Outcome Based Case Conference

Are You On the Train or On the Tracks?

Michelle Funk, RN BS, COS-C

- 15 years RN
- 15 years RN
 13 years Home Health
 Clinician
 Case Manager
 Program Coordinator
 Supervisor
 QA Coordinator
 Special Projects
 OASIS Coordinator

 - DirectorAdministrator

 - 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 Ap	plicable
Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	□0	□1	□na	Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference
 Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care 	□0	_1	□na	Patient is not diabetic or is bilateral amputee
c. Falls prevention interventions	□0	_1	□na	Patient is not assessed to be at risk for falls
Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	□0	_1	□na	Patient has no diagnosis or symptoms of depression
e. Intervention(s) to monitor and mitigate pain	□0	□1	□na	No pain identified
f. Intervention(s) to prevent pressure ulcers	□0	□ 1	□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	□0	□1	□na	Patient has no pressure ulcers with need for moist wound healing

OASIS and Care Plan

(M2400) Intervention Synopsis: (Check only gas box in each row) Since the previous OASIS assessment the following intervention BOTH included in the physician-ordered plan of are AND implemented?

	Plan / Intervention	No	Yes	Not App	olicable
a.	Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	□0	_1	□na	Patient is not diabetic or is bilateral amputee
b.	Falls prevention interventions	□0	□1	□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	□0	_1	□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	□0	_1	□na	Formal assessment did not indicate pain since the last OASIS assessment
e.	Intervention(s) to prevent pressure ulcers	□0	□1	□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	□0	□1	□na	Dressings that support the principles of molet wound healing not indicated for this patient's pressure ulcors <u>OR</u> patient has no pressure ulcors with need for molet 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

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

 - TOLESS intestatutes

 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

 - 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)

OASIS Outcome vs Process Measures

Improvement In:
Bathing
Dyspnea
Ambulation
Bed Transferring
Mgt. of Oral Meds
Urinary Incontinence
Pain Interfering w/ activity
Discharge to Community
Acute Care Hospitalization
ED Use w and w/o
Hospitalization
Improvement in Surgical
Wound Status

Timely Initiation of Care Depression Assessment Multifactor Fall Risk Assessment Pain Assessment Pressure Ulcer Prevention Diabetic Foot Care Heart Failure Symptoms addressed Drug Education on All Meds Influenza and Pneumonia Vaccines

Pressure Ulcer Risk Assessment

Case Management Tool



Medication Management/Compliance Patient/Caregiver Education Therapy Program Progress Absence of Infection Necessary Adjustments to Activity/Routine Cultural Conflicts Fear of Addiction

	Managing Your Falls of	Note
ance	(see Time containing and an arrange of the see of the containing and an arrange of the containing and a second of the containing and the containin	Game. Doer Moute: 1 Tanggar is other destined a least fail is completed in one. 2 Combine stating just recryptions an directed 2 Combine stating just recryptions an directed 2 Combine stating just recryptions.
/Routine	Orders (have confidence of confidence) of your house any of the best continue of your first is supposed from the second of produce from the second of the s	Notice Date Motion Not represent the solute field year open companied an even publish Dat year from health solute the wells? Information below
	And Date This Teach had a local income by time or non-days This recent had a local income by time or non-days This recent particularly and make It has been recentable and make It has been recent particularly or grant from any grant in colonial.	find Jack Branc 1 Textured to be enthalted spill pass (all your home halfth dates high many like until of through home

Wounds
(M1350)Does this patient have a Skin Lesion or Open Wound , excluding bowel ostomy, other than those described above that is receiving intervention by the home health agency? □ 0 · No □ 1 · Yes
(M1324)Stage of Most Problematic Unhealed (Observable) Pressure Ulcer:
1
(M1342)Status of Most Problematic (Observable) Surgical Wound: O - Newly epithelialized 1 - Fully granulating 2 - Early/partial granulation 3 - Not healing

M1400 Improvement in Dyspnea

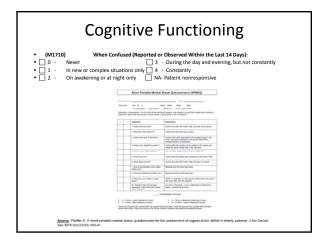
- Medication and Treatment Plan Compliance
- Therapy HEP Compliance
- Respiratory Exercises
- Infection Control
- Patient/Caregiver Education

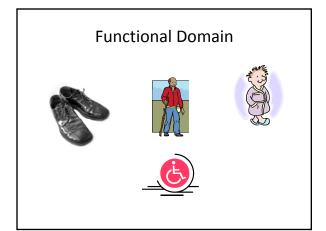


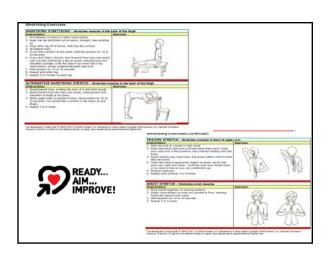


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Green Zone = "All Clear" -Urine is clear yellow with out any odor There is at least 1/4 cup of urine every hour There is no pain, tiching, burning or drainage near or at the Foley exit site -Temperature is 98.6° or less by mouth	Green Zone Means:
Yellow Zone "Caution" *The Folip has Talled, Developed and Folip has a slight odor *Unitine is Gloudy and For has a slight odor *Linea is Gloudy and For has a slight odor *A feeling of bladder fullness and For little or no urine in the drainage bag *Unitine is leading, beed and For Colotes are weet *Unitine is leading, beed and For Colotes are weet *Temperature is 100.5° by mouth	Veilor Zonn Mann: *Voice symptoms indicate that you may have an urinary tract infection infection **Call your Home Health Nurse and J or your physician **ACENOT NAME 2** XXXX-XXXXX **CALL YOUR AND CALL YOUR AND CALL YOUR AND CALL YOU A
Red Zone - "Madical Alex": "Union is very closely and / or has a strong fool odor "There is constant pain, fiching, harring and / or drainage near the Today exit site. "There is pain and / or a feeling of bladder fullness in the tower part of your stonauth." "There is no Union in the bag. "Temperature is above 100.5" by mosth.	Ided Zene Means: *This indicates that you need to be evaluated by a physician right item; Primary MD. Phone Number: AUXXXXIX Primary MD. ZXXXXXIX Primary MD. ZXXXXIXIX Primary MD. ZXXXIXIXIXIXIXIXIXIXIXIXIXIXIXIXIXIXIX













Five Causes of Inactivity

- 1) Avaiding discomfort
 (ag, mucho and joint aches)

 Problem disconfort when executing can lead it avaicance of exciting can lead it avaicance of exciting can lead to avaicance of exciting can lead to avaicance of exciting a deciral problem of the exciting can be excited to a lead to the exciting can be excited to the exciting can be indeaded, should not will be excited over time and senselli will come quickly most away will come quickly most away will come quickly most away to a paint within weeks.

 **The exciting a sensel of exciting a sensel of
- 2) Convenience or Modernization (e.g., cars, elevators, Tv/online shopping, and restaurants) Problem: deprive us of the normal level of activity our anosstors experienced minimize effort and caloric experditure for required daily activities.
- Solution: walk short trips, take stairs, shop at stores, and cook meab, increase caloric output doing the little things
- doing the little things

 3) Sedentary recreation
 (n.g., watching TV/movies, or
 surfing the set)

 4 Phobem creat you of the unit you want in a cule pushious,
 insites decordinating and cheeting
 Solution erity (noy walls, bills
 irides, or playing active games;
 fights decordinating and in
 creases caloric expenditure

- REAUT...
- Solution: exercise is a key to managing symptoms of these diseases, exected can help mini mize the long term impact of these conditions.

- resoftimes

 5) Injury

 (e.g., strained muscles)

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Improvement in **Ambulation**

less than 5% of community dwelling adults over the age of 75 walk at gait speeds needed to safely perform common functional activities

Falls-Related Statistics

- Falls-Related Statistics

 1 in 3 adults over 65, 1 in 2 over 80 fall arms

 3-5% of falls result in a fracture

 30-50% of falls result in minor injury

 50% unable to get up without assistance

 1 in 3 adults over 65, 1 in 2 over 80 fall arms

 ini.

 Intake of OASIS questions in home

 Make observations, see pt.transfer/ walk.

 Note available equipment/ condition

 Complete medical history! review record

- 50% unable to get up without assistance
- Up to 40% of SNF placements due to falls
- Strategies for Completing the FRA at the Start of Care (5

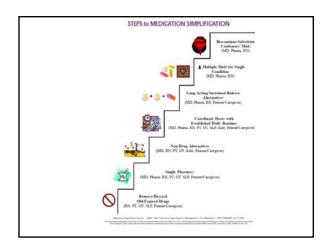
- Ask additional questions regarding: Hx of falls, fear of falling, < balance, etc. (5 min.)

Pat Flemming, PT, DSc, GCS

Ambulation/Locomotion Tools Table of Contents

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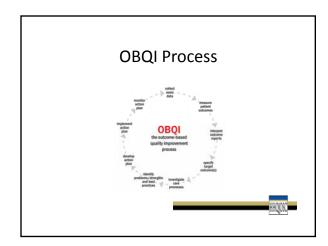
M2020 Oral Medications Management (M2020)Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.) | 0 - Abile to independently take the correct oral medication(s) and proper dosage(s) at the correct times. | (a) individual dosages are prepared in advance by another person; OR | (b) another person develope a day digit or or hum.) | 3 - Unable to take medication(s) at the correct times if given reminders by another person at the appropriate times and the superior of the person of the person of the person. NA - No oral medications prescribed. | • Simplify Medication Regimen | - Complexity of regimen increases risk of adverse outcome | Collaborate with pharmacist to reconcile and simplify regimen | - Engage physician in process | - Educate staff ongoing process | - Educate staff ongoing process





Patient Diagnosis	Record #		
Current Services: SN PT OT MSW HHA			
Clinical			
Update			
			YES
		NO	
High Risk of Hospitalization		_	_
Interventions in place for High Risk Patients		_	_
Recent Hospitalization Date New/Changed Medications		_	_
Change in Physician Orders		_	_
Labs WNI		_	_
Vital Signs WNL		_	_
Decline in Health Status			_
History of Fall (Date of Last Fall)		_	
Treatment for Urinary Tract Infection last 14	days	_	_
Treatment Goals (485) Met		_	_
Quality Outcomes		_	_
SOC/ROC			Today's Score
MO 1242	FREQUENCY OF PAIN		MO 1242
MO 1343	STATUS OF SURGICAL W	OUND	MO 1342
MO 1400	WHEN DYSPNEIC OR SHI	ORTNESS OF AIR	MO 1400
MO 1720	WHEN ANXIOUS		MO 1720
MO 2020	MANAGEMENT OR ORA		MO 2020
Interventions to Improve the Management	of Oral Medication Admin	istration	

Quality Outcomes		
SOC/ROC		Today's Score
MO 1230	SPEECH AND ORAL (VERBAL) EXPRESSION OF LANGUAGE	MO 1230
MO 1610	URINARY INCONTINENCE/CATHETER	MO 1610
MO 1620	BOWEL INCONTINENCE	MO 1620
MO 1700	COGNITIVE FUNCTIONING	MO 1700
MO 1710	WHEN CONFUSED (REPORTED/OBSERVED)	MO 1710
	GROOMING ABILITY	MO 1800
MO 1800	ARLITY TO DRESS LIPPER RODY	MO 1810
MO 1810		
MO 1820	ABILITY TO DRESS LOWER BODY	MO 1820
MO 1830	BATHING	MO 1830
MO 1840	TOILETING TRANSFER	MO 1840
MO 1850	TRANSFERING	M01850
MO 1860	AMBUIATION	MO 1860
MO 1870	FEEDING	MO 1870
Recommended Consul		
SN for		
PT for		
OT for		
MSW for		
HHA for		
Adaptive Equipment N	eeds	
Comments		
Commence		
Participants' Signature		
		Date
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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	2003
	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
		(N	ledPac 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

- - 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
 - $-\underline{www.cms.gov/HomeHealthQualityInits/}$
 - www.qualitynet.org
 - www.champ-program.org
 - www.oasisanswers.com