

## OASIS Alert

### Outcomes; Rely On ROC Assessments To Reflect Your Quality Of Care

Correct resumption of care codes could determine your future.

If you answer your resumption of care (ROC) assessment inaccurately, you could throw your outcomes out of whack -- making it seem as though your patients suffered under your care rather than thrived.

Simple solution: You can avoid a reputation for poor quality of care simply by closely examining your patients.

Changes in outcome result from comparing the answers on the patient's assessment at the start or resumption of care with the assessment at discharge or on transfer to an inpatient facility. So a patient may have more than one outcome episode within a 60-day payment episode. And each of these outcome episodes counts for or against your agency.

Example: Two weeks after start of care, your patient goes into the hospital because of pneumonia and returns to home care a week later. You discharge the patient from home care at the end of the 60-day episode. One outcome episode runs from the SOC assessment to the transfer assessment and a second outcome period runs from the ROC assessment to the discharge assessment.

Your patient's health as you record it at the ROC will be measured against her health when the episode ends 60 days later, points out clinical consultant **Lisa Selman-Holman**, with **Selman-Holman & Associates** in Denton, TX.

#### Don't Make SOC The Star Assessment

The difference between the SOC OASIS and the transfer or discharge OASIS drives your Home Health Compare scores and will drive pay for performance. But so will the difference between ROC OASIS and transfer or discharge assessments. If you send your best clinicians in to do the SOC assessment, but don't focus on who does the other assessments, your outcomes will suffer.

"Each assessment for a patient should be an accurate reflection of the patient's status at that time point," agrees **Judy Adams, RN, BSN, HCS-D** of **LarsonAllen** in Chapel Hill, NC. "If the ROC assessment is inaccurate, the outcomes will also be inaccurate," she notes.

Example: Your patient is discharged from the hospital and into your care. You complete the ROC assessment but don't notice that your patient has come to you with a pressure ulcer. When the episode ends, you complete a recertification that includes the ulcer. Now it looks as though your patient developed the ulcer while in your care.

Problem: Because of your mistake, CMS and others may believe that your agency provides low-quality care. A perception of poor quality of care can diminish future referrals, resulting in losing big money down the line.

For example, if your ROC assessment says your patient could walk when he entered your care, but is wheelchair bound at the end of the episode, your scores on improvement in ambulation will drop. If you repeatedly make errors on the ROC OASIS, outcomes will suffer and doctors may be reluctant to refer patients to your agency. Similarly, people may be hesitant to entrust their family members to your care.

Bottom line: You must thoroughly evaluate -- and correctly code -- patients' conditions when they enter your care, whether they have been discharged from a hospital or are transitioning from an inpatient setting.

Tip: "Correct, accurate diagnosis coding is just as important on the ROC assessment" as it is on the start of care (SOC) or recertification assessments, Selman-Holman adds.

