Outcome-Based Quality Monitoring (OBQM) Manual

Agency Patient-Related Characteristics Reports and Potentially Avoidable Event Reports

Revised: June 2010

Centers for Medicare & Medicaid Services

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CHAPTER 1

INTRODUCTION

A. MANUAL OVERVIEW

This manual is part of a four manual series intended to assist home health agencies to implement the steps in Outcome-Based Quality Improvement (OBQI). The first manual, the *Outcome and Assessment Information Set (OASIS-C) Guidance Manual,* introduces agencies to OASIS and the first step of OBQI – the collection of uniform health status data on patients receiving home health care.

Outcome-Based Quality Monitoring (OBQM) Reports resulting from the transmission of OASIS data are intended for use in the agency's quality improvement program. Beginning in 2010, the two reports discussed in this manual have been renamed. The Agency Patient-Related Characteristics Report (formerly the Case Mix Report) presents characteristics of the agency's patients at start or resumption of care. The Potentially Avoidable Event Report (formerly the Adverse Event Outcome Report*)* displays incidence rates for infrequently occurring untoward events (outcomes). This manual describes each of these reports in detail and discusses their use for quality monitoring purposes.

Other manuals in this series include the *OBQI Manual* and the *Process-Based Quality Improvement (PBQI) Manual*, which explain the OBQI Outcome Report and the Process Quality Measure Report, respectively.

This *Outcome-Based Quality Monitoring (OBQM) Manual* is organized in the following manner. Chapters 2 and 3 present each of two reports separately – the Agency Patient-Related Characteristics Report in Chapter 2 and the Potentially Avoidable Event Report in Chapter 3. The data sources for each report are presented, the agency patient-related characteristics (formerly referred to as case mix) variables and potentially avoidable event (formerly termed adverse event outcome) measures are defined, and the meaning of each report is discussed. Sample reports are used to illustrate the features described.

In Chapter 4, instructions on using the reports for quality monitoring in an agency are provided, illustrated with sample reports from a hypothetical home care agency. Readers should carefully review this chapter and follow the procedures described to receive the maximum benefit from their own reports.

Chapter 5 introduces the role of these reports in the agency's overall quality program. Under the Medicare program Conditions of Participation (COP) for home health agencies, the reports can play a role in an agency's overall program evaluation and to the requirement for quarterly record review.

Guidelines for reviewing the Agency Patient-Related Characteristics Report and the Potentially Avoidable Event Report can be found in the attached appendix to this manual. The guidelines include descriptions, definitions, and “How to Read” instructions for each report.

When the Agency Patient-Related Characteristics Report and the Potentially Avoidable Event Report are used for quality improvement by agencies, one possible result may be an increased

emphasis on data accuracy within the agency. (Such data accuracy issues can be highlighted or exposed when the reports based on these data are reviewed.) Appendix B of the *OASIS-C Guidance Manual* contains approaches for monitoring and increasing data accuracy within the agency. HHAs are advised to refer to this chapter for detailed data quality audit procedures.

B. BACKGROUND

For over a decade, the Centers for Medicare & Medicaid Services (CMS) has required Medicare-certified home health agencies (HHAs) to collect and transmit Outcome and Assessment Information Set (OASIS) data for all adult (18 and older) home health patients receiving skilled services, whose care is reimbursed by Medicare and Medicaid (with the exception of patients receiving pre- or postnatal services only). Since the beginning of national OASIS data collection in 1999, the data have been used for multiple purposes. In addition to payment algorithms, OASIS data are used to calculate several types of reports including a) Risk Adjusted Outcome Reports; b) Potentially Avoidable Event (formerly adverse event outcome) Reports; c) Agency Patient-Related Characteristics (formerly case mix) Reports; and d) Patient Tally Reports. CMS has provided these reports to HHAs to help guide quality/performance improvement efforts.

Adverse Event Reports and Case Mix Reports were the first OASIS-based reports made available to HHAs. The format of the reports has changed very little since they were first produced. However, the OASIS data set has evolved and OASIS-C, implemented in January 2010, includes substantial changes from previous versions. As such, there have been changes in the agency patient-related characteristics and potentially avoidable events that can be calculated from the data. The result is a larger number of agency patient-related characteristics and a smaller number of potentially avoidable events available for the report.

The Potentially Avoidable Event Reports now include a total of 12 outcomes with comparisons to national data and (after the first report) to a prior time period. Many HHAs find these reports to be extremely valuable for tracking and comparing rates of relatively infrequent, potentially avoidable negative outcomes for quality monitoring purposes. *Outcome enhancement* is the term applied to the investigation of specific patient outcomes, focusing on those aspects of care delivery that may have led to these outcomes. Evaluating or investigating these care processes entails reviewing the care provided to determine any needed changes in care delivery. Such recommendations for change should be systematically documented in a written plan. In addition, the plan should be thoroughly implemented and continually monitored in order to effectively change care delivery. We strongly encourage all agencies to take advantage of the information presented in the reports to provide direction for their continuous quality monitoring activities.

CHAPTER 2

THE AGENCY PATIENT-RELATED CHARACTERISTICS REPORT

This chapter describes the Agency Patient-Related Characteristics Report, explains how OASIS data contribute to the report, and provides guidance for interpreting and making use of the information presented.

A. AGENCY PATIENT-RELATED CHARACTERISTICS REPORT DEFINED

The Agency Patient-Related Characteristics Report your agency receives is a table that indicates how the agency-patient characteristics profile of your home health agency compares to both a national reference sample and your agency from a prior time period. The report presents a picture (or snapshot) of what your agency's patients look like at the beginning of a care episode. It also includes discharge information such as lengths of stay and reasons for emergent care and hospitalizations. The report is a picture of only Medicare or Medicaid patients since these are the only patients for whom HHAs are transmitting OASIS data to CMS.

Note that the beginning of a care episode is marked by either a start of care or a resumption of care following an inpatient stay. It is important to realize that a patient who is admitted to your agency, then is transferred to an inpatient facility WITHOUT discharge, then resumes care, and is subsequently discharged, actually is represented as two episodes of care in the report. One episode goes from start of care to transfer to inpatient facility, while the second goes from resumption of care to discharge. This approach to defining an episode of care is used for all quality reports that are based on OASIS data. It should also be noted that this is not the same as a payment episode under PPS.

A sample Agency Patient-Related Characteristics Report for a hypothetical home health agency, Faircare Home Health Services, is provided in Table 2.1. Note that the number of patient episodes is found in the heading at the top of the report. In Faircare's report, the current report period includes 601 patients, and the prior report period included 551 patients. The national reference sample — the patients to whom Faircare's patients are being compared — consists of 3,289,067 patients in the sample report. The reference sample is composed of all patients served by home health agencies that are subject to the OASIS reporting requirement, subject to data quality screening criteria.

Also at the top of the report, we find the date the report was printed and the report period. The dates of the report period indicate that all patients who had a transfer or discharge on or after the first day of January 2011 and on or before the last day of December 2011 are included in this report. The prior period is the 12 months preceding the current period. Your agency will be able to select the report periods you wish. One way to ensure that the profile represents all seasons of the year as well as providing a sufficient number of episodes of care to yield statistically valid comparisons between your agency and the reference sample is to generate the report for a full 12-month period of data. Note that patients are selected for the report based on the discharge/transfer date for the episode of care. A further condition for inclusion in both Agency Patient-Related Characteristics and Potentially Avoidable Event Reports is that there must be a matching start or resumption of care assessment on the OASIS system.

TABLE 2.1: Sample Agency Patient-Related Characteristics Report.

Agency Patient-Related Characteristics Report

Agency Name: Faircare Home Health Services
Agency I D: H H A 01
Location: Anytown, U S A
C C N: 0 0 9 0 0 1 **Branch:** All
Medicaid Number: 9 9 9 8 8 8 0 0 1
Date Report Printed: 03/21/2012

Requested Current Period: 01 / 2011 – 12 / 2011
Requested Prior Period: 01 / 2010 – 12 / 2010
Actual Current Period: 01 / 2011 – 12 / 2011
Actual Prior Period: 01 / 2010 – 12 / 2010
 # Cases: Current 601 Prior 551
Number of Cases in Reference Sample: 3289067

	Current Mean	Prior Mean	Ref. Mean
PATIENT HISTORY			
Demographics			
Age (years)	70.75	70.96	72.78*
Gender: Female (%)	69.4%	66.6%	62.9%**
Race: Black (%)	1.7%	1.6%	10.7%**
Race: White (%)	97.5%	97.8%	85.5%**
Race: Other (%)	0.8%	0.7%	3.8%**
Payment Source			
Any Medicare (%)	80.4%	81.5%	82.6%
Any Medicaid (%)	12.9%	14.4%	14.3%
Any HMO (%)	3.0%	2.9%	5.8%**
Medicare HMO (%)	1.3%	1.2%	2.2%
Other (%)	19.9%	23.5%+	21.9%
Episode Start			
Episode timing: Early (%)	74.7%	73.1%	78.7%*
Episode timing: Later (%)	20.5%	21.1%	14.1%**
Episode timing: Unknown (%)	4.8%	5.8%	7.2%
Inpatient Discharge / Medical Regimen Change			
Long-term nursing facility (%)	1.3%	1.2%	2.2%
Skilled nursing facility (%)	2.1%	1.9%	2.1%
Short-stay acute hospital (%)	27.3%	30.0%	27.2%
Long-term care hospital (%)	64.6%	60.9%	62.2%
Inpatient rehab hospital/unit (%)	2.3%	2.0%	3.3%
Psychiatric hospital/unit (%)	1.3%	1.3%	1.6%
Medical regimen change (%)	99.2%	98.5%	86.5%*
Prior Conditions			
Urinary incontinence (%)	3.7%	2.8%	6.1%*
Indwelling/suprapubic catheter (%)	4.4%	5.1%	5.3%**
Intractable pain (%)	9.3%	9.6%	14.1%**
Impaired decision-making (%)	3.3%	2.8%	2.6%
Disruptive / Inappropriate behav. (%)	2.2%	2.2%	2.0%
Memory loss (%)	3.1%	3.0%	3.4%
None listed (%)	57.0%	62.1%++	55.9%
No inpatient dc / No med. Reg. chg (%)	33.0%	28.0%++	26.4%**
Therapies			
IV/infusion therapy (%)	7.2%	7.0%	6.4%
Parenteral nutrition (%)	1.8%	1.6%	3.3%
Enteral nutrition (%)	4.1%	4.1%	4.1%
GENERAL HEALTH STATUS			
Hospitalization Risks			
Recent decline mental/emot/behav (%)	7.2%	7.0%	6.4%
Multiple hospitalizations (%)	1.8%	1.6%	3.3%
History of falls (%)	62.9%	58.7%	56.8%
5 or more medications (%)	67.7%	74.6%	81.2%**
Frailty factors (%)	4.3%	4.2%	3.7%
Other (%)	0.5%	0.5%	0.3%
None (%)	8.7%	8.9%	11.6%
Overall Status			
Overall status (0-3)	1.06	1.15	1.89**
Unknown / Unclear (%)	5.6%	5.0%	5.9%
Other Risk Factors			
Smoking (%)	33.3%	32.8%	32.4%
Obesity (%)	62.9%	58.7%	56.8%
Alcohol dependency (%)	0.5%	0.5%	0.3%
Drug dependency (%)	2.2%	2.2%	1.8%
None (%)	18.9%	21.3%	19.8%

	Current Mean	Prior Mean	Ref. Mean
LIVING ARRANGEMENT / ASSISTANCE			
Current Situation			
Lives alone (%)	33.3%	32.8%	32.4%
Lives with others (%)	34.7%	32.4% +	34.9%
Lives in congregate situation (%)	32.0%	34.8%	32.7%
Availability			
Around the clock (%)	39.0%	40.2%	38.2%
Regular daytime (%)	0.9%	0.7%	3.9%
Regular nighttime (%)	0.5%	0.3%	2.0%
Occasional (%)	22.0%	21.6%	21.3%
None (%)	37.7%	37.2%	34.5%**
CARE MANAGEMENT			
ADLs			
None needed (%)	63.4%	60.3%	71.9%**
Caregiver currently provides (%)	21.9%	23.8%	16.9%
Caregiver training needed (%)	10.0%	10.8%	7.4%
Uncertain/Unlikely to be provided (%)	3.7%	4.0%	2.0%
Needed, but not available (%)	1.0%	1.1%	1.8%
IADLs			
None needed (%)	77.1%	80.9%	67.5%**
Caregiver currently provides (%)	13.1%	10.8%	18.9%*
Caregiver training needed (%)	6.6%	5.4%	9.4%
Uncertain/Unlikely to be provided (%)	2.2%	1.8%	3.1%
Needed, but not available (%)	1.0%	1.1%	1.1%
Frequency of ADL / IADL (1-5)	2.89	2.68	2.68
Medication Administration			
None needed (%)	48.6%	51.0%	58.9%**
Caregiver currently provides (%)	30.9%	29.4%	24.6%
Caregiver training needed (%)	15.4%	14.7%	12.3%
Uncertain/Unlikely to be provided (%)	5.1%	4.9%	4.1%
Needed, but not available (%)	1.0%	1.1%	1.8%
Medical Procedures			
None needed (%)	79.3%	80.6%	77.5%*
Caregiver currently provides (%)	9.8%	8.6%	10.0%
Caregiver training needed (%)	5.9%	4.3%	5.0%
Uncertain/Unlikely to be provided (%)	2.0%	1.4%	1.7%
Needed, but not available (%)	5.0%	5.1%	5.8%
Management of Equipment			
None needed (%)	70.3%	71.6%	71.1%*
Caregiver currently provides (%)	13.7%	13.0%	13.3%
Caregiver training needed (%)	8.9%	8.5%	8.7%
Uncertain/Unlikely to be provided (%)	3.0%	2.7%	2.1%
Needed, but not available (%)	4.0%	4.1%	4.8%
Supervision / Safety			
None needed (%)	85.3%	87.7%	88.1%
Caregiver currently provides (%)	8.8%	7.4%	7.1%
Caregiver training needed (%)	3.3%	2.7%	1.8%
Uncertain/Unlikely to be provided (%)	1.5%	1.2%	1.2%
Needed, but not available (%)	1.1%	1.0%	1.8%
Advocacy			
None needed (%)	69.1%	66.6%	68.4%
Caregiver currently provides (%)	16.6%	18.0%	16.2%
Caregiver training needed (%)	9.3%	10.0%	9.5%
Uncertain/Unlikely to be provided (%)	3.1%	3.3%	3.2%
Needed, but not available (%)	2.0%	2.1%	2.8%

TABLE 2.1: Sample Agency Patient-Related Characteristics Report. (cont'd)

Agency Patient-Related Characteristics Report

Agency Name: Faircare Home Health Services
Agency I D: H H A 01
Location: Anytown, U S A
C C N: 0 0 9 0 0 1 **Branch:** All
Medicaid Number: 9 9 9 8 8 8 0 0 1
Date Report Printed: 03/21/2012

Requested Current Period: 01 / 2011 – 12 / 2011
Requested Prior Period: 01 / 2010 – 12 / 2010
Actual Current Period: 01 / 2011 – 12 / 2011
Actual Prior Period: 01 / 2010 – 12 / 2010
 # Cases: Current 601 Prior 551
Number of Cases in Reference Sample: 3289067

	Current Mean	Prior Mean	Ref. Mean
SENSORY STATUS			
Sensory Status			
Vision impairment (0-2)	0.21	0.19	0.22
Hearing impair. (0-2)	0.32	0.34	0.31
Verbal content understanding (0-3)	0.04	0.04	0.03
Speech/language (0-5)	0.08	0.07	0.05**
Pain interfering with activity (0-4)	0.24	0.22	0.25
INTEGUMENTARY STATUS			
Pressure Ulcers			
Pressure ulcer risk (%)	4.0%	4.5%	1.4%**
Pressure ulcer present (%)	5.7%	7.7%	6.9%
Stage II pressure ulcer count (#)	0.04	0.04	0.04
Stage III pressure ulcer count (#)	0.01	0.01	0.04**
Stage IV pressure ulcer count (#)	0.02	0.02	0.01**
Unstageable pressure ulcer count (#)	0.03	0.03	0.06**
Status most problematic PU (0-3)	0.64	0.63	0.70*
Stage I pressure ulcer count (0-4)	1.02	1.02	0.90
Stage most problematic PU (1-4)	1.05	1.13	1.07
Stasis Ulcers			
Stasis ulcer indicator (%)	1.3%	1.2%	2.2%
Stasis ulcer count (1-4)	0.11	0.08	0.12
Status most problematic stasis (0-3)	0.65	0.60	0.56
Surgical Wounds			
Surgical wound indicator (%)	20.5%	21.1%	14.1%**
Status most problematic surg. (0-3)	1.62	1.49	1.51
Other			
Skin lesion w/ intervention (%)	37.9%	39.5%	45.2%**
PHYSIOLOGICAL STATUS			
Respiratory			
Dyspnea (0-4)	0.29	0.31	0.29
Oxygen therapy (%)	66.7%	62.8%	64.2%
Ventilator therapy (%)	1.3%	1.3%	1.6%
CPAP / BPAP therapy (%)	2.3%	2.0%	3.3%
Elimination Status			
Urinary Tract Infection (%)	31.0%	30.4%	33.6%
Urinary incontinence/catheter (%)	8.2%	7.1%	5.4%**
Urinary incontinence frequency (0-4)	0.33	0.28	0.26**
Bowel incontinence (0-5)	0.04	0.03	0.06*
Bowel ostomy (%)	2.2%	2.2%	1.8%
NEURO / EMOTIONAL / BEHAVIORAL			
Cognition			
Cognitive deficit (0-4)	0.69	0.67	0.68
Confusion frequency (0-4)	0.07	0.07	0.06
Emotional			
Anxiety level (0-3)	0.22	0.22	0.20
Depression indicator (%)	31.6%	34.0%++	31.2%
PHQ-2: Interest / Pleasure (0-3)	0.53	0.55	0.54
PHQ-2: Down / Depressed (0-3)	0.69	0.67	0.68

	Current Mean	Prior Mean	Ref. Mean
NEURO / EMOTIONAL / BEHAVIORAL (cont'd)			
Behavioral			
Memory deficit (%)	12.9%	14.4%++	14.3%
Impaired decision-making (%)	9.3%	9.6%	14.1%**
Verbal disruption (%)	0.6%	0.8%	0.7%
Physical aggression (%)	1.8%	1.6%	3.3%
Disruptive/Inappropriate behavior (%)	3.7%	4.3%	2.9%
Delusional, hallucinatory, etc. (%)	4.0%	4.5%	1.4%**
None demonstrated (%)	82.5%	79.7%	76.4%
Frequency of behavior problems (0-5)	0.33	0.28	0.26**
Psychiatric nursing (%)	0.5%	0.5%	0.3%
ACTIVITIES OF DAILY LIVING			
SOC / ROC Status			
Grooming (0-3)	1.05	1.13	1.07
Dress upper body (0-3)	0.63	0.59	0.57
Dress lower body (0-3)	1.22	1.19	1.10
Bathing (0-6)	2.15	2.34	2.03
Toilet Transfer (0-4)	0.64	0.63	0.70*
Toileting Hygiene (0-3)	0.66	0.68	0.52**
Bed Transferring (0-5)	0.63	0.64	0.68**
Ambulation (0-6)	1.33	1.26	1.20
Eating (0-5)	0.32	0.34	0.30
Status Prior to SOC/ROC			
Prior Self-Care (0-2)	0.55	0.58	0.61
Prior Ambulation (0-2)	0.42	0.47	0.52
Prior Transfer (0-2)	0.37	0.38	0.40
IADLs, MEDICATIONS, OTHER			
IADLs			
Light meal prep (0-2)	1.02	1.02	0.90
Phone use (0-5)	0.65	0.60	0.56
Prior Household (0-2)	0.84	0.77	0.79
Falls risk			
At risk for falls (%)	55.3%	57.7%	58.1%
Medication Status			
Drug regimen: problem found (%)	47.5%	47.8%	35.5%**
Mgmt oral medication (0-3)	0.69	0.67	0.53**
Mgmt oral medication: NA (%)	0.9%	0.8%	1.0%
Mgmt. injected medications (0-3)	0.33	0.33	0.32
Mgmt. injected medications: NA (%)	77.9%	77.1%	76.5%
Prior mgmt oral medications (0-2)	0.59	0.57	0.53
Prior mgmt oral medications: NA (%)	2.4%	1.9%	2.5%
Prior mgmt injected medication (0-2)	0.31	0.30	0.32
Prior mgmt injected medication: NA (%)	73.9%	75.8%	76.0%
THERAPY / PLAN OF CARE			
Therapy Visits			
# Therapy visits indicated (#)	7.89	8.68	8.68

TABLE 2.1: Sample Agency Patient-Related Characteristics Report. (cont'd)

Agency Patient-Related Characteristics Report

Agency Name: Faircare Home Health Services
Agency I D: H H A 01
Location: Anytown, U S A
C C N: 0 0 9 0 0 1 **Branch:** All
Medicaid Number: 9 9 9 8 8 8 0 0 1
Date Report Printed: 03/21/2012

Requested Current Period: 01 / 2011 – 12 / 2011
Requested Prior Period: 01 / 2010 – 12 / 2010
Actual Current Period: 01 / 2011 – 12 / 2011
Actual Prior Period: 01 / 2010 – 12 / 2010
 # Cases: Current 601 Prior 551
Number of Cases in Reference Sample: 3289067

	Current Mean	Prior Mean	Ref. Mean
PATIENT DIAGNOSTIC INFORMATION			
Acute Conditions			
Orthopedic (%)	16.7%	20.5%	11.7%**
Neurologic (%)	14.0%	13.3%	13.7%
Open wounds/lesions (%)	32.4%	33.9%	30.2%
Cardiac/peripheral vascular (%)	22.0%	21.6%	21.3%
Pulmonary (%)	14.0%	13.3%	13.7%
Diabetes mellitus (%)	6.5%	8.0%	4.5%*
Gastrointestinal disorder (%)	14.0%	12.4%	5.7%**
Contagious/communicable (%)	10.8%	7.8%	11.9%
Urinary incont./catheter (%)	8.2%	7.1%	5.4%**
Mental/emotional (%)	12.9%	14.4%	14.3%
Oxygen therapy (%)	14.0%	13.3%	13.7%
IV/infusion therapy (%)	4.3%	4.2%	3.7%
Enteral/parenteral nutrition (%)	1.7%	1.6%	10.7%**
Ventilator (%)	0.8%	0.7%	3.8%**
Chronic Conditions			
Dependence in living skills (%)	39.0%	40.2%	38.2%
Dependence in personal care (%)	37.9%	39.5%	45.2%**
Impaired ambulation/mobility (%)	14.0%	12.4%	5.7%**
Urinary incontinence/catheter (%)	16.7%	20.5%	11.7%**
Dependence in med. admin. (%)	55.6%	50.2%	58.9%
Chronic pain (%)	10.8%	7.8%++	11.9%
Cognitive/mental/behavioral (%)	32.4%	33.9%	30.2%
Chronic pt. with caregiver (%)	44.3%	50.5%	53.0%**
Home Care Diagnoses			
Infections/parasitic diseases (%)	9.3%	9.6%	14.1%**
Neoplasms (%)	11.8%	11.6%	13.3%
Endocrine/nutrit./metabolic (%)	28.6%	31.2%	29.4%
Blood diseases (%)	8.1%	6.8%	7.5%**
Mental diseases (%)	20.5%	21.1%	14.1%**
Nervous system diseases (%)	13.8%	9.5%	11.9%
Circulatory system diseases (%)	62.6%	64.1%	68.2%
Respiratory system diseases (%)	21.7%	21.8%	20.2%
Digestive system diseases (%)	14.7%	12.4%	14.9%
Genitourinary sys. diseases (%)	10.7%	12.0%	13.7%**
Pregnancy problems (%)	0.4%	0.3%	0.6%*
Skin/subcutaneous diseases (%)	7.2%	7.0%	6.4%
Musculoskeletal sys. diseases (%)	21.1%	18.7%	22.3%
Congenital anomalies (%)	1.3%	1.3%	1.6%
Ill-defined conditions (%)	21.0%	20.4%	23.6%
Fractures (%)	12.9%	13.5%	11.9%
Intracranial injury (%)	0.1%	0.1%	0.2%
Other injury (%)	9.9%	13.5%	11.9%
Iatrogenic conditions (%)	2.3%	2.0%	3.3%

	Current Mean	Prior Mean	Ref. Mean
PATIENT DISCHARGE INFORMATION			
Length of Stay			
LOS until discharge (in days)	50.75	46.96	42.78*
LOS from 1 to 31 days (%)	49.1%	46.6%	48.4%
LOS from 32 to 62 days (%)	29.0%	30.5%	29.4%
LOS from 63 to 124 days (%)	20.4%	21.4%	20.6%
LOS from 125 to 365 days (%)	1.0%	1.1%	1.0%
LOS more than 365 days (%)	0.5%	0.5%	0.5%
Reason for Emergent Care			
Improper medications (%)	13.3%	12.8%	12.4%
Injury from fall (%)	22.0%	21.6%	21.3%
Respiratory infection (%)	8.0%	8.1%	8.3%
Other respiratory (%)	2.9%	2.1%	2.9%
Heart failure (%)	9.8%	9.8%	8.5%**
Cardiac dysrhythmia (%)	7.5%	7.3%	7.9%*
Myocardial infarction (%)	3.8%	3.9%	4.5%**
Other heart disease (%)	3.9%	4.0%	3.8%
Stroke (CVA) or TIA (%)	2.2%	2.2%	1.8%
Hypo/Hyperglycemia (%)	14.7%	12.4%++	14.9%
GI bleeding, obstruction, etc. (%)	5.3%	5.5%	5.4%
Dehydration, malnutrition (%)	3.8%	3.7%	4.4%**
Urinary tract infection (%)	15.7%	16.2%	15.6%
IV catheter-related infection (%)	6.3%	6.4%	6.8%**
Wound infection (%)	8.5%	8.2%	8.6%
Uncontrolled pain (%)	4.3%	4.2%	3.7%
Acute mental/behav. problem (%)	0.5%	0.5%	0.3%
Deep vein thrombosis (%)	1.8%	1.8%	0.9%*
Other (%)	22.9%	28.7%++	26.8%
No emergent care (%)	62.7%	63.1%	65.0%
Reason for Hospitalization			
Improper medications (%)	10.5%	11.3%	10.7%
Injury from fall (%)	8.5%	8.2%	8.6%
Respiratory infection (%)	14.7%	12.4%	14.9%
Other respiratory (%)	4.3%	4.2%	3.7%
Heart failure (%)	13.3%	12.8%	12.4%
Cardiac dysrhythmia (%)	15.7%	16.2%	15.6%
Myocardial infarction (%)	7.0%	7.6%	6.3%
Other heart disease (%)	4.3%	4.2%	3.7%
Stroke (CVA) or TIA (%)	10.2%	10.7%	8.6%*
Hypo/Hyperglycemia (%)	6.9%	6.9%	7.0%
GI bleeding, obstruction, etc. (%)	5.6%	5.0%	5.9%
Dehydration, malnutrition (%)	2.0%	1.8%	10.0%
Urinary tract infection (%)	22.0%	21.6%	21.3%
IV catheter-related infection (%)	3.8%	3.9%	4.5%**
Wound infection (%)	6.6%	6.8%	5.2%**
Uncontrolled pain (%)	3.9%	4.0%	3.8%
Acute mental/behav. problem (%)	2.9%	2.1%	2.9%
Deep vein thrombosis (%)	6.5%	6.0%	5.6%
Scheduled visit (%)	13.7%	13.1%	17.0%
Other (%)	27.8%	28.2%	26.9%
No hospitalization (%)	63.7%	63.1%	64.0%

The asterisks represent the significance levels of the current and reference data comparisons.

* The probability is 1% or less that the difference is due to chance, and 99% or more that the difference is real.

** The probability is 0.1% or less that the difference is due to chance, and 99.9% or more that the difference is real.

The plus signs represent the significance levels of the current and prior data comparisons.

\+ The probability is 5% or less that the difference is due to chance, and 95% or more that the difference is real.

++ The probability is 1% or less that the difference is due to chance, and 99% or more that the difference is real.

B. SOURCES OF INFORMATION FOR THE AGENCY PATIENT-RELATED CHARACTERISTICS REPORT

Where do the data for the Agency Patient-Related Characteristics Report come from? Your agency's start of care, resumption of care, and transfer/discharge/death at home assessments provide the data for the great majority of the agency patient-related characteristics variables. Therefore, the Agency Patient-Related Characteristics Report represents an aggregation of OASIS patient status data at the beginning and at the end of an episode of care.

Table 2.2, Source(s) of Information for the Agency Patient-Related Characteristics Report, lists each measure included in the Agency Patient-Related Characteristics Report along with the OASIS item(s) on which each measure is based. More information on how selected variables are computed, along with variable definitions, is included in the Appendix to this manual. (For more details on exact measure computation, the Agency Patient-Related Characteristics Transformation Pseudo-code will be available on the CMS website.)

C. MEANING OF THE INFORMATION IN THE AGENCY PATIENT-RELATED CHARACTERISTICS REPORT

The Agency Patient-Related Characteristics Report may have several valuable uses in an agency. The characteristics of the patients for whom your agency provides care will affect many decisions you make about patient care delivery, including:

- the need to develop or modify policies, procedures, or protocols;
- possible care path development or disease management approaches;
- decisions about obtaining or developing patient education materials; and
- examining potential areas where increased care coordination may be indicated.

You also can review your current staffing in light of the Agency Patient-Related Characteristics Report. You may decide that additional staff of one type or another are needed. If you have a high percentage of patients with musculoskeletal disease, for example, you may want to be sure that your therapy staff is adequate. Or your current staff may need additional training if your patient-related characteristics are changing. As illustrations, if you serve more patients with wounds, your current staff may need additional wound care expertise; or if your percentage of patients with terminal conditions has increased, you might need to pursue additional education in end-of-life care.

The Agency Patient-Related Characteristics Report is valuable for your agency's strategic planning and program development. It can be presented to your governing body as evidence of resource allocation or used in budget development. This report is particularly valuable to monitor over time to verify your "hunches" about patient-related characteristics changes. If, for example, you or your staff observe what you think is a change in the characteristics of patients referred to your agency for care, the Agency Patient-Related Characteristics Report will allow you the opportunity to verify whether such a change has actually occurred, and whether your agency's patients differ from those served by other home health agencies.

TABLE 2.2: Source(s) of Information for the Agency Patient-Related Characteristics Report.

Agency Patient-Related Measures	OASIS-C Item[a]
PATIENT HISTORY	
Demographics	
Age (years)	M0066, M0030/ M0032
Gender: Female (%)	M0069
Race: Black (%)	M0140
Race: White (%)	
Race: Other (%)	
Payment Source	
Any Medicare (%)	M0150
Any Medicaid (%)	
Any HMO (%)	
Medicare HMO (%)	
Other (%)	
Episode Start	
Episode timing: Early (%)	M0110
Episode timing: Later (%)	
Episode timing: Unknown (%)	
Inpatient Discharge / Medical Regimen Change	
Long-term nursing facility (%)	M1000
Skilled nursing facility (%)	
Short-stay acute hospital (%)	
Long-term care hospital (%)	
Inpatient rehab hospital/unit (%)	
Psychiatric hospital/unit (%)	
Medical regimen change (%)	M1016
Prior Conditions	
Urinary incontinence (%)	M1018
Indwelling/suprapubic catheter (%)	
Intractable pain (%)	
Impaired decision-making (%)	
Disruptive / Inappropriate behav. (%)	
Memory loss (%)	
None listed (%)	
No inpatient dc / No med. reg. chg (%)	
Therapies	
IV/infusion therapy (%)	M1030
Parenteral nutrition (%)	
Enteral nutrition (%)	
GENERAL HEALTH STATUS	
Hospitalization Risks	
Recent decline mental/emot/behav (%)	M1032
Multiple hospitalizations (%)	
History of falls (%)	
5 or more medications (%)	
Frailty factors (%)	
Other (%)	
None (%)	

Agency Patient-Related Measures	OASIS-C Item[a]
GENERAL HEALTH STATUS (cont'd)	
Overall Status	
Overall status (0-3)	M1034
Unknown / Unclear	
Other Risk Factors	
Smoking (%)	M1036
Obesity (%)	
Alcohol dependency (%)	
Drug dependency (%)	
None (%)	
LIVING ARRANGEMENT / ASSISTANCE	
Current Situation	
Lives alone (%)	M1100
Lives with others (%)	
Lives in congregate situation (%)	
Availability	
Around the clock (%)	M1100
Regular daytime (%)	
Regular nighttime (%)	
Occasional (%)	
None (%)	
CARE MANAGEMENT	
ADLs	
None needed (%)	M2100
Caregiver currently provides (%)	
Caregiver training needed (%)	
Uncertain/Unlikely to be provided (%)	
Needed, but not available (%)	
IADLs	
None needed (%)	M2100
Caregiver currently provides (%)	
Caregiver training needed (%)	
Uncertain/Unlikely to be provided (%)	
Needed, but not available (%)	
Frequency of ADL / IADL (1-5)	M2110
Medication Administration	
None needed (%)	M2100
Caregiver currently provides (%)	
Caregiver training needed (%)	
Uncertain/Unlikely to be provided (%)	
Needed, but not available (%)	
Medical Procedures	
None needed (%)	M2100
Caregiver currently provides (%)	
Caregiver training needed (%)	
Uncertain/Unlikely to be provided (%)	
Needed, but not available (%)	

TABLE 2.2: Source(s) of Information for the Agency Patient-Related Characteristics Report. (cont'd)

Agency Patient-Related Measures	OASIS-C Item[a]
CARE MANAGEMENT (cont'd)	
Management of Equipment	
None needed (%)	
Caregiver currently provides (%)	M2100
Caregiver training needed (%)	
Uncertain/Unlikely to be provided (%)	
Needed, but not available (%)	
Supervision / Safety	
None needed (%)	M2100
Caregiver currently provides (%)	
Caregiver training needed (%)	
Uncertain/Unlikely to be provided (%)	
Needed, but not available (%)	
Advocacy	
None needed (%)	M2100
Caregiver currently provides (%)	
Caregiver training needed (%)	
Uncertain/Unlikely to be provided (%)	
Needed, but not available (%)	
SENSORY STATUS	
Sensory Status	
Vision impairment (0-2)	M1200
Hearing impair. (0-2)	M1210
Verbal content understanding (0-3)	M1220
Speech/language (0-5)	M1230
Pain interfering with activity (0-4)	M1242
INTEGUMENTARY STATUS	
Pressure Ulcers	
Pressure ulcer risk (%)	M1302
Pressure ulcer present (%)	M1306
Stage II pressure ulcer count (#)	M1308
Stage III pressure ulcer count (#)	M1308
Stage IV pressure ulcer count (#)	M1308
Unstageable pressure ulcer count (#)	M1308
Status most problematic PU (0-3)	M1320
Stage I pressure ulcers count (0-4)	M1322
Stage most problematic PU (1-4)	M1324
Stasis Ulcers	
Stasis ulcer indicator (%)	M1330
Stasis ulcer count (1-4)	M1332
Status most problematic stasis (0-3)	M1334
Surgical Wounds	
Surgical wound indicator (%)	M1340
Status most problematic surg. (0-3)	M1342
Other	
Skin lesion w/ intervention (%)	M1350

Agency Patient-Related Measures	OASIS-C Item[a]
PHYSIOLOGICAL STATUS	
Respiratory	
Dyspnea (0-4)	M1400
Oxygen therapy (%)	M1410
Ventilator therapy (%)	M1410
CBAP / BPAP therapy (%)	M1410
Elimination Status	
Urinary Tract Infection (%)	M1600
Urinary incontinence/catheter (%)	M1610
Urinary incontinence frequency (0-4)	M1615
Bowel incontinence (0-5)	M1620
Bowel ostomy (%)	M1630
NEURO / EMOTIONAL / BEHAVIORAL	
Cognition	
Cognitive deficit (0-4)	M1700
Confusion frequency (0-4)	M1710
Emotional	
Anxiety level (0-3)	M1720
Depression indicator (%)	M1730
PHQ-2: Interest / Pleasure (0-3)	M1730
PHQ-2: Down / Depressed (0-3)	M1730
Behavioral	
Memory deficit (%)	M1740
Impaired decision-making (%)	M1740
Verbal disruption (%)	M1740
Physical aggression (%)	M1740
Disruptive/Inappropriate behavior (%)	M1740
Delusional, hallucinatory, etc. (%)	M1740
Frequency of behavior problems (0-5)	M1745
Psychiatric nursing (%)	M1750
ACTIVITIES OF DAILY LIVING	
SOC / ROC Status	
Grooming (0-3)	M1800
Dress upper body (0-3)	M1810
Dress lower body (0-3)	M1820
Bathing (0-6)	M1830
Toilet Transfer (0-4)	M1840
Toileting Hygiene (0-3)	M1845
Bed Transferring (0-5)	M1850
Ambulation (0-6)	M1860
Eating (0-5)	M1870
Status Prior to SOC/ROC	
Prior Self-Care (0-2)	M1900
Prior Ambulation (0-2)	
Prior Transfer (0-2)	

TABLE 2.2: Source(s) of Information for the Agency Patient-Related Characteristics Report. (cont'd)

Agency Patient-Related Measures	OASIS-C Item[a]
IADLs, MEDICATIONS, OTHER	
IADLs	
Light meal prep (0-2)	M1880
Phone use (0-5)	M1890
Prior Household (0-2)	M1900
Falls risk	
At risk for falls (%)	M1910
Medication Status	
Drug regimen: problem found (%)	M2000
Mgmt oral medication (0-3)	M2020
Mgmt oral medication: NA (%)	M2020
Mgmt injected medications (0-3)	M2030
Mgmt injected medications: NA (%)	M2030
Prior mgmt oral medications (0-2)	M2040
Prior mgmt oral medications: NA (%)	M2040
Prior mgmt injected medication (0-2)	M2040
Prior mgmt injected medication: NA (%)	M2040
THERAPY / PLAN OF CARE	
Therapy Visits	
# Therapy visits indicated (#)	M2200
PATIENT DIAGNOSTIC INFORMATION	
Acute Conditions	
Orthopedic (%)	General: (M1000, M1005, M1010, M1012, M1016, M1018, M1030)
Neurologic (%)	
Open wounds/lesions (%)	
Cardiac/peripheral vascular (%)	
Pulmonary (%)	
Diabetes mellitus (%)	
Gastrointestinal disorder (%)	Specific: (M1034, M1306, M1330, M1340, M1350, M1410, M1610, M1630, M1750)
Contagious/communicable (%)	
Urinary incont./catheter (%)	
Mental/emotional (%)	
Oxygen therapy (%)	
IV/infusion therapy (%)	
Enteral/parenteral nutrition (%)	
Ventilator (%)	

Agency Patient-Related Measures	OASIS-C Item[a]
PATIENT DIAGNOSTIC INFORMATION (cont'd)	
Chronic Conditions	
Dependence in living skills (%)	M1000, M1016, M1880, M1890, M1900
Dependence in personal care (%)	M1000, M1016, M1800, M1810, M1820, M1830, M1900
Impaired ambulation/mobility (%)	M1000, M1016, M1840, M1900
Urinary incontinence/catheter (%)	M1000, M1016, M1018, M1610
Dependence in med. admin. (%)	M1000, M1016, M2020, M2030, M2040
Chronic pain (%)	M1000, M1016, M1018, M1242
Cognitive/mental/behavioral (%)	M1000, M1016, M1018, M1740
Chronic pt. with caregiver (%)	M1100, M2100
Home Care Diagnoses	
Infections/parasitic diseases (%)	General: (M1022, M1024)
Neoplasms (%)	
Endocrine/nutrit./metabolic (%)	
Blood diseases (%)	
Mental diseases (%)	
Nervous system diseases (%)	
Circulatory system diseases (%)	
Respiratory system diseases (%)	
Digestive system diseases (%)	
Genitourinary sys. diseases (%)	
Pregnancy problems (%)	
Skin/subcutaneous diseases (%)	
Musculoskeletal sys. diseases (%)	
Congenital anomalies (%)	
Ill-defined conditions (%)	
Fractures (%)	
Intracranial injury (%)	
Other injury (%)	
Iatrogenic conditions (%)	

TABLE 2.2: Source(s) of Information for the Agency Patient-Related Characteristics Report. (cont'd)

Agency Patient-Related Measures	OASIS-C Item[a]
PATIENT DISCHARGE INFORMATION	
Length of Stay	
LOS until discharge (in days)	M0906
LOS from 1 to 31 days (%)	M0030/M0032
LOS from 32 to 62 days (%)	
LOS from 63 to 124 days (%)	
LOS from 125 to 365 days (%)	
LOS more than 365 days (%)	
Reason for Emergent Care	
Improper medications (%)	M2310
Injury from fall (%)	
Respiratory infection (%)	
Other respiratory (%)	
Heart failure (%)	
Cardiac dysrhythmia (%)	
Myocardial infarction (%)	
Other heart disease (%)	
Stroke (CVA) or TIA (%)	
Hypo/Hyperglycemia (%)	
GI bleeding, obstruction, etc. (%)	
Dehydration, malnutrition (%)	
Urinary tract infection (%)	
IV catheter-related infection (%)	
Wound infection (%)	
Uncontrolled pain (%)	
Acute mental/behav. problem (%)	
Deep vein thrombosis (%)	
Other (%)	
No emergent care (%)	

Agency Patient-Related Measures	OASIS-C Item[a]
PATIENT DISCHARGE INFORMATION (cont'd)	
Reason for Hospitalization	
Improper medications (%)	M2430
Injury from fall (%)	
Respiratory infection (%)	
Other respiratory (%)	
Heart failure (%)	
Cardiac dysrhythmia (%)	
Myocardial infarction (%)	
Other heart disease (%)	
Stroke (CVA) or TIA (%)	
Hypo/Hyperglycemia (%)	
GI bleeding, obstruction, etc. (%)	
Dehydration, malnutrition (%)	
Urinary tract infection (%)	
IV catheter-related infection (%)	
Wound infection (%)	
Uncontrolled pain (%)	
Acute mental/behav. problem (%)	
Deep vein thrombosis (%)	
Scheduled visit (%)	
Other (%)	
No hospitalization (%)	

[a] Identifies primary item(s) used to compute measure. For details on exact computation, see Agency Patient-Related Characteristics Transformation Pseudo-code that will be available on the CMS website.

CHAPTER 3

THE POTENTIALLY AVOIDABLE EVENT REPORT

This chapter describes the two formats of the Potentially Avoidable Event Report, explains how OASIS data contribute to Potentially Avoidable Event Reports, and provides guidance for interpreting and making use of the information presented.

A. POTENTIALLY AVOIDABLE EVENT REPORT DEFINED

Potentially avoidable events serve as markers for potential problems in care because of their negative nature and relatively low frequency. It is important to emphasize the word "potential" in this definition. Whether or not an individual patient situation results from inadequate care provision can only be determined through investigation of the care actually provided to specific patients.

The potentially avoidable events included in this report are outcome measures, in the sense that they represent a change in health status between start or resumption of care and discharge or transfer to inpatient facility. For most potentially avoidable events, change in health status is measured directly (for example, increase in number of pressure ulcers). A few potentially avoidable event measures rely on the occurrence of an emergent care encounter for specific reasons as an indicator of change in health status. Three additional potentially avoidable events are based on a combination of patient health status and support available to the patient at discharge, indicative of an unmet need. The potentially avoidable events are adjusted for variation in patient characteristics, and the report includes a much smaller number of outcomes than the OBQI outcome report.

The **graphical** Potentially Avoidable Event Report displays incidence rates for infrequent, negative events (or outcomes) comparing one agency to a reference sample and a prior time period. The graphical method of presentation is used to enhance readability and clarity.

The second version of the Potentially Avoidable Event Report is the **tabular** form. In addition to presenting the incidence rates for these outcomes compared to the reference sample and a prior time period, a listing of patients for whom the potentially avoidable event occurred is included. The patient listing is provided to assist agencies in their investigation of the outcome.

Sample graphical and tabular Potentially Avoidable Event Reports are presented for a hypothetical home health agency (Faircare) in Figure 3.1 and Table 3.1, respectively. While the sample reports reflect a 12-month period, agencies may specify the range of dates the report will cover. For example, some agencies prefer quarterly reports for quality monitoring. As with the Agency Patient-Related Characteristics Report, the number of cases contributing to the Potentially Avoidable Event Reports, current and prior periods, is the total number of patients discharged from the home health agency during the time period selected for the report.[1] The reports express the incidence of each potentially avoidable event as a percentage of quality episodes (i.e., SOC/ROC to discharge/transfer/death) for whom the potentially avoidable event could occur, over the time period of the report. In other words, the report identifies the number

[1] A further condition for inclusion in both Agency-Patient Related Characteristics and Potentially Avoidable Event Reports is that there must be a matching start or resumption of care assessment on the OASIS system.

of episodes in which a potentially avoidable event **did** occur out of all the episodes it **could have** occurred, expressed as a percent. The number of cases contributing to a specific potentially avoidable event measure (referred to as complete data cases in the tabular report) is often less than the total cases for an agency, because some episodes are excluded from analysis based on status at start/resumption of care or based on availability of the data needed to calculate the measure.

B. SOURCES OF INFORMATION FOR THE POTENTIALLY AVOIDABLE EVENT REPORT

The Potentially Avoidable Event Reports rely on information from both the start or resumption of care assessment and OASIS data collected at transfer, death at home, or discharge. Table 3.2 indicates, for each potentially avoidable event outcome, the specific OASIS items used to construct that measure. Detailed definitions of each potentially avoidable event outcome are included in the Appendix to this manual. In addition to relying on data from two time points, some of these measures are based on multiple data items. For example, the event “Discharged to the Community Needing Toileting Assistance,” relies on the following items measured at discharge:

- Types and Sources of Assistance (M2100)
- Toilet Transferring (M1840)
- Toileting Hygiene (M1845) and
- Discharge Disposition (M2420)

C. MEANING OF THE INFORMATION IN THE POTENTIALLY AVOIDABLE EVENT REPORT

A potentially avoidable event reflects a serious health problem or decline in health status for an individual patient that potentially could have been avoided. The word "potentially" is important. For example, look at the event “Emergent Care for Wound Infections, Deteriorating Wound Status.” This event is computed from the response to OASIS items M02300 and M02310 at discharge or transfer. When an agency investigates this event, they may find a situation where the patient appropriately went or was sent to the hospital emergency department at the very first sign of deteriorating wound status. This would be an example of appropriate care. However, the agency also may find a situation where a patient’s wound status was getting worse and worse over the period of several visits and the responsible clinician was not responding to this deterioration in status. In this case, the potentially avoidable event indicates a problem in patient care.

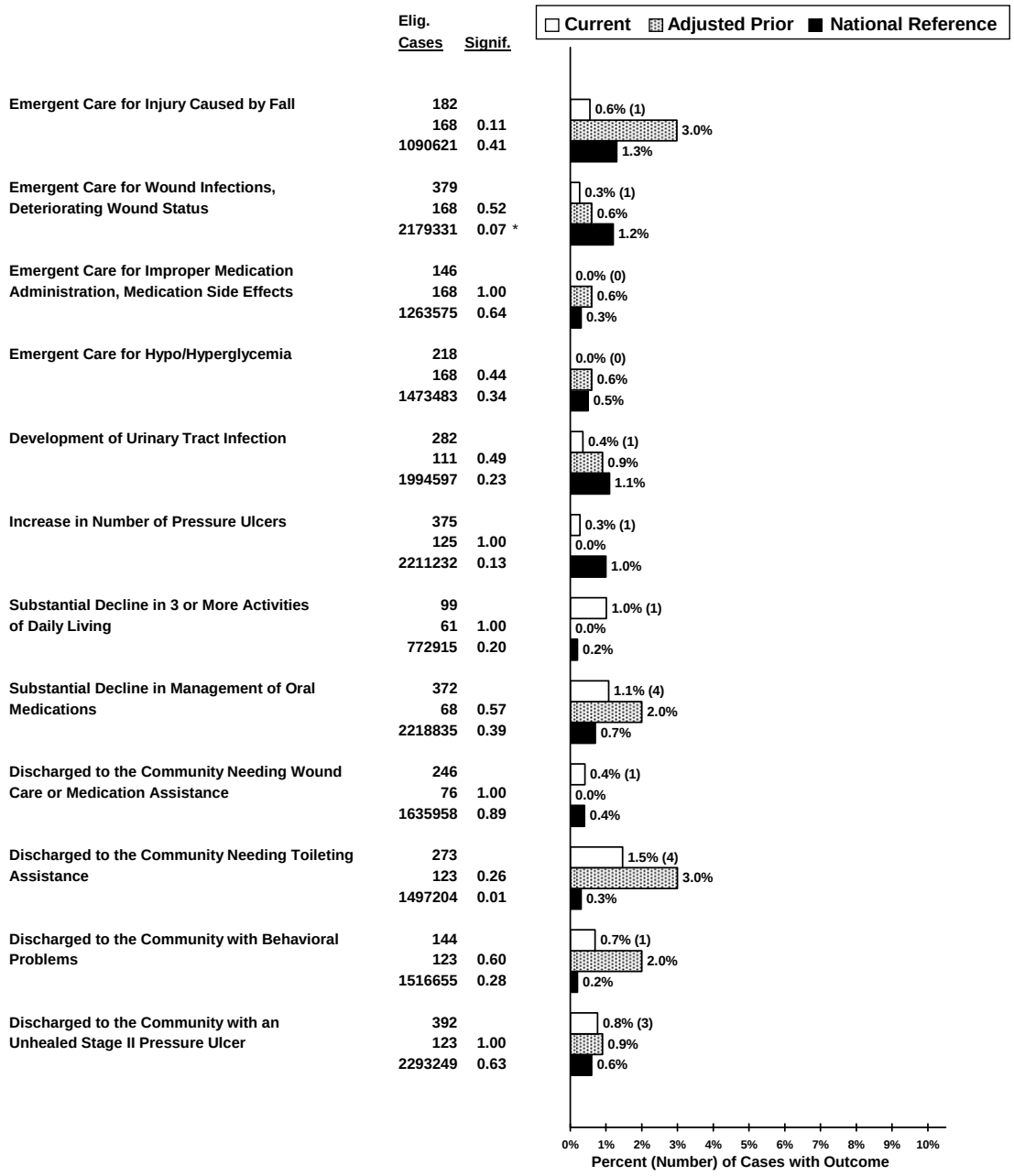
Whether or not the care for a patient listed on the tabular Potentially Avoidable Event Report was problematic (and the outcome could have been avoided) cannot be known until the agency actually investigates the care provided. Guidance on conducting an investigation of care provided is detailed in Chapter 4 of this manual.

FIGURE 3.1: Sample (Graphical) Potentially Avoidable Event Report.

Agency Name: FAIRCARE HOME HEALTH SERVICES
Agency ID: HHA01
Location: ANYTOWN, USA
CCN: 009001 **Branch:** All
Medicaid Number: 999888001
Date Report Printed: 03/21/2012

Requested Current Period: 01/2011 - 12/2011
Requested Prior Period: 01/2010 - 12/2010
Actual Current Period: 01/2011 - 12/2011
Actual Prior Period: 01/2010 - 12/2010
 # Cases: Curr 402 **Prior** 374
Number of Cases in Reference Sample: 2325615

Potentially Avoidable Event Report



* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.
** The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

\+ The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.
++ The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

TABLE 3.1: Sample (Tabular) Potentially Avoidable Event Report.

Agency Name: Faircare Home Health Services
Agency ID: HH01
Location: Anytown, USA
CCN: 0 0 9 0 0 1 **Branch: All**
Medicaid Number: 9 9 9 8 8 8 0 0 1

Requested Current Period: 01/01/2011-12/31/2011
Actual Current Period: 01/01/2011-12/31/2011
Number of Cases in Current Period: 402
Number of Cases in Reference Sample: 2325615
Date Report Printed: 03/21/2012

Potentially Avoidable Event Report
Patient Listing

Emergent Care for Injury Caused by Fall

Complete Data Cases: 182 Number of Events: 1 Agency Incidence: 0.6% Reference Incidence: 1.3%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
654896104	Chis	Ron	M	05/11/1925	10/22/2010	01/27/2011

Emergent Care for Wound Infections, Deteriorating Wound Status

Complete Data Cases: 379 Number of Events: 1 Agency Incidence: 0.3% Reference Incidence: 1.2%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
601714911	Patterson	Cindy	F	10/03/1938	10/22/2011	12/23/2011

Emergent Care for Improper Medication Administration, Medication Side Effects

Complete Data Cases: 146 Number of Events: 0 Agency Incidence: 0.0% Reference Incidence: 0.3%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
– – –	– – –	– – –	– – –	– – –	– – –	– – –

Emergent Care for Hypo/Hyperglycemia

Complete Data Cases: 218 Number of Events: 0 Agency Incidence: 0.0% Reference Incidence: 0.5%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
– – –	– – –	– – –	– – –	– – –	– – –	– – –

Development of Urinary Tract Infection

Complete Data Cases: 282 Number of Events: 1 Agency Incidence: 0.4% Reference Incidence: 1.1%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
859294045	Dietrich	James	M	10/17/1920	11/20/2011	12/19/2011

Increase in Number of Pressure Ulcers

Complete Data Cases: 375 Number of Events: 1 Agency Incidence: 0.3 % Reference Incidence: 1.0%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
315867385	Dimerez	Robert	M	12/06/1937	10/29/2011	11/09/2011

Substantial Decline in 3 or More Activities of Daily Living

Complete Data Cases: 99 Number of Events: 1 Agency Incidence: 1.0% Reference Incidence: 0.2%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
854314071	Henry	Byron	M	06/29/1940	10/06/2011	11/02/2011

TABLE 3.1: Sample (Tabular) Potentially Avoidable Event Report. (cont'd)

Agency Name: Faircare Home Health Services
Agency ID: HH01
Location: Anytown, USA
CCN: 0 0 9 0 0 1 Branch: All
Medicaid Number: 9 9 9 8 8 8 0 0 1

Requested Current Period: 01/01/2011-12/31/2011
Actual Current Period: 01/01/2011-12/31/2011
Number of Cases in Current Period: 402
Number of Cases in Reference Sample: 2325615
Date Report Printed: 03/21/2012

Potentially Avoidable Event Report
Patient Listing

Substantial Decline in Management of Oral Medications

Complete Data Cases: 372 Number of Events: 4 Agency Incidence: 1.1% Reference Incidence: 0.7%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
502513146	Burke	Brenda	F	06/10/1924	11/01/2011	12/20/2011
315654132	Elkins	Moe	M	01/01/1918	11/15/2011	12/30/2011
118840231	Elsen	Jean	F	01/20/1923	10/06/2011	10/15/2011
932752042	Martin	Sylvia	F	07/23/1915	12/28/2011	12/31/2011

Discharged to the Community Needing Wound Care or Medication Assistance

Complete Data Cases: 246 Number of Events: 1 Agency Incidence: 0.4% Reference Incidence: 0.4%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
197215357	Lincoln	Andrew	M	11/05/1937	10/11/2011	10/16/2011

Discharged to the Community Needing Toileting Assistance

Complete Data Cases: 273 Number of Events: 4 Agency Incidence: 1.5% Reference Incidence: 0.3%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
675779542	Eggert	Patricia	F	08/22/1915	10/06/2011	10/13/2011
083773193	Loren	Patrick	M	10/18/1934	11/13/2011	11/18/2011
245842613	Ramirez	Jamilla	F	09/23/1952	10/02/2011	11/02/2011
465270012	Neal	Evelyn	F	05/09/1963	12/02/2011	12/31/2011

Discharged to the Community with Behavioral Problems

Complete Data Cases: 144 Number of Events: 1 Agency Incidence: 0.7% Reference Incidence: 0.2%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
653640671	Quentin	Roseann	F	09/13/1934	10/22/2011	11/20/2011

Discharged to the Community With an Unhealed Stage II Pressure Ulcer

Complete Data Cases: 392 Number of Events: 3 Agency Incidence: 0.8% Reference Incidence: 0.6%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
205640357	Carlton	Rosie	F	09/24/1931	12/02/2011	12/03/2011
027698081	Nicholson	Drevon	M	07/13/1922	10/27/2011	11/28/2011
132486118	Sterns	Isabella	F	03/08/1937	11/08/2011	12/17/2011

TABLE 3.2: Source(s) of Information for Potentially Avoidable Event Reports.

Potentially Avoidable Event	OASIS-C Source
Emergent Care for Injury Caused by Fall	(M2300) Emergent Care (M2310) Reason for Emergent Care
Emergent Care for Wound Infections, Deteriorating Wound Status	(M2300) Emergent Care (M2310) Reason for Emergent Care
Emergent Care for Improper Medication Administration, Medication Side Effects	(M2300) Emergent Care (M2310) Reason for Emergent Care
Emergent care for Hypo/Hyperglycemia	(M2300) Emergent Care (M2310) Reason for Emergent Care
Development of Urinary Tract Infection	(M1600) Urinary Tract Infection
Increase in Number of Pressure Ulcers	(M1306) Unhealed Pressure Ulcer at Stage II or Higher (M1308) Current Number of Unhealed Pressure Ulcers at Each Stage
Substantial Decline in 3 or more Activities of Daily Living	(M1800) Grooming (M1830) Bathing (M1840) Toilet Transferring (M1845) Toileting Hygiene (M1850) Transferring (M1860) Ambulation/Locomotion (M1870) Eating
Substantial Decline in Management of Oral Medications	(M2020) Management of Oral Medications
Discharged to the Community Needing Wound Care or Medication Assistance	(M2100) Types and Sources of Assistance (M2420) Discharge Disposition (M1710) When Confused (M1324) Stage of Most Problematic Unhealed (Observable) Pressure Ulcer (M1342) Status of Most Problematic (Observable) Surgical Wound (M2020) Management of Oral Medications
Discharged to the Community Needing Toileting Assistance	(M2100) Types and Sources of Assistance (M1840) Toilet Transferring (M1845) Toileting Hygiene (M2420) Discharge Disposition
Discharged to the Community with Behavioral Problems	(M2100) Types and Sources of Assistance (M2420) Discharge Disposition (M1740) Cognitive, behavioral, and psychiatric symptoms
Discharged to the Community with an Unhealed Stage II Pressure Ulcer	(M2420) Discharge Disposition (M1307) The Oldest Non-epithelialized Stage II Pressure Ulcer that is present at discharge (M0030) Start of Care Date (M0032) Resumption of Care Date (M0906) Discharge/Transfer/Death Date

CHAPTER 4

USING REPORTS FOR THE OUTCOME-BASED QUALITY MONITORING (OBQM) PROCESS

A. OVERVIEW

Once an agency obtains its Agency Patient-Related Characteristics and Potentially Avoidable Event Reports, the staff can begin the outcome-based quality monitoring (OBQM) process. The report information allows the HHA to investigate specific outcomes from the Potentially Avoidable Event Report to determine if changes in care provision are indicated. We encourage agencies to investigate each of the potentially avoidable event outcomes presented in the report, as each event represents a potential problem in care delivery. The precise sequence in which an agency investigates these outcomes is influenced by its Agency Patient-Related Characteristics Report as well as the incidence rates of specific potentially avoidable event outcomes. If changes in care provision are indicated from this investigation, an improvement plan can be developed, implemented, and monitored over time to determine whether the desired changes are being consistently performed by agency clinical staff. Future Potentially Avoidable Event Reports will provide feedback to the agency on the success of these efforts.

B. STEPS IN THE QUALITY MONITORING PROCESS TO FOLLOW WITH THE POTENTIALLY AVOIDABLE EVENT REPORTS

The sequence of steps to follow in this quality monitoring process is:

- Review each report briefly to obtain an overall sense of the content;
- Review the Agency Patient-Related Characteristics Report in more detail;
- Prioritize the potentially avoidable event outcomes to investigate first;
- Identify the care provided to patients listed in the tabular Potentially Avoidable Event Report;
- Select instances of problematic care provision;
- Review clinical records for the selected cases;
- Develop an improvement plan that incorporates necessary changes in care delivery;
- Implement the improvement plan in the agency;
- Continued review of subsequent Potentially Avoidable Event Reports to determine whether the results of the care delivery have changed the incidence of the potentially avoidable events in the agency.

Each of these steps is discussed in more detail in the remainder of this chapter. As examples, we will utilize the Agency Patient-Related Characteristics and Potentially Avoidable Event Reports for Faircare Home Health Services for the report period of January through December 2011, (refer to Tables 2.1, 3.1, and Figure 3.1).

1. Big Picture Review

Review your agency's Agency Patient-Related Characteristics Report and graphical Potentially Avoidable Event Report to obtain an overall sense of the content. The purpose of this brief review is to obtain a broad sense of the contents. Use the Guidelines for Reviewing Agency Patient-Related Characteristics Reports and Potentially Avoidable Event Reports found in the Appendix of this manual for the review of each report.

2. Detailed Agency Patient-Related Characteristics Report Review

Conduct an in-depth review of the Agency Patient-Related Characteristics Report. This detailed review examines the types of patients for whom your agency is providing care, their characteristics at the start of a care episode, and discharge information. Such a review provides an opportunity to verify (or question) the accuracy of your perceptions of your agency's caseload. If you discover your perceptions are extremely different from the picture of your patients presented in the Agency Patient-Related Characteristics Report, OASIS data accuracy problems may exist. Keep this possibility in mind as you proceed with your review.

A large reference sample provides the comparison for your agency's patients in these reports. A large sample size increases the likelihood of statistically significant differences being found between your agency and the reference group, and you may find that not all significant differences are clinically meaningful. There are additional considerations to bear in mind, which we highlight in this section. The following points are helpful in evaluating the various sections of the report.

a. *What is my patients' average age?* Is this higher than, lower than, or about the same as the reference group? If there is a difference, is it statistically significant? Refer to Faircare's Agency Patient-Related Characteristics Report (Table 2.1). Note that Faircare's patients are younger than the reference group and the difference is statistically significant.

b. *Look at the Inpatient Discharge/Medical Regimen Change.* Do you tend to have more referrals from specific types of inpatient facilities? Did more patients experience recent changes in their medical regimen? Note that Faircare's patients were not particularly different from the reference sample in these areas.

c. *Review your patients' overall risk for hospitalization and overall status at the start of the episodes*. This is one area where you may begin to infer your patients' overall acuity level. Faircare's patients are different from those in the reference group with respect to having fewer medications. Faircare was not significantly different from the reference group in terms of risk factors.

d. *Scan the current living situation and assisting persons' availability.* The comparison with the reference group may or may not be meaningful to examine more closely; most agencies simply are interested in the raw data percentages of their own patients that fall into the various categories.

e. *Review your patients' care management needs.* Note that Faircare's patients need more assistance overall with ADLs, medication administration, and equipment management, but fewer need assistance with medical procedures.

f. *Review various aspects of your patients' sensory status, such as vision impairment and pain frequency.* Note that Faircare's patients are very similar to the reference group in nearly all these areas except that Faircare's patients are slightly more impaired in speech/ language.

g. *Review the data on your patient's integumentary status.* Faircare had a higher percentage of patients assessed at risk for pressure ulcers but fewer patients presenting with Stage III pressure ulcers. They also had a higher percentage of patients with surgical wounds, but fewer patients with other skin lesions requiring intervention.

h. *Consider physiologic health status indicators as you examine your patients' health status, including respiratory and elimination*. Note that Faircare has a higher percentage of patients with urinary incontinence or catheters.

i. *Examine aspects of your patients' neurologic/emotional/behavioral health status*. Faircare has a lower percentage of its patients with a memory deficit and impaired decision-making, but a higher percentage of patients who are delusional or hallucinatory.

j. *Assess your patients' overall functional status at SOC/ROC for both Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).* Look especially for highly significant differences between your patients and those in the reference group and determine whether those differences show your patients to be generally more impaired, generally less impaired, or possessing a mixed pattern of sometimes more impairments and sometimes less. In ADLs, Faircare's patients were significantly more impaired in toileting hygiene at SOC/ROC, but significantly less impaired in toilet and bed transferring. Overall, more of Faircare's patients experienced problems with the drug regimen at SOC/ROC, and they were overall more impaired in oral medication management.

k. *Examine the percentage of patients with acute or chronic conditions*. Note the highest frequencies within the agency in addition to the presence of significant differences from the reference group. For example, Faircare's most frequent acute condition is that of open wounds/lesions, followed by cardiac/peripheral vascular conditions. Faircare's most frequent chronic condition is that of dependence in medication administration, followed by chronic patient dependence with caregiver. Faircare is most significantly different from the reference group in its percentage of patients with enteral/parenteral nutrition requirements, gastrointestinal disorder, orthopedic conditions, chronic dependence in personal care, chronic impaired ambulation/mobility, and in the percentage of chronic patients who have caregivers present.

DATA QUALITY ALERT:

A high percentage of patients with contagious/communicable conditions should serve as a "red flag" of potential data quality problems to an agency. If an agency is surprised at the large percentage of its patients with contagious/communicable conditions, it is appropriate to check the ICD codes that have been entered into OASIS, particularly as responses to M1010 or M1016. If two-digit surgical procedure codes are erroneously entered in response to these items, they may be recognized by the data entry software as three-digit codes signifying contagious/communicable diseases (if data entry staff mistakenly enter a leading zero). An erroneously large number of patients are thus coded as having contagious/communicable diseases. (An example of this problem is the two-digit surgical procedure code for joint repair -- 81, if erroneously recorded in response to M1010 as 081, the data transmitted to the State system will reflect the medical diagnosis of "other typhus," which is an uncommon home care diagnosis.) Agencies with a statistically significantly large percentage of patients with contagious/communicable diseases are advised to investigate further for the possible presence of this type of error.

l. *Evaluate the highest frequency of diagnoses for which patients are receiving home care*. Note that Faircare has some areas where these diagnoses are significantly different from the reference group, including infectious/parasitic disease (another sign of the potential data accuracy problems described above), blood diseases, mental diseases, and genitourinary system diseases.

m. *Review your agency's average length of stay (LOS) to discharge (or transfer to an inpatient facility) and reasons for emergent care and hospitalization.* Faircare's LOS is significantly longer than the LOS for the reference sample and a higher percentage of patients are transferred to the hospital with stroke and wound infections.

3. Prioritize Potentially Avoidable Event Outcomes for Investigation

Next, proceed to the graphical Potentially Avoidable Event Report (see Figure 3.1). Using overall impressions of your agency's patients gathered from the Agency Patient-Related Characteristics Report, select those potentially avoidable event outcome(s) most relevant to your agency.

High-priority potentially avoidable event outcomes are those with (a) the most clinical relevance to the agency, and/or (b) the highest incidence as compared to the reference group. Using Faircare as an example, several potentially avoidable event outcomes stand out as potential outcomes for investigation. While not statistically significant, the Potentially Avoidable Event Report shows a higher percentage of Faircare's patients than the reference group experiencing Substantial Decline in Three or More ADLs, Substantial Decline in Management of Oral Medications, Discharged to the Community Needing Toileting Assistance, Discharged to the Community with Behavioral Problems, and Discharged to the Community with an Unhealed Stage II Pressure Ulcer.

Review the Agency Patient-Related Characteristics Report for changes from the previous period and differences from the reference sample. Consider whether your patient characteristics may highlight the need to investigate particular potentially avoidable event outcomes. For example, if an agency has a high percentage of patients with limitations in oral medication management

or with surgical wounds (as is the case for Faircare), then the outcomes of a) Substantial Decline in Oral Medication Management and b) Discharged to the Community Needing Wound Care or Medication Assistance may be particularly important to monitor.

4. Identify Patients Experiencing the Selected Potentially Avoidable Event Outcome

Once a specific potentially avoidable event outcome has been selected, refer to the tabular version of the Potentially Avoidable Event Report (see Table 3.1) to know which patients experienced the potentially avoidable event during the course of their care episode.

5. Select Cases to Investigate

Decide whether the episodes of care for all patients who experienced the potentially avoidable event, as listed in the tabular report, should be investigated or only a sample used. Agencies with a very large total caseload may find 100 or more patients listed, though the percentage of patients experiencing a potentially avoidable event may be two percent or fewer. Obviously, the detailed investigation of 100 or more episodes of care is a very burdensome activity. In this situation, agencies should sample from the listed cases. We suggest that a potentially avoidable event outcome investigation include at least 20 cases if more than 30 are represented in the total listing. Agencies such as Faircare with fewer than 30 cases listed for each potentially avoidable event should include every case in their investigation.

6. Review Clinical Records for Cases Selected

Using the SOC (or ROC) and the discharge (or transfer) dates listed in the report, review the clinical records of the listed patients.

a. Determine the Portion of an Episode to Review: Depending on the specific potentially avoidable event, the entire episode of care need not always be reviewed. For those events described as Emergent Care for ..., the specific instance(s) of emergent care will need to be located in the episode. The care review then should address at least a few visits that occurred prior to the emergent care. Other events should be investigated near the time of discharge from the agency (Discharged to the Community Needing...). The remaining potentially avoidable event outcomes (Development of a Urinary Tract Infection, Increase in Number of Pressure Ulcers, Substantial Decline in 3 or More Activities of Daily Living, and Substantial Decline in Management of Oral Medications) are most likely to require a closer review of the entire care episode.

b. Develop a Chart Audit Tool: When reviews are performed by more than one individual in the agency, the total number of reviews can be done quickly, and the implications for overall care provision can be determined sooner. However, multiple reviewers also increase the likelihood of inconsistency between the reviews. The development of a chart audit tool may be something to consider. An objective and specific chart audit tool decreases the potential for inconsistency between reviewers.

To develop such an audit tool, agency clinical staff can be asked to quickly list several clinical actions that would avoid the occurrence of the potentially avoidable event. These clinical actions can be compiled into the chart audit tool used for this review. Because it is suggested that the potentially avoidable event outcomes be investigated in their entirety over the course of several months, the chart audit tools can be refined and reused in response to future Potentially

Avoidable Event Reports. The audit tool also facilitates tallying findings from the reviews and formulating conclusions, even in those cases where one person conducts all the reviews.

c. Identify the Appropriateness of Care Provision: In reviewing the patient care provided, your agency investigative team should keep in mind the definition of potentially avoidable event as occurrences that *potentially* reflect a serious health problem or problem in quality of care for an individual patient. In the investigation of care, the team is likely to discover some instances of highly appropriate care and some instances where care might have been improved. For example, if Faircare's Quality Improvement (QI) Team begins an investigation of the potentially avoidable event Discharged to the Community with an Unhealed Stage II Pressure Ulcer, it would review all three instances where patients were discharged with ulcers. It is very possible that in one or more of those instances, the QI Team will discover that the patient was competent in independently performing wound care and pressure ulcer prevention, and was following up with a physician or wound care specialist on a frequent basis. The team would consider this to be appropriate care. In other instances, however, there may have been signs or symptoms of deteriorating wound status over several visits with no communication with the physician or no apparent recognition (on the part of the responsible clinician) of this deteriorating status. Faircare's QI team undoubtedly would regard this as evidence of inadequate care.

d. Summarize the Clinical Record Review: The conclusions derived from the clinical record review are summarized as an important document for use in the agency's total quality monitoring program. We strongly suggest that a summary include both instances of highly appropriate care provision and instances of problems in care provision. Such a summary of highly appropriate care provision is ideal to share with clinical staff as a powerful reinforcement of the worth of accurate OASIS data collection and the meaningful utility of the Potentially Avoidable Event Report. Such an opportunity should not be missed!

When problems in care provision are noted, your summarization will lead to the development of an improvement plan. The elements of such a plan are described in the next section.

7. Develop an Improvement Plan

Your agency will want to take steps to improve care in those areas where inadequate or problematic care provision is noted. This is best done through development of an improvement plan. Such a plan should include the following components:

a. Statement of the Problem: A clear identification of the problem in terms of patient care delivery is necessary. An example of a specific problem statement is: Patient ADL abilities and progress toward ADL goals were not adequately evaluated prior to discharge.

b. List of HHA Expectations for Best Practices: State the care practices expected to occur in the future. What are clinicians expected to do when they encounter patients with similar care problems/issues from now on? These statements also should be clearly stated expectations, such as -- patients at risk for pressure ulcers should be instructed on pressure ulcer prevention techniques including adequate nutrition, changing position frequently, maintaining skin hygiene, and avoiding bed shear.

c. Delineation of Action Strategies: Implementation allows the plan to move from paper to reality. You can facilitate this process with a clear delineation of action strategies and

appropriate delegation of responsibility/authority (e.g., the current teaching tool for use with patients at risk for pressure ulcers will be revised to include patient education on pressure ulcer prevention). Additional discussion of implementation approaches most effective in changing clinical care delivery and a sample Plan of Action can be found in Supplement A at the end of this chapter.

d. Mechanism for Monitoring and Evaluating New Care Practices: Identify ways to monitor the staff's use of new (or revised) care practices. Because home health care providers practice autonomously, modifying care practices is sometimes more challenging than in other clinical settings. Agency management staff should not simply "assume" that suggested practice modifications will necessarily occur. A monitoring approach might include the use of the chart audit tool to review records of discharged patients at specific intervals. If the monitoring activity involves clinical record review, this often can be incorporated into other chart review activities and completed in a few additional minutes.

e. Designation of the Appropriate Individual(s) or Group Within the Agency to Conduct the Monitoring Activities: A plan also identifies who will compile the results of the monitoring activities, when these results will be reviewed, and by whom. If clinical care delivery is not changing as desired, who will know this situation and when? This is important feedback for the group who puts the improvement plan into place. When developing your plan, you may find it helpful to use the sample Plan of Action provided in Supplement A to this chapter.

8. Implement the Improvement Plan as Designed

The plan itself includes all the necessary steps to follow, but it must actually be put into place for expected change to occur. This is comparable to making a resolution a reality.

9. Determine Effectiveness of the Improvement Plan

Determine whether the modification of clinical care practices has made a difference by examining the next Potentially Avoidable Event Report. Many agencies choose to review the reports on a quarterly basis. When the next Potentially Avoidable Event Report is available, it will be necessary to review the incidents (or a sample of the incidents) reported. *As you prepare for this review, remember that not every potentially avoidable event outcome represents a problem in care delivery.* Some events may reveal the presence of appropriate care. Therefore, it is unlikely for the incidence of any or all of these events to drop to zero, even with the implementation of more effective care practices. This perspective will help agency staff be realistic in their expectations of what the subsequent reports may look like.

We encourage home health agencies to investigate all the potentially avoidable events on the Potentially Avoidable Event Report, but this investigation can proceed in phases. The approach discussed in this section involves prioritizing outcome events for investigation. Once you have determined the priority order, the investigation can be integrated into your agency's routine quality program. This is the overall goal – to incorporate the monitoring of potentially avoidable event outcomes as part of an ongoing quality/performance improvement program.

C. SUMMARY

The use of the Potentially Avoidable Event and Agency Patient-Related Characteristics Reports to monitor the quality of care provided to home care patients allows the use of OASIS data for quality monitoring and improvement. From these reports, clinical staff can monitor the incidence rates for 12 potentially avoidable events, along with comparisons to national data and data from a previous time period. These reports and the related investigation of care processes help agencies move beyond "hunches" in evaluating quality of patient care to a system that continually monitors outcomes to assist agencies in focusing efforts on specific quality indicators. These reports represent an important step in using outcome data for quality improvement.

SUPPLEMENT A TO CHAPTER 4

CHANGING CLINICAL PRACTICE

The process of modifying clinicians' care practices to incorporate more effective evidence-based interventions has been studied in many health care settings. The challenges are probably greater in home care than in most other settings, given the autonomous nature of the practice site and considering that clinicians of varying disciplines provide care. Nonetheless, certain key factors have been identified as contributing to success in modifying care delivery.

Does the staff know what the change is? While seemingly obvious as an essential ingredient, this aspect of practice change is sometimes overlooked. This step needs to involve some type of educational component, whether formally or informally presented. Care processes should not be expected to change without the clinicians being informed of why the change is needed, what the new care processes are, and the rationale for the processes being selected for implementation. Periodic repetition of the information is also important to acknowledge and plan.

Has the necessary knowledge/skill (of the new process) been conveyed? Again, apparently an obvious step, but not always well implemented. This step also involves an educational and practice component. If performance of a procedure is involved, a return demonstration should be required. Make the educational experience brief but to the point (and fun).

Do organizational processes allow the change to occur? An extremely important step that acknowledges the reality that simply "telling" clinicians to change behavior is unlikely to produce the desired result. System modification is necessary for most process change to be fully implemented, and this is true of care delivery as well as other processes. Those responsible for planning and implementing new or modified approaches to care delivery also should be responsible for the review and possible modification of internal agency processes that support care delivery change. For example, this may include making new equipment available or modifying documentation that incorporates reminders of new processes or other similar internal system modifications.

Faircare Home Health Agency **(AGENCY NAME)**

Plan of Action for Quality Improvement

QUALITY IMPROVEMENT TEAM MEMBERS (Interdisciplinary)

1. Cathy Tims, RN, Clinical Mgr
2. Gray Williamson, RN, QI Coord
3. Darita Brinkman, PT
4. Roxy Boudreaux, SLP
5. Gene Thomas, RN
6.

Plan of Action Date 10/15/2011

Type of Quality Improvement Activity (select one):

☒ Outcome Based Quality Improvement (OBQI/OBQM) Report Date 10/01/11 Agency Target

☒ Remediation ☐ Reinforcement

☐ Process Quality Measure Report Date

Agency Target

Title of Target Outcome (OBQI/OBQM) OR Process Quality Measure(s):

Emergent Care for Injury Caused by Fall

Problem/Strength Statement(s):

1. Falls risk assessments are not consistently being performed for patients 65 years or older.
2. Falls prevention measures not consistently put into place for patients at risk for falls.

Identified Barriers:

1. Forms do not contain falls risk questions.
2. OT and SLP not trained in assessing falls risk.

HHA Expectations for Best Practices:

1. A multifactor falls risk assessment will be conducted for all patients aged 65 and older at SOC/ROC.
2. Falls prevention measures will be included on the plan of care and implemented/taught within 5 days of SOC/ROC for patients identified as "at risk" for falls.

Action Strategies:

Action	Time Frame		Responsible Person(s)	Details and Monitoring Approaches (and Frequency)
	Start	Finish		
a. Place multi-factor falls risk assessment in SOC/ROC charts	10/18/2011	11/01/2011	Cathy	Spot check 10 charts/month to ensure multi-factor falls risk assessment included in SOC/ROC paperwork.
b. Inservice all staff on administering multi-factor falls risk assessment and evaluating other falls risk factors for patients 65 and older	10/25/2011	11/01/2011	Darita	Review sign-in sheet to ensure all staff attend.
c. Inservice all staff on falls prevention measures	10/25/2011	11/01/2011	Darita	During quarterly chart review, check that patients identified as at risk for falls have falls prevention measures on plan of care and that implementation/ teaching documented in clinical notes.

SAMPLE PLAN OF ACTION (cont'd)

Evaluation:

a. Review of Plan:

Date: 11/15/2011
Responsible person(s): Gray
Results:

b. Next Outcome Report (OBQI/OBQM) OR Process Quality Measure Report:

Date: 02/01/2012
Results:
Next Step(s):

c. Monitoring Activities:

(1) Activity: Quarterly clinical record review.

Date Completed:
Finding:
Response:

(2) Activity: Monthly review of patients with Emergency Dept visits and rehospitalization.

Date Completed:
Finding:
Response:

(3) Activity:

Date Completed:
Finding:
Response:

(4) Activity:

Date Completed:
Finding:
Response:

CHAPTER 5

ROLE OF THESE REPORTS IN THE AGENCY'S OVERALL QUALITY PROGRAM

The Conditions of Participation for Medicare-certified home health agencies at §484.52 require an overall evaluation of the agency's total program at least annually and clinical record review at least quarterly. Patient care services are identified as one component of the agency's total program that must be included in this evaluation. The use of the Agency Patient-Related Characteristics and Potentially Avoidable Event Reports to review and improve patient care delivery may be useful in meeting these program evaluation components.

In addition, State survey agencies incorporate the Potentially Avoidable Event Reports into their pre-survey preparation (off-site) as well as onsite during the actual survey. Specific potentially avoidable event outcomes and their potential incorporation in the survey process are included in this chapter.

A. CURRENT REGULATORY REQUIREMENTS

Condition of Participation: Evaluation of the Agency's Program - §484.52

The HHA has written policies requiring an overall evaluation of the agency's total program at least once each year by a group of professional advisory personnel (or a committee of this group), HHA staff, and consumers, or by professional individuals outside the agency working in conjunction with consumers. The evaluation consists of an overall policy and administrative review and a clinical record review. The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective, and efficient. Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency and are maintained separately as administrative records.

1. Standard: Policy and Administrative Review -§484.52(a)

As part of the evaluation process, the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective, and efficient. Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.

2. Standard: Clinical Record Review - §484.52(b)

At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement. There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care.

B. USING POTENTIALLY AVOIDABLE EVENT REPORTS TO ADDRESS THE REGULATORY REQUIREMENTS

In Standard §484.52(a), the agency is expected to have in place policies and administrative practices to promote patient care that is appropriate, adequate, effective, and efficient. Further, it is noted that mechanisms are established in writing for the collection of pertinent data to assist in evaluation.

The investigation of potentially avoidable event outcomes provides evidence of the agency's review of potential problems in care provision. If problems in care provision are discovered, the development and implementation of the improvement plan demonstrates the agency's goal(s) of overcoming or minimizing existing problems. The use of a chart audit tool for the potentially avoidable event outcome investigation provides evidence of the systematic collection of data to assist in evaluating patient care.

In utilizing the potentially avoidable event outcome investigation to address this standard, the HHA in its policies and administrative practices should identify the way(s) in which this investigation contributes to the ongoing monitoring of patient care. Agency policies and procedures must address how the reports are incorporated into the program evaluation. Summaries of the potentially avoidable event investigation findings also can be included in the description of this overall evaluation process.

In Standard §484.52(b), a quarterly record review is required to determine whether established agency policies are being followed in the provision of care. Two aspects of the Potentially Avoidable Event Report investigation address this standard. It is expected that the chart audit tool used to investigate the potentially avoidable event outcome(s) will incorporate any relevant agency policies for care provision. The monitoring of clinician compliance with new or revised care practices likewise should incorporate relevant agency policies. When the investigation process is conducted in a phased manner, as presented in Chapter 4, the potentially avoidable event can be investigated and monitored on a quarterly basis. In this way, the associated record review is incorporated into an agency's current quality monitoring requirements.

The investigation of potentially avoidable event outcomes described in Chapter 4 thus becomes part of the agency's overall quality monitoring and improvement program. While these reports represent many agencies' first exposure to the use of outcomes for quality improvement activities, the utility of the reports for the agency's overall quality monitoring program is clear. The benefit to patients is also evident as agencies focus on continuously improving the quality of care they provide.

C. USING POTENTIALLY AVOIDABLE EVENT REPORTS IN THE SURVEY PROCESS

State survey agencies, as well as HHAs, have access to the Potentially Avoidable Event Reports. State survey agencies review available reports prior to going onsite as part of their pre-survey preparation; the reports may assist them to identify areas of focus during the onsite survey.

Surveyors will also conduct onsite review during the actual survey. Surveyors will expect HHAs to be using the information in the reports to improve their patient outcomes. Surveyors will review the HHA’s response to its own reports; that is, the agency’s use of the reports for quality monitoring will be assessed. Those reviews of clinical practices, policies, and procedures will

be of particular interest to surveyors, including how the agency addresses any systemic issues that may be present in an effort to reduce the incidence of potentially avoidable events in the future.

For example, surveyors may review the specific patient situations included in the Potentially Avoidable Event Reports to determine whether any events might have been prevented. Another focus of the surveyor's review may be to determine whether any of the potentially avoidable event outcomes were due to non-compliance with the Conditions of Participation on the part of the HHA.

Table 5.1 presents a few examples of potentially avoidable event outcomes and actions the surveyor could potentially take as part of his/her investigation during a survey.

TABLE 5.1: Example Potentially Avoidable Event and Possible Surveyor Action.

Potentially Avoidable Event	Possible Surveyor Action and Relationship to Conditions of Participation
1. Emergent Care for Injury Caused by Fall	Surveyors may review the comprehensive assessment to determine if any identified safety hazards were discussed with the patient and to review if the plan of care included any safety measures necessary to protect against injury, as required by 42 CFR 484.18. Surveyors will also review the patient's condition, diagnosis, medications, and plan of care to identify whether the HHA used the comprehensive assessment to make sound care planning decisions appropriate to the patient's needs.
2. Emergent Care for Wound Infections, Deteriorating Wound Status	Surveyors can review the comprehensive assessment and plan of care to see if any additional action on the part of the HHA might have prevented an emergency room visit or prevented wound deterioration. Was the patient's wound evaluated during the visits? Was the physician notified promptly of any changes in wound status that suggested a need to alter the plan of care? This relates to the plan of care requirements at 42 CFR 484.18(b).
3. Emergent Care for Improper Medication Administration, Medication Side Effects	Surveyors can review the comprehensive assessment and plan of care to see if the HHA complied with the requirements included as part of the comprehensive assessment at 42 CFR 484.55 (c). Did the HHA include a review of all medications the patient was using to identify potential adverse effects and drug reactions, ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy?

TABLE 5.1: Example Potentially Avoidable Event and Possible Surveyor Action. (cont'd)

Potentially Avoidable Event	Possible Surveyor Action and Relationship to Conditions of Participation
4. Substantial Decline in Three or More Activities of Daily Living	Surveyors can review the initial assessment and ongoing clinical notes to determine if the patient's functional abilities had declined in relation to the specific care planned and provided by the HHA. If the patient's clinical and functional abilities were worsening, surveyors will review if intervening actions were instituted and recorded appropriately. Surveyors may review the coordination between staff to see if their efforts were coordinated effectively to support the objectives outlined in the plan of care, as required by 42 CFR 484.14(g).
5. Substantial Decline in Management of Oral Medications	Surveyors can review the comprehensive assessment, plan of care, and visit notes to determine when or if the HHA identified the patient's decline in managing his/her medications and what steps, if any, the HHA took to address the situation. Did the HHA notify the physician of the need to alter the plan of care? This relates to the requirement at 42 CFR 484.18.

The Agency Patient-Related Characteristics and Potentially Avoidable Event Reports thus can be used by both HHAs and by the State survey agency to assess the quality of care provided to an HHA's patients. Agencies are strongly encouraged to take advantage of the information presented in the reports for their ongoing quality monitoring and improvement programs.

APPENDIX

Guidelines for Reviewing

Agency Patient-Related Characteristics Reports

and

Potentially Avoidable Event Reports

Revised: June 2010

Centers for Medicare & Medicaid Services

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Basic Information Regarding the Agency Patient-Related Characteristics and Potentially Avoidable Event Reports

The Agency Patient-Related Characteristics and Potentially Avoidable Event Reports are produced by CMS for home health agency use in Outcome-Based Quality Improvement (OBQI) and Outcome-Based Quality Monitoring (OBQM). In these guidelines, the reports are described, key terms are defined, and "How to Read" instructions are presented for each report. In both the Agency Patient-Related Characteristics and Potentially Avoidable Event reports, the findings pertaining to a single agency are compared with a reference group and to the agency's own data from a previous time period. The reference sample for the reports consists of patients served by all home health agencies reporting OASIS data under Medicare Conditions of Participation.

A. The Agency Patient-Related Characteristics Report

The Agency Patient-Related Characteristics Report shows patient attributes or circumstances present at start of care (or resumption of care) that are likely to impact health status (such as a patient's environmental or living conditions, demographics, and baseline health status) and at agency discharge (such as length of stay, reasons for emergent care, reasons for hospitalization). For the report, individual (patient-level) characteristics information is aggregated to the agency level to describe the health status of all the agency's patients at admission/resumption of care. Agency patient-related characteristics measures then are compared to the reference sample so that differences between the agency's patients and the reference sample of patients are identified. Reports also include a comparison to the same agency's patients during an earlier time period.

In view of the large number of factors included in the Agency Patient-Related Characteristics Report, as well as the large size of the reference sample, it is natural that a number of statistically significant differences will appear between a single agency's patient-related characteristics and the average patient-related characteristics of the total reference sample. In comparing "current" to "reference" data in the Agency Patient-Related Characteristics Reports, a single asterisk [*] corresponds to the .01 level of significance (i.e., a 1% probability that the observed difference is due to chance) and the double asterisk [**] corresponds to the .001 level. For the current and prior comparison, plus signs (+ or ++) are used to indicate significance values. Even relatively small agency patient-related characteristics differences are sometimes asterisked as statistically significant because of the large reference sample size. Agencies are cautioned not to "over-infer" about relatively small differences simply because of statistical significance, but to review the data to see if the differences are clinically meaningful. For example, because of large sample sizes, the agency may find a statistical significant difference between their patient average age of 77 and the national reference group average of 78. However, this difference may not be clinically meaningful to the agency.

The Agency Patient-Related Characteristics Report can serve multiple purposes independent of other reports produced for OBQI/OBQM, such as providing a descriptive overview of the types of patients admitted to an agency, monitoring the extent of changes in the population served over the course of time, and aiding public relations or marketing to payers and consumers. Agencies also will find it useful for staffing or clinical programmatic needs to monitor changes in agency patient-related characteristics over time.

Key Terms: The following definitions of several key terms may help you better understand the reports.

- **Significance***:* Statistical significance is relevant when comparing the "current" values to "reference" values and “current” values to “prior” values in the Agency Patient-Related Characteristics Report. It can be understood as the probability that a difference between two rates or averages is due to chance rather than due to a "real" difference between the two populations compared. If the statistical significance value is numerically high, then we consider it likely that any difference observed is due to chance. Statistical significance is related to the magnitude of the observed difference and the number of cases. A relatively large difference may be non-significant when sample size is low, while a large sample size will produce significant results with a smaller observed difference.

- **Criteria for Acute Conditions**: On the last page of the Agency Patient-Related Characteristics Report, prevalence values are given for patients categorized with acute conditions. The inclusion of patients in these groups is based on the following criteria. The categories are not mutually exclusive.

  Orthopedic Conditions

  Patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of start or resumption of care (SOC/ROC), or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if any medical diagnosis pertaining to those events is related to the musculoskeletal system, including disorders of cartilage or other connective and soft tissues.

  Neurologic Conditions

  Patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of SOC/ROC, or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if any medical diagnosis pertaining to those events relates to the nervous system.

  Open Wounds / Lesions

  Patients are included in this group if they have an open wound or skin lesion that is receiving intervention. Also, patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of SOC/ROC, or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if any medical diagnosis pertaining to those events relates to an open wound or skin lesion.

  Cardiac/Peripheral Vascular Conditions

  Patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of SOC/ROC or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if any medical diagnosis pertaining to those events relates to the circulatory system.

  Pulmonary Conditions

  Patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of SOC/ROC, or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if any medical diagnosis pertaining to those events relates to respiratory function.

Diabetes Mellitus

Patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of SOC/ROC, or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if any medical diagnosis pertaining to those events is diabetes mellitus.

Gastrointestinal Disorders

Patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of SOC/ROC, or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if any medical diagnosis pertaining to those events is related to the digestive system.

Contagious/Communicable Conditions

Patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of SOC/ROC, or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if any medical diagnosis pertaining to those events is related to infections or parasitic diseases.

Urinary Incontinence/Catheter

Patients who were discharged from a hospital, rehabilitation facility, or nursing home within 14 days of SOC/ROC, or who experienced a medical or treatment regimen change within 14 days of SOC/ROC are included in this group if the patient is incontinent of urine or if the patient has a new indwelling catheter.

Mental/Emotional Conditions

Patients receiving psychiatric nursing services at home are included in this group.

Oxygen Therapy

Patients receiving either intermittent or continuous oxygen therapy at home are included in this group.

IV/Infusion Therapy

Patients receiving intravenous or infusion therapy at home, such as hydration, or intravenous, subcutaneous, or intrathecal therapy for pain control, are included in this group.

Enteral/Parenteral Nutrition

Patients receiving enteral or parenteral nutrition at home, such as gastrostomy tube feedings or hyperalimentation, are included in this group.

Ventilator Therapy

Patients receiving continuous or intermittent ventilation therapy at home are included in this group.

- **Criteria for Chronic Conditions**: Patients who were not discharged from an inpatient facility (hospital, rehabilitation facility, or nursing home) within 14 days of SOC/ROC, and who did not experience a change in medical or treatment regimen within 14 days of SOC/ROC are assigned to a chronic group if they meet specified levels of dependency (or conditions for membership) for that group. Patients who were discharged from an inpatient facility within 14 days of SOC/ROC or who did experience a change in medical or treatment regimen within 14 days of SOC/ROC are assigned to a chronic group if and only

if they met the specified levels of dependency/conditions for membership for that condition prior to the inpatient stay/medical regimen change.

The inclusion of patients in these groups is based on the following criteria. These categories are not mutually exclusive.

Dependence in Living Skills

Patients who meet the criteria for inclusion in chronic conditions are assigned to this group if they are unable to prepare main meals on a regular basis and require the assistance of another person for one or more of the following: laundry, housekeeping, shopping, finances, or ability to use the telephone. The assistance required is necessary for routine or normal performance of the activity.

Dependence in Personal Care

Patients who meet the criteria for inclusion in chronic conditions are assigned to this group if they require the assistance of another person for one or more of the following: bathing; grooming (combing or brushing hair, shaving or applying makeup, cleaning teeth or dentures, or trimming fingernails); or dressing of upper or lower body.

Impaired Ambulation/Mobility

Patients who meet the criteria for inclusion in chronic conditions are assigned to this group if they require the routine assistance of another person for toilet transferring, toileting hygiene, transferring, or ambulation/locomotion.

Urinary Incontinence/Catheter

Patients who meet the criteria for inclusion in chronic conditions are assigned to this group if they are incontinent of urine or have an indwelling/suprapubic catheter.

Dependence in Medication Administration

Patients who meet the criteria for inclusion in chronic conditions are assigned to this group if they require the assistance of another person for taking oral medications or injectable medications.

Chronic Pain

Patients who meet the criteria for inclusion in chronic conditions are assigned to this group if they have been or are currently experiencing intractable or severe pain.

Cognitive/Mental/Behavioral

Patients who meet the criteria for inclusion in chronic conditions are assigned to this group if they require assistance because they demonstrate one or more of the following behaviors at least once a week:

1) memory deficit,
2) impaired decision making,
3) verbal disruption,
4) physical aggression,
5) disruptive, infantile, or socially inappropriate behavior (excludes verbal actions), or
6) delusions, hallucinations, or paranoid ideations.

Chronic Patient with Caregiver

Patients are included in this group if they have been assigned to one or more chronic conditions and an assisting person (caregiver) resides in the home.

- **Diagnoses for Which Patients Are Receiving Home Care**: Patients are assigned to each of these diagnostic categories if they are receiving home care for a diagnosis belonging to that category (excluding diagnoses that are currently asymptomatic). A patient may have several home care diagnoses and may, therefore, belong to more than one diagnosis category.

B. The Potentially Avoidable Event Report

For the Potentially Avoidable Event Report, a potentially avoidable event is defined as a low-frequency negative or untoward event that potentially reflects a serious health problem or decline in health status for an individual patient. They are important to include in an agency's overall quality measurement program (due to their serious and potentially preventable nature) as indicators of quality of care.

Owing to the nature of potentially avoidable events, it is appropriate for an agency to investigate how and why the event occurred for individual patients. Ultimately, potentially avoidable event investigation can occur at regular intervals in an agency in a manner similar to investigation of incident reports. The agency's goal in the investigation is to attempt to lower the agency incidence of the untoward event to the extent possible.

The 12 potentially avoidable events included in the Potentially Avoidable Event Report are defined in terms of patient condition at time of discharge, or events that occur during the home care episode. Table A.1 provides specific information on how the measures are defined. One of the measures, Emergent Care for Injury Caused by Fall, no longer specifically refers to falls occurring in the home.

TABLE A.1: Definition of Potentially Avoidable Events.

Measure Title	Measure Description	OASIS C Item(s) Used
Emergent Care for Injury Caused by Fall	Percentage of patients who need urgent, unplanned medical care due to an injury caused by fall.*	(M2300) Emergent Care (M2310) Reason for Emergent Care
Emergent Care for Wound Infections, Deteriorating Wound Status	Percentage of home health episodes of care during which the patient required emergency medical treatment from a hospital emergency department related to a wound that is new, is worse, or has become infected.	(M2300) Emergent Care (M2310) Reason for Emergent Care

* Regardless of where the fall occurred.

TABLE A.1: Definition of Potentially Avoidable Events. (cont'd)

Measure Title	Measure Description	OASIS C Item(s) Used
Emergent Care for Improper Medication Administration, Medication Side Effects	Percentage of home health episodes of care during which the patient required emergency medical treatment from a hospital emergency department related to improper medication administration or medication side effects.	(M2300) Emergent Care (M2310) Reason for Emergent Care
Emergent Care for Hypo/Hyperglycemia	Percentage of home health episodes of care during which the patient required emergency medical treatment from a hospital emergency department related to hypo/hyperglycemia.	(M2300) Emergent Care (M2310) Reason for Emergent Care
Development of Urinary Tract Infection	Percentage of home health episodes of care during which patients developed a bladder or urinary tract infection.	(M1600) Urinary Tract Infection
Increase in Number of Pressure Ulcers	Percentage of home health episodes of care during which the patient had a larger number of pressure ulcers at discharge than at start of care.	(M1306) Unhealed Pressure Ulcer at Stage II or Higher (M1308) Current Number of Unhealed Pressure Ulcers at Each Stage
Substantial Decline in 3 or More Activities of Daily Living	Percentage of home health episodes of care during which the patient became substantially more dependent in at least three out of six activities of daily living.	(M1800) Grooming (M1830) Bathing (M1840) Toilet Transferring (M1845) Toileting Hygiene (M1850) Transferring (M1860) Ambulation/Locomotion
Substantial Decline in Management of Oral Medications	Percentage of home health episodes of care during which the patient's ability to take their medicines correctly (by mouth) got much worse.	(M2020) Management of Oral Medications
Discharged to the Community Needing Wound Care or Medication Assistance	Percentage of home health episodes of care at the end of which the patient was discharged, with no assistance available, needing wound care or medication assistance.	(M2100) Types and Sources of Assistance (M2420) Discharge Disposition (M1710) When Confused (M1324) Stage of Most Problematic Unhealed (Observable) Pressure Ulcer (M1342) Status of Most Problematic (Observable) Surgical Wound (M2020) Management of Oral Medications

TABLE A.1: Definition of Potentially Avoidable Events. (cont'd)

Measure Title	Measure Description	OASIS C Item(s) Used
Discharged to the Community Needing Toileting Assistance	Percentage of home health episodes of care at the end of which the patient was discharged, with no assistance available, needing toileting assistance.	(M2100) Types and Sources of Assistance (M1840) Toilet Transferring (M1845) Toileting Hygiene (M2420) Discharge Disposition
Discharged to the Community with Behavioral Problems	Percentage of home health episodes of care at the end of which the patient was discharged, with no assistance available, demonstrating behavior problems.	(M2100) Types and Sources of Assistance (M2420) Discharge Disposition (M1740) Cognitive, behavioral, and psychiatric symptoms
Discharged to the Community with an Unhealed Stage II Pressure Ulcer	Percentage of home health episodes of care at the end of which the patient was discharged with a stage II pressure ulcer that has remained unhealed for 30 days or more.	(M2420) Discharge Disposition (M1307) The Oldest Non-epithelialized Stage II Pressure Ulcer that is present at discharge (M0030) Start of Care Date (M0032) Resumption of Care Date (M0906) Discharge/Transfer/Death Date

How to Read the Agency Patient-Related Characteristics Report

The key features of the Agency Patient-Related Characteristics Report are listed below. In view of the large number of factors in the report, it is natural to expect that some differences should appear between a single agency's patient-related characteristics and the average patient-related characteristics of the reference sample. Each report feature is numbered and corresponds to a pointer in the sample report on the next page. This is a hypothetical Agency Patient-Related Characteristics Report for "Faircare Home Health Services." Note: both the agency data and reference values are hypothetical.

① **Current Mean:** Values in this column reflect agency patient-related characteristics averages (means) based on data collected during the actual current period indicated in the upper right corner (in this example, this is 01/2011 to 12/2011). These values correspond to means or averages at start (or resumption) of care (SOC/ROC) for all patients discharged (or transferred to a facility, or death at home) during the report period.

② **Prior Mean:** Values in this column reflect agency patient-related characteristics averages (means) based on data collected during the prior period indicated in the upper right corner (in this example, this is 01/2010 to 12/2010). These values correspond to means or averages at start (or resumption) of care (SOC/ROC) for all patients discharged (or transferred to a facility, or death at home) during the report period.

③ **Reference Mean:** Values in this column reflect agency patient-related characteristics averages based on a nationally representative sample of patients from all agencies submitting OASIS data. Episode of care data ending between the beginning of January 2011 to the end of December 2011 (the same time period as that represented by Faircare's data) are included in the reference sample.

④ **Significance:** Indicates whether or not a statistically significant difference exists between the "current" and "reference" means or the “current” and “prior” means. Significance levels of .01 or lower are marked with a single asterisk (*) and levels of .001 or lower are marked with a double asterisk [**]. For the current and prior comparison, plus signs (+, ++) are used to indicate significance values. When a significance value is low (for example, .01), the results may be important because there is only a small probability (in this case, 1%) that the difference is due to chance. We suggest you examine only differences where the significance value is 1% or less, as indicated by the asterisks.

In fact, primarily because of the large reference sample, Agency Patient-Related Characteristics Reports may contain a substantial number of significant differences. When this occurs (as it frequently does, particularly for agencies with large numbers of patients), you should be attentive only to large differences between the means within the total group of asterisked (or plus sign) differences.

⑤ **Agency Patient-Related Characteristics Attributes Measured Using Scales:** Results for attributes measured using a health status scale (for example, a scale that takes on values between 0 and 5 as indicated by "0-5" after the attribute name) are expressed in terms of the average scale value for the attribute. **The scale values are determined by the answer options provided for the specific data item in the OASIS.** In general, higher scale values represent more impairment or a more severe condition than lower numeric values for the same measure.

Example: Under the section on Types of Assistance Provided, IADLs, the sample report shows that for Frequency of ADL / IADL, which is measured on a 1-5 scale, the average scale value for the current cases of Faircare Home Health Services is 2.89, compared with a mean of 2.68 for the prior period, and 2.68 for the reference sample. This indicates slightly more disability on this measure for Faircare's patients (a non-significant difference) compared to the prior period and compared to the reference average.

⑥ **Agency Patient-Related Characteristics Attributes Measured as Prevalences:** Results for attributes that are measured not by scales, but by simply presence or absence, have a "%" next to them. The values in the "Current Mean," “Prior Mean,” and "Reference Mean" columns provide the percentage of patients with a given attribute.

Example: Under Therapies, the percentage of patients with IV/infusion therapy at start of care for Faircare Home Health Services is 7.2% in the current sample compared with 7.0% for the prior time period and 6.4% in the reference sample (nonsignificant differences).

Agency Patient-Related Characteristics Report

Agency Name: Faircare Home Health Services
Agency I D: H H A 01
Location: Anytown, U S A
C C N: 0 0 9 0 0 1 **Branch:** All
Medicaid Number: 9 9 9 8 8 8 0 0 1
Date Report Printed: 03/21/2012

Requested Current Period: 01 / 2011 – 12 / 2011
Requested Prior Period: 01 / 2010 – 12 / 2010
Actual Current Period: 01 / 2011 – 12 / 2011
Actual Prior Period: 01 / 2010 – 12 / 2010
 # Cases: Current 601 Prior 551
Number of Cases in Reference Sample: 3289067

(1) (2) (3) (4)

	Current Mean	Prior Mean	Ref. Mean
PATIENT HISTORY			
Demographics			
Age (years)	70.75	70.96	72.78*
Gender: Female (%)	69.4%	66.6%	62.9%**
Race: Black (%)	1.7%	1.6%	10.7%**
Race: White (%)	97.5%	97.8%	85.5%**
Race: Other (%)	0.8%	0.7%	3.8%**
Payment Source			
Any Medicare (%)	80.4%	81.5%	82.6%
Any Medicaid (%)	12.9%	14.4%	14.3%
Any HMO (%)	3.0%	2.9%	5.8%**
Medicare HMO (%)	1.3%	1.2%	2.2%
Other (%)	19.9%	23.5%+	21.9%
Episode Start			
Episode timing: Early (%)	74.7%	73.1%	78.7%*
Episode timing: Later (%)	20.5%	21.1%	14.1%**
Episode timing: Unknown (%)	4.8%	5.8%	7.2%
Inpatient Discharge / Medical Regimen Change			
Long-term nursing facility (%)	1.3%	1.2%	2.2%
Skilled nursing facility (%)	2.1%	1.9%	2.1%
Short-stay acute hospital (%)	27.3%	30.0%	27.2%
Long-term care hospital (%)	64.6%	60.9%	62.2%
Inpatient rehab hospital/unit (%)	2.3%	2.0%	3.3%
Psychiatric hospital/unit (%)	1.3%	1.3%	1.6%
Medical regimen change (%)	99.2%	98.5%	86.5%*
Prior Conditions			
Urinary incontinence (%)	3.7%	2.8%	6.1%*
Indwelling/suprapubic catheter (%)	4.4%	5.1%	5.3%**
Intractable pain (%)	9.3%	9.6%	14.1%**
Impaired decision-making (%)	3.3%	2.8%	2.6%
Disruptive / Inapprop. behav. (%)	2.2%	2.2%	2.0%
Memory loss (%)	3.1%	3.0%	3.4%
None listed (%)	57.0%	62.1%++	55.9%
No inpat. dc/No med. Reg. chg (%)	33.0%	28.0%++	26.4%**
Therapies			
IV/infusion therapy (%) (6)	7.2%	7.0%	6.4%
Parenteral nutrition (%)	1.8%	1.6%	3.3%
Enteral nutrition (%)	4.1%	4.1%	4.1%
GENERAL HEALTH STATUS			
Hospitalization Risks			
Recent decline mental/emot/behav (%)	7.2%	7.0%	6.4%
Multiple hospitalizations (%)	1.8%	1.6%	3.3%
History of falls (%)	62.9%	58.7%	56.8%
5 or more medications (%)	67.7%	74.6%	81.2%**
Frailty factors (%)	4.3%	4.2%	3.7%
Other (%)	0.5%	0.5%	0.3%
None (%)	8.7%	8.9%	11.6%
Overall Status			
Overall status (0-3)	1.06	1.15	1.89**
Unknown / Unclear (%)	5.6%	5.0%	5.9%
Other Risk Factors			
Smoking (%)	33.3%	32.8%	32.4%
Obesity (%)	62.9%	58.7%	56.8%
Alcohol dependency (%)	0.5%	0.5%	0.3%
Drug dependency (%)	2.2%	2.2%	1.8%
None (%)	18.9%	21.3%	19.8%

	Current Mean	Prior Mean	Ref. Mean
LIVING ARRANGEMENT / ASSISTANCE			
Current Situation			
Lives alone (%)	33.3%	32.8%	32.4%
Lives with others (%)	34.7%	32.4% +	34.9%
Lives in congregate situation (%)	32.0%	34.8%	32.7%
Availability			
Around the clock (%)	39.0%	40.2%	38.2%
Regular daytime (%)	0.9%	0.7%	3.9%
Regular nighttime (%)	0.5%	0.3%	2.0%
Occasional (%)	22.0%	21.6%	21.3%
None (%)	37.7%	37.2%	34.5%**
CARE MANAGEMENT			
ADLs			
None needed (%)	63.4%	60.3%	71.9%**
Caregiver currently provides (%)	21.9%	23.8%	16.9%
Caregiver training needed (%)	10.0%	10.8%	7.4%
Uncertain/Unlikely to be provided (%)	3.7%	4.0%	2.0%
Needed, but not available (%)	1.0%	1.1%	1.8%
IADLs			
None needed (%)	77.1%	80.9%	67.5%**
Caregiver currently provides (%)	13.1%	10.8%	18.9%*
Caregiver training needed (%)	6.6%	5.4%	9.4%
Uncertain/Unlikely to be provided (%)	2.2%	1.8%	3.1%
Needed, but not available (%)	1.0%	1.1%	1.1%
Frequency of ADL / IADL (1-5) (5)	2.89	2.68	2.68
Medication Administration			
None needed (%)	48.6%	51.0%	58.9%**
Caregiver currently provides (%)	30.9%	29.4%	24.6%
Caregiver training needed (%)	15.4%	14.7%	12.3%
Uncertain/Unlikely to be provided (%)	5.1%	4.9%	4.1%
Needed, but not available (%)	1.0%	1.1%	1.8%
Medical Procedures			
None needed (%)	79.3%	80.6%	77.5%*
Caregiver currently provides (%)	9.8%	8.6%	10.0%
Caregiver training needed (%)	5.9%	4.3%	5.0%
Uncertain/Unlikely to be provided (%)	2.0%	1.4%	1.7%
Needed, but not available (%)	5.0%	5.1%	5.8%
Management of Equipment			
None needed (%)	70.3%	71.6%	71.1%*
Caregiver currently provides (%)	13.7%	13.0%	13.3%
Caregiver training needed (%)	8.9%	8.5%	8.7%
Uncertain/Unlikely to be provided (%)	3.0%	2.7%	2.1%
Needed, but not available (%)	4.0%	4.1%	4.8%
Supervision / Safety			
None needed (%)	85.3%	87.7%	88.1%
Caregiver currently provides (%)	8.8%	7.4%	7.1%
Caregiver training needed (%)	3.3%	2.7%	1.8%
Uncertain/Unlikely to be provided (%)	1.5%	1.2%	1.2%
Needed, but not available (%)	1.1%	1.0%	1.8%
Advocacy			
None needed (%)	69.1%	66.6%	68.4%
Caregiver currently provides (%)	16.6%	18.0%	16.2%
Caregiver training needed (%)	9.3%	10.0%	9.5%
Uncertain/Unlikely to be provided (%)	3.1%	3.3%	3.2%
Needed, but not available (%)	2.0%	2.1%	2.8%

How to Read the (Graphical) Potentially Avoidable Event Report

The key features of the (graphical) Potentially Avoidable Event Report are listed below. Each feature is numbered and corresponds to a pointer in the sample report on the next page. This is a hypothetical Potentially Avoidable Event Report for "Faircare Home Health Services." Note: both the agency data and reference data are hypothetical.

① **Requested/Actual Current Period**: This period is defined by two dates (Requested = 01/2011-12/2011 and Actual = 01/2011-12/2011 that encompass all episodes of care based on discharge/transfer date, which contributed to the Potentially Avoidable Event Report. Note: These are reported in calendar month increments only, and the time period is inclusive of the starting and ending months. While this sample report is for a 12-month period, agencies may specify other time periods (e.g., one quarter).

② **Number of Cases in Current and Prior Period**: The number of (Faircare's) patients in the current and prior reporting periods for whom data were analyzed to produce the Potentially Avoidable Event Report. If a patient was admitted and discharged more than once in the period, each episode of care is counted as a case. For agencies that place patients admitted to an inpatient facility on "hold" status (meaning that patients who are admitted to an inpatient facility for 24 hours or longer are not discharged from the agency), an episode of care ends with an admission to the inpatient facility. A new episode of care begins at resumption of care.

③ **Number of Cases in Reference Sample**: The total number of reference or comparison cases used to derive the reference incidence rates for the Potentially Avoidable Event Report. This is a national sample of home health episodes ending between 01/2011-12/2011 (the same time interval as the "current" period for Faircare's patients).

The following terms pertain to each of the separate potentially avoidable events for which findings are presented (e.g., emergent care for falls, emergent care for wounds or infections).

④ **Eligible Cases**: The number of patients (at Faircare or in the reference sample) for whom each specific potentially avoidable event could have occurred. This number varies from one specific potentially avoidable event to another, primarily due to the selective inclusion of patients determined to be "at risk" for specific avoidable events.

⑤ **Agency Incidence**: The number of potentially avoidable events that occurred in the agency sample divided by the number of eligible cases for that potentially avoidable event measure, expressed as a percentage.

Example: The number of eligible cases for Substantial Decline in Management of Oral Medications is 372 at Faircare Home Health Services. Since this particular potentially avoidable event occurred for 4 cases, then the agency incidence is 4/372 or 1.1%.

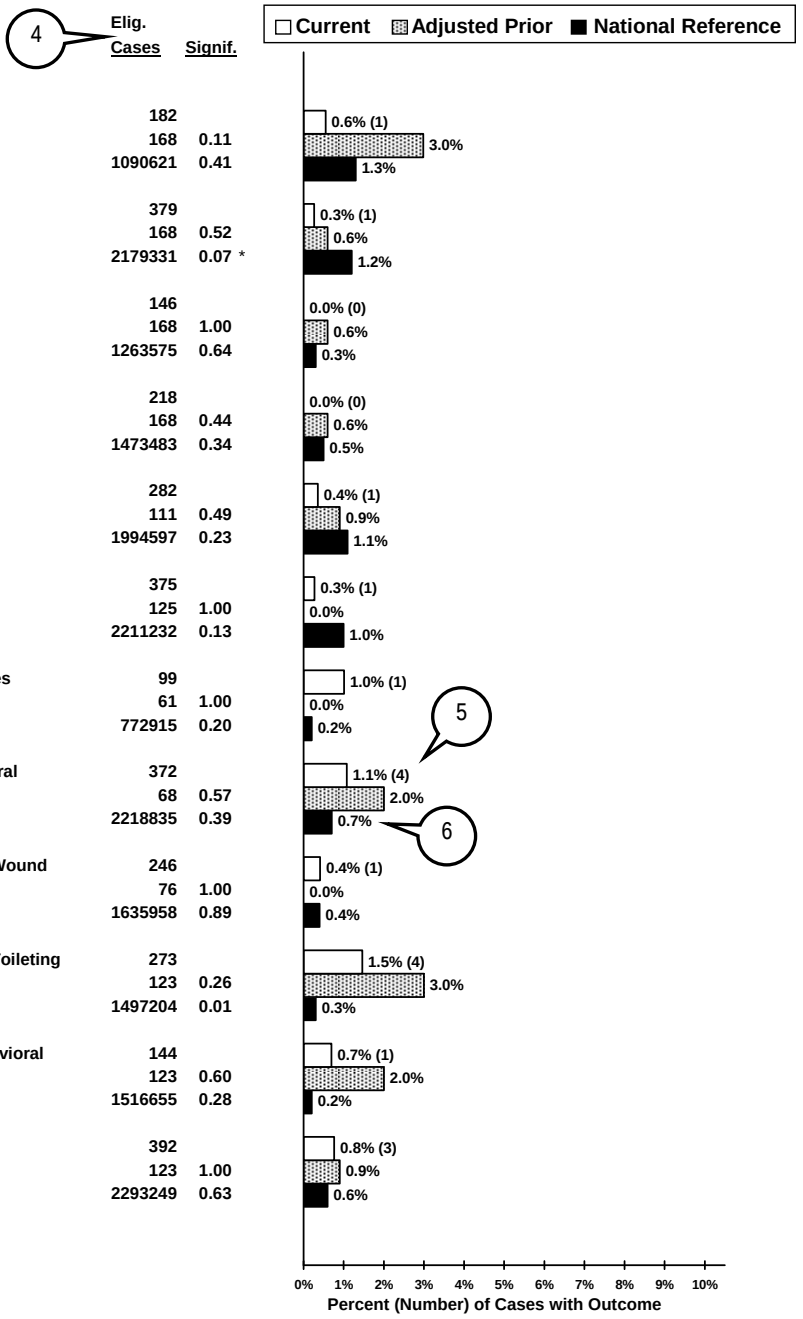
⑥ **Reference Incidence**: The number of potentially avoidable events that occurred in the reference group divided by the number of eligible cases for the reference group, expressed as a percentage.

Example: The potentially avoidable event corresponding to emergent care for Substantial Decline in Management of Oral Medications has a reference incidence of 0.7%. This is lower than the aforementioned 1.1% for Faircare Home Health Services, indicating that the incidence rate for this particular potentially avoidable event is higher at Faircare than is the case for the reference sample. Owing to the nature of potentially avoidable events, it would be appropriate for Faircare to investigate how and why this potentially avoidable event occurred for individual patients.

Agency Name: FAIRCARE HOME HEALTH SERVICES
Agency ID: HHA01
Location: ANYTOWN, USA
CCN: 009001 Branch: All
Medicaid Number: 999888001
Date Report Printed: 03/21/2012

Requested Current Period: 01/2011 - 12/2011
Requested Prior Period: 01/2010 - 12/2010
Actual Current Period: 01/2011 - 12/2011
Actual Prior Period: 01/2010 - 12/2010
Cases: Curr 402 Prior 374
Number of Cases in Reference Sample: 2325615

Potentially Avoidable Event Report



	Elig. Cases	Signif.	Current	Adjusted Prior	National Reference
Emergent Care for Injury Caused by Fall	182		0.6% (1)	3.0%	1.3%
	168	0.11			
	1090621	0.41			
Emergent Care for Wound Infections, Deteriorating Wound Status	379		0.3% (1)	0.6%	1.2%
	168	0.52			
	2179331	0.07 *			
Emergent Care for Improper Medication Administration, Medication Side Effects	146		0.0% (0)	0.6%	0.3%
	168	1.00			
	1263575	0.64			
Emergent Care for Hypo/Hyperglycemia	218		0.0% (0)	0.6%	0.5%
	168	0.44			
	1473483	0.34			
Development of Urinary Tract Infection	282		0.4% (1)	0.9%	1.1%
	111	0.49			
	1994597	0.23			
Increase in Number of Pressure Ulcers	375		0.3% (1)	0.0%	1.0%
	125	1.00			
	2211232	0.13			
Substantial Decline in 3 or More Activities of Daily Living	99		1.0% (1)	0.0%	0.2%
	61	1.00			
	772915	0.20			
Substantial Decline in Management of Oral Medications	372		1.1% (4)	2.0%	0.7%
	68	0.57			
	2218835	0.39			
Discharged to the Community Needing Wound Care or Medication Assistance	246		0.4% (1)	0.0%	0.4%
	76	1.00			
	1635958	0.89			
Discharged to the Community Needing Toileting Assistance	273		1.5% (4)	3.0%	0.3%
	123	0.26			
	1497204	0.01			
Discharged to the Community with Behavioral Problems	144		0.7% (1)	2.0%	0.2%
	123	0.60			
	1516655	0.28			
Discharged to the Community with an Unhealed Stage II Pressure Ulcer	392		0.8% (3)	0.9%	0.6%
	123	1.00			
	2293249	0.63			

* The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.
** The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

\+ The probability is 10% or less that this difference is due to chance, and 90% or more that the difference is real.
++ The probability is 5% or less that this difference is due to chance, and 95% or more that the difference is real.

How to Read the (Tabular) Potentially Avoidable Event Report

The key features of the (tabular) Potentially Avoidable Event Report are listed below. Each feature is numbered and corresponds to a pointer in the sample report on the next page. This is a hypothetical Potentially Avoidable Event Report for "Faircare Home Health Services." Note: both the agency data and the reference data are hypothetical.

① **Requested/Actual Current Period**: This period is defined by two dates (Requested = 01/2011-12/2011 and Actual = 01/2011-12/2011) that encompass all episodes of care (based on discharge/ transfer date), which contributed to the Potentially Avoidable Event Report. Note: these are reported in calendar month increments only, and the time period is inclusive of the starting and ending months. While this sample report is for a 12-month period, agencies may specify other time periods (e.g., one quarter).

② **Number of Cases in Current Period**: The number of (Faircare's) patients in the current reporting period for whom data were analyzed to produce the Potentially Avoidable Event Report. If a patient was discharged more than once in the period, each episode of care is counted as a case. For agencies that place patients admitted to an inpatient facility on "hold" status (meaning that patients who are admitted to an inpatient facility for 24 hours or longer are not discharged from the agency), an episode of care ends with an admission to the inpatient facility. A new episode of care begins at resumption of care.

③ **Number of Cases in Reference Sample**: The total number of reference or comparison cases used to derive the reference incidence rates for the Potentially Avoidable Event Report. This is a national sample of home health care patients with episodes of care ending between 01/2011-12/2011. Whenever reports are generated, the time span for selection of reference sample cases will match the time span for selection of agency cases (current period).

The following terms pertain to each of the separate potentially avoidable events for which findings are presented (e.g., Emergent Care for Injury Caused by Falls, Substantial Decline in Management of Oral Medications).

④ **Complete Data Cases**: The number of patients at Faircare for whom the specific potentially avoidable event could have occurred. This number varies from one specific potentially avoidable event to another, primarily due to selective inclusion of patients "at risk" for a specific potentially avoidable event.

⑤ **Number of Events**: The number of times the indicated potentially avoidable event occurred among Faircare's patients for the time period covered by the report.

⑥ **Agency Incidence**: The number of potentially avoidable events that occurred in the agency sample divided by the number of complete data cases for that potentially avoidable event measure, expressed as a percentage.

Example: The number of complete data cases for Substantial Decline in Management of Oral Medications is 372 at Faircare Home Health Services. Since this particular potentially avoidable event occurred for 4 cases, then the agency incidence is 4/372 or 1.1%.

⑦ **Reference Incidence**: The number of potentially avoidable events that occurred in the reference group divided by the number of complete data cases for the reference group, expressed as a percentage.

Example: The potentially avoidable event corresponding to emergent care for Substantial Decline in Management of Oral Medications has a reference incidence of 0.7%. This is lower than the aforementioned 1.1% for Faircare Home Health Services, indicating that the incidence rate for this particular potentially avoidable event is higher at Faircare than is the case for the reference sample. Owing to the nature of potentially avoidable events, it would be appropriate for Faircare to investigate how and why this potentially avoidable event occurred for individual patients.

⑧ **Patient ID, Name, Gender, Birth Date, SOC/ROC, DC/Transfer:** The (agency-defined) identification numbers of all patients for whom the potentially avoidable event occurred in the agency are enumerated, along with name, gender, date of birth, the start of care or resumption of care (SOC/ROC) date and discharge or transfer date (DC/Transfer) for each such patient. Patients discharged to an inpatient facility may contribute to a specific potentially avoidable event count or incidence rate. Patient-specific information is enumerated so that agency staff can investigate circumstances associated with the potentially avoidable event for individual patients of their choosing.

Potentially Avoidable Event Report: Patient Listing

Agency Name: Faircare Home Health Services
Agency ID: HHA01
Location: Anytown, USA
CCN: 0 0 9 0 0 1 **Branch: All**
Medicaid Number: 9 9 9 8 8 8 0 0 1

Requested Current Period: 01/01/2011-12/31/2011
Actual Current Period: 01/01/2011-12/31/2011
Number of Cases in Current Period: 402
Number of Cases in Reference Sample: 2325615
Date Report Printed: 03/21/2012

Emergent Care for Injury Caused by Fall

Complete Data Cases: 182 | Number of Events: 1 | Agency Incidence: 0.6% | Reference Incidence: 1.3%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
654896104	Chis	Ron	M	05/11/1925	10/22/2010	12/27/2010

Emergent Care for Wound Infections, Deteriorating Wound Status

Complete Data Cases: 379 | Number of Events: 1 | Agency Incidence: 0.3% | Reference Incidence: 1.2%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
601714911	Patterson	Cindy	F	10/03/1938	10/22/2010	12/23/2010

Emergent Care for Improper Medication Administration, Medication Side Effects

Complete Data Cases: 146 | Number of Events: 0 | Agency Incidence: 0.0% | Reference Incidence: 0.3%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
– – –	– – –	– – –	– – –	– – –	– – –	– – –

Emergent Care for Hypo/Hyperglycemia

Complete Data Cases: 218 | Number of Events: 0 | Agency Incidence: 0.0% | Reference Incidence: 0.5%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
– – –	– – –	– – –	– – –	– – –	– – –	– – –

Development of Urinary Tract Infection

Complete Data Cases: 282 | Number of Events: 1 | Agency Incidence: 0.4% | Reference Incidence: 1.1%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
859294045	Dietrich	James	M	10/17/1920	11/20/2010	12/19/2010

Increase in Number of Pressure Ulcers

Complete Data Cases: 375 | Number of Events: 1 | Agency Incidence: 0.3% | Reference Incidence: 1.0%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
315867385	Dimerez	Karis	F	12/06/1937	10/29/2010	11/09/2010

Substantial Decline in 3 or More Activities of Daily Living

Complete Data Cases: 99 | Number of Events: 1 | Agency Incidence: 1.0% | Reference Incidence: 0.2%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
854314071	Henry	Byron	M	06/29/1940	10/06/2010	11/02/2010

Substantial Decline in Management of Oral Medications

Complete Data Cases: 372 | Number of Events: 4 | Agency Incidence: 1.1% | Reference Incidence: 0.7%

Patient ID	Last Name	First Name	Gender	Birth Date	SOC/ROC	DC/Transfer
502513146	Burke	Brenda	F	06/10/1924	11/01/2010	12/20/2010
315641328	Elkins	Moe	M	01/01/1918	11/15/2010	12/30/2010
118840231	Elsen	Jean	F	01/20/1923	10/06/2010	10/15/2010
932752042	Martin	Sylvia	F	07/23/1915	12/28/2010	12/31/2010