

Worksheet for OBQM & OBQI Reports

Tier 1 PAE Outcomes (Threshold 1 patient):	Any Patients Listed?	Difference \geq Two Times Ref. Value?	Area for Focus (✓ box)	Record Review* (✓ box)	Home Visit*
• Emergent Care for Injury Caused by Fall	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Yes
• Emergent Care for Wound Infections, Deteriorating Wound Status	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Yes
Tier 2 PAE Outcome (2x Reference)					
• Emergent Care for Improper Medication Administration, Medication Side Effects	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Emergent Care for Hypo/Hyperglycemia	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Substantial Decline in \geq Three Activities of Daily Living	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No
• Discharged to the Community Needing Wound Care or Medication Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No
• Discharged to the Community Needing Toileting Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No
• Discharged to the Community with Behavioral Problems	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No

OBQI Outcome Report (For most recent 12-month period)	\geq 30 eligible cases? (Check if yes)	Difference from Ref. Value?		Statistically Sig.? (Check if yes)	Outcomes for Focus (check two) **
Improvement in Upper Body Dressing	<input type="checkbox"/>	\geq 10% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement in Bathing	<input type="checkbox"/>	\geq 10% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement in Transferring	<input type="checkbox"/>	\geq 15% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement in Ambulation/Locomotion	<input type="checkbox"/>	\geq 7% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement in Management of Oral Medications	<input type="checkbox"/>	\geq 10% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement in Dyspnea	<input type="checkbox"/>	\geq 15% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement in Urinary Incontinence	<input type="checkbox"/>	\geq 20% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Care Hospitalization	<input type="checkbox"/>	\geq 10% higher	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement in Pain Interfering w/Activity	<input type="checkbox"/>	\geq 15% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement in Status of Surgical Wounds	<input type="checkbox"/>	\geq 10% lower	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____					

OBQI Patient/Agency Characteristics Report (for most recent 12-month period)

Acute conditions or diagnoses statistically sig. & \geq 15% points higher than ref.*** _____

* Select one to two records and one to two HV w/RR for areas for focus.

** Select one to two HV w/RR for patients eligible for focus outcome.

*** Select one to two HV w/RR and (opt) one to two RR w/o HV.

Submission Statistics by Agency (for most recent 6-month period)

Submission Questions

- Is HHA submitting data less often than monthly?..... Y N
- Does HHA have > 20% rejected records?..... Y N
- If yes to either probe, investigate:**
- HHA policies/procedures for receiving, tracking, data entering and transmitting OASIS data and correcting clinical records. Do HHA processes follow policies/procedures?.... Y N
 - If another organization (vendor, corporate office, etc) submits data for the HHA:
 - * Is there a written contract covering the arrangement? Y N
 - * Does the other organization provide feedback reports to the HHA?..... Y N
 - For 4-6 records selected for clinical record review, ask the HHA for a printout of a final validation report showing that at least one assessment (e.g., SOC, F/U, Discharge) was received by the state. (Because the HHA may not yet have submitted data for more recent assessments, it will be necessary to select patient assessments that were completed one to two months prior to the survey.)
 - * Can the HHA provide the requested final validation reports? Y N
 - * Was at least one assessment per record (e.g., SOC, F/U, Discharge) received by the State? Y N
 - If there is a high percentage of rejected records:
 - * Is there a legitimate reason (e.g., a large batch of records was sent twice, and all records in the second batch were rejected)? Y N
 - * Can the HHA verify that its software conforms to CMS standards? Y N

Error Summary Report by HHA (for most recent 6-month period)

Do the following errors appear on the report?		Threshold met or exceeded?		If yes, determine if the HHA's processes:
262 (Inconsistent M0090 date; RFA 4 must be done on an every 60-day cycle) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥ 20%	Y <input type="checkbox"/> N <input type="checkbox"/>	Ensure that recertification assessments are completed between day 56 and day 60 of the certification period (HHA has system for notifying clinical that recertification is due and tracks incoming recertification assessments to ensure timely completion).
1003 (Inconsistent effective date sequence) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥ 10%	Y <input type="checkbox"/> N <input type="checkbox"/>	Track submission of complete patient episodes (SOC/ROC and corresponding Transfer or Discharge assessment for each patient).
1002 (Inconsistent record sequence) (warning)	Y <input type="checkbox"/> N <input type="checkbox"/>	≥ 10%	Y <input type="checkbox"/> N <input type="checkbox"/>	Track that assessments are submitted in the order they were conducted (e.g., SOC data are entered and submitted prior to recertification data).

* Select one to two records and one to two HV w/RR for areas for focus.
 ** Select one to two HV w/RR for patients eligible for focus outcome.
 *** Select one to two HV w/RR and (opt) one to two RR w/o HV.