



Home Health VNA OASIS Outcome Improvement Project Tip Sheet

 <u>OUTCOME BOOSTERS:</u> These practices contribute to better outcomes.		 <u>OUTCOME BUSTERS:</u> These practices contribute to outcome declines.
➤ Understand the big picture of outcomes, including the financial impact	➤ Use your Palm to view SOC OASIS scores to give yourself a baseline to work from	➤ Telephone discharges
➤ Take credit for the improvement <i>after</i> you implement the change. If you intervene at the admission visit to enable the patient to do something, make sure you score the level of function you found <i>before</i> your intervention.	➤ Check OASIS scores after the admission visit to make sure the assessment accurately captured the patient's level of function.	➤ Guessing at OASIS answers
➤ Make sure the primary does the discharge. The primary knows the patient best.	➤ Communicate regularly on interdisciplinary cases	➤ Poor continuity of care (Too many clinicians seeing a patient)
➤ When scoring OASIS read the answers from the bottom up	➤ Get and stay competent on the OASIS assessment	➤ Not planning for discharge
➤ Make sure the primary does either the admission visit or the next visit to set the plan of care in motion.	➤ Communicate with home health aides to promote improvements	➤ Not doing the OASIS walk
➤ Remember the "Rule of Twos" when completing an OASIS. If the patient requires two forms of assistance to complete an activity (verbal cues, reminders, standby assist, hands-on assist, assistive devices, and/or adaptive equipment), they should be scored a 2 or higher.	➤ When completing an OASIS, add the word "Safely" in the phrase when you assess a patient's ability to engage in an activity. For example, "Able to walk (<i>safely</i>) only with the supervision or assistance of another person at all times." Remember: Unsafe=Unable	➤ Discharging too soon
➤ Consult QA nurses for tips on interpreting OASIS items	➤ Overlapping visits between disciplines are okay and promote better assessment and communication. They are encouraged.	➤ Giving an incomplete report that does not define areas targeted for improvement (not outcome focused)
➤ Support the "Cue Don't Do" campaign, which helps home health aides improve outcomes by encouraging patients with rehabilitative potential to do as much as possible for themselves	➤ Judge the patient's ability, not performance when completing the OASIS. If they walk without a cane but clearly should be using one, score accordingly.	➤ Not asking when unsure of how to interpret an OASIS item
➤ Know how we're doing as an agency on our outcomes and how we compare to state and national benchmarks	➤ Know your dashboard and compare to benchmarks, so you know which outcomes you should personally target for improvement	
➤ Remember that your documentation must support your OASIS score		