OASIS to OASIS

OASIS-C Revisions:
What to do Now… What to do Later…

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Wyoming Dept. of Health, OHLS
Montana Certification Bureau
September 22, 2009
Agenda:
- Types of OASIS-C Changes
- Timeline for Resources & Implementation
- Preparation Strategies
- Q&A session

Summary of Rationale for Changes:
- Responding to issues raised by stakeholders, including removing items not currently used for payment, quality, risk adjustment, or case mix reporting
- Revisions to existing items (refining scales, rewording for clarity & harmonization)
- Addition of new items that allow measurement of best practice processes

-OASIS version
Numbering System:

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Range</th>
<th>End Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking</td>
<td>M0010-M0072</td>
<td>M0080-M0110</td>
</tr>
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<td>M0490-M0500</td>
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<td>ADLs/IADLs</td>
<td>M0640-M0770</td>
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<tr>
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<td>M0826</td>
</tr>
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<td>M0855-M0906</td>
</tr>
<tr>
<td>Inpatient Facility Admit/DC</td>
<td>M0855-M0906</td>
<td></td>
</tr>
</tbody>
</table>

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More sensitive

(M0420) Frequency of Pain interfering with patient's activity or movement:
- Patient has no pain
- Patient has pain but does not interfere with activity or movement
- Less often than daily
- Daily, but not constantly
- All of the time

(M1242) Frequency of Pain interfering with patient's activity or movement:
- Patient has no pain
- Patient has pain that does not interfere with activity or movement
- Less often than daily
- Daily, but not constantly
- All of the time

(M0700) Ambulation/Locomotion: Ability to safely walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Prior
- Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- Able to walk only with the supervision or assistance of another person at all times.
- Bedfast, unable to ambulate or be up in a chair.

Current
- Able to walk only with the supervision or assistance of another person at all times.
- Able to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- Requires use of a one-handed device (e.g., cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
- Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- Able to walk only with the supervision or assistance of another person at all times.
- Bedfast, unable to ambulate or be up in a chair.

(M2020) Management of Oral Medications: Patient's ability to prepare and take oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (Note: This refers to ability, not compliance or willingness.)

Prior
- Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times
- Able to take medication(s) at the correct times if:
  - Individual dosages are prepared in advance by another person
  - Given daily reminders
  - Someone develops a drug diary or chart
- Unable to take medication unless administered by someone else
- No oral medications prescribed

Current
- Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times
- Able to take medication(s) at the correct times if:
  - Individual dosages are prepared in advance by another person
  - Given daily reminders
  - Someone develops a drug diary or chart
- Unable to take medication unless administered by another person
- No oral medications prescribed

(M0830) Emergent Care: Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? (Mark all that apply.)

- No emergent care services
- Hospital emergency room
- Doctor's office emergency visit/house call
- Outpatient department/clinic emergency (includes urgent care centers)

UK - Unknown

(M2300) Emergent Care: Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

- No
- Yes, used hospital emergency department WITHOUT hospital admission
- Yes, used hospital emergency department WITH hospital admission

UK - Unknown
(M0400) Hearing and Ability to Understand Spoken Language in patient’s own language (with hearing aids if the patient usually uses them):
1- With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice.
2- Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance.
3- Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, additional time.
4- Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive.

(M1210) Ability to hear (with hearing aid or hearing appliance if normally used):
0-Adequate: hears normal conversation without difficulty.
1-Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly.
2-Severely Impaired: absence of useful hearing.
UK-Unable to assess hearing.

(M1220) Understanding of Verbal Content in patient’s own language (with hearing aid or device if used):
0-Understands: clear comprehension without cues or repetitions.
1-U-ShaDw: understands most conversations, but misses some part/intent of message. Requires cues at times to understand.
2-Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.
3-Rarely/ Never Understands
UK-Unable to assess understanding.

(M1830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face and hands only).
0-Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
1-With the use of devices, is able to bathe self in shower or tub independently.
2-Able to bathe in shower or tub with the assistance of another person:
   (a) for intermittent supervision or encouragement or reminders, OR
   (b) to get in and out of the shower or tub, OR
   (c) for washing difficult to reach areas.
3-Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
4-Unable to use the shower or tub and is bathed in bed or bedside chair.
5-Unable to effectively participate in bathing and is totally bathed by another person.
UK-Unknown
-TYPES of REFINEMENTS:
Collecting the same “kind” of thing in a more specific or sensitive way
Collecting the same “kind” of thing in a whole new way
Collecting brand new never-before-seen-in-home-care “stuff”
Not collecting “stuff” we used to collect but didn’t use and/or didn’t like as much as other “stuff”
### Patient Living Situation

Which of the following best describes the patient’s residential circumstance and availability of assistance? (Check one box only.)

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>Around the clock</th>
<th>Regular daytime</th>
<th>Regular nighttime</th>
<th>Occasional / short-term assistance</th>
<th>No assistance available</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Patient lives alone</td>
<td>☐ 01</td>
<td>☐ 02</td>
<td>☐ 03</td>
<td>☐ 04</td>
<td>☐ 05</td>
</tr>
<tr>
<td>b. Patient lives with other person(s) in the home</td>
<td>☐ 06</td>
<td>☐ 07</td>
<td>☐ 08</td>
<td>☐ 09</td>
<td>☐ 10</td>
</tr>
<tr>
<td>c. Patient lives in congregate situation (e.g., assisted living)</td>
<td>☐ 11</td>
<td>☐ 12</td>
<td>☐ 13</td>
<td>☐ 14</td>
<td>☐ 15</td>
</tr>
</tbody>
</table>

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### Types and Sources of Assistance

Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only one box in each row.)

<table>
<thead>
<tr>
<th>Type of Assistance</th>
<th>No assistance needed in this area</th>
<th>Caregiver(s) currently provide assistance</th>
<th>Caregiver(s) need training/supportive services to provide assistance</th>
<th>Caregiver(s) unlikely to provide assistance</th>
<th>Unknown if Caregiver(s) will provide assistance</th>
<th>Assistance needed, but no Caregiver(s) available</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL assistance (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding)</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>IADL assistance (e.g., meals, housekeeping, laundry, telephone, shopping, finances)</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Medication administration (e.g., oral, intravenous, injectable)</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Medical procedures/treatments (e.g., changing wounds/dressing)</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Management of Equipment (includes oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Supervision and safety (e.g., due to cognitive impairment)</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
<tr>
<td>Advocacy or facilitation of patient’s participation in appropriate medical care (includes transportation to or from appointments)</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

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### Grooming

Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

<table>
<thead>
<tr>
<th>Prior</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>UK</td>
<td>-</td>
</tr>
</tbody>
</table>

- Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- Grooming utensils must be placed within reach before able to complete grooming activities.
- Someone must assist the patient to groom self.
- Patient depends entirely upon someone else for grooming needs.
- Unknown

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### Prior Functioning ADL/ADL

Indicate the patient’s usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only one box in each row.

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>Independent</th>
<th>Needed Some Help</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Self-Care (e.g., grooming, dressing, and bathing)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Ambulation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Transfer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Household tasks (e.g., light meal preparation, laundry, shopping)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
**OASIS to OASIS**

**TYPES of REFINEMENTS:**
- Collecting the same “kind” of thing in a more specific or sensitive way
- Collecting the same “kind” of thing in a whole new way
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**OUTCOME versus PROCESS MEASURE**

- **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

- **Outcome Measures Determine The Impact Of Our Processes/Interventions**
  - Utilization outcome - How many patients were acutely hospitalized?
  - End result outcome - How many patients improved in ability to groom?
  - Outcome measures are specific, measurable indicators of the success of our intervention – the quality of care provided

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**OASIS-C PROCESS MEASURES**

- Includes clinically relevant items that can be used to “give credit” to agencies that employ best practices and evidence-based processes into patient care – Did the agency do the right thing?
- Addresses agency concerns that outcomes can be outside of their influence
- Focus on areas that home care CAN influence
- Focus on high-risk, high-volume, problem-prone populations
- Potential use in pay-for-performance

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**NEW DATA IN OASIS**

**OASIS-C Process Items Measure:**

- Was care provided in a timely manner?
- Were there POC established parameters for notifying the physician of changes in patient status?
- Did patients received recommended immunizations?
- Was assessment and proactive care planning provided to patients with diabetes, pain, depression, falls, pressure ulcer risk
OASIS-C Process Items Measure: (cont.)

- If planned interventions (for diabetes, falls, depression, pain, heart failure and pressure ulcers) were implemented

- If a complete drug regimen review was completed & if the physician or pharmacist was contacted promptly if indicated

- If patient had received teaching on high-risk meds at SOC and if medication teaching was done during the episode
NEW DATA IN OASIS

(M1308) Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage:
(Enter "0" if none; excludes Stage I pressure ulcers)

<table>
<thead>
<tr>
<th>Stage description – unhealed pressure ulcers</th>
<th>Number Currently Present</th>
<th>Number of those listed in Column 1 that were present on admission (most recent SOC / ROC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with not pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>b. Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. May include undermining and tunneling.</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>c. Stage IV: Full thickness tissue loss with visible bone, tendon, or muscle, or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>d. Unstageable: Known or likely but unstageable due to non-removable dressing or device</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>d. Unstageable: Known or likely but unstageable due to coverage of wound bed by slough and/or eschar.</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>d. Unstageable: Suspected deep tissue injury in evolution.</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

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At Transfer & Discharge Implementation

(M2010) Patient/Caregiver High Risk Drug Education:
Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?
- 0-No
- 1-Yes
NA-Patient not taking any high risk drugs OR patient/caregiver fully knowledgeable about special precautions with all high-risk medications

(M2015) Patient/Caregiver Drug Education Intervention:
Since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects and how and when to report problems that may occur?
- 0-No
- 1-Yes
NA-Patient not taking any drugs

NEW DATA IN OASIS

REORGANIZED IN OASIS

(OASIS version)

(M0680) Toileting: Ability to get to and from the toilet or bedside commode.

Prior Current
- 0-Able to get to and from the toilet independently with or without a device.
- 1-When reminded, assisted, or supervised by another person, able to get to and from the toilet.
- 2-Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- 3-Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
- 4-Is totally dependent in toileting.
NA-Uk-Unknown

REORGANIZED & EXPANDED FOR OASIS

NEW DATA FOR OASIS
-TYPES of REFINEMENTS:

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Collecting the same “kind” of thing in a whole new way
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OASIS-B1 to OASIS-C

-Impact on total number of items collected at specific time points

<table>
<thead>
<tr>
<th>OASIS version</th>
<th>Start of Care</th>
<th>Resumption of Care</th>
<th>Follow-up/Recert</th>
<th>Transfer to Inpatient</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OASIS-B1</td>
<td>76</td>
<td>61</td>
<td>30</td>
<td>11</td>
<td>75</td>
</tr>
<tr>
<td>OASIS-C</td>
<td>95</td>
<td>80</td>
<td>32</td>
<td>19</td>
<td>66</td>
</tr>
</tbody>
</table>

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OASIS-C HAS BEEN FINALIZED!


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WHEN DO I START USING THE OASIS-C DATA SET?

- M0090 date determines what version you use
- Any assessment with a M0090 date on or prior to 12/31/09 must use the OASIS-B1 data set
- Any assessment with a M0090 date on or after 1/1/10 must use the OASIS-C data set

BE CAREFUL OF RECERTS AND REASSESSMENTS DURING THE LAST FIVE DAYS OF 2009

- If you are certain you will complete the assessment in 2009, use the B1 data set
- If you will not complete the assessment in 2009, use the C data set
- If you misjudge and complete the B1 and the M0090 date is 1/1/10 or later, you will have to complete another assessment using the C data set
- If you reassess an item during the allowed assessment timeframe, and the M0090 date changes from 2009 to 2010, you will have to complete an OASIS-C assessment

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PLANS FOR OASIS-C NATIONAL ROLLOUT

- Final OMB Approval (submitted to OMB 3/9/2009, approved 7/27/09)
- NQF Endorsed new measures 3/31/09 with 4 pending
- Attached to APU-NPRM (Annual Payment Update & Notice of Public Rulemaking) – Due to mention proposed requirements
- Final Rule – August 2009
- CMS Call with software vendors – Summer 2009
- Open Door Forums, National Provider Calls, Listservs – Summer/Fall 2009
- HAVEN specs available to all to meet requirements – Summer 2009
- OASIS Education Coordinator & State Surveyor Training – Sept 2009
- Train the Trainer and Resource materials prepared for agencies (e.g. Medicare Learning Network) free of charge
- Planned Implementation Date – January 2010
- Impact on Home Health Compare - December 2010

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SUGGESTED TIMELINE FOR OASIS-C AGENCY ROLLOUT

Summer 2009
• Begin to plan how agency will modify policies & practices to facilitate new required data collection
  • Consider issues: M0090 date, weekend admissions, therapy only/contract provider
  • Plan for paper-based documentation revisions
  • Create flow sheets for tracking Process Measure data
    • At TRF/DC:
      • M1500 Since the previous assessment, did the patient exhibit symptoms of heart failure indicted by clinical heart failure guidelines (including dyspnea, orthopne, edema, or weight gain) at any point?
  • Plan for paper-based documentation revisions
  • New items, patterns, and supporting non-OASIS items
  • Create flow sheets for tracking Process Measure data
    • At TRF/DC:
      • M1500 Since the previous assessment, did the patient exhibit symptoms of heart failure indicted by clinical heart failure guidelines (including dyspnea, orthopne, edema, or weight gain) at any point?
  • Consider issues: M0090 date, weekend admissions, therapy only/contract provider
  • Plan for paper-based documentation revisions
  • New items, patterns, and supporting non-OASIS items
  • Create flow sheets for tracking Process Measure data

Fall 2009
• After OASIS-C Guidance Manual is posted, provide agency-wide training for data collection
  • Thoughtful transition for data collectors to protect integrity of data
  • Time to become familiar with new comprehensive assessment and items
  • CMS estimates - annual OASIS training per staff member
    • 8 hours per year
    • + 4 hours for one-time OASIS-C training
  • Finalize clinical record/comprehensive assessment revisions and train staff in use
    • Pilot agencies reported OASIS-C took about the same time to complete as OASIS-B1
    • Many pilot agencies were already utilizing standardized pain assessments and fall risk assessments

January 2010 - OASIS-C Implementation
• Prepare for additional data collection training and support throughout early 2010 as data collectors discover questions raised by hands-on use of the new data set

OASIS Resources

OASIS-C Instrument located at: www.cms.hhs.gov/HomeHealthQualityInits/06_OASISC.asp

CMS OASIS Q&As located at: www.qtsn.com/download.html

OASIS-C Guidance Manual located at: www.cms.hhs.gov/HomeHealthQualityInits/06_OASISC.asp#TopOfPage

HHAs new to OASIS collection, or those interested in reviewing sections of the retired OASIS Implementation Manual, may access it at the following link: Archives Home Health Quality Initiatives. www.cms.hhs.gov/HomeHealthQualityInits/20_HHQIArchives.asp#TopOfPage

When OASIS-C is released, OASIS-B1 materials will be available at the following website: www.cms.hhs.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp#TopOfPage

Good Luck in a Seamless Transition