Process Measures

and their Impact on Care Transitions

Sponsored by:
Wyoming Dept. of Health, Healthcare Licensing and Surveys
Mountain-Pacific Quality Health

Presented by:
Debbie Chisholm, RN BSN CPHQ COS-C
OASIS Answers, Inc.

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Outcome versus Process

- Outcome Measures
  - The reason why OASIS data set was developed
  - Reflects how our care impacted the patient
    - Health status/function
  - Improvement, stabilization or decline
  - Based on data items included in OASIS-C
- Process Measures
  - How systems work
  - Are you performing clinically relevant, evidenced based interventions?
  - Based on data items included in OASIS-C

Process Measures Defined

- Measures processes of care particularly relevant for home health care and under agency control
  - High-risk, high-volume, problem prone populations
- Can be used to “give credit” to agencies
- Enhances the range and usefulness of quality information available to consumers and providers
  - Publicly reported data useful to consumers
  - PBQI reports useful to providers

Process Measures

- Process measures determine if certain processes are in place that promote good outcomes – best practices
  - How many patients were immunized?
  - How many diabetics received a foot exam and teaching?
- Process measures suggest that good patient outcomes are being pursued & may eventually be obtained

Promoting the Use of Specific Evidence-based Care Practices

Process measure items

- Assess the degree to which clinicians are using specific evidence-based practices that can affect clinical outcomes
  - PBQI report reveals only 60% of the eligible patients had their pressure ulcers treated based on moist wound healing principles
  - What happened to the other 40% who needed and didn’t get moist wound healing?
OASIS-C Based Process Measures

- 47 process measures included on agency reports
- 13 are reported publicly
- All are reported to agencies via CASPER
- Represent 7 domains

Some measures have 3 different episode break-outs
- Short-term = 60 days or less (do not include a Recert or Other Follow-up)
- Long-term = exceeds 60 days (do include a Recert or Other Follow-up)
- All episodes of care = episodes of any length

Impact on Care Transition

- Care Transition Initiative
- Services designed to streamline plans of care, interrupt patterns of frequent acute hospital and emergency department use and prevent health status decline
- Process measures focus on specific evidenced-based interventions critical to this goal

(CO Foundation for Medical Care Bridging Nursing Support / Transitional Care Model)

Process Measures Impacting the Care Transition

**Timely Initiation Of Care**

**Physician Notification Guidelines Established**

**Depression Assessment Conducted**

**Multifactor Fall Risk Assessment Conducted For Patients 65 And Over**

**Pain Assessment Conducted**

**Pressure Ulcer Risk Assessment Conducted**

[Table of Process Measures]

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Publicly Reported Measures

OASIS OUTCOME MEASURES | PROCESS MEASURES
---|---
Improvement in Bathing | Timely Initiation of Care
Improvement in Dyspnea | Depression Assessment Conducted
Improvement in Ambulation/Locomotion | Multifactor Fall Risk Assessment Conducted for Pts 65 & Over
Improvement in Bed Transferring | Pain Assessment Conducted
Improvement in Management of Oral Meds | Pressure Ulcer Prevention in Plan of Care
E.D. Use w/o Hospitalization (2012) | Diabetic Foot Care and Pt/Cg Education Implemented During Short Term Episodes of Care
Improvement in Pain Interfering w/ Activity | Pressure Ulcer Prev. Implemented During Short Term Episodes
Acute Care Hospitlization | Pressure Ulcer Risk Assessment Conducted
Improvement in Status of Surgical Wounds | Pain Interventions Implemented During Short Term Episodes

Example: Pressure Ulcer Risk Assessment Conducted

- How do our measures look?
  - When compared against another agency?
  - When compared against my state average?
  - When compared to the national reference?

**Example:**

<table>
<thead>
<tr>
<th>State Average</th>
<th>National Average</th>
<th>YOUR AGENCY'S PERFORMANCE</th>
<th>Your competition</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>95%</td>
<td>98%</td>
<td>94%</td>
</tr>
</tbody>
</table>
Using Process Measure Reports

- Agency level reports may identify needs for staff education or oversight
- Example: Multifactor Falls Risk Assessment for Patients 65 and older
  - Agency rate: 87%
  - Prior rate: 88%
  - National rate: 89%
- What if agency policy requires a fall risk assessment?

Using Process Measure Reports

- Are there related outcomes that may be affected by that care process?
- For example, what if the HHA had a low adherence rate for Pressure Ulcer Risk Assessment Conducted AND also had a high rate of Increase in Number of Pressure Ulcers (an OBQM outcome)?
- Are these findings related?

Process Quality Measure Investigation

- Develop and Implement a Plan of Action to improve rate of use of best practices
- Need to identify/implement ways to evaluate whether the plan is working
- Go to Resource: PBQI Manual located at CMS Quality Initiatives website
Moving Through the Measures

- Start with the Measure
- Detail what goes into the calculation
- OASIS items used
- Current CMS scoring guidance
- What you need to succeed
- Did you miss the Mark

Influenza Immunization Received for Current Flu Season

<table>
<thead>
<tr>
<th>Consumer Language</th>
<th>How often the home health team determined whether patients received a flu shot for the current flu season.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Description</td>
<td>Percentage of episodes during which patients received influenza immunization for the current flu season.</td>
</tr>
<tr>
<td>Numerator</td>
<td>Number of episodes during which the patient a) received vaccination from the HHA or b) had received vaccination from HHA during earlier episode of care, or c) was determined to have received vaccination from another provider.</td>
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<td>Denominator</td>
<td>Number of episodes ending with a discharge or transfer to inpatient facility during the reporting period, minus excluded episodes</td>
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<tr>
<td>Exclusions</td>
<td>Episodes for which no care was provided during October 1 - March 31, or the patient died, or the patient does not meet age/condition guidelines for influenza vaccine.</td>
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</table>

OASIS-C Items Used

- (M0030) Start of Care Date
- (M0032) Resumption of Care Date
- (M0906) Discharge/Transfer/Death Date
- (M1040) Influenza Vaccine
- (M1045) Reason Influenza Vaccine not received

Influenza Process Measure Items

**OASIS ITEM**

**Influenza Vaccine:** Did the patient receive the influenza vaccine from your agency for this year’s influenza season (October 1 through March 31) during this episode of care?

- 0 - No
- 1 - Yes [Go to M1050]
- NA - Does not apply because entire episode of care (SOC/ROC to Transfer/Discharge) is outside this influenza season. [Go to M1050]

**OASIS ITEM**

**Reason Influenza Vaccine not received:** If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:

- 1 - Received from another health care provider (e.g., physician)
- 2 - Received from your agency previously during this year’s flu season
- 3 - Offered and declined
- 4 - Assessed and determined to have medical contraindication(s)
- 5 - Not indicated; patient does not meet age/condition guidelines for influenza vaccine
- 6 - Inability to obtain vaccine due to declared shortage
- 7 - None of the above
OASIS ITEM

**Reason Influenza Vaccine not received:** If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:

1. - Received from another health care provider (e.g., physician)
2. - Received from your agency previously during this year's flu season
3. - Offered and declined
4. - Assessed and determined to have medical contraindication(s)
5. - Not indicated; patient does not meet age/condition guidelines for influenza vaccine
6. - Inability to obtain vaccine due to declared shortage
7. - None of the above

Select Response 2, if your agency provided the flu vaccine for this season prior to this episode of care

- Example: You gave the vaccine in September and discharged in November. You are now discharging in February after an admission in January.
- Same flu season, vaccine given in prior episode
- Example: You are discharging in December, vaccine was provided by your agency prior to the patient's hospitalization and ROC in September
- Same flu season, but vaccine given in prior quality episode

Select Response 3, "Offered and declined", if patient and/or healthcare proxy refused the vaccine

- Not required that your agency offered the vaccine

Select Response 4, "Assessed and determined to have medical contraindication(s)", if flu vaccine is contraindicated for medical reasons

- Contraindications include:
  - anaphylactic hypersensitivity to eggs or other components of the vaccine,
  - history of Guillain-Barré Syndrome within 6 wks after a previous flu vaccination,
  - bone marrow transplant within 6 months
  - Physician medical restriction

Step 1 – Can I mark NA?

- Mark “NA” if no part of the quality episode (from most recent SOC/ROC to transfer or discharge) is between October 1 through March 31

Step 2 – If it’s not NA, can I answer Yes?

- Select “1-Yes” if patient received the influenza vaccine from your agency during this episode of care
- Even if it was given before 10/1

Step 3 – If it's not Yes, select “No” and move to M1045

You must understand these definitions:

- This year's flu season = the current season (2010-2011)
- The CDC recommends timeframes for administration of vaccine
- You’ll know it is flu season when the vaccine is available for administration

Episode of care = a quality episode

- You only include the time from the Transfer or Discharge back to the ROC or SOC, which ever was most recent
- October 1 through March 31 is not the flu season
- It's the 6 month period the measure will be calculated and will determine whether or not you can select “NA”

Step 2 – If it’s not NA, can I answer Yes?

- Select “1-Yes” if patient received the influenza vaccine from your agency during this episode of care
- Even if it was given before 10/1

Step 3 – If it’s not Yes, select “No” and move to M1045

Select Response 3, “Offered and declined”, if patient and/or healthcare proxy refused the vaccine

- Not required that your agency offered the vaccine

Select Response 4, “Assessed and determined to have medical contraindication(s)”, if flu vaccine is contraindicated for medical reasons

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OASIS ITEM

(M1045) Reason Influenza Vaccine not received: If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:
1. Received from another health care provider (e.g., physician)
2. Received from your agency previously during this year’s flu season
3. Offered and declined
4. Assessed and determined to have medical contraindication(s)
5. Not indicated; patient does not meet age/condition guidelines for influenza vaccine
6. Inability to obtain vaccine due to declared shortage
7. None of the above

Select Response 5, “Not indicated; patient does not meet age/condition guidelines for influenza vaccine”, if indicated by the age/condition guidelines available at www.cdc.gov/flu

Tip: CDC updates age/condition guidelines from time to time, verify what they are each year

Select Response 6, “Inability to obtain vaccine due to declared shortage”

Select Response 5, “Not indicated; patient does not meet age/condition guidelines for influenza vaccine”, if indicated by the age/condition guidelines available at www.cdc.gov/flu

Tip: CDC updates age/condition guidelines from time to time, verify what they are each year

Select Response 6, “Inability to obtain vaccine due to declared shortage”

Did We Miss the Mark?

Measure: Influenza Immunization Received for Current Flu Season

OASIS ITEM

(M1040) Influenza Vaccine: Did the patient receive the influenza vaccine from your agency for this year’s influenza season (October 1 through March 31) during this episode of care?

0 - No
1 - Yes [Go to M1050]

NA- Does not apply because entire episode of care (SOC/ROC to Transfer/Discharge) is outside this influenza season. [Go to M1050]

OR

If M1040 = No

1. Received from another health care provider (e.g., physician)
2. Received from your agency previously during this year’s flu season
3. Offered and declined
4. Assessed and determined to have medical contraindication(s)
5. Not indicated; patient does not meet age/condition guidelines for influenza vaccine
6. Inability to obtain vaccine due to declared shortage
7. None of the above

Why Three Influenza Measures?

Influenza Immunization Received for Current Flu Season

These Measures explain the “Received” number

Also true for the measures regarding Pneumococcal Vaccine

Influenza Immunization Offered and Refused

Influenza Immunization Contraindicated

If NA was marked incorrectly, meaning NA was chosen when there was at least one day that overlapped October through March, the episode will still be included in the computation and have the same result as selecting “No”, the patient did not receive the vaccine.

Example: Admitted August 2nd and Discharged October 1st, “NA” would be incorrect response
# Heart Failure Process Measures

**OASIS ITEM**

*(M1500)* Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (such as dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?

- **0** - No action taken
- **1** - Patient contacted the same day
- **2** - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room)
- **3** - Implement physician-ordered patient-specific established parameters for treatment
- **4** - Patient education or other clinical interventions
- **5** - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

**Denominator**

Number of episodes during which patients exhibited symptoms of heart failure and appropriate actions were taken.

**Exclusions**

- Episodes for which patient does not have heart failure diagnosis, OR
- Heart failure symptoms were not assessed, OR
- Potential medication issues identified and timely physician contact at start of episode, OR
- Other follow-up was conducted by another agency or provider (e.g., hospital discharge, etc.), OR
- Patient died.

**OASIS-C Items Used**

(M1000) Reason for Assessment
(M1500) Symptoms in Heart Failure Patients
(M1510) Heart Failure Follow-up

Identifies whether a patient with a diagnosis of heart failure experienced one or more symptoms of heart failure at time of or since the most recent OASIS assessment.

Heart failure symptoms can be found in clinical heart failure guidelines.

Consider any new or ongoing heart failure symptoms that occurred at or since the previous OASIS assessment.
**Heart Failure Process Measures**

**OASIS ITEM**

(M1500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (such as dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?

- 0 - No [Go to M2004 at TRN; Go to M1600 at DC]
- 1 - Yes

NA - Patient does not have diagnosis of heart failure [Go to M2004 at TRN; Go to M1600 at DC]

**You do not need to have a HF diagnosis in any specific OASIS items**

- If the patient has a diagnosis of heart failure, you will select either “0-No”, “1-Yes”, or “2-Not assessed”
- If no diagnosis of heart failure, select “NA”

- (Ch.3)

**Heart Failure Follow-up**

**OASIS ITEM**

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)

0 - No action taken
1 - Patient’s physician (or other primary care practitioner) contacted the same day
2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room)
3 - Implement physician-ordered patient-specific established parameters for treatment
4 - Patient education or other clinical interventions
5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

Include ANY action taken at least one time in response to heart failure symptoms identified at or since completion of the last OASIS assessment

- (CMS Q&As Cat 4b Q116.5; Cat 4a Q23)
Heart Failure Follow-up

**Select Response 1**, Patient’s physician (or other primary care practitioner) contacted the same day, if there was:

- **Communication** with MD/primary care practitioner by phone, VM, electronic means, fax, or any other means that appropriately conveys the message of the patient’s status
- **On the same day** symptoms were identified AND
- **MD responds** with acknowledgment of receipt of information and/or further advice or instructions on the same day

**Select Response 3**, “Implemented physician-ordered patient specific established parameters for treatment”

- Specific physician ordered parameters or guidelines for implementing treatment for the patient based on the patient’s condition

Example: Order for an additional 2 mg dose of a diuretic if the patient gains 3 lbs in 2 days or develops bilateral rales.

**Select “3”** if the home care clinician reminds the patient to implement OR is aware that the patient is following physician-established parameters for treatment

**Response 4**, Patient education or other clinical interventions were provided

- Just handing a patient printed material w/o assessment of their understanding of the material is not considered an educational intervention

**Response 5**, Obtained change in care plan orders (e.g. increased monitoring by agency, change in visit frequency, telehealth, etc.)

**Note**: Interventions provided via the telephone or other telehealth methods utilized to address HF symptoms could be reported in M1510
### What Did I Need to Succeed?

**Measure:** Heart Failure Symptoms Addressed During Short Term Episode

**OASIS ITEM**

(M1500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicative of heart failure since the previous OASIS assessment? If yes, what action(s) has (have) been taken to respond? (Mark all that apply.)

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<td>(Mark all that apply.)</td>
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<td>0 - No [Go to M2004 at TRN; Go to M1600 at DC]</td>
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<td>1 - Yes</td>
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<td>2 - Not assessed [Go to M2004 at TRN; Go to M1600 at DC]</td>
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<tr>
<td>NA - Patient does not have diagnosis of heart failure [Go to M2004 at TRN; Go to</td>
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### Did We Miss the Mark?

**Measure:** Heart Failure Symptoms Addressed During Short Term Episode

**OASIS ITEM**

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)

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### Pain Interventions Implemented During Short Term Episodes Of Care

**OASIS ITEM**

(M1500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicative of heart failure guidelines (such as dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?

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**OASIS ITEM**

(M1000) Reason for Assessment

(M2400) d. Intervention(s) to monitor and mitigate pain

**OASIS ITEM**

(M2400) Intervention Synopsis: (Check only one box in each row.) Since the previous OASIS assessment, were the following intervention(s) BOTH included in the physician-ordered plan of care AND implemented?

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### Pain Interventions Implemented

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<tr>
<td>Pain Interventions Implemented</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Percentage of short term episodes during which pain interventions were included in</td>
<td></td>
<td></td>
<td></td>
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<td>the physician-ordered plan of care and implemented.</td>
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**OASIS ITEM**

(M2400) Intervention Synopsis: (Check only one box in each row.) Since the previous OASIS assessment, were the following intervention(s) BOTH included in the physician-ordered plan of care AND implemented?

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Denominator</th>
<th>Numerator</th>
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(M2400) Intervention Synopsis: (Check only one box in each row.) Since the previous OASIS assessment, were the following intervention(s) BOTH included in the physician-ordered plan of care AND implemented?

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<td></td>
<td></td>
</tr>
<tr>
<td>Number of episodes ending with a discharge or transfer to inpatient facility during</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the reporting period, minus excluded episodes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PAIN INTERVENTION EXAMPLES:**

- New medications,
- Adjustments to already-prescribed medications
- Massage
- Visualization
- Biofeedback, etc.

*Interventions provided by staff other than the assessing clinician* can be included in M2400

- Example: RN assesses the patient to be in severe pain, PT implements TENS unit and biofeedback interventions

When should “Yes” be reported?

- **At or since the last OASIS assessment:**
  - The POC contains *interventions to monitor AND mitigate pain*
  - the *clinical record* shows the *interventions were performed*

When should “NA” be reported?

- **At or since the last OASIS assessment:**
  - Formal assessment *DID NOT* indicate pain
  - If more than one formal assessment was completed, all must have been negative for pain.
### Pain Interventions Implemented

**M2400 Intervention Synopsis:** (Check only one box in each row.) Since the previous OASIS assessment, were the following intervention(s) BOTH included in the physician-ordered plan of care AND implemented?

<table>
<thead>
<tr>
<th>Plan / Intervention</th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Intervention(s) to monitor and mitigate pain</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
</tbody>
</table>

**NA-Formal assessment did not indicate pain since the last OASIS assessment.**

### Did We Succeed?

**Measure: Pain Interventions in Plan of Care**

**M2250 Plan of Care Synopsis:** (Check only one box in each row.) Does the physician-ordered plan of care include the following?

<table>
<thead>
<tr>
<th>Plan / Intervention</th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Intervention(s) to monitor and mitigate pain</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
</tbody>
</table>

**No pain identified**

### Measure: Pain Interventions Implemented During Short Term Episode of Care

**M2400 Intervention Synopsis:** (Check only one box in each row.) Since the previous OASIS assessment, were the following intervention(s) BOTH included in the physician-ordered plan of care AND implemented?

<table>
<thead>
<tr>
<th>Plan / Intervention</th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Intervention(s) to monitor and mitigate pain</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
</tbody>
</table>

**Formal assessment did not indicate pain since the last OASIS assessment.**

### Depression Assessment Conducted

**Measure Title** *(HHC - Publicly reported on Home Health Compare)*

- Timely Initiation Of Care HHC
- Influenza Immunization Received For Current Flu Season HHC
- Pneumococcal Poly saccharide Vaccine Ever Received HHC
- Heart Failure Symptoms Addressed During Short Term Episodes HHC
- Potential Medication Issues Identified And Timely Physician Contact At Start Of Episode HHC
- Drug Education On High Risk Medications Provided To Patient/Caregiver At Start Of Episode HHC
- Drug Education On All Medications Provided To Patient/Caregiver During Short Term Episode HHC
- Physician Notification Guidelines Established HHC
- Diabetic Foot Care And Patient Education In Plan Of Care HHC
- Diabetic Foot Care And Patient/Caregiver Education Implemented During Short Term Episodes HHC
- Multifactor Fall Risk Assessment Conducted For Patients 65 And Over HHC
- Falls Prevention Steps In Plan Of Care HHC
- Falls Prevention Steps Implemented HHC
- Depression Assessment Conducted HHC
- Depression Interventions In Plan Of Care HHC
- Depression Interventions Implemented HHC
- Pain Assessment Conducted HHC
- Pain Interventions In Plan Of Care HHC
- Pain Interventions Implemented During Short Term Episodes HHC
- Pressure U r e Risk Assessment Conducted HHC
- Pressure Ulcer Prevention In Plan Of Care HHC
- Pressure Ulcer Prevention Implemented During Short Term Episodes HHC
- Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In Plan Of Care HHC
- Pressure Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing Implemented HHC

**Moving through the measures! Assessment, Care Planning, & Care Plan Implementation Domains**

**OASIS-C Items Used**

- (M1730) Depression Screening
- (M1710) When Confused
- (M1720) When Anxious

**Denominator** Number of episodes ending with discharge, death, or transfer to inpatient facility during the reporting period, minus excluded episodes.

**Exclusions** Episodes for which the patient is nonresponsive.

**Numerator** Number of episodes in which patients were screened for depression (using a standardized depression screening tool) at start/resumption of care.

**Measure** Percentage of episodes in which patients were screened for depression (using a standardized depression screening tool) at start/resumption of care.

**Description** How often the home health team checked patients for depression.
M1730 Depression Screening asks if the patient been screened for depression, using a standardized depression tool?

Four possible responses:

0 – No
1 - Yes, patient was screened using the PHQ-2© scale
2 - Yes, with a different standardized assessment – and the patient meets criteria for further evaluation for depression.
3 – Yes, patient was screened with a different standardized assessment – and the patient does not meet criteria for further evaluation for depression.

Select “1 - Yes, patient was screened using the PHQ-2© scale”

First, assess to determine if the PHQ-2 is an appropriate tool, If so:

Ask the patient this question: “Over the last two weeks, how often have you been bothered by any of the following problems?”

<table>
<thead>
<tr>
<th>PHQ-2©</th>
<th>Not at all</th>
<th>Several days 2 - 6 days</th>
<th>More than half of the days 7 – 11 days</th>
<th>Nearly every day 12 – 14 days</th>
<th>N/A Unable to respond</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>na</td>
</tr>
<tr>
<td>b) Feeling down, depressed, or hopeless?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>na</td>
</tr>
</tbody>
</table>

PHQ-2

- **Total score = 3 or higher** indicates need for further evaluation
- **Results for row a & b are for agency use only** and not transmitted
- The patient is the source
  - Not to be administered by asking caregiver the questions or based on clinical observation
- If assessment revealed PHQ-2 appropriate for patient, but then clinician cannot elicit responses, select Response 1 with NA as answer
- If PHQ-2 is not appropriate for patient due to their cognitive status or communication deficits, may choose a different tool
  - Select Response 2 or 3
- If agency provides no appropriate tool, Select Response 0-No

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Nonresponsive means the patient is unable to respond or responds in a way that you can’t make a clinical judgment about the level of orientation.

*(CMS Q&As Cat 4b Q124.2)*
Has this patient had a multi-factor **Fall Risk Assessment** (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No multi-factor falls risk assessment conducted.</td>
</tr>
<tr>
<td>1</td>
<td>Yes, and it does not indicate a risk for falls.</td>
</tr>
<tr>
<td>2</td>
<td>Yes, and it indicates a risk for falls.</td>
</tr>
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</table>

Must include **at least one standardized tool** that has been **scientifically tested** in a population with characteristics similar to that of the patient being assessed (for example, community-dwelling elders, non-institutionalized adults with disabilities, etc.), and **includes a standard response scale**

- Tool must be administered using the accompanying validated protocol
- Including any validated protocol or scoring variations
- Agency’s responsibility to determine if tools used meet the requirements and is appropriate for the patient

**May be a single standardized assessment tool** that addresses 2 or more factors, or **may be a standardized screen** (like the Timed Up and Go or Functional Reach), **coupled with evaluation of at least one more fall risk factor**, such as:

- fall history (M1032), polypharmacy (M1032), impaired vision (M1200), incontinence (M1610)

**Select "0-No multi-factor falls risk assessment conducted"**, if:

- **NO** multi-factor falls risk screening conducted by assessing clinician
- A multi-factor falls risk screening **WAS** conducted but **NOT during the required time frame**
  - SOC – within 5 days after SOC date
  - ROC – within 2 calendar days after inpatient DC date
- The patient was unable to participate in tasks required by tool
  - You can’t use a tool validated for ambulatory patients on the non-ambulatory
  - A single tool may not meet the fall risk assessment needs of all the agency patients

**Response “1”**

- Standardized response scale rates patient as at no-risk, low risk, or minimal risk

**Response “2”**

- Standardized response scale rates patient at anything above low/minimal risk

If you combine a validated tool with a non-validated tool to make your assessment multi-factorial

- Use the results of the validated tool
What Did I Need to Succeed?

Measure: Multifactor Fall Risk Assessment Conducted For Patients 65 And Over

OASIS ITEM
(M1910) Has this patient had a multi-factor Fall Risk Assessment (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?

0 - No multi-factor falls risk assessment conducted.

1 - Yes, and it does not indicate a risk for falls.

2 - Yes, and it indicates a risk for falls.

No Formal Assessment Performed

- CAN'T select “NA” unless formal assessment, as defined in M1240, M1300, M1730 and M1910, was completed.
- True for Pain, Depression, Pressure Ulcers, and Falls Risk
- CAN select “Yes” if:
  - Specified interventions were included on POC AND
  - Implemented at time of or since previous OASIS assessment
  - Regardless of whether or not formal assessment was conducted

Determining response for M2250 c - f at SOC/ROC

Are interventions included in the physician-ordered Plan of Care?

- Yes
- No

M2250 Response = YES

Has the patient had a FORMAL* or INFORMAL assessment during the timeframe the SOC/ROC assessment is completed?

- Yes
- No

M2250 Response = NO

Were one or more of the assessments positive?

- Yes
- No

M2250 Response = NA

*Definitions of FORMAL assessment are found in M1240, M1300, M1730, and M1910. An evaluation of clinical factors is not considered a formal assessment for pressure ulcer risk.

Revised 10/13/2010

Determining response for M2400 b – e at TRF/DC

Were interventions included in the physician-ordered Plan of Care AND Implemented at or since the last OASIS assessment?

- Yes
- No

M2400 Response = YES

Has the patient had a FORMAL* assessment at or since the last OASIS assessment?

- Yes
- No assessment or informal assessment only

M2400 Response = NO

Were one or more of the assessments positive?

- Yes
- No

M2400 Response = NA

*Definitions of FORMAL assessment are found in M1240, M1300, M1730, and M1910. An evaluation of clinical factors is not considered a formal assessment for pressure ulcer risk.

Revised 10/13/2010
Process Measure & Care Transition Success

- Understanding what’s required
- Incorporating best practices
- Educating staff
- Evaluating reports to determine adherence rates
- Implementing plans of action when below the benchmark
- Providing the highest quality of care possible to the population we serve!

Got a questions?
Can’t find an answer in existing guidance?

Send it to the CMS OASIS Q&A Mailbox:
cmsoasisquestions@oasisanswers.com

Questions??

Thank You!

References

TECHNICAL DOCUMENTATION OF PROCESS MEASURES
www.cms.gov/HomeHealthQualityInits/10_HHQIQualityMeasures.asp#TopOfPage

PBQI MANUAL
www.cms.gov/HomeHealthQualityInits/15_PBQIProcessMeasures.asp#TopOfPage

OASIS-C GUIDANCE MANUAL

COLORADO FOUNDATION FOR MEDICAL CARE – CARE TRANSITIONS PROVIDER RESOURCES
www.cfmc.org/integratingcare/provider_resources.htm
References

OBQI MANUAL
www.cms.gov/HomeHealthQualityInits/16_HHQIOASISOBQI.asp#TopOfPage

OBQM MANUAL
www.cms.gov/HomeHealthQualityInits/18_HHQIOASISOBQM.asp#TopOfPage

CMS OASIS Q&As
www.qtso.com/hhadownload.html