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OASIS Alert

OASIS C Update: 2-PART INTAKE ASSESSMENTS MAY EASE YOUR OASIS C TRANSITION

Don't forget to allow time for providing skilled care.

You'll get better OASIS C data -- and avoid leaving your patients frazzled and exhausted -- if you consider spreading out the OASIS C intake assessment over two visits.

Remember, you are dealing with a patient ill enough to need home care and you need to leave time and energy for the skilled care or therapy you are there to provide. Read on for ways to make your intake policies more patient-friendly.

At least initially, some clinicians are finding that OASIS C takes twice as long to complete as OASIS B-1, says clinical consultant **Judy Adams** with **Adams Home Care Consulting** in Chapel Hill, N.C. Time required depends on many factors, including what resources you provide for clinicians, point of service software,access to Chapter 3 guidance, and tools and aids to streamline the process, she notes.

But spreading the assessment over two visits will leave both clinician and patient feeling less frustrated and overwhelmed, Adams tells **Eli**. And it leaves the clinician time to address the patient's immediate needs, she adds.

Protect yourself: If a nurse is performing the assessment, she must provide skilled care on the assessment visit to be able to bill for that visit, Adams says. The assessment itself is considered an administrative responsibility and an assessment visit is not billable unless a skilled service is provided.

Use CoP Initial Evaluation As Your Model

"Model your comprehensive assessment on the initial evaluation defined in the home health conditions of participation," Adams recommends. On the first visit:

• determine the patient's immediate health and safety needs;

• ensure that the patient meets the Medicare requirements for home health services -- including homebound;

• provide any necessary care;

• obtain a list of medications;

• check for pressure ulcers and safety -- including falls; and

• perform a general assessment.

Caution: Consider the patient's fragility when determining what needs to be assessed and how long or intense your visit should be, Adams says. And ask the patient early in the visit what she feels is her major need.

On the first visit, be sure to assess the patient's risk for hospitalization, so you can mitigate that risk as soon as possible, recommends **Patricia Jump** with **Acorn's End Training & Consulting** in Stewartville, Minn.Also look for significant medication issues or heart failure symptoms, she adds.

Identify What Items Can Wait

Items that are historical in nature such as discharge from an inpatient facility or data that is facility-generated such as

inpatient diagnoses and procedures could be completed on the second visit, Jump advises. Additionally, items where the answer will not change over the course of two visits, such as the availability of assistance, could wait for the second visit. Develop an "OASIS Pathway" that identifies for clinicians which items could wait for a second visit if it is necessary to divide the OASIS assessment over two visits, she suggests.

Enlist your intake staff: Save the clinician time by training your intake staff to get asmuch information as possible when taking the referral, Adams says.

Bottom line: Because patients are typically seen at a higher frequency at the beginning of care, splitting the assessment over more than one visit will not have a negative financial impact, Adams predicts. "In fact, it may improve the accuracy of the data collected and improve the payment calculation," she expects.And remember, the physician notification issues refer to notifying the doctor within one calendar day of identifying a clinically significant issue, not within one calendar day of the SOC date.