
CQI Forum Minutes

January 25, 2016

Attendees

Deborah Naaforkmisa, Cynthia Cooke, Lisa Adams, Cheryl Gonzalo, Elaine Acholtz, Dianne Reid, Chandra Englebert, Sherry Owens Burleigh, Bonnie Timperman, Dawn Mrotek, Judy Wilson, Andrea Stewart, Deborah Holt, Georgette Verhelle, Tabitha Dowd. Leslie Hammond.

Notes:

Survey Experiences

Shared experiences from 2 agencies who were recently surveyed. Some common themes were found.

- Pay attention to your building & where you set them up.

 - (life safety: fire extinguisher, CO2 detector), cover files, neat desks, clear floors and doorways. No food out.

- Don't make them struggle to find the client's home.

- Put the time, location, directions (and a printed map) with their paperwork.

- Asked about the agency's pain scale

- Asked how are records amended in case of error

- How long until clinicians open the file?

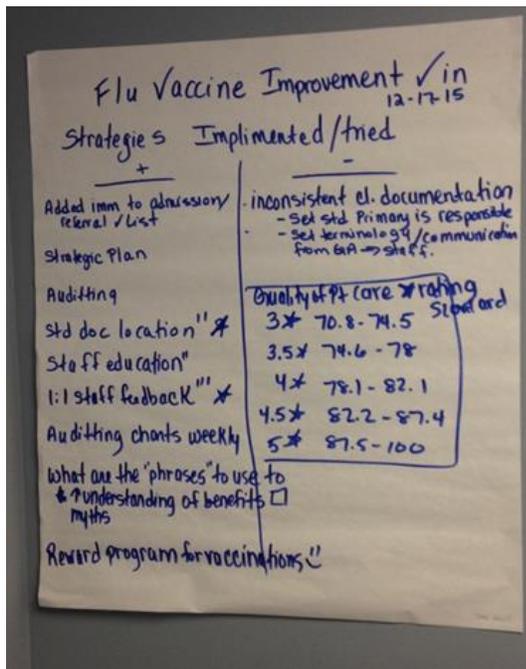
- Asked for "policy & procedures" book

- How often are medications reconciled?

Survey Experiences

Star Improvement Goal 1: Flu Vaccination Rates

Reviewed flu vaccine information from the previous month's discussion.



Quality Improvement: Lean Model

Group began to look at the next **Star**, and how to apply Lean principles. Focused on the 7 types of waste, and creating flow.

- Motion: having what you need at your fingertips.
- Time: Waiting means wasting
- Overproduction
- Human Intellect issue: tap in on the individual skills and knowledge of your existing team.

Began looking at M2015

- National average 95.0%
- Reviewed state averages, they fell mainly just over or just under the national average
- Discussed why we are examining this item.
- Filling out the A3- developing the problem statement (not why the problem exists, stick with what is, and what are the consequences of that
 - Example: PT closing out the case, yet nursing did education.
- Other problems- look back of info on medical
 - licensure requirements
 - software challenges: Allscripts best practice measure: add a required checkbox with date for when med education was completed
- Discussed root causes of why clinicians might be answering no
 - therapists may not have Rx knowledge
 - preform med rec
 - misinterpretation of OASIS question

- according to OASIS, education can be offered by other medical providers (example: oncologist office reviewed chemo regimen=Yes)
- Errors of documentation

One member voiced frustration of a Medicare denial due to inadequate education. The documentation said the nurse "reviewed" drug literature with patient. Instead use words: Educate, Instruct, Demonstrate.

<p>1. Background</p> <p>90-99 + ave Nat'l 95. 2* + 9.5* / 5*</p>	<p>(A3) 4. Root Cause</p>
<p>2. Problem Statement</p>	<p>5. Countermeasures Team-CQI - Education</p>
<p>3. Goals</p> <ul style="list-style-type: none"> □ Develop + implement std educ for clinical staff for 100% of agencies □ Agency @ < 95 to ≥ 95 by Aug July 2016 □ Agency @ or > 95.0 to 100 by July 2016 	<p>6. Plan/Act/Adjust</p>

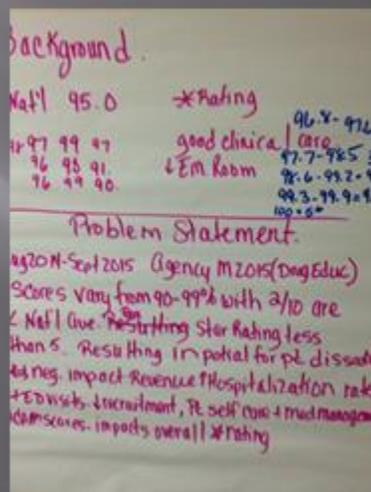
Background

Background	
<p>Natl 95.0</p> <p>95 97 99 97 96 98 91 96 99 90</p>	<p>*Rating</p> <p>good clinical care ↓ EM Room</p> <p>96.8 - 97.3 97.7 - 98.5 35 98.6 - 99.2 = 42 99.3 - 99.9 = 9.5* 100 = 5*</p>

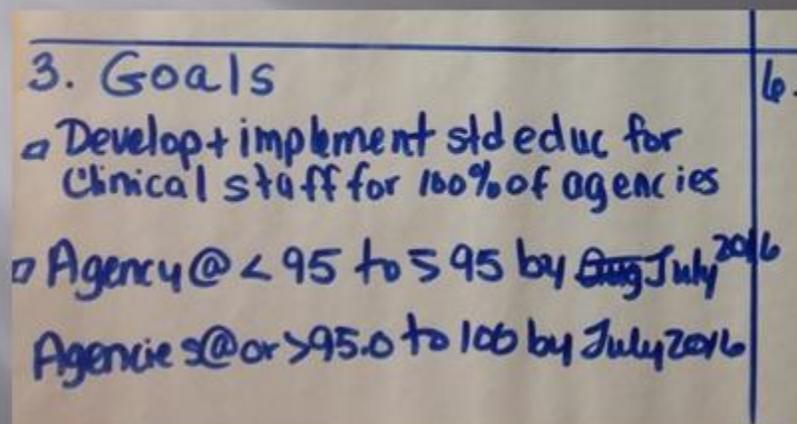
Draft Problem Statement

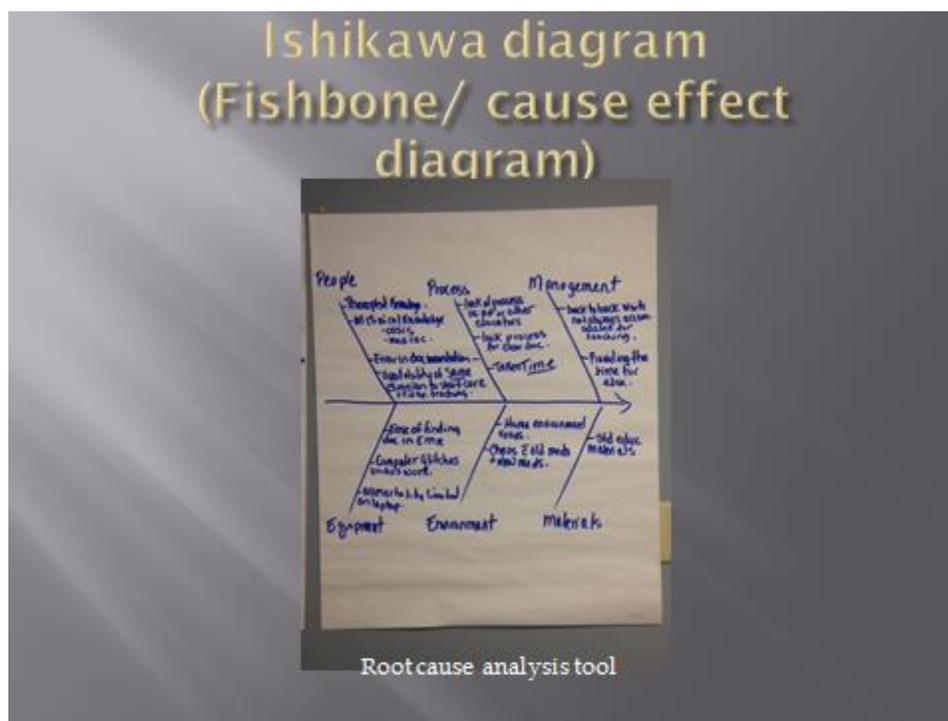
PROBLEM STATEMENT

From Aug 2014- Sept 2015 CQI member agency's, M2015 Drug Education, scores ranged from 90.0-99% with 2/10 scoring less than the National Average of 95%. Star Ratings ranged from 2-4.5 stars out of 5 possible stars. Resulting in negative impact on overall star rating, and potential loss of referrals, reimbursement rates at the time of pay of performance implementation, increased medical complications requiring higher level of care.



GOALS





Other Challenges to Rx Education

If person doing the transfer OASIS is not the clinician doing the care, you have 5 days to get that same clinician back in to finish the OASIS-- 2 days (back to back) is ideal to review and assess immediate needs and do a medication review.

- If a patient is on services, and prescribed narcotics, med count every one- every visit, sign off.

Recommended a [biometric safe \(available on amazon\)](#) and possibly paid for with a Medicaid Managed Care grant.

Group discussed benefits to Rx education for all staff after audits (sic?) for the following sub groups of prescriptions:

- diabetes meds
- anticoagulants drugs
- high risk drugs
- narcotics
- hypoglycemic
- Coumadin
- IV Vancomycin
- malarone (?)
- Dopamine
- Beers Risk
- Medicare List

It is not sufficient to say "all" in referring to drug education. Instead say "client reports no changes to meds., and reviewed all in current list"

Note if the patient's home environment impacts effective teaching.

Suggestions to improve Rx Education

Countermeasures: Computer System can have the required click box with an auto prompt: "if you answered no, please see a supervisor or the auditor"

Allscripts has the customizable education piece within the system. Unsure if other products have this ability.

Collect Rx info sheets that come from the pharmacy in a folder to review with client. Have them deposit the literature in the folder to review at next visit.

Group discussed how they handle the med list, most hand write the list.

Face to Face Regulations:

- CMS says referring provider is not required to have a separate form. The reason for referral and homebound status needs to be in the care plan within the clinical notes.
- The Centers for Medicare & Medicaid Services (CMS) issued a [final rule](#) and [fact sheet](#) that provides guidance regarding face-to-face documentation requirements for Medicaid home health services. Key highlights of the regulation are listed below.
- The face-to-face encounter must occur no more than 90 days before or 30 days after home health services begin. For initial medical supply orders, face-to-face encounters must take place no more than six months before services start. The encounters may occur via an approved telehealth delivery service.
- Additionally, the rule does not prescribe how documentation must be captured. The documentation should support the need for what was ordered. Each states will provide specific details on what they will require.
- Finally, there is no "homebound" requirement in Medicaid to receive home health services.

Slides from CMS

Centers for Medicare & Medicaid Services (CMS) introduced the first patient experience of care star ratings on [Home Health Compare](#) (<https://www.medicare.gov/homehealthcompare/search.html>).

Education:

"Risk Management in an Uncertain World: Documentation and ICD-10 Updates for Clinical Staff" is a 4-part series that begins on March 8. Every agency needs consistent, defensible clinical documentation. Without it, your agency can't tackle value-based purchasing, star ratings and probe and educate audits. Trish will use common and complex home care scenarios to detail the clinical documentation necessary to support the selection of diagnoses. Series is **available as a recording until June 19th, so everyone on your staff care view it.** Register today!

National Government Services has announced educational webinars for Certifying Medicare Home Health Services

The dates below are weekly sessions that have been scheduled for clinical/documentation education of the attached slides. These sessions are set up for any and all staff that refer/order and or document information regarding patient care and/or eligibility in the HH beneficiary/patient medical record including, but not limited to: physicians, HHA staff, hospital staff, clinicians, therapists, case managers, social workers, SNF staff, etc. Individual registration is required by each attendee and can be completed

on our NGS Medicare.com website in the HH, Part A and Part B portals. The length of these sessions have been shortened to one hour (instead of 1.5) and there will be a short question and answer period at the end of each webinar as time allows.

JK/J6 Ordering & Certifying Medicare Home Health Services		
<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>
January 4, 2016 12 pm Eastern	February 1, 2016 3 pm Eastern	March 7, 2016 3 pm Eastern
January 11, 2016 3 pm Eastern	February 8, 2016 12 pm Eastern	March 14, 2016 12 pm Eastern
January 22, 2016 12 pm Eastern	February 19, 2016 12 pm Eastern	March 25, 2016 3 pm Eastern
January 29, 2016 3 pm Eastern	February 26, 2016 3 pm Eastern	

Resources:

The resource of OASIS book is sold by the same people who are doing the Blue Print Education in May, OASIS Answers – [Instant OASIS Answers A CS-based ready reference for data collections 2016 ICD-10 Edition](#)

Member List: : https://docs.google.com/spreadsheets/d/1ALKS1_vMVBhrGmvDGQGHVf-Y3G3FSm5pnEBjw4y8b8s/pubhtml?gid=634347005#sthash.XcIV0T31.dpuf

Next Meeting Agenda Items

February 25, 2016 from 9:00 to noon

125 Airport Road, Concord

Ideas & Feedback related to what we have covered
 vaccination documentation and medication education
 Continuation of LEAN & Process Measures
 Feb: M2015 Drug Education on medications
 March: Pain interfering with daily activity or movement
 April: Acute care re-hospitalization
 Review of State Star data
 Face to Face
 Education
 Other Business