

OASIS Alert

Adverse Events: DON'T LET THE TAIL WAG THE DOG

In an effort to avoid hefty adverse events reports, home health agencies might be tempted to answer certain OASIS items in a way that shields the agency from racking up events but this approach causes more problems than it solves.

A patient sometimes will appear on an adverse events report if she unexpectedly was admitted to a nursing home. An unexpected nursing home admission qualifies as an adverse event if "the patient was admitted to a nursing home for reasons other than therapy services or respite care, although the patient had a good rehabilitative prognosis at start of care/resumption of care," according to the **Centers for Medicare & Medicaid Services**.

An agency's response to M0270 (rehabilitative prognosis) helps determine whether a patient admitted to a nursing home will appear on an adverse events report. The item offers three options: "guarded," "good" or "unknown." If an agency marks that the prognosis is good and then the patient goes into a nursing home, that admission is assumed to be unexpected thus resulting in an adverse event.

To avoid this problem, some agencies routinely answer M0270 "guarded," observers note. But this strategy is problematic on several levels.

"The rules state that we are to ensure as accurate data collection as possible," notes consultant **Pam Warmack** with **Clinic Connections** in Ruston, LA. If you take a canned approach to a particular item, then you're not ensuring accuracy, she reminds agencies. And that means you're disregarding the whole point of OASIS, which will look bad in a surveyor's eyes.

Clinicians always should base their response to M0270 on their best judgment at the time of the assessment, instructs Chapel Hill, NC-based consultant **Judy Adams** with the **Larson Allen Health Group**.

Agencies should keep in mind that a patient's inclusion on an adverse events report doesn't mean that the event was negative, only that the event occurred, Adams notes.

"The intent of this report is for home health agencies to evaluate the cases listed for each of the adverse events to determine whether the event was unexpected" and whether the agency could have done something different that would have yielded a different result, Adams says.

Often there is absolutely nothing an agency could have done to prevent the so-called "adverse" event from occurring, Warmack says. Furthermore, the phrase "unexpected nursing home admission" is misleading, she charges. After all, home care often comes as a last effort to keep a patient out of a nursing home.

As long as you can show that the patient wasn't admitted to the nursing home as a result of poor care on the home health agency's part, this adverse event should cause you no trouble, she contends.

Editor's Note: For more information on which OASIS items trigger outcome-based quality improvement outcomes, see related article 11.