

## OASIS Alert

### Quality Improvement: KNOW THE TOOLS OF THE TRADE

If you feel overwhelmed by information when trying to decide which outcomes to target for your OBQI efforts, you might need to rethink your approach to sifting through the mounds of data.

To help home health agencies rein in the information available to them and hone in on the most appropriate candidates for and methods of improvement or reinforcement under outcome-based quality improvement, the **Centers for Medicare & Medicaid Services** has laid out several organizational and prioritizing tools.

Agencies can use a whole range of tools including brainstorming, multivoting, flow chart diagrams, cause and effect diagrams, bar graphs, checklists and run charts to facilitate the quality improvement process, according to CMS' OBQI Implementation Manual.

Brainstorming simply involves assembling a group of people to come up with ideas. In the OBQI context, HHAs can use brainstorming to develop an action plan, says consultant **Kathy Green**, director of education with **Provider Solutions** in Tampa, FL. Allowing a group of clinicians to sound off on interventions that would be appropriate for an outcome you've chosen to focus on is a good way to let everyone's voice be heard and ensure that you leave no stone unturned.

After the brainstorming session, you probably will have far more ideas than you can realistically use. That's where multivoting comes in.

Agencies can use this technique to choose the points staffers and management view as most important. Simply number each item under consideration and ask staffers to mark those they'd most like to see addressed. Then you can eliminate those with the least votes, repeating the process until a manageable list emerges, the manual explains.

Flow charts, cause-and-effect diagrams or bar graphs can help you monitor your agency's progress throughout the improvement effort, Green notes. Flow chart diagrams present a picture of how all the steps in your improvement process work together, and can help agencies define existing processes and pinpoint the problem and the path to the solution, according to the OBQI manual.

Cause-and-effect diagrams illustrate the agency's ideas about the factors contributing to a given problem. These diagrams are particularly useful when an agency's chart audits have not made clear what the main issues causing or contributing to the outcome are, Green explains. Use brainstorming to identify potential causes not revealed in the charts, she suggests.

Bar graphs are a great way to monitor the agency's "progress of improving patient outcomes for your target outcome," Green notes. By charting the improvement process graphically, agencies can clearly see whether their efforts are working.

A run chart works in much the same way as a bar graph, but the trends are depicted with horizontal lines that spike and drop (like a heart monitor) instead of vertical bars. Finally, checklists are a good way for agencies to get to the bottom of what actually is being done to better the outcome.

HHAs should not feel obligated to use all of these tools in their OBQI efforts, since trying to do so could make the process even more complicated. HHAs should use the tools that work best for them.

Also, it's important that agencies "keep it simple so they can follow through" with the plans they devise, Green urges.

