



Your QAPI Roadmap: Getting from QA to PI

Before You Begin

As home health agencies face increased pressure to move toward value-based delivery models, developing, implementing, and maintaining an effective QAPI program is essential.

While many agencies have a pulse on their quality outcomes, they often need additional guidance and best practice recommendations for implementing targeted performance improvement projects.

In this guide, we'll walk through eight key areas that frequently appear on payer scorecards and give key strategies for improving scores in each area.

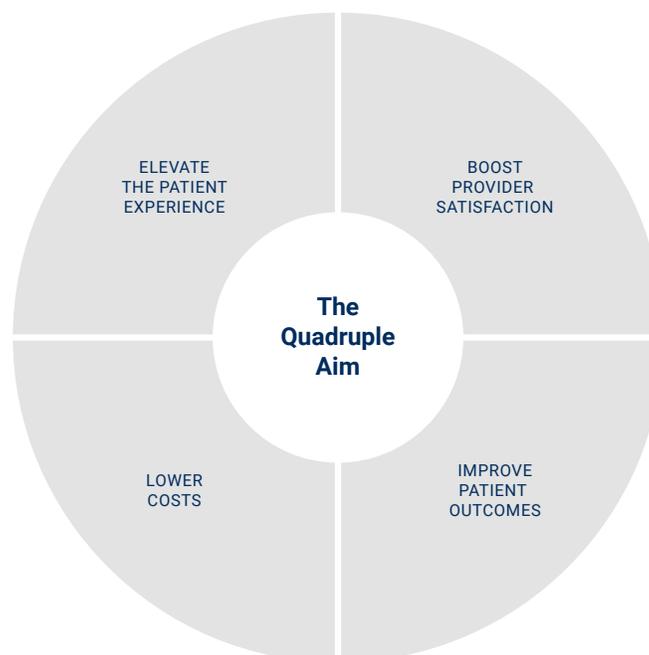
- Timely Initiation of Care
- Improvement in Ambulation
- Improvement in Bed Transferring
- Improvement in Bathing
- Improvement in Shortness of Breath
- Improvement in Management of Oral Medications
- Acute Care Hospitalizations
- Patient Satisfaction

Creating a Holistic Performance Improvement Plan

An effective performance improvement plan touches on all aspects of the Quadruple Aim, helping you create and maintain a quality-focused culture that drives great outcomes.

That's why a good PI plan should focus on educating and engaging both providers and patients using strategies focused on the quality measures you'd like to improve.

With this holistic and targeted approach, you'll be better able to strengthen all areas of your organization and achieve the Quadruple Aim: elevating the patient experience, boosting provider satisfaction, improving patient outcomes, and lowering costs.



Benefits of QAPI to a Home Health Agency

Why are QAPI programs so important right now? Due to the shift to value-based care, along with referrer incentives for high-quality partners and the narrowing of provider networks based on quality, agencies today are pressed to demonstrate true high performance to payors rather than simply walk through the motions of QAPI as mandated by CMS.

Designing and following a good QAPI program allows agencies to improve quality and performance overall, and results in a wide range of benefits such as:

- ✓ A culture of continuous assessment and improvement
- ✓ Fewer mistakes
- ✓ Improved patient care and outcomes
- ✓ Enhanced quality and efficiency of care
- ✓ Improved staff satisfaction
- ✓ Reduced costs
- ✓ Stronger star ratings
- ✓ Better reimbursements and referrals

Improving quality outcomes can increase revenue by \$300 per episode of care

Home health payers who have shifted to value-based payment models make episodic payments based on quality scores that are approximately 10 percent larger. If an agency's episodic base payment is \$3,000 per episode, that agency could see an increase in payment of \$300 per episode or up to \$525,000 per year.¹

Just getting started with QAPI?

Here are some comprehensive industry toolkits that might help:

[NHPCO QAPI Toolkit](#)

[Providigm QAPI Toolkit](#)

[CMS QAPI Process Framework](#)

The Importance of OASIS Accuracy

For each of the quality initiatives listed below, this guide focuses primarily on strategies for improving patient function. But don't forget to evaluate your OASIS accuracy in each of these areas as well. OASIS errors can inadvertently leave your agency without credit for having improved patient outcomes and without accurate benchmarks for measuring your organization's quality.

Alongside each quality initiative in this guide, we've listed the corresponding OASIS items for your reference. Improving OASIS accuracy can make an immediate impact on your scores.

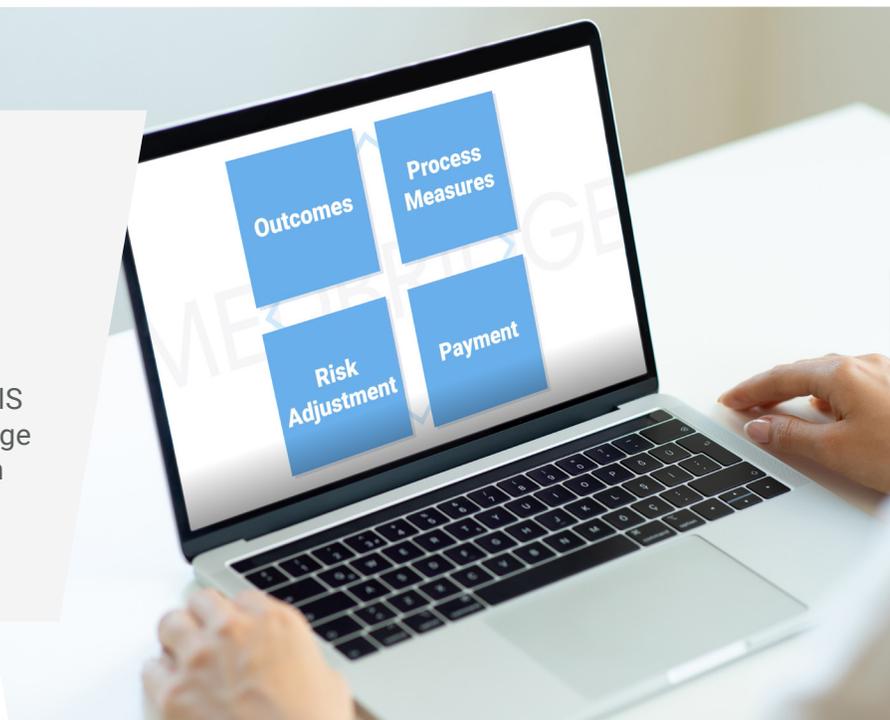


Better OASIS accuracy can increase net revenue by \$400–600 per episode

For an agency with an ADC of 1,000 patients, the annual revenue increase (as the result of improved payments) could be \$3,000,000 (\$500 per episode x 6,000 episodes per year).²

Improve OASIS Accuracy and Boost Quality Ratings with the MedBridge OASIS Training Solution

Poor OASIS documentation can be costly. Establish a strong foundation for accurate OASIS data collection and continually refresh knowledge with full-scope OASIS training, short courses on PDGM and functional items, and management tools to streamline delivery and reporting.



Choose Which Quality Initiatives Your Agency Needs to Work On

For this guide, we've selected eight key areas that frequently appear on payer scorecards. But many of the strategies included here can be applied to other quality initiatives as well, helping your agency to continually improve your scores and overall quality, one area at a time.

To begin, take a look at the checklist of initiatives below and determine which ones your agency needs to improve.

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Process Measures

Process measures evaluate how well home health agencies use specific evidence-based processes of care for high-risk and problem-prone areas, such as the speed of care initiation after a patient is discharged from the hospital.

Process Measures

 Timely Initiation of Care

Quality Measures

- Ambulation
- Bed Transferring
- Bathing
- SOB
- Oral Medications

Claims-Based Measures

- Hospitalizations
- Patient Satisfaction

Timely Initiation of Care

One of the most important process measures is Timely Initiation of Care. Because the risk of readmission is highest in the first seven days (and especially in the first two), agencies are penalized if they don't make an initial visit to the patient's home within the first 48 hours.

OASIS items that affect this quality initiative

(M0102) Date of Physician-Ordered Start of Care (resumption of care)

(M0104) Date of Referral

(M1005) Inpatient Discharge Date (most recent)

Key strategies for improving your metrics

- Understand the importance of prioritizing visits for new patients and work with your providers on adjusting their schedules so that they visit new patients in the mornings instead of in the afternoons.
- Start off on the right foot with patients who might prefer not to have visitors early in the day by ensuring that your providers are able to communicate why this is necessary in a clear and sensitive way.



Improve Timely Initiation of Care with MedBridge

Improve metrics by providing your staff with effective training on the current [Home Health Conditions of Participation](#), including specific areas related to patient care transitions, care planning, and care coordination.

Quality Measures

Quality measures assess patient improvement over time, from the point at which the provider initially enters the home to the point of discharge. Payers look at OASIS data to determine whether patients demonstrate improvement in specific clinical areas such as ambulation, transfers, and the ability to effectively self-manage their condition.

Process Measures

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Improvement in Ambulation

Many patients who receive home health care are recovering from an injury or illness and may have difficulty walking or moving around safely. CMS measures improvement in this area because the consequence of falls is so great, and because patients who don't achieve safe ambulation likely won't be able to continue care at home.

OASIS items that affect this quality initiative:

(M1860) Ambulation/Locomotion (M1710) When Confused

(M1700) Cognitive Functioning (M1720) When Anxious

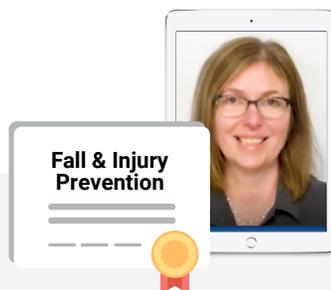
Key strategies for improving your metrics

- Perform a comprehensive assessment on intake of mobility issues and contributing factors, such as diagnoses that pose risk for mobility, certain physical problems such as stiff joints and poor balance, fall history, and medications.
- Identify and adjust environmental risks such as clutter, throw rugs, and unsafe footwear.
- Have the targeted training providers need to help patients improve balance and prevent falls.
- Incorporate physical therapy and occupational therapy if ambulatory issues are identified.

Improve Ambulation with MedBridge

Clinical training and patient education: [MedBridge Fall Prevention Solution](#)

Documentation accuracy: [OASIS and Quality Measures: Improvement in Ambulation](#)



Process Measures

○ Timely Initiation of Care

Quality Measures

○ Ambulation

○ **Bed Transferring**

○ Bathing

○ SOB

○ Oral Medications

Claims-Based Measures

○ Hospitalizations

○ Patient Satisfaction

Improvement in Bed Transferring

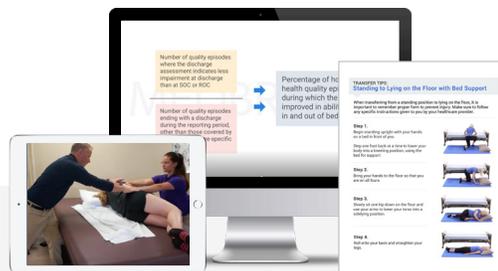
This quality measure focuses on the patient’s ability to safely transfer from bed to chair (and back again), or change position in bed if bedfast, taking into account the patient’s current physical, emotional, and cognitive status; activities permitted; and environment. The ability to safely perform bed transfers will help your patients remain independent and at home for as long as possible.

OASIS items that affect this quality initiative

- (M1850) Transferring
- (M1710) When Confused
- (M1700) Cognitive Functioning
- (M1720) When Anxious

Key strategies for improving your metrics

- ✓ Use a combination interview and observation approach on intake to assess the patient’s ability. For example, a provider might ask the patient and their family members how well they think the patient can safely perform transfers to and from bed, and then observe for themselves while keeping an eye out for specific areas of difficulty, such as weak muscles, poor balance, or pain with certain motions.
- ✓ If the patient has pain symptoms, keep the symptoms well managed while using interventions to treat and prevent joint and back pain in particular.
- ✓ Integrate occupational therapy aimed at physical exercise, which has been shown to help patients better perform bed transfers.
- ✓ Incorporate physical therapy targeted at specific areas of difficulty.



Improve Bed Transferring with MedBridge

Clinical training:
[Principles of Mobility and Function for Rehabilitation Professionals](#)

Patient education:
[Transfer Education and Demonstrations for Patients and Their Caregivers](#)

Documentation accuracy:
[OASIS and Quality Measures: Improvement in Bed Transfer](#)

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Improvement in Bathing

The ability for a patient to safely bathe is important for good hygiene, which affects overall health. This measure looks at whether a patient can access a functional tub or shower, safely climb in and out, and bathe their entire body once bathing supplies are within reach.

OASIS items that affect this quality initiative

(M1830) Bathing

(M1710) When Confused

(M1700) Cognitive Functioning

(M1720) When Anxious

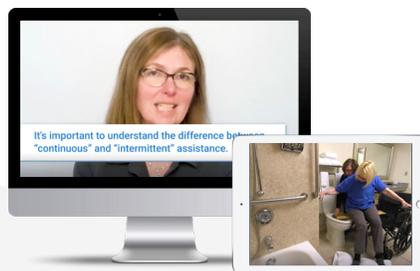
Key strategies for improving your metrics

- Assess the patient's ability to safely bathe through interviewing and observing.
- Determine whether the patient has a functional bathtub or shower.
- Identify blockers to successful bathing, such as a high risk for falls, certain medical conditions, cognitive impairment, and environmental factors.
- Evaluate the need for assistive devices and facilitate obtaining those.
- Develop a therapy plan to address any functional deficits they've identified.

Improve Bathing with MedBridge

Clinical education:
[Activities of Daily Living Bootcamp: Toileting and Bathing](#)

Documentation accuracy:
[OASIS and Quality Measures: Improvement in Bathing](#)



Process Measures

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Improvement in Shortness of Breath

Shortness of breath, or dyspnea, in home care patients is most often caused by COPD and heart failure, which together cost the U.S. healthcare system \$92.6 billion annually.^{3,4} Twenty-nine percent of COPD patients who experience acute exacerbation of their disease make frequent emergency room visits,⁵ for a total of 1.5 million visits per year.⁶ This measure looks at the degree to which patients experience dyspnea over time while lying down, sitting, standing, and walking.

OASIS items that affect this quality initiative

(M1400) When is the patient dyspneic?

Key strategies for improving your metrics

- Help patients comply with medications.
- Modify the home environment and daily activities to conserve energy.
- Educate patients on condition-specific breathing exercises.
- Integrate condition-specific daily exercise and physical therapy.
- Motivate patients to limit alcohol and caffeine, and to stop smoking.
- Keep air clean inside the home.
- Keep patients on track with physician appointments.
- Help patients learn to distinguish between symptoms that require immediate care and those that don't.

Improve SOB with MedBridge

Clinical training:

[Preventing Readmission with COPD](#)

[Physical Therapist Exercise Treatment of Chronic Lung Disease](#)

[Preventing Readmission with Heart Failure](#)

Patient education:

[Chronic Conditions Patient Education](#)

Documentation Training: [OASIS and Quality Measures: Improvement in Dyspnea](#)



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Improvement in Management of Oral Medications

This quality measure assesses whether the patient is able to independently take the correct oral medications at the proper doses and at the right time in order to optimize well-being and prevent health risks.

OASIS items that affect this quality initiative

(M2020) Management of Oral Medications
 (M1710) When Confused
 (M1720) When Anxious
 (M1700) Cognitive Functioning

Key strategies for improving your metrics

- Ask patients on intake if they're able to take medications correctly every day on their own and then observe them demonstrating their daily routine.
- Provide patients with an accurate and up-to-date medication list, calendar, and diary.
- Check for medication compliance on a regular basis.
- Educate patients on their medications, including what each one does, why they're taking it, and why they need to take it at a particular time of day.
- Look for established daily routines that could be tied into taking medication if the patient still has a hard time remembering when to take which medication.



Improve Management of Oral Medications with MedBridge

Clinical training:

[Home Care Medication Management: Performing Medication Reconciliation](#)

Documentation accuracy:

[OASIS and Quality Measures: Improvement in Management of Oral Medications](#)

Claims-Based Measures

Claims-based measures are calculated using Medicare fee-for-service claims data. There are two types of claims-based measures: claims-based utilization measures and claims-based cost/resource use measures. Claims-based utilization measures, such as acute care hospitalizations (below), evaluate the rate and outcome of health care services used as the result of a negative change in patient health status.

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Acute Care Hospitalizations

Hospitalizations account for 32.7 percent of total U.S. healthcare expenditures⁷—and 12.9 percent are potentially avoidable.⁸

This outcomes measure looks at the rate of acute care hospitalizations your patients receive while in your care.

Key strategies for improving your metrics

- Verify medication regimen accuracy and compliance.
- Keep the patient's pain levels under control.
- Remind patients about follow-up appointments with physicians.
- Work with patients to improve physical function and mobility using strategies targeted at their condition.
- Employ telehealth between in-person visits to improve patient engagement and monitor for any warning signs.

 **Failure to improve physical function within 30 days after discharge from the hospital is associated with a 250 percent increased risk of hospital readmission.⁹**

Improve Acute Care Hospitalizations with MedBridge

Reduce readmissions by providing your staff with training and resources on fall prevention and transitions of care:

[The MedBridge Readmissions and Transitions of Care Solution](#)



Patient education:
[Chronic Conditions](#)
[Patient Education](#)

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Patient Satisfaction

Patient satisfaction is driven by the patient experience, and how patients and caregivers perceive the delivered care. To measure patient satisfaction at a particular agency, payers look at results from the HHCAHPS survey, including NPS® scores, which rate how likely patients are to recommend the agency to someone else.

A summary of the agency's performance on the HHCAHPS survey, which is completed by patients after discharge from home health, is publicly reported by CMS and often evaluated by other payers.

Key strategies for improving your metrics

- Receive training on effective communication and compassionate, patient-centered care. This approach boosts patient self-efficacy and improves the overall experience of care, leading to better outcomes and higher satisfaction.
- Attend to the other quality initiatives in this guide, which should help to raise your patient satisfaction scores by increasing quality of care and patient outcomes, which are also strongly correlated with patient satisfaction.¹⁰

 **Improved patient satisfaction can boost referrals and revenue. Each additional referral to a home health agency is worth approximately \$3,000 in gross revenue, so 100 additional referrals to a mid-sized agency means a revenue increase of about \$300,000.¹¹**

Improve Patient Satisfaction with MedBridge

Improve metrics with the [tools to track satisfaction](#), microlearning [Booster Shots](#) to remediate areas of low performance,



ongoing training for staff on [person-centered care](#), and education for patients to [better self-manage conditions](#).

Improving Quality One Area at a Time

Now that you're familiar with some fundamental strategies and resources for improving quality scores in specific areas, you can apply these tools to other quality initiatives as well—ultimately boosting performance and quality across your organization, one area at a time.

From quality analysis to performance improvement, our dedicated Home Health Team can help you create and implement an effective QAPI program across your agency. Along with expert consultation, we offer effective, best-in-class staff and patient education, patient engagement tools, and reporting and analytics capabilities for home health agencies looking to remediate areas of low performance, drive quality care, and improve outcomes.

Related MedBridge Products

[Continuing Education](#)

Thousands of accredited courses across multiple disciplines and specialties help improve training, engagement, and outcomes.

[Patient Education](#)

Help patients quickly and comprehensively understand their diagnosis and rehabilitation plan with engaging education.

[Learning Management System](#)

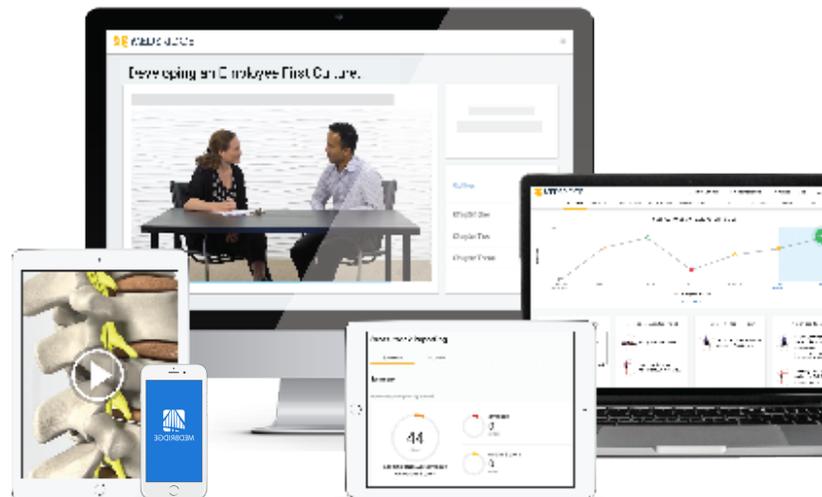
Remediate gaps in knowledge by seamlessly creating, assigning, and tracking staff education.

[Clinician Mobile App](#)

Make it easy for your clinicians to stay engaged by watching courses and earning CEU credits on the go or at home.

[Patient Adherence Tracking](#)

Identify behavioral patterns and barriers to adherence to help boost patient satisfaction and improve clinical outcomes.



Endnotes

- 1 Home Health Value-Based Purchasing Model. CDC.gov. <https://innovation.cms.gov/innovation-models/home-health-value-based-purchasing-model>
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