

OASIS Alert

Tool: Look Beyond M Items with Auditing

Follow these steps for improved outcomes and quality measures.

Your auditing and review efforts shouldn't begin and end with OASIS assessments. Looking at outcomes, potentially avoidable events, and process outcomes will give you a better idea of what your agency is doing well and what needs improvement.

With the following reports in hand, try these approaches from **Pat Jump, MA, BSN, RN, COS-C,** with Rice Lake, Wis.-based **Acorn's End Training & Consulting** to make the most of the findings.

Outcomes Report

As you monitor the Outcomes Report, be sure to compare your agency's results with state and national outcomes as well as your own previous outcomes.

- 1. Select specific outcomes from the Outcome Reports to evaluate. Begin with one or two.
- 2. Evaluate the care that produced these outcomes. Be sure to involve all the clinicians who complete OASIS assessments as well as other appropriate staff, such as those in quality improvement, in your evaluation.
- 3. Develop a plan of action to improve care -- or to reinforce care where your agency's outcomes are superior to the reference. Focus on best care practices. Involve all clinicians who complete OASIS assessments as well as other appropriate staff in developing the plan.
- 4. Implement and monitor the plan of action to see if the interventions you implement produce the change you desire. If the anticipated change did not occur, begin the process of evaluation again.

Potentially Avoidable Events

You can determine whether an individual patient situation results from inadequate care provision only by conducting an investigation of the care actually provided to that specific patient. Follow these steps to learn from past missteps and prevent future potentially avoidable events from occurring.

- 5. Review each Potentially Avoidable Event Report briefly to obtain an overall sense of the content.
- 6. Review the Agency Patient-Related Characteristics Report in more detail.
- 7. Prioritize the potentially avoidable event outcomes to investigate first.
- 8. Identify the care provided to patients listed in the tabular Potentially Avoidable Event Report.
- 9. Select instances of problematic care provision.
- 10. Review clinical records for the selected cases.
- 11. Develop an improvement plan that incorporates necessary changes in care delivery.
- 12. Implement the improvement plan in the agency.
- 13. Continue review of subsequent Potentially Avoidable Event Reports to determine whether the results of the care delivery have changed the incidence of the potentially avoidable events in the agency. If the intended change did not occur, begin the process of evaluation again.

Process Outcomes

You should regularly monitor the Process Quality Measure Report. Be sure to compare your agency's adherence to the evidence-based practices measured with the state and national rate of adherence.

After the first reporting period, you should also compare your agency's current adherence rate to that of the previous reporting period.



- 14. Choose the measures on which you will focus your review. Consider each measure individually or consider the measure as it potentially affects specific related outcomes. Choosing one or two process measures your agency needs to improve to examine further.
- 15. Investigate the reasons for a low adherence rate.
- 16. Investigate low adherence in combination with outcomes and adverse event reports. For example: Is there low adherence to assessment for fall risk while the agency also has a high rate of emergency care due to falls?
- 17. Develop a plan of action to improve rates of compliance with best practice care processes. Involve all clinicians who complete OASIS assessments as well as other appropriate staff such as quality improvement staff.
- 18. Implement a plan of action and monitoring for improvement in rates of compliance with best practice care processes to see if the interventions brought about the desired change. Involve all clinicians who complete OASIS assessments as well as other appropriate staff. If the intended change did not occur, begin the process of evaluation again.