Home Health Coding and OASIS Expert

Assessment: Don't Overlook Coordination at End of Episode

Take time to update the 485 for recerts.

Many home health agencies struggle with coordination of care, and even those who take great pains to get everyone on the same page at the start of care don't always take a thorough approach at the end of an episode. Could lax case management be taking a toll on your agency's outcomes?

Coordination of care is important for optimum patient care, and takes on even more importance in the proposed changes to the home health Conditions of Participation. With well-planned case management, all the disciplines involved in a patient's care work together to meet the patient's needs and improve the agency's outcomes, said **Sharon Litwin, RN, BS, MHA, with 5 Star Consultants** in Camdenton, Mo.

When all disciplines work together to manage patient care, the approach to completing the OASIS can improve and become standardized, Litwin said during the recent **Eli**-sponsored audioconference "Case Management The Key to Success in Homecare." When agencies don't establish standards for completing the OASIS, the result can be poor outcomes especially when there isn't a lot of thought being put into completing the discharge OASIS, she said.

Hold A Formal Case Conference

Gathering the interdisciplinary team together for a formal monthly case conference for each patient is a good practice, but it can be especially important for patients with ends of episodes approaching in two to three weeks, Litwin said.

"Many agencies do a lot of work at the beginning of the episode, but at the end, they leave it on the shoulders of the field RN," Litwin said. Determining whether to discharge or recertify a patient is a big decision and is best approached as a team, she cautioned.

Why? If you opt to discharge a patient not realizing that there is still a skilled need, you could lose that patient. And if you decide to recertify the patient, but it turns out that there's no skilled need, you're risking a denial.

"Whether to discharge or recertify is not an easy decision in many cases, and the decision should not be made by one person; this needs to be the team's decision in order to assure that goal-driven care is provided," Litwin said. Sometimes the result will be that one discipline needs to discharge, but another will recertify. Whatever the outcome, taking time to discuss the decision will improve your chances of making the right choice.

Take Time for Discharge Assessment

Another related area that may take some additional time is completing the discharge assessment. This process shouldn't be a rushed re-hashing of what was submitted on the previous OASIS, but rather a thorough and objective assessment of the patient's current condition, following the same approaches your agency used at admission and throughout the episode, Litwin said.

"The results of your patient's outcomes and of your agency's outcome measurements (OBQI) depend on this consistency," Litwin said.

If you opt for recertification, make certain that all disciplines seeing the patient continue to communicate. And discuss whether the goals need revision. This is one area that is often overlooked at recert, Litwin said.

Tip: Make certain that your Plan of Care (485) at recert doesn't mirror the one from the previous episode, Litwin advised. And be sure to document the reason the patient needs to recertify and outline new and revised goals for this episode.

Note: Order a recording or transcript of Litwin's audioconference "Case Management The Key to Success in Homecare" here: www.audioeducator.com/home-health/case-management-system-04-14-2015.html.