

Linda Krulish, PT MHS COS-C OASIS Answers, Inc. Wyoming Dept. of Health, OHLS Montana Certification Bureau September 22, 2009

Agenda: Clinical Record M0080-M0110 Demographics / History M0175-M0290 M0300-M0380 Living Arrangements Sensory Status M0390-M0430 - Types of OASIS-C Changes Integumentary Status M0440-M0488 - Timeline for Resources & M0490-M0500 **Respiratory Status** Implementation Elimination Status M0510-M0550 Neuro/Emotional/Behavior M0560-M0630 - Preparation Strategies ADLS/IADLS M0640-M0770 Medications M0780-M0800 - Q&A session Equipment Management M0810-M0820 Therapy Need M0826 Emergent Care M0830-M0840 Inpatient Facility Admit/DC M0855-M0906 Copyright 2009 OASIS Answers, Inc. Copyright 2009 OASIS Answers, Inc. 2



Tracking

M0010-M0072,

M0140-M0150



Tracking	M0010-M0069, M0140-M0150
Clinical Record	M080-M0110
Patient History & Diagnoses	M1000-M1055
Living Arrangements	M1100
Sensory Status	M1200-M1242
Integumentary Status	M1300-M1350
Respiratory Status	M1400-M1410
Cardiac Status	M1500-M1510
Elimination Status	M1600-M1630
Neuro/Emotional/Behavior	M1700-M1750
ADLs/IADLs	M1800-M1910
Medications	M2000-M2040
Care Management	M2100-M2110
Therapy Need & POC	M2200-M2250
Emergent Care	M2300-M2310
Data Collected @ TRF/DC	M2400-M2440, M0903-M0906



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



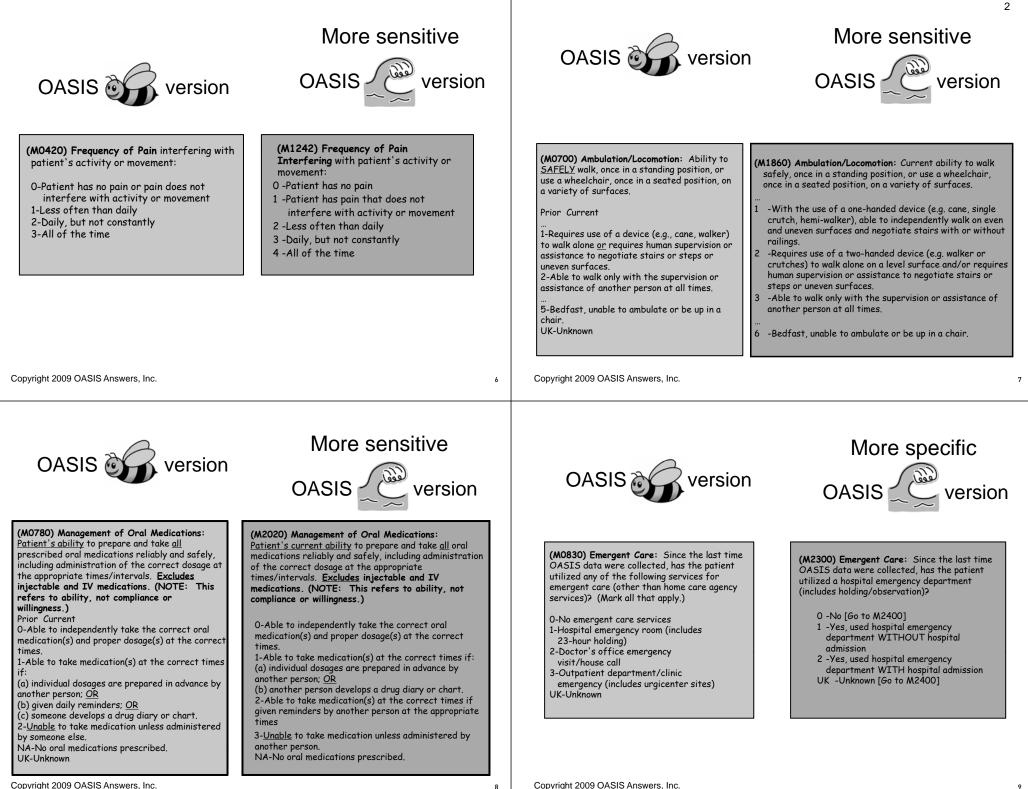
-TYPES of REFINEMENTS:

Collecting the same "kind" of thing in a more specific or sensitive way

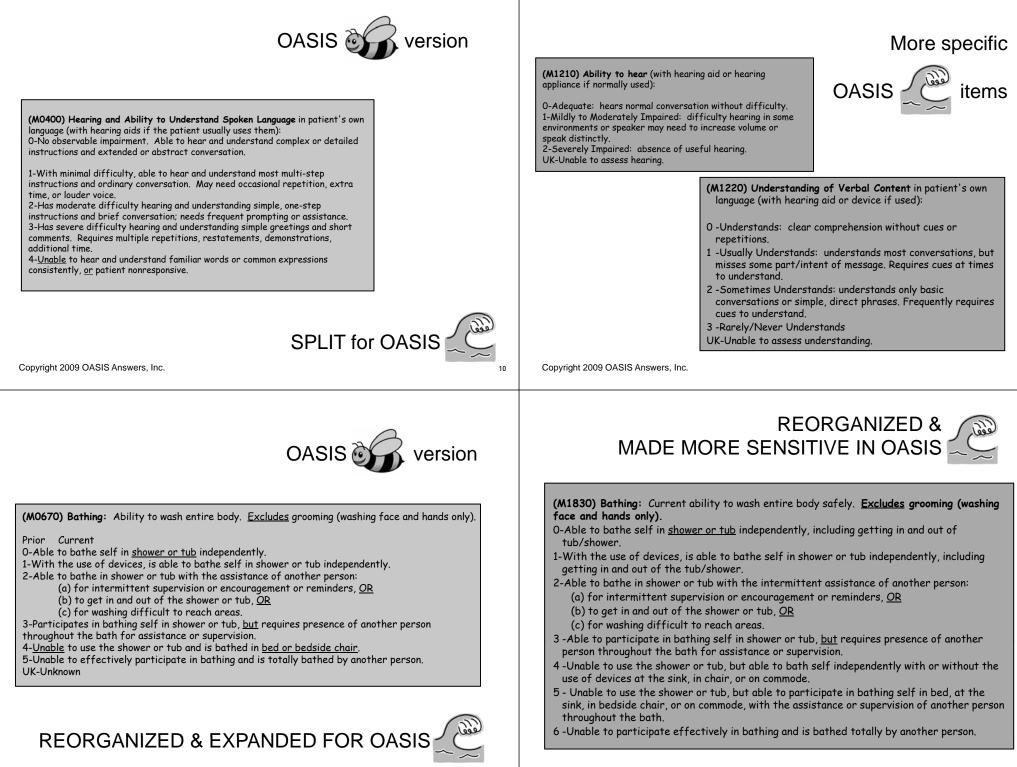
Collecting the same "kind" of thing in a whole new way

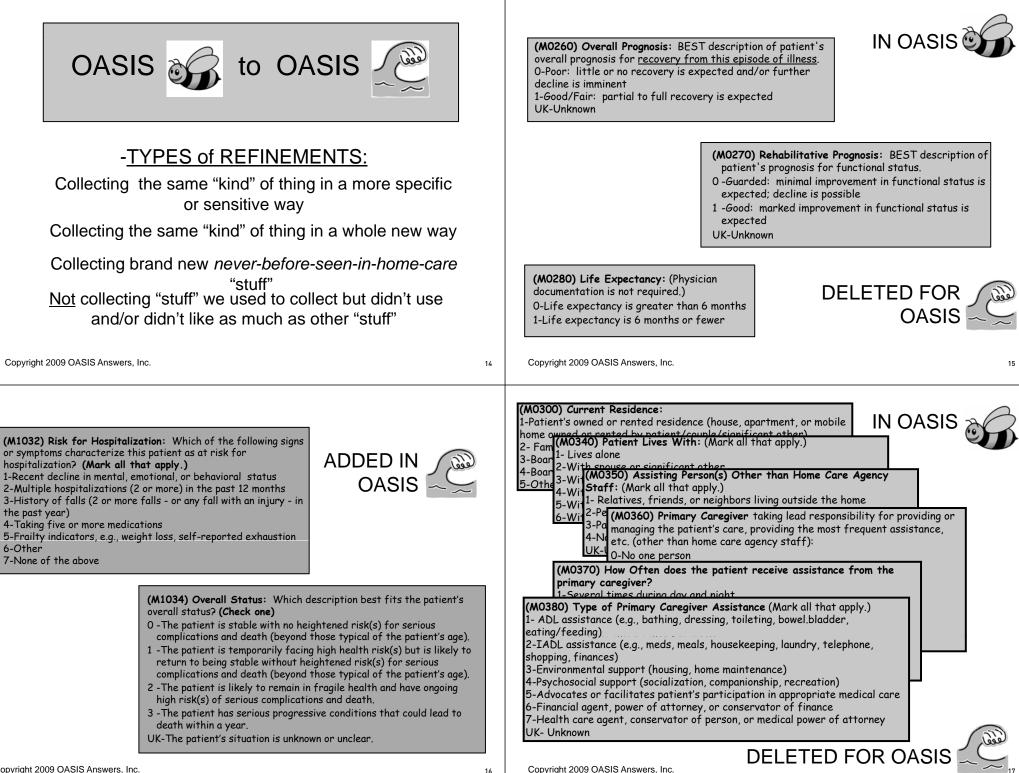
Collecting brand new *never-before-seen-in-home-care* "stuff" <u>Not</u> collecting "stuff" we used to collect but didn't use and/or didn't like as much as other "stuff"

4



Copyright 2009 OASIS Answers, Inc.





aregiver ability and b is needed. (Check only IN



5



(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only).

	Availability of Assistance					
Living Arrangement	Around the clock	Regular daytime	Regular nighttime	Occasional / short- term assistance	No assistance available	
a Patient lives alone	01	□ 02	□ 03	□ 04	□ 05	
b Patient lives with other person(s) in the home	□ 06	07	08	□ 09	□ 10	
 Patient lives in congregate situation (e.g., assisted living) 	□ 11	□ 12	□ 13	□ 14	□ 15	

(M2100) 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 <u>one</u> box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provide assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) not likely to provide assistance	Unclear if Caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
a. ADL assistance (e.g., transfer/ ambulation, bathing, dressing, toileting, eating/feeding)	□0	□1	□2	□3	□4	□5
b. IADL assistance (e.g., meals, housekeeping, laundry, telephone, shopping, finances)	□0	□1	□2	□3	□4	□5
c. Medication administration (e.g., oral, inhaled or injectable)	□0	□1	□2	□3	□4	□5
d.Medical procedures/ treatments (e.g., changing wound dressing)	□0	□1	□2	□3	□4	□5
e. Management of Equipment (includes oxygen, IV/infusion equip-ment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies)	□0	□1	□2	□3	□4	□5
f. Supervision and safety (e.g., due to cognitive impairment)	□0	□1	□2	□3	□4	□5
g. Advocacy or facilitation of patient's participation in appropriate medical care (includes transporta-tion to or from appointments)	□0	□1	□2	□3	□4	□5

Copyright 2009 OASIS Answers, Inc.



18



(M0640) 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).

Prior Current

Copyright 2009 OASIS Answers, Inc.

- 0 0 -Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 -Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 2 -Someone must assist the patient to groom self.
- 3 3 -Patient depends entirely upon someone else for grooming needs. UK -Unknown

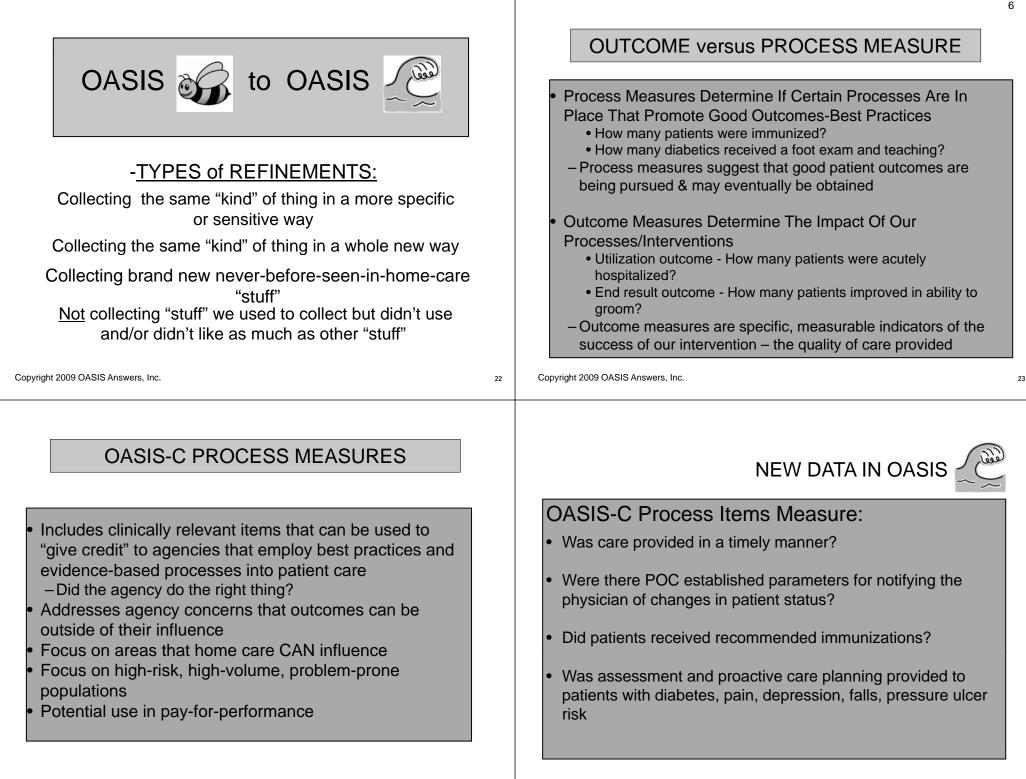




(M1900) Prior Functioning ADL/IADL: Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only <u>one</u> box in each row.

	Functional Area	Independent	Needed Some Help	Dependent
a.	Self-Care (e.g., grooming, dressing, and bathing)			
b.	Ambulation			
c.	Transfer			
d.	Household tasks (e.g., light meal preparation, laundry, shopping)			

19



NEW DATA IN OASIS



OASIS-C Process Items Measure: (cont.)

- If planned interventions (for diabetes, falls, depression, j heart failure and pressure ulcers) were implemented
- If a complete drug regimen review was completed & if th physician or physician-designee was contacted promptly indicated
- If patient had received teaching on high risk meds at SO if medication teaching was done during the episode

				7				
(iii)	At SOC/ROC Assessment	At SOC/ROC Risk/Status	At SOC/ROC Plan	At Transfer & DC Implementation				
pain, e f C and	M1300 Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers? O-No assessment conducted [Go to M1306] I-Yes, based on an evaluation of clinical factors , e.g., mobility, incontinence, nutrition, etc., without use of standardized tool 2-Yes, using a standardized tool, e.g., Braden, Norton, other NEVV DAC	M1302 Does this patient have a Risk of Developing Pressure Ulcers? 0 - No 1 - Yes TA IN OAS	M2250 Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following? f. Intervention(s) to prevent pressure ulcers? $\neg No \bigcirc - Yes$ $\square NA - Patient is not assessed to be at risk for pressure ulcers g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing OR order for treatment based on moist wound healing As been requested from physician \square - No \square - Yes\square NA - Patient has no pressure ulcers with need for moist wound healing$	 M2400 Intervention Synopsis: (Check only <u>one</u> 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? e. Intervention(s) to prevent pressure ulcers - No - Yes NA - Formal assessment indicates the patient was not at risk of pressure ulcers since the last OASIS assessment f. Pressure ulcer treatment based on principles of moist wound healing - No - Yes NA - Dressings that support the principles of moist wound healing not indicated for this patient's pressure ulcers <u>OR</u> patient has no pressure ulcers <u>OR</u> patient has no pressure ulcers with need for moist wound healing 				
لوفقاني بر			OASIS	version				
	(M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for each stage.)							

Pressure Ulcer Stages Stage 1: Nonblanchable erythema of intact skin; the heralding of skin

ulceration. In darker-pigmented skin, warmth, edema, hardness, or

Stage 3: Full-thickness skin loss involving damage or necrosis of

subcutaneous tissue which may extend down to, but not through,

Stage 4: Full-thickness skin loss with extensive destruction, tissue

necrosis, or damage to muscle, bone, or supporting structures (e.g.,

Stage 2: Partial thickness skin loss involving epidermis and/or dermis.

The ulcer is superficial and presents clinically as an abrasion, blister, or

underlying fascia. The ulcer presents clinically as a deep crater with or

Enhanced consistency with NPUAP

Staging criteria for OASIS Copyright 2009 OASIS Answers, Inc.

In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of

discolored skin may be indicators.

without undermining of adjacent tissue.

eschar or a nonremovable dressing, including casts?

tendon, joint capsule, etc.)

0 - No □ 1 - Yes

shallow crater.

d)

NEW DATA IN OASI	S
Directions for M1310 and M1312 and M1314: If the patient has one or more unhealed (non-epithelialized) Stage III or IV pressure ulcers, identify the Stage III or IV pressure ulcer with the largest surface dimension (length × width) and record in centimeters:	
(M1310) Pressure Ulcer Length: Longest length "head-to-toe" . (cm)	
(M1312) Pressure Ulcer Width: Width of the same pressure ulcer; greatest width perpendicular to the length . (cm)	
(M1314) Pressure Ulcer Depth: Depth of the same pressure ulcer; from visible surface to the deepest area	

| (cm)

Copyright 2009 OASIS Answers, Inc.

28

Number of Pressure Ulcers

0

0 1 2 3 4 or

0

0 1 2 3

1 2 3 4 or

more

more

4 or

more

4 or

more

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) Column 1 Column 2 Complete at SOC/ROC/FU Complete at FU & D/C & D/C Number of those listed in Column 1 Number Currently Present Stage description - unhealed pressure ulcers that were present on admission (most recent SOC / ROC) a. Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough May also present as an intact or open/ruptured serum-filled blister b. Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. c Stage IV: Full thickness tissue loss with visible hone. tendon, or muscle. or eschar may be present on some parts of the wound bed. Often includes undermining and tunnelina. d.1 Unstageable: Known or likely but unstageable due to nonremovable dressing or device d.2 Unstageable: Known or likely but unstageable due to coverage of wound bed by slough and/or eschar. d.3 Unstageable: Suspected deep tissue injury in evolution Copyright 2009 OASIS Answers, Inc. 30 At Transfer & DC At SOC/ROC At SOC/ROC Implementation Assessment & Risk Plan

> (M2250) Plan of Care Synopsis: : (Check only one box in each row.) Does the physician-ordered plan of care include the following: e. Intervention(s) to monitor and mitigate pain □ No □ Yes □ NA-No pain identified

NEW DATA IN OASIS

Identification

(M1240) Has this patient had a

formal Pain Assessment using a

patient's ability to communicate

0- No standardized assessment

1-Yes, and it does not indicate

2-Yes, and it indicates severe

standardized pain assessment

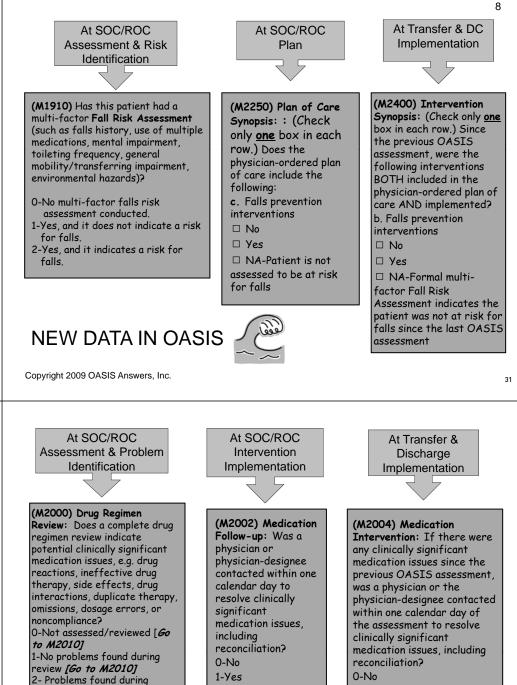
tool (appropriate to the

the severity of pain)?

conducted

severe pain

pain



NA-Patient is not taking any medications [Go to M2040]



Copyright 2009 OASIS Answers, Inc.

1-Yes NA-No clinically significant medication issues identified since the previous OASIS assessment

Copyright 2009 OASIS Answers, Inc.

32

review

(M2400) Intervention

box in each row.) Since

the previous OASIS

assessment, were the

BOTH included in the

d. Intervention(s) to

□ No

□ Yes

following interventions

physician-ordered plan of

monitor and mitigate pain

□ NA-Formal assessment

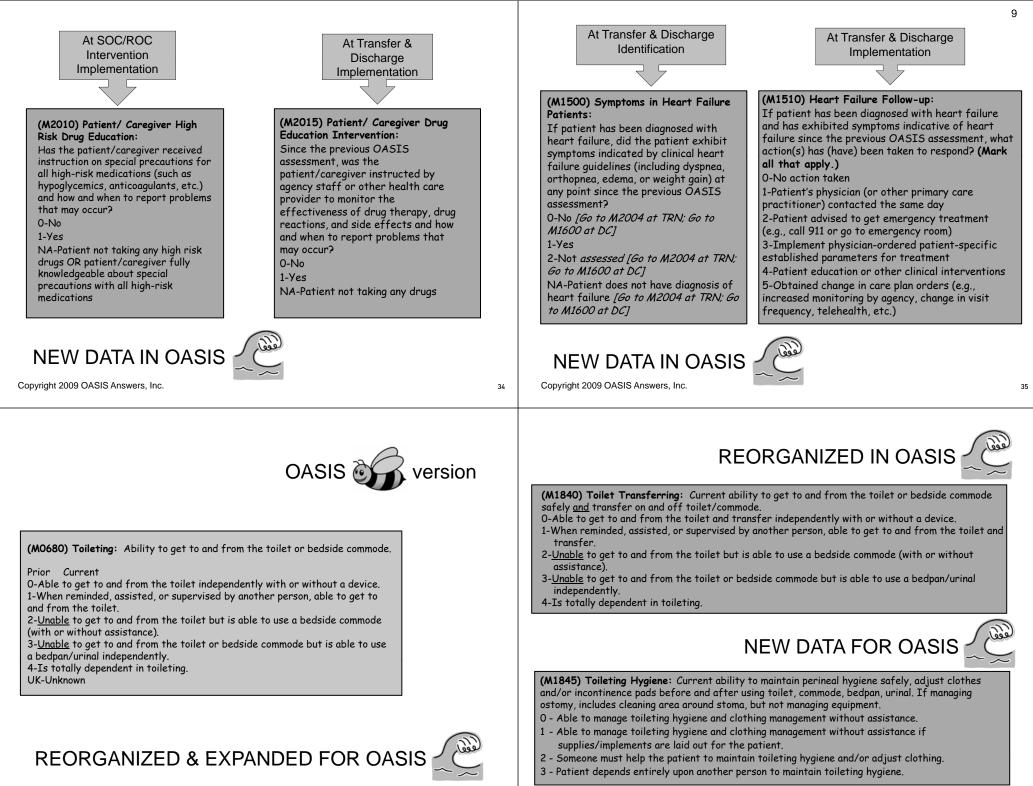
did not indicate pain since

the last OASIS

assessment

care AND implemented?

Synopsis: (Check only one



Copyright 2009 OASIS Answers, Inc.





-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" <u>Not</u> collecting "stuff" we used to collect but didn't use and/or didn't like as much as other "stuff"

Copyright 2009 OASIS Answers, Inc.

(M0730) Transportation:

Physical and mental ability to safely use a car, taxi, or public transportation (bus. train, subway). Prior Current 0-Able to independently drive a regular or adapted car; <u>OR</u> uses a regular or handicapaccessible public bus. 1-Able to ride in a car only when driven by another person; <u>OR</u> able to use a bus or handicap van only when assisted or accompanied by another person. 2-Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance. UK-Unknown

(M0740) Laundry:

Ability to do own laundry - to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Prior Current

0- (a) Able to independently take care of all laundry tasks; OR

(b) Physically, cognitively, and mentally able to do laundry and access facilities, <u>but</u> has not routinely performed laundry tasks in the past (i.e., prior to this home care admission).
1- Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.

2- <u>Unable</u> to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.

UK-Unknown



Copyright 2009 OASIS Answers, Inc.

(M0430) Intractable Pain:

Is the patient experiencing pain that is <u>not easily</u> <u>relieved</u>, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity? 0-No 1-Yes

(M0880) After discharge, does the patient receive

2-Yes, assistance or services provided by family or

health services, homemaker assistance, transportation

3-Yes, assistance or services provided by other community resources (e.g., meals-on-wheels, home

assistance, assisted living, board and care)

health, personal, or support Services or Assistance?

OASIS



ITEMS DELETED IN OASIS



M0012 Agency Medicaid # M0200 Medical or Tx Regimen Change Within Past 14 days M0260 Overall Prognosis M0270 Rehabilitative Prognosis M0280 Life Expectancy M0300 Current Residence M0340 Patient Lives With M0350 Assisting Person(s) M0360 Primary Caregiver M0370 How Often Assistance M0380 Type of Primary CG Assist M0430 Intractable Pain M0474 Presence of Unobservable Stasis Ulcer M0484 # of Surgical Wounds M0486 Presence of Unobservable Surgical Wound M0590 Depressive Feelings Prior Status for ADLs/IADLs M0730 Transportation M0740 Laundry M0750 Housekeeping M0760 Shopping M0760 Shopping M0790 Mgmt of Inhalant/Mist Meds M0810 Pt. Mgmt of Equipment M0820 CG Mgmt of Equipment M0880 Services/Assist after DC M0890 Hospital Admission Reason

Copyright 2009 OASIS Answers, Inc.

(Mark all that apply.)

friends

1-No assistance or services received

40

38

Copyright 2009 OASIS Answers, Inc.

OASIS-B1 to OASIS-C

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

							_	
OASIS version		Start of Care	Resumption of Care	Follow- up/ Recert	Transfer to Inpatient	Discharge		
òs	OASIS-B1 Total Items by Time Point	76	61	30	11	75		
للفل	OASIS-C Total Items by Time Point	95	80	32	19	66		www
Copyright 2009 C	DASIS Answers, Inc.						42	Copyright 2009 O
	WHEN D		START	USI	NG			
	THE OA							
	THE UA	313-	C DAI	ASE				 Final ON
 M0090 date determines what version you use 								• NQF En
 Any assessment with a M0090 date on or prior to 12/31/09 must use the OASIS-B1 data set 								 Attached Rulemal
	 Any assessment with a M0090 date on or after 1/1/10 must use the OASIS- 							 Final Ru
C data s	et							CMS Ca
 BE CAR LAST FI 	EFUL OF RECEP	RTS AND	REASSESS	SMENTS	DURING	THE		Open Do
 If you 	are certain you w	-	ete the asses	ssment in	n 2009, use	e the B1		 HAVEN Revised
dáta s								OASIS E
	will not complete misiudge and cor							Train the
	misjudge and cor you will have to co	-			-			Medicar Planned
the M	reassess an item 10090 date change ASIS-C assessme	es from 2	ne allowed as 009 to 2010,	ssessme you will	nt timefran have to co	ne, and mplete		 Planned Impact of
u 0,			-(OASIS Cons	iderations fo	or Medicare PF	PS Patients)		
Convright 2009 C	ASIS Answers Inc						1	0



OASIS-C HAS BEEN FINALIZED!

www.cms.hhs.gov/HomeHealthQualityInits/downloads/ OASISfinal.pdf

Copyright 2009 OASIS Answers, Inc.

43

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
- Revised OASIS Manual September 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

Copyright 2009 OASIS Answers, Inc.

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
- 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, orthopnea, edema, or weight gain) at any point?
 - M1510 Heart Failure Follow-up: Since the previous OASIS assessment, what action(s) has (have) been taken to respond to symptoms?

•Communicate with software vendors regarding feature updates & implementation timeframes

- Request triggers and tracking to facilitate required data collection
- · Request availability of assessments to allow review/intro to staff

•Consider Access of necessary medical record to staff (contract providers, etc.) •Plan and implement Best Practices related to new Process Measures

- · Assessments, care planning and interventions for:
 - Diabetic foot care, Fall prevention, Pressure ulcer risk, etc.

Copyright 2009 OASIS Answers, Inc.

SUGGESTED TIMELINE FOR OASIS-C AGENCY ROLLOUT

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

SUGGESTED TIMELINE FOR OASIS-C AGENCY ROLLOUT

•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

Copyright 2009 OASIS Answers, Inc.

Copyright 2009 OASIS Answers, Inc.

OASIS Resources

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

CMS OASIS Q&As located at: www.qtso.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



1.6

47