

OASIS Alert

Quiz: Test Your Cognitive Functioning Skills

Confusion and cognitive functioning answers don't always need to match up.

When it comes to reporting your patient's cognitive functioning on the OASIS, it's easy to experience confusion and anxiety yourself. Give your skills a check-up with this quiz to make sure you're answering these items accurately.

Question 1: On the day of assessment, our patient experienced moments of forgetfulness but was not disoriented or confused and hadn't been over the previous 14 days. How would we answer M1700 Cognitive Functioning and M1710 When Confused?

Answer 1: OASIS item M1700 collects data about the patient's cognitive functioning at the time of the assessment and in the preceding 24 hours. When selecting your response, you should consider the patient's level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands, the Centers for Medicare & Medicaid Services says in the OASIS Q&As.

Item M1710, on the other hand, looks at the day of assessment and back over the previous 14 days and considers the time of day or situations when the patient experienced confusion, if at all.

Your response for M1710 may not match up with your M1700 selection. In your patient's case, she displayed a cognitive impairment on the day of assessment, so you would report it in M1700. But because she hasn't experienced any confusion, you would report "0 Never" for M1710. A patient can experience a cognitive impairment without being confused.

If your patient exhibited confusion on the day of the assessment, you would report it in both M1700 and M1710. And if your patient wasn't confused on the day of assessment, but she had shown confusion at times in the past 14 days, you would only report her confusion in M1710.

Question 2: Our patient becomes confused both when encountering a new situation and at night. Should we answer M1710 with "1 In new or complex situations only" or "2 On awakening or at night only?"

Answer 2: The response options for M1710 start with "0 Never" and increase to show worsening confusion all the way up to "4 Constantly."

Response 1 is only appropriate when a "patient's confusion is isolated to a new or a complex situation," CMS says in the OASIS Q&As. Your patient also experiences confusion at night, so this response wouldn't be accurate.

The next three responses indicate that a patient has confusion even in routine situations. You might be tempted to select response "2," because your patient becomes confused during the night. But your patient also becomes confused in new situations, so it's more frequent than response "2" indicates.

When a patient's confusion isn't constant, but "occurs more often than just upon awakening or at night," select Response "3 During the day and evening but not constantly," CMS says.

Question 3: When is it appropriate to select "NA Patient nonresponsive" for items M1710 and M1720 When Anxious?

Answer 3: You'll select "NA" for these items in two situations: When the patient is unable to respond or when you can't make a clinical judgment about the patient's confusion or anxiety based on his response.

If your patient gives only reflexive or other involuntary responses, you may consider him unresponsive, CMS says in the

OASIS Q&As.

But don't make the mistake of automatically labeling a patient with language or cognitive deficits as "unresponsive." Look for other ways to communicate with these patients. For example, a patient who can't speak may be able to communicate an answer by blinking his eyes or raising a finger.

Even when a patient refuses to answer questions, you shouldn't over-rely on the "unresponsive" answer. Instead, base your selection on observation and caregiver interview, CMS says.

Question 4: Our patient was anxious 14 days ago and was started on an anti-anxiety drug. He has not experienced any anxiety for the last 12 days. Because his anxiety isn't relevant to this home health episode, I don't think it should be reported in M1710 or M1720. My coworker disagrees. Must we report all confusion during the past 14 days?

Answer 4: You should report any episodes of confusion or anxiety in M1710 and M1720, provided they meet the item-specific criteria and occurred during the last 14 days. You don't need to consider the cause of the anxiety or confusion or whether the incidents are relevant to this episode of care, CMS says in the OASIS Q&As.