

## OASIS Alert

### Management: PREPARE TO BATTLE STAFF'S OBQI 'DATA SHOCK'

Your agency's first glimpse of the outcome -based quality improvement reports could wreak havoc on your staff if you don't lay some groundwork ahead of time.

Agencies might be caught off guard by staff members' emotional reactions when they first encounter these reports, the **Centers for Medicare & Medicaid Services** predicts. "It may be quite unsettling to see an outcome that is significantly worse than the reference sample, since staff correctly respond to this as actual care that was delivered to actual patients. Their first reaction in viewing the report may be defensiveness or denial," says CMS in its OBQI Implementation Manual.

Staffers might be tempted to explain any shortcomings away by arguing that your home health agency serves older or sicker patients than the national average, CMS notes. But the reports are "risk adjusted" to compensate for the differences between your agency's patients and the national sample against which they're compared. In other words, even though your patients might be sicker than average, the reports are adjusted so they compare apples to apples, explains **Carl Rosen-gart**, chief medical officer with **Island Health Care** in Savannah, GA.

Rosengart speaks from experience in saying that when you confront clinicians with data like those presented in the reports, "the first thing they want to do is kill you." Rosengart was responsible for presenting data similar to the OBQI reports to clinicians at Island.

To keep the trauma level down, you must explain to your staff ahead of time what to expect in the reports, he urges. "It is likely that some outcomes will fall above the reference averages, some will fall below, and some will not be statistically different from the norms," the manual explains. Staff members shouldn't convince themselves that your HHA will be miles above the national average on all points.

Another problem is confusion between quality assurance and quality improvement, Rosen-gart predicts. "Quality assurance is basically retrospective and geared at individuals," he notes. And while quality assurance tends to be punitive in nature, quality improvement does not, he offers. Explain to your staff that OBQI isn't meant as a way to single anyone out for punishment "your intention is to find areas where the organization can improve by improving processes, and this is never going to be individual-directed," he says.

#### Advance Education is Key

It's important to educate staff in advance about what to expect from the report in terms of format and data presented, the manual suggests. HHAs should "focus on proactive education and advance preparation to increase the likelihood that most [staff] will understand the meaning of the report when it is presented," CMS counsels.

To keep staff from going into "data shock" by dropping an entire report on them at once, it might be helpful to choose just a few outcomes to present. One strategy is to hold off on presenting the reports to staffers until you've chosen the outcomes to target for your quality improvement activities.

Finally, present the reports as a positive tool for illuminating areas where the agency can improve and areas where the agency provides outstanding care, the manual urges.