

DRAFT CONSUMER LANGUAGE FOR HOME HEALTH COMPARE

As of January 24, 2003

THE FOLLOWING DRAFT CONSUMER LANGUAGE EXPLAINS THE OASIS MEASURES IN PLAIN LANGUAGE AND WILL ACCOMPANY THE QUALITY MEASURES FOUND ON HOME HEALTH COMPARE AT WWW.MEDICARE.GOV. THE CONSUMER LANGUAGE IS CURRENTLY IN DRAFT AND UNDERGOING CONSUMER TESTING. BASED ON CONSUMER TESTING THE CONSUMER LANGUAGE IS SUBJECT TO CHANGE.

Home Health Compare

Overview

Welcome to Home Health Compare. This section gives detailed information about Medicare-certified home health agencies. New home health agencies may not appear for several months after being approved by Medicare. **Important Information about Home Health Compare** and other resources are also included to help you choose a Home Health Agency.

Home Health Compare has information about:

Medicare Coverage of Home Health Care (link to attached Medicare Coverage of Home Health Care page)

What is home health care? Please read this before looking at other information. (link to attached What is home health care? page)

Home Health Agency Characteristics include the: (link to hha characteristics page)

- Name and office address of the agency
- Services offered by the agency (i.e. Nursing Care, Physical Therapy, Occupational Therapy, Speech Pathology, Medical/Social Services, and Home Health Aide)
- Agency's initial date of Medicare certification
- Type of Ownership (For Profit, Government, Non-Profit)

Home Health Quality Measures are currently available for home health agencies in Florida, Massachusetts, Missouri, Oregon, South Carolina, New Mexico, West Virginia, and Wisconsin. They will be available nationwide in late fall of 2003.

For the following measures, higher percentages are better:

Percentage of patients who get better at getting dressed.

Percentage of patients who get better at bathing.

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Percentage of patients who are confused less often.

Percentage of patients who get better at taking their medicines correctly (by mouth).

Percentage of patients who get better at walking or moving around.

Percentage of patients who get better getting to and from the toilet.

Percentage of patients who get better at getting in and out of bed.

Percentage of patients who have less pain when moving around.

Percentage of patients who stay the same (don't get worse) at bathing.

For the following measures, lower percentages are better:

Percentage of patients who need urgent, unplanned medical care.

Percentage of patients who had to be admitted to the hospital.

More Information About Home Health Quality Measures provides information about how these quality measures are created

Data Collection Details provides technical information about where the data comes from and dates of collection.

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Medicare Coverage of Home Health Care

Medicare, Medicaid, and most private insurance plans cover some **medically-necessary (link to glossary)** home health care if you meet certain conditions. Medicare covers part-time skilled nursing care, physical therapy, occupational therapy, speech-language therapy, home health aide services, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.

The booklet *Medicare and Home Health Care (link to publication)* explains in more detail what Medicare covers, and has other important information about home health care and payment issues. If you have other insurance, check your policy to see what is covered. You can pay out-of-pocket for services that aren't covered by insurance. Personal care and support services may be covered by insurance if you are also getting covered skilled care, such as nursing care or physical therapy.

What is home health care?

Home health care includes **skilled nursing care (link to glossary)** and other services, like physical and occupational therapy, speech-language therapy, and medical social services. These services are given by a variety of skilled health care professionals in your home. The home health staff provides and helps coordinate the care and/or therapy your doctor orders. Along with the doctor, home health staff create a care plan, which is a written plan for your care. It tells what services you will get to reach and keep your best physical, mental, and social well being. The home health staff keeps your doctor up-to-date on how you are doing and updates your care plan as needed.

The need for home health care has grown for many reasons. Medical science and technology have improved. Many treatments that could once be done only in a hospital can now be done at home. Also, home health care is usually less expensive and can often be just as effective as care in a hospital or **skilled nursing facility (link to glossary)**. And just as important, most patients and their families prefer to stay at home rather than be in the hospital or a nursing home.

Since most home health care is temporary and part-time, patients (and their informal caregivers) need to learn how to identify and care for possible problems, like confusion or shortness of breath. While you get home health care, home health staff teach you (and

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those who help you) to continue any care you may need, including medication, wound care, therapy, and managing stress.

The goal of short-term home health care is rehabilitation. It helps you get better, regain your independence, and become as self-sufficient as possible. The goal of long-term home health care (for chronically ill or disabled people) is to maintain your highest level of ability or health, and help you learn to live with your illness or disability.

Examples of skilled home health services include:

- wound care for pressure sores or a surgical wound
- respiratory care, like oxygen or a nebulizer
- physical and occupational therapy
- speech-language therapy
- patient and caregiver education
- intravenous or nutrition therapy
- injections

Examples of personal care and support services include:

- Help with basic daily activities like getting in and out of bed, dressing, bathing, eating, and using the bathroom
- Help with light housekeeping, laundry, shopping, and cooking

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More Information About Home Health Quality Measures

The home health quality measures come from information collected by Medicare and Medicaid-certified home health agencies. They collect information about Medicare and Medicaid patients' who get skilled care. Information is collected about the patients' health; how they function; the skilled care, and social, personal, and support services they need; as well as their living conditions. This information is called the Home Health Outcome and Assessment Information Set (OASIS). ([Link to OASIS Information](#)) Skilled home health staff gather the information by observing the patient and the patient's home and situation, and by talking with the patient and caregivers.

Home Health Quality Measures are currently available for home health agencies in Florida, Massachusetts, Missouri, Oregon, South Carolina, New Mexico, West Virginia, and Wisconsin. The measures will be available nationwide in late fall of 2003.

These quality measures give you information about how well home health agencies provide care for their patients. The measures provide information about patients' physical and mental health, and whether their ability to perform basic daily activities is maintained or improved. Quality information can be used to help you compare home health agencies. Hospital discharge planners, social workers, and doctors often help schedule the home health services you need. Although you have a say in which agency you use, your choices may be limited by agency availability, or by your insurance coverage.

What patients are not included in these percentages?

The quality measures are based on data collected about home health patients whose care is covered by Medicare or Medicaid. Data collected about patients paying for their care privately, those under the age of 18, those receiving maternity services, and those receiving only personal care/supportive services are not submitted to the federal government, therefore these types of patients are excluded from the measures. In addition, the following patients are not included:

1. Patients who cannot communicate when they start getting home health care
2. Home health patients who are admitted to an inpatient facility.*
3. Home health patients who have died.

*Does not apply to measure for patients needing urgent, unplanned medical care or hospital admission.

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Home health agencies provide a wide variety of services to patients with very different needs. The measures that we have selected reflect only a few of the various outcomes of care to represent the care given by each agency. Each of these quality measures was chosen because it relates to activities that are important to help you live independently as long as possible in your own home.

These measures are not the only thing to consider when selecting a home health agency. You can also look at other home health information on this web site, talk to your doctor, or ask friends about their home health experiences.

A **checklist** (**link to checklist**) is provided to help guide you in your choices and monitor the quality of ongoing care by the agency. Most importantly, once your home health care begins, you will see firsthand the quality of the care and services provided. You will most likely judge the quality of the care you get by how well the individual caregivers (like nurses, therapists, and home health aides) provide your care.

These measures have been checked to be sure that the information is accurate (valid). They are based on the best research currently available. As research continues, the quality measures posted on this web site will be improved.

To reduce the chance that a home health agency that serves sicker, older, or more frail patients looks worse in the quality measures, some of the quality measures are risk adjusted. This means that some of the percentages have been changed to account for the fact that the agencies treat sicker patients. However, because some of the measures included (pain, urgent unplanned medical care, and hospital admission) could not be adequately risk adjusted, differences between an agencies' measurements on these items may simply mean they treat patients that are either more or less sick than the average patient. (**Link to detailed explanation of risk adjustment.**)

Patients who get care in a hospital or nursing home are monitored by staff 24 hours a day. However, home health patients stay in their own homes and have more freedom and independence. A home health agency's ability to improve or maintain the health of their patients partly depends on the willingness of patients and their families to cooperate and follow the treatment prescribed, even when the home health staff are not in the home. How well a patient improves or maintains their level of ability while getting home health care reflects both the agency's quality of service and the patients' level of cooperation.

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Note on the bathing measures: There are two measures related to bathing. One measure, “The percentage of patients who get better bathing” measures improvement in ability. The measure “The percentage of patients who stayed the same or don’t get worse at bathing” measures maintaining (stabilizing) in ability.

For more technical information: View the **Home Health Quality Initiative** (link to OASIS) information available on cms.hhs.gov.

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The percentage of patients who get better at getting dressed.

What do these graphs tell you?

The percentage of patients who get better at getting dressed.

Higher percentages are better.

Why is this information important?

You need certain physical abilities (motor skills) to get dressed. Your physical abilities can be developed or maintained by managing your symptoms or through physical or occupational therapy. Getting better at dressing yourself may be a sign that you are making progress or meeting the goals of your **care plan**. (link to glossary)

Most people value being able to take care of themselves. In some cases, it may take more time for you to dress yourself than to have someone dress you. But it is important that home health staff and informal caregivers encourage you to do as much as you can for yourself. Your home health staff will evaluate your need for, and teach you how to use any special devices or equipment that you may need to help you increase your ability to perform some activities without the assistance of another person.

If you can get dressed with little help, you may be more independent, feel better about yourself, and stay more active. This can affect your health in a good way. Your ability to dress yourself may help you live independently as long as possible in your own home.

If you stop taking care of yourself, it may mean that your health has gotten worse. In addition, your health and quality of life may get worse in the future. Some patients will lose function in their basic daily activities even though the home health care agency provides good care.

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The percentage of patients who get better at bathing.

What do these graphs tell you?

The percentage of patients who get better at bathing.

Higher percentages are better.

Why is this information important?

You need certain physical abilities (motor skills) to take a bath (or shower). You may need help from a person or special equipment. Your physical abilities can be developed or maintained by managing your symptoms or through physical or occupational therapy. Getting better at bathing yourself means you may need less assistance or equipment to bathe. This may be a sign that you are making progress or meeting the goals of your **care plan**. (link to glossary)

Being able to bathe yourself is important so you can be more independent, stay clean, feel better about yourself, and stay healthy. It is especially important if you don't have informal caregivers who can help you when your home health caregiver is not there or your home health care ends.

Most people value being able to take care of themselves. In some cases, it may take more time for you to bathe yourself than to have someone bathe you. But, it is important that home health care staff and informal caregivers encourage you to do as much as you can for yourself. Your home health staff will evaluate your need for, and teach you how to use any special devices or equipment that you may need to help you increase your ability to perform some activities without the assistance of another person.

If you can take a bath with little help, you may be more independent, feel better about yourself, and stay more active. This can affect your health in a good way. Your ability to bathe yourself may help you live independently as long as possible in your own home.

If you stop taking care of yourself, it may mean that your health has gotten worse. In addition, your health and quality of life may get worse in the future. Some patients will lose function in their basic daily activities even though the home health care agency provides good care.

More information is available on the percentage of patients who stay the same (don't get worse) at bathing. (Link to other bathing measure)

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The percentage of patients who are confused less often.

What do these graphs tell you?

The percentage of patients who are reported to be confused less often.

Higher percentages are better.

What is confusion?

Confusion is a loss of understanding of time, place, or person. Some signs of confusion may be problems with your memory, difficulty sleeping, or anxiety. In some cases, confusion may be avoided, improved, or cured. It is not necessarily due to a disease like Alzheimer's. In cases such as Alzheimer's, there may be little the home health agency can do to reduce the confusion the patient is experiencing.

Many temporary conditions can also cause confusion. These can include depression, not eating a healthy diet, infection, a lack of sleep, and some medicines (or combination of medicines). Confusion may also be an early sign of a stroke or other disease affecting the brain (such as dementia or Alzheimer's disease).

Why is this information important?

If you are confused, you may not be able to take care of yourself. Confusion that goes untreated could affect your health, safety, and ability to stay at home. Being less confused may be a sign that you are making progress or meeting the goals of your **care plan**. (link to glossary)

Home health staff will check you at each visit for signs of confusion. Confusion could mean you are having a reaction to a medicine or further medical problems. If you are confused, your safety may be at risk since there is more of a chance that you will take your medicines incorrectly or fall. It is important to find the cause early and treat it in the right way. If you do get confused, staff should teach you and your informal caregivers how to deal with confusion to limit its effect on the quality of your life. Usually, if you are less confused, you are better able to help take care of yourself. It is also easier for home health staff and informal caregivers to provide care to you if you are less confused.

Some patients will remain confused or experience worsening confusion due to their medical conditions even though the home health care agency provides good care.

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Percentage of patients who get better at taking their medicines correctly (by mouth).

What do these graphs tell you?

The percentage of patients who get better at taking their medicines correctly. The measure includes only medicines the patient takes by mouth.

Higher percentages are better.

Why is this information important?

Some patients take medicines (by mouth) to control different diseases or conditions. It is important that you take the right medicines, at the right times, and in the right amounts. Medicines include those prescribed by a doctor, and over-the-counter medicines like pain relievers, vitamins, laxatives, and antacids that don't need a prescription.

For medicines to work properly, they need to be taken correctly. Taking too much or too little medicine can keep it from helping you feel better and, in some cases, can make you sicker, make you confused (which could affect your safety), or even cause death. Home health staff can help teach you ways to organize your medicines and take them properly. Getting better at taking your medicines correctly means the home health agency is doing a good job teaching you how to take your medicines.

If you can take your medicines correctly with little help, you may be more independent, feel better about yourself, and stay more active. This can affect your health in a good way. Your ability to take your medicines correctly may help you live independently as long as possible in your own home.

Tell your doctor and home health care staff :

- all the medicines you take, including over-the counter medicines.
- if you are allergic to or have had a bad reaction (like rashes or dizziness) to any medicine in the past.

Some patients will lose function in their basic daily activities even though the home health care agency provides good care.

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Percentage of patients who get better at walking or moving around.

What do these graphs tell you?

Percentage of patients who get better at walking or moving around in a wheelchair safely.

Higher percentages are better

Why is this information important?

Many patients who get home health care are recovering from an injury or illness. They may need help from a person or equipment (like a cane) to walk safely. If they use a wheelchair, they may have difficulty moving around safely. Getting better at walking or moving around in your wheelchair may be a sign that you are making progress or meeting the goals of your **care plan**. (link to glossary)

Most people value being able to take care of themselves. In some cases, it may take more time for you to walk and move around yourself than to have someone do things for you. But, it is important that home health care staff and informal caregivers encourage you to do as much as you can for yourself. Your home health staff will evaluate your need for, and teach you how to use any special devices or equipment that you may need to help you increase your ability to perform some activities without the assistance of another person.

If you can walk with little help, you can be more independent, may feel better about yourself, and may stay more active. This can affect your health in a good way. Your ability to walk and move around yourself may help you live independently as long as possible in your own home.

Some patients will lose function in their basic daily activities even though the home health care agency provides good care.

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Percentage of patients who get better getting to and from the toilet.

What do these graphs tell you?

The percentage of patients who get better getting to and from the toilet.

Higher percentages are better.

Why is this information important?

You need certain physical abilities (motor skills) to get to and from the toilet. Your physical abilities can be developed or maintained by managing your symptoms or through physical or occupational therapy. Getting better at getting to and from the toilet may be a sign that you are making progress or meeting the goals of your **care plan**. (link to glossary)

Continuing weakness or a new medical problem may make it difficult for you to get to the toilet and require changes to your care plan. For instance, you may need a commode chair or more assistance.

Being able to get to and from the toilet yourself is important so you stay clean, are comfortable, feel better about yourself, and stay healthy. It is especially important if you don't have informal caregivers who can help you when your home health caregiver is not there or your home health care ends.

Most people value being able to take care of themselves. It may take more time for you to get to the toilet by yourself. But, it is important that home health care staff and informal caregivers encourage you to do as much as you can for yourself. Your home health staff will evaluate your need for, and teach you how to use any special devices or equipment that you may need to help you increase your ability to perform some activities without the assistance of another person.

If you can get to and from the toilet with little help, you may be more independent, feel better about yourself, and stay more active. This can affect your health in a good way. Your ability to get to and from the toilet yourself may help you live independently as long as possible in your own home.

If you stop taking care of yourself, it may mean that your health has gotten worse. In addition, your health and quality of life may get worse in the future. Some patients will lose function in their basic daily activities even though the home health care agency provides good care.

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Percentage of patients who get better at getting in and out of bed.

What do these graphs tell you?

The percentage of patients who get better at getting in and out of bed.

Higher percentages are better.

Why is this information important?

You need certain physical abilities (motor skills) to get in and out of bed. Your physical abilities can be developed or maintained by managing your symptoms or through physical or occupational therapy. Getting better at getting in and out of bed may be a sign that you are making progress or meeting the goals of your care plan. (Link to glossary)

Continued weakness or a new medical problem that makes it difficult for you to get in and out of bed may require changes to your care plan. For instance, you may need extra services or assistance.

Being able to get in and out of bed by yourself may be necessary before you can do many other things to care for yourself, like getting dressed or getting to the toilet. It is especially important if you don't have informal caregivers who can help you when your home health caregiver is not there or your home health care ends.

Most people value being able to take care of themselves. It is important that home health care staff and informal caregivers encourage you to do as much as you can for yourself. If you can get in and out of bed with little help, you may be more independent, feel better about yourself, and stay more active. This can affect your health in a good way. Your home health staff will evaluate your need for, and teach you how to use any special devices or equipment that you may need to help you increase your ability to perform some activities without the assistance of another person. Your ability to get in and out of bed yourself may help you live independently as long as possible in your own home.

If you stop taking care of yourself, it may mean that your health has gotten worse. In addition, your health and quality of life may get worse in the future. Some patients will lose function in their basic daily activities even though the home health care agency provides good care.

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The percentage of patients who have less pain when moving around.

What do these graphs tell you?

The percentage of patients who have less pain that affects their ability to perform daily activities, like walking, dressing, or bathing.

Higher percentages are better.

Comparing these percentages is different from the other measures because the percentages may mean different things. Generally, a higher percentage on this measure is better. However, this isn't always true. For example, two home health care agencies could provide the same quality of care and have the same number of patients with pain. However, if one of the home health agencies does a better job checking the patients for pain, that agency could have a lower percentage on this measure. Or, if for personal or cultural reasons, more patients of one of the home health care agencies refuse to take pain medication, that agency's percentage would be lower. In these examples, although the percentage for one home health agency is lower, it does not mean the agency is not providing good care.

This measure is shown to get you to talk to the home health care staff about how they check and manage pain, and to make you aware of how important it is. Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex.

This percentage may include some patients who are getting or have been prescribed treatment for their pain, but who refuse pain medicines or choose to take less medicine. They choose to accept a certain level of pain so they can stay more alert.

Why is this information important?

Home health staff should ask if you are having pain at each visit. If you are in pain, you (or someone on your behalf) should tell the staff. Efforts can then be made to find and treat the cause and make you more comfortable. If pain is not treated, you may not be able to perform daily routines, may become depressed, or have an overall poor quality of life. Pain may also be a sign of a new or worsening health problem.

If you have less pain, it may mean that the home health agency is doing a good job in asking about and treating your pain.

[More information is available about pain. \(link to FAQ on pain\)](#)

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Percentage of patients who stay the same or don't get worse at bathing.

What do these graphs tell you?

The percentage of patients who stay the same or don't get worse at bathing.

Higher percentages are better.

Why is this information important?

You need certain physical abilities (motor skills) to be able to take a bath (or shower). You may need assistance from a person or special equipment, or you may need someone present to assure your safety. Some patients will always need some level of assistance to bathe. A goal for them may be to stay at that level and not increase their need for assistance. Your physical abilities can be developed or maintained by managing your symptoms or through physical or occupational therapy. Being able to still bathe yourself, or not need additional help, may be a sign that you are maintaining your level of ability, but are not progressing.

Being able to bathe yourself is important so you stay clean, feel better about yourself, and stay healthy. It is especially important if you don't have informal caregivers who can help you when your home health caregiver is not there or your home health care ends.

Most people value being able to take care of themselves. In some cases, it may take more time for you to bathe yourself than to have someone bathe you. But, it is important that home health care staff and informal caregivers encourage you to do as much as you can for yourself. Your home health staff will evaluate your need for, and teach you how to use any special devices or equipment that you may need to help you increase your ability to perform some activities without the assistance of another person.

If you can take a bath with little help, you may be more independent, feel better about yourself, and stay more active. This can affect your health in a good way. Your ability to bathe yourself may help you live independently as long as possible in your own home.

If you stop taking care of yourself, it may mean that your health has gotten worse. In addition, your health and quality of life may get worse in the future. Some patients will lose function in their basic daily activities even though the home health care agency provides good care.

More information is available on the percentage of patients who get better at bathing. (Link to other bathing measure)

DRAFT CONSUMER LANGUAGE FOR HOME HEALTH COMPARE

As of January 24, 2003

THE FOLLOWING DRAFT CONSUMER LANGUAGE EXPLAINS THE OASIS MEASURES IN PLAIN LANGUAGE AND WILL ACCOMPANY THE QUALITY MEASURES FOUND ON HOME HEALTH COMPARE AT WWW.MEDICARE.GOV. THE CONSUMER LANGUAGE IS CURRENTLY IN DRAFT AND UNDERGOING CONSUMER TESTING. BASED ON CONSUMER TESTING THE CONSUMER LANGUAGE IS SUBJECT TO CHANGE.

Percentage of patients who need urgent, unplanned medical care.

What do these graphs tell you?

The percentage of patients who need urgent, unplanned medical care.

Lower percentages are better.

Why is this information important?

Patients may need to have urgent, unplanned medical care while they are getting home health care because of a sudden downturn in their health or because of an injury. They may need to make an urgent trip to the doctor or emergency room, or a doctor may have to make an urgent house call.

In some instances, the need for unplanned urgent care may not be avoidable even with good home health care. A home health care provider may refer a patient to emergency care when this is the best way to treat the patient's current condition. However, some emergency care may be avoided if the home health staff is doing a good job at checking your health condition to detect problems early. They also need to check how well you are eating, drinking, and taking your medicines, and how safe your home is. Home health staff must coordinate your care. This involves communicating regularly with you, your informal caregivers, your doctor, and anyone else who provides care for you.

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Percentage of patients who had to be admitted to the hospital.

What do these graphs tell you?

The percentage of patients who had to be admitted to the hospital.

Lower percentages are better.

Why is this information important?

Patients may need to go into the hospital while they are getting home health care. In some instances, this may not be avoidable even with good home health care. For instance, some illnesses are not curable and, over time, will make your health worse. For some patients, a readmission to the hospital may be a planned part of continuing treatment for their medical conditions.

However, some inpatient hospital care may be avoided if the home health staff is doing a good job at checking your health condition at each visit to detect problems early. They also need to check how well you are eating, drinking, and taking your medicines, and how safe your home is. Home health staff must coordinate your care. This involves communicating regularly with you, your informal caregivers, your doctor, and anyone else who provides care for you.