AXXESS

THE IMPORTANCE OF OASIS-D

Part 2 of 4

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- These slides are meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting OASIS-D guidelines and requirements based solely on the content of these slides.
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Seminar Objectives

- ✓ Understand official OASIS-D Guidelines and Conventions
- ✓ Learn new and modified OASIS-D items
- ✓ Understand OASIS-D implications in quality, payment, and outcomes measurement
- ✓ Learn clinical tips for obtaining accurate OASIS-D data
- ✓ Apply item specific guidance to scenarios

Official guidelines

- OASIS-D

Official Guidelines

- Conventions are general rules for filling our OASIS correctly
- OASIS data are collected on Medicare and Medicaid patients who are:
  - 18 years and older
  - Receiving skilled services
    - Personal care only, homemaker and chore services **only** are not skilled services
  - EXCEPT for pre-or postnatal conditions

Official Guidelines

- OASIS data are collected at the following timelines:
  - Start of Care (SOC)
  - Resumption of Care (ROC) following an inpatient facility stay
  - Recertification (R/C) within the last 5 days of a 60-day certification period
  - Other Follow-Up (F/U) during the home health episode of care
  - Transfer (T/F) to inpatient facility
  - Discharge (D/C) from home care
  - Death at home

Official Guidelines

- Timelines for OASIS assessment completion
  - Start of Care (SOC): within 5 days of SOC
  - Resumption of Care (ROC): within 48 hours of return home
  - Recertification (R/C): within the last 5 days of a 60-day certification period
  - Other Follow-Up (F/U): within 48 hours of significant change in condition
  - Transfer (T/F) to inpatient facility: within 48 hours of being aware
  - Discharge (D/C) from home care: within 48 hours of being aware
  - Death at home: within 48 hours of being aware

Official Guidelines

- Can fill out OASIS:
  - RN
  - PT
  - SLP
  - OT (not on SOC since OT alone does not establish eligibility for Medicare home health benefit at the start of care)
- Cannot fill out OASIS:
  - LVN/LPN
  - PTA
  - OTA
  - MSW

Official Guidelines

- OASIS should be completed using a variety of strategies including
  - Observation
  - Interview
  - Review of pertinent documentation
    - Example: Hospital discharge summaries
  - Discussions with other healthcare providers where relevant
    - Example: Phone calls to physician to verify diagnoses
  - Measurement
    - Example: pain intensity

OASIS-D Conventions

1. **Understand the time period under consideration for each item.**
   - Report what is true on the day of assessment unless another time period has been indicated in the item or related guidance
   - Day of assessment = the time the clinician is in the home as well as the 24 hours preceding the home visit

OASIS-D Conventions

2. **For OASIS purposes, a quality episode must have a beginning and a conclusion to be considered a complete quality episode.**

- Know the difference between the two types of episodes
  - Payment episode – the 60 day episode (from and through) we are familiar with
  - Quality episode – time from the start of care to end of care
    - beginning (either a Start of Care or Resumption of Care) and a conclusion (a Transfer or Discharge)

Process of Care Data Items

- Process items document whether certain evidence-based practices were implemented
- Process items collected at SOC and ROC document assessment and care planning interventions such as:
  - Risk for pain, falls, or pressure ulcers
  - Whether interventions to address the conditions were incorporated into the Plan of Care
    - Within 5 day SOC window or 2-day ROC window

Process of Care Data Items

- Process items collected at T/F and D/C include:
  - Documentation of interventions implemented as part of patient care at the time of or since the most recent SOC or ROC
  - May require clinician review of documentation of care
  - This review must consider care provided by all clinicians
  - May review records, use EHR reports, or even review agency-created checklists to complete this task

OASIS-D Conventions

3. If the patient's ability or status varies on the day of assessment

- Report "usual status" or
- What is true greater than 50% of the assessment time frame
- Unless the item specifies differently

OASIS-D Conventions

4. **Minimize the use of NA or Unknown responses**

OASIS-D Conventions

5. Some items allow a dash response.

- A dash (-) value indicates that no information is available, and/or an item could not be assessed.
- This most often occurs when the patient is unexpectedly transferred, discharged, or dies before assessment of the item could be completed.
- CMS expects dash use to be a rare occurrence.

OASIS-D Conventions

6. **Responses to items documenting a patient's current status should be based on independent observation of the patient's condition and ability at the time of assessment.**
   - Without looking back at prior assessments
   - Several process items require documentation of prior care, at the time of or since the time of the most recent SOC or ROC assessment

OASIS-D Conventions

7. **Combine observation, interview, and other relevant strategies to complete OASIS data items as needed.**
   - Physiologic or functional health status should be assessed by direct observation (preferred strategy)
   - Be careful no to put patient “on the spot” to prevent inaccurate findings

OASIS-D Conventions

8. **When OASIS refers to assistance, this means assistance of another person.**
   - Includes verbal cues and/or supervision
   - Includes reminders
   - Includes physical contact
   - Includes “stand-by” assistance for safety

OASIS-D Conventions

9. **Complete OASIS items accurately and comprehensively, and adhere to skip patterns.**

OASIS-D Conventions

10. Understand the definitions of words used in the OASIS.

OASIS-D Conventions

11. Follow rules in the Item Specific Guidance

(Chapter 3 of the OASIS-D Guidance Manual)

OASIS-D Conventions

12. Stay up to date with evolving CMS OASIS guidance updates.

- CMS may post updates to the guidance manual up to twice per year, and releases OASIS Q&As quarterly

OASIS-D Conventions

13. Only one clinician may take responsibility for accurately completing a comprehensive assessment.

- However, for all OASIS data items integrated within the comprehensive assessment, collaboration with the patient, caregivers, and other health care personnel, including the physician, pharmacist, and/or other agency staff is appropriate and would not violate the one clinician convention.

- When collaboration is utilized, the assessing clinician is responsible for considering available input from these other sources and selecting the appropriate OASIS item response(s) within the appropriate timeframe and consistent with data collection guidance.

One Clinician Rule Change

- “Agencies may have the comprehensive assessment completed by one clinician. If collaboration with other health care personnel and/or agency staff is utilized, the agency is responsible for establishing policies and practices related to collaborative efforts, including how assessment information from multiple clinicians will be documented in the clinical record, ensuring compliance with applicable requirements, and accepted standards of practice.”

One Clinician Rule Change

- Although one clinician must take responsibility for the comprehensive assessment, collaboration with the patient, caregiver and other health care personnel, including the physician, pharmacist, and/or other agency staff is appropriate.
- For items requiring patient assessment, the collaborating healthcare providers must have had direct contact with the patient.

One Clinician Rule Change

In the case of an unplanned or unexpected discharge (an end of home care where no in-home visit can be made), the last qualified clinician who saw the patient may complete the discharge comprehensive assessment document based on information from his/her last visit. The assessing clinician may supplement the discharge assessment with information documented from patient visits by other agency staff that occurred in the last 5 days that the patient received visits from the agency prior to the unexpected discharge. The “last 5 days that the patient received visits” are defined as the date of the last patient visit, plus the four preceding days.

OASIS-D Conventions

14. The use of the term *"specifically"* means scoring of the item should be limited to only the circumstances listed.

- The use of the term *"**for example**"* means the clinician may consider other relevant circumstances or attributes when scoring the item.

OASIS-D ADL/IADL Conventions

1. Report the patient's physical and cognitive ability to perform the task. Do not report the patient's preference or willingness to perform a specified task.

OASIS-D ADL/IADL Conventions

2. The level of ability refers to the level of assistance, if any, the patient requires to safely complete a specified task.

OASIS-D ADL/IADL Conventions

3. While the presence or absence of a caregiver may impact the way a patient carries out an activity, it does not impact the assessing clinician's ability to assess the patient in order to determine and report he level of assistance that the patient requires to safely complete a task.

OASIS-D ADL/IADL Conventions

4. Understand what tasks are included and excluded in each item and select the OASIS response based only on included tasks.

OASIS-D ADL/IADL Conventions

5. If the patient's ability varies between the different tasks included in a multi-task item, report what is true in a majority of the included tasks, giving more weight to tasks that are more frequently performed.

OASIS-D ADL/IADL Conventions

6. Consider medical restrictions when determining ability. For example, if the physician has ordered activity restrictions, consider this when selecting the best response to functional items related to ambulation, transferring, bathing, etc.

Next in our Webinar Series

Learn the new OASIS-D GG and JJ item specific guidance

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