree
Comments:

☐ **I would like for a pharmacist to contact me about care I received. Phone #:** _____

Quality of Care for Patients

Patient Survey Exercise

- Plan-Do-Check-Act
  - **ACT**
    - Describe the repeated collection of data or observations that helped you determine if the steps that were taken in the “DO” section were effective in causing an improvement



QUALITY OF CARE SURVEY FOR PATIENTS

To enter this survey online, go to [redacted] or scan the QR Code

This top section must be completed by pharmacy staff for entry into performance improvement databases.

[redacted] Pt ID # | Location # 0

Admit Date ____ / ____ / 20____ | Discharge Date* ____ / ____ / 20____ (*if applicable)

First and Last Initials of Patient:

1. The pump was clean when it was delivered.
☐ Yes ☐ No ☐ I did not use a pump.
Comments:

2. The pump worked properly.
☐ Yes ☐ No ☐ I did not use a pump.
Comments:

3. The medications and supplies arrived before I needed them.
☐ Always ☐ Very Often ☐ Sometimes
☐ Rarely ☐ Never
Comments:

4. My deliveries contained the right medications and supplies.
☐ Always ☐ Very Often ☐ Sometimes
☐ Rarely ☐ Never
Comments:

5. I knew who to call if I needed help with my therapy.
☐ Yes ☐ No
Comments:

6. The response I received to phone calls for help on weekends or during evening hours met my needs.
☐ Always ☐ Very Often ☐ Sometimes
☐ Rarely ☐ Never
☐ I did not need to call for help on weekends or during evening hours.
Comments:

7. The nurse or pharmacist informed me of the possible side effects of the medication.
☐ Yes ☐ No
Comments:

8. I understood the explanation of my financial responsibilities for the therapy.
☐ Yes ☐ No
Comments:

9. Using the table below, rate how courteous pharmacy staff were while providing your care.
Scale: 5=Always, 4=Very Often, 3=Sometimes, 2=Rarely, 1=Never, NA=Not applicable

Delivery Staff	5	4	3	2	1	NA
Billing Staff	5	4	3	2	1	NA
Pharmacy Staff	5	4	3	2	1	NA
Nursing Staff	5	4	3	2	1	NA

Comments:

10. Using the table below, rate how helpful pharmacy staff were while providing your care.
Scale: 5=Always, 4=Very Often, 3=Sometimes, 2=Rarely, 1=Never, NA=Not applicable

Delivery Staff	5	4	3	2	1	NA
Billing Staff	5	4	3	2	1	NA
Pharmacy Staff	5	4	3	2	1	NA
Nursing Staff	5	4	3	2	1	NA

Comments:

11. I understood the instructions provided for:

How to wash my hands	Yes	No	NA
How to give medication(s)	Yes	No	NA
How to care for the IV catheter	Yes	No	NA
How to store medication(s)	Yes	No	NA
How to use the home infusion pump	Yes	No	NA

*NA = Not Applicable
Comments:

12. I was satisfied with the overall quality of the services provided.
☐ Strongly Agree ☐ Agree ☐ Uncertain
☐ Disagree ☐ Strongly Disagree
Comments:

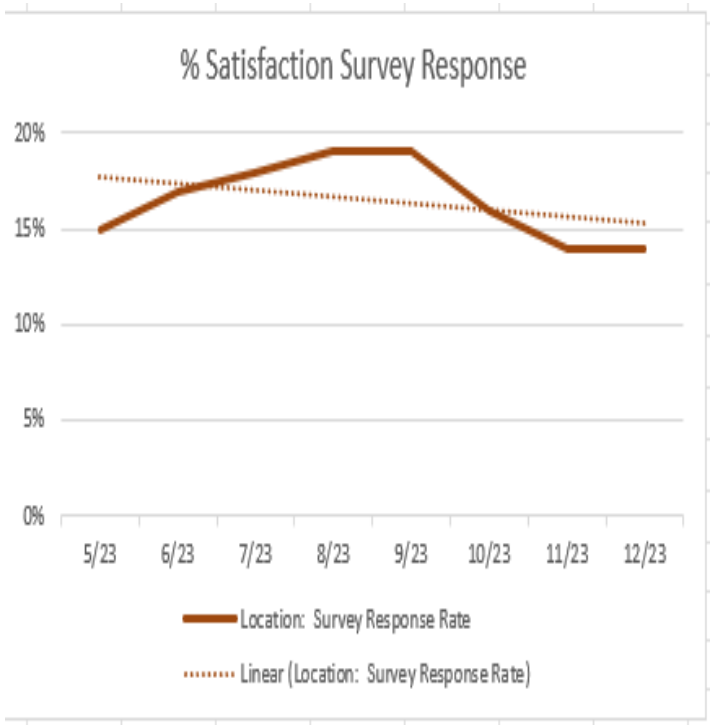
13. I would recommend this pharmacy to my family and friends.
☐ Strongly Agree ☐ Agree ☐ Uncertain
☐ Disagree ☐ Strongly Disagree
Comments:

☐ **I would like for a pharmacist to contact me about care I received. Phone #:**

Quality of Care for Patients

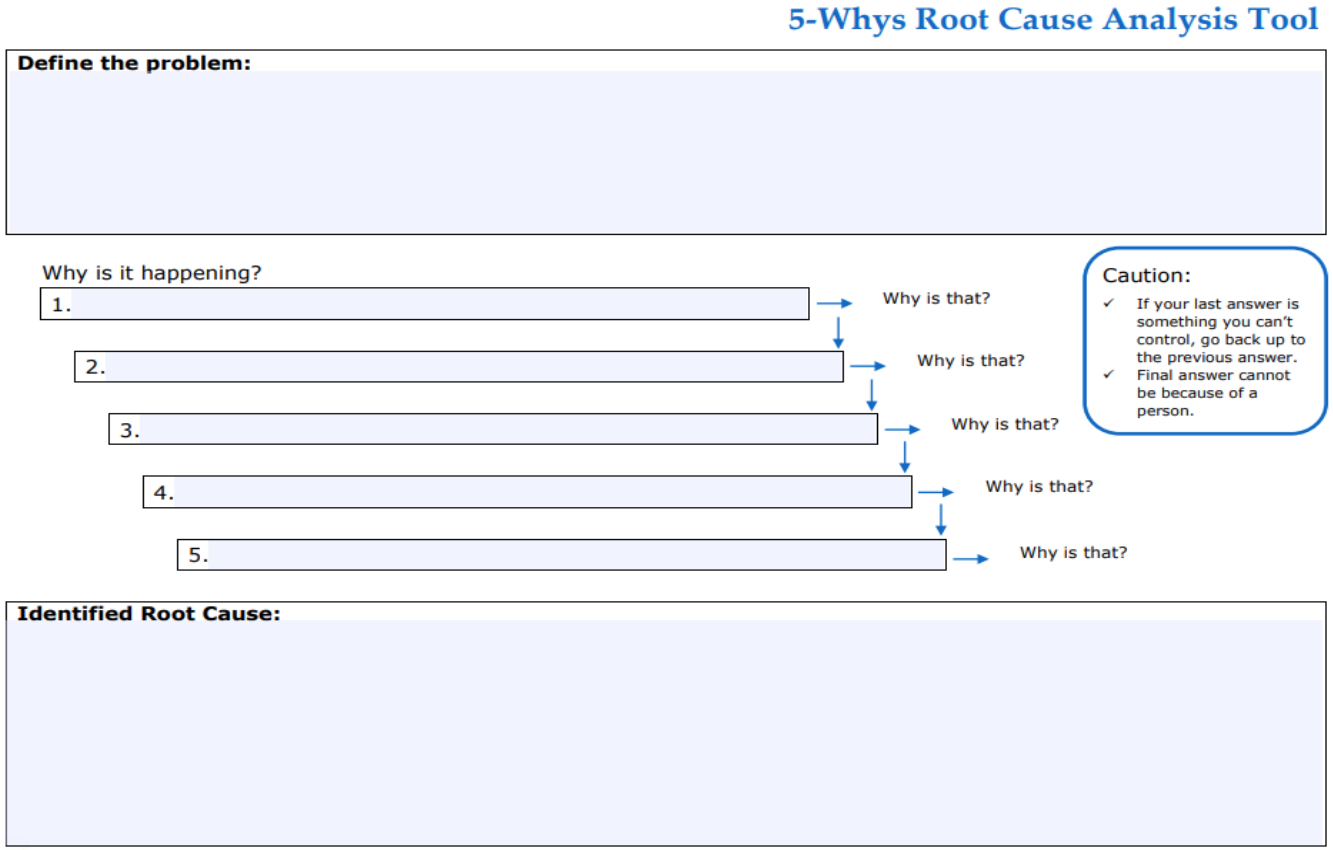
Patient Survey Exercise

Location:		
Month/Year	Survey Response Rate	Patient Overall Satisfaction
5/23	15%	4.00%
6/23	17%	4.40%
7/23	18%	4.40%
8/23	19%	4.40%
9/23	19%	4.60%
10/23	16%	4.90%
11/23	14%	4.90%
12/23	14%	4.90%



Quality of Care for Patients

Patient Survey Exercise



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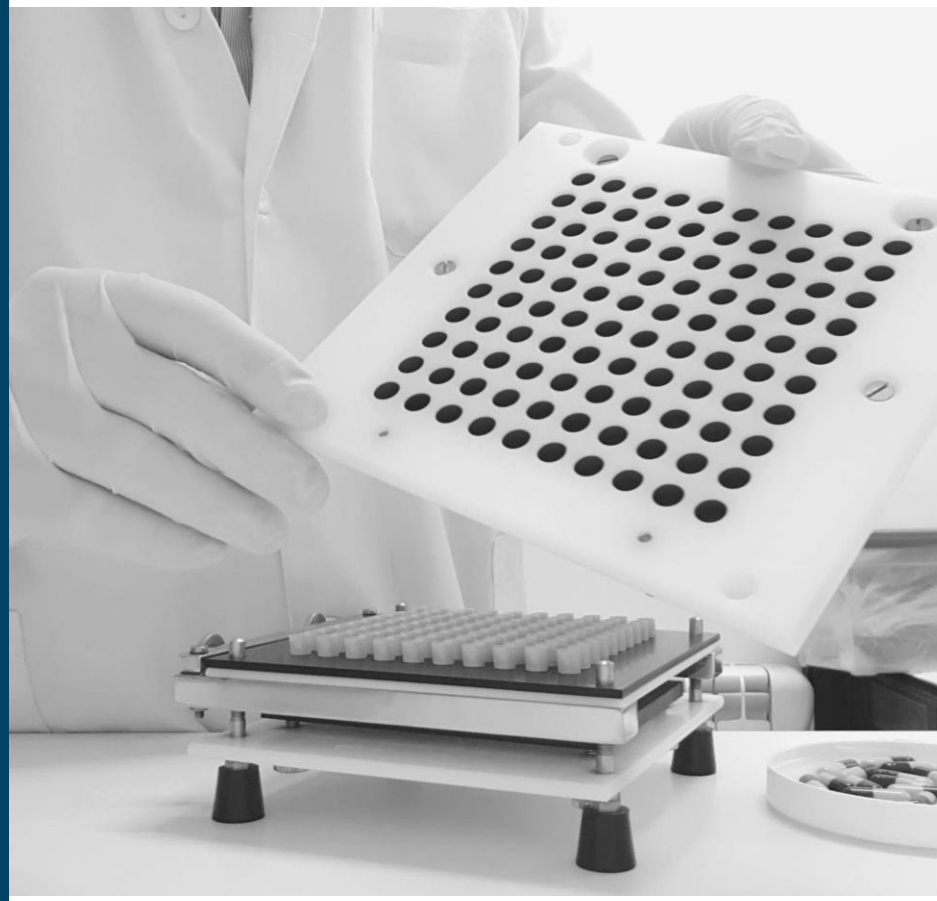
PHARMACY



Thank you

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