

OASIS Alert

Assessment: MAKE THE MOST OF JOINT VISITS

Double the pleasure, double the fun but don't double the trouble when you double the number of staff during joint visits.

Each quarter, agencies should conduct clinical audit visits "to verify the quality of patient status data collected by clinicians," according to chapter 12 of the OASIS Implementation Manual. CMS suggests that each agency should aim to carry out these joint visits also known as "shadow" or "ghost" visits for at least three to four patients during the initial OASIS assessment. But home health agencies must make sure that both staff and patients are comfortable and well-informed when sending a supervisor or peer auditor out to accompany a clinician, or they'll end up doing more harm than good.

Here's how it works: A supervisor or peer auditor completes the SOC OASIS items alongside the clinician, but they should not discuss the OASIS items during the visit.

By sending two clinicians out at once to complete separate OASIS assessments of the same patient, HHAs are able to examine "inter-rater reliability," says **Estelle Wolf** of San Diego, CA-based **Sharp Home Health**.

The agency will submit only the regular clinician's OASIS form to the state; the auditor's copy is only meant to give the agency a sense of the discrepancies or different perceptions that exist among their staff, Wolf notes.

After identifying these discrepancies, care providers and auditors should discuss the differences "to determine the reasons for the differences and to ensure that care providers fully understand the OASIS items," the manual urges.

For a clinical audit visit to be successful, HHAs must consider the patient's comfort, so obtaining the patient's permission prior to any joint visit should be top priority. "You're always a guest in their house and you need to inform them," advises Wolf. Be sure to let the patient know ahead of time exactly who's coming and when to expect them, she says.

Not only is it good practice for agencies to inform the patient of the shadow visit and the rationale behind it, but HHAs should reference these types of visits in their initial consent for treatment form, recommends **Pam Warmack** of **Clinic Connections, Inc.** "That way you automatically receive the patient's approval," Warmack tells **Eli**.

Agencies also should carefully plan joint visits, Warmack insists. For example, HHAs should avoid conducting their joint visits with psych patients or advanced Alzheimer's patients, who might become agitated by the change in routine, she notes.

If a supervisor and a clinician conduct a joint visit, the supervisor's opinion will likely take precedence during their discussion of the OASIS items, notes **Elaine Graves** of Hudson, CO-based **MEG Associates Consulting Group**. In these instances, "the supervisee and the supervisor should have a relationship that's good enough so they could talk to each other" about discrepancies in the OASIS assessment, advises Graves. However, she also urges HHAs to have in place an appeals system for care providers to be able to discuss any differences of opinion with others.

But joint visits don't have to involve a supervisor, Graves points out. More and more HHAs are utilizing peer auditors to conduct joint visits, she says. "There's a trend towards peer review, especially among therapists, since some agencies lack a rehabilitation manager or therapy supervisor," she states. And pairing up clinicians from different disciplines or with diverse experiences allows them to "learn a lot from each other," she concludes.