

OASIS Alert

Training: 5 PROVEN METHODS FOR STEPPING OVER OASIS C HOTSPOTS

Tame the paper tiger with CMS's item-by-item guidance.

Just because we're a few months into OASIS C doesn't mean you've conquered all the challenges and headaches that are part and parcel of the new rules.

Incorporating OASIS C smoothly into your agency's processes may seem daunting, but it doesn't have to be. The key to mastering this new patient assessment tool is right at your fingertips. Follow this expert advice to avoid a few pitfalls and stay out of the hot seat:

1. Focus on developing skilled workers. Agency managers should be thinking three words, says **Kathleen Anderson** with the **Ohio Council for Home Care and Hospice**-- education, education, education." OASIS C "changes are complex and it is vital the agencies get it right," Anderson says. "It is well worth the investment of providing education to agency employees."

Now's the time to load up on the education efforts, experts advise. Since clinicians are now actually using the tool, the education sessions should pack more of a punch than the ones you held before Jan. 1 implementation, says consultant **Lynda Laff** with **Laff Associates** in Hilton Head Island, S.C.

Why: "Those who have now had a chance to really use [OASIS C] ask more detailed and specific questions," Laff says of the training sessions she's conducted since the year began. "Even though they may feel that they did enough training in November or December," agencies should realize "it means more to the clinicians now."

2. Educate docs, too. If you hope to get high marks on your physician notification measures, you'll need to let docs know about the change to the OASIS assessment and their responsibilities under the new form.

Physicians must realize their response timing affects HHAs, too, says **Judy Adams** with **Adams Home Care Consulting** in Chapel Hill, N.C.

3. Find an OASIS star. In the coming weeks and months, staffers are going to continue to have lots of questions about new OASIS C items. To help clinicians get it right, you should find an OASIS C go-to person they can turn to.

"Select a clinician that is a quick learner and on the way to becoming an expert with OASIS C," Anderson advises. Then "designate this person as a specialist."

4. Go to the source. You need to make Chapter 3 of the OASIS User's Manual, which contains the item-by-item guidance, required reading for your assessing clinicians. In fact, "because of the vast number of changes, clinicians should carry a copy of Chapter 3 ... with them," Adams recommends. That way, "they can refer to the assessment tips and guidance on responses until they become more familiar with the new document."

5. Tap tools. The new so-called look back items that ask about plan of care provisions and interventions are killing clinicians time-wise.

To get OASIS C under control, you must establish or refine a tool to let you fill out the look back OASIS C items quickly and efficiently.

Consultant **Pam Warmack** with **Clinic Connections** in Ruston, La. recommends using an event tracking sheet at the front of the chart for agencies that use paper records. Tools that address dates of vaccinations, development of pressure ulcers, and responses to congestive heart failure symptoms or problems can provide a quick reference when filling out

transfer or discharge assessments, she explains.

For software users, **Sharon Litwin** with **5 Star Consultants** in Ballwin, Mo. recommends documenting the look back items in a consistent place -- for example, the MD orders and Notes/Communication sections. "For software agencies, if they use the orders and communication sections, that is easy enough that a separate tracking tool may not be necessary," Litwin believes.

And you can benefit from more than a look back tool. "Agencies need to be looking at tools to help their clinicians with all of these changes," Adams urges. For instance, the items asking about screenings for various conditions require clinicians to use screening tools.