

## OASIS Alert

### Compliance: Breathe Easy With This Expert M1400 Advice

#### Incorrect interpretations will cloud your clinicians' responses.

If your agency is struggling with how to correctly assess for dyspnea, you aren't alone.

Many clinicians -- especially nurses -- wrongly interpret the meaning behind M1400 (When is the patient dyspneic or noticeably Short of Breath?), which leads to vast inconsistencies in scoring. As a result, your outcomes are all over the map and you can't properly code for reimbursement without fear of up- or down-coding.

But there are a few steps you can take to ensure your M1400 compliance and collect proper payment for your work.

#### Step 1: Focus On Effects, Not Diagnosis

Your first step with any OASIS C item is to focus on the intent. In this case, the Centers for Medicare & Medicaid Services wants you to identify the level of exertion or activity that results in a patient becoming short of breath, points out **Judy Adams** president of Adams Home Care Consulting in Chapel Hill, N.C.

Though the intent seems clear, the item leads many nurses down a different path, says **Carol Siebert**, principal with The Home Remedy in Chapel Hill, N.C. and chair of the AOTA Affiliated State Association Presidents. Many nurses interpret the item as "a proxy for severity of congestive heart failure" (CHF), she explains.

Best bet: Make sure your nurses understand that M1400 is focused on the effects of activity, not the diagnosis a patient carries. Remind them that "though dyspnea is most often associated with CHF or chronic obstructive pulmonary disease (COPD), it can also be present with other conditions" such as anemia or deconditioning, Siebert says.

#### Step 2: Score By Asking & Observing

To get at the focus of the item -- effects of activity -- your clinicians should ask patients a series of questions to suss out when they've gotten short of breath, suggests **Fazzi Associates** in Northampton, Mass. such as:

Have you been short of breath in the last 24 hours?

What types of activities make it hard for you to breathe?

Do you ever have to stop/sit to catch your breath?

Do you ever wake up having trouble breathing?

How many pillows do you use at night?

However, just asking them to recount problems isn't enough. "You must observe patients as they perform activities of daily living (ADLs) such as walking at least 20 feet, climbing stairs, or getting dressed," Adams advises. This way, you can notice exactly when they start breathing heavy or struggling for breath.

Note: You should work with patients in their natural environment and at their level of ability. If your patient usually wears oxygen, be sure he or she use oxygen continuously during the assessment.

Similarly, if your patients are bedbound or in a wheelchair, you should ask them to perform their normal ADLs (such as transferring or reaching for items) rather than having them try to accomplish tasks they don't normally perform.

Once you've observed the patients performing their ADLs, you can match their shortness of breath to the correct response where 0 reflects no dyspnea and 3 means they are dyspneic after minimal exertion.

As always, you should only score for the current 24-hour period. If your patient was short of breath a few days ago, but is not now, your response should be 0.

### Step 3: Remind & Reinforce Your Training

Though how to approach and score for M1400 should seem clear at this point, remember that your clinicians are used to spotting and preventing "big picture problems," says Siebert.

You must continually remind your staffers of the whys and whats of each OASIS item to ensure that they are focused on meeting the intents of the items -- even if it means they must shift from the perspectives they're used to.

Next step: Use sample real-life scenarios such as the ones given in "Make M1400 Mastery A Group Effort" to help clinicians work out their M1400 kinks.