Many of the reports available in ABILITY | OPTIMIZE® Analytics support a home health Quality Assessment Performance Improvement (QAPI) program. Both Quality Assessment and Performance Improvement are data-driven approaches to help you deliver better care and positively impact the quality of life for the patients you serve.

We’d like to ensure you are getting the most from your ABILITY | OPTIMIZE Analytics application and support you in your QAPI work. We’ve prepared the following roadmaps to point you in the direction of the reports you should consider using.

You’ll find that our reports can help you with each step of the process:

1. Quality Assessment – identify areas that need to improve
2. Root cause analysis – identify the cause of the problem & opportunities to make improvements
3. Plan & implement Performance Improvement Project (PIP)
4. Ongoing monitoring for results & adjust PIP as needed

When assessing your agency’s current annual, quarterly or monthly performance on outcomes measures, hospitalization/readmission, adverse events and processes of care, consider using the following reports:

- Outcome Measures
  - Star Rating Monthly Detailed Analysis
  - Monthly Trended Outcomes
- Process Measures
  - Monthly Trended Process Measures
  - Process Measures Report
- Hospitalizations
  - 30 60 Dashboard
- Adverse Event
  - Potentially Avoidable Events

Once you identify the areas that your organization would like to work on, the following roadmaps can act as a guide to the reports that can support your efforts. Each area has suggestions to support you with each step of the QAPI process.
HOSPITALIZATION & READMISSION ROADMAP

Step 1
Look at the big picture: How is your agency’s current performance on 30 Day Readmissions and 60 Day Acute Care Hospitalizations?

- 30 60 Dashboard

Step 2
Focus on areas to target for improvement. What are your top 5 opportunities? In which areas do you stand out?

- Hospitalization Detailed Analysis Report

Conduct patient-level audits to look for patterns and perform chart reviews to determine if hospitalization was avoidable and if so, what can be learned for improvement going forward.

- 60 Day Hospitalization Patient List (filter by traditional Medicare)
- 30 Day Readmission Patient List (filter by traditional Medicare)

Step 3
Prepare and implement a Performance Improvement Project based on the data that has been collected and the areas you’ve identified that have room for improvement.

Step 4
Include ongoing data monitoring in plan.

- Daily/weekly use of PatientView Patient List – choose appropriate interventions for moderate, high and very high risk patients.
- Monthly monitoring of agency performance via the 30 60 Dashboard
- Monthly monitoring of 60 Day Hospitalization and 30 Day Readmission patient lists. Conduct patient audits to evaluate if hospitalization was potentially avoidable, if agency’s processes were followed and collect information that may be used to adjust PIP or can be used for shared learning.
QUALITY OF PATIENT CARE STAR RATINGS ROADMAP

Step 1
Look at the big picture – How is your agency’s current performance on Star Ratings? Are you stable, improving or in decline? In which areas do you need improvement? Are there any measures with a recent decline that need attention now? What are your top 3 opportunities?

- **Monthly Star Ratings Detailed Analysis** or
- **Quarterly Star Ratings Report** (if your QAPI team meets quarterly)

If you have improvement measures to focus on, how are you performing on the process measures that support those outcomes? For example, Improvement in Pain. How are you doing on Pain Assessment Conducted? How are you doing on Pain Interventions Implemented? How are you doing on Medication Education Provided?

- **Trended Process Measures Report** or
- **Process Measure Report**

Step 2
Prepare reports of individual patient data that negatively contributed to the agency’s score on the outcome/process measures that need work. Run a month, quarter or six-month view of the following reports and sort by the measure(s) to audit. Use the list of patients to conduct chart audits to evaluate if it was an OASIS issue or an actual decline/not met. If the latter, ask if it could have been avoided. Look for patterns and opportunities for learning that can be used going forward.

- **Quality Assurance Discharge Report**
- **SOC/ROC Process Measure Patient List**
- **Trans/Discharge Process Measure Patient List**

Step 3
Prepare and implement a Performance Improvement Project based on the data that has been collected and the areas you’ve identified as having room for improvement.

Step 4
Include ongoing data monitoring in plan:

Daily/weekly use of:

- **Quality Assurance Discharge Report**
- **Quality Assurance Recertification Report**
- **SOC/ROC Process Measure Patient List**
- **Trans/Discharge Process Measure Patient List**

Monthly monitoring of agency performance via:

- **Star Ratings Monthly Analysis**
- **Trended Process Measures Report** or
- **Process Measure Report**
IMPROVEMENT OUTCOMES ROADMAP

Step 1
Look at the big picture — What is your agency’s current performance on improvement outcomes? Are you stable, improving or in decline on the measures CMS publicly reports on? In which areas do you need improvement? Are there any measures with a recent decline that need attention now? What are your top opportunities?

- Trended Outcomes Report and/or
- Risk Adjusted Outcomes Report

If you have improvement measures to focus on, how are you performing on the process measures that support those outcomes? For example, Improvement in Pain. How are you doing on Pain Assessment Conducted? How are you doing on Pain Interventions Implemented? How are you doing on Medication Education Provided?

- Trended Process Measures Report or
- Process Measure Report

Step 2
Prepare reports of individual patient data that negatively contributed to the agency’s score on the outcome/process measures that need work. Run a month, quarter or six-month view of the following reports and sort by the measure(s) to audit. Use the list of patients to conduct chart audits to evaluate if it was an OASIS issue or an actual decline/not met. If the latter, ask if it could have been avoided. Look for patterns and opportunities for learning that can be used going forward.

- Quality Assurance Discharge Report

If applicable based on initial assessment also use:

- SOC/ROC Process Measure Patient List
- Trans/Discharge Process Measure Patient List

Step 3
Prepare and implement a Performance Improvement Project based on the data that has been collected and the areas you’ve identified as having room for improvement.

Step 4
Include ongoing data monitoring in plan:

Daily/weekly use of:

- Quality Assurance Discharge Report
- Quality Assurance Recertification Report
- OASIS Assessment List
- OASIS Verification Report

Monthly monitoring of agency performance via:

- Trended Outcomes Report and/or
- Risk Adjusted Outcomes Report

If applicable based on initial assessment also use:

- Trended Process Measures Report or
- Process Measure Report
PROCESS MEASURES ROADMAP

Step 1
Look at the big picture – What is your agency’s current performance on processes of care? Are you stable, improving or in decline on the measures CMS publicly reports on? In which areas do you need improvement? Are there any measures with a recent decline that need attention now? What are your top opportunities?

- Trended Process Measures Report or
- Process Measure Report

Step 2
Prepare reports of individual patient data that negatively contributed to the agency’s score on the process measures that need work. Run a month, quarter or six-month view of the following reports and sort by the measure(s) to audit. Use the list of patients to conduct chart audits to evaluate if it was an OASIS issue or an actual decline/not met. If the latter, ask if it could have been avoided. Look for patterns and opportunities for learning that can be used going forward.

- SOC/ROC Process Measure Patient List
- Trans/Discharge Process Measure Patient List

Step 3
Prepare and implement a Performance Improvement Project based on the data that has been collected and the areas you’ve identified as having room for improvement.

Step 4
Include ongoing data monitoring in plan:

Daily/weekly use of:

- OASIS Assessment List
- OASIS Verification Report
- SOC/ROC Process Measure Patient List
- Trans/Discharge Process Measure Patient List

Monthly monitoring of agency performance via:

- Trended Process Measures Report or
- Process Measure Report