

| OASIS ITEM |
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| <p>(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.)</p> <p> <input type="checkbox"/> 0 - No action taken <input type="checkbox"/> 1 - Patient's physician (or other primary care practitioner) contacted the same day <input type="checkbox"/> 2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room) <input type="checkbox"/> 3 - Implement physician-ordered patient-specific established parameters for treatment <input type="checkbox"/> 4 - Patient education or other clinical interventions <input type="checkbox"/> 5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.) </p> |
| ITEM INTENT |
| <p>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.</p> |
| TIME POINTS ITEM(S) COMPLETED |
| <p>Transfer to an inpatient facility</p> <p>Discharge from agency - not to an inpatient facility</p> |
| RESPONSE—SPECIFIC INSTRUCTIONS |
| <ul style="list-style-type: none"> • 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.