



## Quality measures in Home infusion and Outcomes

Don't just collect data, make it actionable.





ACHCU IS A BRAND OF ACCREDITATION COMMISSION for HEALTH CARE

## **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 <u>all improvement actions are evaluated for effectiveness.</u>
- 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





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 V Internal Billing Accuracy V Review of Claim Denials V Monthly Charges (check if you are in your first 3 years of operations) Other:





| Sent | inel Events (Criteria List)   |  |  |  |  |  |  |  |  |
|------|---|--|--|--|--|--|--|--|--|
| V    | Death or permanent organ dysfunction attributed to a medication error caused by<br>an incorrect action or omission by a pharmacy staff member         |  |  |  |  |  |  |  |  |
| 1    | Death or permanent organ dysfunction attributed to the use of<br>incorrect/inappropriate equipment or procedures by a member of the pharmacy<br>staff |  |  |  |  |  |  |  |  |
| 1    | Perpetration of physical, emotional, or psychological abuse, neglect, or exploitation by a pharmacy employee  |  |  |  |  |  |  |  |  |
|      | Other:  |  |  |  |  |  |  |  |  |





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:





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:





|   | CareEnds® Outcome Measures for Trending and Analysis<br>(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)<br>(select only if your staff administered catheter care and assessment) |  |  |  |  |  |  |  |  |  |  |
|   | Catheter related infection (incidence per 1000 patient days)<br>(select only if your staff administered catheter care and assessment)              |  |  |  |  |  |  |  |  |  |  |
|   | Other:   |  |  |  |  |  |  |  |  |  |  |





#### 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

#### **OUALITY OF CARE SURVEY FOR PATIENTS**

| To enter this survey online, go to  | or scan the QR Code  |
|---|--|
| This top section must be completed by pharmacy s  | taff for entry into performance improvement databases.   |
| Pt ID #   | Location # 0   |
| Admit Date / / 20   | Discharge Date* / / 20   |
| irst and Last Initials of Patient:  | (*if applicable)   |
| The pump was clean when it was delivered. Yes No I did not use a pump. Comments:  | <ol> <li>Using the table below, rate how courteous<br/>pharmacy staff were while providing your care<br/>Scale: 5=Always, 4=Very Often, 3=Sometimes,<br/>2=Rarely, 1=Never, NA=Not applicable</li> </ol>   |
| The pump worked properly.     Yes No I did not use a pump. Comments:  | 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  |
| The medications and supplies arrived     before I needed them.     Always   | Comments:  |
| I. My deliveries contained the right<br>medications and supplies.<br>Always Uery Often Sometimes<br>Rarely Never<br>Somments:               | 2=Rarely, 1=lever, 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: |
| 5. I knew who to call if I needed help with<br>ny therapy.<br>  Yes   No<br>Jomments:   | 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   |
| 5. The response I received to phone calls for<br>telp on weekends or during evening hours<br>met my needs.<br>Always 	Very Often 	Sometimes | How to store medication(s) Yes No NA<br>How to use the home infusion pump Yes No NA<br>**A = Not Applicable<br>Comments:   |
| Rarely Nevron Sometimes Sometimes<br>Rarely Never I did not need to call for help on weekends or<br>during evening hours.                   | 12. I was satisfied with the overall quality of<br>the services provided.     Strongly Agree   |
| 7. The nurse or pharmacist informed me of<br>he possible side effects of the medication.<br>] Yes No<br>_ Somments:                         | 13. I would recommend this pharmacy to my<br>family and friends.<br>Strongly Agree Agree Uncertain   |
| 3. I understood the explanation of my financial<br>esponsibilities for the therapy.<br>☐ Yes          No<br>.omments:                       | Disagree     Strongly Disagree Comments:   |





#### Patient Survey Exercise

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

#### OUALITY OF CARE CURVEY FOR DATIENTS

| To enter this survey online, go to   | or scan the QR Code   |
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| This top section must be completed by pharmacy stat  | If for entry into performance improvement databases.  |
| Pt ID #  | Location # 0  |
| Idmit Date / / 20  | Discharge Date* / / 20  |
| irst and Last Initials of Patient:   | (*if applicable)  |
| The pump was clean when it was delivered.           Yes         No         I did not use a pump.           Comments:   | 9. Using the table below, rate how courteous<br>pharmacy staff were while providing your care.<br>Scale: 5=Always, 4=Very Often, 3=Sometimes,<br>2=Rarely, 1=Never, NA=Not applicable   |
| The pump worked properly.           Yes         No         I did not use a pump.           Comments:   | 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   |
| The medications and supplies arrived efore I needed them.     Always   | Nursing Staff     5     4     3     2     1     NA       Comments:  |
| b. My deliveries contained the right<br>medications and supplies.<br>Always Very Often Sometimes<br>Rarely Never<br>comments:  | 2 - Artery, 1 - Noter, No Not applicable         5         4         3         2         1         NA           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: |
| I knew who to call if I needed help with ny therapy.     Yes No comments:     The response I received to phone calls for help on weekends or during evening hours     Always Very Often Sometimes     Always Very Often Sometimes     Always Never     I did not need to call for help on weekends or     during evening hours. comments:     The nurse or pharmacist informed me of | 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 store medication(s)       Yes No NA         How to use the home infusion pump       Yes No NA         *NA = Not Applicable       Yes No NA <b>Comments:</b>  |
| the possible side effects of the medication.     Yes No     No     torments:     Inderstood the explanation of my financial     esponsibilities for the therapy.     Yes No     Comments:  | 13. I would recommend this pharmacy to my family and friends.         Strongly Agree       Agree         Disagree       Strongly Disagree         Comments:   |





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

| QUALITY OF CARE   | SURVEY FOR PATIENTS  |
|---|--|
| To enter this survey online, go to  | or scan the QR Code  |
| This top section must be completed by pharmacy  | staff for entry into performance improvement databases.  |
| Pt ID #   | Location # 0   |
| nit Date / / 20   | Discharge Date* / / 20   |
| t and Last Initials of Patient:   | (*if applicable)   |
| The pump was clean when it was delivered.<br>Yes No I did not use a pump.<br>mments:  | <ol> <li>Using the table below, rate how courteous<br/>pharmacy staff were while providing your care.<br/>Scale: 5=Always, 4=Very Often, 3=Sometimes,<br/>2=Rarely, 1=Never, NA=Not applicable</li> </ol>  |
| The pump worked properly.           Yes         No         I did not use a pump.           mments:                                | 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  |
| The medications and supplies arrived<br>fore I needed them.<br>Always Very Often Sometimes<br>Rarely Never<br>mments:             | Comments:<br>10. Using the table below, rate how helpful<br>pharmacy staff were while providing your care.<br>Scale: S=Always, 4=Very Often, 3=Sometimes,  |
| My deliveries contained the right<br>dications and supplies.<br>Always Very Often Sometimes<br>Rarely Never<br>mments:            | 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: |
| I knew who to call if I needed help with<br>r therapy.<br>Yes DNo<br>mments:  | <b>11.1 understood the instructions provided for:</b> 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   |
| The response I received to phone calls for<br>p on weekends or during evening hours<br>t my needs.                                | How to store medication(s) Yes No NA<br>How to use the home infusion pump Yes No NA<br>*NA = Not Applicable<br>Comments:   |
| Always Very Often Sometimes<br>Rarely Never<br>I did not need to call for help on weekends or<br>during evening hours.<br>mments: | 12. I was satisfied with the overall quality of<br>the services provided.<br>Strongly Agree Agree Uncertain<br>Disagree Strongly Disagree<br>Comments:   |
| The nurse or pharmacist informed me of<br>possible side effects of the medication.<br>Yes No<br>mments:                           | 13. I would recommend this pharmacy to my     family and friends.     Strongly Agree   |
| I understood the explanation of my financial sponsibilities for the therapy.<br>Yes No  |  |
| mments:   |  |

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





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

|   | QU                          | JAL                 | ITY                     | OF C          | ARE S              | sυ   | JRV                                   | /EY  | FC  | OR I                                     | <b>?</b> A]                             | <b>FIEN</b>                                    | TS                                      |   |                              |   |
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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

| To enter th  | is survey                               | online                 | , go ta             |                           |                                   |   |  | or                       | scan the                 | QR Code  |   |    |
|--|---|------------------------|---------------------|---------------------------|-----------------------------------|---|--|--------------------------|--------------------------|--|---|----|
| This top :   | section mus                             | t be com               | pleted by p         | harmacy st                | aff for ei                        | ntry into p   | perform                                    | ance in                  | provement                | t databases.                                       |   |    |
| Pt ID  | #                                       |                        |                     |                           |                                   |   | Locati                                     | on #                     | 0                        |  |   |    |
| Admit Date   |   | ./                     | / 20                |                           | Disc                              | harge Da  | te*  |                          | _/_                      | / 20_  |   |    |
| First and Last Initia  | ls of Patient                           | t:                     |                     |                           | (*if a                            | pplicable)  |  |                          |                          |  |   |    |
| 1. The pump w<br>Yes Comments:   | <b>as clean</b><br>No                   |                        |                     |                           | ph<br>S                           | armacy<br>Scale: 5=                                     | staff<br>Always                            | were<br>5, 4=V           | while pr                 | e how court<br>oviding yo<br>3=Sometim<br>plicable | ur care                                     | ð. |
| 2. The pump w Yes Comments:  | No                                      | İ I did                | not use a           |                           | Bill<br>Pha<br>Nu                 | livery St<br>ing Staf<br>armacy St<br>rsing Sta         | f<br>Staff<br>aff                          |                          |                          | 5 4 3<br>5 4 3<br>5 4 3<br>5 4 3                   | 2 1 N/<br>2 1 N/                            | A  |
| Comments:<br>4. My deliverie<br>medications ar   | d them.<br>Very O<br>Never<br>s contain | ften<br>ned the<br>es. | Som                 | etimes                    | 10<br>ph<br>S<br>2<br>Del<br>Bill | armacy<br>Scale: 5=<br>Rarely,<br>livery St<br>ing Staf | the ta<br>staff<br>Always<br>, 1=Ne<br>aff | were<br>5, 4=V<br>ver, N | while pr                 | 543<br>543   | ur care<br>nes,<br>2 1 N/<br>2 1 N/         | A  |
| Always [<br>Rarely [<br>Comments:  | Very O                                  | ften                   | Som Som             | etimes                    | Nu                                | armacy s<br>rsing Sta<br>mments                         | aff  |                          |                          | 543<br>543   |   |    |
| 5. I knew who<br>my therapy.<br>Yes<br>Comments:   | No                                      | I need                 | ed help v           | with                      | Ho<br>Ho<br>Ho                    | w to was<br>w to give                                   | sh my<br>medic<br>e for ti                 | hands<br>ation(<br>he IV | s)<br>catheter           | Yes  | ed for:<br>No NA<br>No NA<br>No NA<br>No NA | A  |
| 6. The respons<br>help on weeke<br>met my needs.<br>Always [<br>Rarely [<br>I did not need<br>during evenin<br>Comments: | Hery O                                  | ften<br>or help o      | ening h             | ours<br>letimes<br>nds or | *<br>Cor<br>12<br>the             | NA = Not<br>mments<br>I was<br>servic<br>Strongly       | Applica<br>satisf<br>es pro<br>/ Agree     | ied w<br>ovideo<br>e     | ith the o<br>I.<br>Agree | verall qual  | ity of                                      | 4  |
| 7. The nurse of<br>the possible sid<br>Yes 20<br>Comments: 20<br>8. I understood<br>responsibilities                     | de effect<br>No                         | s of the               | medicators of my fi | tion.                     | 13<br>far                         |   | d reco<br>I frien<br>/ Agree               | omme<br>ds.<br>e 🗌       | Agree                    | bharmacy to<br>Uncer<br>Disagree                   |   |    |
| Yes  |   |                        |                     |                           |                                   |   |  |                          |                          |  |   |    |
| Comments:  |   |                        |                     |                           | _                                 |   |  |                          |                          |  |   | _  |
| I would like   | for a pha                               | armacis                | t to cont           | act me a                  | bout c                            | are I re  | ceived                                     | d. Ph                    | one #:                   |  |   |    |

OUALITY OF CARE SURVEY 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

|                   | ~  |         |            |                       |                               |  | OR PA                      |                        |   |               |
|-------------------|--|---------|------------|-----------------------|-------------------------------|--|----------------------------|------------------------|---|---------------|
|                   | this survey                                    |         |            | harmagu               | tall for an                   | tar into p   |                            |                        | ne QR Code<br>ent databases.                                      |               |
|                   |  | be comp | neted by p | narmacy s             | tarr for en                   | try into pe  |                            |                        | ent databases.  |               |
| Pt                | ID #   |         |            |                       |                               |  | Location #                 | 0                      |   |               |
| ate               |  | /       | / 20       | )                     | Disch                         | arge Dat   | e*                         | /_                     | / 20  |               |
| d Last Ini        | tials of Patient                               |         |            |                       | (*if ap                       | plicable)  |                            |                        |   |               |
|                   | was clean v<br>] No                            |         |            | livered.<br>a pump.   | pha<br>Sc                     | rmacy<br>ale: 5=4  | staff wer                  | •e while<br>•Very Ofte | nte how courte<br>providing your<br>en, 3=Sometimes<br>applicable | care.         |
|                   | worked pro                                     |         | not use    | a pump.               | Deli<br>Billir<br>Pha         | very Sta<br>ng Staff<br>rmacy S<br>sing Sta                                | taff                       |                        | 5 4 3 2<br>5 4 3 2<br>5 4 3 2<br>5 4 3 2<br>5 4 3 2               | 1 NA<br>1 NA  |
|                   | ations and<br>led them.<br>Very Of<br>Never    |         | _          | e <b>d</b><br>netimes | Com<br>10.<br>pha             | Using t  | he table                   | e while                | 5 4 3 2<br>rate how helpfu<br>providing your                      | ul<br>r care. |
|                   | ies contain<br>and supplie<br>Very Of<br>Never | s.      | -          | netimes               | Deli<br>Billir<br>Pha<br>Nurs | = <i>Rarely,</i><br>very Sta<br>ng Staff<br>rmacy S<br>sing Sta<br>nments: | taff<br>ff                 | NA=Not a               | 5 4 3 2<br>5 4 3 2    | 1 NA<br>1 NA  |
| erapy.            | o to call if :<br>] No                         | [ neede | ed help    | with                  | How<br>How                    | to was<br>to give  | h my hand<br>medication    | ds<br>n(s)             | Yes N   | No NA         |
| n week<br>ny need | nse I receiv<br>cends or du<br>s.              | ring ev | ening h    |                       | How<br>*N                     | to use   | Applicable                 |                        | Yes N<br>pump Yes N   |               |
|                   | Never<br>Never<br>ed to call fo<br>ning hours. |         |            |                       | the                           | service<br>Strongly  | Agree                      | ed.<br>Agree           | overall quality   |               |
| ssible            | or pharma<br>side effects<br>] No              |         |            |                       | 13.<br>fam                    | I would<br>ily and<br>Strongly   | <b>friends.</b><br>Agree [ | Agree                  |   | -             |
| nsibilitie        | od the expla<br>es for the th<br>] No          |         |            | inancial              |                               | Disagree<br>hments:  |                            | _ strong               | ly Disagree   |               |
|                   |  |         |            |                       |                               |  |                            |                        |   |               |

Alw

5. I k

Ra

7. The

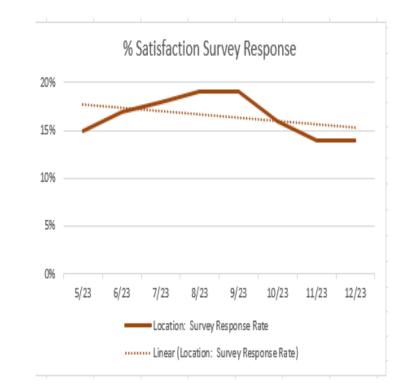
8. I u respo





Patient Survey Exercise

| Location:  |          |              |
|------------|----------|--------------|
|            | Survey   | Patient      |
| Month/Year | Response | Overall      |
|            | Rate     | 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%        |

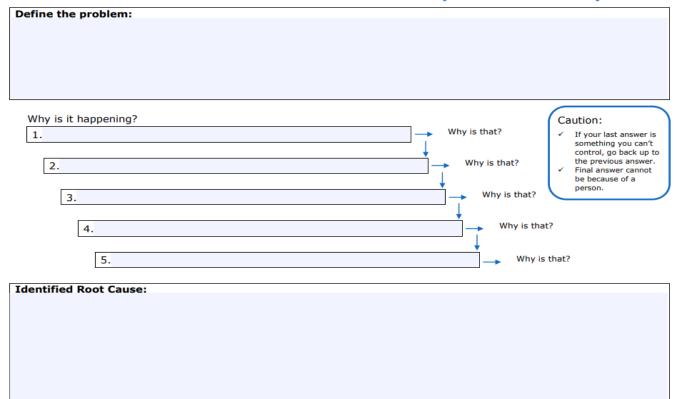






### Quality of Care for Patients Patient Survey Exercise

5-Whys Root Cause Analysis Tool









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## Thank you

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