

Home Health Measures for Pressure Ulcers and Falls Risk Assessment

3/20/09

Measure	Numerator	Denominator	Exclusions
<p>Measure#AHH-040-08</p> <p>Title: Pressure Ulcer Risk Assessment Conducted</p> <p>IP Owner: Centers for Medicare & Medicaid Services</p>	<p>Number of home health episodes in which the patient was assessed for risk of developing pressure ulcers at start of care/resumption of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. CMS proposes to drop the requirement that episodes start during the 12-month period.</p> <p>Details: Number of home health episodes with an OASIS assessment in which: (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND the value recorded for OASIS-C item M1300 = 1 or 2, indicating the patient was assessed for pressure ulcer risk either via an evaluation of clinical factors or using a standardized tool, such as Braden or Norton scale.</p>	<p>All episodes except those covered by the CMS generic exclusions (see endnotes).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. CMS proposes to drop the requirement that episodes start during the 12-month period.</p>	<p>Home health episodes covered by CMS generic exclusions (see endnotes).</p>

Measure	Numerator	Denominator	Exclusions
<p>Measure#AHH-038-08</p> <p>Title: Pressure Ulcer Prevention Included in Plan of Care</p> <p>IP Owner: Centers for Medicare & Medicaid Services</p>	<p>Number of home health episodes in which interventions to prevent pressure ulcers were included in the physician-ordered plan of care at the start of care/resumption of care for patients assessed to be at risk for pressure ulcers.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. CMS proposes to drop the requirement that episodes start during the 12-month period.</p> <p>Details: Number of home health episodes in which (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND the value recorded for OASIS-C item M2250f = 1 (Yes), indicating interventions to prevent pressure ulcers were included in the physician-ordered plan of care.</p>	<p>All home health episodes except those in which a formal assessment was done and the patient was determined not to have a risk of developing pressure ulcers at the start of care/resumption of care (OASIS item M2250f = NA) on the OASIS-C start or resumption of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. CMS proposes to drop the requirement that episodes start during the 12-month period.</p>	<p>Home health episodes where any of the following conditions apply:</p> <p>(1)The value recorded for the OASIS item M2250f = NA on the OASIS-C start or resumption of care, indicating a formal assessment was done and the patient was not at risk for pressure ulcers; OR</p> <p>(2) Episodes covered by CMS generic exclusions (see endnotes).</p>

Measure	Numerator	Denominator	Exclusions
<p>Measure#AHH-039-08</p> <p>Title: Pressure Ulcer Prevention Plans Implemented</p> <p>IP Owner: Centers for Medicare & Medicaid Services</p>	<p>Number of home health episodes in which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented since the previous OASIS assessment.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. CMS proposes to drop the requirement that episodes start during the 12-month period.</p> <p>Details: Number of home health episodes in which at end of episode: (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9 (discharge); AND the value recorded for OASIS-C item M2400e = 1 (Yes), indicating interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented during the episode ending in transfer or discharge.</p>	<p>All episodes except those where the patient was not assessed to be at risk for pressure ulcers since the previous OASIS assessment (OASIS-C item M2400e = NA); OR did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home; OR episodes covered by CMS generic exclusions (see endnotes).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. CMS proposes to drop the requirement that episodes start during the 12-month period.</p>	<p>Home health episodes where any of the following conditions apply:</p> <p>(1) The value recorded for the OASIS item M2400e on the OASIS-C transfer or discharge is NA, indicating a formal assessment was done and the patient was not at risk of pressure ulcers since the last OASIS assessment; OR</p> <p>(2) The patient did not have a transfer or discharge assessment because the episode of care ended in death at home; OR</p> <p>(3) Episodes covered by CMS generic exclusions (see endnotes).</p>

Measure	Numerator	Denominator	Exclusions
<p>Measure#AHH-028-08</p> <p>Title: Multifactor Fall Risk Assessment Conducted for Patients 65 and Over</p> <p>IP Owner: Centers for Medicare & Medicaid Services</p>	<p>Number of home health episodes in which patients 65 and older had a multi-factor fall risk assessment at the start of care/resumption of care.</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. CMS proposes to drop the requirement that episodes start during the 12-month period.</p> <p>Details: Number of home health episodes with an OASIS assessment in which: - (M0100) Reason for Assessment = 1 (Start of care) or 3 (Resumption of care) AND - (M1910) Has patient had a Multi-factor Fall Risk Assessment = 1 (yes - found no risk) or 2 (yes - found risk) AND - (M0066) Date of Birth indicates the patient is age 65 or older at the start of care/resumption of care date OASIS-C item M0030 and M0032.</p>	<p>All episodes in which the patient is age 65 or older at the start of care/resumption of care OTHER THAN those covered by the CMS generic exclusions (see endnotes).</p> <p>Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly. CMS proposes to drop the requirement that episodes start during the 12-month period.</p>	<p>Home health episodes where any of the following conditions apply: (1) Patient is under age 65 at the start of care/resumption of care OR (3) Episodes covered by CMS generic exclusions (see endnotes).</p>

CMS GENERIC EXCLUSIONS for all OASIS-based measures –

- Non-Medicare/non-Medicaid Patients - Medicare-certified home health agencies are currently required to collect and submit OASIS data only on Medicare and Medicaid patients who are receiving skilled home health care excluding maternity patients. The OASIS-C items were tested on this population only, and the existing risk adjustment models used in CMS systems such as the Home Health Compare website, are based on data for this population only. However, the OASIS items and related measures could be used for other adult, non-maternity home health care patients, ideally with further testing and possible recalibration of the risk adjustment models.

-Small and new agencies and rare conditions - The publicly reported data on CMS' Home Health Compare web site also repress cells with fewer than 20 observations, and reports for home health agencies in operation less than six months.

- Very long stay patients - Please note that CMS is removing the generic exclusion for very long stay patients. Currently, reports in CMS' Home Health Quality Initiative systems (such as agency OBQI reports and the publicly-reported Home Health Compare) are based on a rolling 12-month period, and an episode of care must start AND end within the specific twelve-month period to be included in agency-level reporting of the measure. For this reason, home health care patients who are on service for an extremely long period of time are excluded from an agency's report unless they are admitted to an inpatient facility. CMS is relaxing this restriction, such that long-stay patients would no longer be excluded from the reports, and other data providers could choose a different time window.