

BRIDGE TO OASIS D



OASIS D: WHAT YOU NEED TO KNOW

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LEARNING OBJECTIVES

- At the completion of this educational activity, the learner will be able to:
 - Identify the OASIS items that are scheduled to be removed from the OASIS D data collection tool.
 - Formulate strategies to prepare staff to complete the modified items in OASIS D.
 - Create a plan to address training needs for OASIS items that will be added in 2019.



OASIS D
GUIDANCE

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HQIOASISUserManual.html>



OASIS D
MODIFICATIONS

- 28 Items Removed
- 14 Items Changed
 - Skip Patterns related to removed items
 - Text of Item
- 41 Items with Guidance Changes
 - Intent
 - Response Specific Instructions
 - Time Points
 - Sources

BRIDGE TO OASIS D



OASIS D – NEW ITEMS

These get people's attention....

OASIS D
ADDITIONS

GG0100 - Prior Functioning

GG0110 - Prior Device Use

GG0130 - Self Care

GG0170 - Mobility

J1800 - Any Falls

J1900 - Number of Falls

| | |
|---|---|
| GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury. | |
| Coding: | ↓ Enter Codes in Boxes |
| 3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. | <input type="checkbox"/> A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury. |
| 2. Needed Some Help – Patient needed partial assistance from another person to complete activities. | <input type="checkbox"/> B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury. |
| 1. Dependent – A helper completed the activities for the patient. | <input type="checkbox"/> C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury. |
| 8. Unknown | <input type="checkbox"/> D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. |
| 9. Not Applicable | |

| | |
|---|---|
| GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury. | |
| ↓ Check all that apply | |
| <input type="checkbox"/> | A. Manual wheelchair |
| <input type="checkbox"/> | B. Motorized wheelchair and/or scooter |
| <input type="checkbox"/> | C. Mechanical lift |
| <input type="checkbox"/> | D. Walker |
| <input type="checkbox"/> | E. Orthotics/Prosthetics |
| <input type="checkbox"/> | Z. None of the above |

RSI : PERFORMANCE ASSESSMENT

- Licensed clinicians may assess the patient's performance based on direct observation (preferred) as well as reports from the patient, clinicians, care staff and/or family.
- When possible, CMS invites a multidisciplinary approach to patient assessment.
- Patients should be allowed to perform activities as independently as possible, as long as they are safe.
 - If helper assistance is required because patient's performance is unsafe or of poor quality, Score according to amount of assistance provided.
 - Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.
- Patients with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity. Code based on the patient's need for assistance to perform the activity safely.

RSI - PERFORMANCE ASSESSMENT: TIMING

- Code the patient's functional status based on a functional assessment that occurs at or soon after the patient's SOC/ROC. The SOC/ROC function scores are to reflect the patient's SOC/ROC baseline status and are to be based on observation of activities, to the extent possible. When possible, the assessment should occur prior to the start of therapy services to capture the patient's true baseline status. This is because therapy interventions can affect the patient's functional status.
- The discharge time frame period under consideration includes the last 5 days of care. This includes the date of the discharge visits plus the four preceding calendar days. Code the patient's functional status based on a functional assessment that occurs at or close to the time of discharge

RSI – PERFORMANCE ASSESSMENT: ABILITY

- A patient's functional ability can be impacted by the environment or situations encountered in the home. Observing the patient in different locations and circumstances within the home is important for a comprehensive understanding of the patient's functional status.
- If the patient's ability varies during the assessment timeframe, record their usual ability to perform each activity. Do not record the patient's best performance and do not record the patient's worst performance, but rather the patient's usual performance; what is true greater than 50% of the assessment timeframe.

RSI – GOALS: HHQRP

- For the Home Health (HH) Quality Reporting Program (QRP) a minimum of one self-care or mobility goal must be coded. However, agencies may choose to complete more than one self-care or mobility discharge goal. Code the patient's discharge goal(s) using the 6-point scale. Use of the activity not attempted codes (07, 09, 10 or 88) is permissible to code discharge goal(s). Use of a dash is permissible for any remaining self-care or mobility goals that were not coded.

RSI – GOALS

- Discharge goal(s) may be coded the same as SOC/ROC performance, higher than SOC/ROC performance or lower than SOC/ROC performance.
- If the SOC/ROC performance of an activity was coded using one of the activity not attempted codes (07, 09, 10 or 88) a discharge goal may be submitted using the 6-point scale if the patient is expected to be able to perform the activity by discharge.
- Licensed clinicians can establish a patient's discharge goal(s) at the time of the SOC/ROC based on the patient's prior medical condition, SOC/ROC assessment, self-care and mobility status, discussions with the patient and family, professional judgment, the profession's practice standards, expected treatments, patient motivation to improve, anticipated length of stay, and the discharge plan. Goals should be established as part of the patient's care plan.

NOT ATTEMPTED CODES

- Code 07, Patient Refused
- Code 09, Not Applicable
 - If the patient did not attempt to perform the activity and did not perform this activity prior to the current illness, exacerbation, or injury.
- Code 10, Not Attempted due to Environmental Limitations
 - if the patient did not attempt this activity due to environmental limitations. Examples include lack of equipment, weather constraints, etc.
- Code 88, Not Attempted due to Medical Condition or Safety Concern
- Two or more helpers = Code 01 Dependent
- DASH = NO INFORMATION (Use should be "rare")

NOT ATTEMPTED CLARIFICATIONS

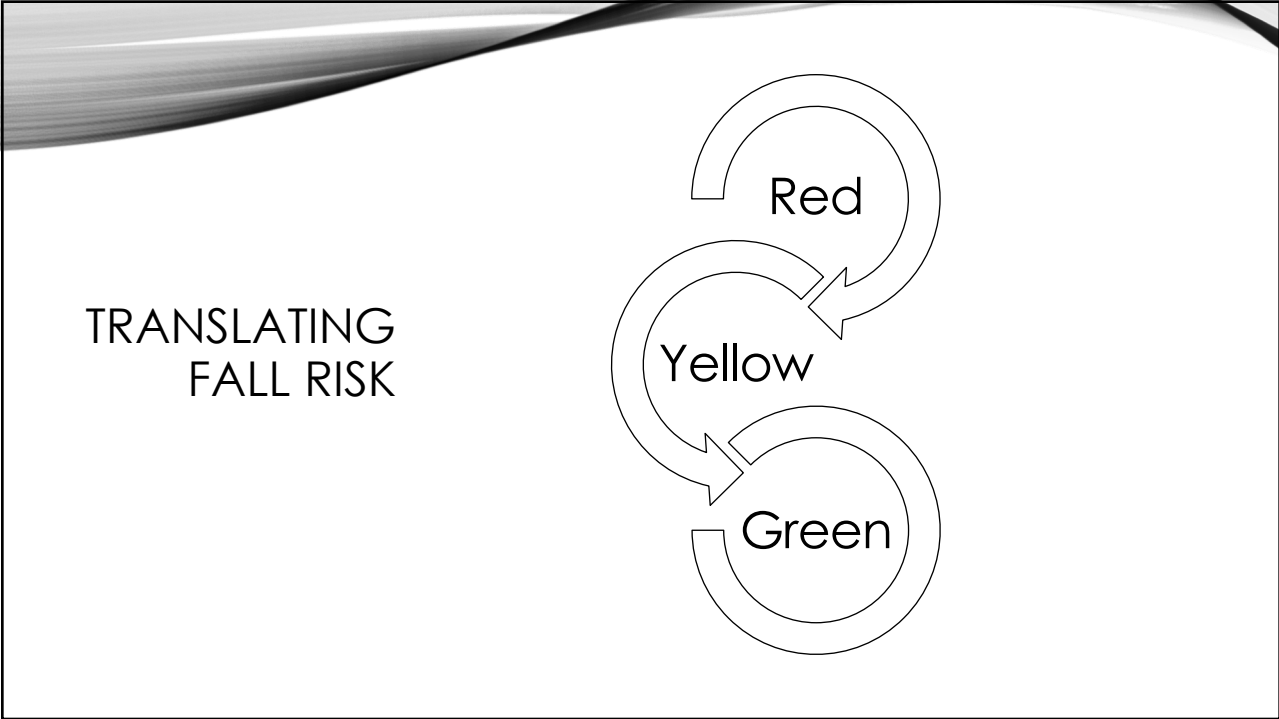
- If a patient does not attempt the activity and a helper does not complete the activity, and the patient's usual status cannot be determined based on patient or caregiver report, code the reason the activity was not attempted:
 - Code 07 = refused
 - Code 10 = environmental limitations
 - Code 09 if the patient could not perform an activity at the time of the assessment, and also could not perform the activity prior to the current illness, exacerbation or injury
 - Code 88 if the patient could not perform an activity at the time of the assessment, and but could perform the activity prior to the current illness, exacerbation or injury
 - Physician restrictions require documentation to support

FUNCTION AND FALL RISK

(M1910) Has this patient had a multi-factor **Fall Risk Assessment** (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?

- 0 - No multi-factor falls risk assessment conducted.
- 1 - Yes, and it does not indicate a risk for falls.
- 2 - Yes, and it indicates a risk for falls.

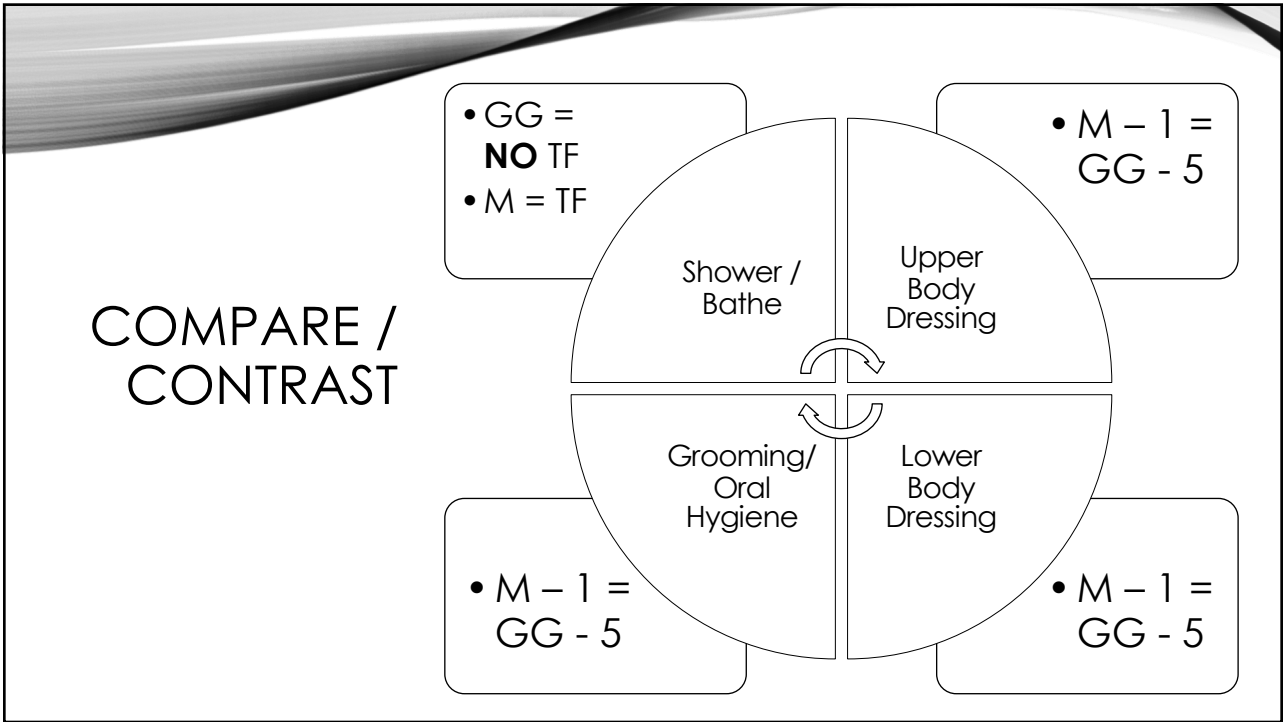
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graph LR; A[Fall Risk Assessment?] --> B[Need Supervision?]; B --> C[Which Code?]
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|--|-------------------------------------|--|---|---|---|--|--------------------------------------|
| M1800: Grooming | Response 0: Independent | Response 1: Gathering Removed | Response 2: Someone Helps | Response 3: Cannot Participate | | | |
| M1810: Ability to Dress Upper Body | Response 0: Independent | Response 1: Gathering Removed | Response 2: Someone Helps | Response 3: Cannot Participate | | | |
| M1820: Ability to Dress Lower Body | Response 0: Independent | Response 1: Gathering Removed | Response 2: Someone Helps | Response 3: Cannot Participate | | | |
| M1830: Bathing | Response 0: Independent | Response 1: Independent c/ Equipment | Response 2: Intermittent Assistance | Response 3: Continuous Assistance | Response 4: Independent Sponge Bath | Response 5: Assisted Sponge Bath | Response 6: Cannot Participate |
| M1840: Toilet Transferring | Response 0: Independent | Response 1: Assistance Provided | Response 2: Beside Commode | Response 3: Bedpan or Urinal | Response 4: Cannot Participate | | |
| M1845: Toileting Hygiene | Response 0: Independent | Response 1: Gathering Removed | Response 2: Someone Helps | Response 3: Cannot Participate | | | |
| M1850: Transferring | Response 0: Independent | Response 1: Someone OR Something | Response 2: Someone AND Something | Response 3: Bear Weight OR Pivot | Response 4: Bedfast CAN Turn and Position | Response 5: Bedfast CANNOT Turn and Position | |
| M1860: Ambulation / Locomotion | Response 0: Independent | Response 1: Independent c/ Equipment | Response 2: Intermittent Assistance | Response 3: Continuous Assistance | Response 4: Chairfast CAN Wheel Self | Response 5: Chairfast CANNOT Wheel Self | Response 6: Completely Bedfast |
| M1890: Meal Planning & Preparation | Response 0: Independent or NA | Response 1: Intermittently Unable | Response 2: Completely Unable | | | | |

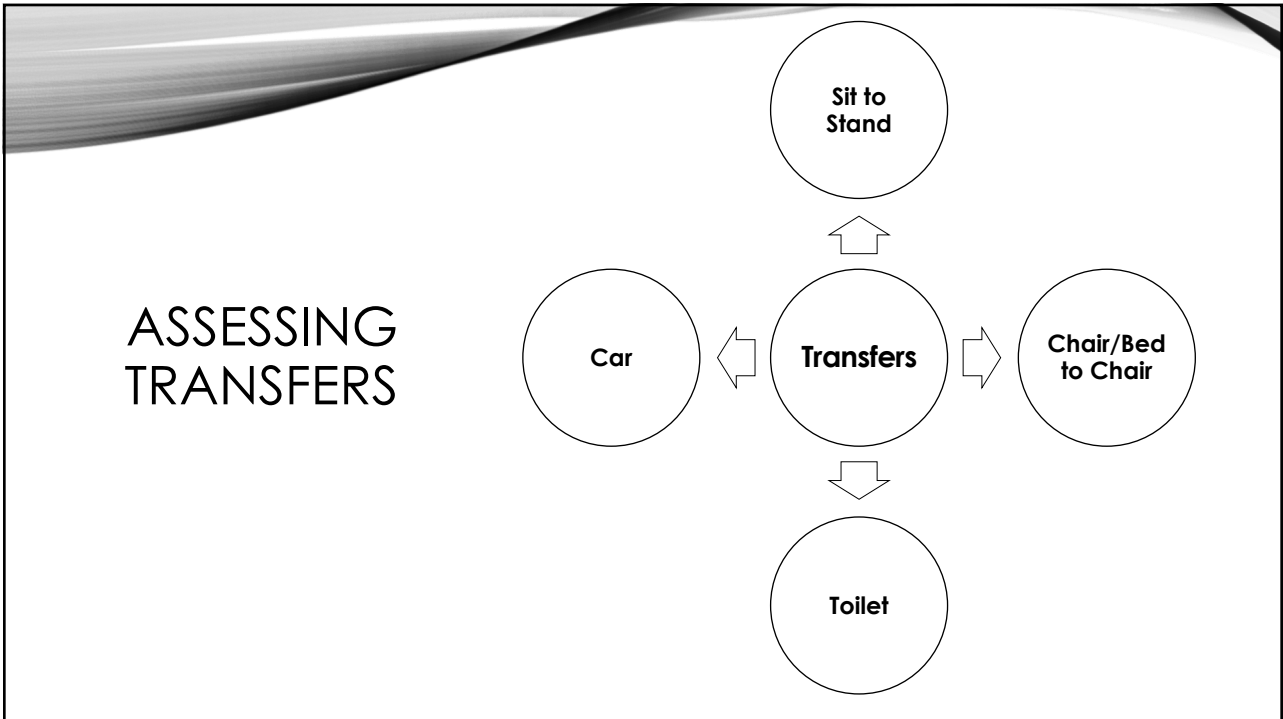
| GG0130. Self-Care | |
|---|--|
| Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s). | |
| Coding: | |
| Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. | |
| <i>Activities may be completed with or without assistive devices.</i> | |
| 06. Independent – Patient completes the activity by him/herself with no assistance from a helper. | |
| 05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. | |
| 04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. | |
| 03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. | |
| 02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. | |
| 01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. | |
| If activity was not attempted, code reason: | |
| 07. Patient refused | |
| 09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury. | |
| 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) | |
| 88. Not attempted due to medical conditions or safety concerns | |

| 1. SOC/ROC Performance | 2. Discharge Goal | |
|--------------------------|----------------------|--|
| ↓ Enter Codes in Boxes ↓ | | |
| <input type="text"/> | <input type="text"/> | A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. |
| <input type="text"/> | <input type="text"/> | B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them. |
| <input type="text"/> | <input type="text"/> | C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. |
| <input type="text"/> | <input type="text"/> | E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower |
| <input type="text"/> | <input type="text"/> | F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. |
| <input type="text"/> | <input type="text"/> | G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. |
| <input type="text"/> | <input type="text"/> | H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. |



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| | <p>GG0170. Mobility</p> <p>Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).</p> <p>Coding:</p> <p>Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p> <p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p> |
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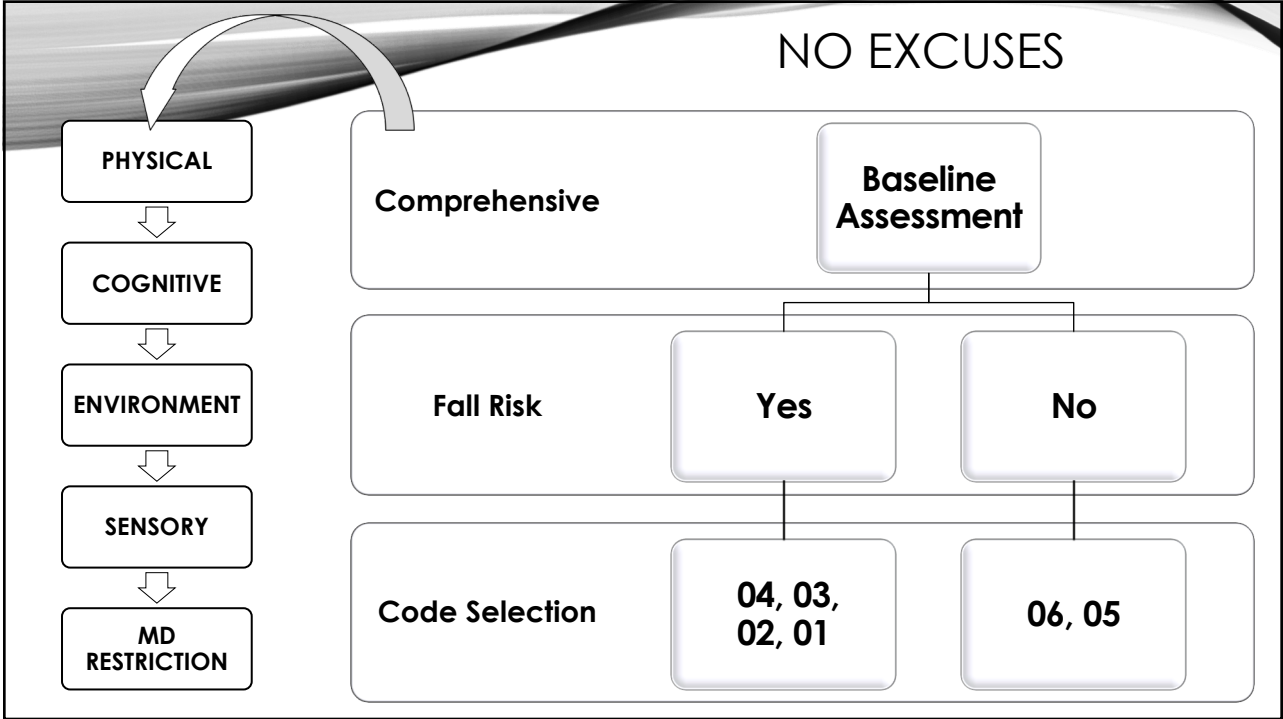
| 1. SOC/ROC Performance | 2. Discharge Goal | |
|--------------------------|-------------------|---|
| ↓ Enter Codes in Boxes ↓ | | |
| □ □ | □ □ | A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. |
| □ □ | □ □ | B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. |
| □ □ | □ □ | C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. |
| □ □ | □ □ | D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. |
| □ □ | □ □ | E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). |
| □ □ | □ □ | F. Toilet transfer: The ability to get on and off a toilet or commode. |
| □ □ | □ □ | G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. |
| □ □ | □ □ | I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)</i> |
| □ □ | □ □ | J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. |



| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. |
| <input type="checkbox"/> | <input type="checkbox"/> | L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. |
| <input type="checkbox"/> | <input type="checkbox"/> | M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | N. 4 steps: The ability to go up and down four steps with or without a rail. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | O. 12 steps: The ability to go up and down 12 steps with or without a rail. |
| <input type="checkbox"/> | <input type="checkbox"/> | P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. |
| | <input type="checkbox"/> | Q. Does patient use wheelchair and/or scooter? 0. No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns. |
| <input type="checkbox"/> | <input type="checkbox"/> | R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. |
| | <input type="checkbox"/> | RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized |
| <input type="checkbox"/> | <input type="checkbox"/> | S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. |
| | <input type="checkbox"/> | SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized |

UNPACKING THE AMBULATION ASSESSMENT

- Assistive device(s) and adaptive equipment "should not affect coding" (but do impact with respect to retrieval and Code 05 Setup or Clean Up Assistance)
- Assessment starts from standing position
 - 10 Feet
 - 50 Feet with Two Turns
 - 90 degree turns in same or different directions
 - 150 Feet ("or more")
 - Based on environment can include "turns"
 - 10 Feet Uneven/1 Step (curb)/4 Steps/12 Steps
 - "Not Attempted" options need documentation



| | |
|---|--|
| J1800. Any Falls Since SOC/ROC, whichever is more recent | |
| Enter Code <input type="checkbox"/> | Has the patient had any falls since SOC/ROC , whichever is more recent? 0. No → Skip J1900 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC, whichever is more recent |
| J1900. Number of Falls Since SOC/ROC, whichever is more recent | |
| CODING: 0. None 1. One 2. Two or more | ↓ Enter Codes in Boxes |
| <input type="checkbox"/> | A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall |
| <input type="checkbox"/> | B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain |
| <input type="checkbox"/> | C. Major injury: Bone fractures , joint dislocations, closed head injuries with altered consciousness, subdural hematoma |

FALL DEFINITIONS

Fall:

- Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (such as a bed or chair). The fall may be witnessed or unwitnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground. Falls are not a result of an overwhelming external force (such as, a person pushed a patient).

Intercepted Fall:

- Occurs when the patient would have fallen if he or she had not caught him/herself or had not been intercepted by another person – this is still considered a fall.


STRATEGIES FOR NEW ITEMS

- ✓ Focus on GG170c in OASIS C
- ✓ Emphasize foundation of instructions consistent for entire GG Section
 - ✓ Assessment
 - ✓ Time Frames
 - ✓ Goal Setting
- ✓ Practice these specific activities NOW
 - ✓ Staff Meetings
 - ✓ Skills Labs
 - ✓ Patient Assessments (consider co-visits)
- ✓ Drill in definitions of Falls


**COLLABORATION IS
CRITICAL**



**ARE YOU CONFIDENT IN THE ACCURACY OF
YOUR OASIS DATA COLLECTION?
WE CAN HELP!**





Kornetti & Krafft
HEALTH CARE SOLUTIONS
Value Beyond The Visit



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Kornetti & Krafft Health Care Solutions, physical therapists with over 70 years of clinical, management and ownership experience, is a consulting company with proven home health care solutions to address OASIS and coding needs.





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