

OASIS Alert

Adverse Events: Adverse Event Or Poor OASIS Assessment - It's Important To Know For Sure

M0270 may not affect payment, but careful assessment will save you time - and survey problems - down the road.

An important distinction to make when confronted with an unexpected nursing home admission is whether it's really an adverse event or if it's an OASIS accuracy problem instead.

An adverse event report is a marker of potential problems, the **Centers for Medicare & Medicaid Services** explains in its guide "Quality Monitoring Using Case Mix and Adverse Event Outcome Reports." They shouldn't be looked at in a vacuum. A true adverse event can be identified only using a detailed review of the patient's medical record, experts agree.

In theory, agencies can improve care by determining the reasons for adverse events. In practice, an adverse event may indicate inconsistent or inaccurate OASIS assessment responses, rather than an actual clinical adversity.

Trap: "If an assessment isn't comprehensive enough or accurate enough, this can result in the patient being listed as having adverse events they don't really have," warns OASIS expert **Linda Krulish** with **Home Therapy Services** in Redmond, WA. Clinicians should understand the impact of OASIS questions on adverse event outcomes, she adds (see chart p. 15).

Accurately answering OASIS questions affecting adverse events can prevent unjustified adverse events on your OBQM report and save time in unnecessary chart audits in the future, Krulish warns. Since adverse events are reported as a percentage of total patient episodes, high levels of adverse events also can lead to survey deficiencies.

By definition, two factors occurring together trigger the unexpected nursing home admission adverse event: the patient must have been admitted to a nursing home for reasons other than therapy services or respite care and the patient must have had a good rehabilitative prognosis at start of care or resumption of care.

M0900 on the transfer OASIS assessment records the reason the patient went to the nursing home. It's possible the patient could have been admitted for reasons other than therapy services or respite care, but the admission might have been expected.

The admission even may have been planned at start of care, Krulish suggests. For example, the patient may be waiting for an available bed. But in this situation, if at SOC/ROC you answer M0270 (Rehabilitative Prognosis) "1" (good) rather than "0" (guarded), the nursing home admission will show up as an adverse event, she explains.

Avoid this common mistake: Some clinicians mistakenly think you must enter "1" to justify home care, says Chapel Hill, NC-based consultant **Judy Adams** with **LarsonAllen Health Care Group**. But it's better to answer this question as accurately as possible, she advises.

Other clinicians find the choice between "guarded" and "good" a tough one when they think a better - but unavailable - answer is "fair." Instead, if a nursing home admission is planned, answer "guarded" and then document in the clinical record the facts of the situation and the expected timing of the admission, Adams suggests.

When answering M0270, focus on the patient's ability to improve in functional status - ADL and IADL tasks, instruct experts from the **3M National OASIS Integrity Project** in their report released in November 2003. Use your professional judgment and be sure to take into account the patient's age, comorbidities and the severity of symptoms, the report suggests.

Consider the patient's past health history and current functional status as well as the diagnosis and the physician's expectations for the patient when making your judgment, instructs CMS in its assessment strategies for M0270.

Another problem: Some agencies routinely answer "guarded" to avoid problems, experts observe. But when every OASIS M0270 is answered in the same way, you're not demonstrating accuracy in your data collection, says consultant **Pam Warmack** with **Clinic Connections** in Ruston, LA. Surveyors may object to this practice.

Instead, base your answer on your best judgment at the time of the assessment, Adams advises. Then if an unexpected nursing home admission does occur, just be sure you can show that your care didn't trigger the adverse event. v

Editor's Note: CMS's guide is at www.cms.hhs.gov/oasis/obqm1.pdf. The 3M OASIS Integrity Report is at www.fazzi.com/3MNOIP.pdf