General

Title
Home health care: percentage of home health episodes of care during which the patient's ability to bathe improved or stayed the same as at admission.

Source(s)


Measure Domain

Primary Measure Domain
Clinical Quality Measures: Outcome

Secondary Measure Domain
Does not apply to this measure
Brief Abstract

Description
This measure is used to assess the percentage of home health episodes of care during which the patient's ability to bathe improved or stayed the same as at admission.

Rationale
Patients need certain physical abilities and capacities (motor skills, symptom relief) to bathe themselves in the bath or shower. Many patients who receive home health care have chronic illnesses or disabilities that lead to difficulty performing the tasks of bathing and/or may need help from another person or special equipment to accomplish this activity. The required physical abilities for bathing can be maintained by managing patient symptoms or through rehabilitative services. Home health care staff can encourage patients to be as independent as possible, can evaluate patients' needs, and can teach them how to use special devices or equipment to maintain their ability to perform some activities without the assistance of another person. Maintaining patients' ability to bathe themselves contributes to patient comfort, hygiene, skin integrity, and quality of life and can allow them to live as long as possible in their own environment. Stabilization in bathing may be a sign that they are meeting the goals of their care plan, making it a reasonable evaluation indicator of effective and high-value home health care.

A report on agency performance on this measure is provided to home health agencies (HHAs) as part of the Outcome-Based Quality Improvement (OBQI) Outcome Report. The OBQI reports allow the agency to compare their agency's rates in the current year compared to prior years and to national reference rates (i.e., benchmarking) values. HHAs can use the OBQI outcome measures as part of a systematic approach to continuously improving the quality of care they provide by targeting care practices that influence specific patient functioning and health status. Therefore, the measure is important to making significant gains in health care quality and improving health outcomes for a specific high impact aspect of healthcare where there is variation in performance.

Analysis of measure scores demonstrates that 1) there is room for improvement with respect to this quality measure; and 2) considerable variability exists in the performance of agencies on the risk-adjusted measure, suggesting that it captures an aspect of care that is under the agency's control.

Evidence for Rationale


Primary Health Components
Home health care; activities of daily living (ADLs); stabilization; bathing

Denominator Description
Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description
Number of home health episodes of care where the value recorded on the discharge assessment indicates the same or less impairment in bathing themselves at discharge than at start (or resumption) of care (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure
Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Evidence for Additional Information Supporting Need for the Measure


Extent of Measure Testing

Validity
As part of the National Outcome-Based Quality Improvement (OBQI) Demonstration project when OASIS was originally designed and tested, several tests of validity were conducted for each OASIS item, including the items used to calculate this measure. The items passed each of the following validity assessments:

1. Consensus validity by expert researcher/clinical panels for outcome measurement and risk factor measurement
2. Consensus validity by expert clinical panels for patient assessment and care planning
3. Criterion or convergent/predictive validity for outcome measurement/risk factor measurement
4. Convergent/predictive validity: case mix adjustment for payment
5. Validation by patient assessment and care planning
6. Validation by outcome enhancement

Descriptions for these validation assessments are contained in the accompanying descriptions taken from Volume 4: OASIS Chronicle and Recommendation (2001).

Reliability
The primary reliability testing for this measure took place as part of the National OBQI Demonstration project when OASIS was originally designed and tested. In spring 1997, 41 patients from two agencies and in fall 1998, 25 patients from three different agencies were assessed by two registered nurse (RN) level assessors who were provided training on assessment methods. The results from these studies are collectively referred to as "Study 1." Study 2 was an independent inter-rater reliability study conducted by Katherine Berg of Brown University (1999) with 144 patients. Study 3 was a concurrent assessment of inter-rater reliability by Madigan, Tulkai-McGinness, and Fortinsky (2001) with 88 patients from 21 agencies.

Evidence for Extent of Measure Testing


How to obtain meaningful and reliable results with OASIS data. In: Madigan, Tulkai-McGinness, Fortinsky. Presentation at the annual meeting of the National Association for Home Care; October 2001; Las Vegas (NV).
State of Use of the Measure

State of Use
Current routine use

Current Use
not defined yet

Application of the Measure in its Current Use

Measurement Setting
Home Care

Professionals Involved in Delivery of Health Services
not defined yet

Least Aggregated Level of Services Delivery Addressed
Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size
Specified

Target Population Age
Age greater than or equal to 18 years

Target Population Gender
Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim
Better Care
National Quality Strategy Priority
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need
Living with Illness

IOM Domain
Effectiveness

Data Collection for the Measure

Case Finding Period
Rolling 12 month period

Denominator Sampling Frame
Patients associated with provider

Denominator (Index) Event or Characteristic
Encounter
Patient/Individual (Consumer) Characteristic

Denominator Time Window
not defined yet

Denominator Inclusions/Exclusions

Inclusions
Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions
All home health episodes:
- With an OASIS assessment for both the beginning and end point
- With an end point that occurs in the reporting year
- Other than those covered by denominator exclusions

Exclusions
Measure-specific Exclusions
Home health episodes of care for which:

1. At start/resumption of care OASIS item M1830 "Bathing" = 6, indicating the patient had maximum impairment in bathing; OR
2. The value recorded of OASIS item 1700 "Cognitive Functioning" = 4, indicating that the patient was totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state or delirium.
3. The value recorded on M1710 "When Confused" or M1720 "When Anxious" is Not Applicable (NA) on the start (or resumption) of care, indicating the patient is non-responsive; OR
4. The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home; OR
5. All episodes covered by the generic exclusions

Generic Exclusions

Home health episodes of care that are exempt from the OASIS reporting requirement, including:

1. Pediatric home health patients
2. Home health patients receiving maternity care only
3. Home health clients receiving non-skilled care only
4. Home health patients for which neither Medicare or neither Medicare nor Medicaid is a payment source

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Number of home health episodes of care where the value recorded on the discharge assessment indicates the same or less impairment in bathing themselves at discharge than at start (or resumption) of care

Note: Stabilization in Bathing is coded as follows:

- 1 (YES) IF: The value recorded for the OASIS item M1830 on the discharge assessment is numerically less than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or less impairment at discharge compared to start of care.
- 0 (NO) IF: The value recorded for the OASIS item M1830 on the discharge assessment is numerically greater than the value recorded on the start (or resumption) of care assessment, indicating more impairment at discharge compared to start of care.

Exclusions
Unspecified

Numerator Search Strategy

Episode of care

Data Source

Administrative clinical data

Type of Health State

Functional Status

Instruments Used and/or Associated with the Measure

The Outcome and Assessment Information Set (OASIS) for Home Care
Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

Logistic regression models for risk adjustment were developed using three million episodes of care based on OASIS national repository data from assessments submitted between January 1, 2010 and September 30, 2010.


Standard of Comparison

not defined yet

Identifying Information

Original Title

Stabilization in bathing.

Measure Collection Name

Outcome and Assessment Information Set (OASIS)

Measure Set Name

Outcome-Based Quality Improvement (OBQI) Measures

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]
Developer

Center for Health Services Research, University of Colorado, under contract to Centers for Medicare and Medicaid Services - Academic Affiliated Research Institute

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Funding Source(s)

Centers for Medicare & Medicaid Services

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Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Mar

Measure Maintenance

Annually

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Companion Documents

The following are available:


NQMC Status

This NQMC summary was completed by ECRI on October 5, 2004. The information was verified by the measure developer on December 17, 2004 and was reviewed and edited on September 26, 2005. The information was verified by the measure developer on October 15, 2009 and again on May 27, 2010. This NQMC summary was retrofitted into the new template on June 28, 2011. This NQMC summary was updated by ECRI Institute on July 17, 2013. The information was reviewed and approved by the measure developer on November 14, 2013. The information was reaffirmed by the measure developer on April 7, 2016.

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Production

Source(s)


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