

Coffee Break Boost

Get the Buzz on Your Data

**OCS HomeCare
Monthly Q&A Session
December 27, 2011**

Provided by OCS Education E-learning
Network

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Agenda

- Welcome and Introductions
- Monthly Q&A calls
 - January 31, 2012
- Home Health Case Study: Getting to know your data details through drilling down
- Q&A

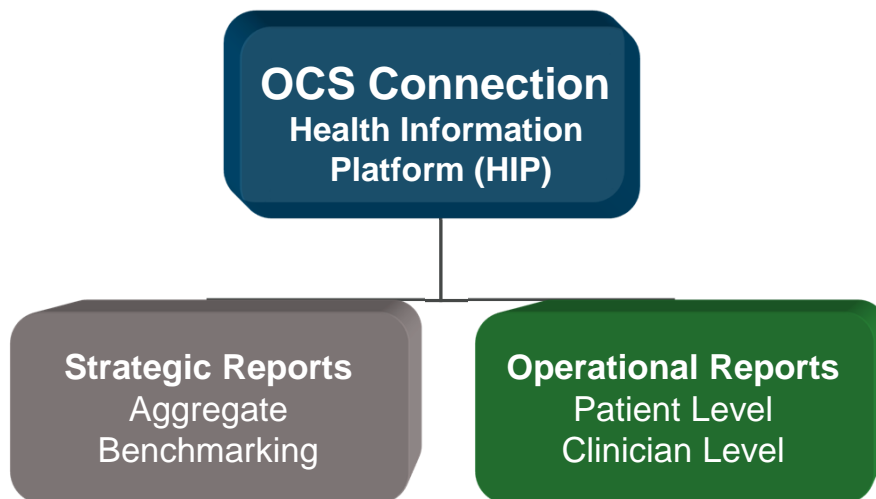
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Objectives

- Understand the difference between OCS Strategic and Operational Reporting
- Know how to drill down acute care hospitalization using Hospitalization and Emergent Care report

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Strategic vs. Operational



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Strategic vs. Operational Reporting

- Strategic Reports
 - Provides state, region, and benchmark norms
 - Allows you to compare your agency scores to these norms.
 - Enhances your ability to see how your agency differs from these norms
 - Provides a target for improvement based on your agency goals and priorities
 - Drives the work that can be done in operational reporting

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Strategic vs. Operational Reporting

- Operational Reports
 - Allow you to view your data on a regular basis
 - What happens today you will see tomorrow
 - Provides insight to OASIS accuracy and patient care results
 - SOC review, transfer, recertification and discharge data
 - The work done in operational can be determined by the results you see in your strategic reports

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Data Use Continuum



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Home Health Case Study

- Your agency ACH rate on Home Health Compare is 34%.
- What would you do?



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Test your Knowledge!

What OCS reports show your agency ACH rate?

- A. Excutive Summary & Patient Case Mix
- B. PPS report
- C. Executive Summary & Hospitalization and Emergent Care reports
- D. Process Measure reports

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About the agency...

- Mid-size agency in the east
- ADC of 325 patients.
- Urban setting
- Hospital affiliated (not hospital owned)
- Referral sources include 2 hospitals, a few local physicians, two retirement communities

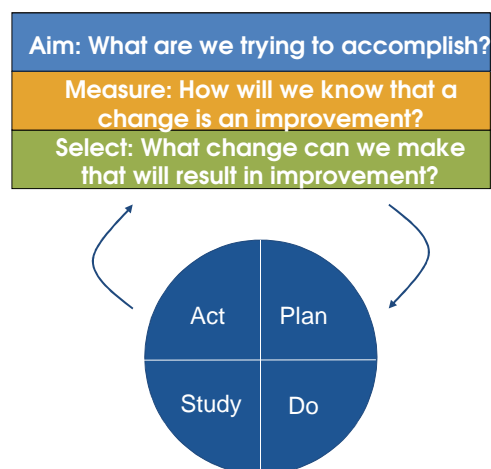
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Agency PI work

- Agency has two PI coordinators
- Responsible for OASIS review @SOC
- Faciliate PI team/quarterly PI meeting
- Report to Administrator quarterly progress/areas for improvement
- Utilize OCS reporting at various time points to enhance OASIS review and PI process

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The Model for Improvement



Langley, et al. 1996

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Patient Characteristics

- Average patient age is 73
- Length of stay is 49 days
- Primary diagnosis Mix:
 - COPD, wounds, and falls higher than national norm
- Higher rate of their patients living alone than national norm

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Test your Knowledge!

What [OCS Report](#) do the patient characteristics come from?

- A. Executive Summary
- B. Patient Assessment List
- C. Case Mix
- D. Transfer Report

Determine Root Cause for ACH Rate

Details:

- Run report by specified date range
- On page 2 view the “reasons for hospitalization”
- What are your agency scores compared to national norms?
- Are there any reasons that “stand out” from the others?

OCS HomeCare		Hospitalization and Emergent Care (cont.)			
Prepared for:	OCS Home Health Agency	Provider Number:	999999		
Data Represents:	Ends of care between 3/1/2010 and 3/31/2010				
Measure	Your Results	State Norm	Regional Norm	National Norm	
Patient Discharge Disposition					
Remained in comm. without formal assistance	65%	60%*	68%*	60%*	
Remained in comm. with formal assistance	6%	10%*	3%	10%*	
Transferred to a non-institutional hospice	0%	0%	0%	0%	
Unknown because patient moved	2%	1%	0%	1%	
UK - Other unknown	0%	0%	0%	0%	
Reason for Hospitalization					
Meds improper admin, side effects, toxicity	0.8%	0.7%	0.6%	0.7%	
Injury caused by fall	1.8%	2.7%*	2.6%*	2.7%*	
Respiratory infection	0.9%	1.0%	0.8%	1.0%	
Other respiratory problem	0.5%	0.7%	0.4%	0.7%	
Heart failure	1.5%	2.0%*	1.6%*	2.0%*	
Cardiac dysrhythmia	0.8%	0.7%	0.9%	0.7%	
Myocardial infarction or chest pain	0.4%	0.8%	0.9%	0.8%	
Other heart disease	0.3%	0.5%	0.6%	0.5%	
Stroke (CVA or TIA)	0.9%	1.4%	1.1%	1.4%	
Hypohyperglycemia, diabetes out of control	2.8%	2.3%	2.3%	2.3%	
GI bleeding, obstruction, constipation, impaction	0%	0.7%	0.6%	0.7%	
Dehydration, malnutrition	0%	0.3%	0.2%	0.3%	
Urinary tract infection	1.0%	1.7%*	1.6%*	1.7%*	
IV catheter-related infection or complication	0.6%	1.7%*	1.3%*	1.7%*	
Wound infection or deterioration	1.8%	2.9%*	3.0%*	2.9%*	
Uncontrolled pain	0.8%	1.0%	0.7%	1.0%	
Acute mental/behavioral health problem	0.0%	0.5%	0.3%	0.5%	
Deep vein thrombosis, pulmonary embolus	0.0%	0.3%	0.2%	0.3%	
Scheduled treatment or procedure	0.0%	1.5%	1.1%	1.5%	
Other than above reasons	2.8%	4.0%*	3.2%*	4.0%*	
UK - Reason unknown	4.8%	4.8%	5.3%	4.8%	

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Determine Root Cause for ACH Rate

Example: ACH rate ALL patients

Measure	Your Results	State Norm	Regional Norm	National Norm
Reason for Hospitalization				
Meds improper administration, side effects, toxicity	0%	0.2%	0.3%	0.2%
Injury caused by fall	2.1%	1.2%	1.3%	1.3%
Respiratory infection	3.1%	2.2%	2.3%	2.4%
Other respiratory problem	4.5%	2.5%	2.6%	2.6%
Heart failure	1.0%	2.2%	2.0%	2.1%
Cardiac dysrhythmia	1.4%	0.6%	0.7%	0.6%
Myocardial infarction or chest pain	1.0%	0.8%	0.9%	1.0%
Other heart disease	0.3%	0.4%	0.4%	0.5%
Stroke (CVA or TIA)	0.3%	0.4%	0.4%	0.6%
Hypohyperglycemia, diabetes out of control	0%	0.3%	0.3%	0.4%
GI bleeding, obstruction, constipation, impaction	1.0%	1.0%	1.0%	0.9%
Dehydration, malnutrition	1.4%	1.4%	1.3%	1.2%
Urinary tract infection	1.4%	1.1%	1.1%	1.3%
IV catheter-related infection or complication	0%	0.1%	0.1%	0.1%
Wound infection or deterioration	1.4%	1.0%	1.1%	1.2%
Uncontrolled pain	0.7%	1.2%	1.2%	0.9%
Acute mental/behavioral health problem	0%	0.5%	0.6%	0.7%
Deep vein thrombosis, pulmonary embolus	0%	0.3%	0.3%	0.3%
Scheduled treatment or procedure	0.3%	1.8%	1.7%	1.5%
Other than above reasons	11.0%	8.1%	7.8%	8.7%

The key to drilling down



Use the Functionality Keys

Date Range, Branch ID, Payer, Clinician, Team, Diagnosis

Agency ID (M0010)	Branch ID (M0016)	N/A	View Reports	
Month	2011 November	Payer(s)		Any Payers
Clinician Name		Team		
Diagnosis				

[Exec Summary](#) |
 [Hosp-EC](#) |
 [Outcomes](#) |
 [Trended Outcomes](#) |
 [Expanded Outcomes](#) |
 [Process Measures](#) |
 [Trended Proc Meas](#) |
 [Expanded Proc Meas](#) |
 [Case Mix](#)

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The key to drilling down



Drill down by COPD (3-digit diagnosis code)

Reason for Hospitalization				
Meds improper administration, side effects, toxicity	0%	0.3%	0.4%	0.3%
Injury caused by fall	3.4%	1.6%	1.8%	1.5%
Respiratory infection	6.9%	2.5%	2.7%	3.2%
Other respiratory problem	0%	4.1%	4.1%	4.7%
Heart failure	6.9%	12.9%	12.2%	11.6%
Cardiac dysrhythmia	3.4%	1.2%	1.2%	1.5%
Myocardial infarction or chest pain	0%	1.6%	1.8%	2.1%
Other heart disease	3.4%	0.4%	0.7%	1.2%

The key to drilling down



Drill down by CHF (3-digit diagnosis code)

Measure	Your Results	State Norm	Regional Norm	National Norm
Reason for Hospitalization				
Meds improper administration, side effects, toxicity	0%	0%	0%	0%
Injury caused by fall	4.5%	3.3%	1.7%	
Respiratory infection	4.5%	3.3%	6.2%	
Other respiratory problem	9.1%	13.3%	9.9%	
Heart failure	6.8%	3.3%	2.7%	
Cardiac dysrhythmia	0%	0%	1%	
Myocardial infarction or chest pain	2.3%	3.3%	1.7%	

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Drilling down enhances insight to your data!

- Data insight provides you:
 - The nitty gritty of what your patient population is experiencing
 - You may discover something you didn't know!
 - Allows for improved clinical decision making
 - Path to best practice interventions
 - Improved outcomes of care

Test Your Knowledge!

Do you utilize the Hospitalization and Emergent Care Report to track your agency ACH rate?

- A. Yes**
- B. No**

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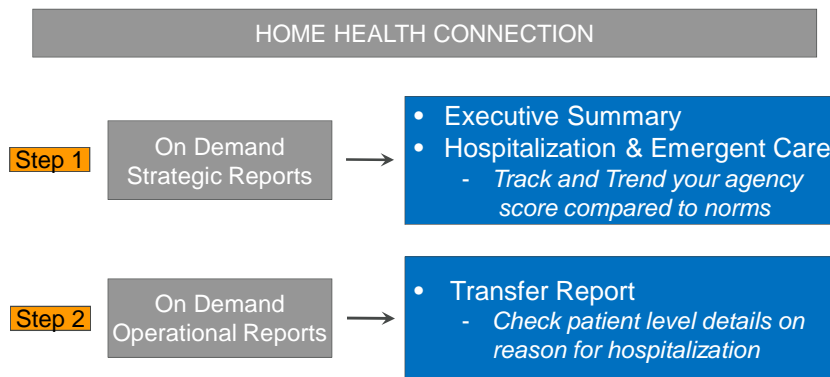
Test Your Knowledge

Do you drill down your agency ACH score using the Hospitalization and Emergent Care report? (at least quarterly?)

- A. Yes**
- B. No**
- C. Not quarterly, but we have drilled down**
- D. Other?**

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Acute Care Hospitalization Roadmap



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Next Month

2012 Message

- The Pathway to Patient Centered Care

The pathway to improving ACH

- The full case study with details for clinical improvements

The OCS “missing link” to ACH

- What OCS report is the most under utilized report in the ACH pathway?
- Join us in January to find out!

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Frequently Asked Questions



ACH

Q: We have been working on reducing ACH for several months and don't seem to be able to reduce our score. What can we do?

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Q: We have been working on reducing ACH for several months and don't seem to be able to reduce our score. What can we do?

A: Utilize the OCS Hospitalization and Emergent Care report to determine the "reasons" for hospitalization. (page 2)

- Drilling down your score by "reason" will enhance your ability to dig deeper into your data.

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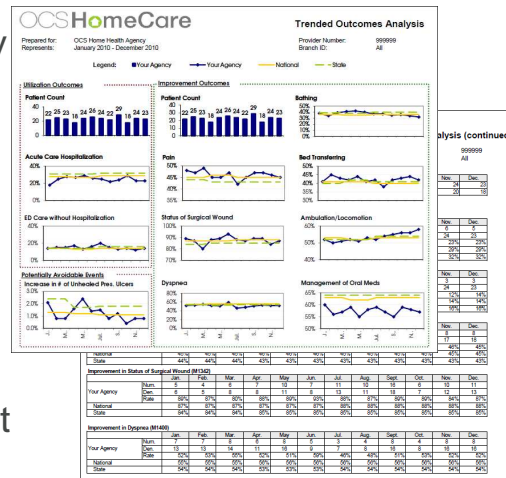
Performance Improvement

Q: What is the best way to track the outcomes for my agency?

Performance Improvement

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A: Utilize the Trended Outcome Report to track the outcome measures. This report displays a run chart that is updated monthly.



OCS Report Use

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A:

- Yes! Use the Executive Summary report as a monthly review of your case weight, outcomes, ACH rate, length of stay, and visit utilization.
- We would also suggest you use the Trended Outcome and Process Measure reports to look at your trends for publicly reported outcomes.

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EDI 5010

Q: Is there anything I need to do for my OCS reports to be converted for EDI 5010 data?

A: No, there isn't! We currently accept EDI 5010 data, but that data will not be represented in live reporting until the January 1, 2012 (the required start date).

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User Management

Q: Do I need to call OCS Client Services every time to reset my password for Connection if I forget mine?

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User Management

A: No, you do not need to call OCS.

- Your agency has at least one designated Connection administrator assigned by OCS at the time of implementation.
- Admins can do everything from reset passwords, to create new users, to help decide which reports an individual user should have access to.
- If your agency's admins aren't familiar with managing user accounts, or if you're an admin that needs a refresher, contact OCS Client Services to get the User Management Tool Guide emailed to you in PDF form!

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