

OASIS Alert

Outcome-Based Quality Improvement: LIGHTS, CAMERA, ACTION!

Home health agencies should be ready for some action on OBQI, that is.

Now that you've chosen the outcomes your agency will target under the coming year of outcome-based quality improvement and conducted your process of care investigation, it's time to develop your plan of action and a wishy-washy approach won't cut the mustard, experts say.

Agencies should develop a separate plan of action for each outcome they target under OBQI, the **Centers for Medicare & Medicaid Services** instructs in the OBQI Implementation Manual. "The plan of action can be considered a road map for staff members to use to enhance the target outcome," the manual notes.

An agency's action plans should contain seven key elements, CMS advises: statement of the target outcome, designation as a plan for either remediation or reinforcement, statement of identified problem or strength, best practices, intervention actions, monitoring approaches/activities and evaluation (see sample action plan article 3).

The same group of people who conducted your process of care investigation i.e., those who figured out what exactly how clinicians have been approaching patient care for the outcome in question ideally should develop the action plan, CMS says. It's essential to include clinicians when designing an action plan, advises former CMS official **Bob Wardwell**, now with the **Visiting Nurse Associations of America**. "Those are the people who are going to come to the table with the best knowledge of what might be helpful," he says. Also, including clinicians is "the only way" an agency reasonably can expect them to buy in to the plan, he notes.

The most important features of a successful action plan are specificity and a focus on patient care, experts agree. Agencies should not bother addressing internal processes in their OBQI action plans, urged consultant **Pat Sevast** at a recent **Eli** teleconference. Instead of being bogged down in issues such as paperwork and policy, the plan should focus on what the clinician actually does with the patient, said Sevast, with **American Express Tax & Business Service** in Timonium, MD.

The best practices laid out in your plan must be as specific as possible and clearly worded, counseled consultant **Cynthia Hohmann** at a recent teleconference sponsored by the **American Association for Homecare**. Best practice statements should "identify exactly what the clinician should do and when and how it should be done," according to the OBQI Implementation Manual. Everyone should know "exactly what's expected of them" after looking over the agency's action plan, stressed Hohmann, with **Health Care Management Consulting** in Jacksonville, FL.

But don't go overboard when stating best practices, Hohmann cautioned. "You want to keep to only three or four best practices," she instructed. Otherwise, clinicians likely won't be able to adhere to them all "too many can be too difficult to remember on a regular basis," she reminded agencies. "It has to be doable."

When developing statements of best practices, agencies should keep the following pointers in mind, CMS says. Best practice statements should:

1. center on patient care and reflect activities that the agency can actually control;
2. address specific assessments, patient care interventions, care planning and care coordination within the agency that are directly linked to the problem you're trying to fix; and
3. be clear and specific.



Once you develop your statements of best practices, review them to ensure they're sufficiently specific. A good test of how effective an agency's statements are is to imagine whether a brand new staff member could read them and "be able to identify exactly what to do in providing patient care in specific situation," CMS offers.