

OASIS CLASS 5

Home Health VNA
Merrimack Valley Hospice
HomeCare, Inc.



The Leaders in Home Health and Hospice Care

Syllabus Class 5

- ▶ Best Practices
- ▶ Emergent Care
- ▶ D/C Disposition



M1600 Treated for UTI

SOC/ROC /D/C -not to inpatient

Has this patient been treated for a Urinary Tract Infection in the past 14 days ?

0 – No

1 – Yes

NA – Patient on prophylactic treatment

UK – Unknown [Omit “UK” option on DC]



M1730 Depression Screen

SOC/ROC

Depression Screening: Has the patient been screened for depression, using a standardized, validated depression screening tool?

0 – No

1 – Yes, patient was screened using the PHQ-2©* scale. Instructions for this two-question tool: Ask patient: “Over the last two weeks, how often have you been bothered by any of the following problems?”

2 – Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression.

3 – Yes, patient was screened with a different standardized, validated assessment and the patient does not meet criteria for further evaluation for depression.

▶ Instructions for this two-question tool: Ask patient: “Over the last two weeks, how often have you been bothered by any of the following problems?”

a) Little interest or pleasure in doing things

b) Feeling down, depressed, or hopeless?

Then check the box for how many days pt reports this occurring

▶ Use of screening tool is best practice

▶ If pt scores 3 notify MD



M2001 Drug Regimen Review: SOC/ROC

Does a complete drug regimen review indicate potential clinically significant medication issues (for example, adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?

- 0 – Not assessed/reviewed [Go to M2010]**
- 1 – No problems found during review [Go to M2010]**
- 2 – Problems found during review**
- NA – Patient is not taking any medications [Go to M2040]**

M2000 Identifies.....

If a review of the pt's medication indicated the presence of potential clinically significant problems

Indicates all meds

Issues include :

- ▶ adverse reactions
- ▶ ineffective drug therapy
- ▶ side effects
- ▶ drug interactions
- ▶ duplicate therapy
- ▶ omissions missing drugs from the ordered regime
- ▶ dose errors
- ▶ non adherence

Response 2 –problems found

- ▶ D/C medication list does not match what the pt has in the home
- ▶ Symptoms for the medication are **NOT** controlled
- ▶ Pt has **NOT** obtained the medication
- ▶ Adverse reactions
- ▶ Pt takes multiple non prescription meds that could interfere w/ prescribed medications
- ▶ Pt has multiple MD's prescribing medication so the risk of interaction is high
- ▶ Pt is confused on how and when to take medications

*If a problem is resolved by the end of the assessment the problem does not need to be reported as a significant medication issue

Response 1

- ▶ Pt's list of meds from the inpatient facility matches the meds the pt shows the clinician
- ▶ Symptoms for which the medication is being taken are well controlled (pain, BP etc.)
- ▶ Pt has all prescribed medications in the home
- ▶ Pt has a plan for taking all medications safely at the right time
- ▶ No signs or symptoms of adverse reactions
- ▶ *** DO any of our pt's ever fit this category ***

M2003 Medication Follow Up

SOC/ROC

Was a physician or the physician–designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?

0 – No

1 – Yes

ITEM INTENT

- ▶ Were significant problems addressed with the physician within one calendar day following identification of medication issue(s).
- ▶ This item is best practices of best practice

- ▶ **Contact w/ MD is communication by phone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.**
- ▶ **Response 1 – Yes, only if MD responds to the agency w/ knowledge of receipt of information and/or further advice or instructions.**
- ▶ **Response 1 – two-way communication AND reconciliation (or plan to resolve the problem) must be completed by the end of the next calendar day after the problem was identified and before the end of the allowed time frame (that is, within five days of SOC, within two days of discharge from the inpatient facility at ROC).**
- ▶ **If the interventions are not completed as outlined in this item, select Response 0 –**
- ▶ **Document why not done**
- ▶ **If other agency staff contacted the MD to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the SOC/ROC OASIS. A change can then be made to the Oasis question and the completion date can be changed if appropriate**

M2005 Medication Intervention

Transfer/Discharge

- ▶ If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician–designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?


0 – No

1 – Yes

NA – No clinically significant medication issues identified at the time of or at any time since the previous OASIS assessment

Item Intent

- ▶ Identifies if potential clinically significant problems such as adverse or drug reactions identified at the time or any time since the previous Oasis assessment were addressed w/ MD
- ▶ Item is used to calculate best practice

- ▶ **Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.**
 - ▶ **Response 0 – No if it did not occur**
 - ▶ **If NO –the care provider should document rationale in the clinical record.**
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*** STAR RATING/VBP***

Transfer to an inpatient facility

D/C from agency-not to an inpatient facility

(M2016) Patient/Caregiver Drug Education Intervention: At the time of, or at any time since the previous OASIS 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?

0 - No

1 - Yes



M2301 Emergent Care:

Transfer/Discharge

At the time of or at any time since the previous OASIS assessment has the patient utilized a hospital emergency department (includes holding/observation status)?

0 – No [Go to M2400]

1 – Yes, used hospital emergency department WITHOUT hospital admission

2 – Yes, used hospital emergency department WITH hospital admission

UK – Unknown [Go to M2400]

- ▶ Identifies whether the patient was seen in a hospital emergency department at the time of or at any time since the previous OASIS assessment. Responses to this item include the entire period at or since the last time OASIS data were collected, including use of hospital emergency department that results in a qualifying hospital admission, necessitating Transfer OASIS data collection. This item includes current events.

2310 Reason for Emergent Care

Transfer/Discharge

For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? (Mark all that apply.)

- 1 – Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis**
- 10 – Hypo/Hyperglycemia, diabetes out of control**
- 13 – Urinary tract infection**
- 19 – Other than above reasons**
- UK – Reason unknown**

M2410 To Which Inpatient Facility..

Transfer/Discharge

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 M0903]
- 4 -Hospice [Go to M0903]
- NA -No inpatient facility admission
[Omit "NA" option on TRN

- ▶ Pick the facility type that they were transferred to from their home
- ▶ Rehab– certified distinct rehabilitation unit of a nursing home
- ▶ Admission to inpatient drug rehabilitation is considered an inpatient admission
- ▶ skilled nursing facility (SNF), an intermediate care facility for individuals with intellectual disabilities (ICF/IID), or a nursing facility (NF) is a nursing home admission
- ▶ When completing a Transfer, select Response 1, 2, 3, or 4. “NA” should be omitted from this item for transfer.
- ▶ When completing a Discharge from agency – Not to an Inpatient Facility, select Response “NA.”

M2420 Discharge Disposition:

D/C From Agency Not to Inpatient Facility

Where is the patient after discharge from your agency? (Choose only one answer.)

- 1 – Patient remained in the community (without formal assistive services)
- 2 – Patient remained in the community (with formal assistive services)
- 3 – Patient transferred to a non-institutional hospice
- 4 – Unknown because patient moved to a geographic location not served by this agency
- UK – Other unknown [Go to M0903]

- ▶ Formal services response 2 is used when, upon discharge from our agency, the patient will receive skilled services from another Medicare certified home health agency.
- ▶ You would also use Response 2 when an agency completes a discharge, and a new SOC OASIS is due to a pay source change
- ▶ Informal services are provided by friends, family, neighbors, or other individuals in the community for which no financial compensation is provided.
- ▶ Noninstitutionalized hospice is defined as the patient receiving hospice care at home or a caregiver's home, not in an inpatient hospice facility.



M2200 Therapy Need

- ▶ **M2200) Therapy Need:** In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)
- ▶ (__ __ __) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).
- ▶ **NA – Not Applicable:** No case mix group defined by this assessment

- ▶ Agency policy at this time is to enter 0 if no therapy is indicated or ordered
- ▶ If therapies are ordered 1 point is given to each therapy ordered
- ▶ If you are therapy, please add the number of visits you think the patient will require.

Death at Home RFA 8

Pt is under our care and passes away :

- at home
- out in the community
- in the ER
- in outpatient surgery/recovery room
- less than 24 hours after being admitted to the hospital from our care