

OASIS Alert

Item Focus: M1500/M1510: Steer Clear of Heart Failure Symptom Missteps

Are you taking credit for heart failure follow-up when you shouldn't?

When your patient has a heart failure diagnosis and experiences symptoms, you have an opportunity to provide best practice interventions and to get credit for this care. But make certain you understand this item's intent before you select your response.

Establish The Basics

OASIS-C item M1500 asks you to indicate whether a patient diagnosed with heart failure exhibited symptoms at any point since the previous OASIS assessment.

Your response options for M1500 Symptoms in Heart Failure Patients are:

- 0 No.
- 1 Yes.
- 2 Not assessed.
- NA Patient does not have diagnosis of heart failure.

The Centers for Medicare & Medicaid Services uses this item to calculate process measures, so it's important to select your answer carefully.

M1500 is one of the few places on the OASIS where a "No" response is a good thing, says Annette Lee, RN, MS, HCS-D, COS-C, AHIMA ICD-10 Trainer with Redmond, Wash.-based OASIS Answers. "You're saying the patient had no symptoms. You don't get credit for being proactive, but it's a much better answer to say 'No' and skip M1510."

Choose response "1," "2," or "3" if your patient has a heart failure diagnosis.

Select "NA" if your patient doesn't have a heart failure diagnosis.

At one time, CMS required that a heart failure diagnosis must be documented on the OASIS in order to answer any response other than "NA," says Lee. But now, the diagnosis no longer needs to be listed in M1010, M1016, M1020 or M1022 or anywhere else on the OASIS. Your patient just needs to have a heart failure diagnosis. And it doesn't even have to be a reason that you're in the home.

If your patient has heart failure, your agency should monitor him for symptoms of heart failure, says Judy Adams, RN, BSN, HCS-D, HCS-O, with Adams Home Care Consulting in Asheville, N.C. Your agency should also report any associated symptoms at M1500 even if the patient has another condition that could lead to some of the same symptoms. "This is an ongoing best practice," she says.

When you select response "1," you'll move on to item M1510. This item asks you to specify what sort of follow-up you provided in response to your patient's heart failure symptoms.

Your response options for M1510 Heart Failure Follow-Up are:

- 0 No action taken.
- 1 Patient's physician (or other primary care practitioner) contacted the same day.
- 2 Patient advised to get emergency treatment (e.g., call 911 or go to emergency room).

- 3 Implement physician-ordered patient-specific established parameters for treatment.
- 4 Patient education or other clinical interventions.
- 5 Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

You can mark all the responses that apply in this item.

Select response "0" if your agency didn't provide any of the interventions described in this item. Be sure to document why you didn't provide interventions in the clinical record. Caution: If you select response "0" for this item, you can't select any additional responses.

Select response "1" when you identify heart failure symptoms, contact the patient's physician and receive a response from the physician all on the same calendar day. When reporting response "1," you may select additional responses to describe the interventions you provided.

Select response "2" when your patient experiences heart failure symptoms that require immediate attention and is advised to go to the emergency room.

Select response "3" when you advise the patient to comply with physician-established treatment parameters or see that the patient is already complying.

Select response "4" when you provide education to help the patient increase her knowledge, skill, and responsibility in responding to heart failure symptoms.

Select response "5" when you obtain a change in care plan orders to address heart failure symptoms.

Be sure to check any of the interventions listed in M1510 that your agency provided, even if it was only one time since the last OASIS, Adams says. You have an opportunity to take credit for best practices in this item.

Smooth Out Communication Processes

The most difficult item to get credit for is response "2," Adams says. For help in upping your chances, see page 28 for an SBAR communication form you can use when contacting the physician regarding a patient who has experienced heart failure symptoms.

When it comes to talking with physicians, an SBAR can be a powerful tool. It's a lot easier and more effective to give the doctor the answer that you want and get her to agree with it than it is to get her to come up with the answer on her own, Lee says.

Unfortunately, you can't select response "1" when you contact the physician and he contacts the patient or caregiver rather than responding to your agency. In order to take credit, your agency must receive instructions from the physician or his designee directly.

Try this: If you find out that the physician contacted the patient directly, make a call to the physician to confirm the intervention. If you are able to connect with the physician or his designee in that same calendar day, you can still choose response "1."

Mistake: When a patient is transferred for emergent care, some clinicians want to select response "2" for M1510, but that's only appropriate when the patient transferred due to heart failure symptoms, Lee says. When a patient is transferred due to a fall or another unrelated condition, you can't account for it in M1510.