

OASIS Alert

Adverse Events: 'For Better Or For Worse' Challenges Clinicians

Sentimentality can result in unnecessary adverse events.

Of course you would like all your patients to get better, but that will never happen. Accepting this at start of care can go a long way toward preventing adverse events - and the resulting administrative headaches - months down the road, advised **Linda Krulish**, OASIS expert and president of **Home Therapy Services** in Redmond, WA, speaking at a recent teleconference sponsored by the **Associated Home Health Industries of Florida**.

Clinicians may be reluctant to answer M0280 accurately, Krulish noted. Many seem to think their answer to the question about the patient's life expectancy will somehow affect it, she said.

M0280 asks whether the patient's life expectancy is greater than six months or less than six months. If you mark "greater than six months" and the patient dies during this episode, the death is considered unexpected and constitutes an adverse event. If you mark "six months or less" and the patient lives longer, the agency isn't penalized.

The six-month time period is an attempt to set standardized responses, Krulish said, but it's really asking you to classify your patients as having either "good" or "poor" life expectancy. The answer has no payment impact, she noted.

Imagine you are dividing your patients into two categories, Krulish suggested. One group you expect to get better under your care. The other group you expect to show no improvement - or even get worse. If you don't indicate this second group at start of care, they will negatively impact your outcome reports without any fault on your part.

M0280 gives you some control so agencies aren't discouraged from taking this kind of patient, Krulish said. The answer won't be "black and white" and will require your clinical assessment and judgment, she warned. Look at the whole picture, not any one factor, in choosing your response.

But don't automatically answer "six months or less" on all patients in an attempt to avoid as many adverse events as possible, experts agree.

The goal is accurate data collection, emphasizes consultant **Pam Warmack** with **Clinic Connections** in Ruston, LA. A canned approach to OASIS data collection undermines its value and looks bad on surveys as well.

Consider Planned Nursing Home Admissions In Answering M0270

Base your answer on your best judgment at the time you do the assessment, Warmack says. Your goal is OASIS accuracy, not zero adverse events.

M0270 also can have a substantial impact on adverse events, Krulish noted. This question asks the clinician to judge the patient's rehabilitative potential using the best description for the prognosis for functional status. The clinician must choose among "0" (guarded: minimal improvement in functional status is expected; decline is possible), "1" (good: marked improvement in functional status is expected), and "UK" (unknown).

Not all your patients will get better, no matter how good the care, so you don't have to choose the good prognosis to justify skilled care, Krulish noted.

If the clinician chooses "1" and later the patient is admitted to a nursing home, this could show up as an adverse event for an unexpected admission to a nursing home. In the same scenario, if the clinician had chosen "2" the admission would not be judged unexpected.

If a nursing home admission is part of the plan for the patient at start of care, chances are this is because the rehabilitative prognosis is guarded, Krulish said. If you don't have that information, you'll need to look at the whole picture and use your clinical judgment to determine prognosis. Don't let wishful thinking cloud the picture.