OASIS D
What the Future Holds
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Presented by:
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OASIS D: WHAT WE KNOW

- The proposed OASIS D item set was released March 2018
- The draft OASIS D Guidance Manual is scheduled for release in July 2018
- The final version of the OASIS D is scheduled for release in November 2018

OASIS D: THE BASIC FACTS

- Implementing OASIS D on January 1st, 2019. This is usually based on the M0090-Date Assessment Completed
- Removing: 28 M-Items
- Abbreviating: 1 M-Item
- Adding: 4 GG-Items and 2 J-Items

113 OASIS C2 Items 2018
- 28.5 OASIS C2 Items 2019
+ 6 OASIS D Items 2019

NOT simple addition and subtraction!
OASIS D: RATIONALE FOR CHANGING

• CMS estimates an overall decrease in data collection times for OASIS:
   SOC = 11.4 minutes less time to complete
   ROC = 11.4 minutes less time to complete
   F/U = 0.6 minutes less time to complete
   TOC = 11.4 minutes less time to complete
   D/C = 2.7 minutes less time to complete
   DAH = 0.9 minutes more time to complete

• **BUT**, not all OASIS Items are created equally!

OASIS D: ITEMS REMOVED FROM OASIS

• C2 Items Removed:
   M1011 – Inpatient Diagnoses ★
   M1017 – Diagnoses Requiring Treatment Change ★
   M1025 – Optional Payment Diagnoses ★
   M1034 – Overall Status
   M1210 – Hearing
   M1220 – Understanding Speech
   M1230 – Ability to Speak
   M1300 – Assessment for Pressure Ulcer Risk ★
   M1302 – Risk for Pressure Ulcers Identified ★
   M1313 – Worsening in Pressure Ulcer Status ★
   M1320 – Healing Status of Most Problematic Pressure Ulcer
   M1350 – Skin Lesion or Open Wound
   M1410 – Respiratory Treatments

★ = Time Saver!
★ = No Time Savings
OASIS D: ITEMS REMOVED FROM OASIS

• C2 Items Removed:
  ➢ M1501 – Symptoms in Heart Failure ⭐
  ➢ M1511 – Heart Failure Follow-Up ⭐
  ➢ M1615 – When Does Urinary Incontinence Occur
  ➢ M1750 – Psychiatric Nursing Services ⚫
  ➢ M1880 – Ability to Plan and Prepare Meals
  ➢ M1890 – Ability to Use the Telephone
  ➢ M1900 – Prior Functioning ADL/IADL
  ➢ M2040 – Prior medication Management
  ➢ M2102a-e SOC – Assistance Available for ADLs, IADLs, Medications, Medical Procedures, and Equipment ⭐
  ➢ M2102b&e D/C – Assistance Available for IADLs and Equipment
  ➢ M2430 – Reason for Hospitalization ⭐
  ➢ M0903 – Date of Last Home Visit

⭐ = Time Saver!
⚫ = No Time Savings

OASIS D: CHANGE IN OUTCOME CALCULATION

New: Changes in Skin Integrity Post-acute Care: Pressure Ulcer/Injury
Old: Percent of Residents or Patient with Pressure Ulcers that are New or Worsened

• M1311 will be used for calculations starting January 1, 2019
• Now includes new or worsening unstageable pressure injuries
• Including unstageable pressure ulcers in the calculation starting 1-1-2019 will increase the number of patients reported as having new or worsened pressure ulcers
**OASIS D: ITEMS ADDED TO THE OASIS**

**GG0100. Prior Functioning: Everyday Activities:** Indicate the patient’s usual ability with everyday activities prior to the current illness, exacerbation, or injury.

<table>
<thead>
<tr>
<th>Coding</th>
<th>Enter Codes in Boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</td>
<td>A. Self Care: Code the patient’s need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.</td>
</tr>
<tr>
<td>2. Needed Some Help – Patient needed partial assistance from another person to complete activities, 1. Dependent – A helper completed the activities for the patient, 8. Unknown, 9. Not Applicable</td>
<td>B. Indoor Mobility (Ambulation): Code the patient’s need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.</td>
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<td>C. Stairs: Code the patient’s need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.</td>
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<td>D. Functional Cognition: Code the patient’s need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.</td>
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</table>

**GG0110. Prior Device Use.** Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

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<thead>
<tr>
<th></th>
<th>Check all that apply</th>
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<tbody>
<tr>
<td></td>
<td>A. Manual wheelchair</td>
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<td></td>
<td>B. Motorized wheelchair and/or scooter</td>
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<tr>
<td></td>
<td>C. Mechanical lift</td>
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<td>D. Walker</td>
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<td></td>
<td>E. Orthotics/Prosthetics</td>
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<td>Z. None of the above</td>
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OASIS D: NEW OUTCOME CALCULATION

Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

- OASIS-C2 ADL items assess current ability vs. new items that evaluate usual performance at the time of admission and discharge for goal setting purposes
- Most items collected at SOC, ROC, F/U, and D/C – some items are omitted at F/U
- At least one goal must be selected to include the patient in outcome calculations

<table>
<thead>
<tr>
<th>GG0130. Self-Care</th>
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<tbody>
<tr>
<td><strong>Code the patient’s usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).</strong></td>
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<tr>
<td><strong>Coding:</strong></td>
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<td>06.</td>
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<tr>
<td>05.</td>
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<td>04.</td>
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<td>03.</td>
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<td>02.</td>
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<td>01.</td>
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<tr>
<td><strong>If activity was not attempted, code reason:</strong></td>
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## OASIS D: NEW OUTCOME CALCULATION

<table>
<thead>
<tr>
<th>SOC/ROC Performance</th>
<th>Discharge Goal</th>
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<tbody>
<tr>
<td><strong>1.</strong></td>
<td><strong>2.</strong></td>
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<tr>
<td>Enter Codes in Boxes ↓</td>
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### A. Eating
The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.

### B. Oral Hygiene
The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures from and to the mouth, and manage equipment for soaking and rinsing them.

### C. Toiletting Hygiene
The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

### E. Shower/bathe self
The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.

### F. Upper body dressing
The ability to dress and undress above the waist; including fasteners, if applicable.

### G. Lower body dressing
The ability to dress and undress below the waist, including fasteners; does not include footwear.

### H. Putting on/taking off footwear
The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
**OASIS D: NEW OUTCOME CALCULATION**

**GG0170. Mobility**

Code the patient’s usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

**Coding:**
- Safety and Quality of Performance – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.
- Activities may be completed with or without assistive devices.
- Independent – Patient completes the activity by him/herself with no assistance from a helper.
- Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**
- 07. Patient refused
- 09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical conditions or safety concerns

**1. SOC/ROC Performance** | **2. Discharge Goal**
---|---
| | A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. |
| | B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. |
| | C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. |
| | D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. |
| | E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). |
| | F. Toilet transfer: The ability to get on and off a toilet or commode. |
| | G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. |
| | I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. |

*If SOC/ROC performance is coded 07, 09, 10 or 88 → skip to GG0170M. 1 step (cure)*
## OASIS D: NEW OUTCOME CALCULATION

<table>
<thead>
<tr>
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<th>1. SOC/ROC Performance</th>
<th>2. Discharge Goal</th>
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<tbody>
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<td><strong>Enter Codes in Boxes</strong></td>
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<tr>
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<th>J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.</th>
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<tbody>
<tr>
<td></td>
<td>K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.</td>
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<tr>
<td></td>
<td>L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.</td>
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<td></td>
<td>M. 1 step (curb): The ability to go up and down a curb and/or up and down one step.</td>
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<tr>
<td></td>
<td>N. 4 steps: The ability to go up and down four steps with or without a rail.</td>
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<tr>
<th></th>
<th>O. 12 steps: The ability to go and down 12 steps with or without a rail.</th>
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</thead>
<tbody>
<tr>
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<td>P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.</td>
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<td>Q. Does patient use wheelchair/scooter?</td>
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<tr>
<td></td>
<td>0. No → Skip G0170R, G0170RR1, G0170S, and G0170SS1.</td>
</tr>
<tr>
<td></td>
<td>1. Yes → Continue to G0170R. Wheel 50 feet with two turns.</td>
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<tr>
<td></td>
<td>R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.</td>
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<tr>
<td></td>
<td>RR1. Indicate the type of wheelchair or scooter used.</td>
</tr>
<tr>
<td></td>
<td>1. Manual</td>
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<tr>
<td></td>
<td>2. Motorized</td>
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<td></td>
<td>S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.</td>
</tr>
<tr>
<td></td>
<td>SS1. Indicate the type of wheelchair or scooter used.</td>
</tr>
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OASIS D: NEW OUTCOME CALCULATION

Application of The Percent of Residents Experiencing One or More Falls with Major Injury

- J1800-Any Falls Since SOC/ROC and J1900-Number of Falls Since SOC/ROC are captured on the Transfer, Discharge and Death At Home OASIS
- Concerns expressed over home health’s inability to be in the home 24/7 vs. other post-acute care settings

OASIS D: NEW OUTCOME CALCULATION

Section J | Health Conditions
---|---
J1800. Any Falls Since SOC/ROC, whichever is more recent
Enter Code
Has the patient had any falls since SOC/ROC, whichever is more recent?
0. No → Skip J1900
1. Yes → Continue to J1900. Number of Falls Since SOC/ROC, whichever is more recent

J1900. Number of Falls Since SOC/ROC, whichever is more recent
CODING:
0. None
1. One
2. Two or more
Enter Codes in Boxes

- A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient’s behavior is noted after the fall
- B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
- C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

- No risk adjustment is provided as this is a “never event”
OASIS D: Get Ready, Get Set, Go!

What to do now:
• Solidify accuracy in OASIS-C2! While there are a lot of changes with OASIS C, there is still a good amount of OASIS-C2 that will remain the same.

➤ Additional education on these problematic OASIS-C2/D Items is highly recommend:
  • M1030 Infusion Therapy Received in the Home $$
  • M1242 Pain Interfering with Activity $$ OC ★
  • M1311 Stage 2, 3, 4 or Unstageable Pressure Ulcers Present $$
  • M1340/1342 Surgical Wounds $$ OC
  • M1830 Bathing $$ OC ★
  • M1850 Bed Transfers $$ OC ★
  • M1860 Ambulation $$ OC ★
  • M2020 Oral Med Management OC

$$ Payment Item
OC Home Health Compare Outcome
★ Star Rating Item

What to do now:
• If onsite training is needed, begin booking trainers now.

• Talk with your online training vendors or internal training staff on how they plan to transition to OASIS D.

• Agencies will need to consider how items difficult to assess will be managed
  ➢ Discuss collaboration between nursing and therapy where appropriate
  ➢ Define appropriate use of responses
    8 – Unknown
    07 – Patient Refused
    09 – Not Applicable
    10 – Not Attempted Due to Environmental Limitations
    88 – Not Attempted Due to Medical Conditions or Safety Concerns
**OASIS D: Get Ready, Get Set, Go!**

**What to do later:**
- Put all current staff through crosswalk training in November. Subtlety and nuances of new data collection items will require ongoing education and cannot wait until the last week of December!

- Test staff competency with OASIS D in December, BEFORE they are using the new instrument.

- Begin transitioning your OASIS training for NEW staff from OASIS-C2 to OASIS D in December.

- Ensure that any training programs you currently use are fully updated to OASIS D by January 1, 2019.

- Consider retesting staff in OASIS D first quarter 2019.