
CQI Forum Minutes

Oct 28, 2016

Attendees

Lori R Lussier, Interim, Davina Nge, Homemaker Health Services, Carolyn DeMark, HCS, Cynthia Cooke, Concord Regional VNA, Sherry Owens Burleigh, Rockingham VNA & Hospice, Barbara Barthelmes HHHC, Lisa Holmes, Frankin VNA, Sara Simeone, VNH, Chandra Englebert, PBCH, Collette Peterson, Circle Home, Joyce P Johnson, New England QIN-QIO Qualidigm. Cheryl Gonzalo, Lakes Region VNA, Judy Wilson, VNHCA of Carroll County, Leslie Hammond, Home Care Association of New Hampshire.

Discussion

Probe & Educate

The group was notified of round 2, which began in August. For the time being things seem quiet on the ADR front.

Plan of Care certification statements

Question was posed to the group, *"Do you send out hospital certification visit notes to the PCP?"* Some agencies do. They added that there can be 2 certifications.

Some Agencies have changed box 26 to reflect that the physician has reviewed the face to face encounter. Franklin has customized the box, and the middle box to include the interview.

Allscripts and McKesson both have the fixes available, the intake staff does it, as clinicians can have trouble finding it. All present agreed that the face to face form is not sufficient. Supporting documentation is needed.



Anyone using NGS to submit ADR's? Group is interested in earning more, and increasing their competency with this. OCS has called and offered to do trainings on NGS. SHP's offers this ADR response tracking.

New NH Medicaid recipients have to choose Wellsense at the 30 day mark. Is a new start of care required at that time, or is a change in payor source sufficient? Is the new payor retroactive to the 30 days of care? Sherry believes that Medicaid does pay, others suggested checking with audit. Chandra suggested raising that to the billing group. Barbara said it's not necessary for a brand new OASIS for those patients at the change of payor. Cheryl says she will ask fiscal & audit, and report back.

Lisa is particularly concerned about the HERG score.

Group discussed the value and requirement of OASIS done on a custodial DD Waiver clients for CFI. It seems that it may depend on the licence of the agency.

Face to Face

As of September 1, Medicare rules do require a patient to have a "face to face" by the MD who oversees the Plan of Care. The MD does need to do a F2F, and attest why they need skilled care at home, but there is no need for the homebound status.

Are we going to need a Face to Face on everyone? Some agencies are standardizing the OASIS on ALL Medicaid age patients because they might transition at some point.

Medicare does not require homebound certification. It allows for adult day, and activity related to plan of care care. Other exemption as well. Chandra questioned the definition for Homebound, and the usefulness or appropriateness of the OASIS tool, for many CFI clients. Sherry reviewed Gina's letter- this began in July, with enforcement in September. The state wants documentation, but likely not as strict at CMS.

Group discussed Direct v. Indirect supervision for Medicare and Medicaid, as well as the regulations regarding frequency of onsite supervision for various payor sources.

Background on why we have the CFI Waiver

In June, 1999, the Supreme Court ruled in **Olmstead v L.C.** that states were required to provide services to persons with disabilities in community settings rather than institutions, as long as certain conditions were met.

The Court said that people with disabilities, like the plaintiffs, have the right to receive the treatment they need in an integrated setting if that is what they want, and if their doctors agree. Courts quickly made clear that Olmstead applied to all state and Medicaid funded institutions, including nursing facilities. The gradual impact of Olmstead grew faster and more expansive after 2009 when the United States Justice Department made Olmstead a priority of its Civil Rights division and began to enforce the Supreme Court mandate in state after state. Although no state can be said to be in total compliance with Olmstead, each state does have a waiver system to pay for community based, rather than institutionalizing elderly and disabled who want to remain at home.

Review 2015/2016 Quality Data

Although many agencies use SHP or other tools to analyse their own data, we decided to use CASPER data because we all have access to it, and can get a real apples to apples comparison for data. There are limitations to using CASPER (data is old) but it satisfies the the uniformity of reporting, and the needs of this group. *Who accesses the CASPER Report in your agency?*

8/15-7/16 CASPER Data

Reviewed A3 sheets from last year's LEAN work. Overall improvement was shown in all area. Which, due to aggregated results, and peer comparisons, may not show an increase in Stars. Jane reminded the group, that her policy is, "if you are going to answer a question "no", call me. Fazzi's suggestion is audit the discharges in real time, on the phone with the field clinician.

Medication Education



One agency saw a DRAMATIC decline in Star Ratings when 2 of 120 OASIS had the medication education question answered incorrectly. Dropped them from a 5 Star to 3.5 Stars. This is a very sensitive data point. Remind the discharge nurse, you are answering for EVERYONE who say this patient, not just you.

Also, use your community resources, if the patient received a phone call or had a discussion with the pharmacist, document it. A med slip does not count as medication education, however reconciling the orders does.

Flu Question

Beginning of October is a very hard time for answering the flu question in the positive.

- Education on flu to staff, caregivers and patients
- Need to get orders from the MD
- Put it on the MD list
- Anaphylactic protocol that the Medical Director signs
- Gather flu inf at intake, referral (it's a quality measure for the hospital too)

Process Improvement

There may be opportunities to work with other healthcare groups in New Hampshire to define the problem, and build capacity through the Lean model. Some have been working on the Lean model of process improvement for years. Dartmouth is offering a training, Elliot has been doing this for 10-15 years.

Dartmouth's Lean Six Sigma training model was designed to teach the skills necessary to participate in – and ultimately to design and lead – quality improvement and value creation initiatives within the healthcare sector. The curriculum challenges students with progressively advanced coursework in quality improvement theory, process, tools and measurement. The model draws on established process improvement methodologies. We teach students to structure their projects around the DMAIC framework: Define, Measure, Analyze, Improve and Control.

- More about Dartmouth's training program: https://med.dartmouth-hitchcock.org/value_institute.html

- Calendar of Upcoming Lean Programs at the Dartmouth institute:

<https://ce.dartmouth-hitchcock.org/Education.aspx>

This may be something the group chooses to do independent of, or in collaboration with, the CQI group. *More discussion needed.*

Star Improvement Goal 3: Improved Pain Management (M1242)

Each agency saw their scores improve on this item. Unfortunately, the value going up 3 points means the averages and baselines for the stars went up too.

Be sure staff understand the intent of the item. Not eliminating pain, more is pain being managing. The key is, "Is pain being managed, or does pain interfere with ADL's? Also, take into consideration pertinent past. If they are "sleeping through the night" then pain is not "all the time." (it's daily but not constantly =improvement). OASIS may not reflect that.

Reminder to stay focused. What is the mission of Home Care? Quality Scores, OASIS Scores, or something more? Hopefully at discharge the pain score can be interpreted to show the goal was achieved. Focus on writing very specific goals.

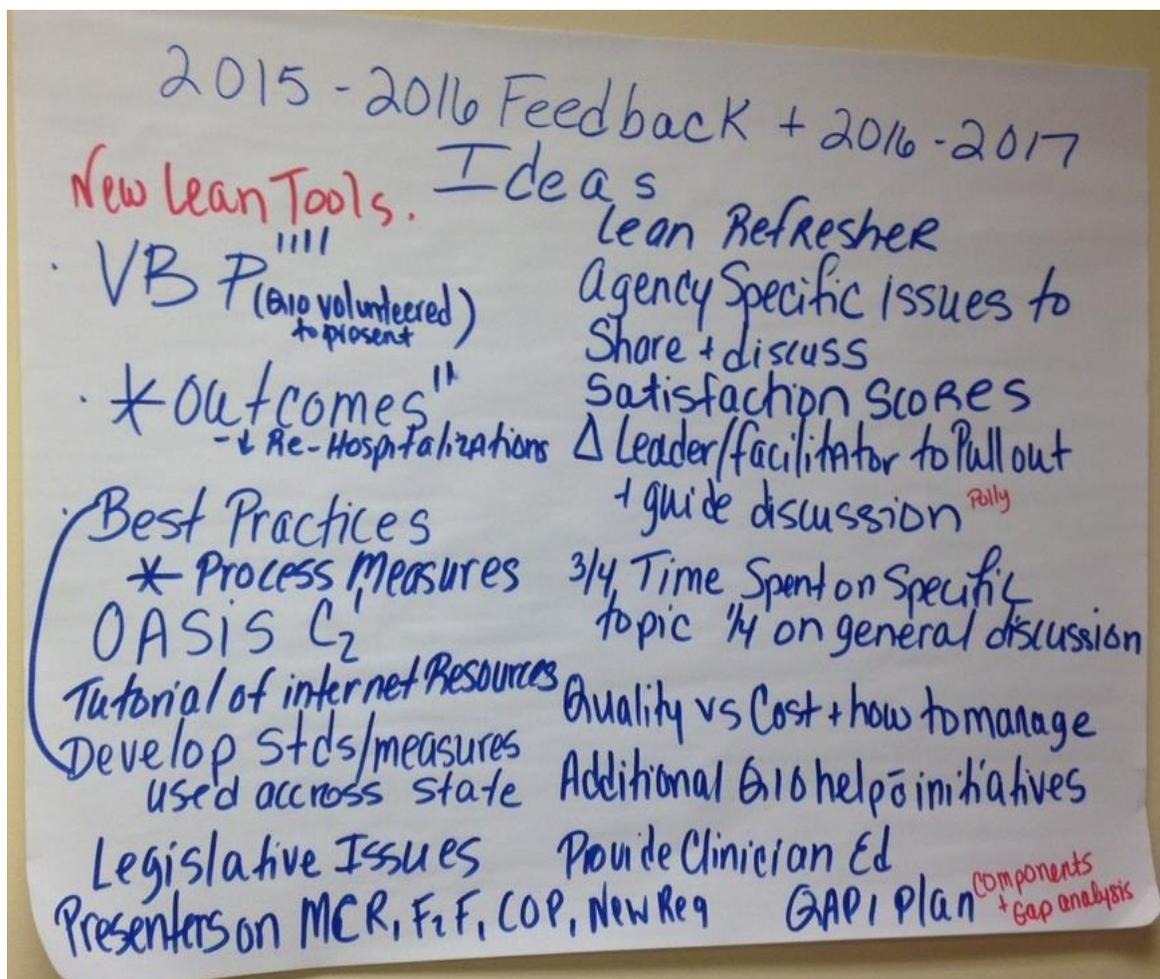


We will return to our first 3 star topics in February.

- Medication Education
- Frequency of Pain Interfering
- Improving Flu Vaccine

Looking Forward

- Value Based Purchasing continues to be a hot topic. National trainers were good, group would like more and detailed training as the dates for implementation creep closer.
- Patient satisfaction
- examine readmissions
- CoP's
- QAPI Components



Upcoming Education:

OASIS –C2: Are You Ready for the Changes?

Webinar — Wednesday November 30, 2016, 11:30-1:00 pm

OASIS continues to be the single most important document in home health impacting reimbursement, quality outcomes, survey findings, and public ratings of home health agencies. CMS released the final OASIS C2 form and Guidance Manual in preparation for its mandated use for assessments beginning January 1. Join expert Lisa Selman–Holman for this lively discussion and review of the major incentives for the OASIS C2 change, the directions in the official OASIS C2 guidance manual. Selman-Holman will describe both positive and negative impacts of the C2, and help participants identify what needs to be done now in preparation.

January

Northeast Home Health Leadership Summit

January 17– 19, 2017, Colonnade Hotel, Boston, MA

The Northeast Home Health Leadership Summit, now in its 15th year, is the premier gathering of home health agency leaders from throughout the northeast. This cutting-edge conference is attended by home care executives seeking to take their operation to the next level by gaining insights on the latest trends in home care and leadership. For information, or to register, visit www.nehomehealthsummit.com.

May

New England Home Care Conference and Trade Show

May 16– 18, 2016, Radisson Hotel & Conference Center, Manchester, NH

National keynotes, industry thought leaders plus separate breakout education tracks to meet the varying educational needs of Medicare certified, private duty, and hospice agencies, are just some of the highlights not to be missed at the 7th annual New England Home Care & Hospice Conference and Trade Show. The exhibit hall – with more than 80 vendors – is the largest home care exposition in the Northeast. Visit www.nehcc.com to register or find out more.

Next CQI Meeting

November 17, 2016

9:00 am to 11:30 am

(brown bag networking lunch 11:30-12)

Hospital Association

125 Airport Road