

OASIS Alert

Policies & Procedures: USE THESE 5 AGENCY ACTIONS TO EMPOWER CLINICIANS

Tip: "Date of assessment" includes 24-hours preceding home visit.

Surprise! OASIS C clarifications already contradict the Guidance Manual. Don't rely only on the OASIS C Guidance Manual the **Centers for Medicare & Medicaid Services** released Oct. 9. Questions and answers -- released Oct. 21 -- clarifying parts of Chapter 3 of the guidance already are available for download. Plan a strategy to stay up to date on OASIS C requirements even after you download the currently available information, said physical therapist and OASIS expert **Linda Krulish**, president of the **OASIS Certificate & Competency Board**, speaking at their annual conference in Baltimore on Nov. 10. Don't expect OASIS C to stay the same, Krulish told attendees. There will be more information coming out before Jan. 1, 2010 and even more after OASIS C implementation, she predicted.

Include Critical Concepts In Staff Training

As agencies make plans to begin using the OASIS C assessment tool, they need to realize that accurate OASIS data depends on detailed training for clinicians, advised **Abt Associate's Deborah Deitz**, speaking at the conference.

Clinicians need to know how the conventions influence data collection, she noted.

Example: When a question asks what is true on the date of assessment, the clinician needs to know that "date of assessment" includes "both the 24 hours immediately preceding the home visit and the time spent by the clinician in the home," Deitz explained.

To improve OASIS accuracy, agencies will need to change processes as well as forms, OASIS expert **Elizabeth Madigan** from **Case Western Reserve University** told the OCCB attendees. Some of the agency actions experts foresee are:

1. Expanding patient referral forms.

A number of the new items on OASIS C will be best collected at the time of referral, Madigan said. These include immunization history, inpatient procedure codes, and pressure ulcer history.

2. Adopting referral date consistency.

Be sure the person accepting the referral knows how to determine the referral date, Madigan said. Also, have one specific place on the medical record where the referral date is recorded.

3. Arranging expanded record access.

Many agencies with contract therapists don't allow these therapists access to the entire medical record, Madigan reported. But to complete the transfer or discharge OASIS C, clinicians must be able to look back at the entire record for accurate answers.

4. Allowing clinicians to use whole 5-day window. It is often possible to complete OASIS B-1 on the same day you start it, Krulish said. But OASIS C will rarely work that way.

There is more communication required with the physician and others before you can complete the new assessment, she pointed out.

5. Focusing on physician relationships.

OASIS C items require clinicians to not only notify physicians but to receive a response to that notification.

Example: M2250 asks if the physician ordered plan of care includes "interventions to monitor and mitigate pain." Physician ordered plan of care means the agency and the physician have communicated and agreed on the plan, explained OASIS expert **Debbie Chisholm** with **OASIS Answers**, speaking at the OCCB conference.

So agencies need a response from the physician -- sometimes very quickly. And to earn a "yes" on M2250, the order must include both monitoring the pain and mitigation interventions, Chisholm emphasized.

Note: The first OASIS C Q&As are at www.oasiscertificate.org under "Resources."

To prepare for OASIS C implementation, sign up for the Dec. 10 Eli-sponsored audioconference "OASIS C: When, Where, What and Why," presented by **BKD's Karen Vance**. More information is at www.audioeducator.com/conference-OASIS-C-Process-Change-1012.