CQI Forum Minutes

November 17, 2016

Attendees

June Gallup, Cornerstone, Judy Wilson, VNHCA of Carroll County, Maureen Hanlon, Concord Regional VNA, Chandra Englebert, Pemi Baker Community Health, Joyce P Johnson, New England QIN-QIO Qualidigm, Cheryl Gonzalo, Lakes Region VNA, Barbara Barthelmes HHHC, Davina Nge, Homemaker Health Services, Carolyn DeMark, Home Healthcare Hospice & Community Services, Cynthia Cooke, Concord Regional VNA, Lisa Adams, Interm Lori R Lussier, Interim, Sherry Owens Burleigh, Rockingham VNA & Hospice, Lisa Holmes, Frankin VNA, Leslie Hammond, Home Care Association of New Hampshire.

Discussion

Process Improvement

Sherry explained how she has been meeting with her team to determine if there are redundancies or inefficiencies in current workflow. This may be attributed to field work, but also in the office. Group is interested in further information on the Lean Process's spaghetti chart regarding improved work flow, and we will **look to Sarah from VNA VNH to see if she is willing to present on it.**

New OASIS C2

Maureen mentioned there is talk about the new OASIS taking 20 minutes longer, on average. There are mixed thoughts on this. Could just be a learning curve for the transition. Most agencies have not begun yet, so have not timed it. There will be a better chance to compare at the January meeting. Decision Health says about 20 minutes longer. Trish Tulloch said it's just a learning curve, it will be the same. The group discussed purpose of change, standardize data collection across care types. McKesson and All Scripts had not made the changes yet.

Sherry asked who in their agencies submits the OASIS. All in attendance responded non-clinical or Billing, Coder and Auditing, and often the same person who submits the HIS.

TRAINING ON THE OASIS C2

Most have started the training process, do be aware that Cornett & Kraft left out the pressure ulcer change. Sherry voiced concern that if the training is too early they could inadvertently mess up the current submissions. SHP and OASIS Answers have side by side slides of the new and old forms. At HCS they have combined nursing and Physical therapy education, followed with live discussion and practice doing measurements.

MEDICATION RECONCILIATION

Joyce wonders if there are changes on medication reconciliation, specific to hospitalizations. The big focus is on the Condition of Participation (CoP). Venders are offering Standardized universal medication lists, to reduce errors. This is coming from increased pressure on hospitals from CMS. At Rockingham the Pharmacist preforms chart reviews with clinicians to examine high risk patients. A lot of the pharmacists work at Concord Regional VNA is to reduce the meds. She has had communication breakdowns with the physicians when trying to get medications switched or discontinued. The group concurred that there is just no control that the physician's office will call back at all, much less within a prescribed window.

Challenges (Opportunities)

- Difference of opinion
- Respect between disciplines,
- physicians don't want to hear it
- Patients and physicians are not addressing the vitamins and herbals

New Discrimination Rule

The Health and Human Services' final rule enforcing the ACA's prohibition against discrimination became effective July 18, 2016. Regulations regarding plan terms will take effect for plan years beginning on or after January 1, 2017.

The Rule is expressly binding on home health care agencies. Its reach extends beyond employees; it also protects clients from illegal discrimination. Discriminatory action barred by the Rule includes that which is based on race, sex, age, religion, spoken language skills and disability.

The group discussed Title VI that "covered entities must take reasonable steps to provide meaningful access to individuals with Limited English Proficiency" (LEP). The Title VI standards incorporated into the proposed rule requires caregivers to have a policy on LEP, and provide access to the top 15 languages in any state.

Top 15 Non -English Languages by State

New Hampshire	1	Spanish	9,708
New Hampshire	2	French	4,372
New Hampshire	3	Chinese	2,621
New Hampshire	4	Nepali*	1,550
New Hampshire	5	Vietnamese	1,338
New Hampshire	6	Portuguese	9987

New Hampshire	7	Greek	7138
New Hampshire	8	Arabic	664
New Hampshire	9	Serbo-Croatian *®	655
New Hampshire	10	Indonesian*	565
New Hampshire	11	Korean	534
New Hampshire	12	Russian	500
New Hampshire	13	French Creole ♠	353
New Hampshire	14	Bantu*▪	345
New Hampshire	15	Polish	344

* Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over: 2009- 2013.
®- Serbo -Croation written translated tagline is provided in the Serbian language.
♠ - French Creole written translated tagline is provided in the Haitian Creole language.
▪ - Bantu written translated tagline is provided in the Kirundi language.

Carolyn said in Keene they have established a contract with a language service (language bank). The service is affiliated with HCANH member Ascentra Care Alliance, and is based in Manchester, NH. They bill the agency based on usage, but it costs nothing to establish an account. When needed, they have a translator on the phone within 5 minutes, they can do site visits as well, but for an increased fee. They also have video conference for deaf and hard of hearing individuals. It was noted that patients are using TYY and TDD less and less, as other apps and technology replace that system.

As of January 1, all agencies are legally responsible to have a POLICY on how they offer language services, and the policy should include documentation of the service being offered. The policy must have posted in a visible place the new discrimination policy. At Rockingham VNA, it is included in the admissions packet and it is also posted at the door.

Joyce has contacted the Office of Civil Rights Region 1 in Boston, and had glowing remarks about their customer service, very perceptive and kind.

Other useful language links:

- **Taglines and Notices** for all languages Appendix B: Sample Translated Taglines – Languages Are Listed in Alphabetical Order
- More info in the **OCR site** Office for Civil Rights – language access section 1557 of the ACA
- **Translated Resources for Covered Entities** http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html

Language is only one small part of the ACA's effort to reduce discrimination. Be sure your policy complies. The recorded webinar is available through May 2017. Contact Beth Kingsley to purchase the link. http://homecarenh.org/wp-content/uploads/events/hhs-new-anti-discrimination-rule/

Discrimination under the ACA applies to a variety of groups & classes not previously considered. Agencies have altered their job descriptions to help eliminate discrimination, and encourage hiring from

the disabled and minority community. They should make reasonable job accommodation to address employee's needs.

Interim shared an example: An active toddler patient requires skilled care giver who can sit and stand repeatedly, bend and lift. Family has requested they not send the "fat and old" nurse anymore, but if they complied they would be violating the employee's rights. It was suggested that the job description for this patient's nurse be tailored to state: professional must be able to model good body mechanics, as well as participate in ample, playful floor time. Joyce suggested that nurses sign off that they can perform the functions described. Other examples: When patients demand their caregiver is "not male", "speaks only English", "isn't Muslims"- those are easy to spot as a violation, but "not overweight" and "non-smoker" can be harder. Ultimately the agency is responsible for the safety of both the patient and the staff. It was suggested that additional trainings be offered, especially to HR people within the agencies.

On the Move

Chandra recently hired Jane Stewart. She will be doing OASIS trainings at Pemi-Baker, and will be attending our next CQI meeting in January. Barbara shared that Homemakers in Rochester is expanding to offer hospice services. Pat said NANA is also expanding to offer hospice. Other member agencies are looking at partnerships with Adult Day, Assisted Living, and standalone Hospice House.

NAHC Weighs in on Upcoming Trump Administration

The National Association of Home Care (NAHC) hosted 2 community round tables recently to brief members and stakeholders on what the Trump Administration could mean for Home Care, Medicare and CMS. The presenters were cautiously optimistic that fewer regulations could mean more emphasis on streamlined care, and less reliance on data mining (like OASIS).

There is significant energy in Republican congressional leadership to tackle Medicare. **Medicare reform may come about during a debate on changes to the ACA,** may be done piecemeal, or may ride along with a wider budget or spending effort. Home health care and hospice needs to be on guard with respect to some of the reforms that could bring a highly negative impact, while also working constructively with the Congress to preserve Medicare for future generations *Maureen shared the* link to the recording*, as well as the 2 letters from NAHC.*

Quality Improvements

What Quality Improvements do people have in place for a professional advisory? How are you going about reporting? Quarterly? Annually? Would love some guidance to consider what systems to put into place.

Value Based Purchasing is likely here to stay. Diane spoke to this on the panel last week. It was suggested we reach out to her regarding process structure. Devina shared that she does pack everything into a quarter, and because of CoP, they have incorporated QAPI.
Suggestion is to create a patient advisory group and a professional advisory group.

Carylon is looking to raise the bar on bigger picture improvement. The group asked **that June from Cornerstone present on the dashboards at the January meeting.**

Survey Says!

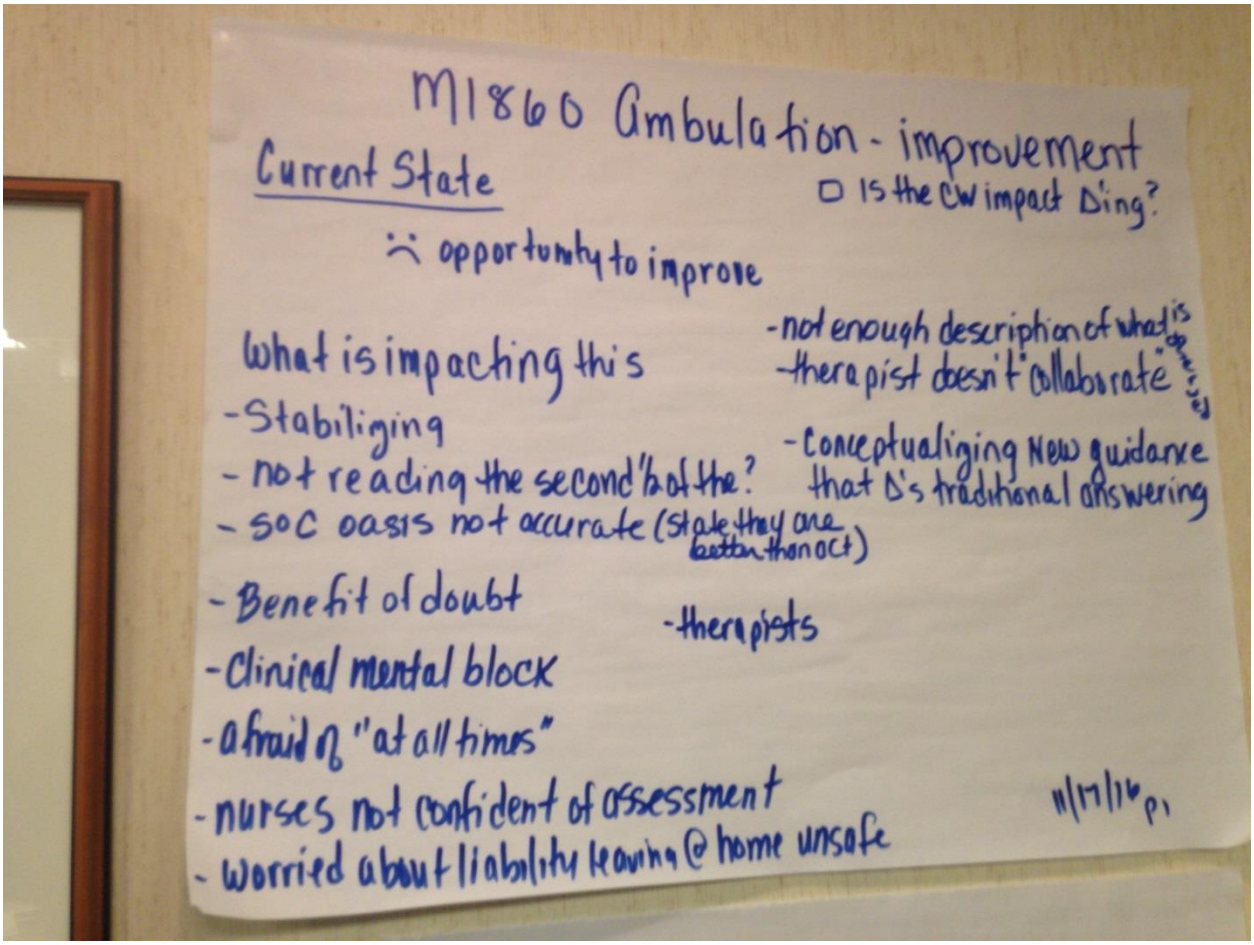
Maureen shared that Concord Regional VNA had a 2-day state survey recently. It was an intense visit, but over all went well. They came with five evaluators, who accompanied on home visits and stayed 15-20 min per visit. They noted clinician documentation error and that physicians were not called (or it was not documented) on ALL missed visits, even if the patient cancels.
The Surveys are still behind. Some agencies noted that their last survey was 3 or 4 years ago.

Follow the Question: Interpret Carefully

The OASIS C2 has very specific questions regarding height and weight. Taking a verbal estimate, or the measurements from the doctor's office is not sufficient. Rockingham is buying scales, and developing policies on maintenance and cleaning. This new requirement will prove very difficult for the bed bound and those with poor mobility. Carolyn said her agency plans to use nurses tape, or a regular measuring tape, for the body, and hold it along the wall after. Get together a group purchase for scales.

The OASIS C2 will be used for any recerts after 1/1/2017. Maureen watched the education from FAZZI, and they reviewed the GG question. There is no guidance currently if the patient's feet "don't touch the floor" or if they don't sleep in a bed. FAZZI concluded that "from their sleeping service to batch room and back" be interpreted as **THEIR** sleeping surface, be it a chair or couch.

They did note caution on the 1850 question. Be sure that it is consistent with the GG questions, they need to be equal. **Cynthia Cook would like more guidance on how much "assistance" is "assistance"?**



M1860 Ambulation Improvement

Maureen asked if there are changes to the M1860 Ambulation Improvement question, and if so, will that affect the case rate?

The advice is to focus on the second part of the question. Often nurses don't feel comfortable doing the evaluation, whereas therapists do this as part of their training. Develop a culture of PT ownership for the OASIS, even if it was the nurse who began it. Many agencies say the therapist is supposed to review the OASIS, not clear how often that is occurring.

Davina echoed the disconnect between therapists in the field and when you are sitting in the seat in the office, it is very easy to miss understand how all this affects payment. Nurses are hesitant to score low, but that allows for easy substantial improvement.

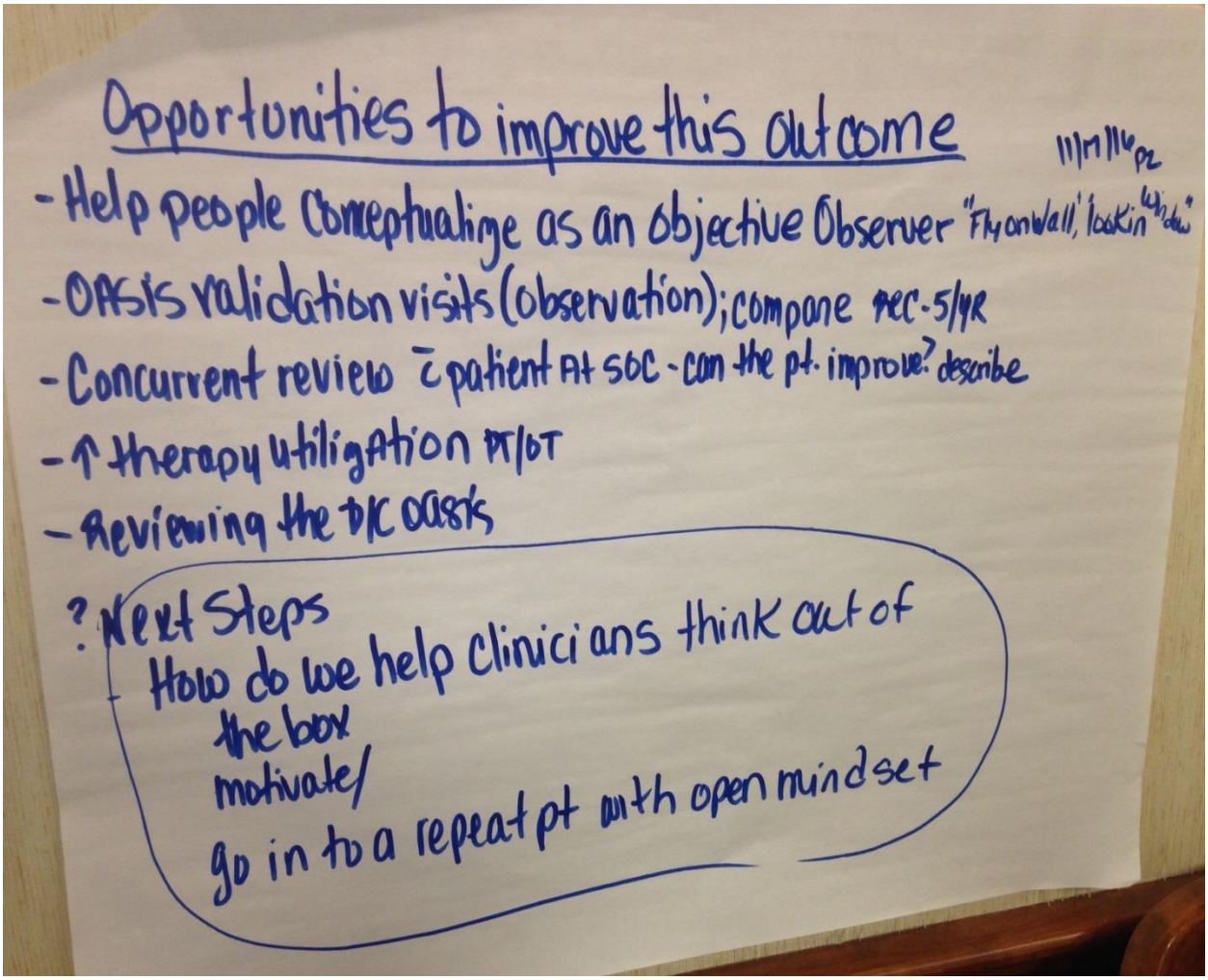
- If they need the railing for safety on the stairs, it's at least a 3

- Can the patient get in and out of the shower, no. But we introduce a tub bench, having changed nothing else, and the score goes up."
- If they have a missing medication, its' a 3,
- Not disposing of syringe properly because they didn't have the appropriate container. Give them a box, the score goes up.

Cynthia used the metaphor of a fly on the wall. What is going on in here the moment before we arrived? Answer questions without signing judgement. Can they…? Do they…?

Clinical quality indicators

- "H" for Value Based Purchasing,
- ★ for the ones for star rating



Auditing in Real Time

HCS has seen the biggest change and improvement coming from doing the review in the moment, instead of recreating it from notes and memories in the past. When clinicians are on the phone with an auditor at the time of admission, it ensures the scores are more stringent and uniform. It can be a challenge to schedule, but they work in concert with the auditors. Clinician knows she's expected to call the auditor within a certain window, and the auditor has arranged that on their schedule as well. Call with the audit reviewer takes about 30 minutes now.

Another side effect of increased therapy involvement has been an increased use of Occupational Therapy, which tends to aid the patient through motivational instruction, and a decreased reliance on home health aides, which often enables the patient to do less, longer. True barriers should be documented in the visit note. June used the medical note template in All scripts, Net Smart. And that will be communicated back to the clinician, "In looking at the HERG score, it looks like 6 visits." They can be scheduled then, and at the second to last visit, call the reviewer in to look at the plan of care.

Challenges (Opportunities)

If patient has been on service several times, with no improvement, compliancy of patient not improving… What is motivating the patient? How do we meet them where they are?

Next CQI Meeting

January 26, 2017

9:00 am to 11:30 am

(brown bag networking lunch 11:30-12)

Hospital Association
125 Airport Road

1. 5 Star: Pain follow up
2. June from Cornerstone present on Dashboards
3. Bring data points for Ambulation in Casper – pull the most recent past year's data (sept 2015-2016 or oct 2015-2016, which ever you an access)
4. Spaghetti Diagram