

OASIS Alert

Training: Use 5 Steps To Kick Start Your OASIS-C Preparation

Analyze your processes now to avoid last-minute headaches.

OASIS-C is fast approaching -- meaning you must start prepping for the new form now unless you want to wind up scrambling for compliance later.

In November, the **Centers for Medi-care & Medicaid Services** issued its latest draft of the OASIS retool, which includes several new process-based items. For instance, the new start of care form under OASIS-C will have 105 M0 items, compared to the current 76, CMS points out.

The form is likely to undergo some tweaks before CMS issues the final version later this year, but agencies can expect the basic structure to stay the same, experts predict.

You can start some of the most time-consuming parts of OASIS-C preparation now, advised Chicago-based regulatory consultant **Rebecca Friedman Zuber** in a December audioconference sponsored by **Eli**, "OASIS-C: What You Need to Know Now About this Major Assessment Overhaul." She suggests you take these steps:

1. Assess clinical processes and make improvements. The new OASIS-C form asks HHAs to address a wide range of new clinical issues with process-based M0 items -- vaccinations, pain, pressure ulcers, diabetes, cardiac issues, depression, falls, and medications.

CMS has been eager to implement assessment items based on processes like they have for nursing homes, experts say. Then they'll be able to use such measures on Home Health Compare and, possibly, to create a five-star rating system such as the one just launched for nursing homes.

Maybe you already address all these items or maybe you're currently addressing just a few. Either way, now's the time to review what you're doing and improve it, Friedman Zuber advised in the session. (See related box, p. 11, for questions to ask yourself in the process.)

Once you have your new and improved clinical processes in place, you'll have an easier time answering the new M0 items.

Example: CMS will add three new items on risk assessment, care planning, and interventions for pain (M1242, M1244, and M1246). You'll need to look at what standardized tool you use to assess pain and how the care plan addresses management of it. Remember, "Pain is the new vital sign," Friedman Zuber said.

CMS may be using the new tool to impact more than just HHAs, Friedman Zuber added. The new M1326 asks, "Are moisture retentive dressings specified on the physician-ordered plan of care?" and M1328 asks, "Since the previous OASIS assessment, were moisture retentive dressings used?"

These questions aim to get docs to consider using evidence-based practice for pressure ulcer treatment. "Plenty of data out there shows that moisture-retentive dressings are the way to go for treatment of pressure ulcers," Friedman Zuber noted. "CMS is clearly using home health as a tool to move physicians in this direction."

2. Identify screening tools. The new OASIS-C form asks agencies about using four screening tools: for pain (M1242), pressure ulcers (M1300), depression (M1730), and fall risk (M1930). The form also asks about medication review (M2000), Friedman Zuber noted.

If you don't already have standardized screening tools in place for these items, now is the time to acquire them, she

advised.

3. Train staff and evaluate their competency. It's too early to educate your staff on the new OASIS-C form, but you should begin training them now on the new underlying assessment tools you adopt, Friedman Zuber urged.

Educate staff, then evaluate their competency with the new tools and add more education if necessary, she said. If you can get that part down pat before OASIS-C hits, your training on the new form itself will be simpler and the resulting data more reliable.

4. Start talking to software and form vendors. OASIS-C will have a wide-ranging impact on your operations, Friedman Zuber warned. The new form will affect your billing software, your clinical documentation system and forms, and your HAVEN or other OASIS reporting software.

It's never too early to begin communicating with your current vendors -- or potential new ones -- about the changes.

5. Formulate your OASIS-C training plan. It's unlikely that CMS will make significant changes to the OASIS-C form, but that's always a possibility, Friedman Zuber cautioned. Hold off on training on the new form until later in the year -- probably in the early fall.

However, you should get staff involved in the steps you're working on now -- assessing clinical processes and adopting new screening tools, Friedman Zuber counseled. This will help secure staff buy-in and show them how the information they collect will be used.

Note: To order a recording of the OASIS-C session, go to www.audioeducator.com/industry_conference.php?id=1306 or call 1-800-508-2582.