

OASIS Alert

OBQI: CATCH UP WITH YOUR OUTCOMES NOW!

If your home health agency has been ignoring OBQI measures and hoping they'll just go away, it's time to wake up and smell the data.

Despite the fact that outcome-based quality improvement is not expected to become an official requirement until next year, HHAs can't afford to sit back and wait, cautions **Bob Wardwell**, vice president of regulatory and public affairs for the

Visiting Nurse Associations of America.

Those who continue to doubt the current importance of OBQI implementation need look no further than the final survey protocol the **Centers for Medicare & Medicaid Services** issued to surveyors in September (see OASIS Alert, Vol. 3, No. 11, pp. 112-116). In addition to listing eight adverse events on the worksheet, CMS included 10 OBQI outcomes for surveyors to consider during the pre-survey process.

Further evidence of OBQI's significance came during CMS' Nov. 22 broadcast on OASIS burden reduction, when presenters also took the opportunity to discuss the survey protocol guidance as it relates to OASIS, OBQM and OBQI (see related story, article 1).

"It was kind of clever the way [CMS] did it," says Houston-based **Michael Seago**, the national director of clinical training at **Tender Loving Care Healthcare Services**. OBQI is "coming sooner than later whether you want to acknowledge it or not, because [surveyors are] going to come armed looking for specific charts based upon what their pre-survey data tells them."

Getting Yourself Started

Agencies that haven't taken steps to deal with OBQI need to download their reports right away, advises **Judy Adams**, a Chapel Hill, NC-based consultant for **Larson Allen Health Group**. HHAs should pull their OBQI reports at the same time each year, states Adams, "because you really need a full year of time to see any impact of any changes that you've made."

After printing out their reports, agencies should select one outcome "and evaluate some of the patients that were affected by that outcome to determine what their best practices should be and whether they've been doing really well" in that area, says Adams. When looking for an outcome to investigate, HHAs may want to give priority to either those 10 outcomes that have already been identified for surveyor use or the potential 12 outcomes that could appear in the imminent public outcome comparison.

Adams reports that at least three of these outcomes Acute Care Hospitalization, Improvement in Dyspnea, and Improvement in Urinary Incontinence might be good ones to start with since all are likely to be included on both the surveyor's chart and the public outcome comparison.

After selecting an outcome, the HHA will need to compare itself to the national benchmark shown on the report to see how it's faring in that area. If the agency's performance is worse than the national average, then the agency will need to "set up a corrective action plan on how they can improve on what they've been doing," counsels Adams. The home health agency will then be able to monitor itself over the next year to see if it has improved on that outcome.

If the agency is performing better than the national reference rate on those outcomes designated for surveyor or public

comparison use, then it might consider concentrating on outcomes that are more tailored toward that agency's practice or goals, offers Adams.

"For instance," she suggests, "if someone was doing a lot of wound care, then what might be appropriate to them would be looking at the Emergent Care for Deterioration of Wound Status or Increase in Number of Wounds, because they should want to be low on that particular one."

Or, should the agency wish to build up its rehab or therapy services, then it might want to focus on closely related outcomes such as Improvement in Transfer or Improvement in Ambulation, Adams advises.