

OASIS Alert

Assessment: FOR OASIS ACCURACY, EMPHASIZE IMPORTANCE OF CLINICAL JUDGMENT

M1032 and M1034 replace the dreaded life expectancy OASIS item.

Each patient assessment with inaccurate data chips away at your agency's risk adjustment score. That can make you look bad in comparison to your competitors.

In OASIS C, prognosis items M1032 (Risk for hospitalization) and M1034 (Overall status) take the place of M0260 (Overall prognosis), M0270 (Rehabilitative prognosis), and M0280 (Life expectancy) in OASIS B-1. You collect the OASIS C prognosis items at start of care (SOC) and resumption of care (ROC).

Minimize Using 'None of the Above'

M1032 asks you to identify patient characteristics that may indicate the patient is at risk for hospitalization. It lists seven answers that include signs and symptoms known to increase the risk of hospitalization as well as options for "other" and "none of the above." You are to mark all the responses that apply.

Response 1 asks about a recent decline in mental, emotional or behavioral status. Researchers have identified cognitive impairment as a significant risk factor for hospitalization. Confusion also increases hospitalization risk as well as falls risk.

The **Centers for Medicare & Medicaid Services'** response-specific instructions explain that in answering M1032 you should be looking for significant changes that have occurred over the past year. Changes to focus on are those that may affect the patient's ability to remain safely at home and that could increase likelihood of hospitalization, CMS instructs.

Response 2 asks whether the patient has had two or more hospitalizations within the past 12 months.

Response 3 asks if the patient has a history of falls. CMS defines this as two or more falls -- or any fall with injuries -- in the past year. This includes witnessed and unwitnessed falls, CMS clarifies.

Response 4 asks if the patient is taking five or more medications. This number includes over-the-counter medications, CMS says.

Response 5 asks about frailty indicators, such as weight loss or self-reported exhaustion. In its clarifications, CMS also includes the example of slower movement in walking or in going from sit to stand.

Remember, base your M1032 answers on your clinical judgment, said OASIS expert **Debbie Chisholm** with Redmond, Wash.-based **OASIS Answers**, speaking at the **OASIS Certificate & Competency Board's** annual conference in Baltimore Nov. 10, 2009.

Response 6 asks if there are other signs or symptoms that put this patient at risk for hospitalization. If you choose "other" be sure to explain your selection in the medical record, Chisholm said.

Response 7 is "none of the above." Use this response only if the patient has no signs or symptoms that put him at risk for hospitalization, Chisholm said. Look at the whole picture when choosing your answers.

M1032 and M1034 are not specifically payment items, but are used in risk adjustment, Chisholm said. So accuracy here is just as important as on payment items.

Background: The data you submit needs to be as accurate as possible so you're compared to the proper group, says

OASIS consultant **Sparkle Sparks**, also with OASIS Answers.

Risk adjustment is a statistical process that identifies and adjusts for variations in patient outcomes that result from differences in the characteristics of the patient population an agency serves, including differences between the states, CMS explains.

When outcome reports are risk adjusted, comparisons between agencies are fairer, experts agree. When measures are risk-adjusted an agency serving frail, older, or sicker patients should not be worse off in quality comparisons just because of that fact. But for risk adjustment to work, you must describe your patient correctly.

People don't realize how risk adjustment is going to affect them, Sparks says. "Risk adjustment is the supporting structure for the outcomes, so be sure OASIS information is correct," she warns.

Replace 'Life Expectancy' with 'Overall Status'

M1034 (Overall status) asks you which of five responses best describes the patient's overall status. The intent of this item is to identify the patient's "general potential for health status stabilization, decline, or death," CMS says. The question requires clinical judgment, based on the patient's current health status, medical diagnoses, and information from the physician, patient, and caregiver, CMS says.

Response 0 indicates that the patient is stable, with no heightened risk for serious complications and death beyond those normal for the patient's age.

Response 1 is for patients with temporarily heightened risk. Choose this if the patient is likely to return to the stable condition described for response 0, CMS says.

Response 2 says the patient is likely to remain in fragile health with ongoing high risk of serious complications and death.

Response 3 indicates the patient has serious progressive conditions that could lead to death within one year. **UK** says the patient's status is unknown or unclear.

Tip: The patient does not need to have a DNR (Do Not Resuscitate) order for you to choose responses 2 or 3, CMS reminds clinicians.

Watch for: Clinicians tend to underreport patient difficulties, experts agree. So try to look at the patient realistically and in comparison to a well person of the same age.