

## Home Health Quality Measures – Process

| Type                  | Measure Title  | HH Compare | NQF Status      | Risk Adjusted <sup>1</sup> | Measure Description  | Numerator  | Denominator   | Measure-specific Exclusions   | OASIS-C2 Item(s) Used   |
|-----------------------|--|------------|-----------------|----------------------------|--|--|---|---|---|
| Process - Timely Care | Timely Initiation of Care  | Yes        | Endorsed (0526) | No                         | Percentage of home health episodes of care in which the start or resumption of care date was either on the physician-specified date or within 2 days of the referral date or inpatient discharge date, whichever is later. | Number of home health episodes of care in which the start or resumption of care date was either on the physician-specified date or within 2 days of the referral date or inpatient discharge date, whichever is later. For a resumption of care, per the Medicare Conditions of Participation, the patient must be seen within two days of inpatient discharge, even if the physician specifies a later date | Number of home health episodes of care ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | None  | (M0102) Date of Physician-ordered Start of Care :<br>(M0104) Date of Referral:<br>(M0030) Start of Care Date:<br>(M0032) Resumption of Care Date<br>(M0100) Reason for Assessment<br>(M1000) Inpatient Facility discharge<br>(M1005) Inpatient Discharge Date |
| Process - Assessment  | Depression Assessment Conducted  | Yes        | Endorsed (0518) | No                         | Percentage of home health episodes of care in which patients were screened for depression (using a standardized depression screening tool) at start/resumption of care.  | Number of home health episodes of care in which patients were screened for depression (using a standardized depression screening tool) at start/resumption of care.  | Number of home health episodes of care ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes for which the patient is nonresponsive.          | (M1700) Cognitive Functioning<br>(M1710) When Confused;<br>(M1720) When Anxious<br>(M1730) Depression Screening;  |
| Process - Assessment  | Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate | Yes        | Endorsed (0537) | No                         | Percentage of home health episodes of care in which patients had a multi-factor fall risk assessment at start/resumption of care.  | Number of home health episodes of care in which patients had a multi-factor fall risk assessment at start/resumption of care.  | Number of home health episodes of care ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes for which the patient is bed-fast or chair-fast. | (M1910) Multi-factor Fall Risk Assessment<br>(M1860) Ambulation/Locomotion  |

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|------------------------------------|--|------------|-------------------|----------------------------|--|--|--|--|---|
| Process - Prevention               | Pressure Ulcer Prevention and Care   | Yes        | Endorsed-reserved | No                         | <p>Pressure Ulcer Risk Assessment Conducted: Percentage of home health episodes of care in which the patient was assessed for risk of developing pressure ulcers at start/resumption of care.</p> <p>Pressure Ulcer Prevention Included in Plan of Care: Percentage of home health episodes of care in which the physician-ordered plan of care included interventions to prevent pressure ulcers.</p> <p>Pressure Ulcer Prevention Implemented: Percentage of home health episodes of care during which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented.</p> | <p>Pressure Ulcer Risk Assessment Conducted: Number of home health episodes of care in which the patient was assessed for risk of developing pressure ulcers either via an evaluation of clinical factors or using a standardized tool, at start/resumption of care.</p> <p>Pressure Ulcer Prevention Included in Plan of Care: Number of home health episodes of care in which the physician-ordered plan of care included interventions to prevent pressure ulcers.</p> <p>Pressure Ulcer Prevention Implemented: Number of home health episodes of care during which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented</p> | <p>Pressure Ulcer Risk Assessment Conducted: Number of home health episodes of care ending during the reporting period, other than those covered by generic exclusions.</p> <p>Pressure Ulcer Prevention Included in Plan of Care: Number of home health episodes of care ending during the reporting period, other than those covered by generic exclusions.</p> <p>Pressure Ulcer Prevention Implemented: Number of home health episodes of care ending during the reporting period, other than those covered by generic or measure-specific exclusions.</p> | <p>Pressure Ulcer Risk Assessment Conducted: No measure-specific exclusions.</p> <p>Pressure Ulcer Prevention Included in Plan of Care: Episodes in which the patient is not assessed to be at risk for pressure ulcers.</p> <p>Pressure Ulcer Prevention Implemented: Number of home health episodes in which the patient was not assessed to be at risk for pressure ulcers, or the home health episode ended in transfer to an inpatient facility or death.</p> | <p>(M1300) Pressure Ulcer Risk Assessment</p> <p>(M2250) f. Intervention(s) to prevent pressure ulcers in plan of care</p> <p>(M0100) Reason for Assessment (M2401) e. Intervention(s) to prevent pressure ulcers</p> |
| Process - Care Planning            | Diabetic Foot Care and Patient Education in Plan of Care                                     | No         | Not endorsed      | No                         | Percentage of home health episodes of care in which the physician-ordered plan of care includes regular monitoring for the presence of skin lesions on the lower extremities and patient education on proper diabetic foot care.   | Number of home health episodes of care in which the physician-ordered plan of care includes regular monitoring for the presence of skin lesions on the lower extremities and patient education on proper diabetic foot care.   | Number of home health episodes of care ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.  | Home health episodes of care where patient is not diabetic OR is a bilateral amputee at start (resumption) of care.  | (M2250) b. Diabetic foot care in plan of care   |
| Process - Care Plan Implementation | Diabetic Foot Care and Patient / Caregiver Education Implemented during All Episodes of Care | Yes        | Endorsed (0519)   | No                         | Percentage of home health episodes of care in which diabetic foot care and patient/caregiver education were included in the physician-ordered plan of care and implemented (at the time of or at any time since the most recent SOC/ROC assessment).   | Number home health episodes of care during which diabetic foot care and patient/caregiver education were included in the physician-ordered plan of care and implemented (at the time of or at any time since the most recent SOC/ROC assessment).  | Number of home health episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.  | Home health episodes for which the discharge/transfer assessment indicates the patient is not diabetic or is a bilateral amputee, OR patient died.   | (M0100) Reason for Assessment (M2401) a. Diabetic foot care intervention(s)   |

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| Process - Education  | Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care | Yes        | Not endorsed    | No                         | Percentage of home health episodes of care during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems (at the time of or at any time since the most recent SOC/ROC assessment). | Number of home health episodes of care during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and when to report problems (at the time of or at any time since the most recent SOC/ROC assessment). | Number of home health episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes for which the patient was not taking any drugs since the last OASIS assessment prior to transfer/discharge, OR the patient died.                                 | (M0100) Reason for Assessment (M2016) Patient/Caregiver Drug Education Intervention   |
| Process - Prevention | Influenza Immunization Received for Current Flu Season                                      | Yes        | Endorsed (0522) | No                         | Percentage of home health episodes of care during which patients received influenza immunization for the current flu season.  | Number of home health episodes of care during which the patient a) received vaccination from the HHA or b) had received vaccination from HHA during earlier episode of care, or c) was determined to have received vaccination from another provider.                                       | Number of home health episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes care for which no care was provided during October 1–March 31, OR the patient died, or the patient does not meet age/condition guidelines for influenza vaccine. | (M0030) Start of Care Date (M0032) Resumption of Care Date (M0906) Discharge/Transfer/Death Date (M1041) Influenza Vaccine Data Collection Period: (M1046) Influenza Vaccine Received |
| Process - Prevention | Influenza Immunization Offered and Refused for Current Flu Season                           | No         | Not endorsed    | No                         | Percentage of home health episodes of care during which patients were offered and refused influenza immunization for the current flu season.  | Number of home health episodes of care during which patients were offered and refused influenza immunization for the current flu season.  | Number of home health episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes care for which no care was provided during October 1–March 31, OR the patient died, or the patient does not meet age/condition guidelines for influenza vaccine. | (M0030) Start of Care Date (M0032) Resumption of Care Date (M0906) Discharge/Transfer/Death Date (M1041) Influenza Vaccine Data Collection Period: (M1046) Influenza Vaccine Received |
| Process - Prevention | Influenza Immunization Contraindicated  | No         | Not endorsed    | No                         | Percentage of home health episodes of care during which patients were determined to have medical contraindication(s) to receiving influenza immunization.   | Number of home health episodes of care during which patients were determined to have medical contraindication(s) to receiving influenza vaccination.  | Number of home health episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes care for which no care was provided during October 1–March 31, OR the patient died, or the patient does not meet age/condition guidelines for influenza vaccine. | (M0030) Start of Care Date (M0032) Resumption of Care Date (M0906) Discharge/Transfer/Death Date (M1041) Influenza Vaccine Data Collection Period: (M1046) Influenza Vaccine Received |
| Process - Prevention | Pneumococcal Polysaccharide Vaccine Ever Received   | Yes        | Endorsed (0525) | No                         | Percentage of home health episodes of care during which patients were determined to have ever received Pneumococcal Polysaccharide Vaccine.   | Number of home health episodes of care during which patients were determined to have ever received Pneumococcal Polysaccharide Vaccine.   | Number of home health episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes of care during which patient died, OR patient does not meet age/condition guidelines for Pneumococcal Polysaccharide Vaccine.                                    | (M1051) Pneumococcal Vaccine: (M1056) Reason Pneumococcal Vaccine not received  |
| Process - Prevention | Pneumococcal Polysaccharide Vaccine Offered and Refused                                     | No         | Not endorsed    | No                         | Percentage of home health episodes of care during which patients were offered and refused Pneumococcal Polysaccharide Vaccine.  | Number of home health episodes of care during which patients were offered and refused Pneumococcal Polysaccharide Vaccine.  | Number of home health episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes of care during which patient died, OR patient does not meet age/condition guidelines for Pneumococcal Polysaccharide Vaccine.                                    | (M1051) Pneumococcal Vaccine: (M1056) Reason Pneumococcal Vaccine not received  |

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| Process - Prevention | Pneumococcal Polysaccharide Vaccine Contraindicated                       | No         | Not endorsed | No                         | Percentage of home health episodes of care during which patients were determined to have medical contraindication(s) to receiving Pneumococcal Polysaccharide Vaccine.   | Number of home health episodes of care during which patients were determined to have medical contraindication(s) to receiving Pneumococcal Polysaccharide Vaccine.  | Number of home health episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions. | Home health episodes of care during which patient died, OR patient does not meet age/condition guidelines for Pneumococcal Polysaccharide Vaccine. | (M1051) Pneumococcal Vaccine:<br>(M1056) Reason Pneumococcal Vaccine not received                             |
| Process-Prevention   | Drug Regimen Review Conducted with Follow-Up for Identified Issues-HH QRP | Pending    | Not Endorsed | No                         | The percentage of episodes in HHAs which a drug regimen review was conducted at the start of care or resumption of care and timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout that episode. | Number of patient care episodes in which:<br>The agency conducted a drug regimen review at the start of care or resumption of care or the patient is not taking any medications and<br>2) If potential clinically significant medication issues were identified at the start of care), then the HHA contacted a physician (or physician-designee) by midnight of the next calendar day and completed prescribed/recommended actions in response to the identified issues and 3) The HHA contacted a physician (or physician-designee) and completed prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the start of care or resumption of care or no potential clinically significant medications issues were identified since the start of care or resumption of care. | Number of patient care episodes with a discharge, transfer or death at home assessment during the reporting period.   | This measure has no denominator exclusions.  | M2001 (Drug regimen review)<br>M2003 (Medication Follow-up)<br>M2005 (Medication Intervention) (at discharge) |

<sup>1</sup> Process measures are not risk adjusted to compensate for differences in the patient population. This is because the processes of care in the measures apply to all of the patients in the denominator (except for those patients that are identified in the denominator exclusions).