

Home Health Coding and OASIS Expert

Risk Factors: Prepare for a Less Subjective Take on Hospitalization Risk

Watch for a change in Item Intent.

The OASIS item that tracks your patients' risks for returning to the hospital has a new number, new responses, and new instructions in OASIS-C1/ICD-9. Treat this item like the same old question and you could be making a big mistake.

Currently, M1032: Risk for Hospitalization asks "Which of the following signs or symptoms characterize this patient as at risk for hospitalization?" Your options include:

- 1 Recent decline in mental, emotional, or behavioral status
- 2 Multiple hospitalizations (2 or more) in the past 12 months
- 3 History of falls (2 or more falls or any fall with an injury in the past year)
- 4 Taking five or more medications
- 5 Frailty indicators, e.g., weight loss, self-reported exhaustion
- 6 Other
- 7 None of the above

In OASIS-C1, this item becomes M1033 and your response options will change to the following (new or changed items in italics):

- 1 History of falls (2 or more falls or any fall with an injury in the past 12 months)
- 2 Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- 3 Multiple hospitalizations (2 or more) in the past 6 months
- 4 Multiple emergency department visits (2 or more) in the past 6 months
- 5 Decline in mental, emotional, or behavioral status in the past 3 months
- 6 Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7 Currently taking 5 or more medications
- 8 Currently reports exhaustion
- 9 Other risk(s) not listed in 1-8
- 10 None of the above

When changes to an item substantively change the question or response options in OASIS-C1/ICD-9, they get a new number. So M1032 is now M1033. In this case, the item includes new responses as well as updates to the Item Intent and Response-Specific Instructions.

The revised M1033 now:

- Collects data on factors that literature indicates are predictive of hospitalization.
- Provides guidance on the time period under consideration for each of the responses.
- Includes reordered responses to reflect the length of the look-back period.

Start Tracking Additional Risks

New risk factors in M1033 include multiple emergency department visits and difficulty in complying with the plan of care, points out **Beth Johnson, MBA, BSN, RN, CRRN, HCS-D, HCS-O**, with Johnson, Richards, & Associates, in Brighton, Mich. Also note that "fatigue" has been removed as a predictive factor and replaced with "exhaustion," she says.

Response "2" for weight loss specifies the number of pounds over the time period and provides additional clarity that the

response refers to unintentional weight loss, Johnson says.

New wording: "Clinicians should note the deliberate choice of 'difficulty complying'" in response "6," Johnson says. "It is the intent throughout the OASIS document to avoid the term 'non-compliance' in favor of terminology ('non-adherence,' 'difficulty complying') that is less paternalistic and which may carry a less negative, judgmental connotation. This language change is in keeping with the focus on patient-centered medical homes and encouraging people to be more active participants in maintenance of their health," she says.

Watch Your Timing

Keep a close eye on the sequencing of the responses for this new item. Responses "1" and "2" reference the past 12-month period, responses "3" and "4" look at the prior six months, responses "5" and "6" consider the prior three months, while responses "7" and "8" speak to the patient's current condition. "This may require a more extensive history than clinicians are currently accustomed to taking at time of admission or resumption of care," Johnson says.

Assessment tip: "We've always recommended that, whenever possible, assessment visits should be scheduled when a caregiver or other reliable historian is available to assist with health history questions," Johnson says. "We find that when patients have pain or other symptoms, or have just been discharged from a facility, they may not always be able to access history information as easily as they might have done when their health was at its optimal status."

Mind this Item Intent Shift

The responses for M1033 are objective and no longer require professional judgment, said **Linda Krulish, PT, MHS, COS-C**, president of Redmond, Wash.-based **OASIS Answers** during the Sept. 3 **Centers for Medicare & Medicaid Services** OASIS-C1 implementation webinar.

The Item Intent has also been updated to underscore this change from subjective to objective responses. The Item intent for M1032 was "Identifies patient characteristics that may indicate the patient is at risk for hospitalization in the care provider's professional judgment."

The Item Intent for M1033 is simply "Identifies patient characteristics that may indicate the patient is at risk for hospitalization."