

## OASIS Alert

### OBQI: Make The Most Of An Underused Resource - Your QIO

How would you like to decrease the number of congestive heart failure patient hospitalizations by 33 percentage points over a period of months? How about improving your agency's unexpected hospitalization rate by 60 percent in two months?

A Maryland home health agency working with the quality improvement organization **Delmarva Foundation** (see Eli's OASIS Alert, Vol. 4, No. 3, p. 23), and a Texas home health agency working with the assistance of its QIO have done just that. Their secret: outcome-based quality improvement..

OBQI has two phases. In the first phase, the agency collects uniform data using the OASIS data set, then the data is analyzed to produce agency outcome reports. In the second part, the agency targets specific outcomes to improve or reinforce, develops and implements a plan and then continues to collect the OASIS data to determine whether the plan is successful.

QIOs can help with every phase of this process, stresses **Lori Spoo** with QIO **Illinois Foundation for Quality Health Care** in Oak Brook, IL. "Consider us free consultants who will respond to your call," she reminds agencies.

What your QIO can do for you: If you are in the beginning phases of the OBQI process, your QIO can help you with the mechanics of downloading reports or saving that pesky tally report as an Excel file. If you're trying to analyze the data, your QIO can help you understand the big picture. If you've stalled while trying to put your plan of action on paper, your QIO can help you jump-start the process. "Don't be embarrassed to call," Spoo urges, "no question is stupid - and we've probably heard it before."

Agencies may not realize that QIOs can provide resources they might not have, Spoo explains. The QIO can do a literature search for best practices or suggest an approach another agency has found successful, she adds.

Case in point: The **Texas Medical Foundation** provided that kind of assistance to the HHA it profiled in its recent newsletter. Once the HHA analyzed the information about patient hospitalizations, it decided to focus on making more frequent contacts with CHF patients.

After using OASIS M0 items to rank patients' severity levels, the agency created a system designating a specific number of contacts via visit or phone call within a specific time period for each severity level. Even though the average daily census quadrupled during a nine-month period, the HHA was able to realize a 60 percent improvement in the targeted outcome in the first two months of implementation, the QIO reports.

Another resource QIOs provide is a listserv for agencies within that state, Spoo tells **Eli**. Agencies can share directly with each other what works and what doesn't, she explains. There is a QIO for every state and territory, all working under the **Centers for Medicare & Medicaid Services**.

"We encourage agencies to contact us for any OBQI-related question," stresses **Linda McNeill**, who is the primary resource person for technical and clinical questions with QIO **Medical Review of North Carolina**. Just call your QIO and ask to speak to someone about OBQI or HHQI.

QIOs also collaborate with each other to provide more resources, Spoo notes. For example, Illinois, Texas and Iowa QIOs are sponsoring joint conference calls for agencies on Jan. 21 and 28, she says. Agencies in those states can contact her at 1-800-386-6431 to sign up.

Editor's Note: To register for your state's OBQI listserv, go to [www.obqi.org](http://www.obqi.org).

