

OBQI PROCESS

I. Target Outcome Selection

1. Review reports for choosing target outcome(s):
 - A. Follow criteria *in order*
 - Statistically significant
 - Magnitude of difference (largest percentage difference between the agency and the reference)
 - Number of cases—No less than 30
 - Actual significance level—Closest to 0.10
 - Relevance to agency's goals
 - Clinical significance

II. Brainstorming for Care Behaviors that Should be Done

1. Using the brainstorming technique, compile a “should be done” list of possible care behaviors related to the identified target outcome. Some agencies have come up with as many as 35. There is no limit to this list—as many as staff can come up with.
 - A. Look for resources such as clinical practice guidelines, standardized care plans, clinical publications, agency clinical protocols, new research reports, consultants, and specialty organizations. Agencies will also want to ask the staff, as some may have certification and/or experience in special areas related to the agency's identified target outcome.
 - B. Consider all aspects of care provision when developing this list.
 - Assessment
 - Care planning
 - Interventions
 - Patient/caregiver teaching
 - Evaluation of interventions and teaching
 - Coordination of care
 - C. Care behaviors need to be specific, or interviewers or clinical record reviewers may make their own subjective interpretations and assumptions about what the criteria mean.
2. Pare down this list to 6–10 care behaviors by arriving at a consensus (multi-voting).

III. Investigating for Selected Care Behaviors

1. Develop a means for collecting data. If using an audit tool, add these care behaviors to the tool. If information is being collected through supervisory visits, staff interviews, or other means, document results on an information collection tool.
2. Using the care behaviors the team has selected, tally the results.
 - A. Use the Outcome Tally Report to choose patients for auditing.
 - B. Determine how many cases did not improve for the selected target outcome, and select 30. If there are less than 30 available, look at all of the records for that outcome. It is essential to have an adequate number of cases/care episodes from which to draw conclusions. Investigating too small a number of episodes can lead to conclusions that cannot be generalized across the agency.
 - C. Give careful consideration to the selection of specific patients to include in the process-of-care investigation. Sometimes agencies are too restrictive in selecting patients for the review of care. Example: An agency may focus exclusively on patients with a specific cardiac diagnosis when the target outcome is improvement in dyspnea, or focus exclusively on orthopedic patients when the target outcome is improvement in ambulation/locomotion.

IV. Selecting Care Behaviors that Need Modifying

1. Based on the results of the agency's chart audit, supervisory visits, staff interviews, or other means of investigation, select 2–4 potential care behaviors/aspects of care delivery that need modification.

V. Developing a Problem/Strength Statement

1. Develop a problem/strength statement in care delivery from the team's findings.
 - A. Start with multiple areas, and arrive at a consensus for one statement.
 - B. Remember to evaluate the agency statement by reviewing the criteria:
 - Does it describe specific aspects of care provision?
 - Does it focus on specific patient care issues such as assessments, interventions, and care planning that are lacking or exemplary?
 - Does it use concrete and specific wording?
 - Does it address issues that are within the agency's control?
 - Does it focus on more than documentation?
 - Does it have boundaries that narrow it to a manageable size?

VI. Developing Best Practice Statements

1. Decide on 5–8 best practice statements.
 - A. Again, apply the criteria as the team develops the best practice statements:

- Do they identify exactly what the clinician should do, and when and how they should be done?
 - Do they have an obvious link to the problem/strength statement?
 - Are they patient care centered and reflective of activities that are within the agency's control?
 - Do they address specific assessments, patient care interventions, care planning, and care coordination within the agency that are directly linked to the problem/strength statement?
 - Do they go beyond documentation?
 - Are they clear and specific so that staff can identify exactly what to do when providing patient care in specific situations?
2. Reduce the best practice statements to the **MOST IMPORTANT** ones the agency wants staff to utilize. This could be anywhere from 3–7 statements, as long as the agency finds them manageable.

VII. Developing Agency Actions to Modify Care Delivery

1. Decide what actions the team plans to do in order to implement the Plan of Action (POA).
 - A. How will the agency get it off the paper and into practice?
2. Evaluate the agency's actions.
 - A. Are the actions related to the agency's best practices?
 - B. Are they practical and achievable?
 - C. Are they adequate to change care?
 - D. Are they scheduled to begin immediately?

VIII. Monitoring the Agency Plan of Action (POA)

1. Begin monitoring within 1–2 weeks after intervention activities are completed. To begin with, monitoring should be intensive. You may want to begin with weekly intervals for a few weeks. As the agency demonstrates improvement, it may be able to taper down to quarterly monitoring. If monitoring results indicate there is no improvement, the agency will need to re-visit the process to determine if other care behaviors need to be considered, or different intervention actions need to occur within the agency. Pull down outcome reports quarterly to monitor progress.
 - A. Use one of the following monitoring approaches to help assist the agency to know if monitoring steps actually occur:
 - Chart review using the audit tool developed for the process-of-care investigation
 - Peer reviews or supervisory visits
 - Staff meetings and case conferences