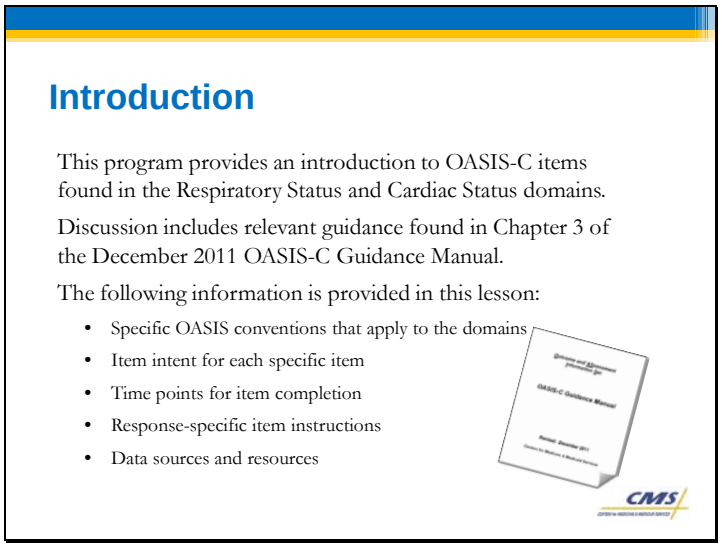
Welcome to the Centers for Medicare & Medicaid Services' OASIS-C Online Training. This module provides foundational education on the Respiratory Status and Cardiac Status domains of the OASIS data set. It covers OASIS items M1400 through M1510.

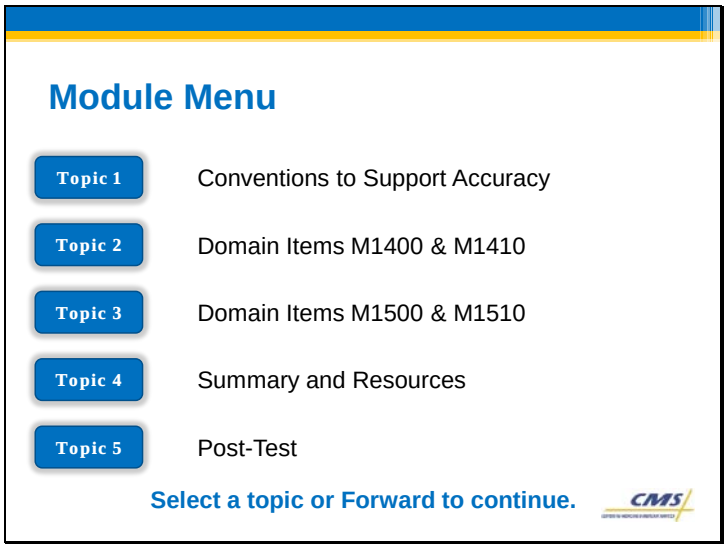


This program provides an introduction to OASIS-C items related to the Respiratory Status and Cardiac Status domains. Discussion in this lesson includes relevant guidance found in Chapter 3 of the December 2011 version of the OASIS-C Guidance Manual, which contains OASIS item-specific guidance. This module includes specific OASIS conventions that apply to these domains, the item intent or clarification about what each item is intended to report, time points when each item should be completed, response-specific item instructions clarifying the differences between the various responses which could be selected, and data sources and resources related to the Respiratory Status and Cardiac Status domains.

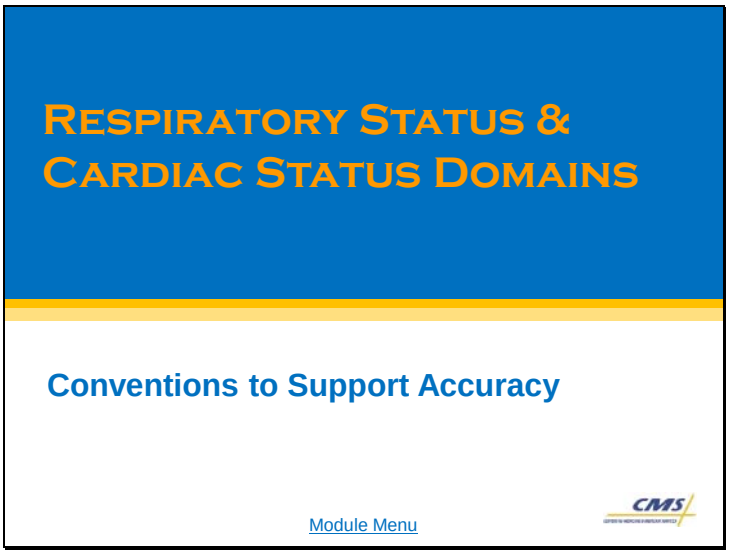
Module Objectives

- Identify conventions that support accuracy in completing the Respiratory Status and Cardiac Status domains.
- Identify the intent of each item in the Respiratory Status and Cardiac Status domains.
- Specify the data collection time points for each item in the Respiratory Status and Cardiac Status domains.
- Identify response-specific guidelines for completing each item in the Respiratory Status and Cardiac Status domains.
- Identify data sources and resources for each item in the Respiratory Status and Cardiac Status domains.

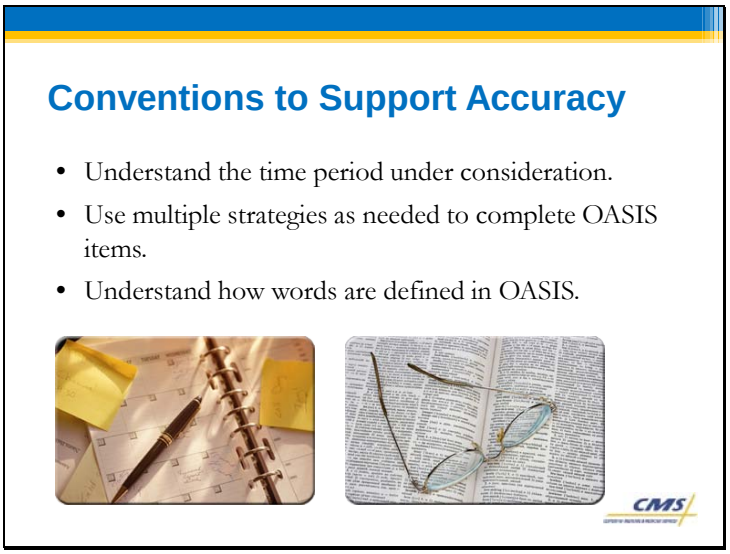
After completing this OASIS-C Online Training module, you will be able to identify three conventions that support data collection accuracy in completing the Respiratory Status and Cardiac Status domains, identify the intent of each item in the Respiratory Status and Cardiac Status domains, specify the data collection time points of each item in the Respiratory Status and Cardiac Status domains, identify response-specific guidelines for completing each item in the Respiratory Status and Cardiac Status domains, and identify data sources and resources for each item in the Respiratory Status and Cardiac Status domains.



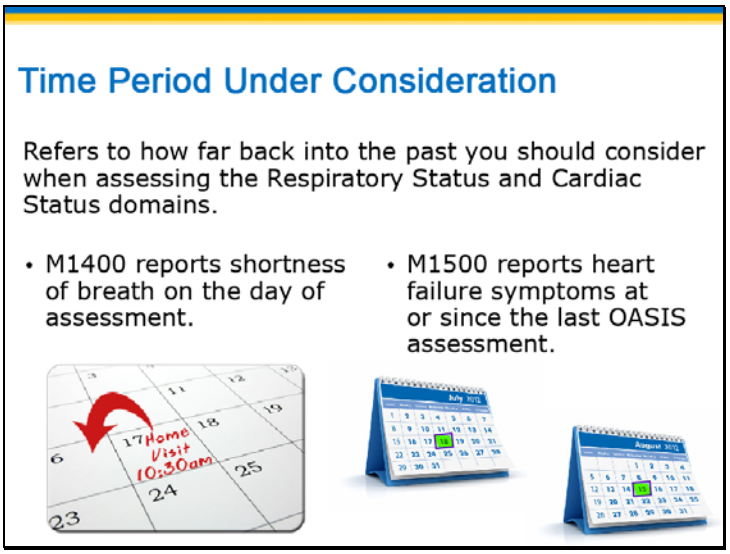
Select Forward to review the entire module, or you may select a topic from the Module Menu to review a specific topic of interest.



This topic addresses conventions to support OASIS-C accuracy.



There are specific conventions or general rules that should be followed when completing OASIS-C items. Although all the conventions are important to observe and apply when appropriate, three conventions are especially important to remember when reporting OASIS-C items in the Respiratory Status and Cardiac Status domains. These conventions are understanding the time period under consideration for each item, using multiple strategies as needed to complete the OASIS items, and understanding how certain words are defined for use in OASIS-C.



"Understanding the time period under consideration" refers to how far back into the past you should consider when assessing the items in the Respiratory Status and Cardiac Status domains. This convention guides the clinician to report what is true on the day of the assessment unless a different time period has been indicated in the item or related guidance. The day of the assessment is defined as the 24 hours immediately preceding the home visit and the time spent by the clinician in the home for the home visit. For example, M1400 asks you to report if the patient has experienced dyspnea, or shortness of breath, on the day of assessment. Other items such as M1500 Symptoms in Heart Failure Patients direct us to review the patient record to identify if a patient with a diagnosis of heart failure exhibited heart failure symptoms at or since the last OASIS assessment. Each item in this OASIS domain sets a time period to consider when collecting data and selecting a response. Pay careful attention to the specific time period for each item to assure the accuracy of data collection.

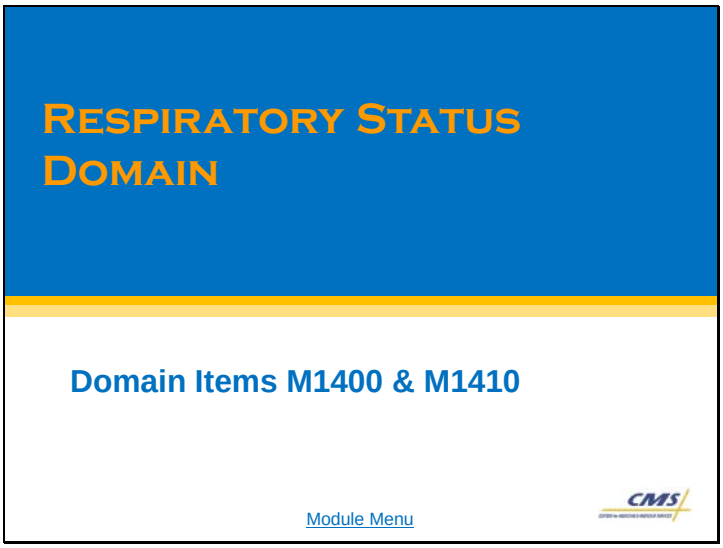
The second convention that is important to remember for the Respiratory Status and Cardiac Status domains is the ability to combine observation, interview, and other relevant strategies as needed to complete OASIS data items. For accuracy of data collection, it is important to recognize the opportunity to gather data from multiple sources such as patient observation during a physical assessment, review of clinical record and referral documents as well as interview with the patient, their caregiver, and/or physicians. For example, when identifying if the patient is dyspneic or short of breath, you may observe and assess for the presence of shortness of breath. You may also interview the patient regarding any episodes of dyspnea they experienced during the prior 24 hours and what level of exertion caused them to feel short of breath.

Understand How Words Are Defined

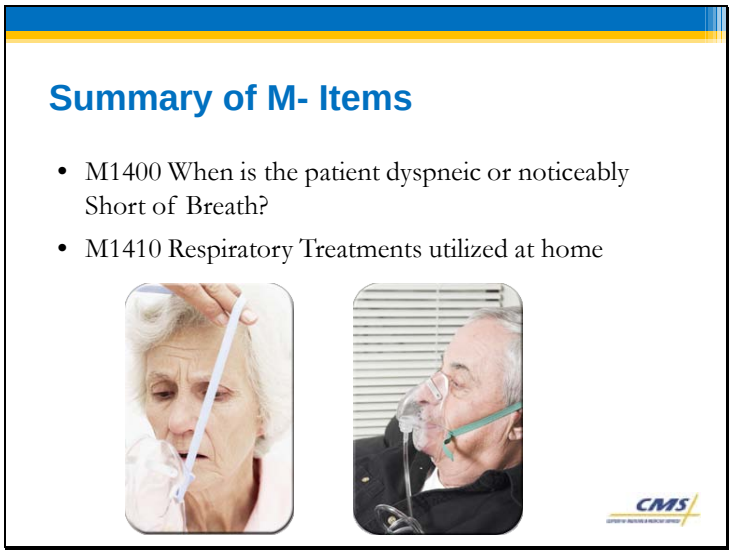
- Apply the CMS definition for terms used in OASIS items.
- In M1510, "same day" means by the end of this calendar day.

Module Menu

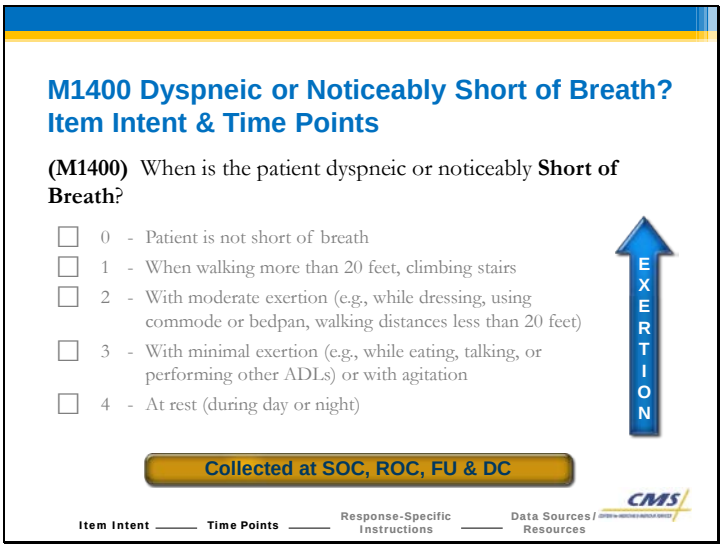
For the Respiratory Status and Cardiac Status domains, the third convention to utilize when collecting data is to understand how words or terms are defined by CMS. Let's look at Response Option 1 in M1510 Heart Failure Follow-up. Response 1 states "Patient's physician (or other primary care practitioner) contacted the same day." In this item, "same day" is defined as by the end of *this* calendar day.



This topic addresses OASIS-C Respiratory Status domain items M1400 and M1410.



There are two items in the Respiratory Status domain. This topic addresses both of these items: M1400 When is the patient dyspneic or noticeably Short of Breath? and M1410 Respiratory Treatments utilized at home.



The intent of item M1400 When is the patient dyspneic or noticeably Short of Breath? is for you to identify the level of exertion or activity that results in a patient's dyspnea or shortness of breath. This item is collected at the Start of Care, Resumption of Care, Follow-up, and Discharge time points.

M1400 Dyspneic or Noticeably Short of Breath? Response-Specific Instructions

(M1400) When is the patient dyspneic or noticeably **Short of Breath**?

- ☐ 0 - Patient is not short of breath
- ☐ 1 - When walking more than 20 feet, climbing stairs
- ☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ☐ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ☐ 4 - At rest (during day or night)

- If patient uses oxygen continuously, select the response based on the patient's shortness of breath while using oxygen.
- If patient uses oxygen intermittently, select the response based on the patient's shortness of breath without the use of oxygen.
- Response is based on patient's actual use of oxygen, not on the physician's oxygen order.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/ Resources

Response-specific instructions provide guidance for entering the correct response for M1400. This guidance instructs that if the patient uses oxygen continuously, select the response that would be appropriate based on an assessment of the patient's shortness of breath while using oxygen. If the patient only uses oxygen intermittently, mark the response that reflects the patient's shortness of breath without the use of oxygen. Note the response is based on the patient's actual use of oxygen in the home, not on the physician's oxygen order.

M1400 Dyspneic or Noticeably Short of Breath? Response-Specific Instructions, cont'd

(M1400) When is the patient dyspneic or noticeably **Short of Breath**?

- ☐ 0 - Patient is not short of breath
- ☐ 1 - When walking more than 20 feet, climbing stairs
- ☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ☐ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ☐ 4 - At rest (during day or night)

- Interview/observe chairfast/bedbound patients to determine the level of exertion required to produce shortness of breath.
- Assess the chairfast patient while performing ADLs or at rest to determine the level of exertion required to produce shortness of breath.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/ Resources

The responses for this item represent increasing severity of shortness of breath. Interview and observe the chairfast or bedbound patient to determine the level of exertion required to produce shortness of breath. You can assess the chairfast patient while performing ADLs or at rest in order to evaluate what level of exertion produces dyspnea. Responses 2, 3, and 4 include assessment examples that can be used for chairfast and bedbound patients as well as ambulatory patients.

M1400 Dyspneic or Noticeably Short of Breath? Response-Specific Instructions, cont'd

(M1400) When is the patient dyspneic or noticeably **Short of Breath**?

- ☐ 0 - Patient is not short of breath
- ☐ 1 - When walking more than 20 feet, climbing stairs
- ☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ☐ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ☐ 4 - At rest (during day or night)

- Select 0 if the patient has not been short of breath on the day of assessment.
- Select 1 if demanding bed-mobility activities produce dyspnea in bedbound patients.
- Select 1 if demanding transfer activities produce dyspnea in chairfast patients.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/ Resources

Response 0 would apply if the patient has not been short of breath during the day of assessment. Response 1 would be appropriate if demanding bed-mobility activities produce dyspnea in the bedbound patient or physically demanding transfer activities produced dyspnea in the chairfast patient.

M1400 Dyspneic or Noticeably Short of Breath? Response-Specific Instructions, cont'd

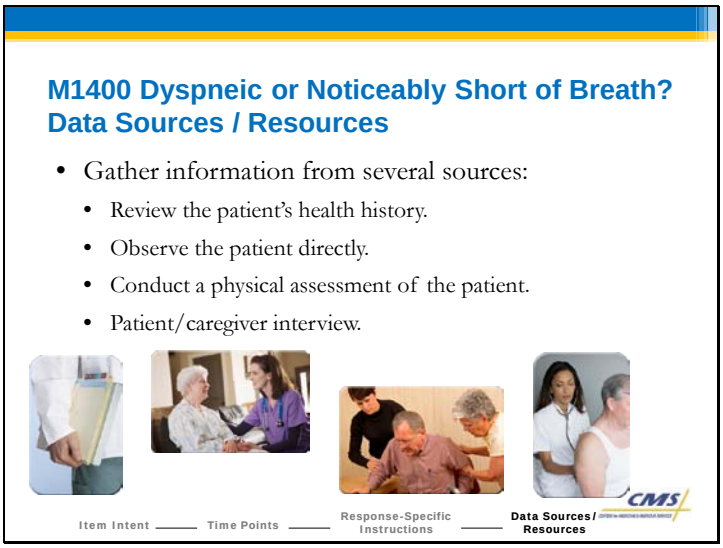
(M1400) When is the patient dyspneic or noticeably **Short of Breath**?

- ☐ 0 - Patient is not short of breath
- ☐ 1 - When walking more than 20 feet, climbing stairs
- ☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ☐ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ☐ 4 - At rest (during day or night)

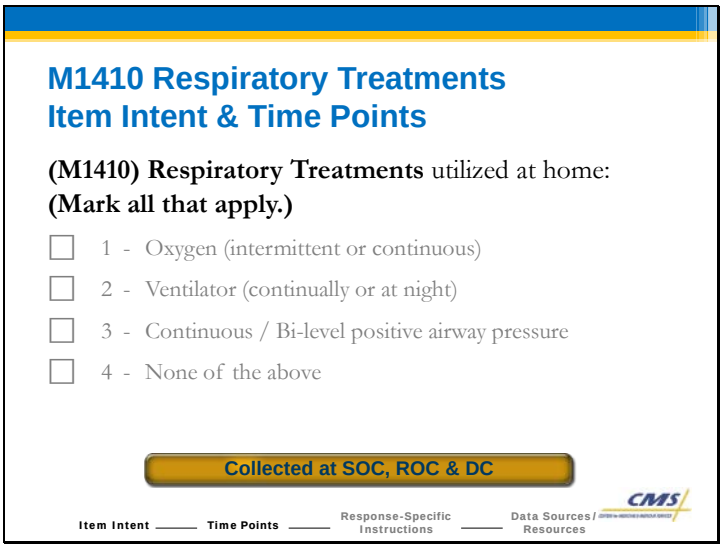
- Responses 2, 3, and 4 provide examples of activities to consider when assessing what causes a patient to become short of breath.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources / Resources

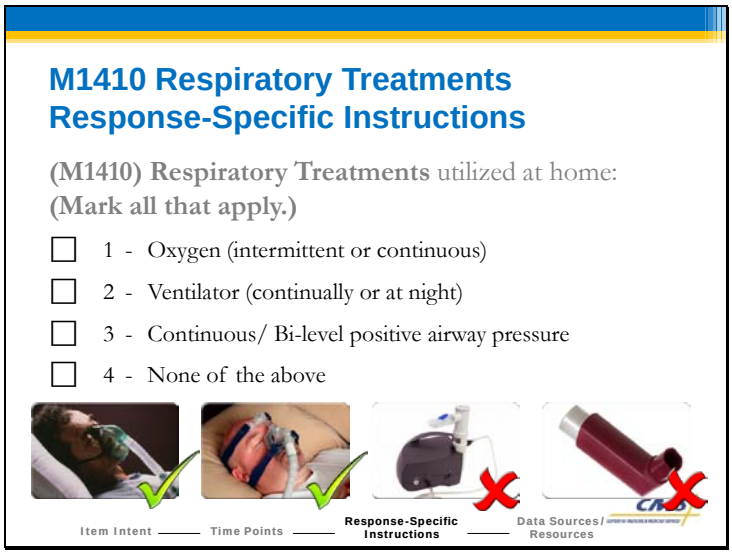
Response 2 would apply if the patient becomes short of breath with moderate exertion. Examples of moderate exertion include dressing, using a commode or bedpan, or walking distances of less than 20 feet. Response 3 would apply if the patient becomes short of breath with minimal exertion. Examples of minimal exertion include eating, talking, or performing other ADLs, or agitation. Response 4 would apply if the patient becomes short of breath or experiences dyspnea while at rest during the day or night.



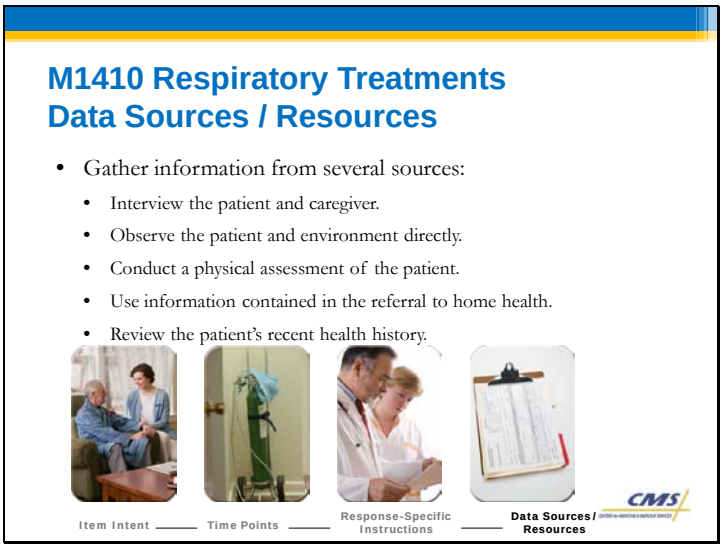
When identifying if the patient has experienced dyspnea or shortness of breath on the day of assessment, review the patient's recent health history, observe the patient by conducting a physical assessment, or interview the patient and/or caregiver.



The next OASIS item in the Respiratory Status domain is M1410 Respiratory Treatments. The intent of this item is for you to identify if any of the listed respiratory treatments are being used by the patient in the home. This item is collected at the Start of Care, Resumption of Care, and Discharge time points.



The response-specific instructions for this item provide direction for how to select the correct response. M1410 is a “Mark all that apply” item and excludes treatments that are not listed in the response options. For example, you will exclude nebulizers and inhalers. Note that Response Option 3 includes both continuous and bi-level positive airway pressure.



When identifying the correct response for M1410, obtain information from multiple sources. While interviewing the patient or caregiver, ask if they are receiving any of the listed respiratory treatments in the home. During your physical assessment, observe for the presence of oxygen equipment or other respiratory therapy equipment. Review physician orders. Do they include orders for oxygen or other listed respiratory treatments? Review the referral information and health history for evidence of the listed respiratory treatments being used in the home.

M1400 Practice Question

Your patient is ordered to use oxygen continuously, but when you arrive, he has it turned off. When asked about his oxygen use, he states that he doesn't think he needs it anymore and only uses it at night.

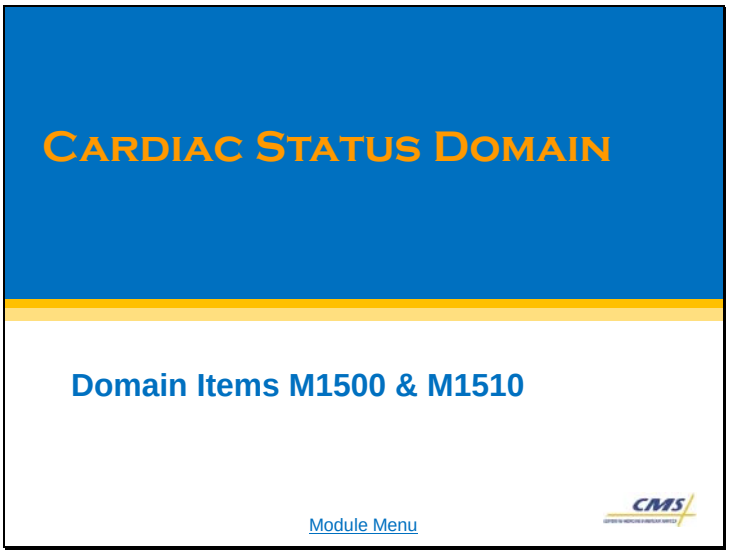
To select the correct response for M1400, would you assess the patient with oxygen use as ordered, or assess without oxygen, since he is not currently using it?

- ○ Assess according to the physician's orders for oxygen.
- ● Assess according to the patient's actual use of oxygen.

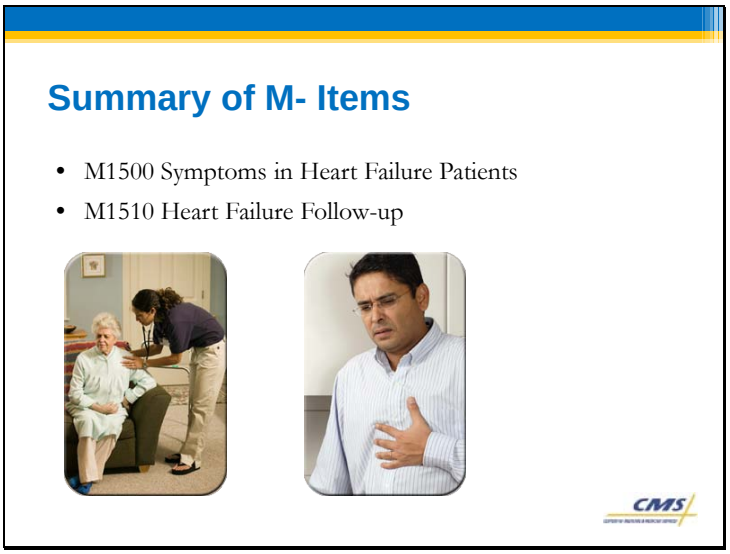
That is correct! The response-specific instructions for this item state that the response is based on the patient's actual use of oxygen in the home, not on the physician's oxygen order. If the patient uses oxygen intermittently, mark the response based on the patient's shortness of breath without the use of oxygen. Module Menu

Let's practice applying the guidance we just covered by answering this question. Your patient is ordered to use oxygen continuously, but when you arrive, he has it turned off. When asked about his oxygen use, he states that he doesn't think he needs it anymore and only uses it at night. To select the correct response for M1400 When is the patient dyspneic or noticeably Short of Breath?, would you assess the patient's oxygen use as ordered by the physician, or assess without oxygen, since he is not currently using it?

The correct answer is Assess according to the patient's actual use of oxygen. You would select a response based on the patient's status without the use of oxygen. The response-specific instructions for this item state that the response is based on the patient's actual use of oxygen in the home, not on the physician's oxygen order. If the patient uses oxygen intermittently, mark the response based on the patient's shortness of breath without the use of oxygen.



This topic addresses OASIS-C Cardiac Status domain items M1500 and M1510.



There are two items in the Cardiac Status domain. This topic addresses both of these items: M1500 Symptoms in Heart Failure Patients and M1510 Heart Failure Follow-up.

M1500 Symptoms in Heart Failure Patients Item Intent & Time Points

(M1500) 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 any point 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*]

Collected at Transfer & DC

Item Intent — Time Points — Response-Specific Instructions — Data Sources/ Resources

The first item in this domain is M1500 Symptoms in Heart Failure Patients. The intent of this item is to identify whether a patient with a diagnosis of heart failure experienced one or more symptoms of heart failure at the time of the most recent OASIS assessment or since that time. This item is used to calculate process measures that report the agency's use of best practices. The best practices and assessments stated in the item are not necessarily required in the Conditions of Participation. This item is collected at the Transfer and Discharge time points.

M1500 Symptoms in Heart Failure Patients Response-Specific Instructions

(M1500) 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 any point since the previous OASIS assessment?

- ☐ 0 ☐ 1 - Yes
- No [*Go to M2004 at TRN; Go to M1600 at DC*]
- ☐ 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*]

- Select Response 0,1, or 2 if the patient has a diagnosis of heart failure even if the diagnosis is not noted on the OASIS.
- Select NA if the patient does not have a diagnosis of heart failure.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/ Resources

The response-specific instructions for M1500 direct us to select Response 0, 1, or 2 if the patient has a diagnosis of heart failure, regardless of whether the diagnosis is noted in the OASIS. In other words, the diagnosis may not necessarily be noted on the OASIS but may be noted in other areas of the patient's record such as the comprehensive assessment or on the plan of care. Select the NA response if the patient does not have a diagnosis of heart failure.

M1500 Symptoms in Heart Failure Patients Response-Specific Instructions, cont'd

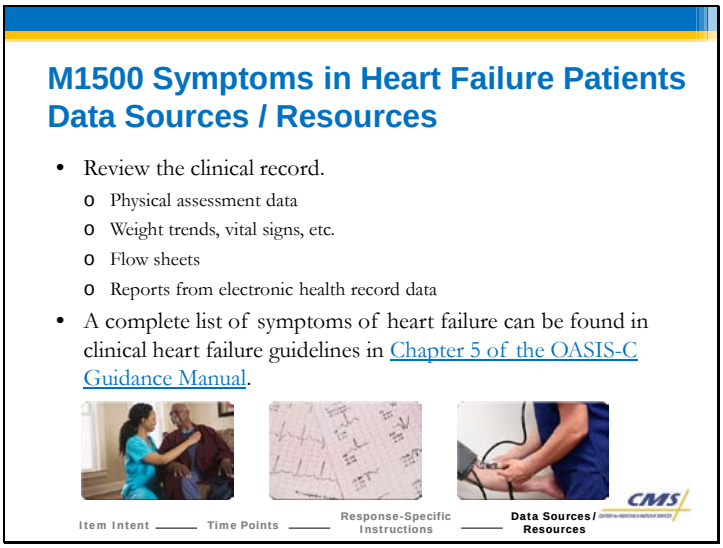
(M1500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?

- ☐ 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*]

- Select Response 1 to report symptoms associated with heart failure even if there are other co-morbidities that also could produce the symptom.
- Consider new or ongoing symptoms that occurred at or since the previous OASIS assessment.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/ Resources

If the patient has a diagnosis of heart failure, select Response 1 - Yes. Report symptoms associated with heart failure even if there are other co-morbidities that could also produce the symptom. An example of this would be a patient with diagnoses of pneumonia and heart failure who reports shortness of breath. Consider any new or ongoing heart failure symptoms that occurred at the time of the previous OASIS assessment or since that time.



Review the patient's record to identify the correct response for this item. Check physical assessment data, such as weight trends and vital signs. It will be helpful to review heart failure flow sheets or symptom tracking reports, if your agency utilizes them. To familiarize yourself with heart failure symptoms, refer to Chapter Five of the OASIS-C Guidance Manual for further resources.

M1510 Heart Failure Follow-up
Item Intent & Time Points

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? **(Mark all that apply.)**

- ☐ 0 - No action taken
- ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day
- ☐ 2 - Patient advised to get emergency treatment (e.g., 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 (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

- This item is used to calculate process measures to capture the agency's use of best practices.

Collected at Transfer & DC

Item Intent — Time Points — Response-Specific Instructions — Data Sources / Resources

The intent of M1510 Heart Failure Follow-up is to identify actions the home health care providers took in response to symptoms of heart failure that occurred at the time of the most recent OASIS assessment or since that time. This item is used to calculate process measures which capture the agency's use of best practices. The best practices stated in the item are not necessarily required in the Conditions of Participation. This item is collected at the Transfer and Discharge time points.

M1510 Heart Failure Follow-up Response-Specific Instructions

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? **(Mark all that apply.)**

- ☐ 0 - No action taken
- ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day
- ☐ 2 - Patient advised to get emergency treatment (e.g., 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 (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

- Include any action taken at least once at the time of or since the last OASIS assessment.
- Include any interventions provided over the telephone or through other telehealth methods.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/Resources

The response-specific instructions for M1510 Heart Failure Follow-up direct us to include any action that was taken at least once at the time of the last OASIS assessment or since that time. You may report interventions that addressed heart failure symptoms that were provided over the telephone or through other telehealth methods.

M1510 Heart Failure Follow-up Response-Specific Instructions: Option 0

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? **(Mark all that apply.)**

- ☐ 0 - No action taken
- ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day
- ☐ 2 - Patient advised to get emergency treatment (e.g., 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 (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

- Select Response 0 if none of these interventions were taken.
- Rationale for not intervening should be documented in the clinical record.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources Resources

If record review revealed that none of the interventions, as outlined in this item, were taken for the patient with heart failure symptoms, select Response 0. The rationale for not intervening should be documented in the clinical record.

M1510 Heart Failure Follow-up Response-Specific Instructions: Option 1

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? **(Mark all that apply.)**

- ☐ 0 - No action taken
- ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day
- ☐ 2 - Patient advised to get emergency treatment (e.g., 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 (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

To select Response 1:
- There must be evidence of communication with the physician or primary care practitioner in the clinical record.
- Physician must also respond to the agency's communication by the end of this calendar day.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources Resources

A set of specific criteria must be met in order to select Response 1 - Patient's physician or other primary care practitioner contacted the same day. First, there must be evidence of communication with the physician or primary care practitioner in the clinical record. The communication may have occurred in any manner that appropriately conveys the message of the patient status. Examples include by telephone, voicemail, other electronic means, or fax. The physician must then also respond to the agency's communication on the *same* day. "Same day" means by the end of this calendar day. The physician may simply acknowledge that the information regarding the patient's status was received and/or provide further advice or instructions.

M1510 Heart Failure Follow-up Response-Specific Instructions: Option 3

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? **(Mark all that apply.)**

- ☐ 0 - No action taken
- ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day
- ☐ 2 - Patient advised to get emergency treatment (e.g., 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 (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

Select Response 3 if:

- Reminded the patient to implement physician-established parameters for treatment.
- Documented that the patient followed physician-established parameters in response to developing heart failure symptoms.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources Resources

If the record review reveals that the home care clinician reminded the patient to implement physician-established parameters for treatment, select Response 3. It would also be appropriate to select Response 3 if the clinician documented that the patient followed physician-established parameters in response to developing heart failure symptoms. For example, select Response 3 if the patient self-administered an extra dose of diuretic as directed by the physician when identifying a weight gain of two pounds in one day.

M1510 Heart Failure Follow-up Response-Specific Instructions: Option 4

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? **(Mark all that apply.)**

- ☐ 0 - No action taken
- ☐ 1 - Patient's physician (or other primary care practitioner) contacted the same day
- ☐ 2 - Patient advised to get emergency treatment (e.g., 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 (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

- Patient education refers to the effective sharing of pertinent heart failure-related information with the goal of increasing the patient's knowledge regarding their heart failure as well as self-management skills and responsibilities.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/ Resources

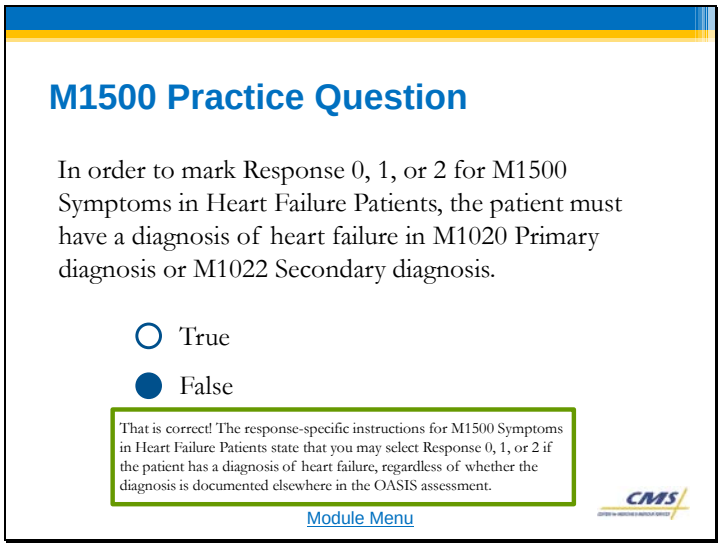
Response 4 - Patient education or other clinical intervention includes patient education. "Patient education" refers to the effective sharing of pertinent heart failure-related information with the goal of increasing the patient's knowledge regarding their heart failure as well as self-management skills and responsibilities. Simply providing a patient with printed materials regarding heart failure without assessment of their understanding of the content should not be considered patient education. For example, if the clinician just handed the patient a teaching sheet regarding heart failure and did not provide an appropriate overview of the material or evaluate the patient's understanding of the content, it would not be appropriate to select Response 4.

M1510 Heart Failure Follow-up Data Sources / Resources

- Gather information from multiple sources:
  - Review the clinical record for data at or since the last OASIS Assessment:
    - Physical Assessment Data
    - Weight Trends
    - Clinical Notes
  - Review the physician-ordered home health plan of care.
- Examples of standard clinical guidelines can be found in Chapter 5 of the OASIS-C Guidance Manual.

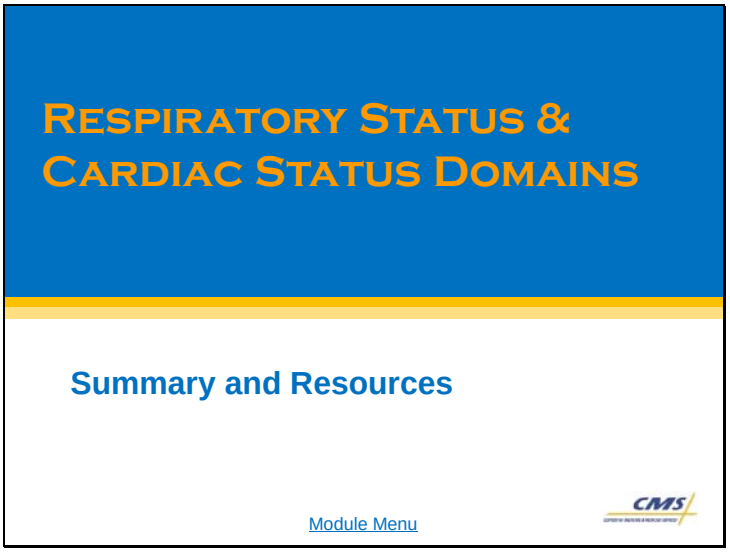
Item Intent — Time Points — Response-Specific Instructions — Data Sources / Resources

When identifying the correct response for this item, gather information from multiple sources. Review the patient's clinical record, remembering to include documentation from the last OASIS assessment and since that time. Data review should include physical assessment data, flow sheets, and clinical notes. You can also look to the physician-ordered home health plan of care to see if heart failure interventions were ordered during the specified time frame. For further information, examples of standard heart failure clinical guidelines can be found in Chapter 5 of the OASIS-C Guidance Manual.



Let's check your understanding of these response-specific instructions. In order to mark Responses 0, 1, or 2 for M1500 Symptoms in Heart Failure Patients, the patient must have a diagnosis of heart failure in M1020 Primary diagnosis or M1022 Secondary diagnosis. Is the statement True or False?

Correct answer is False. The response-specific instructions for M1500 Symptoms in Heart Failure Patients state that you may select Response Option 0, 1, or 2 if the patient has a diagnosis of heart failure, regardless of whether the diagnosis is documented elsewhere in the OASIS assessment.



We have completed the instruction for this module. This topic provides a summary and references and resources for completing the items in these domains.

Summary of Domain

- Understand each item and the individual responses.
- Use Chapter 3 of the OASIS-C Guidance Manual as your reference for the following concepts:
  - Item intent
  - Time points for completion
  - Response-specific instructions
  - Data sources and resources
- Additional guidance can be found in the CMS Q & As and the CMS Quarterly Q & As.

In order to collect the items in the Respiratory Status and Cardiac Status domains accurately, it is important for the assessing clinician to understand each item and its individual responses. Use Chapter 3 of the OASIS-C Guidance Manual as your reference to apply concepts and details related to the intent of each OASIS item, when each item should be completed, what the various response options mean, and what data sources and resources you can use to facilitate an accurate assessment. Additional guidance related to data collection can be found in the CMS Q & As and the CMS Quarterly OASIS Q & As.

Resources / References

- OASIS-C Guidance Manual
  - http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html
  - Chapter 3 provides guidance on OASIS-C questions.
  - Chapter 5 provides clinical heart failure guidelines.
- CHAMP Program
  - www.champ-program.org/
- Home Health Quality Improvement (HHQI) National Campaign
  - www.homehealthquality.org
- OASIS Answers, Inc.
  - www.oasisanswers.com

Additional resources and references can be accessed at the links listed here. Particularly important is the guidance in Chapter 3 of the OASIS-C Guidance Manual, which served as the foundational content for this educational module. Home care nurses and therapists responsible for collecting OASIS data should consider having a copy of the Chapter 3 guidance accessible while conducting comprehensive assessments to enhance data accuracy.

Questions

- Talk with your clinical managers.
- Check the CMS Q & As.
  - www.qtso.com/hhadownload.html
- Check the Quarterly Q & As.
  - www.oasisanswers.com
- Contact your State OASIS Educational Coordinator.
  - www.cms.gov/OASIS/Downloads/OASISeducationalcoordinators.pdf
- Submit Q & As to CMS.
  - Send email to CMSOASISquestions@oasisanswers.com.
- Email the OASIS training feedback site.
  - oasisctrainingfeedback@cms.hhs.gov

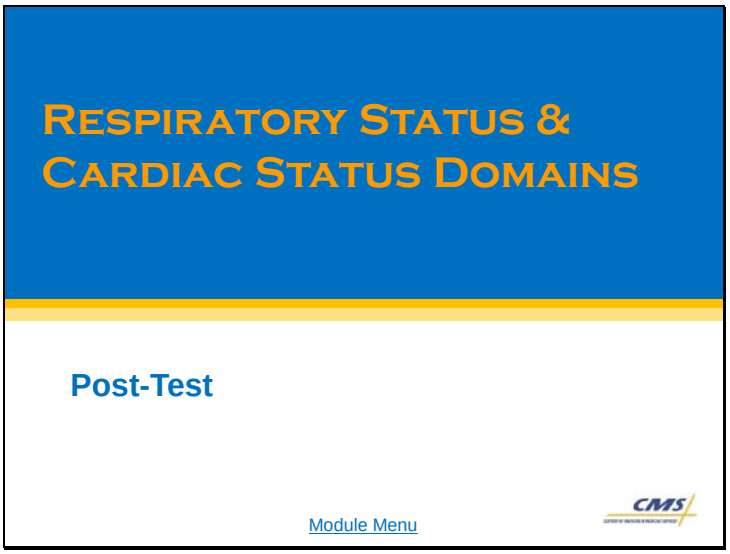
Module Menu

If you have questions, consider talking with your clinical manager, consult the guidance contained in Chapter 3 of the OASIS-C Guidance Manual, and review the additional guidance included in the CMS Q & As and the Quarterly Q & A updates, available at the links provided here. If you still have unanswered questions, contact your State OASIS Educational Coordinator, who can provide free assistance in answering your OASIS data collection questions.

If your question cannot be resolved with the help of your OEC, consider submitting your inquiry to the CMS OASIS mailbox at CMSOASISquestions@oasisanswers.com

If you have comments related to this web module, please consider providing feedback to the OASIS training feedback mailbox at oasisctrainingfeedback@cms.hhs.gov.

Thank you for your commitment to OASIS Accuracy.



This is the Respiratory Status and Cardiac Status Domains Module Post-Test. This test consists of five questions pertaining to the material covered in this lesson.

Post-Test Question #1

Which of the following conventions is NOT utilized when collecting data for the Respiratory and Cardiac Domains?

- A) When the OASIS item includes language specifying "one calendar day" this means until the end of the next calendar day.
- B) Understand the time period under consideration for each item.
- C) Use multiple strategies such as observation, interview, and other relevant strategies to complete OASIS data items as needed.
- D) Understand the definitions of words as used in the OASIS.

That is correct! The convention that when the language specifying "one calendar day" means until the end of the next calendar day is only utilized in response options for M2002 Medication Follow-up. This convention is not used in the Respiratory Status or Cardiac Status domains.

The correct answer is A. When the OASIS item includes language specifying "one calendar day" this means until the end of the next calendar day. The convention that when the language specifying "one calendar day" means until the end of the next calendar day is only utilized in response options for M2002 Medication Follow-up. This convention is not used in the Respiratory Status or Cardiac Status domains.

Post-Test Question #2

Your patient sits in his recliner the majority of the day and has all essential items within reach. He states that the only time he gets short of breath is when he climbs the stairs to go to his bedroom, as he did last night. A handyman was repairing a railing on the stairs during your visit, so you were not able to observe the patient climbing the steps. You do not observe any shortness of breath during your visit. What would be the most accurate response for M1400 When is the patient dyspneic or noticeably Short of Breath?

- A) 0 - Patient is not short of breath
- B) 1 - When walking more than 20 feet, climbing stairs
- C) 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- D) 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation

That is correct! The assessment time frame is the day of assessment (which includes the past 24 hours). Since the patient verbalized that climbing steps last night caused shortness of breath, report Response 1 - When walking more than 20 feet, climbing stairs.

The correct answer is B. The assessment time frame is the day of assessment (which includes the past 24 hours). Since the patient verbalized that climbing steps last night caused shortness of breath, report Response 1 – When walking more than 20 feet, climbing stairs.

Post-Test Question #3

The only respiratory treatment your patient uses is a small volume nebulizer two times a day. What would be the most appropriate response for M1410 Respiratory Treatments utilized at home?

- A) 1 - Oxygen (intermittent or continuous)
- B) 2 - Ventilator (continually or at night)
- C) 3 - Continuous / Bi-level positive airway pressure
- D) 4 - None of the above

That is correct! The response-specific instructions for this item state that nebulizers and inhalers are excluded from this item. Therefore, the correct response is 4 - None of the above.

The correct answer is D. The response-specific instructions for this item state that nebulizers and inhalers are excluded from this item. Therefore, the correct response is 4 – None of the above.

Post-Test Question #4

Record review at discharge revealed that two weeks ago, the patient had gained two pounds overnight and had taken an extra half-dose of her diuretic as ordered at SOC. The RN called the physician the same day the symptoms occurred. The physician called back the next morning with orders to increase diuretic, visit daily x3, educate patient regarding sodium intake, and report the patient's status in 24 hours. Clinical notes revealed that all interventions were implemented. No other comprehensive assessments were completed between SOC and DC. Which answer option below could NOT be selected when completing M1510 Heart Failure Follow-up at Discharge?

- A) 1 - Patient's physician (or other primary care practitioner) contacted the same day
- B) 3 - Implement physician-ordered patient-specific established parameters for treatment
- C) 4 - Patient education or other clinical interventions
- D) 5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

That is correct! Although the clinician contacted the physician the same day the symptoms occurred, the physician must have called back on the same day in order to select Response 1.

The correct answer is A. 1 – Patient's physician (or other primary care practitioner) contacted the same day. Although the clinician contacted the physician the same day the symptoms occurred, the physician must have called back on the same day in order to select Response 1.

Post-Test Question #5

Record review indicates your patient was admitted with a diagnosis of congestive heart failure on 03/06/12 and was subsequently hospitalized with an acute exacerbation of CHF on 04/11/12. He resumed home care on 04/15/12 and was discharged from the agency on 05/03/12. He had no further heart failure symptoms at or since the resumption of care assessment. At Discharge, what would be the most accurate response to M1500 Symptoms in Heart Failure Patients?

- A) 0 - No
- B) 1 - Yes
- C) 2 - Not assessed
- D) NA - Patient does not have diagnosis of heart failure

That is correct! In this scenario, the most recent assessment is the Resumption of Care, and the clinical record revealed that the patient did not experience any symptoms of heart failure at or since that time. Therefore, the most accurate response is 0 - No.

The correct answer is A. In this scenario, the most recent assessment is the Resumption of Care, and the clinical record revealed that the patient did not experience any symptoms of heart failure at or since that time. Therefore, the most accurate response is 0 – No.