

OASIS Alert

OBQI: OBQI BECOMES A BIG GUN IN SURVEYORS ARSENAL

It's official: The **Centers for Medicare & Medicaid Services** has set the wheels in motion for the "voluntary" OBQI program to come back to bite home health agencies who opt not to participate.

CMS has handed state survey agencies a new draft survey protocol that surveyors could start using immediately. The draft protocol requires surveyors to scour your adverse events reports and outcome-based quality improvement reports to focus their investigation.

The draft protocol allows surveyors to slap you with a deficiency for OASIS encoding, accuracy and transmission problems before they set foot out of their agency office, notes **Mary St. Pierre** with the **National Association for Home Care**. They can check your submission statistics to find out if you're locking and transmitting OASIS data on time, then cite you under Section 484.20, she explains.

"That is major," St. Pierre stresses. OBQI and OBQM data were "supposed to improve quality, but instead just give [surveyors] more ammunition" to snag home health agencies for clerical errors, she laments.

Fortunately, surveyors probably won't regularly cite agencies without a site visit unless the HHA is having a recurring problem. St. Pierre predicts.

Nonetheless, this survey protocol means HHA participation on the OBQI program basically is a must, says **Ann Howard** with the **American Association for Homecare**. "OBQI indicators on the survey protocol cause an area to be targeted during survey," Howard notes. That means agencies that don't pay attention to OBQI could easily land themselves in the hot seat come survey time.

While surveyors' new reliance on OASIS data could be trouble, it also could work in agencies' favor. Replacing a subjective survey process with a data-driven, objective one will make it easier to deal with surveys, says Howard.

"It offers a tangible and measurable blueprint, which agencies [can] use to determine in advance what types of survey activities and focus to be prepared for," offers consultant **Linda Krulish** with **Home Therapy Services** in Redmond, WA.

"I applaud the specific questions worksheets which should set the stage for objective data collection," agrees Chapel Hill, NC - based consultant **Linda Stock Rotman** with the **Larson Allen Health Group**. If agencies are checking their adverse event and OBQI reports for their variations from the national statistical averages, "they should be prepared to demonstrate any unusual or extenuating circumstances and related staff teaching," Rotman says.

The new process also encourages communication between surveyors and HHAs during the course of the survey, Howard says.

"As long as surveyors do what they were trained to do," use of adverse event and OBQI data should "be OK," St. Pierre allows. The key is making sure surveyors know that they should use OASIS data only as a starting point for an investigation of care, not as a reason to deal out deficiencies. Only after conducting more focused investigations should a surveyor consider handing down black marks, Krulish says.

CMS says it hopes to require surveyors to use a finalized protocol by January, but St. Pierre notes that "there's nothing to prohibit surveyors from using the [draft] protocol now." She expects agencies to encounter its use in imminent surveys.

