

OASIS-C1

Time for a Check-Up!

WY Department of Health, State Surveying & Licensing
and Mountain-Pacific Quality Health



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1

Presentation Outline:

- Review Types of changes in OASIS-C1
- Item Guidance Review and Application Scenarios related to the most challenging OASIS-C1 items
- Discuss importance of accurate OASIS-C1 data collection
- Review CMS OASIS resources for OASIS-C1



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2

What's New About "C1"?

OASIS-C1/ICD-9 data set

TYPES OF CHANGES MADE:

- Some C items **deleted**
- Data collection **dropped at various time points**
- Existing C items **revised/refined**
- Existing C items **replaced** with a new -C1 item
- Existing C Item **split** into 2 items

Change: Item Deleted

Directions for M1310, M1312, and M1314: If the patient has one or more unhealed (non-epithelialized) Stage III or IV pressure ulcers, identify the **Stage III or IV pressure ulcer with the largest surface dimension (length x width)** and record in centimeters. If no Stage III or Stage IV pressure ulcers, go to M1320.

(M1310) Pressure Ulcer Length: Longest length "head-to-toe" | ___ | ___ | . | ___ | (cm)

(M1312) Pressure Ulcer Width: Width of the same pressure ulcer; greatest width perpendicular to the length
| ___ | ___ | . | ___ | (cm)

(M1314) Pressure Ulcer Depth: Depth of the same pressure ulcer; from visible surface to the deepest area
| ___ | ___ | . | ___ | (cm)

Change: Data Collection Time Period Modified

(M2110) How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?

- 1 - At least daily
- 2 - Three or more times per week
- 3 - One to two times per week
- 4 - Received, but less often than weekly
- 5 - No assistance received
- UK- Unknown

Will Be No Longer
Collected at Discharge
with OASIS-C1

Collected at SOC, ROC & ~~DC~~

Change: Existing C Item Revised/Refined

(M2015) Patient/Caregiver Drug Education Intervention: At the time of, or at any time since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?

- 0 - No
- 1 - Yes
- NA - Patient not taking any drugs

Important Wording
Refinements

CHANGE: C Item Replaced with new –C1 Item

M1033 Risk for Hospitalization (M1032 in OASIS-C)

(M1033) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)

- 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

M1032 – “weight loss”

M1032 – “recent decline”

M1032 – “self-reported exhaustion”

7

CHANGE: C Item Split into 2 new –C1 Items

M1309 Worsening in Pressure Ulcer Status since SOC/ROC (replacing column 2 of M1308 in OASIS-C)

(M1309) Worsening in Pressure Ulcer Status since SOC/ROC:

Instructions for a – c: For Stage II, III and IV pressure ulcers, report the number that are new or have increased in numerical stage since the most recent SOC/ROC

	Enter Number (Enter “0” if there are no current Stage II, III or IV pressure ulcers OR if all current Stage II, III or IV pressure ulcers existed at the same numerical stage at most recent SOC/ROC)
a. Stage II	
b. Stage III	
c. Stage IV	

Instructions for d: For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.

	Enter Number (Enter “0” if there are no Unstageable pressure ulcers at discharge OR if all current Unstageable pressure ulcers were Stage III or IV or were Unstageable at most recent SOC/ROC)
d. Unstageable due to coverage of wound bed by slough or eschar	

8

Let's Take a Closer Look...



How do you feel about the “M1830 Bathing” change?

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
 - (a) for intermittent supervision or encouragement or reminders, OR
 - (b) to get in and out of the shower or tub, OR
 - (c) for washing difficult to reach areas.
- 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person **throughout the bath.**
- 6 - Unable to participate effectively in bathing and is bathed totally by another person. you feel about

Guidance:

“Select Response 5 if the patient is unable to bathe in the tub/shower and needs intermittent or continuous assistance to wash their entire body safely at a sink, in a chair or on a commode.”

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
 - (a) for intermittent supervision or encouragement or reminders, OR
 - (b) to get in and out of the shower or tub, OR
 - (c) for washing difficult to reach areas.
- 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person **throughout the bath.**
- 6 - Unable to participate effectively in bathing and is bathed totally by another person.

OASIS-C

OASIS-C1

What about “M1900 Prior Functioning ADL/IADL” change?

Functional Area	Independent	Needed Some Help	Dependent
a. Self-Care (e.g., grooming, dressing, and bathing)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Ambulation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Transfer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Household tasks (e.g., light meal preparation, laundry, shopping)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

OASIS-C

Guidance

“Self-care” refers specifically to grooming, dressing, bathing, and toileting hygiene.
 “Household tasks” refers specifically to light meal preparation, laundry, shopping, and phone use.

Functional Area	Independent	Needed Some Help	Dependent
a. Self-Care (specifically: grooming, dressing, bathing, and toileting hygiene)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Ambulation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Transfer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Household tasks (specifically: light meal preparation, laundry, shopping, and phone use.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

OASIS-C1

11



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Does the “M1334 Stasis Ulcer Status” change make perfect sense?

M1334) Status of Most Problematic (Observable) Stasis Ulcer:

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing

OASIS-C

Guidance

“The response option “Newly epithelialized” should not be selected for a healed stasis ulcer, as a completely epithelialized (healed) stasis ulcer is not reported as a stasis ulcer on OASIS.”

(M1334) Status of Most Problematic Stasis Ulcer that is Observable:

- Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing

OASIS-C1

12



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M1033 Risk for Hospitalization

(M1033) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? **(Mark all that apply.)**

- 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

Revised to:

Collect data on factors identified in literature as predictive of hospitalization.

Provide guidance on time period under consideration for responses.

Responses reordered to reflect length of look back period.

13

Application Scenario – M1033

SCENARIO: At the SOC, Miss Ginsburg complained that for over a month, she's been exhausted all the time, to the point of forgetting to take her medications and eat her prescribed diet. Her weight has been stable at 110 pounds for years but she has lost 5 pounds in the last 3 months.

On the day of assessment, she was taking 7 medications. Her personal assistant reported Miss Ginsburg has required 4 trips to the hospital's ER over the last 5 months.

Based on this information, how should M1033, Risk for Hospitalization be answered?

Select correct answer:

- A) 4, 6, 7 and 8
- B) 2, 4, 6, 7 and 8
- C) 6, 7 and 8
- D) 4 and 7

14

M1041 Influenza Vaccine

(M1041) Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?

- 0 – No [Go to M1051]
- 1 – Yes

Revised item title to reflect changed content being collected.

Revised item stem to clarify time period for reporting influenza vaccine status.

Skip directions revised due to numbering changes.

15



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M1046 Reason Influenza Vaccine not Received

M1046 Influenza Vaccine Received: Did the patient receive the influenza vaccine for this year's flu season?

- 1 - Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
- 2 - Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
- 3 - Yes; received from another health care provider (for example; physician, pharmacist)
- 4 - No; patient offered and declined
- 5 - No; patient assessed and determined to have medical contraindication(s)
- 6 - No; not indicated – patient does not meet age/condition guidelines for influenza vaccine
- 7 - No; inability to obtain vaccine due to declared shortage
- 8 - No; patient did not receive the vaccine due to reasons other than those listed in responses 4 – 7.

Simplified item to report reason patient did or did not receive influenza vaccine from any source.

Eliminated “during this episode of care” and “from your agency” from the item stem.

Added explanatory language from OASIS-C1 Guidance Manual.

16



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Application Scenario – M1041/M1046

SCENARIO: Mr. Marshall was admitted to Heavenly Home Care October 17th and discharged on November 2nd. Record review revealed he informed the admitting PT that he received the flu vaccine back in August from a nurse from Heavenly Home Care when they were at his ALF.

How would M1041, Influenza Vaccine Data Collection Period & M1046, Influenza Vaccine Received be answered I in this case?

Select correct answer:

- A) M1041 = 0-No; M1046 - Skipped
- B) M1041 – Skipped; M1046 - Skipped
- C) M1041 = 1-Yes; M1046 = 3-Yes; received from another health care provider (for example: physician, pharmacist)
- D) M1041 = 1-Yes; M1046 = 2-Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)

17

M1051 Pneumococcal Vaccine

(M1051) Pneumococcal Vaccine: Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?

- 0 - No
- 1 - Yes [Go to M1500 at TRN; Go to M1230 at DC]

Simplified item to report if patient has ever received pneumococcal vaccine.

Eliminated “during the episode of care” and “from your agency” from the item stem.

Changed “PPV” to “pneumovax”

18

M1056 - Reason Pneumococcal Vaccine not received

(M1056) Reason Pneumococcal Vaccine not received: If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:

- 1 - Offered and declined
- 2 - Assessed and determined to have medical contraindication(s)
- 3 - Not indicated; patient does not meet age/condition guidelines for pneumococcal vaccine.
- 4 - None of the above

Simplified item to report reason patient never received pneumococcal vaccination.
Eliminated “during the episode of care” and “from your agency” from the item stem.
Changed “PPV” to “pneumovax.”

19

Application Scenario – M1051/M1056

SCENARIO: Record review at discharge reveals Mrs. Sotomayor has never had the pneumovax. A clinical note explains the RN offered it to her but she refused stating it would make her sick.

How would M1051, Pneumococcal Vaccine, M1056, Reason Pneumococcal Vaccine Not Received be answered?

Select correct answer:

- A) M1051 = NA; M1056 - Skipped
- B) M1051 = 1-Yes; M1056 - Skipped
- C) M1051 = 0-No; M1056 = 1-Offered and declined.
- D) M1051 = 0-No; M1056 = None of the above

20

M1309 - Worsening in Pressure Ulcer Status since SOC/ROC

(M1309) Worsening in Pressure Ulcer Status since SOC/ROC:

Instructions for a – c: For Stage II, III and IV pressure ulcers, report the number that are new or have increased in numerical stage since the most recent SOC/ROC

	Enter Number (Enter "0" if there are no current Stage II, III or IV pressure ulcers OR if all current Stage II, III or IV pressure ulcers existed at the same numerical stage at most recent SOC/ROC)
a. Stage II	
b. Stage III	
c. Stage IV	

Instructions for d: For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.

	Enter Number (Enter "0" if there are no Unstageable pressure ulcers at discharge OR if all current Unstageable pressure ulcers were Stage III or IV or were Unstageable at most recent SOC/ROC)
d. Unstageable due to coverage of wound bed by slough or eschar	

Collects information at Discharge which was previously collected in M1308 column 2 on worsening pressure ulcer status. Harmonized with nursing home (MDS) and CARE instruments. Includes pressure ulcers that are unstageable due to slough/eschar.



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M1309 - Reporting Algorithm

CURRENT STAGE at Discharge	Look back to most recent SOC/ROC.	PRIOR STAGE at most recent SOC/ROC		REPORT AS NEW OR WORSENE?
a. Stage II at discharge	If same pressure ulcer at most recent SOC/ROC was:	Not present	→	YES
		Stage I	→	NO
		Stage II	→	NO
		Stage III	→	NA (reverse staging not allowed)
		Stage IV	→	NO
b. Stage III at discharge	If same pressure ulcer at most recent SOC/ROC was:	Not present	→	YES
		Stage I	→	NO
		Stage II	→	NO
		Stage III	→	NO
		Stage IV	→	NA (reverse staging not allowed)
c. Stage IV at discharge	If same pressure ulcer at most recent SOC/ROC was:	Not present	→	YES
		Stage I	→	NO
		Stage II	→	NO
		Stage III	→	NO
		Stage IV	→	NO
d. Unstageable due to slough or eschar at discharge	If same pressure ulcer at most recent SOC/ROC was:	Not present	→	YES
		Stage I	→	NO
		Stage II	→	NO
		Stage III	→	NO
		Stage IV	→	NO
		Unstageable	→	NO



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Application Scenario – M1309

SCENARIO: Mr. Scalia had a Stage II pressure ulcer on his left elbow at SOC, a reported Stage IV pressure ulcer covered with a non-removable dressing on his left buttock. At DC, the Stage IV on the left buttock could be observed and a small amount of muscle was visible, the left elbow ulcer was now a Stage IV with bone visible and there was a new Stage II on his left ear.

Instructions for a – c: For Stage II, III and IV pressure ulcers, report the number that are new or have increased in numerical stage since the most recent SOC/ROC	
a. Stage II	
b. Stage III	
c. Stage IV	
Instructions for d: For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.	
d. Unstageable due to coverage of wound bed by slough or eschar	

Select correct answer:

- A) a=1, b=1, c=0, d=0
- B) a=1, b=0, c=1, d=0
- C) a=1, b=0, c=0, d=1
- D) a=1, b=0, c=2, d=0

23

M2102 Types and Sources of Assistance

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.)

Type of Assistance	No assistance needed – patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/ supportive services to provide assistance	Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
a. ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. IADL assistance (for example, meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Clarification that "caregiver" excludes care by agency staff
- Clarification that "No assistance needed from Caregiver in this area" means that the patient is independent or does not have needs in this area
- Combined "Caregiver(s) not likely to provide assistance" and "Caregiver(s) unwilling/unable to provide assistance."
- Abbreviations eliminated for clarity ("e.g." replaced with "for example")

24

Application Scenario – M2102

SCENARIO: By the end of the SOC comprehensive assessment the RN had determined that her new patient, Mrs. O'Conner, who had memory deficits, needed assistance to safely get in/out of the shower and dressing. Those needs were currently being met by the daughter. The caregiver is having minor surgery and asked if the agency could provide a home health aide for the next two weeks. Mrs. O'Conner is ordered to begin a home exercise program. Both she and her daughter needed instruction from the PT. The caregiver stated she would be afraid to help her mother exercise.

Type of Assistance	No assistance needed –patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/ supportive services to provide assistance	Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
a. ADL assistance (for example: transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Medical procedures/ treatments (for example: changing wound dressing, home exercise program)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Select correct answer:

- A) Row a = 1; Row d = 2 C) Row a = 3; Row d = 3
 B) Row a = 2; Row d = 0 D) Row a = 3; Row d = 4

25

M2250 – Plan of Care Synopsis

(M2250) Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference.
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
c. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Falls risk assessment indicates patient has no risk for falls.
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment and/or physician notified that patient screened positive for depression	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no diagnosis of depression AND depression screening indicates patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.

Revised the "Not Applicable" responses for all rows except "a"
 Response "d" added physician notification for positive depression screening.

26

M2250 – Plan of Care Synopsis (Continued)

(M2250) Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Pain assessment indicates patient has no pain.
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Pressure ulcer risk assessment (clinical or formal) indicates patient is not at risk of developing pressure ulcers.
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

Revised the "Not Applicable" responses for all rows except "a".

27



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Application Scenario – M2250

SCENARIO: While being treated at the hospital for an exacerbation of his CHF, Mr. Rehnquist was diagnosed with depression and started on an antidepressant. At the ROC assessment, he screened positive for signs of depression that required further evaluation. Before completing the ROC assessment, the RN notified the physician of his positive screen even though she believed he would improve with continued adherence to the current antidepressant drug therapy. No additional orders for treatment of depression were obtained before completing the ROC assessment.

(M2250) Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment and/or physician notified that patient screened positive for depression	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no diagnosis of depression AND depression screening indicates patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.

Select correct answer:

- A) 0-No
- B) 1-Yes
- C) NA
- D) Either NA or Yes would be appropriate

28



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OASIS-C1

Don't Risk the consequences of poorly or partially trained data collectors.

A commitment to ongoing OASIS education at the level of the assessing clinician is the key to Success.

29



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Importance of OASIS Accuracy

- 1. Quality Reporting**
2. Survey Success
3. Reimbursement

30



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Process-Based Quality Improvement (PBQI)

- A quality improvement approach, based on research that indicates patient outcomes are positively impacted by the incorporation of best practices into the plan of care

Process Measures

All Patients' Process Quality Measure Report

Agency Name: PARCARE HOME HEALTH SERVICES
 Agency ID: H0401
 Location: ANYTOWN, USA
 CCN: 007001 Branch: All
 Medication Number: 999999001
 Date Report Printed: 03/1/2017

Requested Current Period: 03/01/2017
 Requested Prior Period: 02/01/2017
 Actual Current Period: 03/01/2017
 Actual Prior Period: 02/01/2017
 # Cases: Current: 701
 # Cases: Prior: 652
 Number of Cases in #

This report has not been approved to meet privacy requirements and can only be used by the agency and state agency for defined purposes.

Process Quality Measures: Timely Care		Process Quality Measures: Care Coordination	
Timely Initiation Of Care	701	Physician Notification Guidelines Established	701
Eligible Cases Current	543	Eligible Cases Current	531
# Cases with outcome	77	# Cases with outcome	78
% Cases with outcome	652	% Cases with outcome	52
Eligible Cases Prior	66	Eligible Cases Prior	71
% Cases with outcome	0.00	% Cases with outcome	0.00
Significance	2599007	Significance	0.00
Eligible Cases National Reference	73	Eligible Cases National Reference	2599007
% Cases with outcome	0.01	% Cases with outcome	0.00
Significance		Significance	

PROCESS MEASURE DOMAINS

- Timely Care
- Care Coordination
- Patient Assessment
- Care Planning
- Care Plan Implementation
- Education
- Prevention

M2250 Plan of Care Synopsis: (Check only **one** box in each row.) Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable	
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference
b. Diabetic foot care in the presence of the patient's feet, extremities and on proper foot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
c. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Falls risk assessment indicates patient has no risk for falls.
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment and/or physician notified that patient screen positive for depression	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient has no diagnosis of depression AND depression screening indicates patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Pain assessment indicates patient has no pain.
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Pressure ulcer risk assessment (clinical or formal) indicates patient is not at risk of pressure ulcers.
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing has been requested.

Understand & Take Advantage of Your Compliant Options!
JUST NOTIFICATION COUNTS!

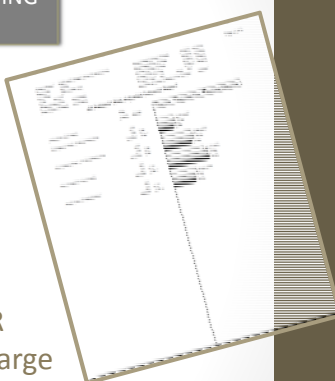
Understand & Take Advantage of Your Compliant Options!
IF "YES" AND "NA" – PICK "YES"

Outcome-Based Quality Improvement (OBQI)

Using the "Other Follow-up" to reassess patient status has it's advantages!

Understand & Take Advantage of Your Compliant Options!
CONSIDER QUALITY REPORTING BENEFITS OF RFA 5

- No Other Follow-up (RFA 5) after ER Visit – Emergent Care captured and reported at Discharge = Higher **Any Emergent Care** Outcome
- If Other Follow-up (RFA 5) collected after ER Visit – Emergent Care not reported at Discharge (RFA 9) = Lower **Any Emergent Care** Outcome



Dividends from your OASIS training investment

1. Quality Reporting
2. Survey Success
3. Reimbursement

35



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Conditions of Participation: OASIS Expectations

- §484.55 Comprehensive Assessment must be conducted, including use of the current version of OASIS
- §484.20 OASIS data must accurately reflect the patient's status at the time of assessment

36



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Outcome-Based Quality Monitoring (OBQM)

- The process by which agencies investigate specific **potentially avoidable event outcomes** to identify areas of care needing improvement, then develop and implement a plan for improving the quality of care.

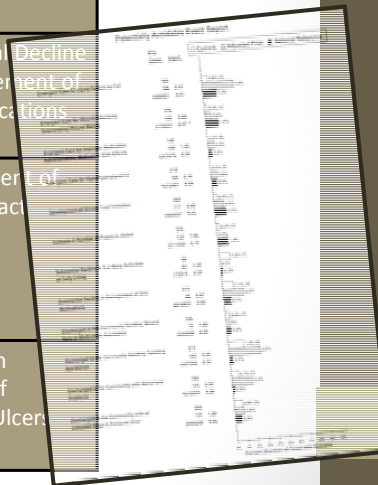
37



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Potentially Avoidable Events

Emergent Care for Injury Caused by Fall	DC to Community Needing Wound Care or Medication Assistance	Substantial Decline in Three or More Activities of Daily Living
Emergent Care for Wound Infections, Deteriorating Wound Status	DC to Community Needing Toileting Assistance	Substantial Decline in Management of Oral Medications
Emergent Care for Improper Medication Administration, Medication Side Effects	DC to Community With Behavioral Problems	Development of Urinary Tract Infection
Emergent Care for Hypo/Hyperglycemia	DC to Community with an Unhealed Stage II Pressure Ulcer	Increase in Number of Pressure Ulcers



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OASIS-based Reports & Survey Time!

**CMS HHA Training Worksheet
OBQM & OBQI Reports
Pre-survey Process and Sample Selection**

Potentially Avoidable Event Report (for most recent quarter, or longer if necessary to reach 60 patients)	Any Patients Listed?	Difference \geq Two Times Ref. Value?	Area for Focus (check box)	Record Review* (check box)	Home Visit*
Tier 1 PAE Outcomes					
• Emergent Care for Injury Caused by Fall	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	yes
• Emergent Care for Wound Infections, Deteriorating Wound Status	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	yes
Tier 2 PAE Outcomes					
• Emergent Care for Improper Medication Administration, Medication Side Effects	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Emergent Care for Hypotension	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
• Substantial Decline in 2-Three Activities of Daily Living	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community Needing Wound Care or Medication Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community Needing Toiletting Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
• Discharged to the Community with Behavioral Problems	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no
OBQI Outcome Reports (for most recent 12 month period)	\geq 30 Eligible Cases? (check if yes)	Difference from Ref. Value?	Statistically Sig.? (check if yes)	Outcomes for Focus (check two)**	
• Improvement in Upper Body Dressing	<input type="checkbox"/>	\geq 10% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Bedlinen	<input type="checkbox"/>	\geq 10% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Transferring	<input type="checkbox"/>	\geq 15% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Ambulation/Locomotion	<input type="checkbox"/>	\geq 7% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Management of Oral Medication	<input type="checkbox"/>	\geq 10% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improvement in Observation	<input type="checkbox"/>	\geq 15% lower	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39

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Impact of Data Error on Survey Process

Your patient tripped over his cat, but did not fall. He hit his lower leg on the coffee table and sustained a laceration which was treated in the ER.

How is this reported on M2310 Emergent Care Reason?

(M2310) Reason for Emergent Care: For what reason(s) did the patient receive emergent care (with or without hospitalization)? (Mark all that apply.)

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3-14 ...
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Other than above reason
- UK - Reason unknown

**The most common mistakes will result
Inaccurate data, an inaccurately unfavorable PAE Report,
& unnecessary survey action.**

40

Dividends from your OASIS training investment

1. Quality Reporting
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3. Reimbursement

41



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Healing Status of Stage III or IV Pressure Ulcers

OASIS ITEM

(M1306) Does this patient have at least one **Unhealed Pressure Ulcer at Stage II or Higher** or designated as **Unstageable**? (Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)

0 - No [Go to M1322]

1 - Yes

1306
Gateway
to 1308

- **Stage III and IV pressure ulcers CLOSE**
 - Contraction, granulation, and epithelialization
- **Never fully HEAL**

OASIS ITEM

(M1308) Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable. (Enter "0" if none; Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)

Stage Descriptions—unhealed pressure ulcers	Number Currently Present
a. Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.	---
b. Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	---
c. Stage IV: Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	---
d.1 Unstageable: Known or likely but Unstageable due to non-removable dressing or device	---
d.2 Unstageable: Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar.	---
stageable: Suspected deep tissue injury in evolution.	---



42



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Healing Status of a Surgical Wound

OASIS ITEM

(M1342) Status of Most Problematic Surgical Wound that is Observable

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing



**DON'T THINK THAT
"NON-HEALING" IS ONLY
USED IN SITUATIONS
OF ABNORMAL HEALING**

Guidance released April 2010
CMS OASIS Q&A Cat 4b Q112.6.1

43

Healing Status of a Surgical Wound

OASIS ITEM

(M1342) Status of Most Problematic Surgical Wound that is Observable

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing



**DON'T THINK THAT
"NON-HEALING" IS ONLY
USED IN SITUATIONS
OF ABNORMAL HEALING**

44

CMS' National OASIS-C1 Webinar



OASIS-C1 Implementation Webinar



Presented Live September 3, 2014

Patricia Sevast, RN - Centers for Medicare & Medicaid Services

Linda Krulish, PT, MHS, COS-C – OASIS Answers, Inc.

Archived Recording located at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/Training.html>



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45

CMS-based OASIS Resources:

OASIS Item Guidance

OASIS ITEM

(G0100) Grooming Current ability to tend safety hazards, hair care, shaving or make up, hair.

0 - Able to groom self unaided, with

1 - Grooming utensils must be placed

2 - Someone must assist the patient

3 - Patient depends entirely upon so

ITEM INTENT

Identifies the patient's ability to tend to personal hygiene. The intent of the item is to identify the patient's management and behavioral care and the focus of a patient's grooming, given the current physical and mental environment. The patient must be viewed from a holistic perspective, including any physical or mental impairments (for example, limited range of motion, sensory impairments, or cognitive impairments) or environmental barriers (for example, inaccessible grooming facilities).

TIME POINTS (ITEMS) COMPLETED

Start of care

Recupitation of care

Discharge from agency – not to an inpatient facility

RESPONSE-SPECIFIC INSTRUCTIONS

The patient's ability may change as the patient's medical or social situation changes. If a patient's response changes during the assessment, the assessor should document the patient's response at the time of the assessment. If a patient's response changes during the assessment, the assessor should document the patient's response at the time of the assessment.

DATA SOURCES / RESOURCES

Observation/demonstration is the preferred method.

Patient/caregiver interview.

Wound, Ostomy and Continence Nurses Society's Guidance on OASIS-C1 Integumentary Items: Best Practice for Clinicians

Wound Ostomy and Continence Nurses Society®



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46

OASIS-C1 data collection resources

- OASIS-C1/ICD-9 data set
- OASIS-C1/ICD-9 Guidance Manual (06/14)
- CMS OASIS Q&As (06/14)
- CMS OASIS Quarterly Q&As (07/14 & forward)
- WOCN Guidance on OASIS-C1 Integumentary Items
- CMS OASIS Q&A Mailbox
(cmsoasisquestions@oasisanswers.com)

47



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Thank you...

Questions?

48



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