

OASIS Alert

Assessment: 5 TIPS FOR TACKLING OASIS C NOW

Think twice before answering "no" to process assessments.

Transitioning to OASIS C by Jan. 1 will be a lot easier if you can break the job down into manageable steps. Here's what one expert says you can do right away to make your shift to OASIS C smoother:

1. Get on top of your data. Answering the new process-based items on the OASIS C form will depend on you gathering the correct data for them, notes consultant **Lynda Laff** with **Laff Associates** in Hilton Head Island, S.C. Right now you should specifically look at how you're going to gather the information at different assessment points (start of care, transfer, discharge, etc.)

Challenge: Figuring out how to gather information on what interventions you performed, for example, may be tricky, Laff predicts. That's especially true for agencies using manual records systems. A thorough overhaul of your data reports may be necessary.

2. Head off 'no' answers to screening questions. The new OASIS C form will ask whether you screened patients for various items ranging from falls to depression. While the **Centers for Medicare & Medicaid Services** insists these items aren't mandatory and you have a right to check the "no risk assessment conducted" option, you should think twice before doing so, Laff advises. That's because if the patient has an adverse outcome related to the item topic, surveyors will be quick to hop on the fact that you didn't do anything to prevent the problem. "I would never, ever want to be an agency that answers 'no' to any of the screens," Laff tells **Eli**.

And down the line, your publicly reported outcomes and payment levels will be affected by the omission, CMS indicates in its March response to comments on the form. You might as well get into the habit of using the new tools before that day arrives.

3. Train clinicians to think critically.

You can wait to start training frontline staff on the new OASIS C form until the detailed instructions come out, but start now to hammer home their critical thinking skills, Laff advises. Even under the current OASIS form, many HHAs lose money because staff fail to think critically about what the answers to the OASIS items mean for the patient. Due to workforce shortages, managers have come to expect less from clinicians in this area, Laff believes.

Under the new OASIS C form, those critical thinking skills will become more important than ever to QI, payment, and compliance. Staff particularly need to understand the new process measures and why they're important, Laff urges.

4. ID your processes. The key to figuring out how to collect process-based data is to know what you are doing -- and not doing -- and how to keep track of it, Laff counsels. In this run-up period to OASIS C implementation, go over your policies, procedures, and operations to isolate all the components of the process items. Identify what you're doing, starting with the screening and ending with documentation of interventions. Then figure out how to monitor those discrete steps.

"How do you know what they did?" Laff says of visiting clinicians. "How do you make sure they did it?"

5. Plan your OASIS C training. You should be ready to roll with a training plan once CMS issues the item-by-item guidance for the new form. In the meantime, "read it, talk about it, and be thinking about it," Laff says.