

OASIS Alert

Assessment: Don't Let Resistant Clinicians Undermine Your Agency's Future

Address 3 common staff misunderstandings before it's too late.

After seven years of revisions, clarifications and updates, it's clear OASIS is not going away. Yet many clinicians still do not understand or accept the importance of collecting accurate data, experts say. OASIS accuracy will increase in importance in 2008, so start now to clear up these misunderstandings:

Error #1. Thinking the answers are not important because the OASIS questions don't make sense. Even though you think OASIS questions don't make sense, accept that they don't and then "get over it," advised OASIS expert **Linda Krulish** with Redmond, WA-based **OASIS Answers**.

The OASIS assessment began specifically as a way to measure outcomes in home care patients, she told attendees at the first annual conference of the **Outcome Certificate & Competency Board** in Baltimore in November. Assessment developers worded items to capture changes between two time points.

The questions may not make sense clinically, but they are only part of the comprehensive assessment. Information not collected in the OASIS questions can still be collected in the comprehensive assessment and recorded in the medical record, Krulish reminded listeners.

Error #2: Expecting the meanings of words in the OASIS questions to match everyday understanding of those words. Clinicians must understand that OASIS creates a data set. And for the data to be accurate, those answering the questions must have a common understanding of what the question says, Krulish noted.

Example: Most therapists understand "prior ability" to mean what the patient was able to do in the past. They use that knowledge to plan for realistic rehabilitation goals, Krulish said. But OASIS instructs clinicians to assess "prior ability" in the functional M0 items based on what the patient could do exactly 14 days before the assessment, she said.

If the therapist is applying her definition of "prior" instead of the OASIS definition, the data won't be consistent, she explained. That doesn't mean one definition is right and the other wrong. It only means you use the OASIS definition for the OASIS assessment and therapist's definition for the therapist's evaluation.

Error #3: Resisting efforts to provide current OASIS training. A clinician who refuses to continue growing in her OASIS knowledge is one who will cost you dearly.

Since the **Centers for Medicare & Medicaid Services first tested** OASIS in the 1990s, it has been a constantly changing document. More than 200 questions and answers have explained or clarified issues that arose in the process of using the assessment in "real life." CMS has updated and expanded the original OASIS form. Clinicians must expect understanding OASIS to be an ongoing process, with frequent tune-ups and occasional overhauls, says clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen**.

Bottom line: Staff need to understand that your efforts to improve OASIS accuracy are not "nit picking" efforts designed to "get them," Adams says. Besides affecting reimbursement, OASIS inaccuracies undermine your efforts to show how your quality care helps patients improve.

