

## OASIS Alert

### OASIS C : STRETCH YOUR TRAINING DOLLARS WITH THESE 4 TIPS

Learn how to improve clinician buy-in.

The OASIS C clock is ticking, so start planning now for staff training. You only have eight months to get everyone ready.

There are two parts to the new OASIS C assessment instrument and you should approach the training for these differently, experts say.

Wait to train for the specific OASIS items until the **Office of Management and Budget** approves the final OASIS C instrument and the **Centers for Medicare & Medicaid Services** releases the OASIS C Guidance Manual, experts agree. This manual is likely to be released sometime after the end of the summer, said CMS's **Deborah Terkay**, speaking at the **National Association for Home Care & Hospice's** March on Washington meeting March 23.

Use these four tips to help develop a cost effective training plan:

1. Begin with internal training. OASIS C seems to be settled on the new process measures that agencies will use, says **Judy Adams** with Chapel Hill, N.C.-based **Adams Home Care Consulting**. Home health agencies can start working on selecting and implementing the additional process measures and screening tools, she suggests. These activities take place primarily within the organization.

Strategy: Formulate a couple of key questions for each assessment to see if that is an area that is a problem for the individual client, suggests consultant **Patricia Jump**, president of **Acorn's End Training & Consulting** in Stewartville, Minn. Then based on the answers, decide whether additional assessment is indicated -- similar to the concept of the questions in OASIS C 12.2 about depression. Process assessments are good practice but not necessary for every client.

Minimally, any provider who is not currently using assessment tools for items indicated in the new OASIS C should determine which assessment tools they will use and train all staff on how to use them, Jump says. Using assessment tools is good clinical practice regardless of what happens with OASIS C, she adds.

Warning: It is critically important for providers to give detailed training on the assessment tools to each clinician using them, Jump warns. Don't just mandate their use.

After educating your staff, evaluate their competency in using your assessment tools, says Chicago-based regulatory consultant **Rebecca Friedman Zuber**. Then add more education if necessary.

2. Involve clinicians early. Training on the other OASIS C items should begin as soon as CMS finalizes the form, Jump says. Waiting too long will result in scrambling to get it right at the last minute and will make clinicians feel like this was something that was suddenly implemented by CMS, she adds. Resistance will be stronger than if they can learn it over a period of months

Tip: Side-by-side training with OASIS B1 and OASIS C keeps clinicians from being surprised by the changes as implementation time nears, Jump says.

3. Watch for help from CMS. The agency plans to have a "Train the Trainer" package available online as well as programs for state surveyors and OASIS coordinators, Terkay said.

Carefully evaluate your educational dollars, travel time, and expenses and lost patient time as you take staff out of the field for classes, Adams says. Agencies should look to CMS for at least some free training and to their state home care associations for reasonably-priced educational opportunities, she advises.

Example: The **Minnesota Homecare Association** will have an updated Webinar available for a reasonable price that an unlimited number of your staff can use for an unlimited amount of time, Jump notes. Something like this lets clinicians review information until it is clear.

4. Emphasize the positive. If your clinicians see how OASIS C can help them, it will be much easier for you to secure staff buy-in, experts say. Changes like applying M0830 only to emergency room visits avoids having HHAs blamed when physicians succeed in providing same-day appointments, Jump illustrates.

Overall, the assessments will add to beneficial information about the patient that will help give targeted care to the patient and may even help the clinician answer the OASIS items more accurately, she tells **Eli**.

Example: The falls assessment is extremely positive in that it could help identify patients at risk of falls and thus prevent the devastating consequences that often result from falls in the elderly. (For more information about falls risk assessment, see Eli's OASIS Alert, Vol. 7, No. 8, p. 74).

Note: The Web site for OASIS C material is [www.http://tinyurl.com/OASIS-C-PRA](http://tinyurl.com/OASIS-C-PRA).