

## OASIS Alert

### Assessment: OASIS Accuracy Starts With 6 Scoring Basics

If you thought you followed OASIS instructions, but the score you marked doesn't seem logical, should you change it? The answer may surprise you.

Failing to provide the most accurate OASIS responses possible can bring your agency down, experts agree. Poor quality OASIS data has a snowball effect that impacts both quality and reimbursement, warned **Linda Krulish**, OASIS expert and president of **Home Therapy Services** in Redmond, WA, speaking at a recent teleconference sponsored by the **Associated Home Health Industries of Florida**.

Outcome reports based on flawed data may lead you to choose the wrong targets in your outcome-based quality improvement efforts, leading to questionable results, Krulish told listeners. And reimbursement based on flawed data can lead either to underpayment and loss of profits or overpayment with potential fraud implications.

Accurate data is "collected consistent with CMS scoring standards and guidelines," Krulish stressed.

TIP: Don't be misled by the fact that following the **Centers for Medicare & Medicaid Services'** instructions may result in a score that doesn't seem "correct or right or exact or logical," Krulish counseled. Follow the instructions anyway. Standardization is key, with the current data set as a starting point and refinements to come in the future.

Krulish shared these other scoring basics:

1. **One clinician must assume responsibility for the OASIS assessment.** She may seek input or confer with others in making scoring decisions. But the scores ultimately must be based on the responsible clinician's observations and assessment, and not on observations reported by other team members, Krulish instructed.
2. **Use many sources of information.** Both direct observation and interviews are important in collecting OASIS data, and observation should trump interview. Also use physician's orders, hospital discharge summaries and patient and caregiver reports for your comprehensive assessment.
3. **Don't cluster OASIS items.** They should not go on a separate form or in a separate file from non-OASIS items in the comprehensive assessment. Be sure both kinds of items are "physically and operationally integrated" mixed in, Krulish explained. But OASIS item information may be collected in any order.
4. **Pay close attention to the time period the question addresses.** If the question addresses the day of assessment and the patient's status changes during that day, give a score based on how the patient was most of the day, Krulish instructed. If the question asks about 14 days prior to the assessment as the activities of daily living questions do count back 14 days and score based on that day. If you feel the patient's status on that day doesn't truly reflect her prior status, you can document your concerns as non-OASIS information, she suggested.
5. **ADL questions address ability, which is dynamic.** Clinicians score based on what the patient can do given current restrictions imposed by physical or mental condition, environment and medical instructions. Ask yourself if the patient

could prepare a light meal, or manage her medication, even if her caregiver does it for her. And expect changes over time. You may see significant improvements in a patient's ability when she moves to a different living space with fewer environmental barriers, Krulish said.

6. **Focus on safety.** You should consider safety in assessing every functional item, Krulish indicated. Observation is the preferable assessment method since it allows a more accurate assessment of the ability to perform an activity safely.

When observing a patient perform a task, ask yourself several questions: Is the equipment the patient is using appropriate (perhaps she uses a towel bar rather than a grab bar to get into the tub)? How appropriate is the patient's technique (does she use good judgment and make good decisions)? What is the risk of injury if the patient continues to perform the task this way?