UTILIZING CASPER REPORTS FOR YOUR HOME HEALTH AGENCY’S QAPI PROGRAM
OBJECTIVES

- Describe how to obtain a Home Health Agency’s CASPER Reports
- Analyze and prioritize key OASIS Quality Improvement and HHA Provider reports to build an HHA Performance Improvement Project (PIP)
QAPI OVERVIEW

- Required: CMS Home Health Conditions of Participations effective January 2018
- § 484.65 Quality assessment and Performance Improvement-Condition was added
  - Required Standards
  - Executive Responsibilities
  - Program Scope
  - Program Data
  - Program Activities
  - Performance Improvement Projects
QAPI OVERVIEW

- Standards
  - Executive Responsibilities
  - Program Scope
  - Program Data
  - Program Activities
  - (PIP)Performance Improvement Projects

- Organization-wide
- Data Driven
- Designed to improve patient care and agency operations
- Include areas that are:
  - High-risk
  - High-volume
  - Problem-prone
- Reflect organization
  - Scope of services
  - Complexity of patients
  - Reflect past performance
- Capable of showing measurable results
QAPI OVERVIEW

- Standards
  - Executive Responsibilities
  - Program Scope
  - Program Data
  - Program Activities
  - (PIP)Performance Improvement Projects

- Internal Data Sources:
  - Infection reports
  - Incident reports
  - Adverse events
  - Staff/patient satisfaction survey
  - Complaint report
  - EMR/Clinical Record Audit data
  - Billing/Financial
  - Etc.

- External Data Sources:
  - Home Health Compare Report
  - CASPER
  - 5-Star report
  - PEPPER
  - Etc.
QAPI OVERVIEW

- **Standards**
  - Executive Responsibilities
  - Program Scope
  - Program Data
  - **Program Activities**
  - (PIP)Performance Improvement Projects

- **Program Activities**
  - Analyze Data/Identify Gaps and Opportunities
  - Prioritize Quality Opportunities
  - Establish PIP Teams
  - Conduct a QAPI Awareness Campaign
  - Plan, Conduct and Document PIPs
  - Monitor and Evaluate
  - Communicate Efforts and Results
  - Take Systemic Action
QAPI OVERVIEW

- Standards
  - Executive Responsibilities
  - Program Scope
  - Program Data
  - Program Activities
  - (PIP) Performance Improvement Projects

- Determine a project to work on
  - Why? Reasons for project(s)
  - What? Actions taken toward performance improvement
  - Who? Person Responsible
  - When? Timeline of Activities
  - How? Measure progress

- Create PIP Charter
- Utilize PDSA Cycle (Plan/Do/Study/Act Improvement Tool)
CASPER REPORTS: Certification And Survey Provider Enhancement Reports

IT ALL STARTS WITH OASIS!

1. OASIS Data Collected by Clinicians
2. OASIS Data Transmitted by HHAs (Quality Episode of Care)
3. Data Processed/Stored by CMS Internet Quality Improvement and Evaluation System; Assessment Submission and Processing (ASAP) System
4. Data Aggregated/Benchmarked CASPER Reports
5. Reports Obtained and Analyzed by HHA for Performance Improvement Process/QAPI
OBTAINING CASPER REPORTS: WHO’S GOT ACCESS?

• Must have a CMSNet user ID and QIES Submission login ID to access
• New users: registration done online
• Total of two individual user accounts per facility — written form/request for additional user(s)
• Must send written form/request if removing/adding individual user(s)
• It is a Violation of the CMS Security Policy to share OASIS user IDs
• User login needed every 60 days or account will be disabled
OBTAINING CASPER REPORTS: WHO’S GOT ACCESS?

It is the same access/login when transmitting HHA OASIS data

- [https://qtso.cms.gov/cmsnet.html](https://qtso.cms.gov/cmsnet.html)
- CMSNet Help Desk: (888) 238-2122
- QTSO Help Desk: (800)339-9313 or (888)477-7876
- Email: help@qtso.com
CASPER ACCESS (PAGE SEQUENCE)
YOU’RE IN!
OBTAINING YOUR REPORTS

Welcome to CASPER

Use the buttons in the toolbar above as follows:

Logout - End current session and exit the CASPER Application
Folders - View your folders and the documents in them
Reports - Select report categories and request reports
Queue - List the reports that have been requested but not yet completed
Options - Customize the report format, number of links displayed per page and report display size
Maint - Perform maintenance such as creating, renaming and/or deleting folders
Home - Return to this page

Welcome: [REDACTED]

powered by jasperreports
Addresses HHA OASIS submission, error and patient roster reports

Addresses patient-related characteristics, outcome measures, process measures, potentially avoidable event measures, trend analysis, and review/correct reports.

Addresses surveyor, deficiency tag, report locator, and template-listing reports
OASIS QUALITY IMPROVEMENT REPORTS
WHAT TO GET?
To start: Obtain a full year performance data then quarterly (or less) when monitoring progress/end result.

OASIS-Based data: 3 months “lag” time

Claim-Based data: >7 months “lag” time
## REPORT PERIOD

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency ID:</td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td>CCN:</td>
<td></td>
</tr>
<tr>
<td>Medicaid Number:</td>
<td></td>
</tr>
<tr>
<td>Report Run Date:</td>
<td>05/01/2019</td>
</tr>
</tbody>
</table>

**Requested Current Period:** 01/2018 - 12/2018

**Requested Prior Period:** 01/2017 - 12/2017

**Actual Current Period:** 01/2018 - 12/2018

**Actual Prior Period:** 01/2017 - 12/2017

- # Cases Curr: 118
- Prior: 194

**Number of Cases (National):** 5,375,790

### End Result Outcomes (Risk Adjusted):

<table>
<thead>
<tr>
<th>Elig.</th>
<th>Cases</th>
<th>Signif.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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**ACCREDITATION COMMISSION for HEALTH CARE**

**Educational Resources**

**A-1 Homecare Consulting & Staffing**
CASPER FOLDERS (SUBMITTED REPORTS)

From the “Reports” tab, all “Submitted”/requested Reports are stored and accessed in “My Inbox Folder” for later on viewing/use.
QUALITY IMPROVEMENT PACKAGE: TOP FIVE KEY REPORTS

1. **Agency Patient-Related Characteristics (Case Mix) Report**
   - "Snapshot" of what the Agency population looks like (patient attributes or circumstances that are likely to impact health status)
   - Shows comparison between your patients ("HHA Obs") to national sample ("Nat’l Obs") and between the Agency's current population and patients during a prior time period
   - Can impact many decisions about patient care delivery, staffing, resource allocation, strategic planning, program development and PIP
This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

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### CASPER Report
Agency Patient-Related Characteristics (Case Mix) Report

| Requested Current Period: 01/01/2018 - 12/31/2018 |
| Requested Prior Period: 01/01/2017 - 12/31/2017 |
| Current Period: 01/01/2018 - 12/31/2018 |
| Prior Period: 01/01/2017 - 12/31/2017 |
| CDS: Curr 160 Prior 278 |
| # Cases: Curr 320 Prior 437 |
| Number of Cases (National): 7,330,996 |

### Definitions:
- **HHA Obs**: Home Health Agency's Observed Rate/Value is the actual rate (e.g., xx/y) of patients served during the reporting period. These rates/values are not risk adjusted.
- **HHA Prior Obs**: Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx/y) of patients served during the reporting period. These rates/values are not risk adjusted.
- **Nat’l Obs**: National Observed Rate/Value is the actual rate (e.g., xx/y) of patients served during the reporting period. These rates/values are not risk adjusted.
- **Nat’l Prior Obs**: Home Health Agency's Observed Rate/Value from the Prior Period is the agency's actual rate (e.g., xx/y) of patients served during the reporting period. These rates/values are not risk adjusted.
- **Nat’l Prior Obs**: National Observed Rate/Value is the actual rate (e.g., xx/y) of patients served during the reporting period. These rates/values are not risk adjusted.

<table>
<thead>
<tr>
<th>Mobility</th>
<th>HHA Obs</th>
<th>HHA Prior Obs</th>
<th>Nat’l Obs</th>
<th>HHA Obs</th>
<th>HHA Prior Obs</th>
<th>Nat’l Obs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchairs or scooters (%)</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Wheelchair/scooter (%)</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Medication Status</td>
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<td>...</td>
<td>...</td>
<td>...</td>
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<td>...</td>
</tr>
<tr>
<td>Drug regimen problem found (%)</td>
<td>33.4%</td>
<td>33.8%</td>
<td>56.2%</td>
<td>33.4%</td>
<td>33.8%</td>
<td>56.2%</td>
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<tr>
<td>Mgmt. oral medications (0-9)</td>
<td>1.6%</td>
<td>1.8%</td>
<td>3.2%</td>
<td>1.6%</td>
<td>1.8%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Mgmt. oral medications (0-9)</td>
<td>2.6%</td>
<td>2.8%</td>
<td>5.0%</td>
<td>2.6%</td>
<td>2.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Mgmt. injected medications (0-3)</td>
<td>1.7%</td>
<td>1.9%</td>
<td>3.6%</td>
<td>1.7%</td>
<td>1.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Mgmt. injected medications (0-3)</td>
<td>6.3%</td>
<td>6.5%</td>
<td>12.9%</td>
<td>6.3%</td>
<td>6.5%</td>
<td>12.9%</td>
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<tr>
<td>Therapy Visits</td>
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<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Physical therapy (not administered)</td>
<td>10.8%</td>
<td>10.7%</td>
<td>7.8%</td>
<td>10.8%</td>
<td>10.7%</td>
<td>7.8%</td>
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<tr>
<td>Physical therapy (administered)</td>
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<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Physical therapy (administered)</td>
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<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Conditions &amp; Treatments</td>
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<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>...</td>
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<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Impaired ambulation/ambulatory mobility</td>
<td>60.0%</td>
<td>67.5%</td>
<td>64.5%</td>
<td>60.0%</td>
<td>67.5%</td>
<td>64.5%</td>
</tr>
<tr>
<td>Impaired mobility</td>
<td>53.3%</td>
<td>58.7%</td>
<td>68.0%</td>
<td>53.3%</td>
<td>58.7%</td>
<td>68.0%</td>
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<tr>
<td>Depression</td>
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<td>90.5%</td>
<td>83.3%</td>
<td>87.3%</td>
<td>90.5%</td>
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<tr>
<td>Chronic pain</td>
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<td>14.8%</td>
<td>18.9%</td>
<td>16.0%</td>
<td>14.8%</td>
<td>18.9%</td>
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<tr>
<td>Other medical conditions</td>
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<tr>
<td>Cancer</td>
<td>6.8%</td>
<td>10.2%</td>
<td>14.6%</td>
<td>6.8%</td>
<td>10.2%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>19.6%</td>
<td>21.5%</td>
<td>25.7%</td>
<td>19.6%</td>
<td>21.5%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>19.6%</td>
<td>21.5%</td>
<td>25.7%</td>
<td>19.6%</td>
<td>21.5%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Pulmonary disease</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Pulmonary disease</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Heart disease</td>
<td>...</td>
<td>...</td>
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<td>...</td>
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</tr>
<tr>
<td>Heart disease</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

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QUALITY IMPROVEMENT PACKAGE: TOP FIVE KEY REPORTS

2. Outcome Report
   “Did patient get better in ___?”
   - Displays utilization and claim-based outcomes (described as proxies for significant change in health status)
   - Displays bar graph with percentage of cases
   - Displays end result of the care provided
   - Risk-adjusted

3. Process Measure Report
   “Did clinician provided this ___ care to the patient?”
   - Displays HHA’s use of specific evidence-based processes of care
   - Displays bar graph with percentage of cases
QUALITY IMPROVEMENT PACKAGE: TOP FIVE KEY REPORTS

4. Potentially Avoidable Event Report

“Did this the patient experience this __ negative event?”

- Displays incidence rates for 10 infrequently occurring untoward event and how HHA compares
- Serve as markers for potential problems in care/quality of care indicators
- Alerts HHA to investigate patient cases
- Displays bar graph with percentage of cases
5 Potentially Avoidable Event Report — Patient Listing

“Who experienced this __ adverse event?”

- Tabular list of patients for whom the potentially avoidable event occurred.
- Need to investigate how/why the event occurred for patients under HHA care to lower the incidence to the extent possible
Provide the HHA the specific patient-level information during the process-of-care investigation.

**Outcome Tally**
- Descriptive information of individual patient included in the HHA's OUTCOME REPORT
- Use for process of care investigation

**Process Tally**
- Descriptive information of individual patient included in the HHA's PROCESS MEASURE REPORT
- Use for the agency’s process of care investigation

**Agency Patient Characteristic (Case Mix) Tally**
- Individual patient’s profile/ characteristics data at SOC or ROC
# OUTCOME TALLY REPORT

**CASPER Report**  
**Outcome Tally Report**

**Agency Name:**  
Agency ID:  
Location:  

**Report Period:** 01/2018 - 12/2018

**CCN:**  
Medicaid Number:  
Report Run Date: 05/01/2019

## Functional Outcomes

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>SOC/ROC Date</th>
<th>SOC/EOC Date</th>
<th>Improvement in Grooming</th>
<th>Improvement in Upper Body Dressing</th>
<th>Improvement in Lower Body Dressing</th>
<th>Improvement in Bathing</th>
<th>Improvement in Toilet Transferring</th>
<th>Improvement in Toileting Hygiene</th>
<th>Improvement in Toileting Hygiene</th>
<th>Improvement in Bed Transferring</th>
<th>Improvement in Bed Transferring</th>
<th>Improvement in Ambulation/Locomotion</th>
<th>Improvement in Eating</th>
<th>Improvement in Management of Oral Medications</th>
<th>Stabilization in Management of Oral Medications</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>12/28/17</td>
<td>N/N</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td></td>
<td>01/06/18</td>
<td>N/N</td>
<td>n</td>
<td>y</td>
<td>n</td>
<td>n</td>
<td>y</td>
<td>y</td>
<td>n</td>
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<td>y</td>
<td>n</td>
<td>-</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td></td>
<td>01/10/18</td>
<td>N/N</td>
<td>n</td>
<td>n</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
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<td>-</td>
<td>-</td>
<td>n</td>
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<tr>
<td></td>
<td>03/23/18</td>
<td>N/N</td>
<td>y</td>
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<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>n</td>
<td>y</td>
<td>-</td>
</tr>
</tbody>
</table>
# PROCESS TALLY REPORT

## CASPER Report
**Process Tally Report**

### Agency Name: [Redacted]
### Agency ID: [Redacted]
### Location: [Redacted]

#### Report Period: 01/2018 - 12/2018

## Process Quality Measures

<table>
<thead>
<tr>
<th>Process Quality Measures</th>
<th>Timely Care</th>
<th>Assessment</th>
<th>Care Plan Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legend:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOE = Start Of Episode</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POC = Plan Of Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC = Start Of Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROC = Resumption Of Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EOC = Episodes Of Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>y = Measure achieved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n = Measure not achieved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- = No data available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>/ = Excluded from this measure</td>
<td></td>
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</tr>
</tbody>
</table>

### Patient Name

<table>
<thead>
<tr>
<th>SOC/ROC Date</th>
<th>SOC/EOC Branch ID</th>
<th>Timely Initiation Of Care</th>
<th>Depression Assessment Conducted</th>
<th>Multidisciplinary Risk Assessment Conducted For All Patients Who Can Ambulate</th>
<th>Depression Interventions Implemented During All EOC</th>
<th>Diabetic Foot Care And Patient Education Implemented During All EOC</th>
<th>Pain Interactions Implemented During All Episodes Of Care</th>
<th>Treatment Of Pressure Ulcers Based On Principles Of Most Wound Healing For All EOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/28/17</td>
<td>N/N</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>-</td>
<td>y</td>
<td>-</td>
</tr>
<tr>
<td>01/06/18</td>
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<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>-</td>
<td>y</td>
<td>-</td>
</tr>
<tr>
<td>06/10/18</td>
<td>N/N</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>y</td>
<td>-</td>
<td>y</td>
<td>-</td>
</tr>
</tbody>
</table>
RISK-ADJUSTMENT

- Statistically accounts for differences in one agency's patient vs. the reference sample or patients from a prior time period.
- Minimizes possibility that differences in outcomes between comparison groups are due to factors other than care provided by the agency.
- “Levels out the playing field”
- Outcome Report is the only Risk-Adjusted Report.
STTASTICAL DIFFERENCE

Real or Chance?
- Relevant when outcomes/measures are compared between sets of patient cases
  - “HHA Obs” vs. “Nat’l Obs”
  - “HHA Obs” vs. “HHA Adj Prior”

*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.
STATISTICAL DIFFERENCE

> 0.10  
(10% or more)  
HIGH probability that the difference was due to chance/Low Probability the difference is REAL  
Not a good priority in PIP list

0.06-0.10  
(6%-10%) (*)  
LOW probability that the difference was due to chance/High Probability the difference is REAL  
Focus on these outcomes/measures

0.00-0.05  
(1%-5%) (**)
SELECTING, ANALYZING & PRIORITIZING OUTCOME/PROCESS MEASURES

Criteria:

1. Statistically significant outcome differences (***/**)

2. Larger magnitude of the outcome differences
   - Outcome/Process Measure Report:
     - "HHA Obs" 7% or more below the "Nat'l Obs"
   - Potentially Avoidable Event Report:
     - "HHA Obs" difference is ≥ twice the "Nat'l Obs" Value

3. The actual significance levels of the differences

4. Adequate number of cases (minimum of 30)

5. Importance or relevance to your Agency’s goals and QAPI Scope
   - (ex: High-risk/High-volume/Problem-prone/Patterns/Trends)

6. Clinical significance

7. Feasibility (to implement given current resources)

8. Cost (cost incurred each time this issue occurs)
For All End Result Outcomes:
The Goal is for “HHA Obs” rate to be higher than “Nat’l Obs” rate.
For Utilization AND Claim-Based Outcomes:
The Goal is for “HHA Obs” rate to be lower than “Nat’l Obs” rate.
### CASPER Report
### Process Measures Report

<table>
<thead>
<tr>
<th>Process Measure</th>
<th>Elig. Cases</th>
<th>Signif.</th>
<th>HHA Obs</th>
<th>HHA Prior Obs</th>
<th>Nat'l Obs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process Quality Measures: Time to Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely Initiation of Care</td>
<td>177</td>
<td>276</td>
<td><strong>95%</strong></td>
<td>7,321,544</td>
<td>0 **</td>
</tr>
<tr>
<td>Process Quality Measures: Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression Assessment Conducted</td>
<td>190</td>
<td>276</td>
<td>100%</td>
<td>7,289,802</td>
<td>0.02 **</td>
</tr>
<tr>
<td>Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate</td>
<td>167</td>
<td>244</td>
<td>100%</td>
<td>6,308,399</td>
<td>1</td>
</tr>
<tr>
<td>Process Quality Measures: Care Plan Implementation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes of Care</td>
<td>65</td>
<td>88</td>
<td><strong>89%</strong></td>
<td>2,635,347</td>
<td>1</td>
</tr>
<tr>
<td>Process Quality Measures: Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care</td>
<td>174</td>
<td>259</td>
<td><strong>98%</strong></td>
<td>7,281,691</td>
<td>0.06 **</td>
</tr>
<tr>
<td>Process Quality Measures: Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Immunization Received For Current Flu Season</td>
<td>146</td>
<td>200</td>
<td><strong>87%</strong></td>
<td>4,592,007</td>
<td>0 **</td>
</tr>
<tr>
<td>Influenza Immunization Offered And Refused For Current Flu Season</td>
<td>146</td>
<td>200</td>
<td><strong>21%</strong></td>
<td>4,592,007</td>
<td>0.83 **</td>
</tr>
</tbody>
</table>

*Elig. Cases Signif. = Home Health Agencies that are not certified will not have available data in the "HHA Prior Obs" fields until they have 12 months of data. This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.*

**FYI: Consider: High risk/High volume/Problem prone areas Does it reflect HHA’s scope of services, complexity of patients and past performance?**

---

Let’s practice (pg 1-2): Which outcomes would be Top 2?

---

For All Process Quality Measures: The Goal is for “HHA Obs” rate to be higher than “Nat'l Obs” rate.
Let's practice (pg 1-2): Does this report warrant PIP?
### Emergent Care for Improper Medication Administration, Medication Side Effects

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>156</td>
<td>0</td>
<td>0.00%</td>
<td>0.14%</td>
<td>No Patient</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergent Care for Hypo/Hyperglycemia

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
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</thead>
<tbody>
<tr>
<td>156</td>
<td>0</td>
<td>0.00%</td>
<td>0.32%</td>
<td>No Patient</td>
<td></td>
<td></td>
<td></td>
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</table>

### Development of Urinary Tract Infection

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>116</td>
<td>1</td>
<td>0.90%</td>
<td>0.96%</td>
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</table>

### Increase in Number of Pressure Ulcers

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>116</td>
<td>0</td>
<td>0.00%</td>
<td>0.37%</td>
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<td></td>
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</table>

### Substantial Decline in 3 or More Activities of Daily Living

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>117</td>
<td>0</td>
<td>0.00%</td>
<td>0.23%</td>
<td>No Patient</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Substantial Decline in Management of Oral Medications

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>0</td>
<td>0.00%</td>
<td>0.44%</td>
<td>No Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Discharged to the Community with Wound Care or Medication Assistance

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>116</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
<td>No Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Discharged to the Community with Toileting Assistance

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>118</td>
<td>0</td>
<td>0.00%</td>
<td>0.03%</td>
<td>No Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Discharged to the Community with Behavioral Problems

<table>
<thead>
<tr>
<th>Complete Data Cases</th>
<th>Number of Events</th>
<th>Agency Incidence</th>
<th>Naïf Obs.</th>
<th>Patient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gender</th>
<th>Birth Date</th>
<th>SOC/ROC</th>
<th>DC/TRANSFER</th>
<th>SOC/EOTC</th>
<th>Branch ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>118</td>
<td>0</td>
<td>0.00%</td>
<td>0.06%</td>
<td>No Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.
To start: Obtain a full year submission data then quarterly (or less) when monitoring progress.
To start: Obtain a full year submission data then quarterly (or less) when monitoring progress.
WHAT HHA PROVIDER REPORTS TO GET: AT A MINIMUM...

- Obtain the following:
  - HHA Error Summary by Agency
  - HHA Error By Field By Agency
  - HHA Submission Statistics Monthly

**Note:**
Latest Report: a month prior (Lag Time)

**Expectations:**
- That HHA is submitting monthly
- <20% Rejection rate
- <20% or less Warning rate (ex: Submission date is more than 30 days from assessment completion date; inconsistent record/date sequence [<10%])
- Absence of pattern/trend
<table>
<thead>
<tr>
<th>Error #</th>
<th>Error Description</th>
<th># of Assessments Processed</th>
<th># of Assessments with the Error</th>
<th>% of Assessments with the Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3280</td>
<td>Inconsistent Dates: If M0100 is equal to 01, then M0030 minus M1005 should be greater than or equal to zero and less than or equal to 14 days.</td>
<td>157</td>
<td>1</td>
<td>0.64%</td>
</tr>
<tr>
<td>-3330</td>
<td>Record Submitted Late: The submission date is more than 30 days after M0090 on this new record.</td>
<td>157</td>
<td>31</td>
<td>19.75%</td>
</tr>
<tr>
<td>-907</td>
<td>Duplicate Assessment: The submitted record is a duplicate of a previously accepted record.</td>
<td>157</td>
<td>9</td>
<td>5.73%</td>
</tr>
<tr>
<td>-909</td>
<td>Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.</td>
<td>157</td>
<td>7</td>
<td>4.46%</td>
</tr>
<tr>
<td>-915</td>
<td>Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.</td>
<td>157</td>
<td>18</td>
<td>11.46%</td>
</tr>
</tbody>
</table>

Total: 66
Report: HHA Submission Statistics Monthly

Date Criteria: Prior Quarter
from (mm/dd/yyyy): 01/01/2019
thru (mm/dd/yyyy): 03/31/2019

Template Folder: My Favorite Reports
Template Name: HHA Submission Statistics Monthly

Run Date: 05/01/2019

CASPER Report

(MI) HHA Submission Statistics Monthly
from 01/01/2019 thru 03/31/2019

<table>
<thead>
<tr>
<th>Month of Processing</th>
<th>Batches</th>
<th>Agency</th>
<th>Records Processed</th>
<th>Records Rejected</th>
<th>Records Accepted</th>
<th>Reject %</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2019</td>
<td>8</td>
<td>1</td>
<td>74</td>
<td>9</td>
<td>65</td>
<td>12.16%</td>
</tr>
<tr>
<td>02/2019</td>
<td>2</td>
<td>1</td>
<td>19</td>
<td>0</td>
<td>19</td>
<td>0.00%</td>
</tr>
<tr>
<td>03/2019</td>
<td>3</td>
<td>1</td>
<td>64</td>
<td>0</td>
<td>64</td>
<td>0.00%</td>
</tr>
<tr>
<td>Totals:</td>
<td>13</td>
<td>1</td>
<td>157</td>
<td>9</td>
<td>148</td>
<td>5.73%</td>
</tr>
</tbody>
</table>
PERFORMANCE IMPROVEMENT PROJECT (PIP) CHARTER TEMPLATE

What is a project charter? A project charter clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an improvement Project (PIP). The charter is typically developed by the GAPT team and then given to the team that will carry out the PIP, so that the PIP team has a clear understanding of what they are being asked to do. The charter is a valuable document because it helps set a team stay focused. However, the charter does not tell the team how to complete the work, rather, it tells them what they are trying to accomplish.

1. Project Overview
   - Project Name:
   - Problem to be solved:
   - Background leading up to the need for this project: (Reference specific background documents, as needed.)

2. Project Team
   - Title
   - Name
   - Responsibilities
   - E-mail
   - Project Manager:
   - Team Members:

3. Stakeholders (e.g., those with a significant interest in or who will be significantly affected by this project)

4. Project Scope Statement
   - The goal(s) for this project: Describe the measurable outcomes of the project.
   - Scope List what the project will and will not address

   Recommended Project Time Table:
   - Project phase
   - Start date
   - End date
   - Initiation: Project charter developed and approved
   - Planning: Specific tasks and processes to achieve goals defined
   - Implementation: Project carried out
   - Monitoring: Project progress observed and results documented
   - Closings: Project brought to a close and summary report written

5. Communication Strategy (specify how the project manager will communicate to the Executive Sponsor, Project Team members and Stakeholders, e.g., frequency of status reports, frequency of Project Team meetings, etc.)

6. Sign-off
   - The signatures of the people below relay an understanding and approval of the purpose and approach to this project. By signing this document you agree to establish this document as the formal Project Charter and sanction work to begin on the project as described within.

   Name
   Signature
   Date (MM/DD/YYYY)

   Administrator
   Project Sponsor
   Project Manager

7. Notes

   Submitted by:
EXAMPLE
Performance Improvement Project (PIP): Medication Management

PLEASE NOTE: The Centers for Medicare & Medicaid Services (CMS) does NOT require any specific format or template for your Performance Improvement Project. Each PIP can be unique to each home health agency.

Problem(s):
- Low number of patients improving in management of oral medications, which is impacting patient recovery, outcome reports, Quality of Patient Care Star Ratings and Patient Survey Star Rating (from HHCAHPS)
- Lower medication independence may be leading to higher hospitalization rates
- Questioning patients' understanding of clinical medication education

Data Source: HHQI’s Monthly Oral Medication Report (Oral Medication Improvement Rate (%) by Medication Follow-Up (M2020) and Home Health CASPER Report

Baseline Data Results: HHQI’s improvement in Management of Oral Medications (M2020) rate is % as of [date].

Expected Outcome: Increase number of patients who improved the management of their oral medications to % as of [date] (e.g., 4 months post-implementation) as evidenced by HHQI Management of Oral Medications Report.

Interventions:
- Educate all clinicians on the use of teach-back with medication education.
- Designated documentation location for using teach-back techniques and patient/caregiver response

Barriers:
- Clinicians feel rushed to complete requirements during visits.
- Therapists feel uncomfortable with medication education.
- Inconsistencies for patient education documentation

PDSA Cycle:

<table>
<thead>
<tr>
<th>STAGE</th>
<th>ACTIONS</th>
</tr>
</thead>
</table>
| PLAN: | • Plan clinician education on teach-back with medication education during upcoming team meetings.  
  o Provide “10 Elements of Competence for Using Teach-Back Effectively” sheet.  
  o Show a short video from YouTube.  
  o Designate location in medical record to document teach-back and response. |
| DO:   | • Select a small team including clinician champions to test the education plan with 5 patients.  
  o Provide education session including YouTube video.  
  o Use the HHQI Teach-Back Role Play exercise with education.  
  o Ask for initial feedback about teach-back and which patients were tested.  
  o Ask staff to try teach-back with one patient each day for the next week and report back any feedback (positive or negative). |
| STUDY:| • Review documentation in the charts where teach-back was utilized.  
  o Review comments and create talking points to address all feedback and share successes (de-identified patient information) during roll-out. |
| ACT:  | • Modify instructions for documenting teach-back.  
  o Ask the same clinician team to again use teach-back on 8 patients for the next week and provide feedback. |

Spread Plan: Roll-out with small, receptive nursing team to gather constructive feedback. Create talking points for managers to provide to staff for negative feedback during roll-out. After two weeks of testing with the first team, expand to a second nursing team, and continue to roll-out to all teams within the next 30 days.
THANK YOU

Christie Sciturro
Principal In-charge of Consulting Operations
christie@a1homecare.net
a1homecare.net | (734) 259-3775