General

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

Rationale
Patients need certain physical abilities and capacities (motor skills, symptom relief) to manage toilet hygiene. Many patients who receive home health care may have chronic illnesses or disabilities that lead to difficulty performing the tasks of self-grooming, and/or may need help from another person or special equipment to accomplish this activity. Good toileting hygiene can reduce the risk of urinary tract infections and other infections related to inadequate hygiene. Maintaining toileting hygiene reduces the risk of preventable health-care associated infections. High-quality home health care will reinforce toileting hygiene and protect patients against the development of a urinary tract infection (UTI) during care. Stabilization in toileting hygiene is a rehabilitation goal for some patients and can be an indicator of effective high-value 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; toilet hygiene

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 toileting hygiene 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

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 development of the measure, the following validity assessments were conducted:

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
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 M1845 "Toileting Hygiene" = 3, indicating the patient had the maximum level of dependency in toileting hygiene; 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 toileting hygiene at discharge than at start (or resumption) of care

Note: Stabilization in Toileting Hygiene is coded as follows:
- 1 (YES) IF: The value recorded for the OASIS item M1845 on the discharge assessment is numerically less than or equal to the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.
- 0 (NO) IF: The value recorded for the OASIS item M1845 on the discharge assessment is numerically greater than the value recorded on the start (or resumption) of care assessment, indicating the same or 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 toileting hygiene.

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
Acumen LLC, under contract to Centers for Medicare and Medicaid Services - Nonprofit Research Organization
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)
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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.

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

Measure Availability


For more information, contact CMS at 7500 Security Boulevard, Baltimore, MD 21244; Web site: www.cms.gov.

Companion Documents

The following are available:


NQMC Status

This NQMC summary was completed by ECRI Institute on July 17, 2013. The information was verified 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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