OASIS Excellence for Agency Success

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Fazzi Associates, Inc.

The Impact of OASIS on Agency Success

Optimal Outcomes
Quality Care
Superior Plans of Care
Minimal Emergent Care
Satisfied Patients
Minimal Hospital Admissions
Stellar Star Ratings
Accurate Agency Payment

OASIS-C2

OASIS Accuracy = Agency Success!
2017 National OASIS Testing Project Results

Fifty-five multiple choice questions

Fifty questions impact outcomes, star ratings, and/or potential agency reimbursement

- Questions reflect common errors noted during audits of patient records across the country
- Content mirrors concepts found to be most challenging when providing onsite agency education

2017 National OASIS Testing Project Results

What do the numbers show?
- 1,061 individuals completed the test
- Average score: 56.5%
- Median score: 56%
- Score range: 22% - 100%

2017 National OASIS Testing Project Score Range
2017 National OASIS Testing Project Results

Quality Outcome Items
• 18 of 55 questions impact publically reported outcomes

Reimbursement Items
• 28 of 55 questions impact agency reimbursement

Value Based Purchasing
• 12 of 55 questions used in Value Based Purchasing calculations

Getting It Right – Two Common Issues Lead to OASIS Inaccuracy:

• Incomplete assessment in the home setting
  ➢ Best practice assessment requires The OASIS Walk®
  ➢ Regular supervision is required in the field to monitor clinician assessment techniques

• Inability to translate assessment findings into correct OASIS responses based on CMS guidance
  ➢ Education must be ongoing and reinforce key concepts
  ➢ Real-time quality checks of OASIS responses are essential
The OASIS Walk® – Step by Step

• Observe the patient ambulating or propelling their wheelchair to the bathroom
  ➢ Did they remember to take their assistive device and use it correctly?
  ➢ Did they show good safety awareness or were they furniture/wall walking and/or displaying impulsivity?

The OASIS Walk® – Step by Step

• Observation (continued)…
  ➢ Were they able to maintain physician activity restrictions?
  ➢ Did dyspnea develop, and at what level of exertion?
  ➢ Did they require cueing, supervision, or assistance part or all of the time?
The OASIS Walk® – Step by Step

• Assess environmental issues
  ➢ Were pathways clear and could patient navigate in their environment?
  ➢ Were they able to access the bathroom?
  ➢ Was all needed equipment present for toilet transfers?
  ➢ Where were toileting supplies stored?
  ➢ Was the shower accessible, working, and safe for use?

The OASIS Walk® – Step by Step

• Observe activities in the bathroom
  ➢ Could the patient safely transfer on/off the toilet?
  ➢ Was endurance sufficient to stand at the sink and groom?
  ➢ Could the patient demonstrate basic grooming activities?
  ➢ Were issues like cognition, depression, or anxiety impairing self-care abilities?
  ➢ Could the patient demonstrate a safe shower transfer?
  ➢ Could the patient demonstrate basic bathing activities?
The OASIS Walk® – Step by Step

• Walk with the patient to the usual sleeping surface and check accessibility of clothing
  ➢ Could the patient sit on the bed safely or were there concerns about balance, bed height, or ability to maintain physician restrictions?
  ➢ Could the patient retrieve, remove, and replace shoes, socks, upper body clothing, and lower body clothing with good balance and safety awareness?

The OASIS Walk® – Step by Step

• Bed transfer observation
  ➢ Did the patient require help moving from sit to supine and back?
  ➢ How much assistance was required to move to the next sitting surface and back?
  ➢ Was a device needed for the transfer process?
The OASIS Walk® – Step by Step

• Walk with the patient to the kitchen
  ➢ Could the patient access food and cooking items from their storage location?
  ➢ Did the patient have endurance to allow for food prep?
  ➢ Was supervision or assistance needed to move around the kitchen preparing foods or to carry items to the table?

The OASIS Walk® – Step by Step

• Have the patient retrieve medications and demonstrate obtaining medications from their bottles
  ➢ Could the patient retrieve meds safely and independently and dispose of needles?
  ➢ Could the patient read labels and open bottles?
Think M1860 First!

• Does the patient require cueing, reminders to use the device, supervision, standby assistance, contact guard assistance, or direct assistance at all times?

• M2020 and M2030 – how is the patient safely retrieving oral meds and a beverage or retrieving injected meds and disposing of needles?

➢ Select Response 3 if assistance is needed

Think M1860 First!

• M1800-Grooming

➢ Select Response 1 if another person must accompany patient to the grooming items or bring grooming items to the patient

<table>
<thead>
<tr>
<th>(M1800) Grooming: Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Code</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
Think M1860 First!

- M1810/M1820-Upper/Lower Body Dressing
  - Select Response 1 if another person must accompany patient to gather clothing or must bring clothing to the patient

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.</td>
</tr>
<tr>
<td>1</td>
<td>Able to dress upper body without assistance if clothing is laid out or handed to the patient.</td>
</tr>
<tr>
<td>2</td>
<td>Someone must help the patient put on upper body clothing.</td>
</tr>
<tr>
<td>3</td>
<td>Patient depends entirely upon another person to dress the upper body.</td>
</tr>
</tbody>
</table>

-M1820 Current Ability to Dress Lower Body safety (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Able to obtain, put on, and remove clothing and shoes without assistance.</td>
</tr>
<tr>
<td>1</td>
<td>Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.</td>
</tr>
<tr>
<td>2</td>
<td>Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.</td>
</tr>
<tr>
<td>3</td>
<td>Patient depends entirely upon another person to dress lower body.</td>
</tr>
</tbody>
</table>

Think M1860 First!

- M1830-Bathing
  - Select Response 2 at a minimum if another person must accompany patient to the shower

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

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
Think M1860 First!

- M1830-Bathing
  - Select Response 3 if concerns about balance or endurance indicate a need for another person to be present throughout showering.

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

3  Able to participate in bathing self in shower or tub, **but** requires presence of another person throughout the bath for assistance or supervision.

Think M1860 First!

- M1840-Toilet Transfer
  - Select Response 1 if another person must accompany patient to/from the toilet.

(M1840) **Toilet Transferring:** Current ability to get to and from the toilet or bedside commode safety and transfer on and off toilet/commode.

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Able to get to and from the toilet and transfer independently with or without a device.</td>
</tr>
<tr>
<td>1</td>
<td>When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Unable</strong> to get to and from the toilet but is able to use a bedside commode (with or without assistance).</td>
</tr>
<tr>
<td>3</td>
<td><strong>Unable</strong> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.</td>
</tr>
<tr>
<td>4</td>
<td>Is totally dependent in toileting.</td>
</tr>
</tbody>
</table>
Think M1860 First!

- M1845-Toileting Hygiene
  - Select Response 1 if another person must accompany patient to gather toileting supplies or must bring toileting supplies to the patient
  - Select Response 2 if balance issues indicate a need for another person to be present when adjusting clothing

Common OASIS Errors – M1850 Bed Transfer

- How is the patient getting to the next sitting surface independently when it’s not next to the bed? Is assistance from another person is always required to safely ambulate?
  - Walking to that next sitting surface with a device along with cues, reminders, supervision, standby assistance, contact guard assistance, or direct assistance means Response 1 cannot be selected
Common OASIS Errors – M1850 Bed Transfer

- Response 1 applies only if the patient needs **minimal** human assistance OR an assistive device to complete the transfer
- Response 2 applies if **BOTH** minimal assistance AND a device are required to complete the transfer
- Response 2 applies if **MORE THAN** minimal assistance is required to complete the transfer

<table>
<thead>
<tr>
<th>(M1850) Transferring:</th>
<th>Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.</th>
</tr>
</thead>
</table>
| Enter Code: | 0 | Able to independently transfer. 
| | 1 | Able to transfer with minimal human assistance or with use of an assistive device. 
| | 2 | Able to bear weight and pivot during the transfer process but unable to transfer self. 
| | 3 | Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 
| | 4 | Bedfast, unable to transfer but is able to turn and position self in bed. 
| | 5 | Bedfast, unable to transfer and is unable to turn and position self. |

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**Common OASIS Errors – M1850 Bed Transfer**

- Frequently answered incorrectly – about 1 in 10 records on OASIS audits. Selecting Response 1 when Response 2 is appropriate during an early episode with less than 14 therapy visits means a loss of $240 in reimbursement!

<table>
<thead>
<tr>
<th>PPS Payment Data</th>
<th>Agency</th>
<th>Audited</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHRG</td>
<td>C2F2S2</td>
<td>C2F3S2</td>
</tr>
<tr>
<td>CMW</td>
<td>1.2534</td>
<td>1.3251</td>
</tr>
<tr>
<td>Wage Index Adj. Payment</td>
<td>$4,206.54</td>
<td>$4,447.47</td>
</tr>
<tr>
<td>NRS Add-on</td>
<td>$51.35</td>
<td>$51.35</td>
</tr>
<tr>
<td><strong>PPS Estimated Payment</strong></td>
<td><strong>$4,257.89</strong></td>
<td><strong>$4,498.82</strong></td>
</tr>
</tbody>
</table>

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**OASIS Item**

- **M0110** 1 - Early
- **M1021 a** 247.1 - Aftercare Following Joint Replacement
- **M1021 b** 248.441 - Right Hip Replaced
- **M1242** 2 - Pain Daily but Not Constantly
- **M1342** 1 - Not Hearing
- **M1810** 1 - Able to Dress Upper Body Once Clothing Retrieved
- **M1820** 2 - Requires Assistance to Dress Lower Body
- **M1830** 5 - Unable to Shower; Needs Assistance to Sponge Bathe
- **M1840** 1 - Needs Assistance To/From and On/Off Toilet
- **M1850** 1 - Transfers with Min Assist or Assistive Device
- **M1860** 3 - Requires Assistance to Ambulate At All Times
- **M2200** 13 Therapy Visits

**PPS Estimated Payment**

- **Total Clinical Points:** 3
- **Total Functional Points:** 15

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**Home Health Joint Replacement Patient New Jersey - Atlantic County #12100 when M1850 = '1'**

- **Total Clinical Points:** 3
- **Total Functional Points:** 15

**Home Health Joint Replacement Patient New Jersey - Atlantic County #12100 when M1850 = '2'**

- **Total Clinical Points:** 3
- **Total Functional Points:** 18
Common OASIS Errors – M1030 Infusions

- External and implanted medication pumps are captured as an in-home infusion even if the agency is not providing any related care
- Flushing an intravenous access device to maintain patency is captured in M1030 as an infusion if taking place in the home, even when no other medications or solutions are being administered

(M1030) Therapies the patient receives at home: (Mark all that apply.)

☐ 1 Intravenous or infusion therapy (excludes TPN)
☐ 2 Parenteral nutrition (TPN or lipids)
☐ 3 Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
☐ 4 None of the above

Common OASIS Errors – Pressure Ulcers

- Epithelialized Stage 2, 3, and 4 pressure ulcers are never captured on the OASIS
- M1313-Worsening in Pressure Ulcer Status Since SOC/ROC
  - Always refer to the M1313 Reporting Algorithm in the OASIS-C2 Guidance Manual when answering M1313
  - “Worsening” is defined as an increase in the stage of the pressure ulcer
Common OASIS Errors – M1313 Worsening in Pressure Ulcer Status Since SOC/ROC

- Data collection underway on January 1st, 2017 for public reporting beginning January 2019

### OASIS ITEM Reporting algorithm for M1313

<table>
<thead>
<tr>
<th>CURRENT STAGE at Discharge</th>
<th>Look back to most recent SOC/ROC</th>
<th>PRIOR STAGE at most recent SOC/ROC</th>
<th>REPORT AS NEW OR WORSENED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Stage 2 at Discharge</td>
<td>If some pressure ulcer at most recent SOC/ROC was:</td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>• Not present</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Stage 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Covered with a non-removable dressing/device, then documented as a Stage 1 at any home visit or Follow-Up assessment(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Stage 2</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>• Stage 3</td>
<td></td>
<td>NA (Stage 3 or 4 could not become a Stage 2)</td>
</tr>
<tr>
<td></td>
<td>• Stage 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Covered with a non-removable dressing/device and remains Unstageable until assessed as a Stage 2 at Discharge</td>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>
Common OASIS Errors – M1320 Healing Status of Most Problematic Observable Pressure Ulcer

Pressure Ulcers are NEVER
0-Newly Epithelialized
1-Fully Granulating
- Bed filled with granulation tissue to the level of surrounding skin; and
- No dead space; and
- No avascular tissue (eschar and/or slough); and
- No signs or symptoms of infection; and
- Wound edges open.
2-Early/Partial Granulation
- ≥ 25% of the wound bed is covered with granulation tissue; and
- < 25% of the wound bed is covered with avascular tissue (eschar and/or slough); and
- No signs or symptoms of infection; and
- Wound edges open.
3-Not Healing
- Wound with ≥ 25% avascular tissue (eschar and/or slough); or
- Signs/symptoms of infection; or
- Clean but non-granulating wound bed; or
- Closed/hyperkeratotic wound edges; or
- Failure to improve despite appropriate comprehensive wound management.

Select 1 or 2 or 3

Stage 4
Stage 3

Common OASIS Errors – M1342 Status of Most Problematic Observable Surgical Wound

- Surgical wounds healing by primary intention (staples, sutures, surgical glue, steri strips) heal by epithelialization, not by granulation
- Mark only 3-Not Healing or 0-Newly Epithelialized for surgical wounds healing by primary intention
- Drainage from a wound healing by primary intention indicates epithelialization isn’t complete and 3-Not Healing must be selected
Common OASIS Errors – M1340 and M1342
Surgical Wounds

• Any central venous access line or device and anything that can be used for dialysis would always be captured as a surgical wound on the OASIS

• Select 3-Not Healing if a line or device protrudes through the skin. The presence of the line/device prevents granulation and prevents epithelialization, meaning other responses cannot apply

Common OASIS Errors – M2020 and M2030
Oral and Injected Medications

• Think safety first – retrieving meds, retrieving a beverage, disposing of needles

• Are you convinced the patient took medications as prescribed? Did they requiring prompting and to explain what meds were taken at what times?

• Mark 3-Unable to take medication unless administered by another person if unclear or if med set-up and/or reminders didn’t work

• Mark 3-Unable to take medication if an ordered, required med wasn’t in the home at SOC/ROC
A Perfect OASIS Means Nothing without a Perfect Plan of Care!

- OASIS = Patient Advocacy!
  - The OASIS drives the plan of care
  - Address areas of risk identified on the OASIS
  - Support OASIS findings with strong narrative documentation

Questions?
Need Additional Information?

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