

OASIS Alert

OASIS Review: Correct 3 Mistakes for a Flawless OASIS Review Process

Employ just one tip to save time and money.

An effective OASIS review process can boost outcomes, reimbursement, and save time. But if you're falling into one of these common traps, your reviews aren't as effective as they could be. Take our experts' advice on three areas many home health agencies overlook in their review processes.

Mistake #1: Forgetting to use your tools.

Most OASIS software packages have a built-in OASIS analyzer, but many agencies don't use them effectively, says **Karen Vance, OTR**, supervising consultant with **BKD** in Colorado Springs, Colo.

For example: Going through manual OASIS reviews to make sure the OASIS is clean before you run it through the analyzer is inefficient, Vance points out.

Solution: Any sort of OASIS analyzer can help speed up the review process, Vance says. The analyzer can find the inconsistencies for you before you do manual review, she says. "Let the analyzer do what it's supposed to do -- sweep the data and conduct an internal edit for inconsistencies by checking data elements against each other."

Benefit: Analyzers can speed up the OASIS review process if the agency allows them to do so.

Allow your analyzer to do the first sweep of your OASIS data and it will show you the patterns of OASIS errors with a report, or you can export the data into an Excel spreadsheet so you can see the trends, Vance says.

For example: The analyzer might turn up problems such as an agency-wide habit of poor documentation of information for the plan of care synopsis, Vance says. Or the data might indicate that a couple of clinicians consistently have trouble with the dyspnea or incontinence questions. Once the analyzer helps you identify the pattern, you can take action to correct it.

Time saver: When you do an OASIS review by hand, it's easy to get sucked into poring over the chart longer than necessary, Vance says. Using an analyzer can help prevent this data overload. And the extra time manual tracking takes is expensive. "Our standpoint is 'let's get the best picture of the patient in a reasonable time period,'" Vance says.

Know your tool: After training on OASIS software, people often get all caught up in the day-to-day. Be sure to go back and review the available reports in your analyzer, Vance says. Make sure you know the different capabilities of the software.

Once you have put the data through your OASIS analyzer, you can move onto manual review. Analyzers are valuable tools but they don't replace the human factor for review, says **Thelma Bowen, MSN, RN**, with **HealthCare Compliance Services** in San Antonio, Texas. These tools save time because they help focus on common errors and inconsistencies, reducing the error rate for reviewers and the time spent doing reviews.

Mistake #2: Laying blame.

Too often, quality improvement staff complete OASIS audits and then proceed to tell the clinicians everything they are doing wrong. This can lead to frustrated clinicians and low morale, says **Pat Jump, MA, BSN, RN, COS-C**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**.

Solution: When completing the OASIS review process, be sure to include all of the following, Jump says:

Share audit findings with staff. Include education to correct problem areas. Begin from a position of trust. Assume each staff member is capable of accurate and complete yet concise documentation. As much as possible, have peers train peers regarding how to accurately document and complete the clinical record in the future to avoid adverse findings on audits.

Disseminate the findings. Make reports available to staff and to the Professional Advisory Committee (PAC). Focus on corrective action for the top three or four findings. Communication is key regarding findings as well as progress toward decreasing errors. Enlisting the help of the clinicians in problem resolutions can minimize defensiveness.

Establish an acceptable error threshold. Some areas will require 0 percent error rates whereas in other areas you may not be able to expect a 0 percent error rate, factoring in the "human" component. Aggregate the data and respond to staff learning needs.

Take action to resolve any identified quality problems. Make sure any action plans include specific problem statements and specific action steps to reach best practices. If specific problems occur, for example with the clinicians, meet with the clinicians to brainstorm ideas on how to correct and prevent the problem areas. There may be problems within the system itself, which hampers the clinician's ability to be successful. Then educate regarding the tie-in between clinical outcomes and financial outcomes.

Emphasize the positive. To maintain best practice, it is equally important to note and discuss areas that are meeting best practice. Discuss current action steps that produce best practice and recognize clinicians meeting best practice standards.

Mistake #3: Using reviews as a rescue.

Agencies that have the most problems with OASIS reviews are those that use the review process as a tool for rescuing clinicians rather than as a method of identifying problem areas and correcting them, Bowen says.

Solution: The best thing agency owners and managers can do to expedite the review process is to do everything that they can to eliminate the need for reviews, says Bowen. Of course that will never happen, but your agency must ensure that clinicians are well trained in the process, that their most common errors are addressed and additional training is given, she says. Each clinician should have an individualized plan based on their most common error.

Establish a solid foundation based on clinician education and compliance, Bowen says. This is the first step in reducing the need for reviews. Teaching the clinician how to select the applicable diagnoses and ensuring that they appropriately incorporate the impact of co-morbid conditions into the plan of care and documentation also helps reduce the burden on the reviewers. Hold each clinician must accountable for accuracy, consistency and compliance.

Tip: Peer or supervisory joint visits during orientation and at least annually can be very helpful in improving OASIS accuracy, Bowen adds.