
CASE SUMMARY

OBQI and Improvement in Ambulation/Locomotion

Following is the story of a small home health agency that used the outcome-based quality improvement (OBQI) process to improve outcomes for patients who experience problems with ambulation/locomotion. They implemented the OBQI process within the resource constraints of a small agency and even found some advantages to being small.

This for-profit, privately owned freestanding home health agency serves a rural and urban area in northeastern United States. It is Medicare and Medicaid-certified and also accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Services include skilled nursing, physical therapy, occupational therapy, speech therapy, medical social service, home health aide, personal care, and private duty. The agency is relatively small with a usual census of approximately 130 patients, including private patients, and a staff that includes eight RNs. Their primary sources of payment are private pay and private insurance with Medicare representing less than 30%.

This agency participated in the OBQI pilot program conducted in five states in 2001-2002. The following summary of their experience follows the steps of the OBQI process.

Selecting the Target Outcome

The outcome of improvement in ambulation/locomotion was chosen based on the criteria suggested in the OBQI process: statistical significance, size of the outcome difference, number of cases involved, actual significance level, importance or relevance to agency goals, and clinical significance. On their first outcome report for calendar year 2000 the outcome rate for improvement in ambulation/locomotion was 16.3% compared to their reference value of 26.2%. The statistical significance level was 0.04.

They were interested in addressing a therapy-related outcome, if possible, because of the expressed interest of some of their therapists. They thought including people who wanted to be involved and working on an area of interest to them would result in a more successful initial project. “We had a physical therapist (PT) and an occupational therapist (OT) on our team who brought a lot of knowledge with them and also were very excited about being part of the team.” In addition, the team included a social worker, three BSNs, and a certified nursing assistant.

They applied the outcome selection criteria when reviewing their outcome report and chose an outcome that was statistically significant and also fit with their desire to focus on therapy. “The first year was quite easy, because it just glared at us, and it was of interest for everybody.”

Once the agency made the decision to participate in OBQI they sent their quality manager to a training session provided by their state’s Quality Improvement Organization (QIO). She in turn

provided training to their quality improvement team. “After we received our outcome report, we had a team meeting – a quality improvement meeting, and we actually built our team the same day. We invited several people to attend, and we built our team, reviewed our reports, and chose our target outcome at that time.”

The staff from this agency experienced something that is quite common the first time they saw their data. “I would say their initial response was, well, almost defensive. I can account for that because I felt the same way. You know, you automatically start making excuses for why the numbers were the way they were. It’s almost like shock when you first see your statistical data. But as you start working on it and working through it, you realize there’s a reason why you fall into that category.” For example, from the first case mix report it appeared they saw very few minority patients. “We just knew that not to be true, so we became extremely defensive. It turned out that our nurses were checking off ‘unknown’ for that item.”

Planning the Process of Care Investigation

The agency’s process of care investigation followed the steps of (1) identifying what care should be provided to patients with ambulation problems, (2) developing an audit tool and reviewing the care of patients who did and did not improve in ambulation/locomotion, (3) determining areas of problems or strength from the investigation, and (4) specifying best practices for the target outcome. They provide an example of moving quickly through this stage to develop and implement a plan of action.

In this small agency the same team reviewed the outcome report and conducted the process of care investigation. They intentionally sought to keep the review focused, simple, and moving rather fast. They purposely included people on the team who had expertise for improving ambulation/locomotion so they relied upon their team’s clinical expertise rather than consulting outside sources. “We sat down and determined what we wanted to find in the charts. We had a chalkboard and people were just brainstorming and yelling out ideas, and we were writing them all down. Then, we looked at them all. There was a lot of professional discussion to come up with the five.”

“The audit tool is actually very simple. It has five questions on it.”

1. Demographics: name, date of birth, start of care, primary diagnosis, and disciplines involved
2. Did the patient receive a home exercise program within the first week of SOC?
3. Is there documentation in the record that the patient or caregiver was taught the home exercise program?
4. During the PT/OT/RN visit, is there documentation that the patient demonstrated at least one aspect of the home exercise program?
5. Is the standardized care plan for PT/OT included in the record?

“We really were focusing on the teaching portion. There was little doubt in our minds that the PTs and OTs were doing the teaching, but it was the lack of documentation.”

Conducting the Process of Care Review

The team chose to conduct a chart audit of patients from the list of patients with an outcome for improvement in ambulation/locomotion who received therapy services. Because they were a small agency, they reviewed 14 records—seven of the patients had improved in ambulation and seven had not improved. The quality manager used the tally reports to help select the cases for review and had the charts available for the staff when they came into the office. “It was a very simple process. It was either in the record or it wasn’t.” The entire team, as well as the RN case managers, reviewed charts so each person had only a few to complete.

From the record review, “the team found that teaching and implementation of the home exercise program was not consistently addressed or documented in the majority of the records. That was 12 out of 14. It showed that that documentation was a problem. Initially what we were hoping, was that it was getting done and wasn’t being documented. People wanting to think, ‘Well, we are doing the care; we’re just not maybe attending to the charts.’ We knew that if we followed through with the targeted outcome, hopefully, we would be able to tell once the results came in the next year. We did have a pretty significant improvement, so I’d have to answer that question by saying it was more than just documentation.”

Developing the Plan of Action

The quality improvement team used the results of chart audits to develop their plan of action. The plan was for remediation as the agency outcome rate was lower than the reference. They agreed on the problem statement and developed a list of care practices that they believed would address the identified problem. They also identified ways to make sure the care practices were implemented.

The problem statement was: When patients are impaired in ambulation (M0700=1,2,3,4) teaching and implementation of the home exercise program prescribed by OT/PT is not consistently documented or addressed.

They identified four care behaviors as best practices. “The first one was we wanted all of our patients to receive a home exercise program within the first week of the start of care. Then, we wanted a copy of that program to be in the home record. Because what good is it, if the patient can’t see it and use it? The second practice we wanted was the patient and/or caregiver to be taught the exercise program. The third thing was during the PT, OT, Speech, or RN visit, the patient and/or caregiver would demonstrate and verbalize at least one aspect of the home exercise program. We wanted all this to be reflected in the notes, which addressed the documentation problem. Then, the last practice, and this is the one that I found the hardest to stick to, was during clinical meetings, patients with difficulty with any ambulation or not progressing would be discussed openly among the team leaders.”

The intervention strategies included purchasing new PT/OT evaluation forms and visit notes, developing a standardized care plan for patients with impairment in ambulation, and clinical in-services. The PT and OT team members identified the need for more standardized documentation forms. They reviewed forms available from different distributors and decided to purchase one that met their requirements to document teaching. “They were just much more standardized and easier to follow.” They also had a standardized care plan that the nurses utilize

on admission of every patient. “We added impairment in ambulation to our standardized care plan. If it was checked off, she would call the physician and ask for a therapy evaluation.” Once these documentation tools were available, they provided training to their staff. At the time, the therapy staff was contracted through therapy companies so they provided training at their office locations. These activities were followed up with monthly reminders to the clinical staff regarding the OBQI project.

The quality manager and director of nurses had overall responsibility for implementation, but specific tasks were assigned. “Everybody had a responsibility. The purchasing of the PT and OT forms—our PT did that. The development of the standardized care plan—the nurses on the team did that, but the quality manager had to make sure that it actually went to print.”

Monitoring the Plan of Action

One of the suggestions from the QIO on their plan of action was to include an interim monitoring plan, which they incorporated. They conducted a monthly chart review for two months using their audit tool, and then added the items to their agency quarterly chart review. “The monitoring approach was doing that record review of 15 charts to see if the standardized care plan was being used. Was there documentation of that home exercise program?”

Evaluating the Result of the Quality Improvement Project

With the OBQI process, an agency re-examines its outcome rate for the targeted outcome one year from the initial report. Due to data timing constraints in the OBQI pilot project, agencies did not receive their initial outcome report until five months after the end of the data collection period. (In the current national OBQI system, agencies can access their data at any time with only a two-month data lag.) Taking one month to put an action plan into place meant that their subsequent report period reflected only six months of their implementation, but their results were impressive. For calendar year 2001, their improvement rate for ambulation/locomotion was 25.2% compared to the risk-adjusted rate for the period of 12.1% (significance level was 0.01). Their rates were now comparable to the reference of 22.8%. “I think a lot of in-servicing and a lot of that teaching really paid off.” Since the completion of their project, this agency has maintained their outcome rate for improvement in ambulation/locomotion in line with the national reference.

In response to a question about how staff might have reacted if they had not shown improvement, a team leader responded: “Well, because of the group I’m working with and myself, we would have definitely kept trying. I think we would have used the same target outcome, and we just would have approached it with a different plan of action. That’s what we plan on doing this year if we don’t show improvement.”

Lessons Learned

The staff identified some of the lessons they have learned in working with OBQI. They include:

- ▲ Communication is important. “It’s definitely the communication, in-servicing of the staff, to have everybody onboard.”
- ▲ Pay attention to the little things that can cause problems. “It was just simple things, like nurses were using old paperwork that they still had in the home, and if the PTs didn’t have

the right paperwork, they used the old paperwork. Things that aren't difficult to fix, but it will make you a little crazy at the beginning.”

- ▲ Utilize the team. This agency had a layoff of their part-time quality manager, but is committed to continuing their OBQI projects under the lead of the director of nurses. “I’m delegating more of the responsibilities.”
- ▲ It brought the clinical team together. “We see these people all the time, but now we’re using each other’s expertise.”
- ▲ Incorporate OBQI into what you already do. “We have quarterly record reviews anyway, and this is just now part of our quality team and experience.”
- ▲ Seeing the data makes a difference. “I think it’s a good thing because it does kind of force you to address certain things that you might have missed, without that data. We might have known we had some weakness on documentation, but we had no idea that our patients weren’t improving in ambulation, and it took the data to see it.”
- ▲ The statistical data and how it’s derived is the most difficult part to explain. “But to do your OBQI project, you don’t have to be a statistician. You just need to understand the way your agency functions.”

Organizational Support for OBQI

“When we first were asked to participate, it was discussed at a department head level, with the director of nursing, the CEO, and the CFO, and we determined that it would be a benefit for this company to do it. We’re very much supported by administration. In this agency, it was not a hard idea to sell.”

Administration supported having the team out of the field for meetings. The meetings were held more frequently at the beginning to review data, perform record audits, and develop the plan of action, then monthly for about six months. “We usually tried to have them at lunch, so we’d feed the staff. They generally were an hour to an hour and a half. The turnout was 100% every single time. The person we had the hardest time getting there was the CNA. Even my Chief Financial Officer has been extremely helpful because he’s the one that pulls all the reports off the computer.”

The staff in this small agency thought it was critical to have OBQI become part of the agency’s processes. “I know that several agencies are hiring consultants, but to me, you just really want it to be part of what you do everyday. If you develop a team that works with you on a daily basis, the coordination and the communication are happening on a daily basis.”

By using the OBQI process, this agency has improved the outcomes of patients experiencing problems with ambulation/locomotion. The process provided a systematic way to define problems and develop plans of action that ultimately resulted in improved patient outcomes. Even as a small agency, they were able to successfully incorporate the OBQI activities into their organizational operations.

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