

Coffee Break Boost

Get the Buzz on Your Data

**OCS HomeCare
Monthly Q&A Session
August 30, 2011**

Provided by OCS Education E-learning
Network

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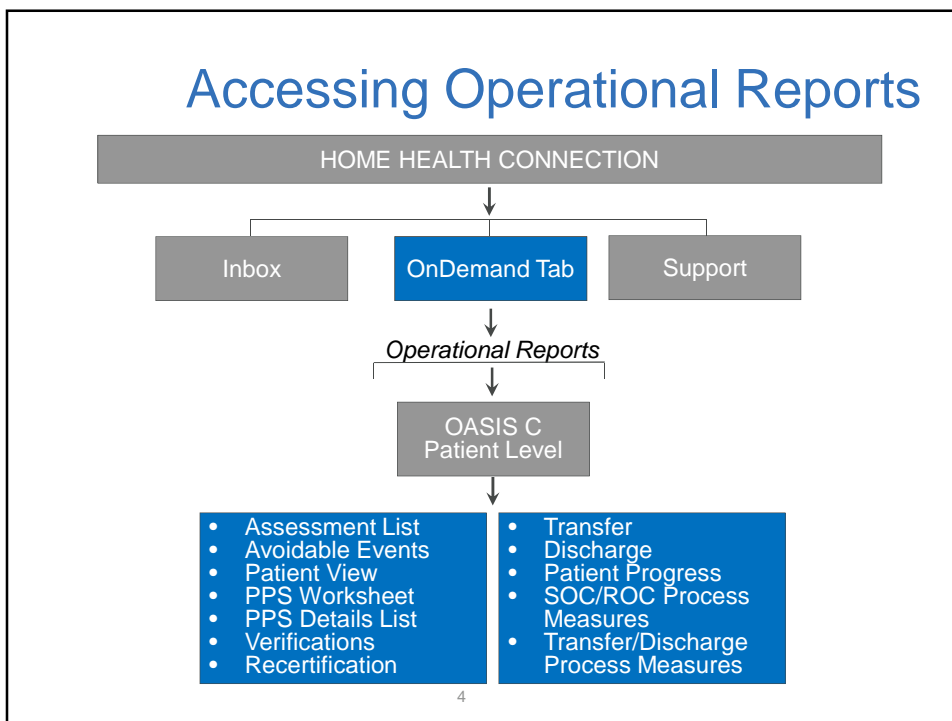
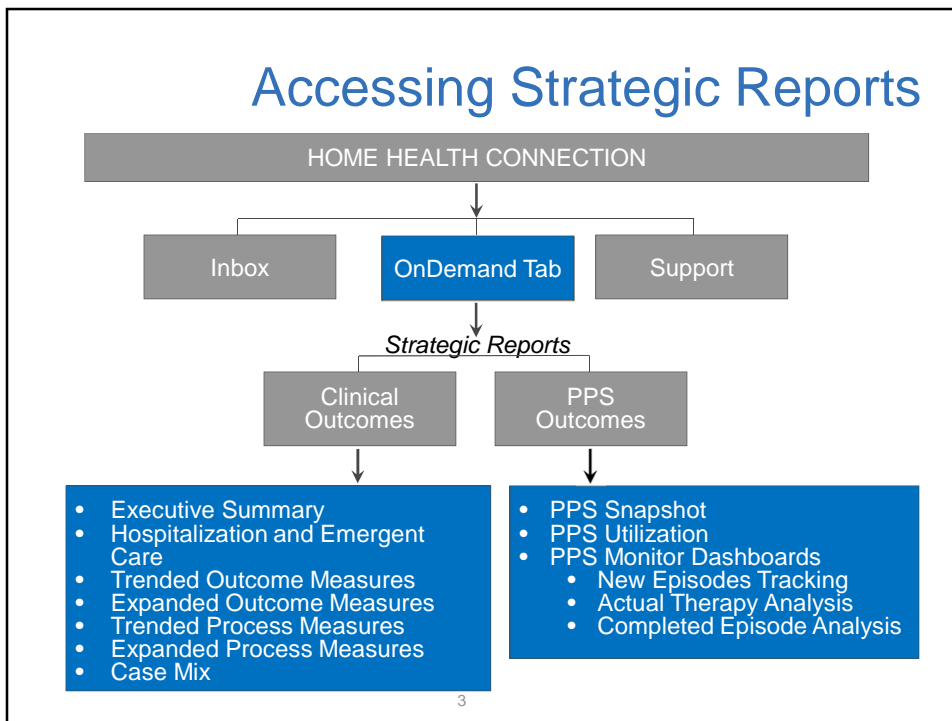
Agenda

- Welcome and Introductions
- Monthly Q&A calls
 - Next call September 27, 2011
- Review of last month Roadmaps
- Using Data Efficiently
- Q&A

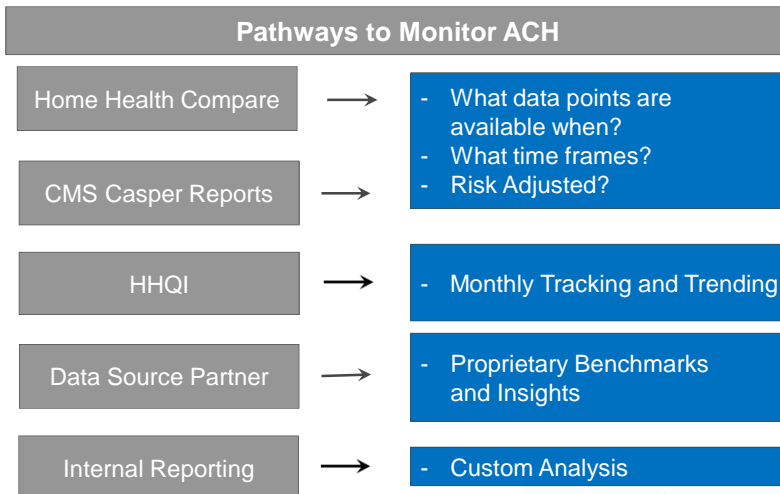


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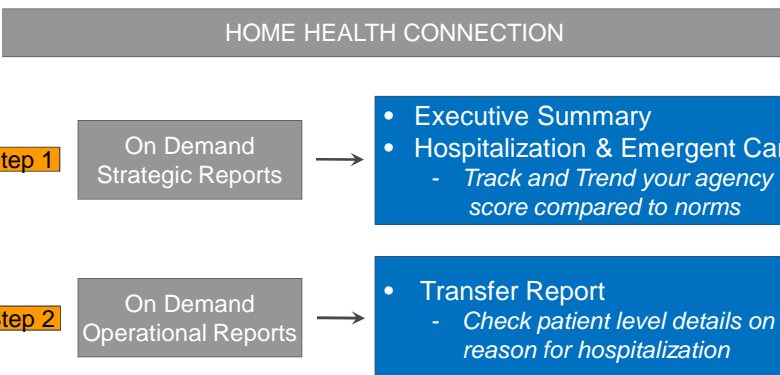
Acute Care Hospitalization Roadmap



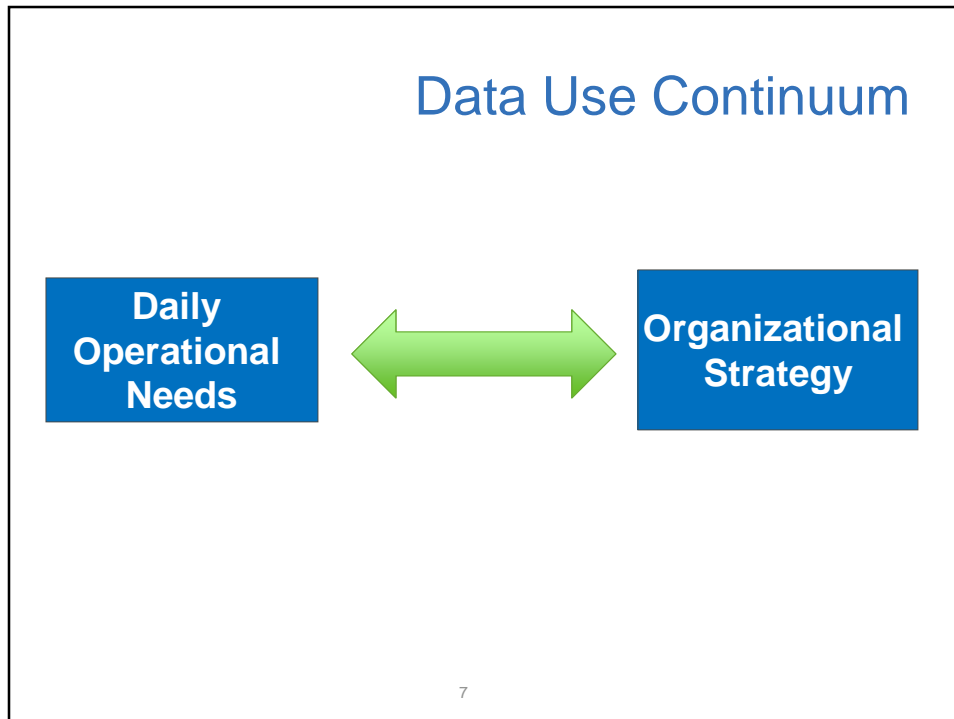
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Acute Care Hospitalization Roadmap



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- ## Where Is Your Organization?
1. Priorities
 2. Focus
 3. Goals
 4. Data knowledge
 5. Data integration abilities
 6. Strategic plan
- OCS
ELEVATING HEALTHCARE INTELLIGENCE

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MY INNERVIEW
BECAUSE KNOWING MORE MATTERS MOST

Data Use

1. Efficiently keep an eye on the state of your organization
2. Inform and influence industry discussions – direction, policy, payment, regulatory
3. Business growth
4. Risk management



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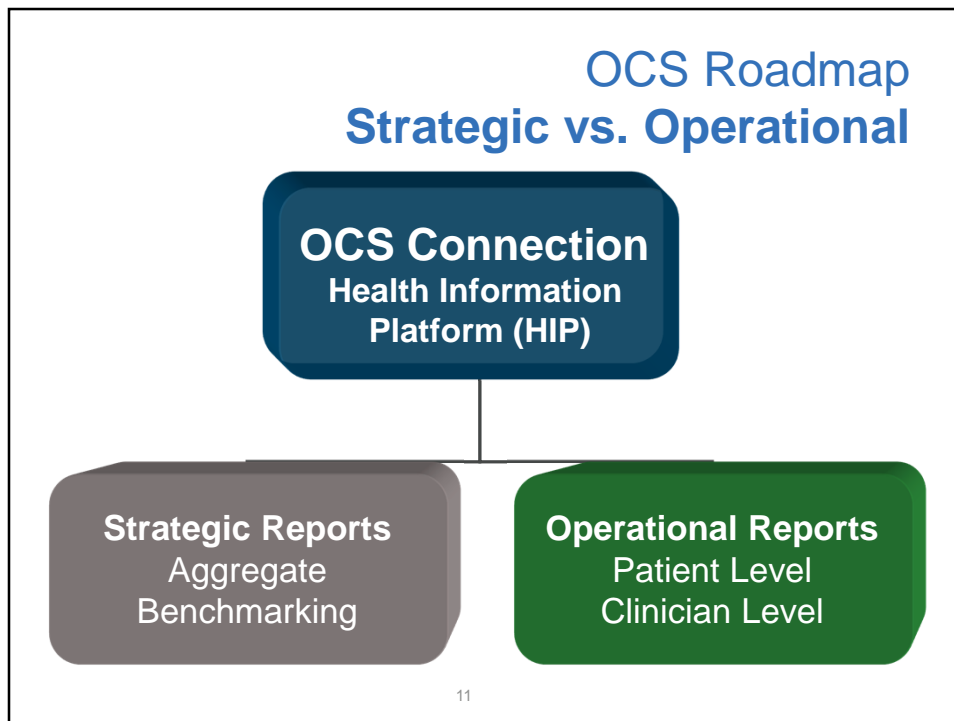
What Data To Use When?

- Two different approaches
 - Top down or strategic
 - Operational day to day management



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Operational Data Types

- Case Weight: SOC vs. Adjusted
- LUPA's
- Outliers
- Potentially avoidable events
- Patient/Clinician/Diagnosis and other views
- Visit Utilization and outcomes-discipline/skill mix



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Operational Data Perspectives

OCS HomeCare

Prepared for: OCS Home Health Agency (99999) Branch: All
 Data Represents: Assessments completed between 7/01/2011 - 7/07/2011

Summary:

	Total	SOC Aims	ROC
Assessments	37	14	
Errors	30	20	
Warnings	46	30	

OASIS Assessments List

OCS HomeCare

Prepared for: OCS Home Health Agency (99999) Branch: All
 Data Represents: February 22, 2011 - February 26, 2011

Summary: 2 Assessments 3 Errors Found 5 Warnings Identified

Patient Name: Fran Crandall **IFA:** 03 - ROC **Clinician:** Karen **Errors:** 0

Warnings:

- Warning: Most patients with responsive (M1710).
- Warning: The plan of care assessment indicates pain.
- Warning: Most patients with

Quality Assurance Patient-Level Verification Report

OCS HomeCare

Prepared for: OCS Home Health Agency Provider Number: 999999
 Data Represents: Assessments completed from 1/25/2011 - 3/02/2011

Summary:

Patient Name (M0040)	Patient ID (M0020)	Assessments	Errors	Warnings
Clinician: Nancy Nurse				
Magrin, Abby	65861405			
Preston, Polly	63541997			
Shepard, Sally	22342763			
Thurgood, Terry	26571354			
Clinician: Amanda Aide				
Papou, Res	51845628			
Osika, Glenn	87512555			
Quaid, Julia	72554845			
Clinician: Connie Care				
Queve, Susie	65423877			
Wright, Jay	55247875			

Errors:

- The number of current stage current ulcers (M1308-b).
- Traditional Medicare is not enrolled (M2200).
- If there are no observable problematic unhealed pressure ulcers (M1308-b).

Warnings:

- Warning: This assessment is a urinary catheter (M1610).
- Warning: Are you sure? Or independent in transferring

Quality Assurance Potentially Avoidable Events

Patient Name (M0040)	Patient ID (M0020)	Assessment Date (M0090)	Assessment Type (M0100)	Emergent Care Reason (M2310)	Injury from Fall	Infectious/Etiologic	Development of UTI	Fracture of Neck, Ulnars	Substantial Decline in 3 or more ADLs	Wound Management	Healing Wound Care	Healing Wound Assist.	Healing Wound Assist.	With Behavior Prob.	With Stage I or Ulcer
Clinician: Nancy Nurse															
Campbell, Bill	9198232	02/25/2011	TND				X								
Kane, Amanda	1002700	02/28/2011	Disch					X							
Moritt, Mark	3527190	02/01/2011	Disch												X
Spector, Allison	7800127	03/01/2011	Disch					X	X						

Prioritize when you can't do it all

- The right information at the right time
- The right perspective
- Big picture to get the lay of the land
- Details driving the results
 - Avoid ground hog day



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Dashboards

- Dashboard Data Sets:
 - OASIS-C
 - HHCAHPS
 - Billing data
 - Visit data
 - Staffing
 - Other



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Dashboards (con't)

- When do you take action, when do you not?
 - Know your base lines
 - Identify variations
 - Benchmarks



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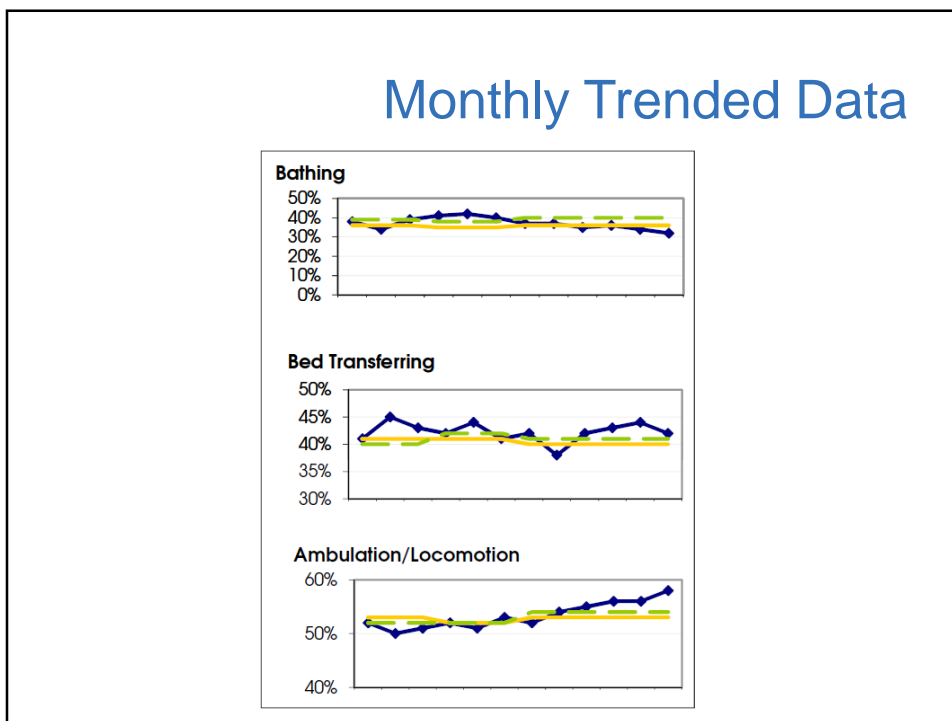
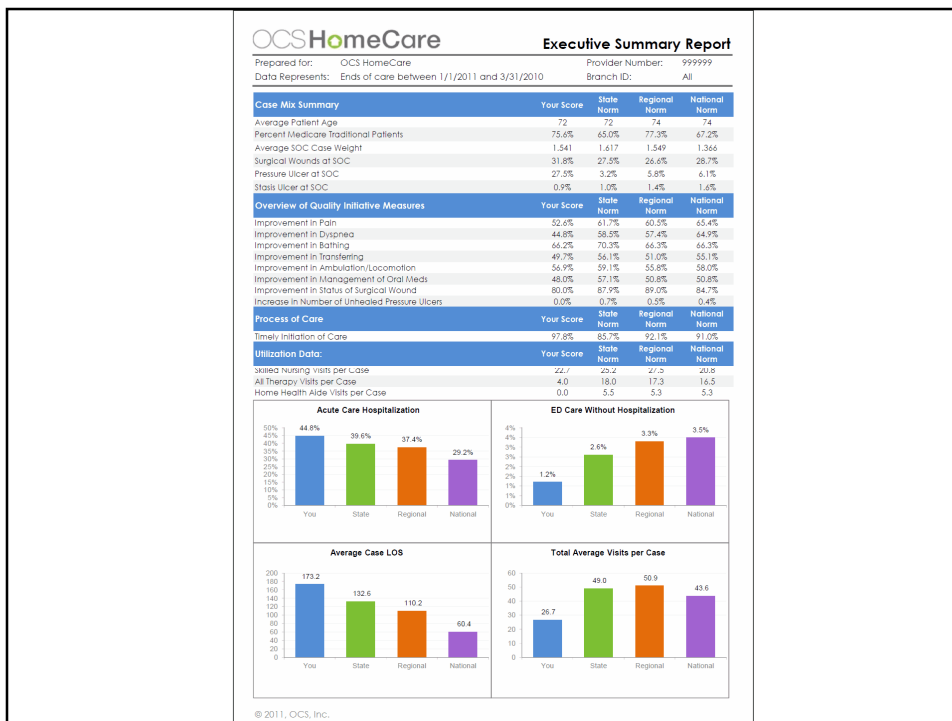
Dashboard Indicators

- Regulatory
- Business
- Staffing
- Finance
- Operations
- Marketing
- Post Acute Care

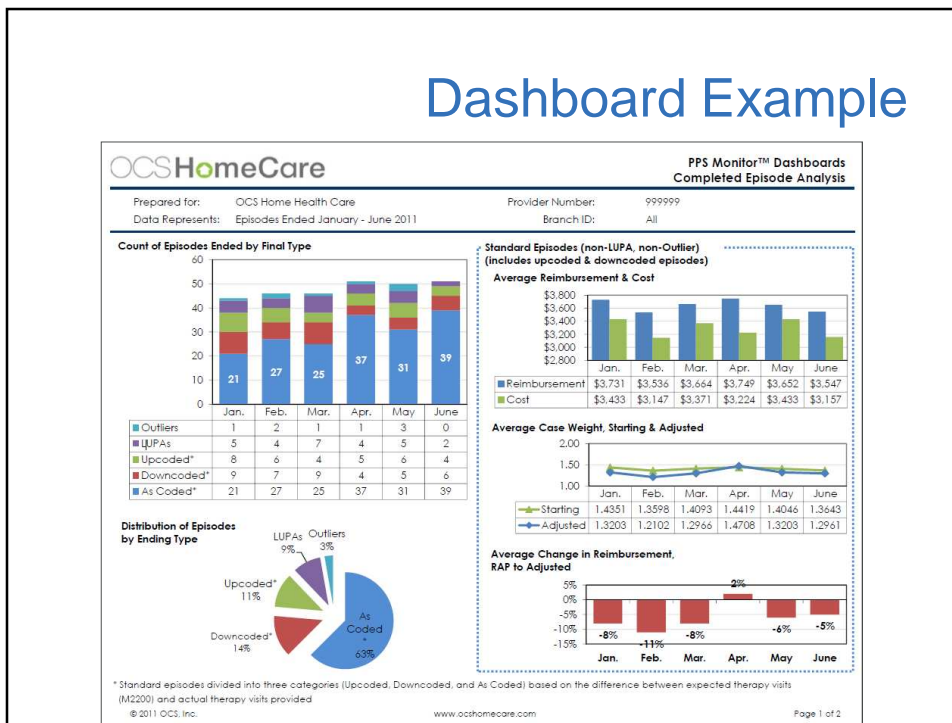


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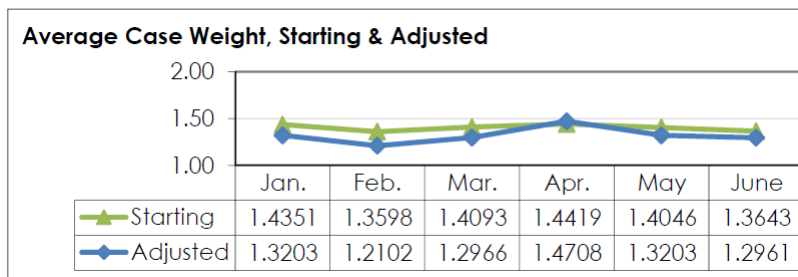




Dashboard Example



Dashboard Example (con't)




Who Uses What Data & When?

Report	Who	When
<ul style="list-style-type: none"> ○ Monthly Dashboard ○ HHC AHPS 	DON, Branch Mgr	Monthly-Quarterly
<ul style="list-style-type: none"> ○ Potentially Avoidable Events ○ Outcomes ○ Process Measures 	Performance Improvement	Weekly-Quarterly
<ul style="list-style-type: none"> ○ Admissions ○ Discharge ○ Patient/Clinician Level Reports 	RN Supervisor	Daily-Weekly

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Digging Into The Details



OASIS Assessments List

Prepared for: OCS Home Health Agency (999999) Branch: All

Data Represents: Assessments completed between 7/01/2011 – 7/07/2011

Summary:

	Total	SOC Asmnts	ROC Asmnts	Recerts	Other Follow-up	Trans ND	Trans D	Death	Disch
Assessments	37	14	1	9	0	4	2	7	0
Errors	30	20	0	6	0	0	0	4	0
Warnings	48	30	6	5	0	0	0	7	0



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Frequently Asked Questions



Potentially Avoidable Events

Q: I am trying to run a report and I select the date range of 8/1 – 8/28. Why is the 'Includes Assessment Completed (M0090)' date range not match what I asked for?

A: We show the actual M0090 dates included in the report –what is 'requested' has either not been sent to OCS or does not apply to the report

Potentially Avoidable Events

Agency ID (M0010)

Completed Bet and

Clinician Name

Team

Branch ID (M0016)

Payer(s)

Patient Name

Diagnosis

C - Assessment List C - Avoidable Events C - PatientView PPS Worksheet C - PPS Details List C - Verifications C - Recertification C - Transfer

C - Discharge C - Patient Progress SOC/ROC Proc Meas Trans/Disch Proc Meas

1 of 1 100% Find | Next Select a format Export

Quality Assurance
Potentially Avoidable Events

Prepared for:

Data Represents: Assessments Completed (M0090) between: 8/1/2011 and 8/28/2011
Includes Assessments Completed (M0090) from 8/4/2011 to 8/17/2011

Patient Name (M0040)	Patient ID (M0020)	Assessment Date (M0090)	Assessment Type (M0100)	Emergent Care Reason (M2310)				Substantial Decline	Discharge to Community										
				Injury from Fall	Wound Problem	Medication Problem	Hypo/hyperglycemia		Development of UTI	Increase in # of Pres. Ulcers	In 3 or more ADLs	Needs Management	Needing Wound Care	Needing Med. Assist.	Needing Toileting Assist.	With Behavior Problems	With Stage II Pres. Ulcer		

User Management

Q: I do not see the new report options in OnDemand – what I am doing wrong?

A: Your OCS Connection administrator at your agency has permission to all new reports

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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?

A: Dig into the details- utilize the OCS Hospitalization and Emergent Care report

- Identify reasons, diagnosis, and payer

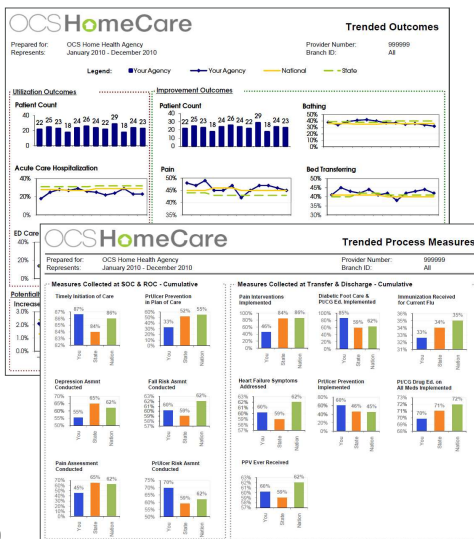
OCS HomeCare		Hospitalization and Emergent Care (cont.)		
Prepared for:	OCS Home Health Agency	Provider Number:	999999	
Data Represents:	Ends of care between 3/1/2010 and 3/31/2010	Branch ID:	All	
Measure	Your Results	State Norm	Regional Norm	National Norm
Patient Discharge Disposition				
Remained in comm. without formal assistance	65%	60%**	68%*	69%**
Remained in comm. with formal assistance	6%	10%**	3%*	10%**
Transferred to a non-institutional hospice	0%	0.4%	0.7%	0.4%
Unknown because patient moved	2%	1%	0.5%	1%
UK - Other unknown	0%	0.3%	0.2%	0.3%
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%	0.6%	0.7%
Heart failure	1.4%	2.0%**	1.6%*	2.0%**
Cardiac dysrhythmia	0.8%	0.7%	0.3%	0.7%
Myocardial infarction or chest pain	0.4%	0.8%	0.7%	0.6%
Other heart disease	0.3%	0.5%	0.6%	0.5%
Stroke (CVA) or TIA	0.9%	1.4%	1.1%	1.4%
Hypertension/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 debridement	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	0.9%	1.4%	1.1%	1.4%
Other than above reasons	2.8%	4.0%**	3.4%*	4.0%**
UK - Reason unknown	4.6%	4.6%	5.3%	4.6%



Performance Improvement

Q: We are most concerned about the outcomes and process measures that are publicly reported – What reports should I look at?

A: Utilize the Trended Outcome Report to track the outcome measures and the Trended Process Measures Report to track the process measures



OCS Report Use

Q: We are a small agency with limited resources and don't have the time we would like to look at the OCS reports on a regular basis. Are there one or two reports that we can look at to keep track of how my agency is doing?

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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Improving Ambulation/Locomotion

Q: I want to understand the details of our score for improving ambulation/locomotion. What report do you suggest?

A:

- Case Mix Report (Strategic Report)
 - Focus on the Primary Diagnoses
- Trended Outcomes Report (Strategic Report)
 - Drill down by diagnosis
- Utilize the Discharge Report (Operational Report)
 - Drill down by diagnosis

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