

## OASIS Alert

### Assessment: Improve Outcomes By Evaluating Confused Patients

#### Begin your dementia screening with OASIS.

Don't be too quick to assume a patient is being noncompliant. Not following instructions, having problems with medication, self-neglect and unsafe behavior can all result from early, unidentified dementia.

Identifying early cognitive impairment can significantly improve the quality of care you are able to provide, help prevent adverse events and enhance episode outcomes.

**What to do:** A number of OASIS assessment questions address aspects of the patient's neurological and mental status. These and informal questioning of the patient and caregiver can help clinicians recognize early dementia, experts agree.

#### Interviewing Caregivers Is Critical For Accurate Answers

Use the whole assessment process as a screening for dementia. But concentrate on these four OASIS assessment items focusing on cognitive and behavioral symptoms. These may show up in patients with early or undiagnosed dementia:

- **M0560 (Cognitive functioning).** This question assesses the patient's level of alertness, orientation, comprehension, concentration and immediate memory for simple commands. Responses are on a five-point scale ranging from "0" for an alert and oriented patient to "4" for a patient who is in a coma, a persistent vegetative state or constant disorientation or delirium.

Answers of "1" (Requires prompting [cuing, repetition, reminders] only under stressful or unfamiliar conditions) or "2" (Requires assistance and some direction in specific situations [e.g., on all tasks involving shifting of attention] or consistently requires low stimulus environment due to distractibility) indicate patients who have some memory problems.

Asking the patient about the current illness, past health history and ability to perform activities of daily living is a way the clinician can assess the patient's cognitive functioning, the **Centers for Medicare & Medicaid Services** suggests in the assessment strategies for M0560.

**Tip:** Give the patient a series of two or three simple instructions to carry out and see if he can follow them, suggests the expert design panel for the **3M National OASIS Integrity Project** in its tips for answering M0560.

Don't be in a hurry to complete M0560. By the end of the visit, you should be able to select the appropriate answer, the panel says.

- **M0570 (When confused [reported or observed]).** This question focuses on when the patient experiences a "deficit in orientation to person, place, time or situation," the OASIS Integrity Project panel emphasizes.

M0570 differs from many M0 items because it allows you to look beyond the 24-hour period directly preceding the assessment, says OASIS expert **Deborah Chisholm** with Redmond, WA-based **OASIS Answers**. Be sure clinicians understand that this item takes into account reports of confusion in the recent past, she advises. You can count periods of confusion in the past few days or the past week, CMS instructs in the June 2005 OASIS Q&A number 124.

Even if dementia hasn't been formally diagnosed, caregivers often are aware the patient has episodes of confusion. These may be most obvious when the patient is stressed or in a new situation, or they may first show up in the evening or when the patient just wakes up, says **Barbara Dzikowski** with **Alzheimer's Services of Northern Indiana** in South Bend.

- **M0610 (Behaviors demonstrated at least once a week).** This question addresses problematic behavior such as physical aggression, verbal disruption and impaired decision-making. It requires clinicians to mark all of the seven responses that apply. Checking any one of boxes 1 through 6 adds three points to the clinical severity domain of the home health resource group.

Besides observing the patient, clinicians should ask caregivers about the behaviors to be assessed in the question, CMS instructs. These behaviors may reflect alterations in the patient's cognitive status. And many of them are listed as early warning signs of dementia.

**How to do it:** In answers 1 through 4, focus on the two words before the colon in each answer when deciding if the answer applies, the OASIS Integrity Project panel suggests.

- **M0620 (Frequency of behavior problems [reported or observed]).** This assessment item includes behaviors not listed in M0610, such as the wandering often seen in patients with dementia. The frequency can help you decide how much the behaviors might interfere with the patient's ability to meet goals outlined in the care plan.

**Experts warn:** If the patient exhibits multiple behavior problems, you should answer based on the total frequency of all the behaviors, the OASIS Integrity Project panel says.