

## OASIS Alert

### News You Can Use: UPDATE YOUR USER MANUAL

Errata sheet corrects CMS's wrongs.

Don't let OASIS C changes sneak in under your radar.

The **Centers for Medicare & Medicaid Services** has issued an "errata" sheet for the OASIS User's Manual, reported CMS's **Robin Dowell** in a recent Open Door Forum. Ongoing, CMS plans to update the OASIS User's Manual annually and post errata sheets with changes every six months, Dowell said.

The errata sheet contains changes to three OASIS C items, including correcting the skip instructions for M0100. (For a free PDF copy of the errata sheet, e-mail editor Kelly Quiñones Miller at [kellyq@eliresearch.com](mailto:kellyq@eliresearch.com) with "OASIS June Errata" in the subject line.)

Watch for: CMS plans to issue revisions to the Outcome-Based Quality Monitoring (OBQM) Manual soon, Dowell said.

- **If you're struggling to improve your falls-related outcomes**, you'll be happy to hear that the HHQI National Campaign has released a Best Practice Intervention Package (BPIP) focused on falls prevention. The BPIP includes information, tools, and resources to help clinicians protect both patients and their peers from falls. BPIPs are released on quarterly basis. Previous packages targeted reducing avoidable hospitalizations and improving management of oral medications. The next package is slated for October and will target cross settings.

Resource: To download this or other BPIPs, go to [www.homehealthquality.org/hh/default.aspx](http://www.homehealthquality.org/hh/default.aspx) and click on the "MyLinks" tab. You can then select the BPIP you want to view.

- **The ICD-10 compliance deadline is right around the corner** and CMS wants you to be prepared. The agency has published a special MLN Matters article to explain agencies' duties, obligations, and best practices for transition to ICD-10. The article covers a range of topics, including what agencies should do now to be ready for compliance on Jan. 1, 2012.

For instance, agencies should beef up staff training to expand knowledge of the biomedical sciences like anatomy, pharmacology, and pathophysiology and intensively train coders for the new code set.

Resource: View the article at [www.cms.gov/MLNMattersArticles/downloads/SE1019.pdf](http://www.cms.gov/MLNMattersArticles/downloads/SE1019.pdf) and find more information about preparing for ICD-10 at [www.cms.gov/ICD10](http://www.cms.gov/ICD10).

- You don't have to let stalled wounds get the best of you -- even when you think you've exhausted all your options.

Learn how to identify why your patients' wounds get stuck and find out how to get them progressing in an **Eli**-sponsored on-demand webinar hosted by **Beth Hawkins Bradley** of [CareOnCalleducation.com](http://CareOnCalleducation.com).

Get started on your "process pathway" by going to [www.audioeducator.com/conference-Tips-to-Get-Wounds-Moving-080610](http://www.audioeducator.com/conference-Tips-to-Get-Wounds-Moving-080610) or calling (866) 458-2965 for more information. been trained to call 911 and head off to the hospital, Balfour says.

- Symptom crises. Patients and family experience increased anxiety during these times and may panic.

- Arrival of out-of-town family members. Visitors who haven't seen the patient in a long time may be taken by surprise and feel the need for emergency care.

"Patients and family are more likely to panic when they are new to hospice service, so we try to make more visits and calls in those early days to make sure they are settled in," says **Samira Beckwith** with Hope Hospice and Community Services in Ft. Myers, Fla.

#### Try These Proactive Measures

While you may not be able to prevent all unplanned hospitalizations, the following educational efforts may help you to reduce them:

- Create an instruction sheet the patient can hang up on their refrigerator or near their phone with instructions in case of an emergency. Include your on-call instructions as well as directions for what the patient should do.

For example, "Don't call 911, call us." However, if that sheet includes wording such as "If you haven't heard back from us in 30 minutes, call us again," ask yourself how likely it is that will follow the instructions when they perceive they are in an emergency situation, cautions Balfour.

- We give our patients a "Hope Hospice" card to show when they go for any kind of treatment," says Beckwith.

The card explains that its carrier is a hospice patient, gives the 24 hour call-in number, and asks the provider to call. Patients are used to showing a Medicare card, so this works well, Beckwith says.

- Have regular educational sessions with 911 staff, Beckwith suggests. They'll benefit by earning required CEUs, and the training will help them know what to look for and where to call when they get to the home of a possible hospice patient. That way, they know where to look and to call.

- Conduct educational sessions in hospital emergency departments to teach how to contact the hospice when patients come through and when a patient might benefit from hospice services, Beckwith says.

For more information or to read the rest of this article, subscribe to past issues of **Eli's Hospice Insider** at [www.elihealthcare.com](http://www.elihealthcare.com).