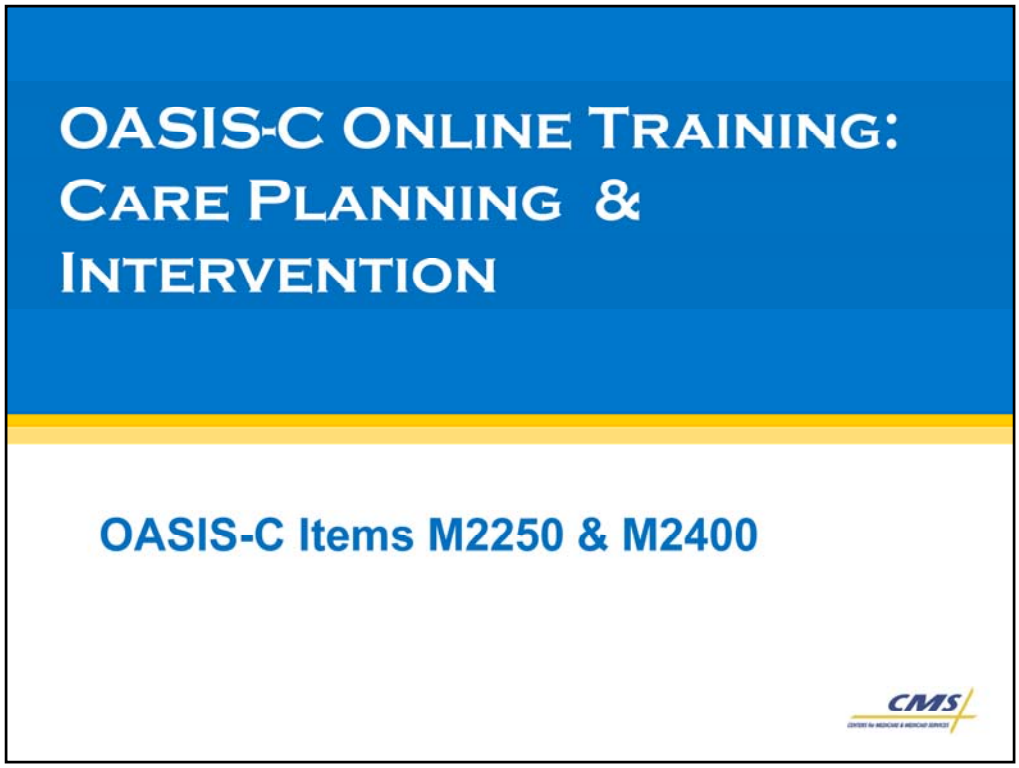

Welcome to the OASIS-C Online Training being presented by the Centers for Medicare and Medicaid Services which is known as CMS. OASIS-C is a modification to the Outcome and Assessment Information Set (OASIS) that Home Health Agencies (HHAs) must collect in order to participate in the Medicare program. This module is focused on OASIS-C questions that relate to care planning and intervention. We will review each of the OASIS items from M2250 & M2400 providing information for OASIS accuracy.

Module Objectives

- Identify key guidance on OASIS-C questions for:
  - Plan of Care Synopsis
  - Intervention Synopsis
- Be able to answer each row for patients using the:
  - Plan of Care Synopsis
  - Intervention Synopsis

2

After completing this OASIS-C Online Training module, you will be able to identify key guidance on OASIS-C questions for the Plan of Care synopsis and Intervention synopsis and be able to answer each row for patients using the Plan of Care synopsis and Intervention synopsis .

Online Training Instructions

- Listen/watch this educational session
- Utilize the quizzes and post-test
- Rewind the e-Learning session to review any OASIS-C item guidance as needed

3

To utilize this training module, listen and/or watch the educational material. There will be several short quizzes intermittently in the presentation and a post-test at the end to assist in applying the knowledge into day-to-day clinical care. The session can be stopped by clicking the pause button below the slide and rewind to review any previous slide or slides as needed.

OASIS-C Guidance

- Based upon current information from CMS
  - OASIS-C Guidance Manual – Chapter 3
  - CMS Quarterly Q & As
  - CMS Errata releases
- CMS quarterly Q & As with additional guidance to OASIS-C questions

4

All of the material being presented in this OASIS-C Online Training module has been taken from the OASIS-C Guidance Manual – Chapter 3, the current CMS Quarterly Q & As and the CMS Errata releases. CMS provides additional guidance on OASIS-C questions quarterly. It is very important that each clinician keeps up to date by reviewing the quarterly Q & As. Talk with your clinical management about obtaining the updates regularly to ensure OASIS accuracy.

M2250 – Plan of Care Synopsis (POC)

Plan / Intervention	No	Yes	Not Applicable	
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	☐0	☐1	☐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	☐0	☐1	☐na	Patient is not diabetic or is bilateral amputee
c. Falls prevention interventions	☐0	☐1	☐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	☐0	☐1	☐na	Patient has no diagnosis or symptoms of depression
e. Intervention(s) to monitor and mitigate pain	☐0	☐1	☐na	No pain identified
f. Intervention(s) to prevent pressure ulcers	☐0	☐1	☐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	☐0	☐1	☐na	Patient has no pressure ulcers with need for moist wound healing

The first OASIS-C item that we will be discussing is M2250 – Plan of Care Synopsis. M2250 is collected at Start of Care and Resumption of Care Assessments only. The purpose of M2250 is to determine if specific best practices have been incorporated into the physician's ordered Plan of Care – a plan that has been established with collaboration and agreement of both the physician and home health agency.

These individual best practices, called process measures, are not required by CMS, but are evidence-based practices to improve patient care and outcomes.

There must be physician orders on the Plan of Care to be able to answer affirmatively. The orders must be from Medical Doctors, Doctors of Osteopathic Medicine or Doctors of Podiatric Medicine working within their legal scope of practices.

The best practices should relate to the patient's needs, for example, you wouldn't normally include orders for diabetic foot care, unless the patient is a diabetic.

We are going to look at how to determine whether the answer is No, Yes or NA for each row.

The specific topics that are included in M2250 are:

- Row a - Patient-Specific Parameters
- Row b - Diabetic Foot Care
- Row c - Falls Prevention Interventions
- Row d - Depression Interventions
- Row e - Pain Monitoring & Mitigation
- Row f - Pressure Ulcer Prevention Interventions
- Row g - Moist Wound Healing for Pressure Ulcers

In this module we will look at each topic and the specific guidance to accurately answer the OASIS items.

M2250 – Plan of Care Synopsis (cont.)

- **Select "YES" if:**
  - Clinical record reflects evidence of communication with physician to include specific best practice in the Plan of Care
  - Orders were obtained within the required time frame
    - 5 days for Start of Care
    - 2 days for Resumption of Care
  - Best practice is included on physician-ordered Plan of Care
  - Do not need a receipt of signed orders to mark as "Yes"

Before looking at each row individually there are some general guidelines for M2250.

You can select "Yes" if there is evidence in the clinical record of communication with the physician to include the specific best practice in the Plan of Care orders.

The time frame for completing the OASIS item is within 5 days after the SOC date for Start of Care or within 2 days of inpatient discharge or agency knowledge of discharge for Resumption of Care.

The best practice is included on the physician-ordered Plan of Care. Your agency does not need a receipt of a signed order at the time you are completing the OASIS to be able to answer "Yes" – meaning you do not need to wait for the signed orders to come back before answering Yes.

The best practice should be relevant for the patient. A formal assessment is NOT required to answer YES for rows c – f. If you did complete an assessment and it indicated the patient was not at risk, but through your clinical judgment you feel the patient was at risk, you still can answer YES for M2250. For example, your fall assessment includes appropriate screening tools, but the patient was not indicated at risk for falls, but because of the environment and observation of the patient you determine patient is at risk and obtain fall prevention intervention orders for Plan of Care within the timeframe allowed for completing the assessment. Then you can answer YES for this patient.

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M2250 – Plan of Care Synopsis (cont.)

- **Select "Not Applicable (NA)" if:**
  - Best practice is not applicable to the patient as determined by a negative formal or informal assessment for rows "c" through "f"
    - Assessment required in order to select NA
- **Select "No" if:**
  - No specific orders are on Plan of Care
  - Specific orders were requested but no confirmation from doctor occurred within the allowed assessment timeframe
    - **Special exceptions for rows "a & g"**

If you cannot answer "YES" for a specific row of M2250, then determine if you can answer "Not Applicable".

Use NA when the specific best practice is not applicable to the patient, such as patient is not a risk for falls or developing pressure ulcers. You would not need orders for falls prevention or pressure ulcer prevention so "NA" is the correct response, **not "No"**. For most of the rows – c through f, a formal or informal assessment will be required to answer NA – we will go over the specifics for each row.

Select "No" if the best practice would have been applicable to the patient, but there are **NO** specific best practice orders on the Plan of Care. If you do not contact the physician to get specific orders for the patient, then you would select "No". If you requested but did not receive the authorization from the physician by the end of the comprehensive assessment timeframe, then you must select "No" **except for rows A and G**. We will talk about the exceptions for these rows later in the presentation.

Use a simple 3-step approach when answering M2250. First determine if you have physician's orders for specific best practice interventions, if so, answer Yes. Step two, If you can't answer Yes, determine if the best practice is applicable to your patient, and if it is not applicable, select NA. Step 3, If you can't answer Yes and you can't select NA, the answer is No.

Now lets take a look at each row.

M2250 – Row "a" POC Synopsis

- (M2250) Does the physician-ordered plan of care include the following:

a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ 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

Collected at SOC & ROC

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We will now take a look at each row of M2250. Does the physician-ordered plan of care include the following:

Row "a" is related to patient-specific parameters for notifying physician of changes in vital signs or other clinical findings.

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.

_____

_____

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M2250 – Row "a" POC Synopsis (cont.)

– 1 Yes

- Patient-specific parameter(s) ordered by a physician
- Agency standardized parameters reviewed & approved by physician for specific patient and included on plan of care
- Parameter(s) are relevant to the patient's care
- Best practice - Agency plans to notify physician if the specific parameter goes above or below the ordered parameter

- Example: Patient's physician wants notified if blood glucose levels are less than 60 or above 180. This order is added to the patient Plan of Care.

M2250 row "a" can be answered "Yes."

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Response 1 "Yes" for M2250 row "a" would be selected if the patient's physician approved the specific parameter AND if it was relevant for that patient.

Routinely asking for blood glucose parameters is not applicable to all patients, except for those with diagnosis of Diabetes, or with issues or potential issues with their blood glucose levels. An example would be a patient with exacerbation of pulmonary condition that was started on high-dose steroid therapy. The patient may have spikes in their blood glucose that the physician wants to be notified about. The agency would plan on notifying physician any time the patient is outside of the physician ordered parameters, either above or below.

M2250 is asking if patient-specific parameters were obtained and added to the Plan of Care. This OASIS item is completed on Start of Care and Resumptions of Care and is NOT looking to see if this best practice was carried out during the episode.

We will be looking at M2400 – Intervention Synopsis later in this presentation, which specifically asks the question – Were there orders AND were they carried out during the episode of care.

Your agency may have standardized parameters that you use for all patients. To be able to answer YES on M2250 row "a" – you must review the standardized parameters with the physician for **each** patient to make sure the physician feels that these are relevant for that particular patient and then include the specific parameters in the physician-ordered plan of care. For example, if you have standard parameter for heart failure patients to report weight gains of 5 pounds in 48 hours, then you must ask physician if that parameter is applicable for Mrs. Smith, Mr. Jones and every patient that has heart failure. Your agency cannot just assign it to all heart patients without communication and approval by the physician and answer Row "a" Yes.

An example of when you could answer Yes to M2250 row "a" would be:

- A patient's physician wants notified if blood glucose levels are less than 60 or above 180. This order is added to the patient's Plan of Care within the allowed timeframe. The clinician can then answer M2250 row "a" as "Yes".

M2250 – Row "a" POC Synopsis (cont.)

– NA Not Applicable

- If physician chooses NOT identify patient–specific parameters AND the agency decides to use standardized guidelines that are accessible to team
- If you do not contact the physician and plan to use your agency's standardized guidelines

10

Response NA – Not Applicable would be appropriate for M2250 row "a" if the physician chooses to NOT to identify patient–specific parameters **AND** the agency decides to use standardized guidelines that are accessible to all of the team.

For instance - the agency contacted the physician for specific parameters for a patient related to heart rate or blood pressure. The physician did not want to provide patient-parameters. The agency has specific established standardized guidelines that they will now use for this patient related to when to contact the physician relate to heart rate, blood pressure or any specific parameter that was pertinent to the patient's plan of care. Even though the agency will use established parameters, NA must be selected since the physician **did not** order patient-specific parameters.

Do **NOT** select **NO** if you have and are going to use agency parameters – NA would be the correct response.

You may also select NA if you decide not to contact the physician and you decide to use your agency's general guidelines. There is no requirement that the physician refuse.

M2250 – Row "a" POC Synopsis (cont.)

– 0 No

- No orders for parameters are obtained AND no plans to use agency standardized parameters
- Orders not obtained within allowed timeframe
- Example: Physician was contacted for specific parameters but no call was returned timely AND the agency does NOT have standardized guidelines.

11

NO would be the appropriate response if there were no patient-specific parameter orders obtained AND the agency does not plan to use their standardized parameters.

Orders not obtained within allowed timeframe

An example would be if the physician was contacted for specific parameters, but no call was returned by the end of the comprehensive period **AND** the agency does **NOT** have standardized guidelines. Then the correct response would be No.

M2250 – Row "b" POC Synopsis

b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on the proper foot care

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Patient is not diabetic or is bilateral amputee

Collected at SOC & ROC

12

Let's move on to row "b".

Does the physician-ordered plan of care include the following:

Physician orders for **BOTH** Diabetic foot care, including monitoring for the presence of skin lesions on the lower extremities **AND** patient/caregiver education on the proper foot care are on the Plan of Care.

_____

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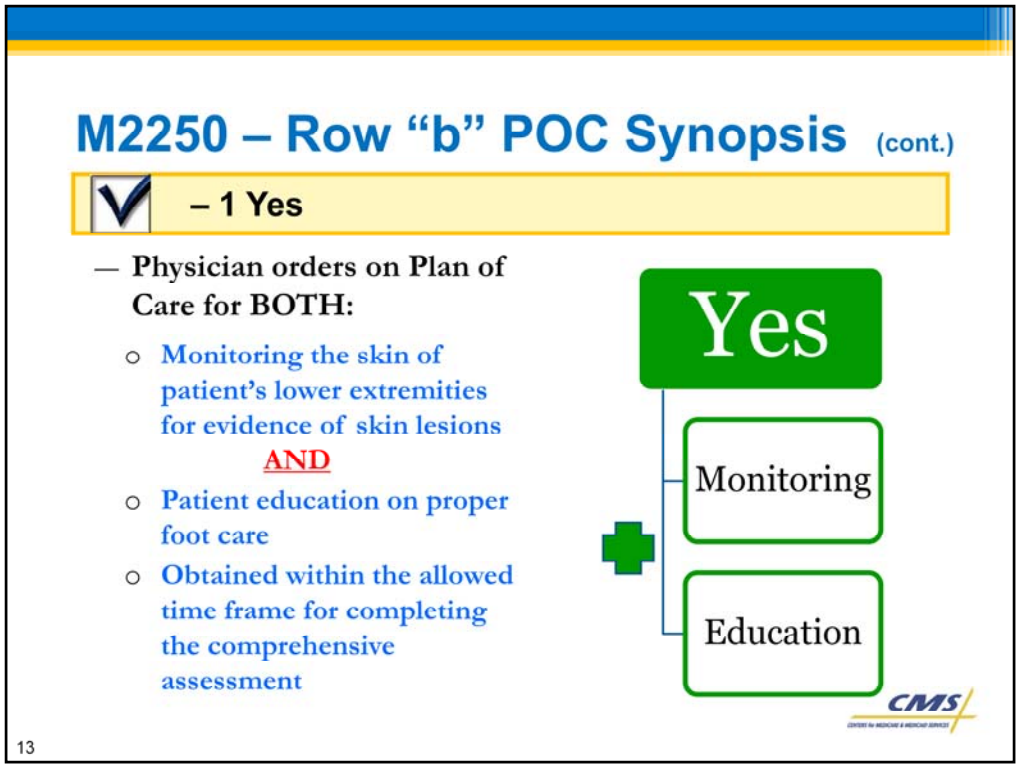
_____

_____



Response 1 Yes for M2250 row "b" would be selected if the Plan of Care includes physician's orders for **BOTH** of the following:

- Monitoring the skin of patient's lower extremities for evidence of skin lesions

AND

- Patient education on proper foot care
- Within the allowed time frame for completing the comprehensive assessment

Patient education can include the words of "proper foot care" for row "b" where other rows will require more specific types of education to be listed.

_____

_____

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_____

M2250 – Row "b" POC Synopsis (cont.)

– NA Not Applicable

- NO diagnosis of Diabetes Mellitus
- Diabetic with bilateral lower extremity amputations

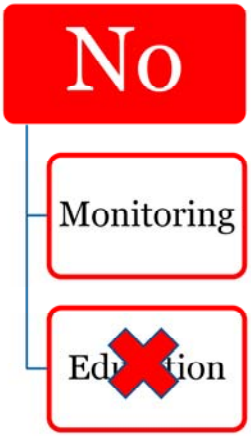
14

Response NA – Not Applicable would be appropriate for M2250 row "b" if the patient does **NOT** have a diagnosis of **Diabetes Mellitus** or if the patient is a Diabetic bilateral amputee.

M2250 – Row "b" POC Synopsis (cont.)

– 0 No

- If there are only physician orders for one of the following but NOT for both:
  - Monitoring the skin of patient's lower extremities for evidence of skin lesions
    OR
  - Patient education on proper foot care
- Orders not obtained within allowed timeframe



15

NO would be the appropriate response if there were only physician orders for monitoring **but not** for the patient education. Or if there is orders for education **but not** for monitoring of skin.

OR if the orders were not obtained within the timeframe allowed.

M2250 – Row "c" POC Synopsis

c. Falls prevention interventions

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Patient is not assessed to be at risk for falls

Collected at SOC & ROC

16

Row "c" is related to fall prevention interventions orders on the Plan of Care.

Fall prevention interventions can include any specific interventions to reduce the risk of falls.

Examples of possible interventions can include environmental changes and strengthening exercises.

A fall assessment is not required to answer YES or NO on row "c" but an informal or formal fall assessment is required to answer NA if it revealed no, low or minimal risk.

M2250 – Row "c" POC Synopsis (cont.)

– 1 Yes

- Plan of Care contains physician approved specific interventions to reduce fall risk
- Fall Risk Assessment is NOT required to be able to answer Yes
- Orders are obtained within the allotted time frame
- Example: Mrs. Mendez was assessed on SOC with weakness, unsteady gait and balance. Orders requested and approved for Physical Therapy for improving strengthening and balance of lower extremities. Orders added to Plan of Care.

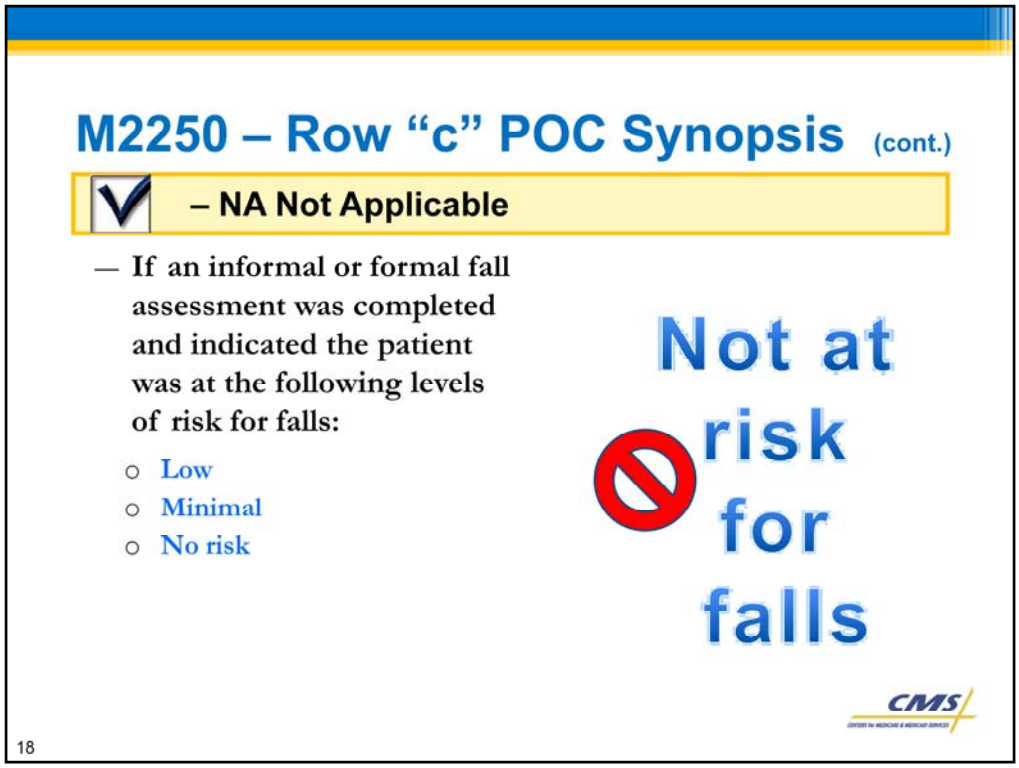
17

Response 1 Yes for M2250 row "c" would be selected if the patients' physician approved any specific interventions to reduce fall risk.

A Fall Risk Assessment is not required to be able to answer Yes on M2250 row "c".

The orders must be obtained within the allotted time frame and fall interventions must be specified not just a generic statement of "implement fall prevention interventions."

Let's take a look at an example: Mrs. Mendez was assessed on Start of Care with weakness, unsteady gait and poor balance. The physician is called and orders are requested and approved for a Physical Therapy evaluation and treatment for improving strengthening and balance of lower extremities. The orders are added to Plan of Care. In this example the clinician can select the response "YES" since there are appropriate and specific fall prevention interventions orders.



Response NA – Not Applicable would be appropriate for M2250 row "c" if an informal or a formal fall assessment was completed and indicated that the patient was a low, minimal or no risk for fall.

The formal assessment isn't required for NA until we get to M2400.

If more than one assessment was performed before M2250 was completed, all assessments have to be negative for fall risk in order to select NA.

M2250 – Row "c" POC Synopsis (cont.)

– 0 No

- Patient at risk for falls and NO fall prevention interventions on Plan of Care
- Patient fall risk not assessed and NO fall prevention interventions of the Plan of Care
- Orders not obtained within allowed timeframe

REMINDER

Fall Risk Assessment indicates low, minimal or no risk for falls → NA, not No

19

If this best practice is applicable to your patient and there are no orders on the Plan of Care for specific interventions to reduce risk of falls, then "NO" is the appropriate response for M2250 row "c". If you didn't assess for fall risk and there are no fall prevention orders on the plan of care, the answer is NO.

Select NO if the orders were not obtained within allowed timeframe

Remember that if a fall risk assessment is completed and patient is found as low, minimal or not at risk, then NA is appropriate **NOT** NO.

M2250 – Row "d" POC Synopsis

d. Depression intervention (s) such as medication, referral for other treatment, or a monitoring plan for current treatment

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Patient has no diagnosis or symptoms of depression

Collected at SOC & ROC

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OASIS item M2250 row "d" is determining if there are depression interventions ordered by the physician and included on the plan of care. We will look at different types of interventions on the next slide.

A depression assessment is **NOT** required to answer YES or NO on row "d," but an informal or formal assessment is required when selecting NA.

M2250 – Row "d" POC Synopsis (cont.)

– 1 Yes

- Physician orders on the Plan of Care with depression interventions or further evaluation
- Examples of depression interventions:
  - New or existing medications
  - Adjustments to already-prescribed medications
  - Referrals to agency resources (i.e. social worker, mental health nurse)
- If patient is already under physician care for depression, interventions can include:
  - Monitoring existing medication's effectiveness
  - Teaching related to taking the medications, etc.
- Orders are obtained within the allotted time frame

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Response 1 Yes for M2250 row "d" would be selected if the Plan of Care includes physician's orders for depression interventions or for further evaluation.

There can be many different types of depression interventions listed on Plan of Care orders which can include the following examples:

- New or existing prescribed medications are considered interventions
- Adjustments to already-prescribed medications
- Referrals to agency resources such as social worker or mental health nurse

If a patient is already under the care of a physician for depression the plan of care can include physician orders for:

- Monitoring existing depression medication's effectiveness or
- To provide teaching related to why it is important to take the medications or other teaching needs

M2250 – Row "d" POC Synopsis (cont.)

– NA Not Applicable

- No depression diagnosis

  AND

- No signs and symptoms of depression
- Informal or formal depression screening tool is completed and indicated no symptoms of depression or that patient needs no further evaluation

PHQ-2© Pfizer	Not at all 0 - 1 day	Several days 2 - 6 days	More than half of the days 7 – 11 days	Nearly every day 12 – 14 days	N/A Unable to respond
a) Little interest or pleasure in doing things	☐0	☐1	☐2	☐3	☐
b) Feeling down, depressed, or hopeless?	☐0	☐1	☐2	☐3	☐

22

Response NA – Not Applicable would be appropriate for M2250 row "d" if the patient has no depression diagnosis and no signs and symptoms of depression.

Also if an informal or formal standardized depression screening tool is used and it indicated there no signs and symptoms of depression and no further assessment was needed, then NA is appropriate.

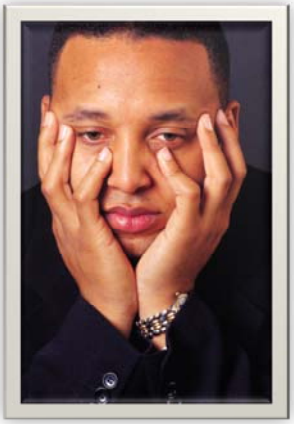
The formal assessment isn't required for NA until we get to M2400.

If more than one assessment was performed before M2250 was completed, they would all have to be negative for signs of depression in order to select NA.

M2250 – Row "d" POC Synopsis (cont.)

– 0 No

- Patient with Depression diagnosis and NO interventions on Plan of Care
- Patient with signs and symptoms of depression but NO interventions on Plan of Care
- No assessment done and NO interventions on Plan of Care
- Orders not obtained within allowed timeframe



23

NO would be the most appropriate response if a patient has a Depression diagnosis and does **NOT** have any depression interventions on the Plan of Care. Also, **NO** would be appropriate if the patient had signs and symptoms of depression but there are **NO** interventions on the Plan of Care. If you didn't assess for depression and there were no depression interventions, you'd also have to say NO. **No** is the correct response if you didn't get the orders for interventions in the timeframe allowed for completing the comprehensive assessment.

M2250 – Row "e" POC Synopsis (cont.)

e. Intervention(s) to monitor and mitigate pain

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – No pain identified

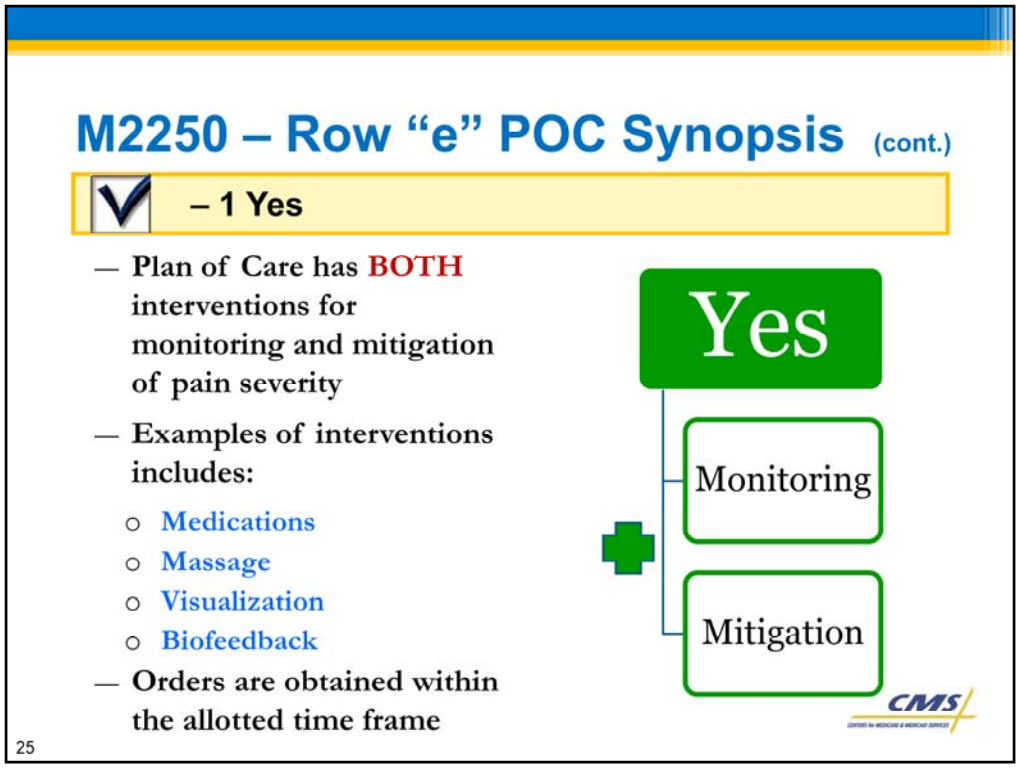
Collected at SOC & ROC

24

Does the physician-ordered plan of care include orders for interventions to monitor and mitigate pain on the patient's Plan of Care on M2250 row "e"?

A pain assessment is **NOT** required to answer YES or NO on row "e" but a formal or informal assessment is required to select NA.

The formal assessment isn't required for NA until we get to M2400.



Response 1 Yes for M2250 row "e" would be selected if the Plan of Care includes physician's orders for **BOTH** pain interventions for monitoring **AND** mitigation of pain severity.

Interventions examples can include any of the following: Medications, massage, visualization and biofeedback as a few examples and should be specified on Plan of Care.

The orders must be obtained within the allotted time frame.

You cannot just use a generic statement on orders to "monitor and mitigate pain."

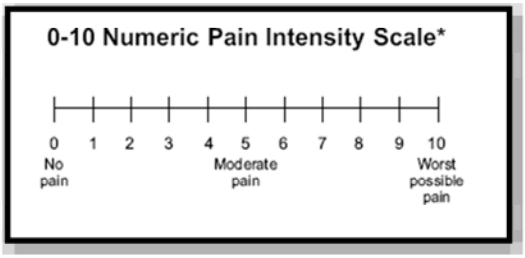
If you have an order to monitor the effectiveness of an ordered pain medication, you have both an order to mitigate pain – which is the pain medication and a monitoring order – monitor the effectiveness of the medication.

The key here is to be sure there are orders for more than just interventions for mitigation but also for monitoring pain severity.

M2250 – Row "e" POC Synopsis (cont.)

– NA Not Applicable

— Formal or informal pain assessment indicates patient has **NO** pain

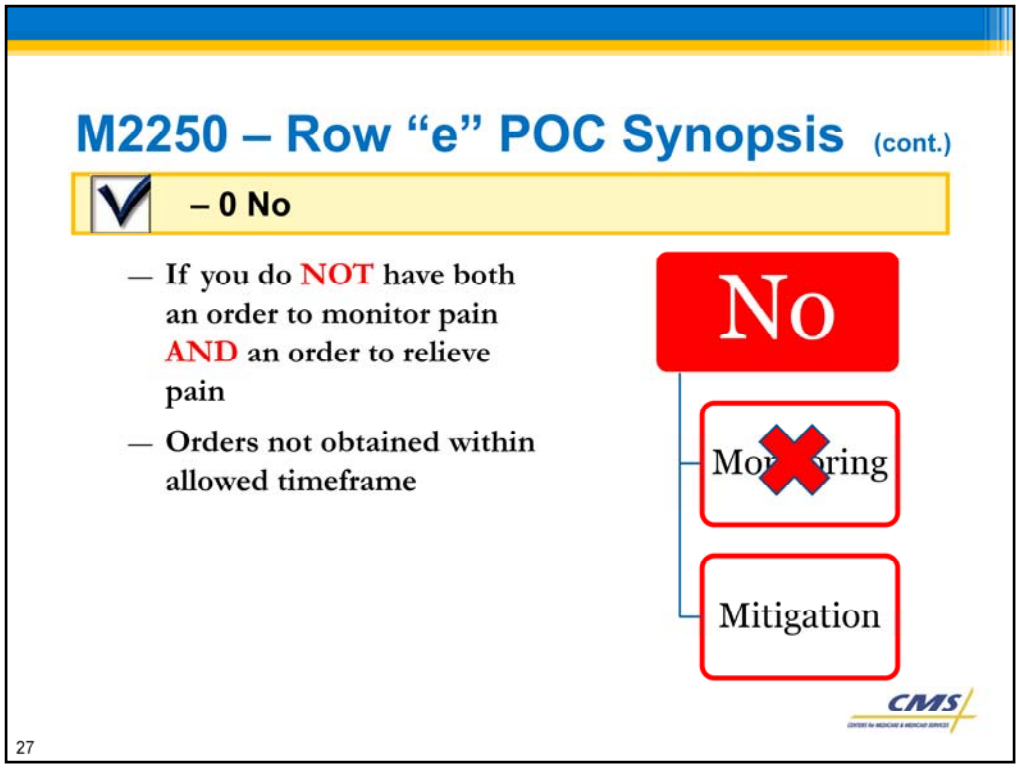


26

Response NA – Not Applicable would be appropriate for M2250 row "e" if the patient has **NO** pain when screened with a formal or informal pain assessment within the comprehensive assessment timeframe.

The formal assessment isn't required for NA until we get to M2400.

If more than one assessment was performed before M2250 was completed, they would all have to be negative for pain in order to select NA.



NO would be the appropriate response if you do **NOT** have both an order to monitor pain AND an order to relieve pain.

Additionally, select NO, if the orders were not obtained within allowed timeframe.

M2250 – Row "f" POC Synopsis

f. Intervention(s) to prevent pressure ulcers

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Patient is not assessed to be at risk for pressure ulcers

Collected at SOC & ROC

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M2250 OASIS item row "f" is related to physician ordered interventions on the Plan of Care to prevent pressure ulcers.

A pressure ulcer assessment is **NOT** required to answer YES or NO on row "f," but an informal or a formal assessment is required to select NA.

The formal assessment isn't required for NA until we get to M2400.

M2250 – Row "f" POC Synopsis (cont.)

– 1 Yes

- Physician orders include:
  - Clinical interventions to reduce pressure on bony prominences or other areas of skin at risk for breakdown
- Orders are obtained within the allotted time frame
- Planned intervention examples:
  - Teaching
    - Position changes, positioning
  - Careful skin assessment and hygiene
  - Pressure redistributing devices (e.g. enhanced mattresses)

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Response 1 Yes for M2250 row "f" would be selected if the patients' Plan of Care had physician orders for clinical interventions to reduce pressure on bony prominences or other areas of skin at risk for breakdown.

Orders must be obtained within the allotted time frame to answer Yes.

Some examples of interventions that can be include on the orders are:

- Teaching patient or caregiver on position changes and how to positioning to reduce pressure
- Orders for careful skin assessment and good skin hygiene
- Orders for pressure redistributing devices (e.g. enhanced mattresses)

M2250 – Row "f" POC Synopsis (cont.)

– NA Not Applicable

- Formal or informal assessment completed during comprehensive time period
  - Assessment indicates patient is NOT at risk for Pressure Ulcers

Not at risk for pressure ulcers

30

Response NA – Not Applicable would be appropriate for M2250 row "f" if clinician completed a formal assessment like the Braden or Norton Scales or an informal assessment that indicates the patient is not at risk for pressure ulcers.

If more than one assessment was performed before M2250 was completed, they would all have to be negative for the risk of developing pressure ulcers in order to select NA.

M2250 – Row "f" POC Synopsis (cont.)

– 0 No

- Patient at risk for pressure ulcers and there are NO orders for pressure prevention interventions
- Not assessed for risk and NO orders for pressure prevention interventions
- Orders not obtained within allowed timeframe

- Example: Mrs. Cho was at risk for pressure ulcers. Clinician contacted physician for referral for therapy services and pressure redistributing devices. Physician **did not** return call within OASIS timeframe with orders. M2250 would be "**NO**"

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If patient is determined to be **at risk** for pressure ulcers through an assessment but there are no orders for pressure ulcer prevention interventions or if the orders were not obtain within allowable timeframe, then **NO** would be the correct response.

An example would be the patient Mrs. Cho who was determined to be at risk for pressure ulcers. The admitting clinician contacted the physician for referral for therapy services and pressure relieving devices. The physician **did not** return call within the OASIS time frame with orders so M2250 must be marked as "NO."

M2250 – Row "g" POC Synopsis

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

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Patient has no pressure ulcers with need for moist wound healing

Collected at SOC & ROC

32

Row "g," the last row of M2250 is asking if the patient has pressure ulcers and is that patient receiving or has the agency requested the best practice of moist wound healing. Moist wound healing or moisture retentive dressings are the evidence-based treatment for most, but not all pressure ulcers.

M2250 – Row "g" POC Synopsis (cont.)

– 1 Yes

- Physician orders are on Plan of Care for moist wound healing
  - Moisture retentive dressings to keep wound bed moist to enhance healing
- Examples of moist wound healing treatments
  - Films, alginates, collagen, hydrocolloids, negative pressure wound therapy, unna boots, medicated creams/ointments, etc…
- Clinician has requested moist wound healing orders from physician within the allowed timeframe
  - No orders obtained

33

Response 1 Yes for M2250 row "g" would be selected if the Plan of Care has orders for moist wound healing dressings.

There is no definitive listing of moisture retentive dressings, but it is where the product retains moisture to promote an optimal wound environment for healing.

Some examples of moist wound healing treatments include: Films, alginates, collagen, hydrocolloids, negative pressure wound therapy, unna boots, medicated creams/ointments, etc… Remember, this is not an inclusive listing.

Row "g" is a little different than the other rows, because you can answer **YES** if the clinician has requested moist wound healing dressings but **have not** received the order before the assessment is completed. In previous rows you were required to **have** the order within the allowed timeframe to answer Yes, but row "g" is asking if you **requested** the best practice treatment. When we get to M2400 you will be asked if moist wound healing treatment occurred.

M2250 – Row "g" POC Synopsis (cont.)

– NA Not Applicable

- NO pressure ulcer present
- Pressure ulcers are not appropriate for moist wound healing
  - Each patient status is to be discussed with the physician who ultimately makes all treatment plan decisions
  - When it is determined by the clinician/physician team or solely by the physician that moist wound healing is not appropriate for the patient, the response "NA" would be chosen
  - Clinician would document the rationale behind not utilizing the moist wound healing techniques

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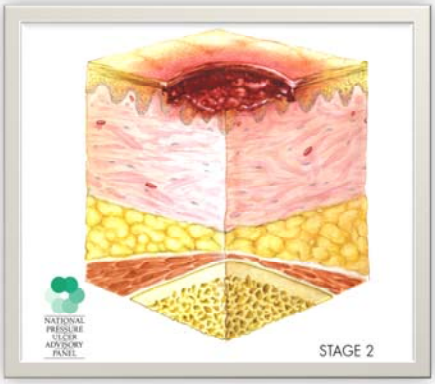
Response NA – Not Applicable would be appropriate for M2250 row "g" if there are no pressure ulcers present for the patient.

A 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. The clinician would discuss the patient's pressure ulcers with the physician and not make the decision regarding appropriate treatment alone. While clinicians caring for patient with pressure ulcers may be cognizant of wound care guidelines for pressure ulcer management and understand that certain pressure ulcers are not appropriate for moist wound healing, each patient status is to be discussed with the physician who ultimately makes all treatment plan decisions. When it is determined by the clinician/physician team or solely by the physician that moist wound healing is not appropriate for the patient, the response "NA" would be chosen, and the clinician would then document the rationale behind not utilizing the moist wound healing techniques.

M2250 – Row "g" POC Synopsis (cont.)

– 0 No

- Patient has a pressure ulcer AND there are no orders for moist wound healing treatment OR no orders for moist wound healing have been requested
- Skin not assessed for pressure ulcers and no orders for moist wound healing.
- Orders not obtained within allowed timeframe

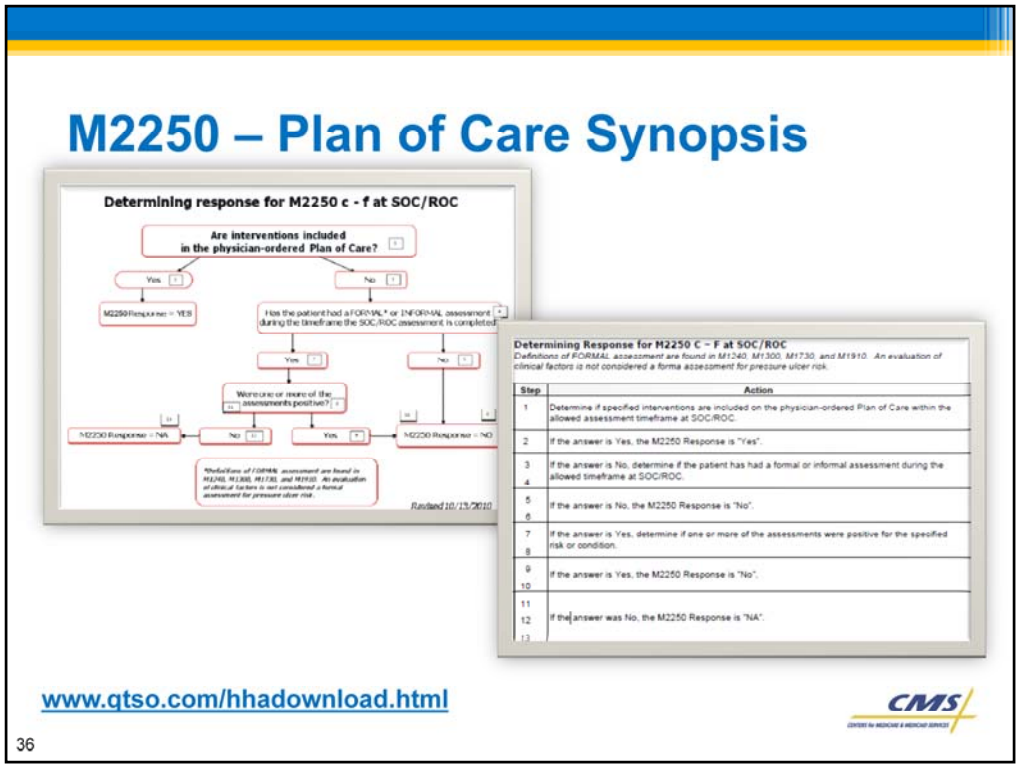


35

NO would be the most appropriate response if the patient has at least one pressure ulcer and the physician was **NOT** contacted to request this best practice of moist wound healing treatment.

Select response NO if the patient has a pressure ulcer AND there are no orders for moist wound healing treatment OR no orders for moist wound healing have been requested, or if the orders are not obtained within allowed timeframe. If you didn't assess for pressure ulcers and there are no moist wound healing treatment orders, you'd also have to say NO.

This is the last slide for M2250. Remember, you want to read the M2250 questions closely. Try to answer the question with a Yes first, if you can't, then determine if you answer NA and finally if NA is not correct, then No is the answer.



There is an algorithm for M2250 rows "c" – "f" that are located in **Category 4b of the CMS OASIS Q&As, Question 172.9.5** to assist you in answering the questions appropriately. It was revised after it's original posting, so make sure you have the latest version – January 2011.

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M2400 – Intervention Synopsis

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	☐0	☐1	☐na	Patient is not diabetic or is bilateral amputee
b. Falls prevention interventions	☐0	☐1	☐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	☐0	☐1	☐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	☐0	☐1	☐na	Formal assessment did not indicate pain since the last OASIS assessment
e. Intervention(s) to prevent pressure ulcers	☐0	☐1	☐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	☐0	☐1	☐na	Dressings that support the principles of moist wound healing not indicated for this patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing

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M2300, Emergent Care and M2310, Reason for Emergent Care will be discussed in the Emergency & Data Collected at Transfer/Discharge Module.

M2400 – Intervention Synopsis is asking if there is the specific interventions on the physician-ordered Plan of Care **AND** if the interventions or best practices were implemented. The specific information about the interventions were already discussed on the slides for M2250 and are still pertinent to M2400. Also, the Plan of Care refers to initial and subsequent orders for the patient. Verbal and written orders are extensions of the Plan of Care.

The next two slides will show the key differences between M2250 and M2400.

How is M2400 Different?

- Collected at Transfer and Discharge
- Timeframe:
  - At or since the previous OASIS assessment
- Interventions must have been BOTH included on
  - POC and IMPLEMENTED
- Record review reveals interventions were implemented

M2400 is collected at Transfer and Discharge only where M2250 was collected at Start of Care and Resumption of Care.

The time frame is at the time of the last OASIS collection and through this OASIS assessment which could be a transfer with or without a discharge or a discharge OASIS assessment. The last OASIS collection may be the Start of Care, Resumption of Care, could also be a Follow-Up assessment, meaning a Recertification or the Other Follow-up.

Interventions must be included on the Plan of Care AND they must have been implemented. The clinical record needs to include documentation that the interventions were implemented.

How is M2400 Different?

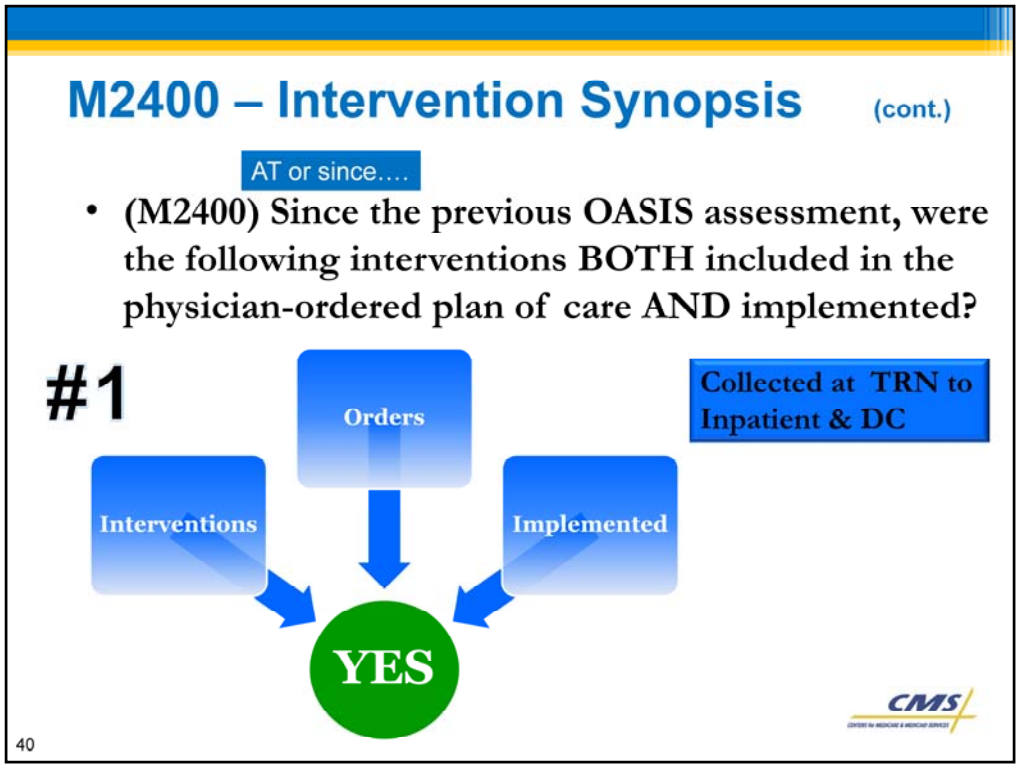
- Timeframe for obtaining best practice intervention orders includes those obtained at beginning of quality episode and all subsequent orders
- Formal assessment
  - Must be performed and be negative for rows b-e in order to select NA
- Clinical evaluation does NOT qualify as a formal assessment for row e, pressure ulcer prevention
- Just asking for moist wound healing treatment does NOT validate response Yes for row f, moist wound healing

The timeframe for obtaining the best practice intervention orders starts with the beginning of the quality of episode, meaning Start of Care or Resumption of Care, through any subsequent orders received up to the Transfer or Discharge OASIS.

A Formal assessment must have been **performed and be negative for rows b-e in order to select NA.** When answering Row e, Pressure ulcer prevention interventions, a clinical evaluation does NOT qualify as a formal assessment.

Just asking for moist wound healing treatment does NOT validate response Yes for row “f”.

Now we are going to look at each row of OASIS M2400 – Intervention Synopsis. Once you begin to look at the different rows you will notice that most of the rows mirror many of the rows from OASIS M2250, but there are some significant differences that we will address.



Many of the rows will refer to a standardized assessment such as a fall risk assessment. All the criteria for the assessments are listed under the response-specific instructions located in the OASIS-C guidance manual related to that OASIS item. Such as M1910 for fall risk assessment.

When determining the most appropriate answer for each row in M2400, Intervention Synopsis, we'll use the same 3-step approach that we introduced when we discussed M2250, Plan of Care Synopsis.

#1 step is can you meet the criteria for YES?

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The second step is to determine if NA – Not Applicable is the most appropriate answer. Each row has specific guidance and we will address on the following slides.

And finally the 3rd step is to determine if there is one part of the criteria that is **NOT** present. For example if there are interventions implemented but NO physician approved orders – then NO is correct response. If there are orders and interventions on the care plan, but they were not implemented by the time of this transfer or discharge OASIS – then **NO** is the correct response. If there was teaching documented but NO orders, then **NO** is the correct response.

Some of the rows include education as an intervention. What happens if the Plan of Care did include physician orders for teaching related to that best practice, such as diabetic foot care, but when the clinician attempts to teach the patient but it is determined the patient already has a sufficient knowledge base and the teaching was **not needed**? If it was documented that there was an attempt and discovery of the lack of need for education you can answer **YES,** because in this case, it is documented the patient possessed the required knowledge. If the patient just refuses or declines the education - not related to having sufficient knowledge level, then **NO** would be the appropriate answer.

M2400 – Row "a" Intervention

a. Diabetic foot care including monitoring of the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Patient is not diabetic or is bilateral amputee.

Collected at TRN to Inpatient & DC

42

The question for each row is "at or since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?" M2400 row "a" is related to Diabetic foot care. To be able to answer YES, there needs to be **orders and documentation** that interventions were **completed** for monitoring skin lesions on the lower extremities **AND** patient/caregiver education on proper foot care.

The criteria for NA is the patient does **NOT** have a diagnosis of Diabetes Mellitus or the patient is a bilateral amputee.

If the patient is a diabetic with lower extremities, but there are no orders for monitoring skin and education on proper foot care **OR** if there is no documentation that the interventions were completed then **NO** is the most appropriate response.

Remember **BOTH** the intervention orders and the documentation of the implementation of the orders must be present to answer **YES**.

M2400 – Row "b" Intervention

b. Falls prevention interventions

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment

Collected at TRN to Inpatient & DC

43

Row "b" is asking if there were physician-approved fall prevention interventions on the Plan of Care **AND** that there is documentation to indicate implementation. If both are present then **YES** is the correct response.

To be able to answer NA – Not Applicable the patient must have scored as **low, minimal or no risk for falls** on a formal multi-factorial Fall Risk Assessment. If one or more of the formal assessments were positive, then you **cannot** select NA.

Response NO would be used if there was either no order for Fall Prevention interventions **OR** if there is NO documentation that the fall interventions were implemented.

M2400 – Row "c" Intervention

c. Depression interventions(s) such as medication, referral for other treatment, or a monitoring plan for current treatment

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression since the last OASIS assessment

Collected at TRN to Inpatient & DC

44

Row "c" is related to interventions related to depression. These interventions can include interventions such as these examples: Medications, referrals for other treatment or a monitoring plan.

If **BOTH** the orders and documentation are present for depression interventions then answer **YES**.

If a formal depression assessment was performed and the patient did NOT meet criteria for depression **AND** the patient does not have a diagnosis of depression – select NA.

If one or more of the formal assessments were positive, then you **cannot** select NA.

Response NO is used if the best practice applies to the patient and there are no orders for depression interventions or a monitoring plan. You'll also select NO is there is no documentation that the interventions were implemented.

What happens if you received an order for the intervention of a social worker referral, but the patient was hospitalized prior to social worker seeing patient? The intervention for row "c" was for the referral of the social worker, so you can response YES to this OASIS item. This applies only to row "c" depression. You cannot apply this guidance to the other best practices.

M2400 – Scenario

Mrs. White scored a 2 on the PHQ-2 Depression Screening tool indicating she did not meet the criteria for further evaluation of depression.

During the medication review, the RN noted the patient was taking an antidepressant for depression. The patient stated she had a "bout" of depression a few months ago and the physician has been adjusting the dose. "It seems to be working pretty well, but I am not sure that I really need to keep taking it."

The clinician contacted the physician and orders were obtained to monitor current medications and instruct on purpose and need for medication. Visit notes reveal meds were taken as prescribed and teaching was provided, both were effective.

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Mrs. White scored a 2 on the PHQ-2 Depression Screening tool indicating she did not meet the criteria for further evaluation of depression.

During the medication review, the RN noted the patient was taking an antidepressant for depression. The patient stated she had a "bout" of depression a few months ago and the physician has been adjusting the dose. "It seems to be working pretty well, but I am not sure that I really need to keep taking it."

The clinician contacted the physician and orders were obtained to monitor current medications and instruct on purpose and need for medication. Visit notes reveal meds were taken as prescribed and teaching was provided, both were effective.

M2400 – Scenario (cont.)

Q: How would you answer M2400 row "c"?

c. Depression interventions(s) such as medication, referral for other treatment, or a monitoring plan for current treatment

- ☐ **0 – No**
- ☐ **1 – Yes**
- ☐ **NA – Formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression since the last OASIS assessment**

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How would you answer M2400 row "c"?

The correct response would be **YES** – there were both depression interventions and evidence of implementation at or since the prior OASIS assessment.

It did not matter that her depression screening was negative since Mrs. Whiteman had a diagnosis of depression and was actively being treated by her physician. Her treatment was effective since she did not have signs and symptoms. The physician was also adjusting her dosage and there was a skilled need for both monitoring and education – so that the patient did not stop the medication without physician's order.

It was very appropriate to collaborate with physician and obtain orders for monitoring and education related to her depression therapy.

M2400 – Row "d" Intervention

d. Intervention(s) to monitor and mitigate pain

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Formal assessment did not indicate pain since the last OASIS assessment

Collected at TRN to Inpatient & DC

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Row "d" is looking for interventions to monitor and mitigate pain.

To answer YES – orders need to be present for both monitoring and mitigation of pain **AS WELL** as the documentation that shows the interventions were implemented.

NA is the correct response if the formal pain assessment did not indicate that patient was having any pain at or since the last OASIS assessment. If one or more of the formal assessments were positive, then you **CANNOT** select NA.

Response NO would be selected if there was just the orders for only monitoring or just mitigation, **but not both**. Or if there were orders for both monitoring or mitigation of pain BUT there was **NO documentation of implementation**.

M2400 – Row "e" Intervention

e. Intervention(s) to prevent pressure ulcers

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Formal assessment indicates the patient was not at risk of pressure ulcers since the last OASIS assessment

Collected at TRN to Inpatient & DC

48

Row "e" is related to pressure ulcer prevention interventions. Any of the interventions that were discussed for M2250 for pressure ulcers are still applicable for M2400.

Answer YES would be used if the best practice applies to the patient and there were pressure ulcer prevention interventions on the Plan of Care **AND** there is evidence in the clinical record that the interventions were implemented.

NA would be appropriate if the formal pressure ulcer assessment indicates that the patient was not at risk of pressure ulcers. An evaluation of clinical factors is accepted as a response for M1300, Pressure Ulcer Assessment, but it is not considered a formal assessment and is not allowed for M2400 row "e". If one or more of the formal assessments, such as the Braden or Norton, were positive, then you **CANNOT** select NA.

An example is if the patient scored above 18 on the Braden Scale – making the patient not at risk for pressure ulcers.

Response NO is just like the previous rows – there must be physician orders on Plan of Care **AND** documentation that intervention or interventions were **implemented.**

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M2400 – Row "f" Intervention

f. Pressure ulcer treatment based on principles of moist wound healing

- ☐ 0 – No
- ☐ 1 – Yes
- ☐ NA – Dressings that support the principles of moist wound healing not indicated for this patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing

Collected at TRN to Inpatient & DC

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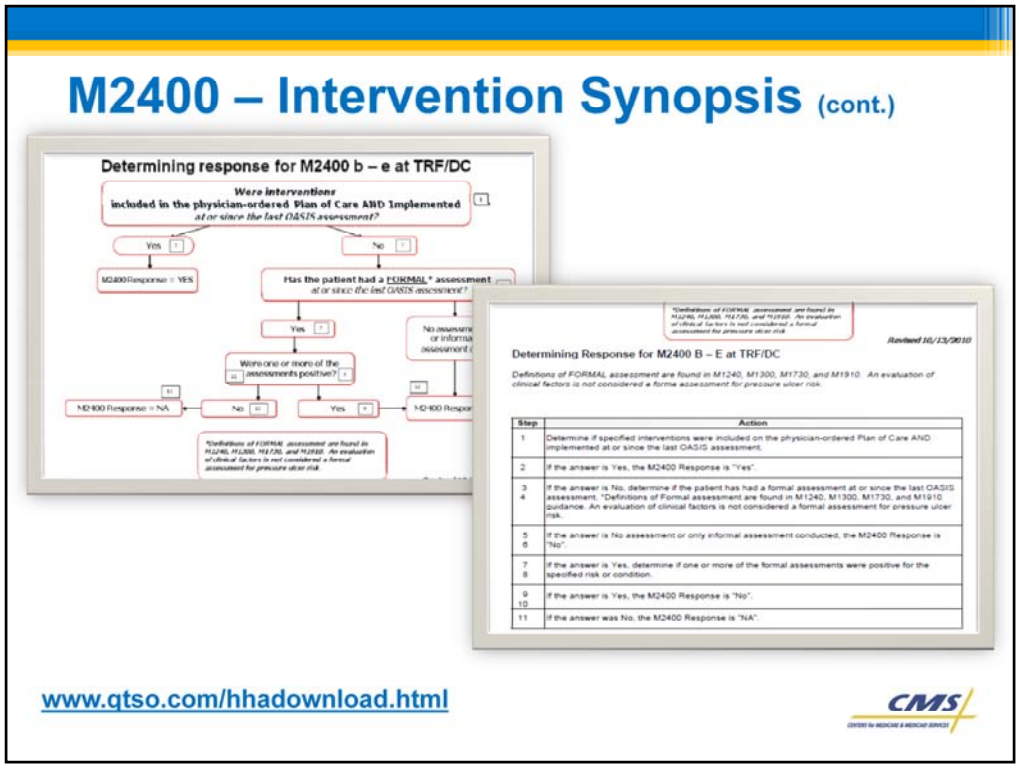
Row "f" is in reference to the best practice of using moist wound healing treatment for pressure ulcers, when applicable.

To select YES, then there must be orders for moist wound healing for pressure ulcers on the Plan of Care as well as documentation that the measures were implemented. Note the difference between M2250, Plan of Care Synopsis and M2400, Intervention Synopsis. For M2250, as long as the clinician requested the order for moist wound healing , you could answer "Yes" unless the physician responded back stating that moist wound healing was not appropriate. If that was the case, you thought moist wound healing was appropriate, but the physician didn't agree, then NA is the correct response. The physician decided moist wound healing treatment was not appropriate. For M2400, if the patient has a pressure ulcer appropriate for moist wound healing, you **MUST** have an order for the treatment and there must be **evidence in the clinical record that moist wound healing orders were implemented in order to answer "Yes." Just asking for the order, doesn't qualify for the "Yes" at M2400.**

NA would be appropriate only if physician deems that moist wound healing principles are not appropriate for the patient's pressure ulcer or if the patient has NO pressure ulcers.

Response NO would be used if the patient has pressure ulcers that would be appropriate for moist wound healing but there are either NO orders **OR** there is NO indication of implementing the order for the treatment.



There is an algorithm for M2400 rows "b – e" that are located in **Category 4b of the CMS OASIS Q&As, Question 172.9.5** to assist you in answering the questions appropriately. Again, make sure you have the January 2011 version.

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Care Planning & Intervention Summary

Plan of Care Synopsis

- Each row is asking if the best practice intervention was ordered by physician and included on Plan of Care
- Row "g" is the exception that allows Yes if only requested

Intervention Synopsis

- Each row is asking if the best practice intervention was ordered by physician and included on Plan of Care AND intervention was implemented

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In summary, we have looked at two key areas related to Care Planning and Intervention.

Plan of Care Synopsis is looking at best practices, collaboratively discussed by the physician and the home care agency to improve patient outcomes on specific areas including patient-specific physician notification parameters, diabetic foot care and education, falls preventions, depression interventions, and pain management orders for monitoring and mitigation. Also for pressure ulcer prevention and moist wound healing for appropriate pressure ulcers.

Intervention Synopsis looks at all the Plan of Care Synopsis best practices except the patient-specific parameters, assessing not only for the presence of orders on the Plan of Care but additionally, the actual implementation of those interventions. This OASIS item's purpose is to ensure best practices are implemented to improve patient outcomes.

Resources/References

- OASIS-C Guidance Manual
  - www.cms.gov/HomeHealthQualityInits/downloads/HHQIOASIS-CManual200912.zip
  - Chapter 3 provides guidance on OASIS-C questions
  - Chapter 5 provides resources on medication management
- CHAMP Program
  - www.champ-program.org/
- Home Health Quality Improvement (HHQI) National Campaign
  - www.homehealthquality.org
- OASIS Certificate and Competency Board (OCCB)
  - http://www.oasiscertificate.org

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The resources and references that were used for this educational program are listed on this slide.

Additionally, there are several organizations that provide accurate, evidenced-based or best practices that would assist with OASIS accuracy and improving patient outcomes.

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Questions

- Talk with your clinical managers
- Email OASIS training feedback site
  - oasisctrainingfeedback@cms.hhs.gov
- Check the CMS Q & As
  - www.qtso.com/hhadownload.html
- Check the OCCB Q & As
  - www.oasiscertificate.org
- Contact State OASIS Educator Coordinators
  - www.cms.gov/OASIS/Downloads/OASISeducationalcoordinators.pdf
- Submit Q & As to CMS
  - mailto:CMSOASISquestions@oasisanswers.com

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If you have any questions related to this OASIS-C Online Training module content, please ask your home health agency's OASIS Guidance team. For comments and feedback concerning this module and future OASIS-C Online Training modules, please use the oasisctrainingfeedback e-mail address. If you or your agency needs more clarification or need to ask a question - the State OASIS Educator Coordinator can be contacted by a representative from your organization or questions can be submitted to CMS by using the email address on this slide.