

OASIS ITEM				
(M2400) Intervention Synopsis: (Check only one box in each row.) Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?				
Plan / Intervention	No	Yes	Not Applicable	
a. 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
b. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment
c. 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	Formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression since the last OASIS assessment
d. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Formal assessment did not indicate pain since the last OASIS assessment
e. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Formal assessment indicates the patient was not at risk of pressure ulcers since the last OASIS assessment
f. Pressure ulcer treatment based on principles of moist wound healing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Dressings that support the principles of moist wound healing not indicated for this patient's pressure ulcers <u>OR</u> patient has no pressure ulcers with need for moist wound healing

ITEM INTENT
<p>Identifies if specific interventions focused on specific problems were both included on the physician-ordered home health plan of care AND implemented as part of care provided during the home health care episode (at the time of the previous OASIS assessment or since that time). The physician-ordered plan of care means that the patient condition was discussed and there was agreement as to the plan of care between the home health agency staff and the patient's physician.</p> <p>This item is used to calculate process measures to capture the use of best practices. The problem-specific interventions referenced in the item may or may not directly correlate to stated requirements in the Conditions of Participation.</p> <p>The formal assessment that is referred to in the last column for rows b – e refers to the assessment defined in OASIS items for M1240, M1300, M1730, and M1910.</p>
TIME POINTS ITEM(S) COMPLETED
<p>Transfer to inpatient facility - with or without agency discharge</p> <p>Discharge from agency - not to an inpatient facility</p>

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2400)

- Select "Yes" if the physician-ordered plan of care (POC) includes the specified best practice interventions as specified in each row, at or since the previous OASIS assessment, and there is evidence of implementation in the clinical record. If orders are present and implemented, "Yes" may be selected even if the formal assessment was not conducted, or did not suggest a need for the particular intervention.
- Select "No" if the interventions are not on the plan of care OR if the interventions are on the plan of care but the interventions were not implemented by the time the discharge or transfer assessment was completed. For "No" responses, the care provider should document rationale in the clinical record.
- Select "NA" if the plans/interventions specified in the row are not appropriate for this patient. See guidance on selecting NA for each row below.
- Interventions provided by home health agency staff, including the assessing clinician, may be reported by the assessing clinician in M2400. For example, if the RN finds a patient to be at risk for falls, and the physical therapist implements fall prevention interventions included on the plan of care prior to the end of the allowed assessment time frame, the RN may select "Yes" for row b of M2400. The M0090 Date Assessment Completed should report the date the last information was gathered to complete the Comprehensive Assessment.
- For each row a-f, select one response.
- For rows b, c, e, and f, the intervention specified in the first column must be both on the physician-ordered plan of care AND implemented for "Yes" to be selected.
- For rows a and d, both of the interventions specified in the first column must be both on the physician-ordered plan of care AND implemented for "Yes" to be selected.
- For rows b-e, a formal assessment (as defined in the relevant OASIS item M1240, M1300, M1730, and M1910) must have been performed to select "Not Applicable."
 - An evaluation of clinical factors is not considered a formal assessment for M1300 pressure ulcer risk.
- Row a: 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 and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." If the physician-ordered plan of care contains orders for only one of the interventions and/or only one type of intervention (monitoring or education) or no intervention is documented in the clinical record, select "No." Select "NA" if the patient does not have a diagnosis of diabetes or is a bilateral amputee.
- Row b: If the physician-ordered plan of care contains specific interventions to reduce the risk of falls and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Environmental changes, strengthening exercises, and consultation with the physician regarding medication concerns are examples of possible falls prevention interventions. If the plan of care does not include interventions for fall prevention, and/or there is no documentation in the clinical record that these interventions were performed at the time of the previous OASIS assessment or since that time, mark "No." Select "NA" if a formal multi-factor Fall Risk Assessment indicates the patient was at low, minimal, or no risk for falls since the last OASIS assessment.
- Row c: If the physician-ordered plan of care contains interventions for evaluation or treatment of depression and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Interventions for depression may include new 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. If the plan of care does not include interventions for treating depression and/or if no interventions related to depression are documented in the clinical record at the time of the previous OASIS assessment or since that time, select "No." Select "NA" if formal assessment indicates patient did not meet criteria for further evaluation or treatment of depression AND patient did not have diagnosis of depression.

Guidance for this item updated 12/2012

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2400)

- Row d: If the physician-ordered plan of care contains interventions to monitor AND mitigate pain and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Medication, massage, visualization, biofeedback, and other intervention approaches have successfully been used to mitigate pain severity. If the physician-ordered plan of care contains orders for only one of the interventions (e.g., pain medications but no monitoring plan) and/or only one type of intervention (i.e., administering pain medications but no pain monitoring) or no interventions were documented at the time of the previous OASIS assessment or since that time, select "No." Select "NA" if formal assessment did not indicate pain.
- Row e: 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 and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, 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. If the plan of care does not include interventions to prevent pressure ulcers and/or no interventions were documented in the clinical record at the time of the previous OASIS assessment or since that time, select "No." Select "NA" if formal assessment indicates the patient was not at risk for pressure ulcers.
- Row f: 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) and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." If the plan of care does not contain orders for pressure ulcer treatments based on principles of moist wound healing and/or no pressure ulcer treatments based on principles of moist wound healing were documented at the time of the previous OASIS assessment or since that time, select "No." Select "NA" if dressings that support the principles of moist wound healing were not indicated for this patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing.

DATA SOURCES / RESOURCES

- Plan of care
- Physician's orders
- Clinical record
- Clinical assessment
- Communication notes
- Home Health Conditions of Participation
- Guidance on each particular item for the plan of care and intervention can be found in other item-by-item tips within this document.