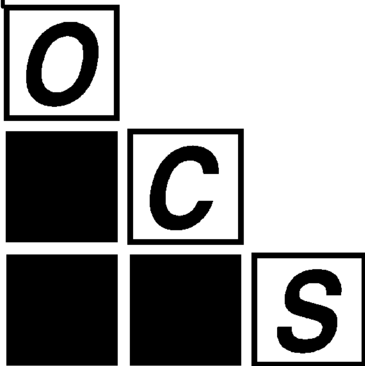
WHITE PAPER
98-002

Implementing OASIS
Part 2



IMPLEMENTING OASIS
Part 2

Lisa Nathan, MA and Mary Hartnett, BSN, RN

This is the second installment of our two-part working paper series that explores operational and human resources related issues associated with the implementation of the **O**utcomes **As**sessment and **I**nformation **S**et (OASIS). The first paper - *Implementing OASIS Part I* (OCS publication 98-001) - addresses activities that need to be completed during the startup phase, while this paper provides tips for actually collecting and utilizing the data at your agency.

Phase II – Data Collection and Ongoing Training

Staffing

Designate supervisors to continually monitor and support data collection and track due dates. The emphasis here is on support, and particularly during the early stages, staff will need it. Managers should make themselves available to help remind clinicians on the content of the OASIS items, identify the assessments that are due, and encourage them to fully complete the assessment forms. Managers may want to "partner up" with field staff and encourage each clinician to use them as their first-line support at the office, and not merely an authority figure responsible for finding the things that are not done right or on time. The more the staff feel that office support systems exist to facilitate work processes and to free them up to do hands-on patient care, the better will be their cooperation and acceptance of the changes associated with OASIS.

Allow staff time to learn how to complete the new paperwork and expect lower productivity during the early stages. If possible, you may want to consider briefly decreasing current productivity requirements. This will go a long way toward engendering good will among the field staff. This is perhaps the most direct way of letting them know that you understand the complexity of their jobs and the burden of new documentation changes. However, since productivity standards are essential to cash flow, make it clear that such decreases will be for a very short period.

Conduct periodic questionnaire and chart reviews to identify data collection misunderstandings as soon as possible. This does not need to be done publicly, and should be approached apart from the ongoing activities with staff. The purpose is not to "catch" someone doing something wrong.

Instead, it is to make sure that the training and operational systems you have implemented are understandable and useful to clinicians. Make it clear to staff that reviews are not to correct their actions, but rather to correct the new training and operational procedures.

At the appropriate time, work to involve therapists, social workers, and clerical staff. No one person or group of providers can single-handedly accomplish implementation of the OASIS dataset. In order to be effective (as well as fair), assignments should involve everyone when appropriate. Therapists may need to complete the forms if your organization has PT-managed cases. Even if some staff are not involved in filling out the forms, it will be beneficial for everyone in the organization to understand the OASIS agenda, its significance, and how important their support is to the overall success of the agency and improved patient care. The clerical staff will play a critical role in the coordination of the paper forms (copying, collating, distributing, archiving) and the input of the data into a computer system (if your organization has elected to go this route-which we highly recommend!). It is important that staff fully understand their duties and the importance of each contribution. Just as with the clinical staff, these employees will need initial and ongoing training, feedback, opportunities to express their concerns and suggestions, and recognition of their successes.

Training

Communicate regularly via ongoing training sessions and updates. Regular updates, as well as feedback, are imperative. If short update meetings are not convenient for staff, utilize newsletters, bulletin boards, and/or company-wide emails as vehicles to communicate new information and celebrate accomplishments to date. Use them as a forum to give staff positive feedback and solicit suggestions for improvement. You might want to publish staff comments "op-ed" style and/or institute "OASIS Idea of the Month Awards" for the best idea that was successfully implemented.

Training for all staff should be an ongoing process. Often, those that have already received training can be very helpful in educating new staff as they join your team. Use the benefits of their wisdom and experience—both the good and the bad. For example, old and new staff alike will be interested in being reassured by others that the time to complete the forms decreases rather dramatically as you become more accustomed to the questions, scales, and definitions. Their first-hand knowledge and anecdotes will be the most effective method of

warning others of pitfalls and lessons learned using the new assessment forms. At the same time, be sure that the positive experiences are disseminated to new staff as well. For the majority of clinicians, these will revolve around the objectivity and preciseness of the OASIS dataset that allow the effects of care processes on patients to be seen.

Provide continual encouragement to prevent staff from getting discouraged or losing sight of the purpose. Recognize that it will be easy for staff to become discouraged at first. The length of the assessment forms alone can be enough to bring down spirits. This is when the managers' roles will become essential. They must be able to empathize with the required adjustments, re-emphasize the importance of collective efforts, and enthusiastically report on the results. Managers' familiarity with the reality of repeatedly completing assessments in the field and with success stories from the "trenches" will be essential for maintaining each manager's credibility and ability to keep their staff motivated.

Begin to provide training on how to interpret outcome reports and how to conduct process of care investigations. As soon as your organization is able to select outcomes for detailed review and improvement, it is a good time to start providing more detailed training on how to utilize reports and graphs generated from the OASIS data. In order to this, you will first have to have some method – preferably computerized – for collating the data and summarizing it in the form of reports and graphs. Next, you might want to run some sample reports on groups of patients and/or outcomes of interest to a large percent of your staff and begin training sessions by discussing "real-life" examples. Be sure to thoroughly review each element of the reports and graphs. Some discussion points might include:

1. An overview of each row and column in the report;
2. How the data in the report or graph tie back to the OASIS questionnaire (e.g., a report on the discharge disposition of a selected group of patients is pulled from OASIS item M0850);
3. Which values should be low and which should be high;
4. What kinds of trends the agency would like to see on each indicator over time; and,
5. What other information might be useful to know when reviewing this report.

Once you have covered the basics, clinicians in particular are likely to enjoy a rousing session to brainstorm about possible explanations of the results. The basis of outcome-based quality improvement (OBQI) is the examination of outcome reports to begin to identify both

questionable and exemplary outcomes. The next step is to seek to understand and describe the best processes that did (or did not) achieve the desired results. This is where the outcome measurement process becomes truly rewarding and, if handled correctly, quite fun. This is where the "rubber meets the road." Here is where your agency can clearly witness the impact the care provided on the lives of patients. For most home care clinicians, this is a new and exciting frontier. In these training sessions and during ongoing report reviews, timeliness of the information will be very important. The more recent the data on outcomes are, the more relevant the information is to the clinicians' experiences and the more fruitful the OBQI process will be.

Select quality improvement team members with a definite interest in improving patient outcomes. The members of these teams are the heart and soul of OBQI. They are the ones charged with the responsibility of: a) identifying both inferior and superior results; b) delineating the processes of care that achieve these results; c) describing the processes of care required for desired results; and, d) communicating the information in the form of action plans for agency-wide implementation. Home care administrators may want to invest in formal training or educational materials for these team members on group facilitation, OBQI procedures, and how to conduct process of care investigations.

Team members should be those that have sufficient: 1) knowledge of the pertinent outcome or process of care; and, 2) motivation to participate on the team and come to a resolution. All staff, not just the team members, need to be invested in the process of making outcome measurement efforts successful for the organization. It is important that they see the value of outcome information and have the ability to incorporate outcome concepts into care planning. The best way to accomplish this is by ensuring that team members and clinicians alike have easy access to the data in the form of reports and graphs. These are what will make the OASIS efforts meaningful. Staff are much more likely to become and remain committed to the program when they have concrete pictures of the impact they have on individual patients.

Prepare staff for the lag time between the beginning of data collection and the first outcome reports. This time period will vary by organization and the means of data collection and reporting that is selected. Ideally, data is entered into software on your desktop, with the ability to report on outcomes right away. However, reality demonstrates that even when a desktop software solution is available, it will very likely be two to three months from initiation of

data collection before reports are available. The reason is that each patient must be assessed at a minimum of two points in time (start of care and discharge) to have a basis for comparison. At the present time, if your organization is sending information directly to the Center for Health Policy Research in Colorado, the turn around time may be six to twelve months.

Prepare staff intellectually and emotionally for the times when their outcomes are not as positive as anticipated. Especially in the early stages of implementation and analysis, it is important to remind staff that you know, even when outcome scores are not as positive as you would like, it does not mean that bad patient care is being provided. Several factors can be influencing your scores. First, there may be data collection training issues. Second, the case mix of your patient population for an individual provider, team, or the agency as a whole may be impacting the outcomes. The patients may be older or more severely ill at admission than others, and this will need to be taken into account when assessing progress. Third, it is also possible that regardless of all of the care provided, patients can still decline in functional ability as a natural progression of their illness. Data need to be viewed with an educated and questioning eye in order to ensure that proper "sense" is made of the information. Lastly, the early phases of data analysis are undertaken for precisely the reason of identifying opportunities for improvement and working together as a team to make that happen. For most agencies, it will be internal trends that become useful for these activities, especially if efforts are being made to improve processes in a particular area (e.g., skin care for incontinent patients).

Reiterate that OASIS is not just another governmental imposition but an improvement in your organization's ability to collect reliable and useable outcome data. One thing is certain. If management views OASIS implementation with the attitude that it is merely another regulatory imposition, so will the staff. Ultimately this will impact the quality of the data that is collected, and the feedback loop of OBQI will not be successfully completed. The use of sample reports in training sessions will help to demonstrate to managers and staff the importance of collecting good data and the power the information has to offer to the organization.

PHASE III – Data Analysis

Keep the time period between forming the quality improvement team and developing a plan of action short to prevent boredom, encourage action, and to allow the team to see quick results. The easiest way to accomplish this is to use an on-site computerized system to create reports on a weekly or monthly basis as patients are discharged from services. As reports continue to be generated on a regular basis, you can begin to implement a feedback loop from the quality improvement team to the field staff. As soon as the reports are generated, a team leader or member will probably want to spend a little time reviewing the data for outliers, or any significant changes (positive or negative) that have appeared since the last reporting period. Part of the OBQI cycle is to repeatedly review reports on the changes in patient care processes that may have been instituted as a result of previous meetings. Another approach is to choose a specific or problematic diagnosis grouping, for example open wounds, and begin to investigate if differing care patterns (e.g., twice daily visits), have a significant impact on the final results and/or costs associated with caring for these patients over time. Either way, provide outcome reports to staff as regularly as possible. The more frequently the data is made available to staff, the more frequently it can be put to use to improve the care they provide. Quarterly, if not monthly, reports will keep clinicians engaged in the process and thinking about how to achieve positive results for patients.

Initially focus on a small number of outcomes for improvement. To begin, select one to three outcomes to study. The quality improvement team may want the selected outcomes to be those they think have the greatest chance of relatively rapid improvement. These successes will serve as a strong encouragement for all involved and maintain commitment to the program. One of the biggest selling points for staff, as well as management, will be to see the benefits of their efforts as soon as possible. They will be very motivated by objective demonstrations that your agency has found better to achieve patterns of care for wound healing, functional independence, etc.

Create a safe environment to objectively analyze outcome reports and make corrections where needed. Especially during the initial stages, staff need to know and be continually reminded that they are not being personally judged on the outcomes their patients achieve. Rather, outcomes-based quality improvement is a process of discovery about how the team or organization as a whole can accomplish certain outcomes. Less than positive outcomes can occur due to many factors completely out of the control of the individual clinician. Until case mix and severity indices are more reliable, the goal of analyzing outcomes is solely to improve patient care and organizational

efficiency, not to find fault with the providers. The safer and more open the environment remains to constructive discussion and peer review, the less trouble you will have with potential “gaming” of the data by staff in an effort to make patient outcomes look better than they really are. It needs to be stressed that any gaming of information about care outcomes will ultimately hurt the agency’s long-term ability to receive the reimbursement for visits that it deserves.

Keep staff appraised of the OASIS program and quality improvement efforts via memos, newsletters, awards/recognition of success, and parties. This will go a long way to serve the overall agency interests in higher morale and staff investment in continuous improvement. The more staff are informed, the more likely they are to remain involved. When successes are celebrated and rewarded, the more likely they are to be motivated to find solutions to problems.

Establish a consistent process for data analysis. For example, each quarter, you may want to:

1. Identify areas of greatest variance between your agency's performance and national and regional norms (typically, aggregate averages) which are available via some software vendor's quarterly benchmarking reports. If, for example, if you see that in some areas your scores are significantly lower the norms, it might signal an opportunity for improvement that your quality improvement team can tackle up-front. Over time, as the team implements new processes, they will continue to track your agency's performance against these norms to verify that they are reducing the variance. Management will need to continually summarize the data for staff to review and provide assistance to interpret the data as it becomes available.
2. Use flow charts or other visual pictures of the existing care processes to effectively describe and detail the most effective ones.
3. Examine internal processes that may be contributing to poor outcome scores by creating ad-hoc reports and graphs from your internal OASIS database.
4. Conduct chart reviews as necessary to supplement the information attained from the database. Compile the qualitative data necessary to fully understand the decisions, processes, and results of care provided to individual patients or groups of interest. In the later stages, you may start to find individual practitioners that are of concern. These outcome data will be a constructive tool to objectively and non-judgmentally demonstrate areas for potential change in staff practices.
5. Summarize the findings and develop a plan of action and goal statements. Print and post this information for all interested staff to review.
6. Periodically, as the data are collected and reports are generated, the improvement team will want to measure results against posted goals.

Create and utilize tools and processes for quality improvement teams. On a regular basis, provide staff with copies of the reports used by quality improvement teams and discuss the highlights with staff. You may find that simple statements that compare the results to the goals are helpful in these sessions. For example, you may want to let staff know that: "In the next quarter we need to focus on more careful assessments of the skin integrity of our immobile patients. Our data show that 18% of our immobile patient population developed a pressure ulcer during their home care stay. Our goal is to reduce that number to 10% or less within the next six months. The quality improvement team assigned to this project will be carefully monitoring this percentage each quarter and devising ways to meet our goal. Any ideas you have to accomplish this are appreciated."

Conclusion

No one can predict with certainty the ultimate impact of the OASIS dataset on the provision of home care services. Many still complain that the forms are too long and the resources required too cumbersome. Like most changes, it is not an easy process. Many agencies will need to change their documentation systems rather dramatically in order to accommodate the OASIS items. This may mean discarding or disfiguring documentation processes, such as standardized plans of care or classification systems using other taxonomies, which you and the clinicians have grown attached to the years. The changes may involve some grieving and adjustment. The sacrifices, however, can yield a real clinical and financial advantage. For the first time in home care, a standardized assessment exists that provides the opportunity to collect, disseminate, and use reliable data about the results of care provided. Studies and experience have shown that as staff become accustomed to the new forms, they do not increase their documentation time significantly. With time, staff do become knowledgeable about the content of each data item and are able to master completion in shorter and shorter time frames. We have even heard from a handful of agencies that have successfully navigated through the implementation procedures and begun using the information, that they "love" OASIS. Especially during the early stages, it may seem hard to believe that your organization will get to this point. Rest assured that, ultimately, it will not be the operationalization of OASIS or the completion of the forms that is the biggest challenge to your organization. It will be how to best make sense of and utilize the data that the OASIS yields. In this regard, automation, computerization, and benchmarking will become increasingly important. This functionality will allow you to quickly and easily collect, retrieve, and analyze the data elements critical to your operations. Benchmarking, in particular, will help narrow down the opportunities for examination and

improvement that will come to light through computerized reporting. It is at that time when the real fun begins.

Resources

General OASIS Information

Additional information regarding the Conditions of Participation, the OASIS, and helpful hints on integrating OASIS into current home care practices is available in the following documents:

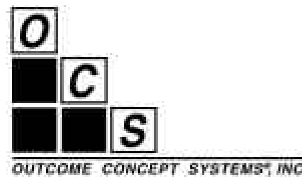
1. Federal Register, March 10, 1997 (Vol. 62, No. 46:11035-64).
2. Shaughnessy, Peter W. and Crisler, Kathryn S. 1995. *Outcomes-Based Quality Improvement: A Manual for Home Care Agencies on How to Use Outcomes*. Washington, DC: National Association for Home Care.
3. Crisler, Kathryn S, Campbell, Barbara M. and Shaughnessy, Peter W. 1997. *OASIS Basics*. Colorado: Center for Health Services and Policy Research.
4. HCFA's Proposed New Medicare Conditions of Participation & OASIS Requirements. (To order this handbook, call 1-888-287-2223 and ask for Pub. 303HHL).
5. Wilson, Alexis A. 1997. *Home Care Outcomes and OASIS*. Gig Harbor, WA: Wilson and Associates.

ATTACHMENT

Sample OCS-OASIS Reports

About Outcome Concept Systems

Outcome Concept Systems, Inc. is the pioneer in home care outcomes and benchmarking. The company produces clinical documentation and software technologies to assess and quantify the effects, or outcomes, of home health services. OCS provides computer programs to capture and graph the outcome information and assess the costs associated with the outcomes achieved. OCS also has a national reference database and produces performance benchmarking reports for participating agencies. The OCS performance measurement systems have met all initial requirements for approval by the JCAHO.



2719 East Madison Street, Suite 201
Seattle, WA 98112
(206) 325-3396 / www.ocsys.com

© 1999 Outcome Concept Systems, Inc.