

## MVNA Home Health 2026 Quality Assessment and Performance Improvement Plan

### Home Health QAPI Program Standards

The home health's governing body must annually review and approve the plan to ensure that the program:

- Reflects the complexity of its organization and services.
- Involves all Home Health services (including those services furnished under contract)
- Focuses on indicators related to improved outcomes.
- Takes actions to demonstrate improvement in home health performance measures.
- Uses data to monitor the effectiveness and safety of services and quality of care, including infection prevention surveillance.

The home health interdisciplinary team reviews components of the annual plan and other important quality indicators at quarterly meetings. Each plan component is assigned to a sub-committee working group that meets at least bi-monthly to plan and evaluate tests of change.

- Data is derived from the CMS Home Health Quality Reporting Program (HHQRP), Home Health CAHPS survey results, and internal auditing.
- If performance of any quality control indicator reaches a level requiring action, the interdisciplinary team will determine appropriate actions including but not limited to targeted improvement initiatives.
- All indicators identified for targeted annual improvement as outlined in the Quality plan are reviewed to ensure appropriate incremental improvement. If not seeing the anticipated level of improvement, the improvement plan is evaluated and if needed, revised.
- All metrics are reviewed quarterly to determine if additional improvement plans are required.
- The home health QAPI team reviews infection surveillance data and updates the infection prevention annual risk assessment and plan in collaboration with the Infection Prevention team.

Indicators for the 2026 plan have been selected for focused improvement due to their impact on:

- Patient experience
- Improving Social Determinants of Health completion for home health patients (Equity focus)
- Value Based Purchasing and Patient Driven Grouping Models reimbursement.

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Quality Indicator	Description	2025 Target	2025 Results	2026 Target	2026 Plan
Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAPHS)	Percentage of respondents who choose always on patient satisfaction survey question. "Staff treated me with courtesy and respect"	92%	93%	N/A	Goal met, retired.
Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAPHS)	Percentage of respondents to patient satisfaction survey that chose "always" to question number 9 "providers informed of all home care received"	N/A	70%	76%	Implement script for patient OASIS encounters to increase consistency in summary of care provided to each patient.
Strategic Healthcare Programs (SHP)  The percentage affect Home Health Value Based Purchasing (HHVBP) and Patient Driven Grouping Model (PDGM) that are determinants of reimbursement "Discharge Function Score"	Outcome scores obtained from OASIS assessment measure the achievement during the episode of care and improvement against previous performance.	78%	75.28%	83%	New training material will be presented at next team meeting to include Bathing, Upper body dressing, and lower body dressing.
Strategic Healthcare Programs (SHP) The percentage affect Home Health Value Based Purchasing (HHVBP) and Patient Driven Grouping Model (PDGM) that are determinants of reimbursement "Improvement in Dyspnea"	Percentage of home care patients who show improvement in dyspnea. These numbers affect value-based purchasing and Patient Driven Value groupings that are part of the determinants of reimbursement	88%	83%	88%	Revised care plan template for Alteration in Pulmonary Status will be live in April 2026, will provide training to staff. Focused audits will be done, with feedback to clinicians. OASIS Reference tools will be provided for staff.

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Strategic Healthcare Programs (SHP) The percentage affect Home Health Value Based Purchasing (HHVBP) and Patient Driven Grouping Model (PDGM) that are determinants of reimbursement "Improvement in Oral medications"	Percentage of home care patients who show improvement in management of oral medications. These numbers affect value-based purchasing and Patient Driven Value groupings that are part of the determinants of reimbursement	72%	79%	85%	Revised medication reconciliation form will be live in April 2026, will provide training to staff. Focused audits will be done, with feedback to clinicians. OASIS Reference tools will be provided for staff
Equity focus: Identify social determinates of health that may impact ability to participate in plan of care.	Audit and identify percentage of HH clients with incomplete SDOH in Epic Increase completion by 10%	10% above baseline	Audit in May for baseline. Train staff on SDOH and how to complete on Rover. Social worker and admit nurse to implement with all new admits and when SW is consulted.	N/A	Goal has been retired due to needing more specific and measurable goal.
Equity focus: Identify social determinates of health that may impact ability to participate in plan of care.	Audit and identify percentage of HH clients with SDOH for transportation need completed within the previous 30 days of admission to HHA.	N/A	N/A	75%	Focus on SDOH for transportation needs, provide staff with reference tool for resources for patients. Focused audits will be done, with feedback to clinicians.