

Home Care Community Forum

Certificate of Attendance

Awarded to

For Participating in

All About Outcomes for LHCSAs

A training program provided by
Community Health Care Services Foundation, Inc.

Date _____

Signed _____

Home Care Community Forum
 Community Health Care Services Foundation, Inc.
 99 Troy Road, Suite 200
 East Greenbush, NY 12061
 Phone: 518/463-1167 Fax: 518/463-1606

Agency Evaluation Form

This form is to be completed by the agency trainer supervising participation in the Home Care Community Forum.

All About Outcomes for LHCSAs

Community Health Care Services Foundation, Inc. (CHC) needs your feedback so we can continue to provide quality educational materials for you. Please let us know how you liked this program and how many of your staff took part! Simply fill out this form and return to CHC by mail or fax.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
In general, this was a good program.					
The information presented was useful to our staff.					
The material was presented in a manner that was easy to understand.					
The trainer was knowledgeable and easy to understand.					
The time of the conference call was convenient.					
The workbook is a valuable tool.					
The program topic was adequately covered in the time allotted.					
I will use the CHC website as an educational resource.					
I plan on continuing to participate in this program.					

I would like to have the written material in another language. Specify: _____

Name of Agency _____ Contact Person _____
 Type of Agency _____ Are you a member of HCP (circle one)? Yes No
 Address _____
 Phone _____ Email address _____

Number of staff members participating: _____ Date: _____
 Job Titles: PCA ___ HHA ___ LPN ___ RN ___ Other ___

Number of staff expected to participate through the website: _____
 I plan on using this material in future in-service training programs (circle one). Yes No
 Comments or suggestions:

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WORKBOOK #18
All About Outcomes for LHCSAs
QUIZ ANSWERS

1. F
2. T
3. F
4. T
5. F
6. T
7. F
8. T
9. T
10. T
11. F
12. F



Workbook #18

All About Outcomes for LCHSAs

Community Health Care Services Foundation, Inc.

99 Troy Road, Suite 200

East Greenbush, New York 12061

(518) 463-1167 Fax (518) 463-1606

Welcome!

The Home Care Community Forum is an educational program for home care professionals and paraprofessionals developed by Community Health Care Services Foundation, Inc. (CHC) in recognition of all their hard work in difficult circumstances. This educational series began in 2003 and consisted of 12 in-service programs funded by a New York State Department of Labor grant secured by CHC. All educational material related to prior programs remains available from CHC's website (www.chcforum.org).

Even though the DOL grant has finished, CHC felt strongly that similar programming should continue to be available to the home care community. This, the 18th program in the Home Care Community Forum series, is sponsored by the **New York State Association of Health Care Providers, Inc. (HCP)**, a statewide trade association representing the full spectrum of home care and hospice agencies in New York. Organizations interested in sponsoring future Home Care Community Forum programs may contact John Wheatley at 518/463-1167, ext. 808 or wheatley@nyshcp.org.



“All About Outcomes for LCHSAs” is presented by Kathryn Crisler, MS, RN and Angela Brega, PhD, of the Center for Health Services Research, University of Colorado Health Sciences Center.

PESO, a pilot demonstration project featuring the use of a new data set developed specifically for use in Licensed Home Care Services Agencies (LHCSAs), extended the application of Outcome-Based Quality Improvement (OBQI) in New York State. The new data set was specifically developed to measure the outcomes of LHCSA patients, particularly those receiving personal care services, and received two rounds of testing prior to being implemented in the pilot demonstration project. Agencies participating in the project received their first reports (outcome, case mix, adverse event, and patient satisfaction) in November 2004. Contents of these reports and anticipated uses for this feedback will be presented. This presentation will provide an overview of the project.

The complete PESO Data Set Assessment Guide can be downloaded from the Community Forum section of the CHC website (www.chcforum.org).

The Home Care Community Forum is a major section of CHC's website at www.chcforum.org. The workbooks and the audio conferences are available on the CHC website shortly after they are first presented. Additional materials of interest for home care workers are also there. We invite you to visit often.



All About Outcomes for LHCSAs

Learning Objectives:

By the end of this program, participants will learn:

1. What Outcome-Based Quality Improvement (OBQI) is.
2. How OBQI is applicable to LHCSAs.
3. The measurement standards and processes of OBQI.
4. Why the Personal Skilled Care Outcomes (PESO) project started and its goal.
5. The results of PESO to date.
6. How the PESO demonstration impacts LHCSAs.
7. What “feedback” reports are and how agencies can use them.

Glossary

Adverse Events	Events that identify potential problems in care provision because of their negative nature and relatively low frequency (e.g., increase in the number of pressure ulcers).
Case	A matched pair of assessments for a single patient used to compute an outcome.
Case Mix Report	A report that provides descriptive information about the patients cared for by a specific agency as well as a reference sample of patients from other agencies.
Case Mix Tally Report	A report that identifies each patient’s value for a case mix attribute at the patient's first assessment within the reporting period.
Data Item	A data item is an individual question included in an assessment data set.
Data Set	The entire collection of data items included in an assessment instrument.
Decline	The change that results when a patient is more disabled or dependent (i.e., has worsened) at the end than at the beginning of the care episode.
Eligible Cases	The number of cases for which patients had the potential to achieve the specific outcome of interest.
End-Result Outcome	Outcome measures that reflect a change in patient health status from the beginning to the end of an episode of care.
Episode of Care	See Case
Health Status	Broadly defined to include physiologic, functional, cognitive, emotional, and behavioral health. PESO assessments address each of these areas.
Improvement	The change in health status that results when a patient is less disabled or dependent at the end than at the beginning of the care episode.
Negative Change in Health Status	The label applied to those outcome measures that indicate a decline or worsening of a patient's health status.
Outcome	A change in patient health status between two time points. Outcomes can be positive, negative, or neutral changes. Changes can be due to the care provided, natural progression of disease and disability, or both.

Outcome Analysis	The first phase of OBQI, consisting of collecting and analyzing uniform data to produce outcome and case mix reports.
Outcome Enhancement	The second phase of OBQI, consisting of selecting target outcome(s), investigating to determine key care behaviors that influenced the target outcome(s), and developing, implementing, and monitoring a plan of action to remedy inadequate care or to reinforce exemplary care practices.
Outcome Indicator	An aspect of health status that is expected to be influenced by health care services
Outcome Measure	The quantification of an outcome indicator, specifying how the indicator will be measured.
Outcome Report	A report that compares the outcomes of one agency’s patients to the outcomes of a reference sample of patients from other agencies.
Outcome Tally Report	A report that contains a listing of all patients included in the outcome report, detailing whether or not the patient achieved each outcome.
Outcome-Based Quality Improvement(OBQI)	A two-stage continuous quality improvement (CQI) approach, premised on the principle that patient outcomes are central to CQI. The two stages of OBQI are outcome analysis and outcome enhancement.
Plan of Action	A document that displays the results of the process to develop and implement, for a specific target outcome, a remedy to problems identified in care delivery or to reinforce excellent care practices.
PESO	Acronym for the P ersonal and S killed Care O utcomes data set, tailored specifically to measure outcomes for LHCSA patients.
PESO AMIGO	Acronym for the PESO data entry, quality check, and data export software, PESO A ssessment-based I nterface for Encoding O utcomes Data.
Positive Change in Health Status	The label applied to those outcome measures that indicate an improvement in a patient’s health status.
Reliability Testing	A form of field testing that focuses on ensuring that data items are interpreted similarly and used consistently by different clinicians.
Risk Adjustment	A statistical technique intended to minimize the effects of risk factor differences when comparisons are made between two samples of patients. By controlling for differences between an agency’s case mix and that of the reference group, risk adjustment permits an “apples to apples” comparison of outcome results.
Target Outcome	The outcome measure selected by the home care agency to address in the Plan of Action.
Utilization Outcome	A type of health care utilization (or non-utilization) that reflects a substantial change in patient health status. Examples of utilization outcomes are hospital admission and use of emergent care services.

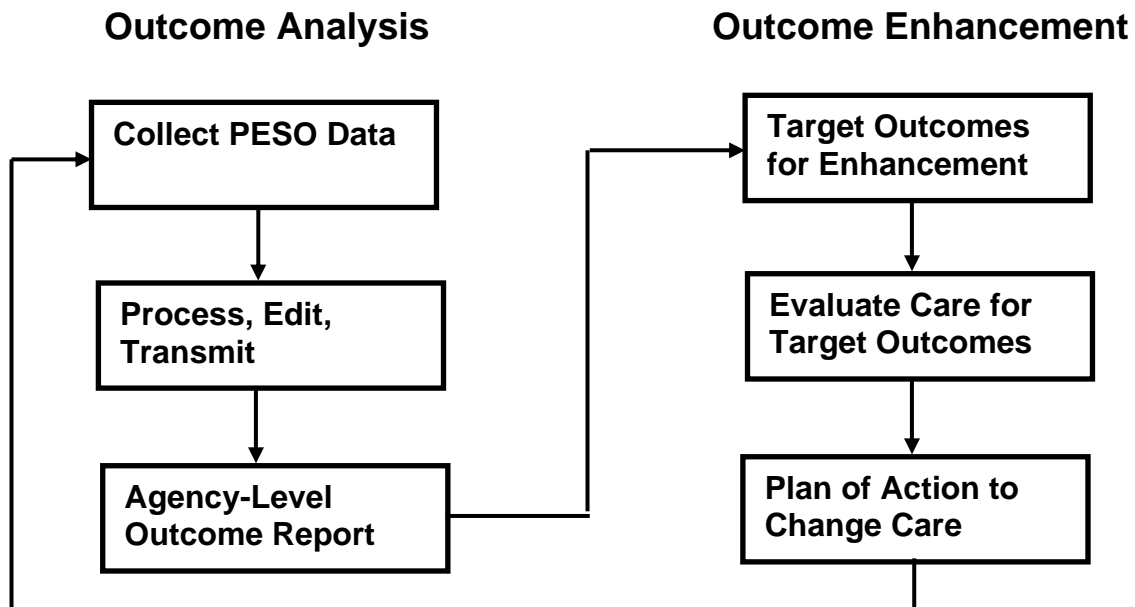
LICENSED HOME CARE in NYS

- Large multipurpose industry
- 1400 agency sites
- Poses a regulatory surveillance challenge

OUTCOME-BASED QUALITY IMPROVEMENT (OBQI)

- OBQI is a two-stage process
 1. Outcome Analysis
 2. Outcome Enhancement

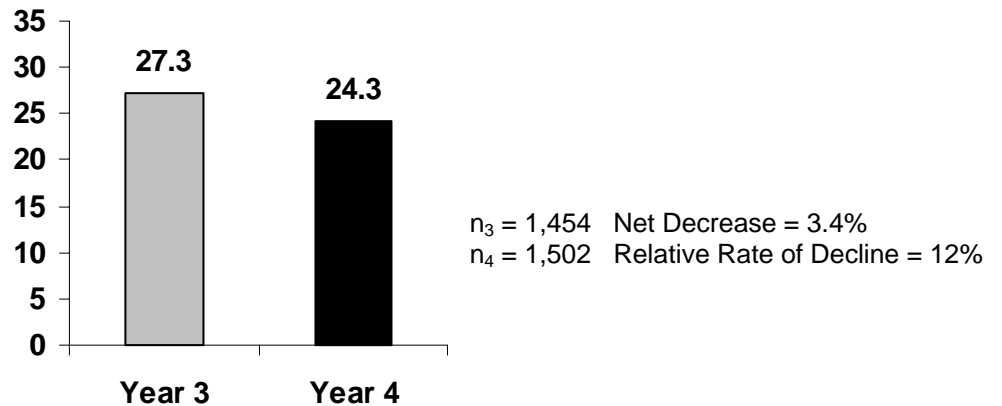
OBQI Applications Framework



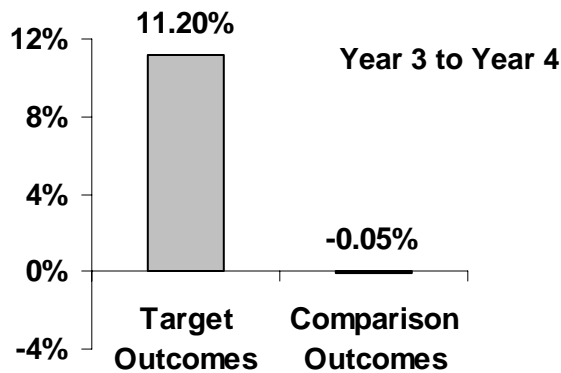
EXPERIENCE SHOWS THAT OBQI WORKS IN NYS

- Agencies can improve target outcomes
- Positive impact on patient health status
- Results replicated those of the national demonstration

**OBQI IMPACTS ON HOSPITALIZATION:
PERSONAL CARE PATIENTS -- NYS DEMO
Risk-Adjusted Hospitalization Rates: 1999-2001**



**OBQI IMPACTS ON
HEALTH STATUS OUTCOMES:
PERSONAL CARE PATIENTS -- NYS DEMO
Percent Improvement in Risk-Adjusted Outcomes: 1999-2001**



PHASE 3 PILOT DEMONSTRATION - PESO

This demonstration was designed to produce a Personal and Skilled Care Outcome data set together with:

- (1) item-level strategies for assessing patients to obtain required information
- (2) clarifying definitions and response-specific instructions known as “prompts”

- Natural extension of Phases 1 and 2
- Focus on licensed agencies and patients served

Personal and Skilled Care Outcomes (PESO) Data Set

- Useful for uniform patient assessment and care planning
- Foundation for outcome-based quality monitoring and improvement activities
- Tailored to the needs of LHCSAs

Specification of Patient Outcomes

- Review of literature and information about personal care program
- Identification of relevant outcomes
- Focus on compensated functioning and potential decline
- Review of outcome indicators
 - University of Colorado
 - Stakeholders from New York State
- 71 outcomes were retained

Key Features of PESO Outcome Measures

- Address both positive and negative change
 - Improvement in Bathing (+)
 - Decline in ADL Ability (-)

- Address both patient ability and performance
 - Improvement in Grooming
 - Improvement in Ability to Groom

Data Item Specification/Development

- 80 existing assessment tools reviewed for relevant data items
- All relevant existing items reviewed by clinical and research staff
- Best data item for each outcome indicator selected and revised as appropriate or a new item developed

Field Testing

- Feasibility testing
- Reliability testing
 - First phase
 - Second phase

Phase 3 Pilot Demonstration

- Test of new personal care outcome measures
- Test of new risk adjustment approaches
- Data collection period: September 2003 – October 2004

Participating Agencies

- 16 licensed agencies
- 1 assisted living program
- 5 regions of New York State
- Size variations

Demonstration Protocols

- Patient assessment
- Patient consent/HIPAA authorization
- Data collection intervals
- Data entry and transmission
 - PESO AMIGO software

Patient Types

- Skilled care
- Personal care
- Private pay

Data Collected

- Health status
- Functional status
- Utilization of services
- Satisfaction with care

Feedback Reports

- Reports detailed individual agency's patient outcomes compared to a reference group
- Supplemental agency - and patient - level reports
- Reports used by each agency to develop Quality Improvement plan

Conclusions

- PESO data items are useful for multiple agency purposes
- Outcomes can be computed for LHCSA patients and compared to reference rates
- Feedback reports can be used by LHCSAs to develop a quality improvement plan
- Potential exists for expansion to a full-scale OBQI demonstration

QUIZ

1. The Outcome-Based Quality Improvement (OBQI) method relies on the collection of systematic data regarding agency care processes.
a) True b) False
2. The second stage of the Outcome-Based Quality Improvement method is termed Outcome Enhancement.
a) True b) False
3. Past experience with OBQI in New York State has indicated that it is effective only in certified home health agencies (CHHAs).
a) True b) False
4. An outcome is defined as a change in patient health status between two time points.
a) True b) False
5. The development of appropriate assessment data items begins with the specification of processes of care that lead to optimal patient outcomes.
a) True b) False
6. The outcome measures computed from PESO items address both positive and negative changes in patient health status.
a) True b) False
7. Compensated functioning reflects a patient's ability to complete functional tasks independently.
a) True b) False
8. Reliability testing evaluates the degree to which a data item is answered consistently by different clinicians assessing the same patient.
a) True b) False
9. Risk adjustment is the process of controlling for baseline health, social, and demographic characteristics in the analysis of patient outcomes.
a) True b) False
10. In the pilot demonstration, the PESO data items were used for patients receiving skilled care and/or personal care.
a) True b) False
11. In the pilot demonstration, the reference group for the feedback reports consisted of all licensed agencies in New York State.
a) True b) False
12. The outcome reports were used by participating agencies to meet state licensure requirements.
a) True b) False

TABLE 1: Draft PESO Outcome Measures.**IMPROVEMENT MEASURES (N=37)**

Improvement in Grooming
 Improvement in Ability to Groom
 Improvement in Bathing
 Improvement in Dressing Upper Body
 Improvement in Dressing Lower Body
 Improvement in Toileting Ability
 Improvement in Transferring
 Improvement in Ambulation/Locomotion
 Increased Independence in Mobility
 Improvement in Feeding/Eating
 Improvement in Laundry
 Improvement in Housekeeping
 Improvement in Meal Preparation
 Improvement in Medication Management
 Improvement in Obtaining Needed Items
 Improvement in Urinary Incontinence
 Improvement in Bowel Incontinence
 Improvement in Constipation Frequency
 Decrease in Nutritional Risk
 Improvement in Hydration Status
 Improvement in Falls
 Improvement in the Number of Wounds/Lesions
 Decrease in Pain Interfering with Daily Activities
 Decrease in Frequency of Pain
 Decrease in Severity of Pain
 Decrease in Dyspnea
 Improvement in Orientation to Place and Time
 Improvement in Cognitive Functioning
 Decrease in Frequency of Confusion
 Decrease in Depressive Symptoms
 Decrease in Frequency of Anxiety
 Decrease in Frequency of Behavior Problems
 Decrease in Feelings of Isolation
 Improvement in Knowledge of Emergency Procedures
 Improvement in Ability to Implement Emergency Procedures
 Improvement in Ability to Use Phone to Summon Help
 Improvement in Quality of Life

DECLINE MEASURES (N=31)

Decline in Grooming Ability
 Decline in Bathing Ability
 Decline in Ability to Dress Upper Body
 Decline in Ability to Dress Lower Body
 Decline in Toileting Ability
 Decline in Transferring Ability
 Decline in Ambulation/Locomotion
 Decline in Ambulation/Locomotion Ability
 Decreased Independence in Mobility
 Decline in Feeding/Eating
 Decline in ADL Ability
 Decline in Ability to Launder Clothing/Linens
 Decline in Meal Preparation
 Decline in Ability to Prepare Meals
 Decline in Ability to Manage Medications
 Decline in Living Skills Ability
 Increase in Nutritional Risk
 Decline in Hydration Status
 Decline in Oral Status
 Increase in Frequency of Pain
 Increase in Dyspnea
 Decline in Orientation to Place and Time
 Decline in Cognitive Functioning
 Increase in Frequency of Confusion
 Increase in Depressive Symptoms
 Increase in Frequency of Anxiety
 Increase in Frequency of Behavior Problems
 Increase in Feelings of Isolation
 Decline in Ability to Implement Emergency Procedures
 Decline in Ability to Use Phone to Summon Help
 Decline in Quality of Life

UTILIZATION MEASURES (N=2)

Emergent Care
 Hospitalization

TABLE 2: Draft PESO Adverse Event Measures.

Substantial Decline in Performance of At Least One Activity of Daily Living (ADL)
 Substantial Decline in Performance of At Least One Instrumental Activity of Daily Living (IADL)
 Substantial Decline in ADL Ability
 Substantial Decline in IADL Ability
 Substantial Decline in ADL Performance
 Substantial Decline in IADL Performance
 Increase in Number of Pressure Ulcers
 Hospitalization for an Injury Due to a Fall or Accident at Home

TABLE 3: Draft PESO Satisfaction Measures.

Overall Satisfaction with Care

Always Satisfied with the Agency's Care
Would Definitely Refer Best Friend or Family Member

Satisfaction with Personal Care Services

Aide Always on Time
Aide Never Cuts Visit Short
Usual Aide Always Comes
Aide Always Does the Things Needed
Aide is Always Polite and Courteous
Always Able to Communicate Effectively with Aide
Aide Always Listens
Always Trust the Aide

Satisfaction with Skilled Care Services

Nurse/Therapist Always on Time
Nurse/Therapist Never Cuts Visit Short
Usual Nurse/Therapist Always Comes
Nurse/Therapist Always Does the Things Needed
Nurse/Therapist is Always Polite and Courteous
Always Able to Communicate Effectively with
Nurse/Therapist
Nurse/Therapist Always Listens
Always Trust the Nurse/Therapist
