



Welcome to the Centers for Medicare & Medicaid Services OASIS-C Online Training. This module provides an overview of OASIS-C. It includes a brief history and evolution of the development of the OASIS-C data collection instrument and a discussion of why it was created and how the data are utilized. This module also explains the conventions or general rules that should be followed when selecting responses for individual OASIS-C items.

Introduction

- Discusses relevant information found in Chapter 1, Appendix A, and Appendix F of the December 2012 OASIS-C Guidance Manual.
- Focuses on:
 - What is OASIS-C?
 - History and evolution of OASIS-C
 - Data use
 - Conventions for data collection



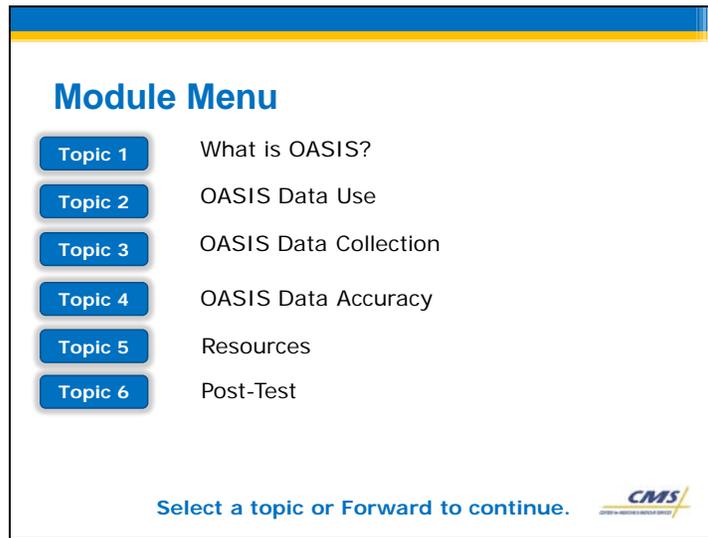
This module includes relevant information found in the December 2012 version of the OASIS-C Guidance Manual. Specifically, this module addresses information from Chapter 1, which introduces the OASIS-C data collection instrument; Appendix A, which contains information related to OASIS and the comprehensive assessment; and Appendix F, which contains information related to OASIS and Outcome Based Quality Improvement (OBQI). Specific topics covered in this module include an explanation of the OASIS-C data collection instrument, a brief overview of the history and evolution of OASIS-C, an overview of how the OASIS-C data are used, and the specific conventions or general rules to follow when collecting OASIS data.

Module Objectives

- Identify two uses of OASIS-C data.
- Explain the role OASIS-C data plays in Outcome Reporting.
- Explain the role OASIS-C data plays in Medicare Prospective Payment System reimbursement.
- Identify specific conventions utilized in OASIS-C data collection.



At the end of this module, you will be able to identify two uses of OASIS-C data, explain the role OASIS-C data plays in Outcome Reporting, explain the role OASIS-C data plays in Medicare Prospective Payment System reimbursement, and identify specific conventions utilized in OASIS-C data collection.

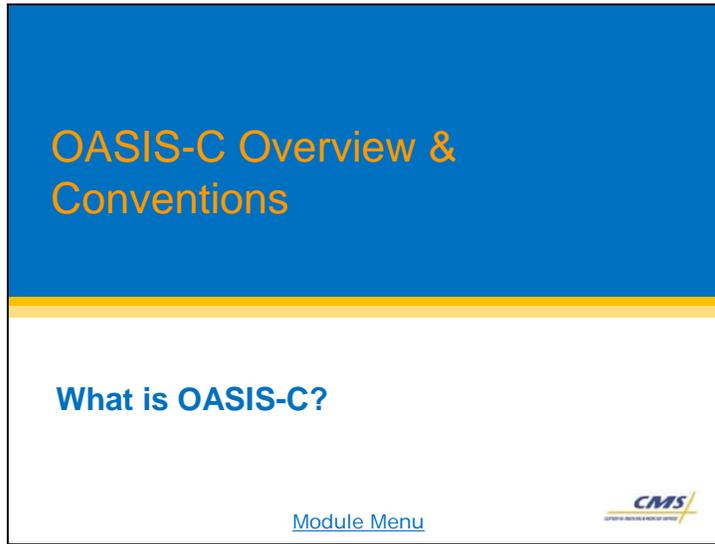


The image shows a screenshot of a 'Module Menu' interface. It features a blue header bar at the top. Below the header, the title 'Module Menu' is displayed in blue. A list of six topics is presented, each with a blue button labeled 'Topic 1' through 'Topic 6' and corresponding text: 'What is OASIS?', 'OASIS Data Use', 'OASIS Data Collection', 'OASIS Data Accuracy', 'Resources', and 'Post-Test'. At the bottom of the menu, there is a blue instruction: 'Select a topic or Forward to continue.' and the CMS logo.

Topic	Description
Topic 1	What is OASIS?
Topic 2	OASIS Data Use
Topic 3	OASIS Data Collection
Topic 4	OASIS Data Accuracy
Topic 5	Resources
Topic 6	Post-Test

Select a topic or Forward to continue. 

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



What is OASIS? Let's define what this term means.

OASIS-C Defined

- Outcome and Assessment Information Set (OASIS)
- Standardized data collection instrument
- Includes 100+ items/questions collected at various time points
- Developed to measure patient outcomes



The screenshot shows a portion of the OASIS-C assessment form. It includes sections for 'RESPIRATORY STATUS' and 'CARDIAC STATUS'. The 'RESPIRATORY STATUS' section asks about the patient's degree of shortness of breath and respiratory treatments. The 'CARDIAC STATUS' section asks about symptoms of heart failure, diagnosis, and management. The CMS logo is visible in the bottom right corner of the form.

In order to appreciate the intricacies and value of accurate OASIS data collection, it is important to start at the beginning and discuss what OASIS is, why it was created, and how it is used. OASIS is an acronym that stands for Outcome and Assessment Information Set. It is a group of more than 100 data items with specific response choices that form a data collection instrument. This instrument was first developed in the 1990s by the University of Colorado for the Centers for Medicare & Medicaid Services (CMS) for the purpose of measuring patient outcomes. It has been extensively tested and refined over the past two decades.

OASIS-C Defined, cont'd

- OASIS is a data set.
- It is comprised of domains:
 - Patient Tracking
 - Clinical Record Items
 - Patient History & Diagnoses
 - Living Arrangements
 - Sensory Status
 - Integumentary Status
 - Respiratory Status
 - Cardiac Status
 - Elimination Status
 - Neuro/Emotional/Behavioral Status
 - ADLs/IADLs
 - Medications
 - Care Management
 - Therapy Need & Plan of Care
 - Emergent Care
 - Discharge



The OASIS is a data set comprised of domains: Patient Tracking. Clinical Record Items. Patient History & Diagnoses. Living Arrangements. Sensory Status. Integumentary Status. Respiratory Status. Cardiac Status. Elimination Status. Neuro/Emotional/Behavioral Status. ADLs/IADLs. Medications. Care Management. Therapy Need & Plan of Care. Emergent Care. Discharge.

OASIS-C Defined, cont'd

- Each domain contains OASIS data items.
- OASIS data items are:
 - Identified by an "M" number; e.g., M0069 Gender
 - Contain a "stem" followed by several "response options" or blank spaces for data entry

"M" number & stem → (M1615) When does Urinary Incontinence occur?

Response options

- 0 - Timed-voiding defers incontinence
- 1 - Occasional stress incontinence
- 2 - During the night only
- 3 - During the day only
- 4 - During the day and night

(M0090) Date Assessment Completed: ___/___/___ ← Blank spaces for data entry
month / day / year



Each domain consists of items that contain a "stem" followed by several "response options" to select or blank spaces in which to enter data; e.g., a date.

OASIS-C Defined, cont'd

- Assessing clinician selects one or more responses or enters data as instructed for each item.

(M1030) Therapies the patient receives at home: (Mark all that apply.)

- 1 - Intravenous or infusion therapy (excludes TPN)
- 2 - Parenteral nutrition (TPN or lipids)
- 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- 4 - None of the above

(M0102) Date of Physician-ordered Start of Care (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.

05 / 04 / 2012 (Go to M0110, if date entered)

month / day / year

NA -No specific SOC date ordered by physician (or physician designee)



Based on the instructions for each item, the assessing clinician selects a response option or fills in the empty blanks. In cases where the instruction says “Mark all that apply,” more than one response option may be selected as applicable. The response(s) selected should be based on the instructions and conventions from CMS.

OASIS-C Defined, cont'd

- Compares patient outcomes at two points in time.
- Utilized to calculate payment algorithms for Medicare Prospective Payment System (PPS).
- Submission of OASIS required to participate in the Medicare program.



The data elements are designed to enable the systematic comparative measurement of home health care patient outcomes between two points in time. Outcome measures are the basis for Outcome Based Quality Improvement (OBQI) efforts that home health agencies can use to assess and improve the quality of care they provide patients. Skilled clinicians collect OASIS data at various time points from specific populations of patients as required by CMS. In order to participate in the Medicare program, agencies are required by regulation to submit the required data that is obtained from this instrument to CMS to be used for quality reporting, survey functions, and for the Prospective Payment System, or PPS.

OASIS-C History

- 1999: OASIS
- 1999: OASIS-B1
- 2010: OASIS-C
- 2014: OASIS-C1



Since the OASIS data set was first developed and implemented, several updates and refinements have been made. The OASIS-B1 version was first implemented in 1999. The most recent update, the OASIS-C, was implemented on January 1, 2010. An OASIS-C1 version is expected to be implemented in October 2014.

Overview Review Question #1

The OASIS was originally developed as a tool to measure patient outcomes between two points in time.

True

False

That is correct! The OASIS data elements are designed to enable the systematic comparative measurement of home health care patient outcomes between two points in time.

Select an answer.



Let's review what we've learned so far about OASIS. The OASIS was originally developed as a tool to measure patient outcomes between two points in time. True or false?

The correct answer is true. The OASIS data elements are designed to enable the systematic comparative measurement of home health care patient outcomes between two points in time.

Overview Review Question #2

The OASIS is _____.

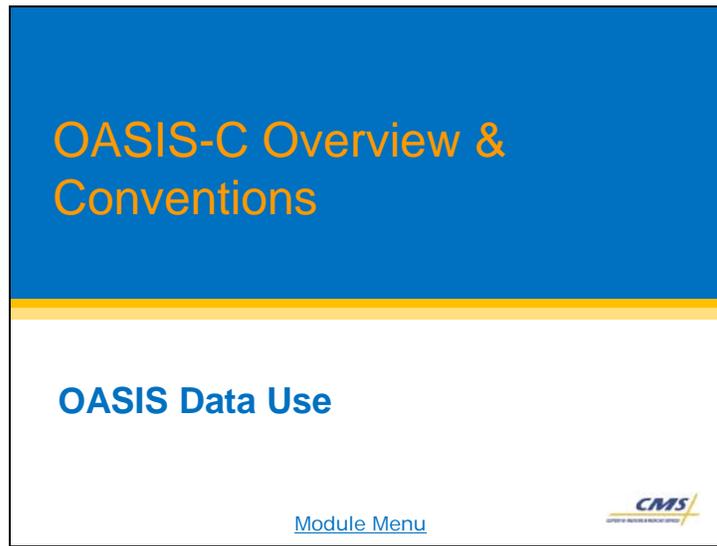
- A. an acronym
- B. a data collection instrument
- C. required for specific patient populations
- D. all of the above

That is correct! OASIS is an acronym that stands for Outcome and Assessment Information Set. It is a group of more than 100 data items with specific response choices that form a data collection instrument. Skilled clinicians collect OASIS data at various time points from specific populations of patients as required by CMS.

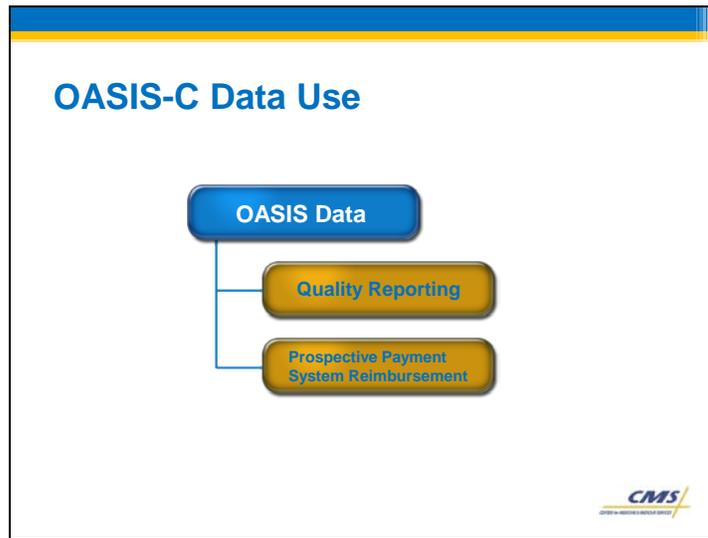


OASIS is which of the following?

The correct answer is D. all of the above. OASIS is an acronym that stands for Outcome and Assessment Information Set. It is a group of more than 100 data items with specific response choices that form a data collection instrument. Skilled clinicians collect OASIS data at various time points from specific populations of patients as required by CMS.



This topic addresses how the OASIS-C data are used.



The data that are collected from the OASIS instrument have many uses. The most notable uses are as a basis for Quality Reporting and for Medicare Prospective Payment System (PPS) reimbursement. It is important for the beginning data collector to understand at a basic level the purpose of the OASIS instrument and why it is so critical to collect the data accurately.

**OASIS-C Data Use
Quality Outcomes**

- Data items measure:
 - Patient outcomes
 - Patient risk factors
- Quality Outcome Measurement: The measurement of changes in a patient's health status between two points in time.
- Outcome of care data reflect the quality of care provided to the patient.
- Called quality data or quality outcomes.



Let's take a look at how OASIS data are used to generate outcomes, then we will discuss how this information is compiled into specific reports. To fully understand the concept of how OASIS and outcomes are related, you will need to understand what is meant by the term "outcome measurement" as well as have an understanding of the types of outcomes that are measured. The OASIS was designed so the data items would measure both patient outcomes and patient risk factors. Outcome measures are defined by CMS as the changes in a patient's status between two or more points in time. CMS wants home health providers to have a means of reporting the outcomes of the care they provide to the home health patients they serve. They are interested in obtaining objective data that reveal whether or not the patient's health status and functional ability have improved by the time an agency discharges the patient from their care. The outcome of care data reflect the quality of care provided by the agency and are called patient quality data or quality outcomes.

OASIS-C Data Use Quality Outcome Episode

- An outcome measure is calculated from data collected at two points in time.
- A quality episode is not the same as a payment episode.

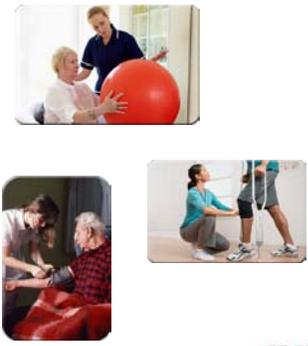
The diagram features a large grey arrow pointing to the right. Inside the arrow, on the left side, is the text 'Start of Care/Resumption of Care' above a small blue circle. On the right side of the arrow is the text 'Transfer/Discharge'. Below the arrow, there are two rectangular images: the left one shows an elderly person lying in a hospital bed, and the right one shows a person walking a dog in a park. The CMS logo is in the bottom right corner of the slide.

Because an outcome measure is calculated from data collected at two points in time, it is important to know what begins an outcome episode and what ends an outcome episode. An outcome episode begins when the patient starts care or resumes care following a qualifying inpatient admission. The outcome episode ends with a qualifying transfer to an inpatient facility or discharge from the agency. As you move through the modules included in the CMS Online OASIS-C training, you will see the term “payment episode” used when certain OASIS items are discussed. A payment episode is distinctly different than a quality episode. A payment episode is used in Medicare’s Prospective Payment System or “PPS.” The home health PPS provides home health agencies with a pre-determined payment for each sixty-day episode that they provide care to a Medicare beneficiary. While the payment episode is calculated for a 60-day time period, certain intervening events may occur, causing the episode to be shortened.

Types of Outcome Measures

End Result

- Compares a patient's status at beginning and end of a care episode.
- Care episode starts at SOC/ROC and ends at Transfer/DC.
- Reports improvement, decline, or stabilization.



Several types of outcome measures are analyzed from the OASIS data. End result outcome measures use data gathered at the beginning of an outcome episode and compare it to the data at the end of an outcome episode. By viewing the data in this manner, we can see the end result of the care that was provided by staff to the patients in a home care agency. Therefore, end result outcomes report improvement, decline, or stabilization.

Types of Outcome Measures
End Result, cont'd

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 – Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 – Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 – Someone must assist the patient to groom self.
- 3 – Patient depends entirely upon someone else for grooming needs.

- Improvement occurs when the score for an item is closer to zero at the end of a quality episode, indicating the patient's health status or functional ability improved.
- Decline occurs when the score for an item is numerically higher at the end of a quality episode, indicating the patient's health status or functional ability worsened.
- Stabilization represents non-worsening and includes all episodes where the OASIS score remained the same.

Improvement is captured when the OASIS score selected at the end of the quality episode is numerically smaller or closer to zero than the one chosen at the beginning of the episode. This occurs when the patient's health status or functional ability improves. A decline occurs when the OASIS score selected at the end of the quality episode is numerically larger than the one chosen at the beginning of the episode. This happens when a patient's health status or ability worsened during the quality episode. Stabilization is a term used to represent non-worsening and includes all the patient episodes where the OASIS score remained the same or improved between the two points in time included in the quality episode.

End Result Outcome Measures
Example: Grooming

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 – Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 – Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 – Someone must assist the patient to groom self.
- 3 – Patient depends entirely upon someone else for grooming needs.



Let's look at an example of end result outcome measures. The end result outcome of improvement in Grooming, item M1800, assesses the patient's ability to groom at Start of Care or Resumption of Care following an inpatient stay compared to the patient's ability to groom at Transfer to an inpatient facility or Discharge from home health. Let's apply this to a scenario.

End Result Outcome Measures
Grooming Scenario

On admission due to a fractured wrist, Mrs. Jones required her daughter’s assistance with all of the included grooming tasks, scoring a “2” for M1800 Grooming at SOC.

During the episode of care, the occupational therapist assisted Mrs. Jones with strengthening exercises and home modifications as well as provided adaptive equipment.

At the Discharge assessment visit, Mrs. Jones was independent in performing all the included grooming tasks and scored a “0” on M1800 Grooming.



On admission due to a fractured wrist, Mrs. Jones required her daughter’s assistance with all of the included grooming tasks, scoring a “2” for M1800 Grooming at Start of Care (SOC). During the episode of care, the occupational therapist assisted Mrs. Jones with strengthening exercises and home modifications as well as provided adaptive equipment. At the Discharge assessment visit Mrs. Jones was independent in performing all the included grooming tasks and scored a “0” on M1800 Grooming.

End Result Outcome Measures Scenario

- Mrs. Jones' score for M1800 changed from 2 to 0.
- The end result outcome for Mrs. Jones for M1800 Grooming is improvement.

(M1800) Grooming: Current ability to tend safely to personal hygiene needs...

DC	0 – Able to groom self unaided...
<input type="checkbox"/>	1 – Grooming utensils must be placed within reach...
SOC	2 – Someone must assist the patient...
<input type="checkbox"/>	3 – Patient depends entirely upon someone else...

- Improvement is captured when the patient's OASIS score moves one number closer to zero by Discharge.



Comparing her scores between admission and Discharge, it is easy to see that Mrs. Jones' score was closer to zero at Discharge than at Start of Care, meaning she has demonstrated improvement in her ability to groom herself. Improvement is captured when the patient's OASIS score moves to zero or at least one response level closer to zero by Discharge. In this scenario, Mrs. Jones demonstrated improvement as her score for performing grooming tasks improved from 2 to 0.

Types of Outcome Measures
Utilization

Utilization

Calculates rate that specific services are utilized.

- Acute care hospitalization
- Hospital emergency department use with or without hospitalization
- Discharge to the community



Another type of outcome measure, utilization outcomes, calculates the rate at which specific services are utilized. Specifically, agency rates of acute care hospital admissions, hospital emergency department use with or without hospitalization, and discharge to the community are reported. Both the acute care hospitalization and the discharged to community rates utilize OASIS data. The emergency department utilization measure, however, is based on claims data. Utilization outcome measures are captured at Transfer and Discharge.

Utilization Outcome Measures Scenario

Despite implementing an aggressive fall prevention program, Mrs. Kim fell and fractured her left hip.

She was admitted to the hospital two days ago and had an open reduction and internal fixation.



Now let's look at an example of how utilization outcome measures are collected. Despite implementing an aggressive fall prevention program, Mrs. Kim fell and fractured her left hip. She was admitted to the hospital two days ago and had an open reduction and internal fixation.

**Utilization Outcome Measures
Outcome Reporting**

(M0100) This Assessment is Currently Being Completed for the Following Reason:

Start/Resumption of Care

- 1 - Start of care - further visits planned
- 3 - Resumption of care (after inpatient stay)

Follow-Up

- 4 - Recertification (follow-up) reassessment [*Go to M0110*]
- 5 - Other follow-up [*Go to M0110*]

Transfer to an Inpatient Facility

- 6 - **Transferred to an inpatient facility—patient not discharged from agency** [*Go to M1040*]
- 7 - Transferred to an inpatient facility—patient discharged from agency [*Go to M1040*]

Discharge from Agency—Not to an Inpatient Facility

- 8 - Death at home [*Go to M0903*]
- 9 - Discharge from agency [*Go to M1040*]



In this situation, you would complete item M0100 in the Clinical Record Items domain. Selecting Response Option 6 Transferred to an inpatient facility – patient not discharged from agency indicates that a transfer to another health care setting has taken place. This piece of data contributes to the utilization outcome measure, Acute Care Hospitalization.

Utilization Outcome Measures Outcome Reporting, cont'd

(M2410) To which **Inpatient Facility** has the patient been admitted?

- 1 - Hospital [Go to M2430]**
- 2 - Rehabilitation facility [Go to M0903]
- 3 - Nursing home [Go to M2440]
- 4 - Hospice [Go to M0903]
- NA- No inpatient facility admission [Omit "NA" option on TRN]

(M2430) Reason for Hospitalization: For what reason(s) did the patient require hospitalization? **(Mark all that apply.)**

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall**
- 3 - Respiratory infection (e.g., pneumonia, bronchitis)
- 4 - Other respiratory problem



You will also complete M2410 To which Inpatient Facility has the patient been admitted. Selecting Response 1 – Hospital indicates the health care setting to which the patient was transferred. Selecting Response 2 – Injury caused by fall in item M2430 Reason for Hospitalization documents the reason for the transfer. The OASIS data you just reported are used to calculate your agency’s Acute Care Hospitalization rate.

Process Quality Measures

- Evaluate the rate that specific evidence-based processes of care are used.
- Focus on high-risk, high-volume, problem-prone areas for home health care.
- Include domains:
 - Timeliness of care delivery
 - Assessment
 - Care planning
 - Care plan implementation
 - Education and prevention



The data collected from the OASIS-C allows for the capture of data to generate additional quality measures called process quality measures. These process quality measures evaluate the rate of home health agency use of specific evidence-based processes of care, also referred to as "best practices." The OASIS-C process measures focus on high-risk, high-volume, problem-prone areas for home health care. The domains include timeliness of care delivery, assessment, care planning, care plan implementation, and education and prevention.

Process Quality Measures, cont'd

- Outcomes of care impacted by:
 - Patient's home environment
 - Caregivers
 - Physician practice patterns
- Generally represent care that is directly within the control of the agency.



CMS

While outcomes of care can be impacted by a variety of factors such as a patient’s home environment, caregivers, and physician practice patterns, process measures generally represent care that is directly within the control of the agency. By including specific evidence-based practice in the operation standards of the agency, it is demonstrated that good patient outcomes are the ultimate goal of the agency. For example, by assessing a diabetic’s feet and teaching the patient how to perform diabetic foot care, the agency will be promoting a practice that has been demonstrated to result in fewer diabetic lesions, amputations, and hospitalizations. By reviewing the data for this process measure, the agency may identify problematic care practices that may be impacting their hospitalization rate.

Outcome Reports

- Used by CMS and your agency for quality initiatives.
- Report types:
 - Outcome Based Quality Improvement (OBQI)
 - Outcome Based Quality Monitoring (OBQM)
 - Process Based Quality Improvement (PBQI)



OASIS data are submitted to CMS, and several types of outcome reports are generated. These reports are utilized by CMS and your agency for quality initiatives. CMS looks at the report data to understand the effect home care has on the Medicare beneficiary. Your agency uses these reports to analyze data at a patient level and at the agency level. Your agency also uses these reports to make decisions about the care that is being provided by the staff in your agency and to make improvements when indicated. Let’s now discuss three types of outcome reports so you have a better understanding of the information that can be derived from OASIS data.

**Outcome Based Quality Improvement (OBQI)
OBQI Reports**

- OBQI Outcome Reports
 - Include 37 risk-adjusted outcome measures derived from OASIS data.
 - Include a series of outcomes for patients in the current year compared to the prior year and a national reference.
 - Use measures as part of a systematic approach to continuously improve the quality of care provided.



OBQI stands for Outcome Based Quality Improvement. Let’s briefly review three OBQI reports. The OBQI Outcome Reports include 37 risk-adjusted outcome measures derived from OASIS data. The OBQI Outcome Reports provided to agencies include a series of outcomes for their patients in the current year, compared to the prior year and to a national reference. Home health agencies can use the OBQI outcome measures as part of a systematic approach to continuously improve the quality of care they provide. By focusing quality improvement activities on select target outcomes, they can investigate the care processes that contributed to these outcomes and make changes in clinical actions that will lead to improved patient outcomes. If the agency carefully implements the steps in this process, this change in patient outcomes is expected to be evident when future Outcome Reports are accessed.

**Outcome Based Quality Improvement (OBQI)
OBQI Reports, cont'd**

- Patient Tally Report
 - Provides descriptive information for each individual case included in the agency's Outcome Report analysis.
- Agency Patient-Related Characteristics Report
 - Presents a "snapshot" of the characteristics of the patients the agency has cared for during the 12-month period.
 - Includes information such as home health length of stay and need for emergency or hospital care.
 - Shows patient attributes or circumstances likely to impact health status, such as a patient's environmental or living conditions, demographics, and baseline health status.
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISOBQI.html>



The Patient Tally Report provides descriptive information for each individual case included in the agency's Outcome Report analysis. Finally, the Agency Patient-Related Characteristics Report (formerly called the Case Mix Report) presents a "snapshot" of the characteristics of the patients the agency has cared for during the 12-month period. This report also includes information such as home health length of stay and need for emergency or hospital care. It shows patient attributes or circumstances that are likely to impact health status, such as a patient's environmental or living conditions, demographics, and baseline health status. You can learn more about Outcome Based Quality Improvement reports at the Web site provided.

**Outcome Based Quality Monitoring (OBQM)
OBQM Reports**

- Potentially Avoidable Event Report
 - Displays incidence rates for 12 infrequently occurring untoward events.
 - Reflect a serious health problem or decline in health status for an individual patient that potentially could have been avoided.
 - Serve as markers for potential problems in care because of their negative nature and relatively low frequency.
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISOBQM.html>



You may also access your Potentially Avoidable Event Report , which is part of Outcome Based Quality Monitoring, or OBQM. This report was formerly called the Adverse Event Outcome Report under OASIS-B1. It displays incidence rates for 12 infrequently occurring untoward events. These potentially avoidable events reflect a serious health problem or decline in health status for an individual patient that potentially could have been avoided. They serve as markers for potential problems in care because of their negative nature and relatively low frequency. It is important to emphasize the word potential in this definition because it cannot be known for sure whether the event could have been avoided. The Agency Patient-Related Characteristics Report can also be helpful during the OBQM process as the characteristics of the patients for whom an agency provides care can impact many decisions about patient care delivery, staffing, resource allocation, strategic planning, and program development. You can learn more about Outcome Based Quality Monitoring reports at the Web site provided.

**Process Based Quality Improvement (PBQI)
PBQI Reports**

- Process Quality Measure Report
 - Provides information on how often the indicated processes are utilized in providing care to the agency's patients.
 - Assesses elements of care that are directly under HHA control in most cases.
 - Can be used to promote the use of specified best care practices and for performance/quality improvement programs.
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/PBQIProcessMeasures.html>



PBQI stands for Process Based Quality Improvement. The Process Quality Measure Report provides home health agency staff with information on how often the indicated processes of care are utilized in providing care to that agency's patients, with comparisons to all home health patients nationally and to the agency's data from a prior time period. The measures assess elements of care that are directly under HHA control in most cases. Process measures can be used to promote the use of specified best care practices and for HHA performance/quality improvement programs, both as assessment of clinician adherence to evidence-based practices and in relation to care outcomes. You can learn more about Process Based Quality Improvement reports at the Web site provided.



Since the fall of 2003, CMS has posted a subset of OASIS-based quality performance information on the Medicare.gov Web site called "Home Health Compare." These publicly-reported measures include outcome measures that indicate how well home health agencies assist their patients in regaining or maintaining their ability to function and process measures that evaluate the rate of home health agency use of specific evidence-based processes of care.

Home Health Compare, cont'd

- A subset of OASIS-based quality performance information posted on the Medicare Web site
- Process of care measures
- Outcome measures
 - Improvement measures
 - Health care utilization measures
- Patient Experience of Care Survey results
 - Patient satisfaction data gathered from a different source, Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)
- <http://www.medicare.gov/HomeHealthCompare> 

To summarize:

Process of care measures show how often home health agencies gave recommended care or treatments that research shows get the best results for most patients. Outcome of care measures show changes in patient health status. The outcome measures reported on Home Health Compare include improvement measures and health care utilization measures. Improvement measures fall into two categories: those describing a patient’s ability to get around and those describing a patient’s ability to perform activities of daily living or their general health status. Health care utilization measures describe the percentage of time that a patient accesses other health care resources either while home health care is in progress or after home health care is completed. In addition to the quality and process measures, consumers can view Patient Experience of Care Survey results on the Home Health Compare Web site. These survey results help patients make decisions regarding potential providers by sharing what home care patients reported about their recent home health care experience. These results are based on data gathered from a different source, the Home Health Consumer Assessment of Healthcare Providers and Systems, or HHCAHPS. You can learn more about Home Health Compare at the Web site provided.

Reimbursement

- Reimbursement provided under the Medicare Prospective Payment System (PPS).
- Predicts cost to provide care to a specific patient based on certain patient characteristics, functional ability, and service utilization.
- Based on a 60-day payment episode.
- Factors in 25 OASIS items with a possible 51 variables.
- Assigns the Medicare patient to a home health resource group, or HHRG.
- Other payers may use PPS-like payment models.



The OASIS data are also used to calculate the payment your agency will receive for providing care to the Medicare beneficiary. Your home health agency is reimbursed for care provided to a Medicare patient under a Prospective Payment System, or PPS. This system, utilizing OASIS data, predicts how expensive it will be to provide care to a specific patient for a period of 60 days based on certain patient characteristics, functional ability, and service utilization. Twenty-five different OASIS items with a possible 51 variables factoring into the payment calculation are utilized to assign the Medicare patient to a payment group, also known as an “HHRG” or home health resource group. Payers other than Medicare may also utilize the OASIS data to determine payment. This is another reason why it is vitally important that you understand the implications of OASIS data use. Inaccurate OASIS data may result in inappropriate reimbursement to your agency, putting your agency at substantial risk. Without accurate payment, your agency may not have the resources required to provide a high level of care to patients.

Data Use Review Question #1

Outcome measurement and reimbursement are two uses of OASIS data.

True

False

That is correct! Two uses of OASIS data include outcome measurement and reimbursement.

Select the correct response.



Let's review what we have learned about OASIS data use. Outcome measurement and reimbursement are two uses of OASIS data. True or false?

The correct answer is true. Two uses of OASIS data include outcome measurement and reimbursement.

Data Use Review Question #2

End result outcomes calculate the rate that specific services are utilized.

- True
- False

That is correct! End result outcomes are a comparison of status at the beginning of an outcome episode and at the end of an outcome episode.

Select the correct response.



End result outcomes calculate the rate that specific services are utilized. True or false?

The correct answer is false. End result outcomes are a comparison of status at the beginning of an outcome episode and at the end of an outcome episode.

Data Use Review Question #3

Process quality measures evaluate the rate of home health agency use of specific evidence-based processes of care.

True

False

That is correct! Process quality measures evaluate the rate of home health agency use of specific evidence-based processes of care.

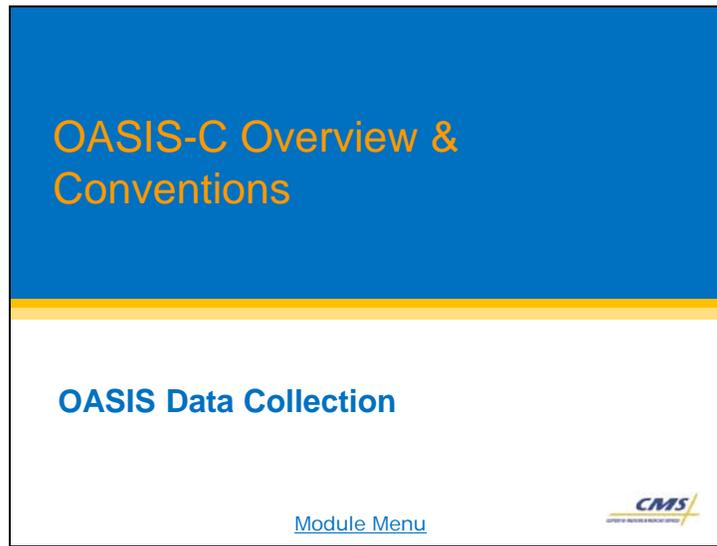
Select the correct response.

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Process quality measures evaluate the rate of home health agency use of specific evidence-based processes of care. True or false?

The correct answer is true. Process quality measures evaluate the rate of home health agency use of specific evidence-based processes of care.



This topic provides an overview about OASIS data collection.

Comprehensive Assessment

- Conditions of Participation for home health agencies revised in 1999.
 - 42 CFR §484.11 Release of Patient Identifiable OASIS Information
 - 42 CFR §484.20 Reporting OASIS Information
 - 42 CFR §484.55 Comprehensive Assessment of Patients (<http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol5/pdf/CFR-2010-title42-vol5-sec484-55.pdf>)
- The Comprehensive Assessment Condition requires the agency to:
 - Identify the patient's need for home care.
 - Meet the patient's medical, nursing, rehabilitative, social, and discharge planning needs.
 - Identify eligibility for the home health benefit and homebound status for Medicare patients.



In 1999, the Centers for Medicare & Medicaid Services revised the Conditions of Participation (CoPs) that home health agencies must meet to participate in the Medicare program. Specifically, 42 CFR §484.55, the Comprehensive Assessment of Patients Condition states each patient must receive from the home health agency a patient-specific, comprehensive assessment that identifies the patient's need for home care and that meets the patient's medical, nursing, rehabilitative, social, and discharge planning needs. For Medicare patients, the comprehensive assessment must also identify eligibility for the home health benefit, including the patient's homebound status.

**Comprehensive Assessment
OASIS Requirement**

- Must incorporate the OASIS data set in a clinically meaningful way and exactly as written as part of the comprehensive assessment.
- OASIS assessment required for skilled Medicare or Medicaid, adult, non-maternity patients.
- OASIS-C Guidance Manual
 - Chapter 1 – Introduction to OASIS
 - Appendix A – OASIS and the Comprehensive Assessment
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>



The rule requires that as part of the comprehensive assessment, home health agencies incorporate, in a clinically meaningful way, the OASIS data set exactly as written. The resulting OASIS-integrated comprehensive assessment is required when evaluating skilled Medicare or Medicaid, adult, non-maternity patients. Other resources to support your understanding of OASIS can be found in the OASIS-C Guidance Manual. Chapter 1 of the Guidance Manual provides an Introduction to OASIS and Appendix A of the OASIS Guidance Manual provides further information related to the OASIS and the comprehensive assessment.

Collecting OASIS-C Data Eligible Patients

OASIS data are collected for:

- Medicare and Medicaid patients
- 18 years and older receiving skilled services

OASIS data collection excluded for:

- Pre- or postnatal conditions
- Patients receiving only personal care, homemaker, or chore services exclusively



OASIS data are collected for Medicare and Medicaid patients, 18 years and older, receiving skilled services, with the exception of patients receiving services for pre- or postnatal conditions. Patients receiving only personal care, homemaker, or chore services exclusively are excluded because these are not considered skilled services.

Collecting OASIS-C Data Collection Time Points

Time Points	Home Visit
Start of Care (SOC)	Yes
Resumption of Care (ROC) following inpatient stay	Yes
Recertification within the last 5 days of each 60-day certification period	Yes
Other Follow-up	Yes
Discharge from Homecare	Yes
Transfer to Inpatient Facility/Death at Home	No



Per the Conditions of Participation § 484.55, the Comprehensive Assessment of Patients, OASIS-C data are collected at the following time points: Start of Care, Resumption of Care, Recertification, Other Follow-up, Discharge from Homecare, Transfer to Inpatient Facility, and Death at Home. All of these data collection time points, with the exception of Transfer to Inpatient Facility and Death at Home, must be conducted as part of a comprehensive assessment performed during a home visit because all require the clinician to have an in-person encounter with the patient. The Transfer to Inpatient Facility and Death at Home data collection time points require collection of limited OASIS data, which may be obtained through a telephone call.

**Collecting OASIS-C Data
Collection Time Points, cont'd**

- Not all OASIS items are completed at every assessment time point.
- Reducing hospitalization rates is a CMS priority across care settings.
- Transferring a patient to an inpatient facility for a period of 24 hours or more for any reason other than diagnostic testing necessitates a comprehensive assessment when the agency resumes care of the patient.
- Understanding the reasons for these events will help improve care and hopefully minimize events.



Not all OASIS items are completed at every assessment time point. Some are completed only at Start of Care, some only at Discharge, and still others only when a patient is admitted to a specific type of facility. Reducing hospitalization rates is a CMS priority across care settings and an important quality measure. Therefore, admission to an inpatient facility during the home care episode is a significant event that must be considered in the computation of home care outcomes. The transfer of a patient to an inpatient facility for a period of 24 hours or more for any reason other than diagnostic testing necessitates a comprehensive assessment during a home visit after this inpatient facility stay and requires the reporting of assessment data. Understanding the reasons for these potentially avoidable events will help agencies improve care and hopefully minimize events, such as avoidable re-hospitalization, from occurring.

Collecting OASIS-C Data Collection Completion Times

Time Points	Home Visit	Completion Time
Start of Care (SOC)	Yes	Within 5 days after the SOC date
Resumption of Care (ROC) following inpatient stay	Yes	Within 48 hours of inpatient facility discharge
Recertification within the last 5 days of each 60-day certification period	Yes	During the last 5 days of each 60-day certification period
Other Follow-up	Yes	Within 48 hours of significant change in condition
Discharge from Homecare	Yes	Within 48 hours of becoming aware of need to discharge
Transfer to Inpatient Facility/Death at Home	No	Within 48 hours of knowledge of transfer or death



At the Start of Care time point, the comprehensive assessment must be completed within five days after the Start of Care date. At the Resumption of Care, the comprehensive assessment must be completed within 48 hours of the inpatient facility discharge. The Recertification assessment must be completed during the last 5 days of each 60-day recertification period. For the Transfer to Inpatient Facility, Discharge from Homecare, Death at Home, and Other Follow-up assessments, all must be completed within 48 hours of becoming aware of the Transfer, Discharge, death, or major decline or improvement in patient status.

Collecting OASIS-C Data
Who Completes the Assessment?

Who can complete:	Who cannot complete:
<ul style="list-style-type: none">Registered Nurse (RN)Physical Therapist (PT)Occupational Therapist (OT)Speech Language Pathologist (SLP)/ Speech Therapist (ST)	<ul style="list-style-type: none">Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)Physical Therapy Assistant (PTA)Occupational Therapy Assistant (OTA)Master of Social Work (MSW)Home Health Aide 

As identified in M0080 Discipline of Person Completing Assessment, the comprehensive assessment and OASIS data collection should be conducted by a registered nurse (RN) or any of the therapies: physical therapist (PT), occupational therapist (OT), or speech language pathologist (SLP). A licensed practical nurse (LPN) or licensed vocational nurse (LVN), physical therapy assistant (PTA), occupational therapy assistant (OTA), master of social work (MSW), or home health aide may not complete OASIS assessments.

**Collecting OASIS-C Data
Who Completes the Assessment When...**

In cases involving nursing:

- The RN must complete the comprehensive assessment at Start of Care.
- Any discipline qualified to perform assessments may complete subsequent assessments:
 - RN
 - PT
 - SLP
 - OT



It is important to understand who can complete the comprehensive assessment based upon the disciplines ordered to provide care to the patient. When a nurse is ordered to provide any aspect of care, the registered nurse completes the comprehensive assessment at the Start of Care. Any discipline qualified to perform assessments – registered nurse, physical therapist, speech language pathologist, or occupational therapist – may complete subsequent assessments such as Resumption of Care assessments, Recertification assessments, Other Follow-up assessments, and the Discharge assessment.

Collecting OASIS-C Data
Who Completes the Assessment When, cont'd

For therapy only cases:

- It is acceptable for a PT or SLP to conduct and complete the comprehensive assessment at Start of Care.
- An OT may conduct and complete the assessment when the need for occupational therapy establishes program eligibility – not Medicare PPS.



For therapy only cases, the therapist may conduct the comprehensive assessment, based on payer criteria. It is acceptable for a physical therapist or speech language pathologist to conduct and complete the comprehensive assessment at Start of Care for a Medicare patient. An occupational therapist may not conduct and complete the Start of Care comprehensive assessment for a Medicare PPS patient, because the Medicare payment criteria do not consider occupational therapy a primary qualifying service. However, occupational therapy may establish eligibility under other programs, such as Medicaid. The Medicare home health patient who is receiving services from multiple disciplines such as skilled nursing, physical therapy, and occupational therapy during the episode of care, can retain eligibility if, over time, occupational therapy is the only remaining skilled discipline providing care. At that time, an occupational therapist can conduct OASIS assessments. For example, at Recertification, nursing and physical therapy services have ended, but occupational therapy services will continue for four more weeks. In this case, the occupational therapist may recertify and eventually discharge the patient.

Collecting OASIS-C Data
What Data Are Collected?

- OASIS-C data items address specific patient characteristics:
 - Socio-demographic
 - Environmental
 - Support systems
 - Health status
 - Functional status
 - Service utilization
- OASIS items alone are not a complete comprehensive assessment.
- Incorporate OASIS items into the agency comprehensive assessment in a clinically meaningful manner.
- Chapter 2 of the OASIS-C Guidance Manual provides examples of OASIS items at each time point.

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASIS_UserManual.html



The OASIS-C data items address specific patient characteristics such as socio-demographics, environmental, support systems, health status, functional status, and service utilization. Some examples of questions you see on the OASIS require you to assess if the patient lives alone, with others, or in a congregate setting; the availability of caregiver assistance; types and sources of assistance required; pain that interferes with activity or movement; when the patient becomes dyspneic; the patient’s ability to transfer from bed to chair; the ability to ambulate; the ability to toilet; and the estimate of the number of therapy visits that are anticipated for the upcoming 60-day payment episode. As you will see when you review all the OASIS items that they are not in and of themselves a complete or comprehensive assessment. Each agency must incorporate the specific OASIS items into their own comprehensive assessment in a clinically meaningful manner. Chapter 2 of the OASIS-C Guidance Manual provides examples of the OASIS data items collected at each time point.

Data Collection Review Question #1

There are no identified time frames for completing the comprehensive assessment.

True
 False

That is correct! The Condition of Participation §484.55 has set very specific time frames for completion of comprehensive assessments at the various time points.

Select an answer.



Let's review what we have learned about data collection and the comprehensive assessment. There are no identified time frames for completing the comprehensive assessment. True or false?

The correct answer is false. The Condition of Participation §484.55 has set very specific time frames for completion of comprehensive assessments at the various time points.

Data Collection Review Question #2

Any licensed clinician can complete an OASIS assessment.

True

False

That is correct! Only registered nurses, physical therapists, occupational therapists, and speech language pathologists/speech therapists can complete an OASIS assessment.

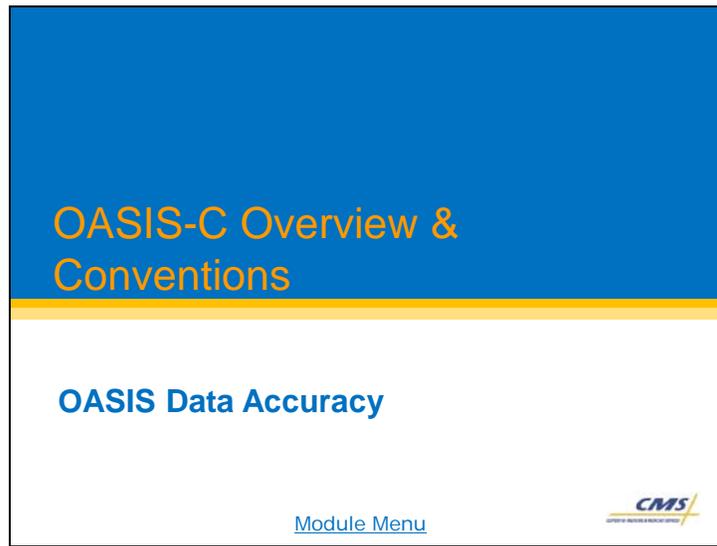
Select an answer.

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Any licensed clinician can complete an OASIS assessment. True or false?

The correct answer is false. Only registered nurses, physical therapists, occupational therapists, and speech language pathologists can complete an OASIS Assessment.



This topic explains the OASIS conventions to support data accuracy.

OASIS Conventions to Support Accuracy

- Rules to follow when completing OASIS-C items
- Support accurate data collection
- Sixteen general conventions
- Three conventions specific to ADL / IADL domain
- [Select this link to show the list of OASIS conventions in Table 4 of the OASIS Guidance Manual](#)



Specific conventions or general rules should be followed when completing OASIS-C items. Understanding these conventions will assist you in accurately scoring OASIS items. Specifically, there are 16 general conventions and 3 conventions that specifically apply to Activities of Daily Living (ADLs) / Instrumental Activities of Daily Living (IADLs) domain items. These conventions can be found in Table 4 at the end of Chapter 1 of the OASIS Guidance Manual. Select the link to show Table 4, which contains the OASIS conventions.

OASIS Conventions to Support Accuracy
1. Time Period Under Consideration

Refers to how far back into the past you should consider for each item.



Convention 1 directs us to understand the time period under consideration. This refers to how far back into the past you should consider for each item. 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 ensure the accuracy of data collection.

OASIS Conventions to Support Accuracy
1. Time Period Under Consideration, cont'd

- Report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance.
- The day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent for the home visit.



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This convention guides the clinician to report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance. The day of 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. Some of the items use a time period of the “last 14 days,” and some use the time period of “at or since the last OASIS assessment,” while others might use the time period of “prior to this current illness, injury, or exacerbation.” Become familiar with the specific time periods to consider for each of the OASIS items to ensure you select the appropriate response.

OASIS Conventions to Support Accuracy
2. Care Episode

- Care episode also called a quality episode.
- Begins on Start of Care date (M0030) or Resumption of Care date (M0032).
- Concludes with a Transfer or Discharge assessment.

(M1040) Influenza Vaccine: Did the patient receive the influenza vaccine from your agency for this year's influenza season (October 1 through March 31) **during this episode of care?**



Convention 2 defines what is considered a care episode, which is also referred to as a quality episode. For OASIS purposes, a care episode begins on the Start of Care date (M0030) or Resumption of Care date (M0032) and concludes with a Transfer or Discharge assessment. Let's look at an example. OASIS item M1040 Influenza Vaccine is collected at the end of a care episode such as a Transfer or Discharge assessment. The data collector must review the clinical record back to the beginning of the care episode, which would be the most recent Start of Care date or Resumption of Care date, in order to select the correct response for this item.

OASIS Conventions to Support Accuracy
3. When Ability or Status Varies

- When ability or status varies on the day of assessment, report what is true greater than 50% of the time unless item specifies differently.
- Remember that the day of assessment encompasses the time you are in the home and the previous 24 hours.



Convention 3 provides direction for situations when the patient’s ability or status varies on the day of assessment. We know that it is not uncommon for our patients status and/or ability to change during the assessment time period due to the unique health challenges they experience. When your patient’s ability or status changes on the day of assessment, report what is true greater than 50 percent of the time unless the item specifies differently. Remember that the day of assessment encompasses the time you are in the home and the previous 24 hours.

OASIS Conventions to Support Accuracy
3. When Ability or Status Varies: Scenario

You are admitting Mr. Green to home care during a visit that began at 12 noon. He reported to you that he was allowed to remove his bilateral eye patches when he woke up that morning.

Prior to this he was unable to locate the long handled tool that enabled him to reach and cleanse his rectal area. His wife had to lay his supplies and utensils within his reach for him for the two days prior to this morning.

Since this morning, he has been independent with all aspects of toileting hygiene.



Let’s review what we’ve learned about Convention 3, when ability or status varies. You are admitting Mr. Green to home care during a visit that began at twelve noon. He reported to you that he was allowed to remove his bilateral eye patches when he woke up that morning. Prior to this he was unable to locate the long handled tool that enabled him to reach and cleanse his rectal area. His wife had to lay his supplies and utensils within his reach for him for the two days prior to this morning. Since this morning, he has been independent with all aspects of toileting hygiene.

OASIS Conventions to Support Accuracy
3. When Ability or Status Varies: Scenario Question

How would you score M1845 Toileting Hygiene?

(M1845) Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

- 0 - Able to manage toileting hygiene and clothing management without assistance.
- 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- 3 - Patient depends entirely upon another person to maintain toileting hygiene.

Select the correct response for this scenario.

[Review Scenario](#) 

How would you score M1845 Toileting Hygiene?

OASIS Conventions to Support Accuracy
3. When Ability or Status Varies: Scenario Answer

How would you score M1845 Toileting Hygiene?

(M1845) Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

- 0 - Able to manage toileting hygiene and clothing management without assistance.
- 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.**
- 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- 3 - Patient depends entirely upon another person to maintain toileting hygiene.

That is correct! Select Response 1 – Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient. This is the correct response because the patient’s ability varied on the day of the assessment, and for greater than 50% of the time, he required someone to lay out his utensils so that he could perform toileting hygiene.



That is correct. Select Response 1 – Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient. This is the correct response because the patient’s ability varied on the day of the assessment, and for greater than 50 percent of the time, he required someone to lay out his utensils so that he could perform toileting hygiene.

OASIS Conventions to Support Accuracy
3. When Ability or Status Varies: Specific Directions

- Examples of specific directions when ability varies:
 - M2020 Management of Oral Medications
 - M2030 Management of Injectable Medications
 - M2100e Management of Equipment
- Consider the medication or equipment **for which the most assistance is needed.**
 - Example: Your patient can take all oral medications as ordered except he or she forgets to take the new daily blood pressure medication and must be reminded. Score M2020 based on assistance needed to take the blood pressure medication.



It is important to pay careful attention to the instructions for each item. Some items provide specific directions when ability varies on the day of assessment. Examples of these items include M2020 Management of Oral Medications, M2030 Management of Injectable Medications, and M2100e Management of Equipment. For these items, when ability or status varies, the guidance directs you to consider and report the medication or equipment for which the most assistance is needed instead of reporting the status or ability greater than 50 percent of the time. For example, if your patient can take all oral medications as ordered except he or she forgets to take the new daily blood pressure medication and must be reminded, then you would score M2020 Management of Oral Medications based on the medication that requires the most assistance. In this case, you would report the assistance needed to take the blood pressure medication.

OASIS Conventions to Support Accuracy
4. Minimize NA and Unknown

- Minimize the use of Not Applicable (NA) and Unknown (UK).
- Use only when appropriate.
- NA and UK do not support capture of outcome information.

(M2250) **Plan of Care Synopsis:** (Check only one box in each row.) Does the physician-ordered plan of care include the following:

Plan/Intervention	No	Yes	Not Applicable
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient is not assessed to be at risk for pressure ulcers



Convention 4 directs us to minimize the use of Not Applicable and Unknown. These responses should be limited to when the clinician is unable to collect the information or when NA is the appropriate response based upon the patient assessment. Generally, it is important to minimize the use of Not Applicable and Unknown because these responses do not allow for outcome or risk adjustment information to be generated. Let’s look at an example for Row f of item M2250 Plan of Care Synopsis. Not Applicable would be the appropriate response if the patient is not assessed to be at risk for pressure ulcers.

OASIS Conventions to Support Accuracy
5. No Reference to Prior Assessments

For items documenting current status:

- Independent observation of patient condition and ability at time of assessment
- No referring to prior assessment



Convention 5 directs us when selecting responses for items that document current status to use independent observation of the patient’s condition and ability at the time of assessment. For example, for items in the ADL/IADL domain, it is not appropriate at Discharge to look back to the Start of Care assessment to look for previous responses. For the ADL items, the prior responses should have no impact on how the patient’s OASIS responses are selected at an assessment today.

OASIS Conventions to Support Accuracy
5. No Reference to Prior Assessments

<p>For items documenting current status:</p> <ul style="list-style-type: none">▪ Independent observation of patient condition and ability at time of assessment▪ No referring to prior assessment	<p>For process items that require documentation of prior care:</p> <ul style="list-style-type: none">▪ Acceptable to review clinical record▪ Time period “since the prior assessment” means “at the time of or since the time of the most recent SOC, ROC, or FU OASIS assessment”
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For process items such as M1040 Influenza Vaccine, M1500 Symptoms of Heart Failure, or M2400 Intervention Synopsis that require documentation of prior care, you will need to perform a record review to identify whether the patient experienced the aspects identified in the item. When this is required, the item will indicate the time period to consider. For example, when you see the phrase, “since the prior assessment” documented, the guidance states you are to consider events occurring at the time of, or since the last OASIS assessment. The time frame could be back to and including events that occurred at the most recent Start of Care (SOC), Resumption of Care (ROC), or Follow-up (FU) OASIS assessments, whichever is the most recent.

OASIS Conventions to Support Accuracy
6. Multiple Strategies to Complete Items

- Combine relevant strategies as needed:
 - Patient observation
 - Physical assessment
 - Interviews with caregivers or physicians
- Recognize opportunities to gather data from multiple sources.



Convention 6 directs us to combine observation, interview, and other relevant strategies as needed to complete OASIS data items. For accuracy of data collection, it will be important to recognize the opportunity to gather data from multiple sources such as patient observation, physical assessment, and interview with caregivers or physicians.

OASIS Conventions to Support Accuracy
7. Assistance

- Refers to assistance from another person(s) unless otherwise specified.
- Not limited to physical contact; includes verbal cues and supervision.
- Examples:
 - Hands-on assistance
 - Contact guard
 - Standby assistance
 - Verbal cueing/reminders



Convention 7 provides guidance when an OASIS item refers to “assistance,” which means the assistance is provided by another person or persons unless otherwise specified within the item. Assistance is not limited to physical contact and includes both verbal cues and supervision. Examples of assistance include hands-on assistance, contact guard, standby assistance, and even verbal cueing and reminders.

OASIS Conventions to Support Accuracy
8. Answer Items Accurately and Comprehensively

- Answer OASIS items:
 - Accurately based upon CMS guidance
 - Comprehensively
- Follow skip patterns when indicated.

(M1306) Does this patient have at least one **Unhealed Pressure Ulcer at Stage II or Higher** or designated as "unstageable"?

0 – No **[Go to M1322]**

1 – Yes



Convention 8 directs us to answer all OASIS items accurately based upon guidance found in the OASIS-C Guidance Manual, specifically Chapter 3 OASIS item guidance and guidance found in published OASIS Questions and Answers. Complete all items specified at each time point. Follow skip patterns when indicated in a response option.

OASIS Conventions to Support Accuracy
9. Consider Only Included Tasks, Behaviors, and Symptoms

- Understand what tasks are included and excluded in each item.
- Ensure accurate responses based only on what is expected to be included.
- Pay attention to tasks, behaviors, and symptoms specifically included in each item.

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).



Convention 9 directs us to consider only those tasks, behaviors, or symptoms that are included and excluded in each OASIS item. This will help ensure you select an accurate response based only on what is expected to be included for that item. In other words, pay careful attention to the behaviors, tasks, and symptoms that are specifically included in items and response options. For example, item M1800 Grooming includes washing face and hands, hair care, shaving or make up, teeth or denture care, and fingernail care. Did you notice that shampooing the hair and toenail care are excluded?

OASIS Conventions to Support Accuracy
10. Medical Restrictions

Consider medical restrictions when:

- **Selecting the best response to functional items** such as:
 - Ambulation
 - Transferring
- **Determining ability**, for example:
 - Physician orders no tub or shower bathing until staples removed.
 - Physician orders bed rest or specific non-weight bearing status.



Convention 10 directs us to consider medical restrictions when determining ability. For example, if the physician orders medical or activity restrictions, these should be considered when selecting the best response to functional items such as those related to ambulation and transferring. Examples of medical restrictions include when the physician orders bathing restrictions such as no shower or tub bathing until staples removed, or ambulation restrictions such as orders for bed rest or specific weight bearing restrictions.

OASIS Conventions to Support Accuracy
11. Understand Definitions in OASIS

- Certain words have specific definitions for use in the OASIS-C instrument.
- Example: “Surgical wounds” refers to wounds resulting from a surgical procedure **except** ostomies, cataract surgeries of the eye, surgery to mucosal membranes, or a gynecological surgical procedure via a vaginal approach.



Convention 11 directs us to understand the definitions of words that are used in the OASIS. Certain words have specific definitions for use in the OASIS-C instrument. For example, the OASIS definition of “surgical wounds” may differ from the clinical definition. It is important to use the information found in the item intent and response-specific instructions to support the definition of the words used in OASIS. For example, surgical wounds are defined in the item intent as any wound resulting from a surgical procedure. The response-specific instructions provide further guidance to state that for OASIS, all ostomies, cataract surgeries of the eye, surgery to mucosal membranes, or gynecological surgical procedures performed via a vaginal approach would be excluded from consideration as surgical wounds.

OASIS Conventions to Support Accuracy
12. Follow the Rules

- Follow the item-specific guidance in Chapter 3 of the OASIS-C Guidance Manual

RESPONSE—SPECIFIC INSTRUCTIONS

- Select Response options 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.
- Select "NA" if the patient does not have a diagnosis of heart failure.
- If the patient has a diagnosis of heart failure, select Response 1 – Yes, to report symptoms associated with heart failure even if there are other co-morbidities that also could produce the symptom (e.g., dyspnea in a patient with pneumonia and heart failure).
- Consider any new or ongoing heart failure symptoms that occurred at the time of the previous OASIS assessment or since that time.



To ensure accuracy of OASIS data collection, Convention 12 directs us to follow the rules in the item-specific guidance. The rules for each item in the OASIS are found in the response-specific instructions section in Chapter 3 of the OASIS Guidance Manual.

OASIS Conventions to Support Accuracy
13. Stay Current

Stay current with evolving CMS OASIS guidance updates:

- OASIS–C Guidance Manual
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>
- CMS Questions and Answers (Q & As)
<https://www.qtso.com/hhdownload.html>
- CMS Quarterly Q & As – January, April, July, October
<http://www.oasisanswers.com>



Convention 13 directs us to stay current with evolving CMS OASIS guidance updates. OASIS guidance can be updated in the following places: the OASIS-C Guidance Manual, CMS Questions and Answers, and CMS Quarterly Questions and Answers. In January, April, July, and October, the CMS Quarterly Questions and Answers are selected from questions that have been submitted to the OASIS mailbox and posted for all to download. Annually, these quarterly Questions and Answers are incorporated into the CMS Questions and Answers. You can locate the latest updates at the links provided on this slide.

OASIS Conventions to Support Accuracy
14. Only One Clinician Completes

- Only one clinician takes responsibility for accurately completing a comprehensive assessment unless otherwise indicated.
- Exceptions:
 - Medication items M2000-M2004
 - Noted in item-specific guidance

RESPONSE—SPECIFIC INSTRUCTIONS

- Includes all medications, prescribed and over the counter, administered by any route (e.g., oral, topical, inhalant, pump, injection).
- If portions of the drug regimen review (e.g., identification of potential drug-drug interactions or potential dosage errors) are completed by agency staff other than the clinician responsible for completing the SOC/ROC OASIS, information on drug regimen review findings must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2000 may be selected. Collaboration in which the assessing clinician evaluates patient status (e.g., presence of potential ineffective drug therapy or patient noncompliance), and another clinician (in the office) assists with review of the medication list (e.g., for possible duplicate drug therapy or omissions) does not violate the requirement that the comprehensive patient assessment is the responsibility of and must be ultimately completed by one clinician. Agency policy and practice will determine this process and how it is documented. The M0090 date – the date the assessment is completed – would be the date the two clinicians collaborated and the assessment was completed.



Convention 14 directs us that only one clinician can take responsibility for accurately completing a comprehensive assessment. However collaboration is appropriate for selected items such as medication items M2000–M2004. These exceptions are noted in the item-specific guidance. The example on the slide shows the exception to the “one clinician rule” for M2000 Drug Regimen Review, indicating that the item may be completed by agency staff other than the assessing clinician.

OASIS Conventions to Support Accuracy
15. One Calendar Day

(M2002) **Medication Follow-up:** Was a physician or the physician-designee contacted within **one calendar day** to resolve clinically significant medication issues, including reconciliation?

0 – No
 1 – Yes

“One calendar day” means until the end of the next calendar day.



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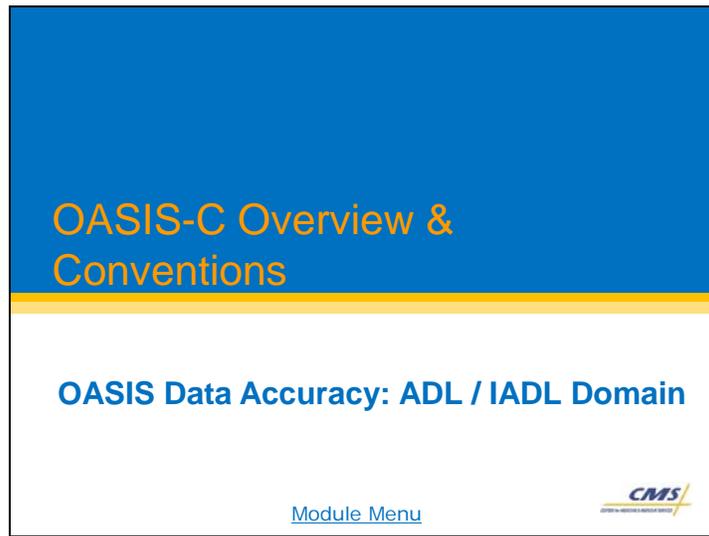
Convention 15 provides guidance when an item designates the time frame of “one calendar day” such as in M2002 Medication Follow-up. When the OASIS item includes the language specifying “one calendar day,” this means until the end of the next calendar day. For example, if today is the 16th, one calendar day is until the end of the 17th.

OASIS Conventions to Support Accuracy
16. i.e. and e.g.

<p>i.e. means “only in these circumstances” or “that is”</p> <ul style="list-style-type: none"> • Scoring is limited to examples listed • Example: <ul style="list-style-type: none"> ▪ M1600 Urinary Incontinence or Urinary Catheter Presence ▪ Response 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic). 	<p>e.g. means “for example”</p> <ul style="list-style-type: none"> • Clinician may consider other relevant examples when scoring the item • Example: <ul style="list-style-type: none"> ▪ M1400 When is the patient dyspneic or noticeably Short of Breath? ▪ Response 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet).
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Convention 16, the last general convention, clarifies that i.e. means “only in these circumstances” or “that is.” The scoring of an item with this term should be limited to the examples that are listed. For example, for item M1600 Urinary Incontinence or Urinary Catheter Presence, Response 2 includes the use of i.e. – “Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic).” The clinician would only select this response if the patient had any of the identified catheters. The use of e.g. means “for example.” If e.g. is used in an item, you may consider other relevant examples other than those listed when scoring the item. For example, consider item M1400 “When is the patient dyspneic or noticeably short of breath?” Response 2 utilizes the term “e.g.” Notice the response states “With moderate exertion, (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet).”



This topic explains the OASIS conventions to support data accuracy for items in the ADL / IADL domain.

**ADL / IADL Convention 1:
Report Ability Not Performance**

Report the patient's **ability**, not actual performance or willingness to perform a task.



Three conventions are specific to the ADL/IADL Domain. The first convention directs us to report the patient's ability, not actual performance or willingness to perform a task. For example, you assess that your patient is physically, cognitively, and behaviorally able to ambulate safely alone with her walker; however, she chooses not to walk very often, and when she does, her spouse insists on walking with her, providing continuous contact guard assistance every time she gets up to ambulate. In this situation, the patient's performance is that when she ambulates she uses a device and constant human assistance. You have assessed that her safe ability is that when she ambulates she only requires a device to be safe. According to this convention, we are to score item M1860 Ambulation/Locomotion based upon the patient's safe ability to ambulate, which is using only an assistive device, and not her actual performance, which is an assistive device and continuous human assistance.

**ADL / IADL Convention 2:
Safe Ability**

- The **level** of ability refers to the patient's ability to **safely** complete specified activities.
- Observe the patient performing tasks to assess safety.



The second convention related to the ADL/IADL domain directs us to note that the level of ability refers to the patient's ability to safely complete specified activities. Observing a patient perform tasks can be very helpful in determining the patient's safe ability. Observe how the patient uses his or her assistive devices and observe the techniques that he or she uses while performing activities of daily living and instrumental activities of daily living. If a patient performs tasks without anyone's assistance but does not perform those tasks safely, then you cannot score the patient as independent and you must assess what level of assistance is required for her to be safe.

**ADL / IADL Convention 3:
When Ability Varies Between Tasks**

- Report what is true in the majority of the included tasks.
- Give more weight to tasks that are more frequently performed.

(M1800) **Grooming:** Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 – Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 – Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 – Someone must assist the patient to groom self.
- 3 – Patient depends entirely upon someone else for grooming needs.



The third convention related to the ADL/IADL Domain provides direction when the patient’s ability varies between the different tasks included in a multi-task item. When a patient can perform some tasks at one level and other tasks at another level, we are to report what is true in a majority of the included tasks, giving more weight to tasks that are more frequently performed. A good example of when you might use this convention is for M1800 Grooming. Notice there are several tasks included in this item: washing face and hands, hair care, shaving or make up, teeth or denture care, and fingernail care. If your patient’s ability to perform these tasks varies, you will assess your patient based on his or her ability to perform the majority of these tasks.

ADL / IADL Conventions: Scenario

On the day of assessment, you observe your patient is able to obtain her grooming supplies and independently wash her face and hands, brush her teeth, and comb her hair at least daily. However, she needs assistance with applying make up, which she wears occasionally, and with fingernail care (once a week).



Let's see if we can apply the concept of when ability varies between tasks. On the day of assessment, you observe your patient is able to obtain her grooming supplies and independently wash her face and hands, brush her teeth, and comb her hair at least daily. However, she needs assistance with applying make up, which she wears occasionally, and with fingernail care (once a week).

ADL / IADL Conventions: Scenario Question

How would you score M1800 Grooming?

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 – Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 – Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 – Someone must assist the patient to groom self.
- 3 – Patient depends entirely upon someone else for grooming needs.

Select the correct response for this scenario.

[Review Scenario](#)



How would you score M1800 Grooming?

ADL / IADL Conventions: Scenario Answer

How would you score M1800 Grooming?

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

0 – Able to groom self unaided, with or without the use of assistive devices or adapted methods.

1 – Grooming utensils must be placed within reach before able to complete grooming activities.

2 – Someone must assist the patient to groom self.

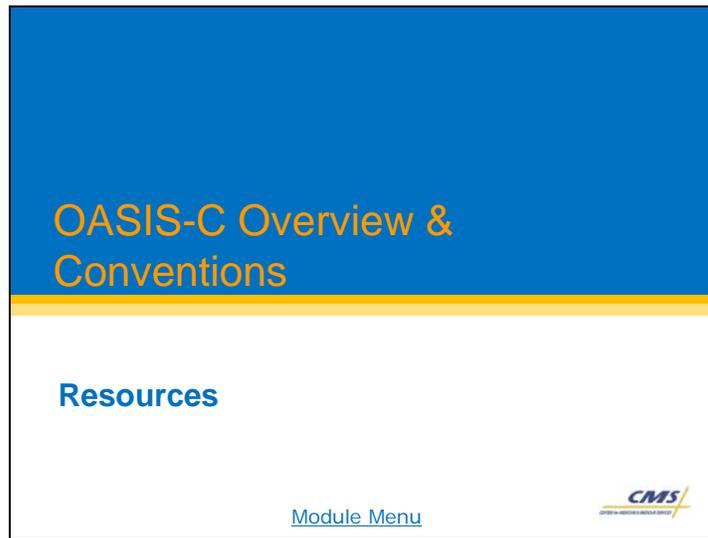
3 – Patient depends entirely upon someone else for grooming needs.

That is correct! In this scenario, the patient independently performs four of the more frequently performed included tasks but needs assistance with two of the less frequently performed tasks. Thus, the correct answer is Response 0 – Able to groom self unaided, with or without the use of assistive devices or adapted methods because the patient is independent in the majority of the more frequently performed included tasks.

[Module Menu](#)



To answer this scenario correctly, we need to apply the convention that directs us what to do when the patient’s ability varies between the different tasks included in a multi-task item. In the scenario, the patient independently performs four of the more frequently performed included tasks but needs assistance with two of the less frequently performed tasks. Thus, the correct answer is Response 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods because the patient is independent in the majority of the more frequently performed included tasks.



We have completed the instruction for this module. You may want to review the material again or refer to the CMS OASIS-C Guidance Manual and Q & As.

Resources / References

- OASIS-C Guidance Manual
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>
 - Chapter 1 provides an introduction to OASIS.
 - Appendix A provides additional information on OASIS use.
- CHAMP Program
<http://www.champ-program.org/>
- Home Health Quality Improvement (HHQI) National Campaign
<http://www.homehealthquality.org>
- OASIS Answers, Inc.
<http://www.oasisanswers.com>



You can access additional resources and references at the links listed here. Particularly important is the guidance in Chapter 1 of the OASIS-C Guidance Manual, which provides an introduction to OASIS, and Appendix A, which provides further information related to OASIS use. 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.
<https://www.qtso.com/hhdownload.html>
- Check the Quarterly Q & As.
<http://www.oasisanswers.com>
- Contact State OASIS Educational Coordinators.
http://www.cms.gov/OASIS/Downloads/OASIS_educationalcoordinators.pdf
- Submit Q & As to CMS.
Send email to CMSOASISquestions@oasisanswers.com
- Email 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 Three 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 post-test contains five questions. Read each question, select an answer, and then select the Submit button.

Post-Test Question #1

OASIS data are utilized for all of the following purposes
EXCEPT:

- A. Measurement of changes in patient status between two points in time
- B. Reimbursement
- C. Measurement of the effectiveness of agency policies
- D. Measurement of the rate of specific best practices

That is correct! OASIS data are utilized for Quality Outcome Reporting, which measures changes in the patient's status between two points in time. It is also used for determining Medicare Prospective Payment as well as the rate that the agency provides specific best practices. OASIS data are not utilized to measure the effectiveness of agency policies.

 Submit

The correct answer is C. Measurement of the effectiveness of agency policies. OASIS data are utilized for Quality Outcome Reporting, which measures changes in the patient's status between two points in time. It is also used for determining Medicare Prospective Payment as well as the rate that the agency provides specific best practices. OASIS data are not utilized to measure the effectiveness of agency policies.

Post-Test Question #2

Which patient requires OASIS data collection?

- A. A 17-year-old Medicaid patient requiring wound care
- B. A 24-year-old maternity patient admitted for physical therapy evaluation for back pain secondary to traumatic delivery of twins
- C. A client receiving chore services only
- D. A 67-year-old Medicare beneficiary admitted for wound care to a Stage II pressure ulcer

That is correct! OASIS data are collected for Medicare and Medicaid patients, 18 years and older, receiving skilled services, with the exception of patients receiving services for pre- or postnatal conditions. Patients receiving only personal care, homemaker, or chore services exclusively are excluded because these are not considered skilled services.

[Submit](#)



The correct answer is D. A 67-year-old Medicare beneficiary admitted for wound care to a stage II pressure ulcer. OASIS data are collected for Medicare and Medicaid patients, 18 years and older, receiving skilled services, with the exception of patients receiving services for pre- or postnatal conditions. Patients receiving only personal care, homemaker, or chore services exclusively are excluded because these are not considered skilled services.

Post-Test Question #3

Which of the following general conventions utilized for OASIS data collection is **NOT** correct?

- A. Understand the definitions of words used in the OASIS.
- B. "One calendar day" means until the end of today.
- C. If a patient's ability varies on the day of assessment, report the patient's "usual status" or what is true greater than 50% of the time.
- D. One clinician completes the comprehensive assessment.

That is correct! "One calendar day" does not mean until the end of today. Per the general conventions for completing OASIS-C items, "one calendar day" means until the end of tomorrow (end of the next calendar day).

[Submit](#)



The correct answer is B. "One calendar day" means until the end of today. "One Calendar Day" does not mean until the end of today. Per the general conventions for completing OASIS-C items, "one calendar day" means until the end of tomorrow (end of the next calendar day).

Post-Test Question #4

Which of the following would be considered “assistance” when completing OASIS items?

- A. Verbal cues to assist with successful task completion
- B. Supervision of a task to ensure safety
- C. Telephone reminders to ensure compliance
- D. All of the above

That is correct! When an OASIS item refers to “assistance,” this means assistance from another person unless otherwise specified within the item. Assistance is not limited to physical contact and includes both verbal cues and supervision.

 Submit

The correct answer is D. All of the above. When an OASIS item refers to “assistance,” this means assistance from another person unless otherwise specified within the item. Assistance is not limited to physical contact and includes both verbal cues and supervision.

Post-Test Question #5

When your patient comes home from the hospital, his ability to groom varies in the different grooming tasks. When scoring M1800 Grooming, which of the following conventions would you use to accurately answer the item?

- A. Report the patient's ability to perform the task that requires the most assistance.
- B. Report what the patient could do before he went into the hospital.
- C. Report what is true in the majority of the more frequently performed included tasks.
- D. There is no convention that directs you how to respond when ability varies between tasks.

That is correct! If a patient's ability varies between the different tasks included in a multi-task item, report what is true in a majority of the included tasks, giving more weight to tasks that are more frequently performed.

 Submit

The correct answer is C. Report what is true in the majority of the more frequently performed included tasks. If a patient's ability varies between the different tasks included in a multi-task item, report what is true in a majority of the included tasks, giving more weight to tasks that are more frequently performed.
