

OASIS Alert

Adverse Events: DONT DISCOUNT OUTSIDE CAREGIVERS AT DISCHARGE

Patient abandonment in home care is a touchy issue, and adverse event reports are making it even touchier.

A home health agency that discharges to the community a patient who still has needs that aren't going to be met could have a very hard time proving that it didn't simply abandon that patient. But that's exactly what your next adverse events report could show you doing if your clinicians incorrectly complete OASIS.

There are three adverse events that address patients discharged to the community with unmet needs: discharged to community needing wound care or medication assistance, discharged to community needing toileting assistance and discharged to community with behavioral problems.

While most agencies certainly aren't going to throw a patient to the wolves by discharging her with unmet needs, it's frighteningly easy to give the appearance that that's exactly what you've done, experts warn agencies.

Agencies commonly discharge patients with these needs when there's a family member or some other caregiver around to meet them, notes consultant **Linda Krulish** with **Home Therapy Services** in Redmond, WA.

The problem is that agencies often neglect to note that caregiver's presence when completing the discharge OASIS, Krulish explains.

For example, you might have a patient who lives alone, but whose son or daughter will live with her for a few weeks to attend to her lingering wound care, medication, toileting or other needs, Krulish offers. "Some agencies are not marking that the caregiver is present at discharge because it's temporary," she says.

But by marking that the patient lives alone, you give the appearance that the needs will go unmet, Krulish cautions.

To avoid this problem, HHAs should train clinicians to report that the primary caregiver lives in the patient's home even if that arrangement is only temporary, Krulish tells **Eli**. "If that's the status when you discharge [the patient], you should report it," she insists.

Agencies also could spark an unfavorable adverse events report if clinicians don't properly stage wounds, notes consultant **Terri Ayer** with **Ayer Associates** in Annandale, VA.

That's because the adverse event addressing patients discharged needing wound care assistance refers only to stage 3 and 4 pressure ulcers and non-healing surgical wounds. If a clinician improperly marks a stage 2 wound as stage 3 and the patient then is discharged, that will show up as a false positive on the report.

Unfortunately, another sticky wicket comes from within the system itself, Ayer points out. The **Wound and Ostomy Care Nurses Society** and the **Centers for Medicare & Medicaid Services** have instructed nurses that "when you stage an ulcer, you don't change the stage as it improves," she says.

Thus, an ulcer that falls in the stage 4 category at admission still will show up as a stage 4 at discharge, although it actually might have improved, Ayer explains. And there isn't anything agencies can do to avoid this problem, "unless they change the system," she laments.

But that's the case only with pressure ulcers, not surgical wounds, Ayer cautions.

Most of the problems agencies have with these adverse events go back to the caregiver question, Ayer posits. "I'd be

instructing staff very clearly that if [the patient is receiving] any assistance," they should acknowledge it in M0350, she concludes.