OASIS Alert

OASIS Accuracy: Establish an Effective OASIS Review Process

Automated audits can save time and money.

If your OASIS review process isn't up to snuff, you could be sacrificing case mix and nonroutine supply points as well as data accuracy. Make sure you're getting all the benefits of accurate audits with these expert tips.

Pair Automation with Manual Review

An automated OASIS analyzer can help your agency uncover errors such as inconsistencies between the diagnosis codes you list in M1020/M1022 and related OASIS responses you report, says **Thelma Bowen, MSN, RN,** with **HealthCare Compliance Services** in San Antonio, Texas.

For example: A properly-edited analyzer can compare diagnoses that are known to cause significant pain to the answer in M1242 -- Frequency of pain interfering.

But a manual review by a qualified reviewer can reveal more complex inconsistencies and omissions, Bowen says. The reviewer can then make recommendations to the clinician.

Catch: The reviewer needs to be properly trained.

For example: A qualified reviewer can save the agency money with suggestions such as placing a 2-point case-mix diagnosis in the top six diagnosis slots when it is justified. A good OASIS reviewer can also work with the clinician to prevent potential lost nonroutine supply reimbursement when a diagnosis isn't in the proper position, Bowen says.

Caution: Collecting points shouldn't be the reviewer's only focus. Agencies should ensure that reviewers understand the impact accuracy has on financial reimbursement but they must also be mindful of the risk to the agency when the OASIS selections made don't represent the plan of care, Bowen says.

Try 7 Tips for Efficient Reviewers

It's easy for reviewers to get bogged down by details and ever-growing workloads. To help maximize efficiency, Bowen suggests the following tactics:

1. Give OASIS reviewers clearly defined review responsibilities and all the tools they need to get the job done quickly. Make sure your reviewers know what your agency expects them to do.
2. Monitor performance based on accuracy and compliance, not on whether your reviewers increase case-mix scores.
3. Organize the work space and assignments to be as efficient as possible.
4. Eliminate as many non-review related responsibilities as possible. Too many reviewers are saddled with unrelated work such as performing clerical tasks, going to meetings, responding to e-mails, faxing requests to physicians, and more. This greatly reduces their efficiency with reviews.
5. Ensure accuracy by randomly reviewing coding and OASIS accuracy for all reviewers on a planned basis.
6. Arrange for mentoring on complex diagnosis coding. If your agency doesn't have a master coder, you should contract with one. The master coder can also be a part of the random review process. Trying to figure out complex coding takes an incredible amount of time for an intermediate coder and there can still be errors. Having someone to call for advice saves money.
7. Train the reviewers regularly using information from industry newsletters, OASIS updates, etc.

Hone in with a Focused Audit

Depending on the size of your agency, completing an audit on 100 percent of your clinical records simply may not feasible, says **Pat Jump, MA, BSN, RN, COS-C,** with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. Instead, consider creating your own focused audit tool to get a measure of OASIS accuracy.

Look back: You've likely already completed a sizeable number of audits -- now's the time to capitalize on those findings. Tabulate the results of these previous audits and choose five or six of the most problematic findings, Jump suggests. Include these items on your focused audit tool.

Be flexible: Use the same tool several quarters in a row so that you can identify trends, Jump says. But don't get stuck in a rut. The best audit tools are tweaked as time goes by. When an audited item is no longer a problem area for your agency, drop it from the audit tool and add another item, she says.

Key findings in your audits will help determine areas that require further investigation and those where you should focus competency assessment and training, Jump says.

Track findings: Create a spreadsheet that shows audit findings over time (over each quarter) to see if there has been an improvement, Jump says. Be sure to include the name of the person responsible for documentation and client care. This information will allow you to compare data from clinician to clinician to see if who needs additional training and whether individual clinicians consistently make significant errors.

Narrow focus: If your audit finds that one clinician has consistent difficulty adhering to documentation standards, consider auditing 100 percent of that staffer's records, Jump suggests. You should also provide remedial training for this clinician until you see improvement.

The information you gather during these audits may be useful when performance evaluation time comes around, since documentation is such a key part of the clinician's job, Jump points out.