

OASIS Alert

Outcomes: Take a Two-Tiered Approach to Prevent Outcome Surprises

Improve your outcomes before they cast a poor light on your agency.

Wondering what exactly is going into the new OASIS-based outcome measures that your referral sources, competitors and patients can view starting this month? Get a sneak peek and try these tips for improving the results.

Check Your Report

The **Centers for Medicare & Medicaid Services** has posted a report on the technical documentation of OASIS outcome, potentially avoidable event, and process measures on the Quality Measures section of its Quality Initiatives website. The report goes through the OASIS-C coding that comprises the measures.

You can preview your agency's OASIS-C measure reports starting in June, said CMS's **Robin Dowell** in the May 25 Open Door Forum for home care providers. Then this month you'll be able to access your agency's OASIS outcome reports in the CASPER system.

Plus: Public display of the OASIS-C measures on Medicare's Home Health Compare website is also scheduled for this month. July 21 is the target date for the measures to go up, Dowell reported.

Try A Case Conference Approach for Improved Outcomes

If you find that the preview report shows room for improvement in your agency, consider implementing a case conference process for new admissions. This conference works on two tiers to help improve outcomes. Rather than conducting an admission audit after the fact, a case conference makes certain the individual OASIS item responses are correct every time and the data you transmit is accurate, says consultant **Karen Vance** with **BKD** in Springfield, MO.

The first tier activity of the case conference focuses on individual OASIS item accuracy. Once the clinician evaluates the patient and develops the plan of care, the ideal situation is to gather everyone involved in the case and run through the critical OASIS data elements, Vance suggests. With everyone who has seen the patient in the room, you can use the input to assure each item is the most accurate reflection of your patient.

The second tier activity of the case conference involves the quality assurance or performance improvement person, who should watch for opportunities to improve indicators the agency needs to focus on, Vance says. The QA person listens to the discussion and keeps a "clinical ear" to see whether the patient might decline in one of the OBQI quality measures your agency is watching, she says.

For example: Suppose your agency is working to improve your pain outcomes, and the patient you are discussing is having difficulty with pain. The QA person can remind staff of the overall plan of action for improving pain outcomes and the importance of using the plan to help this patient in particular, Vance says. This includes going over each participant's role in the plan and reminding them to take action.

Bottom line: This two-tiered approach will have a positive impact on your outcomes before they are even reported.