

OASIS Alert

Training: 6 Expert Tips Will Get You Ready For OASIS-C

Warning: You may need to take your documentation processes back to the drawing board.

You have some time before the new OASIS-C takes effect on Jan. 1, 2010, but that doesn't mean you can't start training your staff to deal with the major changes headed their way.

Use this expert advice to map out your OASIS-C implementation strategy:

1. Get ready to code earlier. New diagnosis-specific items are triggered by the assessment listing that diagnosis. For example, foot care items are triggered by a diabetes diagnosis, explained **Deborah Deitz** with OASIS contractor **Abt Associates** at the **National Association for Home Care & Hospice's** annual meeting this fall.

This push toward more accurate and preventative care is representative of all the changes in the new tool, said Chicago-based regulatory consultant **Rebecca Friedman Zuber** in the Dec. 11 **Eli**-sponsored audioconference "OASIS-C: What You Need To Know Now About This Major Assessment Overhaul."

2. Streamline vaccination date collection. "Simplify your life" and add flu and pneumococcal vaccine dates to your intake and referral forms, recommended **Elizabeth Madigan** with OASIS contractor **Case Western Reserve University**. Even though the new OASIS-C tool won't ask about them until the end of the episode, finding out from family at the start of care visit is a good idea, she suggested.

3. Reconsider POC. Now may be the time to invest in a point of care assessment system if you haven't done so already. Testing agencies thought the form would be much easier to fill out on a POC device because the numerous skip patterns would be automatic, Madigan told attendees.

There are so many new OASIS items triggered by other items that the **Centers for Medicare & Medicaid Services** and its contractors are now calling them "go to" patterns, Madigan pointed out.

4. Reconfigure your medical records. Clinicians filling out the discharge OASIS will need to be able to access the patient's record to figure out what interventions were made for the new process measures. That means the clinician making the final visit will need to be able to access the whole record.

Example: Staff will need to be able to answer whether the patient with heart failure had symptoms of volume overload and if so, was the physician notified, Madigan noted.

Tip: Agencies may want to institute a "flow sheet or worksheet" in the patient's house to simplify certain process questions, Madigan suggested. If the sheet lists the fall risk plan elements and when they were addressed, the clinician can easily fill out those items based on the sheet instead of combing through the entire record.

CMS won't dictate how agencies conduct their record-keeping to answer those process questions, noted **Angela Richard** with OASIS contractor **University of Colorado Health Sciences Center** in the NAHC session.

5. Train on depressive symptoms. The new OASIS-C tool will require agencies to screen all patients for depression (M1120). This change is a huge improvement because "depression is typically under-assessed in the elderly," Zuber pointed out. However, simply screening for depression isn't enough. Agencies must also develop and implement intervention plans so that depression is quickly diagnosed and treated, she noted.

Tip: Agencies can use a simple two-question tool to fulfill this item, Madigan recommended -- the PHQ-2 (Personal Health Questionnaire), which is easily found on the Internet.

Snag: Testing agencies found that staff weren't very comfortable with this area, so they will need extra training and support on the depression items, Madigan suggested.

6. Get your dates straight. With OASIS-C, CMS will monitor how quickly you respond to the physician referral with two items: (M0102) Date of Referral and (M0104) Date of Physician-ordered Start of Care. Patients' outcomes are better if they are seen promptly, Deitz related. And the Medicare Conditions of Participation require home care to start within 48 hours of referral.

The date of referral item has caused confusion, however, Madigan noted. You should put down the date you actually get the order that the physician wants you to start care. Getting an informal heads up that a patient will be coming to you isn't the same as an official referral, she said.

If you get the referral ahead of time, you need to document that fact in the record, she instructed.

Coming: Expect more guidance on this and the other new M0 items in the new item-by-item guidance, Madigan said.

And stay tuned for more details of Zuber's analysis of the OASIS-C changes -- and recommendations for how you can deal with those changes -- in the next issue of **Eli's** OASIS Alert.