

OASIS Alert

Process Measures: Do Your Process Measures Reflect Your Practice?

Prevent your OASIS data from saying 'We don't do a good job.'

Your agency works hard to give your patients the best care, but do your process measure scores reflect your efforts? Make sure you're not shortchanging your business with inaccurate responses to these key OASIS items.

Understand Process Measures

Process measures assess the agency's performance of evidence-based practices regardless of patient outcomes, says **Julianne Haydel** of **Haydel Consulting Services** in Baton Rouge, La.

For example: One process measure looks at whether an agency offers flu shots consistently. "A patient could, conceivably get the flu even with a flu shot but these measures are examining what the agency does," Haydel says. Process measures do not focus on the outcome of the actions although there should be a direct correlation, she says.

Process measures are the best practices the **Centers for Medicare & Medicaid Services** wants us to put into play, says **Lynda Laff, RN, BSN, COS-C**, with **Laff Associates** in Hilton Head Island, S.C. These are best practices designed to improve patient outcomes, she says.

Think of process measures as behavior modification, Laff says. "It starts with CMS encouraging us. These activities aren't required, but they want us to do them. Fall risk assessment is common sense. Pain assessment is good care," she says.

When CMS first announced that OASIS data would be used to calculate process measures, some agencies were offended and didn't take them seriously, Laff says. But under a Pay for Performance model, which many observers expect to come relatively soon, CMS will look at these items, she says.

Note: For a list of the publicly reported process measures, see the table on page 91.

Take the Next Step

Process measures look at clinical behavior, says **Rhonda Will, RN, BS, COS-C, BCHH-C**, with Northampton, Mass.-based **Fazzi Associates**. They report the practices the clinician or the team conducted for the patient. This is a chance for your agency to report how good you really are, she says.

At this point, process measures just look whether your agency participates in these best practices and how frequently, Will says.

But in the future, will CMS connect the dots? "If you are performing all these best practices, [CMS may begin to ask] 'Why are you getting so many pressure ulcers? Why are there so many re-hospitalizations?'" Will expects.

Don't miss: Following best practices is a good thing, but you need to make sure you're also taking the next step, Will cautions. How does this benefit the patient?

For example: OASIS item M1240 □ Pain Assessment has a high compliance rate. And M2250e asks whether you collaborated with the physician to establish pain interventions, Will points out. Then there's the outcome measure for

how much you improved the patient's level of pain based on your M1242 □ Frequency of Pain Interfering. "Looking at Home Health Compare to see how agencies are doing with quality measures, it looks like many agencies are doing a good job with the first two items, but the ability to improve a patient's frequency of pain isn't as good," Will says.

"Agencies should think about what this means," Will warns. "Are they not spending enough time with the patient? Are the interventions the agency puts into place not strong enough, ineffective, or wrong?"

Take away: "When looking at your Home Health Compare averages of these publicly reported measures, be sure to ask yourself whether your agency is doing anything with the information you gather or if the data is only being gathered so you can answer the OASIS question," Will advises.

Don't get discouraged with certain measures. Your frequency of pain improving numbers will never be as high as the other pain items, because you're bound to have patients with chronic pain, for example. But you can help other patients to better manage their pain, Will says.

Don't Miss This Opportunity

Among the publicly reported process measures are two which track flu and pneumonia vaccines. By gathering this data, CMS appears to be trying to get home health agencies to give these shots, but that's not the case, Will says.

Instead, "the behavior CMS is considering here is about seeing if the patient is immunized. You get credit for this item if you provide the immunization, but also if you uncover that another provider has given the patient his flu or pneumonia shot," Will says. OASIS item M1040 asks if the patient received his flu shot from you. If you answer "No" you move onto M1045 which asks if the patient received the shot elsewhere.

When CMS calculates the process measure, it looks at the "Yes" answers from M1040 and the "1" and "2" responses from M1045. It adds all of these responses together for the publicly reported score, Will explains.

Your agency also receives private reports of the shots offered and declined and a report that tracks when the vaccine was contraindicated (responses "4" and "5"), Will says. Put all those scores together and you can see how staff is moving patients to being immunized, she says.

Problem: "In reality, when a patient is being discharged, vaccine information isn't always handy, so there's a temptation to report "7 □ None of the above" for the immunization items," Will says. "This dilutes the best practice and the agency doesn't get the credit it deserves."

Solution: Agencies doing well with the immunization items tend to provide a process for getting the appropriate information to the clinicians, Will says.

Some clinicians in the field don't see the value in reporting this data accurately, Will says. They don't realize they're giving CMS an answer of "I haven't done anything to promote my patient's good health" when they report "None of the above" for the immunization items, she says.

Don't think of the OASIS process measure questions as simply more bothersome items to fill out, Will urges. These questions can help your agency to get credit for behavior that promotes patient health.