

## OASIS Alert

### Management: CONSIDER RESOURCES BEFORE ENLISTING ADMISSION NURSES

Employing a little army of nurses dedicated to start of care OASIS assessments is a great idea, in theory but it often is difficult to put the theory into practice down here in the trenches.

Admission nurses can be beneficial because they essentially become OASIS wizards, since all they do is SOC, recertification and resumption of care visits, notes consultant **Rose Kimball** with **Med-Care Administrative Services** in Dallas. That kind of mastery is good for an agency because the "entire basis for your revenue flow comes from that OASIS assessment tool," she reminds agencies. And the more adept the person filling out that assessment is, the more your agency stands to gain in terms of reimbursement and compliance.

While its "time-effective, cost-effective and more accurate" to have a group of nurses who specialize in the admission process, its "not often realistic," warns consultant **Pam Warmack** with **Clinic Connections** in Ruston, LA. The nursing shortage that continues to plague home care is a major problem where admission nurses are concerned, she says. "Designating an RN or several RNs to do nothing but admissions can hinder your ability to see your regularly scheduled patients," Warmack notes.

Also, if your agency serves a large geographic area, it can be tough for one admission nurse (or even two or three nurses) to cover the territory, Warmack continues. You'll lose valuable productivity to travel time, adds consultant **Kathy Green** with **Provider Solutions** in Tampa, FL.

Another problem is that if only a select group of nurses ever does admissions, then the other clinicians in your agency quickly will fall out of practice with completing a full-blown OASIS assessment, Warmack points out. This leads to problems when the admission nurse is out and a regular nurse must complete the assessment, she says.

But if you cover a small geographic area and have plenty of nurses on hand, the admission nurse model can work well. One agency Green worked for successfully used the following model: Admission nurses handled two admissions per day, in addition to three other visits "that were usually daily visits or other simple visits that were taken from the case managers each night." The nurses supervisor simply would ask the case manager to pass along a couple of visits in the geographic area the nurse already would be in for her admissions, so the admission nurse didn't waste lots of time traveling.

Unfortunately, Green has not been able to reproduce this model in any other agencies because of "lack of volume of admission, lack of availability of the case managers and/or too large a geographic territory to cover," she tells **Eli**. "In the ideal world, admission nurses are a great idea," Warmack says, "but its a resource problem."