

OASIS Alert

Training: Your Key To Financial Success Could Be Your OASIS Training Schedule

Do you know where to concentrate limited resources?

If you aren't focusing a large part of your training dollars on OASIS, you may be undermining your agency's success.

"Home health agencies need to realize that OASIS is **the** most important document in home health," emphasizes Chapel Hill, NC-based clinical consultant **Judy Adams** with the **LarsonAllen Health Care Group**. So it's important to continue to focus on the accuracy and reliability of the data and the OASIS responses, she adds.

Mistake: After the initial OASIS orientation, many agencies report they provide little OASIS training to their experienced nurses, since there are so many other areas HHAs need to focus on. But lack of knowledge leads to inconsistencies as clinicians use their own interpretations of the questions, says consultant **Lucy Andrews** with Santa Rosa, CA-based **Creative Solutions Home Care Services**. And this can affect your reimbursement and outcomes, she stresses.

Nurses and therapists can't learn OASIS all at once. Agencies need to plan ongoing education to update clinicians and improve accuracy.

What to do:

1. Policy review. Make it a standard practice to review all OASIS policies and procedures annually, says OASIS trainer **Patricia Jump**, president of Stewartville, MN-based **Acorn's End Training & Consulting**. Then ask clinicians to read and sign off on the review. It is a beneficial way to educate staff on OASIS and alert them to practices that may not be in alignment with the policies, Jump tells **Eli**.
2. Focused Training. Concentrate first on the prospective payment system case-mix OASIS items, since these affect reimbursement, Adams suggests (see Eli's OASIS Alert, Vol. 4, No. 11). Also review items that are associated with outcomes that the agency is unhappy with, she adds (see chart "Show Your Staff How Their Answers Lead to Outcomes").

A good approach to refreshers is to have staff present a case study of a patient many are familiar with and see how everyone would score that patient's OASIS. Inconsistencies almost always show up, allowing staff to learn from each other, Adams says.

3. Coding review. ICD-9 codes change annually and agencies must go over these changes with clinical staff, since coding changes can affect the accuracy of medical information. "Even if the agency is lucky enough to have a designated coder, clinical staff need to know about the changes," Adams advises. Clinicians need to understand how changes may affect their decisions on the clinical diagnoses to use.

The designated coder can choose the numerical code, but it is based on the assessment information clinicians provide, she cautions.

Even better: Have a regular schedule for updating OASIS training. There is a continual flow of clarifications on the correct way to interpret the OASIS items and scoring options, Adams reminds agencies.

Plan to insert an OASIS item assessment scenario regularly into staff meetings. Providing a periodic update during the year is more effective than a single review, she advises.