

OASIS CLASS 5

Home Health VNA
Merrimack Valley Hospice
HomeCare, Inc.



The Leaders in Home Health and Hospice Care

Syllabus Class 5

- ▶ Best Practices
- ▶ Emergent Care
- ▶ D/C Disposition
- ▶ Intervention Synopsis
- ▶ Plan of Care Synopsis

M1240 Formal Pain Assessment

SOC/ROC

Has this patient had a formal Pain Assessment using a standardized, validated pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?

0 – No standardized, validated assessment conducted

1 – Yes, and it does not indicate severe pain

2 – Yes, and it indicates severe pain

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- ▶ Identifies if a standardized, validated pain assessment is conducted and whether a clinically significant level of pain is present, as determined by the assessment tool used.
- ▶ This is BEST PRACTICE NOT a condition of participation .

- ▶ Select Response 0 if such a tool was not used to assess pain.
- ▶ Select Response 1 or 2 based on the pain reported at the time the standardized, validated tool was administered, per the tool's instructions.

M1600 Treated for UTI

Soc/ROC /D/C –not to inpatient

Has this patient been treated for a
Urinary Tract Infection in the past 14
days?

0 – No

1 – Yes

NA – Patient on prophylactic treatment

UK – Unknown [Omit “UK” option on DC]

M1730 Depression Screen

SOC/ROC

Depression Screening: Has the patient been screened for depression, using a standardized, validated depression screening tool?

0 – No

1 – Yes, patient was screened using the PHQ-2©* scale.

Instructions for this two-question tool: Ask patient:

“Over the last two weeks, how often have you been bothered by any of the following problems?”

2 – Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression.

3 – Yes, patient was screened with a different standardized, validated assessment and the patient does not meet criteria for further evaluation for depression.

- ▶ Instructions for this two-question tool: Ask patient: “Over the last two weeks, how often have you been bothered by any of the following problems?”

a) Little interest or pleasure in doing things

b) Feeling down, depressed, or hopeless?

Then check the box for how many days pt reports this occurring

- ▶ Use of screening tool is best practice
- ▶ If pt scores 3 or $>$ on the screening you will need to continue to part 2 the PQH9

M1910 Fall Risk Assessment

SOC/ROC

Has this patient had a multi-factor Falls Risk Assessment using a standardized, validated assessment tool?

0 – No.

1 – Yes, and it does not indicate a risk for falls.

2 – Yes, and it does indicate a risk for falls.

- ▶ The Mahc 10 is the a validated standardized tool use by this agency
- ▶ A score of 4 or more on the mahc is at risk for falls
- ▶ At risk for falls –PT eval indicated and ? OT as well

M2000 Drug Regimen Review:

SOC/ROC

Does a complete drug regimen review indicate potential clinically significant medication issues (for example, adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?

0 – Not assessed/reviewed [Go to M2010]

1 – No problems found during review [Go to M2010]

2 – Problems found during review

NA – Patient is not taking any medications [Go to M2040



M2000 Identifies....

If a review of the pt's medication indicated the presence of potential clinically significant problems

Indicates all meds

Issues include :


- adverse reactions
- ineffective drug therapy
- side effects,
- drug interactions
- duplicate therapy
- omissions missing drugs from the ordered regime
- dose errors
- non adherence

Response 2 –problems found

- ▶ D/C medication list does not match what the pt has in the home
- ▶ Symptoms for the medication are **NOT** controlled
- ▶ Pt has NOT obtained the medication
- ▶ Adverse reactions
- ▶ Pt take multiple non prescription meds that could interfere w/ prescribed medications
- ▶ Pt has multiple MD's prescribing medication so the risk of interaction is high
- ▶ Pt is confused on how and when to take medications

*If a problem is resolved by the end of the assessment the problem does not need to be reported as a significant medication issue

Response 1

- ▶ Pt's list of meds from the inpatient facility matches the meds the pt shows the clinician
 - ▶ Symptoms for which the medication is being taken are well controlled (pain, BP ect..)
 - ▶ Pt has all prescribed medications in the home
 - ▶ Pt has a plan for taking all medications safely at the right time
 - ▶ No signs or symptoms of adverse reactions
 - ▶ *** DO any of our pt's ever fit this category ***
- 

M2002 Medication Follow Up

SOC/ROC

Was a physician or the physician–designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?

0 – No

1 – Yes



ITEM INTENT

- ▶ Were significant problems addressed with the physician within one calendar day following identification of medication issue(s).
- ▶ This item is best practices of best practice

- ▶ **Contact w/ MD is communication by phone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.**
- ▶ **Response 1 – Yes, only if MD responds to the agency w/ knowledge of receipt of information and/or further advice or instructions.**
- ▶ **Response 1– two-way communication AND reconciliation (or plan to resolve the problem) must be completed by the end of the next calendar day after the problem was identified and before the end of the allowed time frame (that is, within five days of SOC, within two days of discharge from the inpatient facility at ROC).**
- ▶ **If the interventions are not completed as outlined in this item, select Response 0 –**
- ▶ **Document why not done**
- ▶ **If other agency staff contacted the MD to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the SOC/ROC OASIS. A change can then be made to the Oasis question and the completion date can be changed if appropriate**

M2004 Medication Intervention

Transfer/Discharge

- ▶ If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?

0 – No

1 – Yes

NA – No clinically significant medication issues identified at the time of or at any time since the previous OASIS assessment

Item Intent

- ▶ This item is best practice

- ▶ **Response 1** – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.
- ▶ **Response 0** – No if it did not occur
- ▶ **If NO** –the care provider should document rationale in the clinical record.

M2010 High Risk Drug Education


SOC/ROC

Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?

0 – No

1 – Yes

NA – Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications

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- ▶ **Select Response 0** – No, if the interventions are not completed as outlined in this item. Document why.
- ▶ **Select Response 1** – Yes, if high-risk medications are prescribed and education was provided.
- ▶ If patient/caregiver is fully knowledgeable about special precautions associated with high-risk medications, select “NA.”

(M2015) Patient/Caregiver Drug Education Intervention:
At the time of, or at any time since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?

0 - No 1 - Yes

NA - Patient not taking any drugs

M1 500 Symptoms in Heart Failure

Transfer/Discharge

M1 500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the previous OASIS assessment?

0 – No [Go to M2004 at TRN; Go to M1600 at DC]

1 – Yes

2 – Not assessed [Go to M2004 at TRN; Go to M1600 at DC]

NA – Patient does not have diagnosis of heart failure [Go to M2004 at TRN; Go to M1600 at DC]

- ▶ Response options 0, 1, or 2 if the patient has a diagnosis of heart failure
- ▶ “NA” if the patient does not have a diagnosis of heart failure.
- ▶ Response 1 – Yes, to report symptoms associated with heart failure even if there are other co-morbidities that also could produce the symptom (for example, dyspnea in a patient with pneumonia and heart failure).

M1510 Heart Failure Follow-up: Transfer/Discharge

If patient has been diagnosed with heart failure **AND** has exhibited symptoms indicative of heart failure at the time of or at any time 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 (for example, call 911 or go to emergency room)

3 – Implemented physician-ordered patient-specific established parameters for treatment

4 – Patient education or other clinical interventions

5 – Obtained change in care plan orders (for example, increased monitoring by agency, change in visit frequency, telehealth)

ITEM INTENT

Identifies actions the home health care providers took in response to symptoms of heart failure that occurred at the

- ▶ Include any actions that were taken in response to Heart Failure symptoms at least one time at the time of or at any time since the previous OASIS assessment.
- ▶ Response 1 includes communication to the physician 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 *same day*. *Same day means by the end of this calendar day.*

- ▶ **Response 2** When pt needs 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.

- ▶ CHF is now a bundle payment for this agency
- ▶ Very important to follow the pathway for CHF

M2300 Emergent Care:

Transfer/Discharge

At the time of or at any time since the previous OASIS assessment has the patient utilized a hospital emergency department (includes holding/observation status)?

0 – No [Go to M2400]

1 – Yes, used hospital emergency department WITHOUT hospital admission

2 – Yes, used hospital emergency department WITH hospital admission

UK – Unknown [Go to M2400]

- ▶ Identifies whether the patient was seen in a hospital emergency department at the time of or at any time since the previous OASIS assessment. Responses to this item include the entire period at or since the last time OASIS data were collected, including use of hospital emergency department that results in a qualifying hospital admission, necessitating Transfer OASIS data collection. This item includes current events.

2310 Reason for Emergent Care Transfer/Discharge

For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? (Mark all that apply.)

- Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis
- Injury caused by fall
- Respiratory infection (for example, pneumonia, bronchitis)
- Other respiratory problem
- Heart failure (for example, fluid overload)
- Cardiac dysrhythmia (irregular heartbeat)
- Myocardial infarction or chest pain
- Other heart disease
- Stroke (CVA) or TIA
- Hypo/Hyperglycemia, diabetes out of control
- GI bleeding, obstruction, constipation, impaction
- Dehydration, malnutrition
- Urinary tract infection
- IV catheter-related infection or complication
- Wound infection or deterioration
- Uncontrolled pain
- Acute mental/behavioral health problem
- Deep vein thrombosis, pulmonary embolus
- Other than above reasons
- UK – Reason unknown

M2410 Which Inpatient Facility

Transfer/Discharge

To which Inpatient Facility has the patient been admitted?

1 – Hospital [Go to M2430]

2 – Rehabilitation facility [Go to M0903]

3 – Nursing home [Go to M0903]

4 – Hospice [Go to M0903]

NA – No inpatient facility admission [Omit
“NA” option on TRN]

- ▶ Pick the facility type that they were transferred to from their home
- ▶ When a patient dies in a hospital emergency department, the RFA 7 – Transfer to an Inpatient Facility OASIS is completed. In this unique situation, clinicians are directed to select Response 1 – Hospital
- ▶ Rehab– certified distinct rehabilitation unit of a nursing home
- ▶ Admission to inpatient drug rehabilitation is considered an inpatient admission
- ▶ skilled nursing facility (SNF), an intermediate care facility for individuals with intellectual disabilities (ICF/IID), or a nursing facility (NF) is a nursing home admission
- ▶ When completing a Transfer, select Response 1, 2, 3, or 4. “NA” should be omitted from this item for transfer.
- ▶ When completing a Discharge from agency – Not to an Inpatient Facility, select Response “NA.”

M2420 Discharge Disposition:

D/C From Agency Not to Inpatient Facility

Where is the patient after discharge from your agency?
(Choose only one answer.)

1 – Patient remained in the community (without formal assistive services)

2 – Patient remained in the community (with formal assistive services)

3 – Patient transferred to a non-institutional hospice

4 – Unknown because patient moved to a geographic location not served by this agency

UK – Other unknown [Go to M0903]

- ▶ assisted living or board and care housing are living in the community with formal assistive services.
- ▶ Formal assistive services refers to community-based services provided through organizations or by paid helpers. Examples: homemaking services under Medicaid waiver programs, personal care services provided by a home health agency, paid assistance provided by an individual, home-delivered meals provided by organizations like Meals-on-Wheels.
- ▶ Therapy services provided in an outpatient setting would not be considered formal assistance.
- ▶ Informal services are provided by friends, family, neighbors, or other individuals in the community for which no financial compensation is provided.
- ▶ Noninstitutional hospice is defined as the patient receiving hospice care at home or a caregiver's home, not in an inpatient hospice facility.

M2220 Therapy Need

- ▶ M2200) Therapy Need: In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)
- ▶ (__ __ __) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).
- ▶ NA – Not Applicable: No case mix group defined by this assessment

- ▶ Agency policy at this time is to enter 0 if no therapy is indicated or ordered
- ▶ If therapies are ordered 1 point is given to each therapy ordered

- ▶ 2250 POC Synopsis chapter 3 N-3
- ▶ 2400 Intervention Synopsis chapter 3 P-1
- ▶ 2040 Prior Medication management chapter 3 L-12
- ▶ 2102 Types & Sources of assistance chapter 3 M-1
- ▶ 2110 How often pt receives ADL/ IADL assist
chapter 3 M-3
- ▶ 1900 Prior Functioning ADL/IADL chapter 3 K-21