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# CQI Forum Minutes

JANUARY 25, 2017

## Discussion Notes

The group reviewed the notes from the Lean brainstorming done last year. Also reviewed opportunities to improve Ambulation outcomes.

- Objective observation
- OASIS validation
- Start of Care with patient
- Next steps: how do we help clinicians think out of the box, motivate, go into a repeat patient's home with an open mind set.

Barbie said the homemaker agency has been reviewing the scoring with the clinicians, with a 3 way phone call from the patient's home, and encouraging more description for the reasoning behind the score. Homemakers does 2-3 admits a day, and an average daily census of 85. Larger agencies weren't sure that concurrent call would work with their agency.

She said they started with a few targeted clinicians and slowly rolled it out to the entire agency. Barbie came up with a form, and it has a few hot questions, where one answer might trigger another. At this point the concurrent call from field staff is mandatory at Home Makers.

Barb, at Home Health and Hospice, they started with one nurse who was totally on board. There are only 3 people in the quality office, and they can't necessarily do it in the home. About ½ decide that it's easier to do it in the car around the corner. The calls are 10 minutes or less, and they seems to be learning a lot from it. She has some Baylor staff that need to be more independent, because there's no one in the office during their shifts to call.

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Lessons learned:

- Cultivate early adopters
- Start of care only, every client gets the OASIS (regardless of payor source)
- Rolled out to a few clinicians at a time, with the intention of becoming agency wide
- Batching calls until you're done visits, or after 2 pm doesn't work-- call as you go
- Push the therapist to review that start of care OASIS- putting the therapists directly in touch with nursing creates more of a team approach (don't ask quality to figure out which discrepancy is correct)
- More up front and concurrent timing
- Need to stress with the clinicians that OASIS is not an opinion, it is a regulated document.

## M1860 Ambulation- improvement

Group Scores (Oct 2017-Oct 2016)

Baseline of members present: 64.9-92%

National average: 68.3

**When we gather next we can determine if the initiatives we have made have made an impact in this area.**

## CMS OASIS & Advocacy

Cheryl commented she would like to see this group more involved with federal advocacy and commenting on these changes and regulations. Leslie will ask Gina for advocacy ideas and resources.

*Rehospitalization, OASIS* - you are on the hook for that patient for the full 60 days, even if they are discharged in 30. The current evaluation criteria does not take into consideration the dual payers, Medicaid & Medicare. Some agency see patients that are in and out of the ED all the time. Often these patients are low literacy, low income, and ED frequent flyers.

The government is already collecting data of ED utilization without hospitalization.

For instance the Star Rating for Ambulation includes Medicare & Medicaid products. However, the others are claims based. It seems the whole plan is for all these products to be pulled into managed care. Group wants to pen a letter, get together as a group, find places to make comments.

***Carolyn asked that we do some research as a group to find the places to make comments.*** When there is a comment period open, we need to find out about this, and submit too.

### National Provider Call with CMS

Home Health Quality of Patient Care, Star Rating Update (Jan 19, 2017)

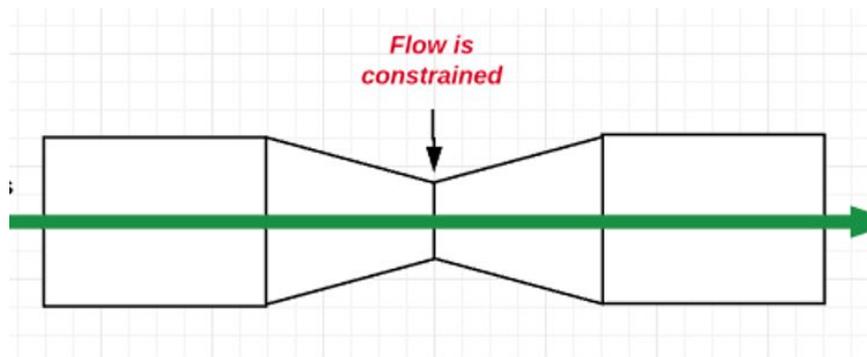
<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2017-01-19-HHQoPC-Presentation.pdf>, E-mail address at the end of the presentation: [comment@abtassoc.com](mailto:comment@abtassoc.com)

### Lean Process

**Batching video:** Sherry cued up this video explaining the inefficiencies of batchinging <https://www.youtube.com/watch?v=JoLHKSE8sfU>

Batching: If something is waiting because it is part of a batch process, it is not flowing down the line to the next operation. Reduce batch sizes...all the way to a size of one (single-piece flow) if we can, which we can achieve in regards to OASIS with real time phone calls. Lean and mean. It is not easy, but that is the goal.

Avoiding the **bottleneck:** A bottleneck is something that limits the capacity of a system.



## Lean and the Team

Ask the team to evaluate: Value Stream, Timing and Quality Check

Get them engaged

- Spaghetti diagrams: [www.youtube.com/watch?v=UmLrDjT5g8o](http://www.youtube.com/watch?v=UmLrDjT5g8o)
- Review the amount of paper in your diagramming too
- Evaluate the cost and efficiency in various departments

HCS has done this with the medical records department, track how many times a day they go to the copier/ scanner. Even a 28 second savings with every walk to the fax machine can gain you an 8 hour day in a pay period.

## More on Lean in Healthcare:

Lean Model and Health Care: slides from MIT presentation:

<http://webmit.pdf>

- Introduction to Lean  
<https://archive.org/details/MIT16.660JIAP12>
- Lean Health Care Simulation:  
<https://www.youtube.com/watch?v=F3tPapv5w48>
- Variability Simulation:  
<https://www.youtube.com/watch?v=uDBGHmhAmT8>

## Home Health CoP's



COP changes are going into effect in July.

Some Electronic medical record companies do have the ability to scan the docs into the patient record, but not all. Barb uses “All docs” which includes everything from physician notes to signatures. It is associated the patient’s account number, and the scanned docs go straight into their medical record. You can set the document to be accessible to staff for a certain amount of time.

Plan of care needs to be a living document, with physician signature-- needs to be integrated. Carolyn has had trouble getting the docs back. Judy Wilson of Carroll County has a person hand deliver. Sherry’s physician are asked to use a portal, but it requires a separate login, and it's not on their EMR, so they don't like it. She has some with outstanding orders for 30 days. Barb has had success with the physicians who do a small batch returns every day, rather than a big end of week. All the current orders need the current Plan of Care with EVERY update.

## Education for COPs

The [VNAA webinar](#) was disorganized, the educators were arguing during the call. They were not ready for presenting the interpretation for application.

[NAHC's](#) was good, and is free for members,.

## QAPI Program

Maureen reviewed the final rule for the QAPI program; [nahc members can view webinar](#) for free, also available for \$150 for non members.



The QAPI framework is established through five “elements.” Each element describes an important component of

QAPI, and all elements are interconnected.

- Element 1 - Design and Scope
- Element 2 - Governance and Leadership
- Element 3 - Feedback, Data Systems and Monitoring
- Element 4 - Performance Improvement Projects (PIP's)
- Element 5 - Systematic Analysis and Systemic Action

A full description of these elements can be found on this [handout](#) from CMS.

### QAPI Basics:

- Will not be in effect until JANUARY 2018
- GOVERNING BODY (BOARD) must approve all of your quality improvement plans.
- Data based
- Quality of care
- Opportunities for improvement
- Documentation of the approval for the governing body
  - LANGUAGE referring to PAC has been eliminated
- Emergency preparedness
- Patient Rights section
  - Resumption date
  - Include risk for ED for patient
  - Administrative changes/burden
    - Schedule of visits
    - Medication and treatment frequency
    - Transfer & discharge to patient and physician in writing sign, dated, time stamped

- Infection prevention, control & reporting, All aides will need further training on skin observation, yearly in home evaluation.

June says this is pretty similar to the CHAP certified requirements. We gave them the 485. Sherry believes there may be ways these things could be submitted electronically in the future.

The new plan does allow PT to perform the start of care. It specially stated that OT is not allowed to do this. Collette mentioned that Trish Tulloch said they are considering allowing the OT's to perform starts of care.

Next steps:

develop a process to update plan of care and how you'll provide the discharge summary, and transfer summary. Possible delay: cost to Home care.

## HH 2017 COP's Changes

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

- Medication Education
- Frequency of Pain Interfering
- Improving numbers for Flu Vaccination

## Looking Forward

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

## Discussion on APPS- what do people use for secure text?

- [Oliq](#)- secure texting and computer.
- Dr First: <http://www.drfirst.com/hipaa-secure-messaging/>
- [Tigertext](#)- used for rapid communication in the field. Almost never use voice mail anymore. The clinicians use it for communicating with schedulers, orders,

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confirming eligibility of patients. The tiger text DISAPPEARS on the date set. (ie 5 days, 10 days) etc.,

- Field staff also use it from one to another- (example: “I have the walker, could you bring me a commode”)
- Barb’s agency issues cell phones to clinical employees who are full time (30+ hours a week). Tigertext is available to all the field staff on the computers as well. It’s available on ipads, to desktops.
- Of members present, this was the by far most utilized program

## Discussion on PT/RT Assessment Tools

Judy asked which assessment the physical therapists are using for evaluation. Barb says it’s their preference. Rarely do Tug, some do tinent as an assessment, usually use Berg. Carolyn says we have ones that are acceptable, but they can use to their preference within that. Barb says some PT’s are more familiar than others. modified BORG used for respiratory.

## Acute care rating on Readmissions

- (bring data 7/15-6/16) during the first 60 days of home health
- National rate (14.2%), (16.5%) and NH rates (17.9% risk adjusted)

## **NEW MEETING TIME: 9:15 to 11:15**

## **Next CQI Meeting**

February 23, 2017

9:15 am to 11:15 am

*(brown bag networking lunch 11:30-12)*



Hospital Association  
125 Airport Road

## Upcoming Education:

### 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](http://www.nehcc.com) to register or find out more.