

OASIS Alert

Assessment: EVEN IF YOURE NOT FROM MISSOURI, YOUR MOTTO SHOULD BE SHOW ME

An OASIS assessment should be a moving experience. If yours are all talk and no action, you're missing information that affects care, outcomes and reimbursement.

The focus on accurate OASIS assessments is intensifying with the advent of the **Centers for Medicare & Medicaid Services'** project publicly comparing home health agencies (see OASIS Alert Vol. 4, No. 3, p. 22). Inaccurate assessments can make you look really bad when you're not, warns Lake Barrington, IL-based consultant **Beth Carpenter**. While the field staff "may not yet have caught on to these full page ads," administrators certainly are worried about the accuracy problem, she says.

Remember, under this project, OASIS "basically means you evaluate yourself and then the government publishes it," Carpenter stresses. Your assessments produce the outcomes the Home Care Compare project uses, she adds, and these comparisons can make or break your agency.

Experts offer these tips for agencies addressing OASIS accuracy:

1. Avoid wishful thinking. "People are scoring patients at a higher level than they should because they mistakenly think it will make their patient population look better and give them better outcomes," reports North Andover, MA-based consultant **Maureen Yadgood**. Instead, the inaccurate scoring prevents agencies from receiving the appropriate case mix adjustment that reflects their patient mix. It also sets them up for adverse events when later assessments show what appear to be deteriorating conditions, she warns.

2. Focus on consistency. Consistency between assessments reflects well on your agency with fiscal intermediaries and surveyors, experts say. It's true that even if two clinicians performed an assessment at the same time on the same patient, there is likely to be some variation because the questions require some professional judgment, Carpenter admits. But many times you can look at an initial assessment by one nurse and a subsequent assessment by another nurse "and it doesn't even look like you're talking about the same patient," she worries.

If OASIS assessment skills among your clinicians are very uneven, you could be comparing assessments by your best trained person with assessments by others who don't understand the questions nearly as well, says consultant **Linda Krulish** with Redmond, WA-based **Home Therapy Services**. Of course, the first assessment does determine the payment, while the others may affect only the outcomes. "Agencies seem to be going back and forth with using a specially trained OASIS admissions nurse or not, and see what works best for them," she says.

Computer programs that "kick out responses that don't make sense are fabulous," Carpenter says. If the patient can ambulate a certain distance on admission, but less on discharge, the computer can flag this so the clinician will know to check back for further information in the chart. This can help agencies that don't have time to go through the chart comparing answers from repeat assessments, she adds.

3. Don't just take the patient's word for it. If you interview patients rather than assess them, you don't really capture what's going on with this patient, advises Yadgood. Remember, the point of an OASIS assessment is to capture the patient's condition from different points of view: physiological, cognitive, psychosocial "and you can't do that unless you get up and look at the patient and her surroundings," she adds.

"I watched an assessment where the nurse did a great job questioning the patient about her concerns and putting her at ease, but even though the patient's condition should have required it, she never pulled down the patient's socks to check

the circulation in her feet, and didn't require any demonstrations or expose any body parts," reports Carpenter. Don't make assumptions, even when you have a repeat patient you think you know well, she cautions.

A home safety assessment should be part of each OASIS, no matter what discipline completes it, Krulish instructs. Your motto should be "show me let me see," Yadgood admonishes. How well can the patient really ambulate? What is the layout in the bathroom? If you just interview, you lose a valuable perspective, she counsels.

4. Avoid boilerplate assessments. If your assessments for all your congestive heart failure patients look the same, you're not doing it right, Yadgood warns. The assessment is more than just another tool it's an integral part of your clinical documentation. Make sure the information in both your assessment and documentation reflects the uniqueness of the patient, she instructs.

5. Keep supervisors in the loop. Supervisors need to follow through to make sure clinicians are competent and use the OASIS tool appropriately, experts say. If you don't do this, "you're shooting yourself in the foot," Yadgood stresses.

You can't just take the OASIS questions at face value, and there are limitations to some of the items. The more you can train your staff to use cues or strategies to remind them of these problem areas, the better assessments you will have, Krulish advises.