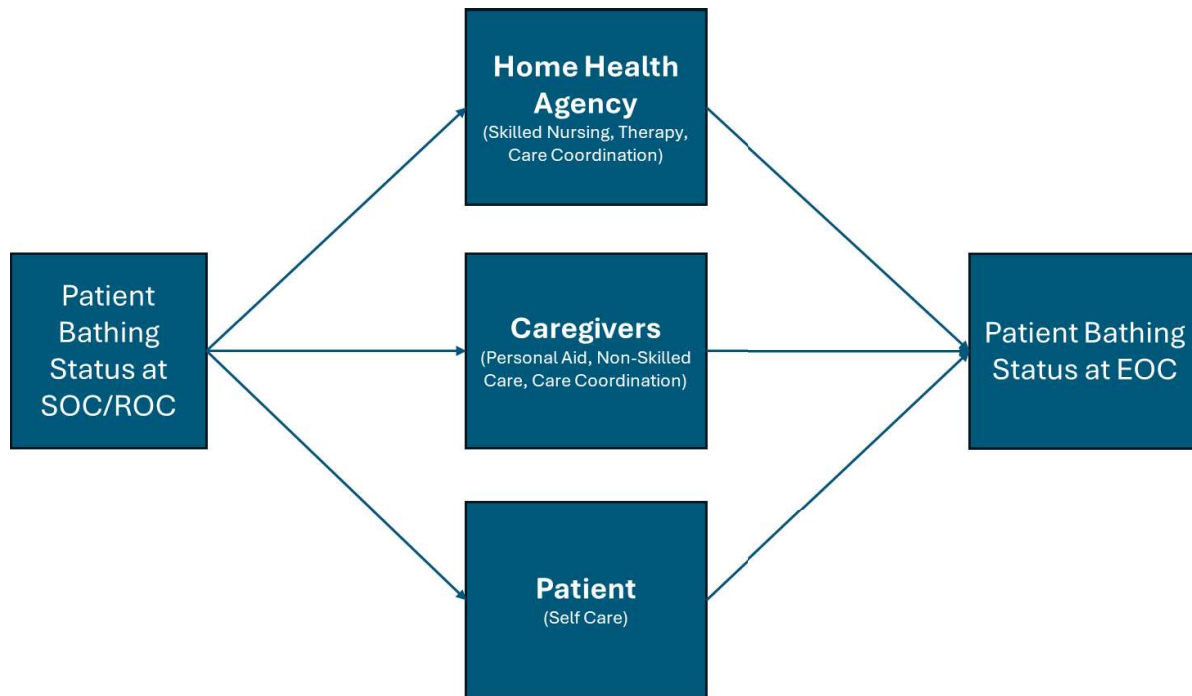


audiences. Indicate the structure, process, or outcome being measured.

Attachment (pdf, word)

Improvement in Bathing (#0174) measures whether the patient’s ability to bathe at end of care (EOC) improves relative to the patient’s ability to bathe at start or resumption of care (SOC/ROC). To improve, patients will receive support from three primary sources: the home health agency that provides skilled care, caregivers, and themselves. For *Improvement in Bathing (#0174)* we are concerned with attributing the improvement to the home health agency care, and as a result, we risk-adjust the observed improvement to account for differences in patient characteristics at SOC/ROC (see **Figure 1** for a visual depiction of the logic model).

Figure 1: Logic Model for Improvement in Bathing (#0174)



Summarize evidence of measure importance from the literature, linking the structure/process/intermediate outcome to the desired health outcome. *

Bathing disability is common among older adults and related to several conditions frequently experienced by those using home health services (Whitehead, et al, 2018). Bathing ability is an essential part of independence for older adults and is one of the functional items included in the activities of daily living (ADLs). The ability to maintain or improve ADLs, including bathing disability, is one of the reasons patients may be referred to home health services. Interventions designed to maintain or improve ADL function can reduce dependency and increase quality of life, while declines in ADL function can lead to loss of independence, a decrease in quality of life and increased risk of nursing home admission (Fusco, et. Al, 2012; Gill, Allore & Han, 2006). Specifically, bathing disability is often regarded as a key factor in early identification of disability in older adults (Gill, Guo, & Allore, 2006; Golding-Day, et. al., 2017; Whitehead, et al, 2018). Interventions to maintain or improve bathing ability are essential to preventing further disability or decline in ADL function, while decreasing costs and the need for additional health and social services (Fusco, et. Al, 2012; Gill, Allore & Han, 2006; Gill, Guo, & Allore, 2006; Whitehead, et al, 2018; Zingmark, et al, 2016). Improvement in bathing ability is also related to a decreased risk of hospitalization (Young, 2014). Home health services such as occupational therapy and teaching patients and families about equipment and use of assistive devices for bathing have been shown to lead to a higher level of function and independence, and improved health-related quality of life (Golding-Day, et. al., 2017; Morgan & DiZazzo-Miller, 2018; Lewin, et al, 2013).

Fusco O, Ferrini A, Santoro M, Lo Monaco MR, Gambassi G, Cesari M (2012) Physical function and perceived quality of life in older persons. *Aging Clin Exp Res* 24(1):68–73(Lewin et al. 2013a, 2014)