

OASIS Alert

Training: KEEP YOUR TRAINING ON THE RIGHT TRACK

With more than enough M00s to make a cow mad, the OASIS assessment form creates plenty of headaches. But if your home health agency doesn't continue training staff in the weird and wonderful ways of OASIS, you could devastate both your quality of care and your bottom line.

HHA administrators often "fail to recognize how valuable OASIS is to their institution," opines Dr. **Gloria Jo Floyd**, president of **Nursing Consultant Educational and Health Services** in San Antonio. As a result, agencies haven't been giving their clinicians the support and training required to properly assess patients' needs, she asserts.

Agencies must get back to basics by educating their staff on the importance of OASIS assessments and its relationship to quality of care and reimbursement issues, believes Floyd.

Ensuring correct and thorough OASIS assessments also requires addressing inconsistencies among staff, says Houston-based **Michael Seago**, national director of clinical training at **Tender Loving Care Healthcare Services**. TLC was finding many OASIS discrepancies between clinicians from various disciplines, he reports. In particular, he notes, staff members with a nursing background differed significantly from physical therapists, especially "in the evaluation and scoring of activities of daily living."

To combat these assessment discrepancies, TLC devised for its clinicians a series of five national phone conferences dealing with topics such as ADLs, ICD-9 coding, wound care, pain rating and various problematic M0 items, states Seago. And with approximately 84 branch locations, TLC made sure to offer each phone in-service at three different times so that every staffer would have the opportunity to participate and even earn continuing education credits.

Implementing both a pre-test and post-test proved to be a valuable and instructive component of these training sessions, says Seago. In the pretest, "we would give [clinicians] scenarios of a patient situation and then have them score a specific M00," he tells **Eli**. Then, clinicians would listen to the phone in-service and begin to question their own assumptions about the OASIS item they had just completed.

By the time of the post-test, Seago maintains, it was clear that the clinicians had already begun to converge on a more accurate and correct scoring in their assessments.

In addition to providing continuing OASIS guidance, HHAs are also preparing their staff for the imminent changes to the OASIS form itself. The good news is, of course, that the **Centers for Medicare & Medicaid Services** has streamlined the OASIS data set to reduce burden by more than 25 percent (see related story, article 1).

While agencies may begin using the slimmed OASIS form as early as Dec. 16, some HHAs are opting to hold off on implementing any major changes until training efforts can be coordinated and finalized.

Susan Beckner, an educator with **Sharp Home Health** in San Diego, reports that her agency is organizing its training on OASIS reductions around regularly scheduled staff meetings and technology seminars over the next few months. If an agency's burden reduction training won't take place by Dec. 16, it's still vital to provide the staff with "some brief education that there are going to be changes coming," and that they are "going to be changes for the good," Beckner counsels.

When it comes to modifying the form itself, Seago reveals that TLC will refrain from doing "a hard cutover to the new OASIS set" when the clock strikes midnight on Dec. 16.

In the short-term, he says, his agency will plan to continue using its current forms, but will also provide its clinicians with



instructions on skipping unchanged core items to avoid duplication at later assessments.

TLC does aim to issue new, streamlined OASIS forms, but because of the tremendous amount of internal formatting changes and printing costs as well as CMS' plans to add items like M0245 the agency does not intend to do so until the summer of 2003. In the meantime, Seago believes the sooner an HHA allows clinicians to skip items that haven't changed since the SOC assessment, then the more likely it is to retain staff who might be lured away by agencies brandishing shorter forms.