

MDS Alert

Quality Assurance: Let OSCAR 4 Shore Up QA And Survey Management

Survey report lets you know how the facility stacks up against the averages.

The OSCAR 4 report has a story to tell about your facility, and if it isn't an entirely positive one, you have time to create a better ending by improving outcomes before surveyors arrive on the scene.

In a nutshell: The Online Survey Certification and Reporting (OSCAR) 4 report, which you can request from the survey agency, captures data from the facility's CMS 672 "Resident Census and Condition of Residents." The CMS 672 includes MDS information and is due at the time of the survey. The OSCAR 4 report provides a profile of the facility's resident characteristics reported on the 672, comparing them to state, regional and national averages.

By analyzing their most recent OSCAR 4 reports, facilities can prepare for surveys by knowing the reasons why the facility is an outlier on some of the statistical data reported, says **Joy Morrow, RN, PhD**, senior clinical consultant with **Hansen, Hunter and Company** in Beaverton, OR. Then facilities can show surveyors what they've done about some of the areas of concern.

Tap a Wealth of Information

The quality assurance committee can use the OSCAR 4 report in combination with quality indicators/measures and other data to perform a number of analyses, as follows:

- Investigate why certain skilled nursing services aren't in line with state, regional and national averages. For example, if the facility is providing far more injections than average, take a closer look, suggests **Marty Pachciarz, RN, RAC-CT**, clinical consultant with the **Polaris Group** in Tampa, FL. Is staff using IM injections to treat break-through pain that they could better manage with an oral medication regimen? asks Pachciarz. Are they providing IM antibiotics when an oral form would suffice? Is the facility including residents who are only receiving B-12 injections, whom the instructions say to exclude?

Eyeball these outliers: Pain management and antibiotic use are certainly quality-of-care concerns. A low percentage of pain management compared to the average may indicate the facility isn't managing residents' pain, observes Morrow.

"Behavioral symptoms can be a response to pain, so the facility could cross-check that on the OSCAR 4 report and also look at their QIs/QMs."

If the facility has a high percentage of residents taking antibiotics compared to the state, regional and national average, the QA team should see if physicians are ordering antibiotics without lab-confirmed infection, Morrow urges. "Surveyors may march in and take a look at why the facility is using so many antibiotics. The problem could be an infection-control one."

Best practice: Cross-reference the OSCAR 4 data with internal infection control reports and QI/QMs, such as UTI and catheters, Morrow advises.

"Also evaluate how staff is actually providing care, including catheter care, isolation precautions, handwashing, wound care and following isolation precautions."

The high antibiotic use rate could have nothing to do with the facility's care, Morrow points out. "Perhaps the facility is admitting people from another source who have infected wounds, UTI, pneumonia, etc."

If so, the administrator could explain that to surveyors and let them know what the facility is doing to address those clinical issues, she adds.

- Stay on top of how the facility is doing in meeting residents' mental health needs. Surveyors are hot on the trail of this issue right now (see "Use The MDS To Boost Compliance With PASRR Requirements And Meet Residents' Mental Health Needs" in the Vol. 6, No. 1 MDS Alert).

Surveyors can review the facility's QI/QM reports and OSCAR 4 report to get a good idea if the facility has a high prevalence of residents with behavioral symptoms, psychoactive drug use, psychiatric diagnoses, physical restraints, and use of rehabilitative services for mental health, according to the **Centers for Medicare & Medicaid Services' Nadine Renbarger**, who presented during a CMS Webcast, "Mental Illness in Nursing Homes."

A key clue to how the facility is doing: "By looking at the OSCAR 4 report, surveyors can identify the number of residents with behavioral symptoms who were and weren't getting some sort of behavioral management program," says **Jennifer Gross, RN**, a consultant with **LTCQ Inc.** "That's a good way for surveyors to focus on what the facility is doing to meet those residents' needs," Gross tells **Eli**.

The OSCAR 4 report also shows the percentage of residents receiving psychoactive medications coded in O4 (antipsychotic, antianxiety, antidepressant, hypnotic) compared to state, regional and national averages.

Good idea: Review the facility's psychosocial-related QIs/QMs and OSCAR 4 report in tandem, Gross suggests. That information "gives the facility a picture in between surveys of what's going well and what they need to focus on in the area of mental health services." On the QI/QM report, Gross suggests, look at the following, in particular:

- Residents who have become more depressed or anxious;
- Residents with behavioral problems affecting other residents;
- Residents who have symptoms of depression who aren't receiving antidepressants; and
- Residents receiving an antipsychotic medication without a psychotic or related condition.

Use OSCAR 4 as a Staffing Assessment Tool

The OSCAR 4 report can help you gauge whether the facility's nurse staffing numbers are on target and, if not, whether residents are suffering as a result, Pachciarz suggests. Suppose a facility is staffing to meet minimal state requirements for licensed nurses and can see from the OSCAR 4 that its residents require more skilled nursing services than average, she says. If so, "management can further evaluate staffing needs, overtime and resident outcomes," she adds.

Resident outcomes may speak volumes about nurse aide staffing sufficiency in comparison to higher-than-average resident ADL needs. So look at the QIs/QMs for high rates of incontinence, ADL decline, weight loss, pressure ulcers, falls, etc. "One key ADL is dependence in eating related to staffing," Pachciarz says.