

OASIS ITEM
(M1500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (such as dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment? ☐ 0 - No [<i>Go to M2004 at TRN; Go to M1600 at DC</i>] ☐ 1 - Yes ☐ 2 - Not assessed [<i>Go to M2004 at TRN; Go to M1600 at DC</i>] ☐ NA - Patient does not have diagnosis of heart failure [<i>Go to M2004 at TRN; Go to M1600 at DC</i>]
ITEM INTENT
Identifies whether a patient with a diagnosis of heart failure experienced one or more symptoms of heart failure at the time of the most recent OASIS assessment or since that time. This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices/assessments stated in the item are not necessarily required in the Conditions of Participation.
TIME POINTS ITEM(S) COMPLETED
Transfer to inpatient facility Discharge from agency – not to inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS
• Select Response options 0, 1, or 2 if the patient has a diagnosis of heart failure, regardless of whether the diagnosis is documented elsewhere in the OASIS assessment. • Select "NA" if the patient does not have a diagnosis of heart failure. • If the patient has a diagnosis of heart failure, select Response 1 – Yes, to report symptoms associated with heart failure even if there are other co-morbidities that also could produce the symptom (e.g., dyspnea in a patient with pneumonia and heart failure). • Consider any new or ongoing heart failure symptoms that occurred at the time of the previous OASIS assessment or since that time.
DATA SOURCES / RESOURCES
• Review of clinical record including physical assessment data, weight trends, clinical notes using HHA systems put into place to accomplish such a review (e.g., flow sheets, reports from electronic health record data). • A complete list of symptoms of heart failure can be found in clinical heart failure guidelines in Chapter 5 of this manual.

OASIS ITEM
(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.) ☐ 0 - No action taken ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day ☐ 2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room) ☐ 3 - Implement physician-ordered patient-specific established parameters for treatment ☐ 4 - Patient education or other clinical interventions ☐ 5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)
ITEM INTENT
Identifies actions the home health care providers took in response to symptoms of heart failure that occurred at the time of the most recent OASIS assessment or since that time. This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.
TIME POINTS ITEM(S) COMPLETED
Transfer to an inpatient facility Discharge from agency - not to an inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS
• Include any actions that were taken in response to HF symptoms at least one time at the time of the last OASIS assessment or since that time. • If the interventions are not completed as outlined in this item, select Response 0 – No action taken. However, in this case, the care provider should document rationale in the clinical record. • If Response 0 is selected, none of the other responses should be selected. • Response 1 includes communication to the physician or primary care practitioner made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status. Response 1 is an appropriate response only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions on the <i>same day</i>. Same day means by the end of <i>this</i> calendar day. In many situations, other responses also will be marked that indicate the action taken as a result of the contact (i.e., any of responses 2-5). • Response 2 should be selected when the patient exhibits symptoms of heart failure that require immediate attention in an emergency room and is advised to do so. It is not selected when a patient is educated to go to the ER or call 911 based on pre-established parameters. • Response 3 would be the best response for a situation in which either the home care clinician reminds the patient to implement or is aware that the patient is following physician-established parameters for treatment • Response 4 includes "Patient education," referring to the effective sharing of pertinent heart failure-related information to increase patient knowledge, skill, and responsibility. Simply providing a patient with printed materials regarding heart failure without assessment of their understanding of the content should not be considered patient education. • Interventions provided via the telephone or other telehealth methods utilized to address heart failure symptoms can be reported.

Guidance for this item updated 12/2012

DATA SOURCES / RESOURCES

- Review of clinical record including physical assessment data, weight trends, clinical notes, etc., at the time of the previous OASIS assessment or since that time.
- Physician-ordered home health plan of care
- Examples of standard clinical guidelines can be found in Chapter 5 of this manual.