

OASIS-C2 – Get the Facts

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July 6, 2016

OASIS-C2

PLANNING FOR 2017

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BE INVINCIBLE

OASIS C2 IS FINALIZED!

- OASIS data set and manual are available:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/index.html>
 - Originally posted 6-27, but OASIS manual revision posted 6-30.
 - Appendix G corrected - M2003 & M2005: "X" omitted from columns in the Item Change/Guidance Change section.
- Effective on January 1, 2017.



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FORMATTING CHANGES

Many Items now have a response entry rather than a line ____ or a check

(M069) Gender	
Enter Code	1 Male
<input type="checkbox"/>	2 Female

(M1200) Vision (with corrective lenses if the patient usually wears them):	
Enter Code	0 Normal vision: sees adequately in most situations; can see medication labels, newsprint.
<input type="checkbox"/>	1 Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.
	2 Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.

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FORMATTING CHANGES

Multiple check box items were changed to a single box when responses are mutually exclusive.

(M1034) Overall Status: Which description best fits the patient's overall status?	
Enter Code	0 The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age).
<input type="checkbox"/>	1 The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (beyond those typical of the patient's age).
	2 The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death.
	3 The patient has serious progressive conditions that could lead to death within a year.
	UK The patient's situation is unknown or unclear.



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REVISED NUMBERING

- M1501 (M1500) Symptoms in Heart Failure Patients.
- M1511 (M1510) Heart Failure Follow-up.
- M2016 (M2015) Pt/Cg Drug Education Intervention.
- M2301 (M2300) Emergent Care.
- M2401 (M2400) Intervention Synopsis.



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REVISED LOOK-BACK PERIOD

New instruction for the "look-back" period on five items collected at Transfer and Discharge.

OASIS-C2

OASIS-C1

"At the time of or any time since the most recent SOC/ROC assessment"

versus

"At the time of or any time since the previous OASIS assessment"

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REVISED LOOK-BACK PERIOD

- M1501 – Symptoms in Heart Failure.
- M1511 – Heart Failure Follow-up.
- M2005 – Medication Intervention.
- M2016 – Patient/Caregiver Drug Education.
- M2301 – Emergent Care.
- M2401 – Intervention Synopsis.



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IMPACT ACT REVISIONS

IMPACT Act: Improving Medicare Post-Acute Care Transformation Act of 2014:

- Requires providers to standardize and submit patient assessment and quality data (LTCHs, IRFs, SNFs, and HHAs).
- Goals:
 - Improve quality in all post-acute settings;
 - Improve transition between care settings; and
 - Compare care and outcomes in different post-acute care settings.



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IMPACT ACT REVISIONS

Arabic numbers rather than roman numerals to indicate pressure ulcer stages.

(M1324) Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable: (Excludes pressure ulcer that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or suspected deep tissue injury.)	
Enter Code	1 Stage 1
<input type="checkbox"/>	2 Stage 2
	3 Stage 3
	4 Stage 4
	NA Patient has no pressure ulcers or no stageable pressure ulcers



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IMPACT ACT REVISIONS

Numbering revised on two Integumentary and three medication items:

- Added "1" to the former Item number to standardized with other post-acute care settings.
- M1311: Current number of unhealed pressure ulcers at Each Stage.
- M1313: Worsening in pressure ulcer status since SOC/ROC.
- M2001: Drug Regimen Review.
- M2003: Medication Follow-up.
- M2005: Medication Intervention.



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IMPACT ACT REVISIONS

- Three additional standardized OASIS items.
- Included due to their potential significant impact upon pressure ulcer development and worsening:
 - M1028: Active Diagnosis of PVD, PAD, or DM.
 - M1060: Height and Weight.
 - GG0170c: Mobility – Lying to sitting on the edge of the bed.



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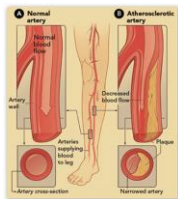
M1028: ACTIVE DIAGNOSIS OF PVD, PAD, OR DM

(M1028) Active Diagnoses- Comorbidities and Co-existing Conditions – Check all that apply
See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.

- 1 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- 2 - Diabetes Mellitus (DM)

PVD or PAD related diagnoses codes:

- I70.2xx through I70.7xx Atherosclerosis of the Native Arteries and/or Bypass Grafts.
- I70.91 Generalized Atherosclerosis of the Extremities.
- I70.92 Chronic Total Occlusion of Artery of the Extremities.
- I73.xx Other Peripheral Vascular Disease.



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M1028: ACTIVE DIAGNOSIS OF PVD, PAD, OR DM

(M1028) Active Diagnoses- Comorbidities and Co-existing Conditions – Check all that apply
See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.

- 1 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- 2 - Diabetes Mellitus (DM)

- Diagnoses must be documented as “active” by physician (or NP, PA, CNS, etc.).
- Can be directly stated or may be inferred as active by statements related to med management, treatment changes, need for nurse monitoring, and med management by nursing.
- How does the plan of care reflect your response?

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M1028: ACTIVE DIAGNOSIS OF PVD, PAD, OR DM

(M1028) Active Diagnoses- Comorbidities and Co-existing Conditions – Check all that apply
See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.

- 1 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- 2 - Diabetes Mellitus (DM)

DM related diagnoses codes:

- E08.xxx Diabetes Mellitus Due to Underlying Condition.
- E09.xxx Drug or Chemical Induced Diabetes Mellitus.
- E10.xxx Type I Diabetes Mellitus.
- E11.xxx Type II Diabetes Mellitus.
- E13.xxx Other Specific Diabetes Mellitus.



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M1028: ACTIVE DIAGNOSIS OF PVD, PAD, OR DM

(M1028) Active Diagnoses- Comorbidities and Co-existing Conditions – Check all that apply
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- 1 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- 2 - Diabetes Mellitus (DM)

- Completed at SOC and ROC.
- Diagnoses must be confirmed by physician (or NP, PA, CNS, etc.) and documented.
- Document confirmation of diagnosis by physician if not found in referral information.

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M1060: HEIGHT AND WEIGHT

(M1060) Height and Weight – While measuring, if the number is X.1 – X.4 round down; X.5 or greater round up

inches

a. Height (in inches). Record most recent height measure since the most recent SOC/ROC

pounds

b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

- Collected at SOC and ROC.
- Included to allow for calculation of BMI:
 - Risk adjustment when BMI ≥ 12.0 and ≤ 19.0

BMI FORMULA

$$\text{BMI} = 703 \times \frac{\text{weight (lb)}}{\text{height}^2 (\text{in}^2)}$$

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M1060: HEIGHT AND WEIGHT

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inches

a. Height (in inches). Record most recent height measure since the most recent SOC/ROC

pounds

b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

- Enter actual, current height for patient's with bilateral lower extremity amputation.
- Round to the nearest inch or pound.
- A dash (-) is an acceptable entry in rare situations when:
 - Patient unexpectedly transfers, discharges, or expires.
 - Patient cannot be weighed due to extreme pain, immobility, risk of pathological fractures.

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M1060: HEIGHT AND WEIGHT

(M1060) Height and Weight – While measuring, if the number is X.1 – X.4 round down; X.5 or greater round up

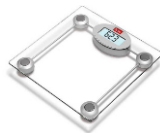
inches

a. Height (in inches). Record most recent height measure since the most recent SOC/ROC

pounds

b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

- Review agency policy for consistency in measurements using best practices.
- Include as a part of intake referral data.



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GG0170C: MOBILITY – LYING TO SITTING ON EDGE OF THE BED

(GG0170C) Mobility			
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.			
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.			
Activity may be completed with or without assistive devices.			
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 or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.			
1. SOC/ROC Performance	2. Discharge Goal		
↓Enter Response in Boxes↓		Lying to Sitting on Side of Bed. The ability to safely 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.	
<input type="checkbox"/>	<input type="checkbox"/>		

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GG0170C: MOBILITY – LYING TO SITTING ON EDGE OF THE BED

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.			
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			
88 Not attempted due to medical condition or safety concerns			
1. SOC/ROC Performance	2. Discharge Goal		

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GG0170C: MOBILITY – LYING TO SITTING ON EDGE OF THE BED

- Completed at SOC and ROC.
- Included to reflect impact of impaired mobility on risk of worsening of current pressure ulcers or development of new pressure ulcers.
- Notice reversal of scale!!!
 - 06 = Independent.
 - 05 through 02 = Help from another person.
 - 01 = Dependent.



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GG0170C: MOBILITY – LYING TO SITTING ON EDGE OF THE BED

- Allow patient to (*safely*) 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.
- May complete with or without an assistive device.
- When patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

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GG0170C: MOBILITY – LYING TO SITTING ON EDGE OF THE BED

- When performance varies, report the usual status rather than their most independent or most dependent status.
- Codes provided for use when not attempted:
 - 07 = Patient refused.
 - 09 = Not Applicable.
 - 88 = Not attempted due to medical condition or safety concerns.
 - Dash (-) = Could not be assessed due to unexpected transfer, discharge, or death. Only used in rare circumstances.

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GG0170C: MOBILITY – LYING TO SITTING ON EDGE OF THE BED

Codes used when activity is completed:

- 06 = Independent: No cueing or assistance of any kind.
- 05 = Setup or cleanup Assistance: Only prior to/after activity.
- 04 = Supervision or Touching: Includes cueing; intermittent or continual assistance.
- 03 = Partial/moderate assistance: Helper provides less than ½ the assistance.
- 02 = Substantial/maximal assistance: Helper provides more than ½ the assistance.
- 01 = Dependent: Helper provides all the effort, or assistance of two or more helpers is required to complete the activity.



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GG0170C: MOBILITY – LYING TO SITTING ON EDGE OF THE BED

- Acceptable Discharge Goal responses:
 - 01 through 06 when a discharge goal can be established.
 - Dash (-) may be entered in rare circumstances such as unexpected patient transfer, discharge, or death.
- Collaborate with Patient/Caregiver to set goal:
 - Consider whether the patient is likely to improve, remain stable, or decline based upon assessment findings and patient/caregiver indication of prior level of function.
- Does the plan of care reflect your goal setting? Are therapy services needed?



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MEDICATION ITEM REVISIONS

- OASIS-C1
 - M2000: Does a complete drug regimen review indicate potentially significant medication issues (for example, adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or non-compliance [non-adherence])?
- OASIS-C2
 - M2001: Did a complete drug regimen review identify potential clinically significant medication issues?

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M2001: DRUG REGIMEN REVIEW

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code	0 No - No issues found during review <i>[Go to M2010]</i>
<input type="checkbox"/>	1 Yes - Issues found during review
	9 NA - Patient is not taking any medications <i>[Go to M2040]</i>

- Complete a medication reconciliation including all prescribed & OTC meds by any route **to identify, and if possible, prevent** potential clinically significant medication issues.
- Potential clinically significant medication issue: requires physician or physician designee notification by midnight of the next calendar day.



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M2001: DRUG REGIMEN REVIEW

Potential or actual clinically significant medication issues can include:

- Adverse reaction.
- Ineffective drug therapy.
- Side effects.
- Drug interactions.
- Duplicate therapy.
- Omissions.
- Dosage errors.
- Non-adherence.



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M2001: DRUG REGIMEN REVIEW

- Be careful - response numbers have changed!
 - OASIS-C1: 1= *No problems found.*
 - OASIS-C2: 1= *Issues found.*
- 0-No – No issues found during review:
 - Referral medication list matches patient's medications in the home.
 - Diagnoses/symptoms are adequately controlled.
 - All meds are in the home.
 - Plan for taking all meds safely at the right time.
 - No S/S of adverse reactions.

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M2001: DRUG REGIMEN REVIEW

- 1-Yes – Issues found during review:
- Referral list doesn't match meds on hand.
 - Disease/symptoms inadequately controlled.
 - Symptoms of potential adverse reaction.
 - Meds not obtained or patient indicating they probably won't take the meds.
 - Patient seems confused about when/how to take meds indicating a high risk for med errors.
 - Taking multiple non-prescribed OTCs/herbals that could interact with prescribed medications.
 - Complex medication plan with multiple prescribers and/or obtained from multiple pharmacies so the risk of drug interactions is high.

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M2001: DRUG REGIMEN REVIEW

- N/A – Patient not taking any medications.
- Dash (-) – For use in rare occurrences such as when the patient is transferred, discharges, or dies unexpectedly before the item could be completed.
- If issues identified don't require this immediate attention it's not considered a potential or actual clinically significant med issue.
- Q&A 160.4 and example in M2001:
If an issue is identified and resolved by the time the assessment is completed it does not have to be reported.



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M2003: MEDICATION FOLLOW-UP

(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code	0 No 1 Yes
<input type="checkbox"/>	

- Was the physician or physician designee contacted at SOC/ROC for issues that in your judgment required notification by midnight of the next calendar day?
- If multiple issues are identified, all must be communicated by midnight of the next calendar day to enter response of 1-Yes.

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M2003: MEDICATION FOLLOW-UP

- 1-Yes – Two-way communication AND completion of the prescribed actions must have occurred by midnight of the next calendar day:
 - Enter 1-Yes if physician's direction takes longer than the time frame; for example, "monitor BP this weekend and address with PCP on Monday."
 - Enter 1-Yes if physician responds, but no new orders or instructions are given.
- If multiple issues are identified, all must be communicated by midnight of the next calendar day and all prescribed actions must have been completed to enter response. 1-Yes

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M2003: MEDICATION FOLLOW-UP

- 0-No – Enter 0 if the physician was not contacted, did not return a call, if all identified issues weren't reported, or if all prescribed actions weren't completed.



- Dash (-) – Use only in rare circumstances where a patient unexpectedly transfers, discharges, or expires. CMS prefers clinicians complete the item to the best of their ability.

M2005: MEDICATION INTERVENTION

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications
<input type="checkbox"/>	

- Completed at Transfer & Discharge, and now also completed for a Death At Home. An issue identified at the last SOC/ROC would be captured both on the SOC/ROC and on the TF, D/C, or Death at Home.
- Was the physician or physician designee contacted for issues that in your judgment required notification by midnight of the next calendar day for all issues since the most recent SOC/ROC?

M2016: PATIENT/CAREGIVER DRUG EDUCATION INTERVENTION

(M2016) Patient/Caregiver Drug Education Intervention: At the time of, or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?	
Enter Code	0 No 1 Yes 9 NA – Patient not taking any drugs
<input type="checkbox"/>	

- New guidance:
- Drug education interventions should address all medications the patient is taking, prescribed and OTC, by any route.
 - Effective, safe management of medications includes knowledge of effectiveness, potential side effects and drug reactions, and when to contact the appropriate care provider.

M1306: UNHEALED PRESSURE ULCER STAGE 2 OR HIGHER OR UNSTAGEABLE

(M1306) Does this patient have at least one Unhealed Pressure Ulcer at Stage 2 or Higher or designated as Unstageable? (Excludes Stage 1 pressure ulcers and healed Stage 2 pressure ulcers)		
Enter Code	0	No [Go to M1322]
<input type="checkbox"/>	1	Yes

- Multiple revisions to Response-Specific Instructions.
- Agencies may adopt the NPUAP (National Pressure Ulcer Advisory Panel) guidelines for clinical practice and documentation. Default to CMS OASIS Instructions if discrepancies exist between NPUAP guidelines and the OASIS scoring instructions.

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M1306: UNHEALED PRESSURE ULCER STAGE 2 OR HIGHER OR UNSTAGEABLE

- Stage 3 and Stage 4 pressure ulcers: ***NEW***
 - “Once the pressure ulcer has fully granulated and the wound surface is completely covered with new epithelial tissue, the wound is considered to be closed, and will continue to remodel and increase in tensile strength.”
 - “For the purposes of scoring the OASIS, **the wound is considered healed at this point, and should no longer be reported as an unhealed pressure ulcer.**”
- Agencies should be aware ‘healed’ site is at higher risk to open because tensile strength is only 80% of normal skin.

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M1306: UNHEALED PRESSURE ULCER STAGE 2 OR HIGHER OR UNSTAGEABLE

- Added instruction that “healed” vs. “unhealed” can refer to whether the ulcer is “closed” vs. “open”:
 - Stage 1 and Suspected DTI may be closed, but should not be considered healed.
 - Unstageable pressure ulcers, whether covered with a non-removable dressing or eschar/slough, would not be considered healed.
- Enter 1-Yes when pressure ulcers are known to be present but can’t be observed due to a dressing or device. Noted documentation is required that a pressure ulcer exists under the dressing or device. “Suspected” ulcers without documentation would not be reflected.



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M1307: OLDEST STAGE 2 PRESSURE ULCER PRESENT AT DISCHARGE

(M1307) The Oldest Stage 2 Pressure Ulcer that is present at discharge. (Excludes healed Stage 2 Pressure Ulcers)	
Enter Code <input type="checkbox"/>	1 Was present at the most recent SOC/ROC assessment
	2 Developed since the most recent SOC/ROC assessment. Record date pressure ulcer first identified. <div style="display: flex; justify-content: space-around; width: 100px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> month day year
NA No Stage 2 pressure ulcers are present at discharge	

- Enter response 2 if the oldest Stage 2 pressure ulcer wasn't present at the most recent SOC/ROC.
- If no pressure ulcer existed at the SOC/ROC, then a Stage 1 developed and progressed to Stage 2 by discharge, enter Response 2 and record the date the ulcer was first identified as a Stage 2 ulcer.

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M1311: CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE (PART 1)

(M1311) Current Number of Unhealed Pressure Ulcers at Each Stage	Enter Number
A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured blister. Number of Stage 2 pressure ulcers [If 0 at FU/DC Go to M1311B1]	<input type="checkbox"/>
A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC -- enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
B1. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Number of Stage 3 pressure ulcers [If 0 at FU/DC Go to M1311C1]	<input type="checkbox"/>
B2. Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC -- enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
C1. Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. Number of Stage 4 pressure ulcers [If 0 at FU/DC Go to M1311D1]	<input type="checkbox"/>
C2. Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC -- enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>

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M1311: CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE (PART 2)

D1. Unstageable: Non-removable dressing: Known but not stageable due to non-removable dressing/device. Number of unstageable pressure ulcers due to non-removable dressing/device [If 0 at FU/DC Go to M1311E1]	<input type="checkbox"/>
D2. Number of these unstageable pressure ulcers that were present at most recent SOC/ROC -- enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
E1. Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar [If 0 at FU/DC Go to M1311F1]	<input type="checkbox"/>
E2. Number of these unstageable pressure ulcers that were present at most recent SOC/ROC -- enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
F1. Unstageable: Deep tissue injury: Suspected deep tissue injury in evolution. Number of unstageable pressure ulcers with suspected deep tissue injury in evolution [If 0 - Go to M1322 (at Follow up), Go to M1313 (at Discharge)]	<input type="checkbox"/>
F2. Number of these unstageable pressure ulcers that were present at most recent SOC/ROC -- enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>

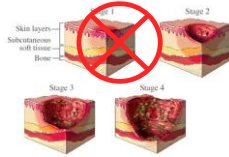
[Omit "A2, B2, C2, D2, E2 and F2" on SOC/ROC]

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M1311: CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE

Item Intent: Identifies the number of Stage 2 or higher pressure ulcers at each stage present at the time of assessment. Stage 1 pressure ulcers and **ulcers that have healed are not reported.**

- Closed Stage 3 and Stage 4 pressure ulcers are no longer reflected in M1311 (M1308).



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M1311: CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE

- When a pressure ulcer stage worsens before the assessment is completed (5-day or 48-hour window), report the ulcer at its initial stage.
- For each pressure ulcer, determine whether the pressure ulcer was present at the time of the most recent SOC/ROC, and did not form during this home health quality episode (SOC to Follow-up or Discharge **or** ROC to Follow-up or Discharge).
- A2, B2, C2, D2, E2, F2 are completed only at Follow-up and Discharge.

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M1311: CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE

- For each pressure ulcer, determine whether the pressure ulcer was present at the time of the most recent SOC/ROC, and did not form during this home health quality episode (SOC to Follow-up or Discharge **or** ROC to Follow-up or Discharge).
- A2, B2, C2, D2, E2, F2 are completed only at Follow-up and Discharge.

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M1311: CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE

- When any bone, tendon, muscle, or joint capsule (Stage 4 structures) are visible, report as a Stage 4 regardless of the presence or absence of slough and/or eschar in the wound bed.
- *NEW***
- A pressure ulcer treated with a skin graft should not be reported as a pressure ulcer and until the graft edges completely heal, should be reported as a surgical wound on M1340.
<previously captured as unstageable due to a dressing or device>

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M1311: CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE

- D1-Unstageable: Non-removable dressing: Known but not stageable due to non-removable dressing/device:
- “Known” refers to documentation being available that an ulcer is present under the dressing/device.
 - **Removed** the wording “or that the care provider suspects may be present based on clinical assessment findings (patient reports discomfort or history of past ulcer in the same area).

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M1311: CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE

- Seeking additional guidance on instruction:
- If the pressure ulcer was unstageable at SOC/ROC, but becomes numerically stageable later, when completing the Discharge assessment, it’s “Present on Admission” stage should be considered the stage at which it first becomes numerically stageable. If it subsequently increases in numerical stage, do not report the higher stage ulcer as being “present at SOC/ROC when completing the discharge assessment

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M1313: WORSENING IN PRESSURE ULCER STATUS SINCE SOC/ROC

(M1313) Worsening in Pressure Ulcer Status since SOC/ROC:	
Instructions for a-c: Indicate the number of current pressure ulcers that were not present or were at a lesser stage at the most recent SOC/ROC. If no current pressure ulcer at a given stage, enter 0.	
	Enter Number
a. Stage 2	<input type="text"/>
b. Stage 3	<input type="text"/>
c. Stage 4	<input type="text"/>
Instructions for e: For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were at a Stage 1 or 2 at the most recent SOC/ROC.	
	Enter Number
d. Unstageable – Known or likely but Unstageable due to non-removable dressing.	<input type="text"/>
e. Unstageable – Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar.	<input type="text"/>
f. Unstageable – Suspected deep tissue injury in evolution.	<input type="text"/>

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M1313: WORSENING IN PRESSURE ULCER STATUS SINCE SOC/ROC

Expanded Response-Specific Instructions:

- “Compare the current stage at Discharge to past stages to determine whether any pressure ulcer currently present is new or at an increased numerical stage (worsened) when compared to the most recent SOC/ROC.

Then, for each current stage, count the number of pressure ulcers that are new or have increased in numerical stage since the last SOC/ROC was completed. This allows a more accurate assessment than simply comparing total counts at Discharge and most recent SOC/ROC.

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M1313: WORSENING IN PRESSURE ULCER STATUS SINCE SOC/ROC

New Instruction:

- Row d: Unstageable due to non-removable dressing: Enter the number of current pressure ulcers at Discharge that are unstageable due to a non-removable dressing, that were not present at the most recent SOC/ROC.
- Row e: Unstageable due to coverage of wound bed by slough and/or eschar:
 - Capture if Stage 1 or 2 at the most recent SOC/ROC.
 - DO NOT capture if Stage 3 or 4 at the most recent SOC/ROC.

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M1313: WORSENING IN PRESSURE ULCER STATUS SINCE SOC/ROC

- New Instruction:
 - Row f: Unstageable-Suspected deep tissue injury in evolution: Capture if a Stage 1 or 2 at the most recent SOC/ROC.
- Expanded Instruction:
 - If the pressure ulcer was unstageable for any reason at the most recent SOC/ROC, **do not consider it worsened** if at some point between SOC/ROC and Discharge it became stageable and remained at that same stage at Discharge. If the stage worsened after initial staging, the **ulcer is captured** because the wound has worsened.

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M1313: WORSENING IN PRESSURE ULCER STATUS SINCE SOC/ROC

- New Instruction:
 - Ulcers previously staged, then became unstageable, but debrided and can now be staged again should be captured based upon the stage before and after becoming unstageable.
 - A dash (-) may be used in rare occurrences when the item can't be assessed due to unexpected transfer, discharge, or death.
- Remember, closed Stage 3 and closed Stage 4 pressure ulcers are not captured in OASIS-C2 unless the wound were to break down and reopen.

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M1313 REPORTING ALGORITHM

Important reference for completing M1313!

CURRENT STAGE at Discharge	Look back to most recent SOC/ROC	PREVIOUS STAGE at most recent SOC/ROC	REPORT AS NEW OR REOPENING?
a. Stage 2 at Discharge	If some pressure ulcer at most recent SOC/ROC was:	<ul style="list-style-type: none"> • Not present • Stage 1 • Covered with a non-removable dressing/device, then documented as a Stage 1 at any home visit or Follow-Up assessment(s) 	YES
		<ul style="list-style-type: none"> • Stage 2 	NO
		<ul style="list-style-type: none"> • Stage 3 • Stage 4 	NA (Stage 3 or 4 could not become a Stage 2)
		<ul style="list-style-type: none"> • Covered with a non-removable dressing/device and remains unstageable until assessed as a Stage 2 at Discharge 	NO
b. Stage 3 at Discharge	If some pressure ulcer at most recent SOC/ROC was:	<ul style="list-style-type: none"> • Not present • Stage 1 • Stage 2 • Unstageable with documented Stage 3 and/or 2 at any home visit or Follow-Up assessment(s) 	YES
		<ul style="list-style-type: none"> • Stage 3 	NO
		<ul style="list-style-type: none"> • Stage 4 	NA (Stage 4 could not become a Stage 3)
		<ul style="list-style-type: none"> • Unstageable until assessed as a Stage 3 at Discharge 	NO

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M1313 REPORTING ALGORITHM

CURRENT STAGE at Discharge	Look back to most recent SOC/ROC	PRIOR STAGE at most recent SOC/ROC	REPORT AS NEW OR WORSENEDE?
c. Stage 4 at Discharge	If same pressure ulcer at most recent SOC/ROC was:	<ul style="list-style-type: none"> Not present Stage 1 Stage 2 Stage 3 Unstageable with documented Stage 1, 2, and/or 3 at any home visit or Follow-Up assessment(s) 	YES
		<ul style="list-style-type: none"> Stage 4 Unstageable until assessed as a Stage 4 at Discharge 	NO
d. Unstageable due to non-removable dressing at Discharge	If same pressure ulcer at most recent SOC/ROC was:	<ul style="list-style-type: none"> Not present 	YES
		<ul style="list-style-type: none"> Stage 1 Stage 2 Stage 3 Stage 4 Unstageable 	NO

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M1313 REPORTING ALGORITHM

CURRENT STAGE at Discharge	Look back to most recent SOC/ROC	PRIOR STAGE at most recent SOC/ROC	REPORT AS NEW OR WORSENEDE?
e. Unstageable due to slough and/or eschar at Discharge	If same pressure ulcer at most recent SOC/ROC was:	<ul style="list-style-type: none"> Not present Stage 1 Stage 2 	YES
		<ul style="list-style-type: none"> Stage 3 Stage 4 Unstageable 	NO
f. Unstageable – suspected deep tissue injury at Discharge	If same pressure ulcer at most recent SOC/ROC was:	<ul style="list-style-type: none"> Not present Stage 1 Stage 2 	YES
		<ul style="list-style-type: none"> Stage 3 Stage 4 Unstageable due to slough and/or eschar Unstageable – Suspected DTI or due to a non-removable dressing/device 	NA (Full thickness pressure ulcer could not become a DTI) NO

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M1320 & M1324 – STATUS AND STAGE OF MOST PROBLEMATIC PRESSURE ULCER

Remember – No closed Stage 3 or Stage 4 pressure ulcers are captured in these items unless they have broken down and reopened.

(M1320) Status of Most Problematic Pressure Ulcer that is Observable: (Excludes pressure ulcer that cannot be observed due to a non-removable dressing/device)

Enter Code 0 Newly epithelialized
 1 Fully granulating
 2 Early/partial granulation
 3 Not healing
 NA No observable pressure ulcer

(M1324) Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable: (Excludes pressure ulcer that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or suspected deep tissue injury.)

Enter Code 1 Stage 1
 2 Stage 2
 3 Stage 3
 4 Stage 4
 NA Patient has no pressure ulcers or no stageable pressure ulcers

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M1340 – DOES THIS PATIENT HAVE A SURGICAL WOUND

(M1340) Does this patient have a Surgical Wound?		
Enter Code	<input type="checkbox"/>	0 No [At SOC/ROC, go to M1350 ; At FU/DC, go to M1400]
	<input type="checkbox"/>	1 Yes, patient has at least one observable surgical wound
	<input type="checkbox"/>	2 Surgical wound known but not observable due to non-removable dressing/device [At SOC/ROC, go to M1350 ; At FU/DC, go to M1400]

- New Guidance: If a pressure ulcer is surgically closed with a flap or graft it is no longer reported as a pressure ulcer. It should be reported as a surgical wound until healed, even if the flap or graft fails.
 - OASIS responses may not coincide with coding placed on the plan of care.
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M1017 – DIAGNOSES REQUIRING MEDICAL OR TREATMENT REGIMEN CHANGE WITHIN PAST 14 DAYS

Expanded Instruction

- A diagnosis reported in M1011-Inpatient Diagnoses may also be reported in M1017 if within the 14 days prior to the SOC/ROC date:
 - The condition was new or exacerbated; AND
 - The condition required changes in the treatment regimen; AND
 - The patient was discharged from an inpatient facility where the condition was actively treated.



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M1046 – INFLUENZA VACCINE RECEIVED

(M1046) Influenza Vaccine Received: Did the patient receive the influenza vaccine for this year's flu season?		
Enter Code	<input type="checkbox"/>	1 Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
	<input type="checkbox"/>	2 Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
	<input type="checkbox"/>	3 Yes; received from another health care provider (for example, physician, pharmacist)
	<input type="checkbox"/>	4 No; patient offered and declined
	<input type="checkbox"/>	5 No; patient assessed and determined to have medical contraindication(s)
	<input type="checkbox"/>	6 No; not indicated - patient does not meet age/condition guidelines for influenza vaccine
	<input type="checkbox"/>	7 No; inability to obtain vaccine due to declared shortage
	<input type="checkbox"/>	8 No; patient did not receive the vaccine due to reasons other than those listed in responses 4 – 7.

Expanded Instruction:

- When clinician is unable to determine if the patient received the influenza vaccine Response 8 is the correct response.



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M1051 – PNEUMOCOCCAL VACCINE RECEIVED

(M1051) Pneumococcal Vaccine: Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?	
Enter Code	0 No
<input type="checkbox"/>	1 Yes [Go to M1501 at TRN; Go to M1230 at DC]

Expanded Instruction:

- When clinician is unable to determine if the patient received the pneumococcal vaccine Response 0-No is the correct response.



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COUNTING “THE LAST 14 DAYS”

- M1600 – Has the patient been treated for a UTI in the last 14 days?
- M1710 – When Confused within the last 14 days?
- M1720 – When Anxious within the last 14 days?
- New Clarification: At discharge, the 14 day period is counted based on the M0090-Date Assessment Completed. The M0090 date is “Day 0” and 14 days are counted backwards with the day prior to M0090 being “Day 1”.



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M1840 – TOILET TRANSFERRING

New Guidance: In the absence of a toilet in the home:

- Determine if the patient could use a bedside commode or bedpan/urinal as defined in the responses.
- Enter Response 4-Totally Dependent if this equipment is not in the home to allow assessment.



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PLANNING FOR 2017

- Do intake/referral forms capture needed information?
 - Specificity in diabetes and vascular disease diagnoses.
 - Most recent height and weight.
- Do policies reflect standardized assessment?
 - Obtaining height and weight.
 - Drug regimen review, follow-up, and education.
- Do agency tracking tools accurately capture events "at the time of or since the previous SOC/ROC".

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PLANNING FOR 2017

Do your plans of care reflect best practices?

- Interventions related to pressure ulcer prevention on the plan of care:
 - Patient specific measures: Nutrition, pressure-relieving devices, incontinence management, positioning measures, etc.
- Interventions related to PAD/PVD on the plan of care.
- Interventions related to Diabetes on the plan of care.

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THANK YOU!

Questions???

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