

OASIS Alert

Assessment: SHOW YOUR STAFF WHY THESE ITEMS AFFECT YOUR REPUTATION

It's time to focus on a topic many people hesitate to discuss.

Master these five critical M0 items--or get ready to explain your unsatisfactory outcomes to patients and referral sources.

Remember, your patient outcomes--as well as reimbursement--depend on accurate answers to the underlying M0 items, says clinical consultant **Lynn Yetman** with St. Petersburg, FL-based **Reingruber & Co**. As with other outcomes, review the five M0 items underlying the three new Home Health Compare measures with your staff to ensure consistency in their responses, experts advise.

Here are the basics you need to know for the three new items:

1. Discharge to the community--translated into consumer language as "percentage of patients who stay at home after an episode of home health care ends"--comes from the answers to M0100 and M0870 on the transfer or discharge assessment.

How it works: The more patients who receive "1" on M0870 (Patient remained in the community [not in hospital, nursing home or rehab facility]), the better the agency's score on this item. State rates ranged from 56 percent to 79 percent for this outcome as of March 2005, the **Centers for Medicare & Medicaid Services** says.

Helpful: CMS instructs discharge to the community is not calculated if:

- the patient died at home;
- the patient was non-responsive on admission (M0570 or M0580) and thus excluded from all outcome measure calculations; or
- the answer to M0870 (Discharge Dispositions) is "UK" (Other unknown).

Planning: Work with hospital discharge planners to prevent premature discharges to home health and subsequent re-hospitalizations, suggests **Christi Jarrett**, clinical supervisor at **Lake Norman Home Health** in Mooresville, NC.

Include the patient on the care team from the beginning, to develop realistic goals and encourage independence, advises occupational therapist **Carol Siebert** with the **University of North Carolina** in Chapel Hill. Focus on high risk patients to keep patients out of institutions (see OASIS Alert, Vol. 6, No. 4).

2. Improvement in dyspnea--"Percentage of patients who are short of breath less often"--is based on M0490.

How it works: For this outcome, agencies want the numerical value of the answer to M0490 to be less at discharge than it was at start of care or resumption of care, CMS explains. State rates ranged from 46 percent to 84 percent for this measure as of March 2005, the agency reports.

Exception: CMS says improvement in dyspnea is not calculated if:

- the patient has no shortness of breath at SOC or ROC;

- there is no discharge assessment because the patient transferred to an inpatient facility or died at home; or
- the patient was non-responsive on admission (M0570 or M0580) and thus excluded from all outcome measure calculations.

The next step: Improvement in dyspnea is one of the outcome measures most frequently chosen for focused efforts by Texas home health agencies, reports the Quality Improvement Organization **TMF Health Quality Institute** (formerly the **Texas Medical Foundation**). THQI offers a wide variety of resources to assist agencies at its Web site: www.tmf.org/homehealth/resourcelibrary/outcomes/Dyspnea/index.htm.

3. Improvement in urinary incontinence--"Percentage of patients whose bladder control improves"--is based on OASIS questions M0520 and M0530.

How it works: Agencies want to see the value assessed on M0520 or M0530 decrease between SOC/ROC and discharge, indicating less frequent or no incontinence at discharge, or a catheter no longer present at discharge. State rates for this outcome ranged from 31 percent to 65 percent as of March 2005, CMS says, with 24 states below the national average of 49 percent.

Exclusions: Improvement in urinary incontinence is not calculated if:

- the patient had no catheter or incontinence on admission;
- the patient was transferred to an inpatient facility or died at home; or
- the patient was non-responsive on admission (M0570 or M0580) and thus excluded from all outcome measure calculations.

Try this: Ten percent of those over 65 have incontinence, CMS reports, and it is much more common in women. If you follow the OASIS manual instructions carefully, "just about every patient you see will have urinary incontinence," notes Chicago-based consultant **Rebecca Friedman Zuber**.

Don't be deterred from asking probing questions, Yetman urges. Patients are reluctant to admit incontinence, especially stress incontinence, and nurses often react to the patient's discomfort by moving on to another topic, she notes. If you wait until later in the episode--when the patient is more comfortable with you--to probe further, it will look like the patient got worse during the episode instead of better, experts warn.

Note: For an explanation of the new measures and links to resources to help in improvement efforts, go to www.cms.hhs.gov/quality/hhqi/September2005Revisions.pdf.