

## **OASIS Alert**

## Quality Improvement: Follow These 8 Steps To Discharge OASIS Accuracy

Discharge assessments are not just a formality.

If your agency has a high average case mix weight but poor outcomes, your discharge assessment could be the problem.

In the years since OASIS began, agencies have invested enormous efforts in getting accurate OASIS data. But they have focused primarily on the start of care OASIS assessment, because it is so clearly connected to reimbursement, experts say.

But accurate discharge assessments are e-qually important. Home health outcomes based on OASIS assessment data are used for public reporting in Home Health Compare, for surveyor preparation and for the upcoming pay for performance.

Many HHAs have problems with consistency in data collection due to discharge OASIS issues, reports occupational therapist and consultant **Karen Vance** with **BKD** in Springfield, MO.

Agencies focus on the start of care assessment because it establishes the baseline and determines the plan of care and the case mix for the episode, says OT and professor **Carol Sie-bert** at the **University of North Carolina** in Chapel Hill. Many agencies use a special admissions nurse who is the clinician best trained in OASIS assessment. But they'll send anyone to do the discharge assessment, often a person without solid OASIS assessment skills.

"Agencies can't afford to have inaccurate OASIS data at any time point," Siebert warns.

**Example:** Often the occupational therapist is the last clinician in the home at the end of the episode. But OTs usually don't do SOC assessments and often don't receive much OASIS training. Having the inexperienced OT do the discharge assessment -- because she's there -- will make it hard for your agency to show the outcomes you've achieved.

Agencies can benefit from having OTs trained to do accurate OASIS assessments, says PT and consultant **Cindy Krafft** with North-ampton, MA-based **Fazzi Associates**.

**Review 8 Discharge OASIS Rules** 

When a patient is discharged from an agency, not due to death or admission to an inpatient facility, the agency must complete an RFA 9 OASIS assessment. Many agencies do not understand that the discharge assessment must be a comprehensive assessment, Siebert says, but the home health conditions of participation clearly require it to be.

The exact content of the comprehensive discharge assessment -- other than the OASIS data set -- is left up to the agency, the **Centers for Medicare & Medicaid Services** instructs. "Agencies should remember that the OASIS data set does not, by itself, constitute a comprehensive assessment," CMS says in its Q&As. Other CMS requirements for the discharge assessment are:

• The last qualified clinician to see the patient is responsible for conducting the discharge assessment.

• An LPN, OTA or PTA may not perform the comprehensive discharge assessment. This may be confusing for HHAs in states where PTAs are allowed to do discharge visits, experts say.



• Complete the discharge assessment without referring to any previous assessment.

• **Perform** the comprehensive assessment in the physical presence of the patient. It can't be done with a telephone call. The OASIS data must accurately reflect the patient's status at the time of the assessment.

• **Finish** the discharge assessment within 48 hours of the discharge date or the knowledge of the need to discharge.

• **The clinician** needs to make the last visit, unless the discharge was "unexpected." Responsible agencies will have relatively few unexpected discharges, CMS says. "You can't plan to use notes from a prior visit and have a PTA or aide make the last visit," Krafft tells **Eli**. You also can't use a PTA's notes to construct the OASIS, even if they were after your last visit, she adds.

• If the discharge is unexpected, the clinician who last visited must complete the OASIS using data from that visit. The clinician should "note in the documentation that this is a situation of an unexpected discharge and the discharge assessment is based on the visit of mm/dd/yyyy." CMS says in the assessment Q&As.