OASIS Alert

Documentation: Follow 3 Tips To Keep OASIS and Therapy Documentation Consistent

Don't hem yourself into a 24-hour turn-around.

Cleaning up inconsistencies between start of care assessments and therapy documentation isn't the best use of your time.

Follow this expert advice to see how you can prevent this situation and improve collaboration in your agency.

Don't Set Impractical Limits

You have five days to collect and gather OASIS assessment data. Does your agency utilize the five day window to facilitate communication?

One person must sign the OASIS, but the data gathering can be a collaborative effort.

Some agencies set 24-48 hour OASIS turn-around policies, but this can hamper accurate and collaborative data collection.

If the nurse does the assessment and signs off on the OASIS, but the therapist doesn't come out until two days later, you're missing an opportunity to gather more detailed information about the patient's condition, says **Cindy Krafft, PT, MS, COS-C,** senior clinical consultant with **Fazzi Associates** in Peoria, Ill.

The 24 or 48 hour OASIS turn-around policy puts added pressure on the clinician to put speed before accuracy. "There is anxiety about delay," Kraft says. And it prevents collaboration.

Best bet: Find a balance between the rush to complete an OASIS in 24 hours and the five days you're allowed, Krafft says. The agency should have a process for allowing collaboration when such a policy is in place. Not every patient needs the full five days, but when it's a complicated situation, or when the admitting clinician isn't confident of the data she has collected, being able to take the time to collaborate will improve accuracy and prevent time lost making corrections after the fact.

Bottom line: The zeal to be faster undermines accuracy, Krafft says. Taking a little more time to complete the assessment can help accuracy. For some patients, 24-48 hours is enough time. For others it's not.

Link OASIS With Therapy Documentation

Therapists should be aware of the ways their documentation ties back to the OASIS, Krafft says. For instance, how do the therapy services they provide relate to the bigger OASIS items such as incontinence and medication management?

It's a two-way relationship of consistency. For therapists, consistency ties services to medical necessity.

Example: M1242 -- Frequency of pain interfering with patient's activity or movement. A lot of effort goes into educating the folks doing admissions about how to assess for this item and there are a lot of "3 -- Daily, but not constantly" responses, Krafft says. Then therapists come in and do their assessments on a 0 to 10 scale but there is no connection to what makes the pain better or worse. There is no connection to activities such as dressing, gait, etc.

If the interfering pain question is important enough to be on the OASIS, it's important to know what the pain is interfering with, Krafft says.

Example: M2020 -- Management of oral medications. As the therapist is working on the patient's walking he should ask where the patient's medications are, Krafft says. Can the patient get to them? The therapist is still doing gait training, but is tying it to the OASIS and making the care the clinician provides measurable and meaningful.

The OASIS doesn't measure ADL performance the way a therapist might with functional independence or ranges such as min, mod, max, says **Denese Estep**, senior consultant with Atlanta-based **Fowler Healthcare Affiliates**. In most ADL areas (this includes transfers and ambulation) the OASIS combines what therapists would score with two different scores into one score, Estep says. So working with therapists to see how their documentation meshes with the OASIS is essential for accuracy.

Bottom line: Therapists who keep in mind how their documentation connects with the OASIS as a whole will create better and more consistent documentation.

Use Targeted Collaboration

OASIS responses are about the patient and anyone seeing the patient has a stake in keeping them accurate, Krafft says. Inconsistencies are often blamed on the admitting clinician, but these disconnects are frequently caused by the other people who see the patient and don't speak up about his actual condition, she says.

Solution: Don't focus on making the entire OASIS a collaborative effort, Krafft suggests. Start with two or three items such as outcomes you are unhappy with or look at other issues where you would like to see more collaboration. Focus on these items as a team. Start small so you can see from where the resulting benefit comes.

Example: If you're concerned about bathing outcomes, focus on that item, not on the entire ADLs/IADLs section.

Don't make it too much work or too theoretical, Krafft says. Just saying "you need to talk to each other" hasn't worked in the past, so it's probably not going to work now, she says.

Bottom line: You can't always get all the information you need in 24-48 hours, Krafft says. Patients may not be truthful, especially those who live at home and are fearful of being sent to a nursing home. It can take time to gain a patient's confidence.