

OASIS Alert

Assessment: 5 Common Errors You Can Avoid By Reading Questions Carefully

Don't throw points -- and dollars -- away.

Unless your agency is rolling in dough, you can't afford to continue making OASIS assessment errors.

Don't forget OASIS is the most important document in home health, says clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen**. So don't relax your focus on the accuracy and reliability of the OASIS responses you collect, she warns. You don't want clinicians using their own interpretations of the questions.

For example: Clinicians may consider stress incontinence to be a normal part of aging. If in answering M0520 (Urinary incontinence or urinary catheter presence) the clinician marks "0" (No incontinence or catheter), the question instructs her to skip item to M0530. This means your agency loses the six points M0530 gives the patient with incontinence in the clinical severity domain -- and \$200 on that episode.

Refresh, Recap and Review

Go beyond the M0 items that affect the home health resource group payment, Adams says. Remember that OASIS items also can affect outcomes and risk adjustment.

Plan ongoing education to update clinicians and improve accuracy, says OASIS trainer **Patricia Jump**, president of Stewartville, MN-based Acorn's **End Training and Consulting**. Focus training first on new staff and those whose assessments repeatedly raise questions on audits. And consider a peer mentorship program for new staff.

Avoid These Common OASIS Errors

If you don't keep up with the many OASIS clarifications the **Centers for Medicare & Medicaid Services** provides, your OASIS responses are probably not accurate. Here's how to approach some of the questions causing the most confusion:

1. Don't let wordiness mislead you. One of the wordiest M0 items, M0670 (Bathing), doesn't ask whether the patient can bathe himself. It asks whether he can bathe himself safely, says OASIS expert **Linda Krulish** with Redmond, WA-based **OASIS Answers Inc.** This distinction is not apparent in the item and responses, but CMS includes that information in the definition section of the item.

2. Read the questions very closely. M0670 doesn't consider parts of the bathing process that many people would assume are included, such as transferring into and out of the tub or shower, or drying off after the bath, CMS explains.

3. Picture the patient before her illness. Perhaps the patient can manage to retrieve her sweatpants and T-shirt from the closet, put them on and take them off by herself. And if you're not paying attention, you may mark M0650 (Ability to dress upper body) and M0660 (Ability to dress lower body) with "0," indicating the patient manages this independently.

But if you stop to ask the patient what she wore before the illness, you might find she wore dresses, stockings or clothes with buttons and zippers. Remember, these M0 items are intended to assess the patient's ability to dress herself in the clothes she would routinely wear, CMS instructs.

Tip: Understanding the question would lead to a less functional response, allowing your agency to get about \$200 more in the episode reimbursement -- and a chance to do better in the outcome "Improvement in dressing."

4. Consider what you really see. Walking for only two or three steps when transferring from bed to chair is not ambulating, and if you say that it is, your reimbursement and outcomes will suffer.

M0700 asks clinicians to assess a patient's ability to safely walk (once in a standing position) or use a wheelchair (once in a seated position) on a variety of surfaces. Clinicians have five options for describing the patient's current ambulation ability. These range from "0" ...quote; "Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device)" -- to "5" -- "Bedfast, unable to ambulate or be up in a chair."

Focus on the patient's safety in this question, Adams notes. Does the patient need to hold on to walls and furniture? Is she dizzy or confused?

Watch for: One frequent error occurs when an OASIS evaluation scores the patient "1" on M0700, but notes show the patient is actually a "2" (Able to walk only with the supervision or assistance of another person at all times), Adams says.

5. Pay attention to clarifications. Clinicians who don't realize CMS has changed the definition of a surgical wound could get you in hot water with your intermediary. And you'd hate to pay back all the money you thought you'd earned.

As of July 27, 2006, agencies must change the way they decide on the answer to OASIS item M0488 (Status of most problematic [observable] surgical wound). CMS' policy change removes all reference to using absence of a healing ridge to determine that a surgical wound is non-healing.

\$\$\$ at stake: A non-healing surgical wound can add 15 points -- and \$900 -- to an episode.