

Outcome Based Case Conference
Are You On the Train or On the Tracks?

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- 15 years RN
- 13 years Home Health
 - Clinician
 - Case Manager
 - Program Coordinator
 - Supervisor
 - QA Coordinator
 - Special Projects
 - OASIS Coordinator
 - Director
 - Administrator
 - Consultant
 - Regulatory Compliance
 - Operations Assistance
 - OASIS Specialist

Goals of Home Health Care Planning

- Relationship Centered
- Interdisciplinary Team Collaboration
- Evidence Based
- Individualized and Goal Driven
- Communication Focused Care

OASIS and Care Planning Process

Linking assessment and intervention to
reduce negative outcomes

OASIS and Care Planning Process at SOC/REC

(M2250) Plan of Care Synopsis: (Check only **one** box in each row.)
Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers for reference
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Patient is not diabetic or is bilateral amputee
c. Falls prevention interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Patient is not assessed to be at risk for falls
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Patient has no diagnosis or symptoms of depression
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na No pain identified
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Patient is not assessed to be at risk for pressure ulcers
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Patient has no pressure ulcers with need for moist wound healing

OASIS and Care Plan

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

Plan / Intervention	No	Yes	Not Applicable
a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Patient is not diabetic or is bilateral amputee
b. Falls prevention interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment
c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression since the last OASIS assessment
d. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Formal assessment did not indicate pain since the last OASIS assessment
e. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Formal assessment indicates the patient was not at risk of pressure ulcers since the last OASIS assessment
f. Pressure ulcer treatment based on principles of moist wound healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> na Dressings that support the principles of moist wound healing not indicated for the patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing

Quality Measures in OASIS-C

- Why?
 - Enhance the post acute phase of care by focusing on evidence based and best practices
- Goals for adding quality measures
 - Reduction of practice variation
 - Measure processes that are under direct control of agency
 - Capture safety as a measure of quality
 - Incentives to implement technology in care delivery

— MedPac, 2006

Quality Measures

- Outcome Measures
 - Change of health status of beneficiaries treated in a home health episode
 - Recovery from illness
 - Restoration of function
 - Indicates clinical effectiveness of care provided
- Process Measures
 - Evaluates agency rate of use of specific evidence-based processes of care
 - Under control of agency
 - Promote evidence based practice
 - Impact of practices and ongoing efforts of clinicians on prevention of deterioration of health for patients who are not improving (MedPac, 2006)
- Structure Measures
 - EMR
 - Training of Staff
 - Equipment and technology use and management

OUTCOMES

Where Do I Get Mine?

- Agency for Healthcare Research and Quality (AHRQ)
- National Quality Forum (NQF)
- Center for Medicare and Medicaid Services (CMS)

Case Conference using OBQI

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

Functional Outcomes Improve Rate of Adverse Events Don't

- Improvements in:

	2004	2009
– Walking	36%	45%
– Transferring	50	54
– Bathing	59	64
– Med Mgt	37	43
– Pain Mgt	59	64
- Adverse Events:

– Hospitalization	28	29
– Emergency Care	21	22

(MedPac 2010)

Five Areas For Improvement

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

OBQM
Outcome Based Quality Monitoring

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

Current Quality Studies and the Future of Reporting

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

Training
A Never Ending Process

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