

OASIS Alert

Tool: Head Off OASIS Errors with a Case Conference Approach

Stop errors before they start with this strategy.

Establishing a weekly case conference can accomplish a variety of things, including fewer OASIS errors, says **Karen Vance, OTR**, supervising consultant with **BKD** in Colorado Springs, Colo.

These regular meetings will assure you capture the most accurate picture of the patient with the OASIS data, Vance says. To begin holding weekly case conferences, follow three basic steps:

- Gather all clinicians, therapists, and aides for a weekly review of all new admissions. Holding the case conference on Tuesday means you will likely not review anyone newer than the previous Friday. Staff must have seen the patient in order to weigh in.
- Prioritize the sequence for which patients will be discussed. Put multi-disciplinary patients first on the list.
- As you move through the OASIS items, prioritize. The first item on the protocol is to discuss those items that impact payment and second is to discuss those that impact Home Health Compare scores, Vance says.

Often the publicly reported outcomes and payment items are in synch, Vance points out. It's important to strive for accuracy with both. Your goal is to capture the most accurate picture of the patient with data to get the most accurate payment.

Misconception: While it is true that a single clinician signs the OASIS document saying "this is what I saw," nothing precludes the clinician from collaborating within the specified timelines, Vance says.

For example: The clinician scores the patient as a "1" on M1860 -- Ambulation/Locomotion, but the therapist says the patient was a "2." In the case conference venue, the nurse can ask follow-up questions to clarify the seeming discrepancy. For example "What date did you see the patient's ambulation?" Even the time of day can make a difference, Vance says.

Another example: During a three-hour admission assessment with a shoebox of medications to go over, the clinician may have time to merely ask about incontinence. But the aide may get definitive confirmation of incontinence problems when she is in the home the next day. The clinician may accept the aides' input. This is collaborating to get it right, Vance says.

Capturing data for the OASIS incontinence items is difficult, especially if you don't get it correct up front, Vance says. The admission review process helps make this easier.

Save Time By Eliminating Corrections

If you have your weekly case conference to discuss new admissions before the OASIS is locked, the clinician can make corrections right then, Vance points out. Then there is no need to keep additional paper corrections on file and to follow other time-consuming correction policy steps.

With a collaborative approach like this, corrections are made then and there, Vance explains. After the conference, the clinician locks and transmits the OASIS.

Agencies using this case conference process find that the number of days between start of care and dropping the RAP is definitely no longer than 10 days, Vance says. "The average will be much less than that."

This is better than having a quick RAP drop (1 to 2 days) which means there will likely be lots of cancels and corrections

to submit, Vance points out. "The case conference eliminates most corrections."

Case Conferences Offer Educational Opportunities

Studies have shown that education works best when it is contextual learning, Vance says. Discussing the ins and outs of an OASIS item, such as the most problematic pressure ulcer, or pressure ulcer stage, or dyspnea score with the OASIS item guidance is more relevant when you are discussing an actual patient. "This is learning in the context of that patient whom the attendees know " it sticks," Vance says. Plus, it's an opportunity for weekly training rather than one time a year.

Coders welcome: Some agencies have their coder sit in on the case conference as well, Vance says. "It can be hard to do all of the coding in these sessions, but it's an opportunity to ask for additional information for fourth and fifth digit assignment or other clarification," she says. Plus it can end the need for additional phone calls to follow-up.

Keep it short: There is a learning curve with case conferences, Vance says. In order to be efficient, based on a typical number of staff, these meetings shouldn't last more than an hour. You may have to break out into two teams if you find it takes longer. "The staff needs to be able to count on a manageable meeting."