

OASIS ITEM				
<b>(M2250) Plan of Care Synopsis:</b> (Check only <u>one</u> box in each row.) Does the physician-ordered plan of care include the following:				
Plan / Intervention	No	Yes	Not Applicable	
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not diabetic or is bilateral amputee
c. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not assessed to be at risk for falls
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient has no diagnosis or symptoms of depression
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	No pain identified
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not assessed to be at risk for pressure ulcers
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient has no pressure ulcers with need for moist wound healing
ITEM INTENT				
<p>Identifies if the physician-ordered home health plan of care incorporates specific best practices. The "physician ordered plan of care" means that the patient condition has been discussed and there is agreement as to the plan of care between the home health agency staff and the physician.</p> <p>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				
Start of care Resumption of care				
RESPONSE—SPECIFIC INSTRUCTIONS				
<ul style="list-style-type: none"> <li>Select "Yes" if the POC contains orders for best practice interventions as specified in each row, based on the patients needs.               <ul style="list-style-type: none"> <li>The physician plan of care includes all additional orders as an extension of the original Plan of Care.</li> </ul> </li> <li>"Yes" is an appropriate response if the intervention is in the POC even if the assessment indicated the intervention was not applicable.</li> </ul>				

**Guidance for this item updated 12/2011**

**RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item 2250)**

- This question can be answered “Yes” prior to the receipt of signed orders if the clinical record reflects evidence of communication with the physician to include specified best practice interventions in the plan of care. Assuming all other OASIS information is completed, the Date Assessment Completed (M0090) then becomes the date of the communication with the physician to establish the Plan of Care that includes interventions listed in M2250.
- Select “No” if the best practice interventions specified in this item are not included in the plan of care that was developed as a result of the comprehensive assessment, unless the plans/interventions specified in that row are not appropriate for this patient - see guidance on selecting NA for each row below.
- Select “No” when orders for interventions have been requested but not authorized by the end of the comprehensive assessment time period, unless otherwise indicated in row g. In this case, the care provider should document rationale in the clinical record. Reminder: These Plan of Care orders must be in place within five days of SOC or within two days of inpatient discharge at ROC in order to meet the measure definition.
- After reviewing physician orders for home health care and conducting a comprehensive assessment of the patient, the plan of care should be developed as required by Conditions of Participation: 484.14 Standard: Plan of Care. If the physician refers the patient under a plan of care that cannot be completed until after an initial visit and eligibility has been determined, the physician is consulted to approve additions or modification to the original plan.
- If the assessing clinician chooses to wait to complete M2250 until after discussion with another discipline that has completed their assessment and care plan development, this does not violate the requirement that the comprehensive assessment be completed by one clinician within the required time frame (within five days of SOC, within two days of discharge from the inpatient facility at ROC). For example, if the RN identifies fall risk during the SOC comprehensive assessment, the RN can wait until the PT conducts his/her evaluation and develops the PT care plan to determine if the patient’s Plan of Care includes interventions to prevent fall risk. The M0090 date should reflect the last date that information was gathered that was necessary for completion of the assessment.
- For each row a-g, select one response.
- Row a: If the physician-ordered plan of care contains specific clinical parameters relevant to the patient's condition that, when exceeded, would indicate that the physician should be contacted, select “Yes.” The parameters may be ranges and may include temperature, pulse, respirations, blood pressure, weight, wound measurements, pain intensity ratings, intake and output measurements, blood sugar levels, or other relevant clinical assessment findings. Select “NA” if the physician chooses not to identify patient-specific parameters and the agency will use standardized guidelines that are made accessible to all care team members.
- If the plan of care includes specific parameters ordered by the physician for this specific patient or after reviewing the agency's standardized parameters with the physician, s/he agrees they would meet the needs of this specific patient, select “Yes.” If there are no patient-specific parameters on the plan of care and the agency will not use standardized physician notification parameters for this patient, select “No.” If the agency uses their own agency standardized guidelines, which the physician has NOT agreed to include in the plan of care for this particular patient, select “NA.”
- Row b: If the physician-ordered plan of care contains both orders for a) monitoring the skin of the patient's lower extremities for evidence of skin lesions AND b) patient education on proper foot care, select “Yes.” If the physician-ordered plan of care contains orders for only one (or none) of the interventions, select “No.” Select “NA” if the patient does not have a diagnosis of diabetes or is a bilateral amputee.
- Row c: If the physician-ordered plan of care contains specific interventions to reduce the risk of falls, select “Yes.” Environmental changes and strengthening exercises are examples of possible fall prevention interventions. If the plan of care does not include interventions for fall prevention, mark “No” for the applicable line, whether or not an assessment for falls risk was conducted. Select “NA” if the clinician completed an assessment that indicated the patient was at low, minimal, or no risk for falls.

**Guidance for this item updated 12/2011**

**RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item 2250)**

- Row d: If the physician-ordered plan of care contains orders for further evaluation or treatment of depression, select “Yes.” Examples of interventions for depression may include new or existing medications, adjustments to already-prescribed medications, or referrals to agency resources (e.g., social worker). If the patient is already under physician care for a diagnosis of depression, interventions may include monitoring medication effectiveness, teaching regarding the need to take prescribed medications, etc. Select “NA” if the patient has no diagnosis of depression AND assessment indicated no symptoms of depression (or does not meet criteria for further evaluation or treatment if a standardized depression screening tool is used).
- Row e: If the physician-ordered plan of care contains interventions to monitor AND mitigate pain, select “Yes.” Medication, massage, visualization, biofeedback, and other intervention approaches have successfully been used to monitor or mitigate pain severity. If the physician-ordered plan of care contains orders for only one (or none) of the interventions (e.g., pain medications but no monitoring plan), select “No.” Select “NA” only if the clinician completed an assessment that indicated the patient has no pain.
- Row f: If the physician-ordered plan of care includes planned clinical interventions to reduce pressure on bony prominences or other areas of skin at risk for breakdown, select “Yes.” Planned interventions can include teaching on frequent position changes, proper positioning to relieve pressure, careful skin assessment and hygiene, use of pressure-relieving devices such as enhanced mattresses, etc. Select “NA” only if the clinician completed an assessment that indicated the patient is not at risk for pressure ulcers.
- Row g: If the physician-ordered plan of care contains orders for pressure ulcer treatments based on principles of moist wound healing (e.g., moisture retentive dressings) OR if such orders have been requested from the physician, select “Yes.” Select “NA” if the patient has no pressure ulcers needing moist wound healing treatments.
  - Moist wound healing treatment is any primary dressing that hydrates or delivers moisture to a wound thus promoting an optimal wound environment and includes films, alginates, hydrocolloids, hydrogels, collagen, negative pressure wound therapy, unna boots, medicated creams/ointments.

**DATA SOURCES / RESOURCES**

- Plan of care
- Physician's orders
- Clinical record
- Communication notes
- See Chapter 5 of this manual for links to additional resources.