

OASIS Alert

OBQI: STARTING SMALL REAPS BIG OBQI RESULTS

Home health agencies that choose to ignore the clinical outcomes focus of the future could learn a lesson from the ostrich when you stick your head in the sand, you leave your tail-feathers flapping in the wind.

Agencies that stay mired in the process-focused survey procedures of the past will start seeing more deficiencies when surveyors begin using outcome-based quality improvement reports to hone their outcomes focus. OBQI can be summed up with one sentence, says consultant **Beth Carpenter** with **Beth Carpenter & Associates** in Lake Barrington, IL: "If you fail to plan, you plan to fail."

Using OBQI reports, surveyors now can narrow their focus more than ever before to target problem areas, explained consultant **Pat Sevast** with Baltimore-based **American Express Tax & Business Services**, speaking in a recent **Eli** teleconference. Surveyors are likely to move quickly in this direction because it will allow for more effective use of resources in the expensive survey process. That's because surveyors will be able to use OBQI reports to pinpoint problem agencies and focus their ire on them, and to single out problem patients for visits and review.

HHAs can prepare for the change by taking advantage of OBQI information. Act now, Sevast counseled, so you have time to show improvement on next year's OBQI reports. In the meantime, you can demonstrate to surveyors that you are addressing problem areas. She outlined a four-part process:

1. Start by choosing only one or two target outcomes to work on. First, highlight those outcomes on your report that have one or two asterisks next to them, Sevast said. Then look at the magnitude of the difference between your result and the national reference result for these outcomes. One outcome with two asterisks may have a 5 percent differential and another may have a 25 percent differential choose an outcome with a higher magnitude, she instructed.

Next, look at the number of cases. You don't have to choose the largest, but you should choose an outcome that "impacts a large number of patients," Sevast advised. (The table in article # 6 aims to help agencies choose outcomes.)

This process is one of the advantages of OBQI, insists Carpenter. HHAs can "focus in one or two areas and make a true difference in the care that is provided to their clients," she notes.

2. Identify what you want to change. Involve all disciplines and as many outside resources as possible in an effort to define "the ideal care for this target outcome" before you look at patient charts, Sevast advised. Experts in the target area and local or national associations can be helpful.

Once you determine the ideal care, compare what clinicians did for patients to what they ideally should have done. When auditing patient records, select your sample of at least 30 records from a focused group of patients where the target outcome is significant, Sevast said. For example, look at hip replacement patients when addressing transfer skills. Your case mix reports will help you choose your patient focus, she added.

3. Develop a plan of action. Define as problems the actions you found lacking, Sevast explained. Focus on two to four changes you can make to improve the outcome. Be specific about the behaviors you expect, she emphasized. State how often the nurse should do something, when to report changes, where to document the action and how to monitor the activity.

Then determine how you will change care providers' behavior. "Just another in-service" is not enough, Sevast urged. Consider approaches such as one-on-one training, visual prompts, visits with staff, changes in forms, clinical in-service training and new techniques or supplies.

4. **Monitor your results.** Behavior change is difficult, Sevast reminded listeners. Staff feedback, patient surveys and monthly or quarterly chart audits will keep your plan on track.

Even though OBQI isn't mandatory, it provides a way for the **Centers for Medicare & Medicaid Services** to "facilitate the changes it wants in the behavior of home care agencies, through state surveyors using the data to zero in on agencies that are not optimal," Carpenter points out. Also, HHAs will find that "surveyors will expect [them] to have identified problems," Sevast said.

And if surveyors see an agency working toward solutions, they may be more lenient about applying deficiencies, Sevast speculated. HHAs also may find unexpected agreement in documentation and medical review results from their efforts.