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Preparing for OASIS E

Planning Your Approach to Technology and Training

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Empowering
Exceptional
Care



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K&K

HEALTH CARE SOLUTIONS
OUTSOURCING ♦ AUDITING ♦ COMPLIANCE

Improve OASIS Accuracy
and Boost Quality Ratings

Today's Presenters



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OASIS E is Coming

January 1, 2023

How “New” is OASIS E

75% of items
are the same

25% of items
are brand new

27 New OASIS-E Items

Section A: Administrative Information + Patient Tracking	Section B: Hearing, Speech, + Vision	Section C: Cognitive Patterns	Section D: Mood
<p>A1005: Ethnicity</p> <p>A1010: Race</p> <p>A1110: Language</p> <p>A1250: Transportation</p> <p>A2120: Provision of Current Reconciled Medication List to Subsequent Provider at Transfer</p> <p>A2121: Provision of Current Reconciled Medication List to Subsequent Provider at Discharge</p> <p>A2122: Route of Current Reconciled Medication List Transmission to Subsequent Provider</p> <p>A2123: Provision of Current Reconciled Medication List to Patient at Discharge</p> <p>A2124: Route of Current Reconciled Medication List Transmission to Patient</p>	<p>B0200. Hearing</p> <p>B1000. Vision</p> <p>B1300. Health Literacy</p>	<p>C0100. Should BIMS Be Conducted?</p> <p>C0200. Repetition of Three Words</p> <p>C0300. Temporal Orientation</p> <p>C0400. Recall</p> <p>C0500. BIMS Summary Score</p> <p>C1310. Signs and Symptoms of Delirium</p>	<p>D0150. Patient Mood Interview</p> <p>D0160. Total Severity Score</p> <p>D0700. Social Isolation</p>

New OASIS Items Continued

Section J: Health Conditions	Section K: Swallowing + Nutritional Status	Section N: Medications	Section O: Special Treatments, Procedures, + Programs
J0510. Pain Effect on Sleep J0520. Pain Interference with Therapy Activities J0530. Pain Interference with Day-to-Day Activities	K0520. Nutritional Approaches	N0415. High Risk Drug Classes: Use and Indication	O0110. Special Treatments, Procedures, and Programs

A vertical blue bar on the left side of the slide, featuring a faint network diagram with nodes and connecting lines.

Current Trends

Chronic Problem Areas

Functional Assessment

Cognitive Behavioral Issues

Wounds

Medications

Key Definitions

ASSISTANCE

- Defined as: “help; aid; support”
- Anything another person would do to ensure the safe completion of the task:
 - Physical assistance
 - Verbal Cues
 - Supervision
 - Reminders
- ***Ask “Would there be any concerns if no one was there when the task was being done?”***

SAFETY

- Defined as: “involving little or no risk of mishap”
- Impacted by one or more issues:
 - Physical Ability
 - Cognitive Issues
 - Environment
 - Medical Restrictions
 - Sensory Issues
 - Equipment
- ***Ask “Am I completely comfortable with how this task is being completed?”***

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.

M1850 - Transferring

(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

- 0 - Able to independently transfer.
- 1 - Able to transfer with minimal human assistance or with use of an assistive device.
- 2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
- 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
- 4 - Bedfast, unable to transfer but is able to turn and position self in bed.
- 5 - Bedfast, unable to transfer and is unable to turn and position self.

M1342 – Status of Most Problematic

(M1342) Status of Most Problematic Surgical Wound that is Observable

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing

“Intention” Matters

Surgical wounds healing by primary intention do not granulate, therefore the only appropriate responses would be

- 0 – Newly Epithelialized
- 3 – Not Healing.

If the wound is healing solely by primary intention, observe if the incision line has re-epithelialized. If there is not full epithelial resurfacing such as in the case of a scab adhering to underlying tissue, the correct response would be "Not healing" for the wound healing exclusively by primary intention.

Surgical incisions healing by secondary intention do granulate, therefore may be reported as

- 0 – Newly epithelialized
- 1 – Fully Granulating
- 2 – Early Partial Granulation
- 3 – Not Healing

If it is determined that there is incisional separation, healing will be by secondary intention

M1700 – Cognitive Functioning

(M1700) Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.

- 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
- 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
- 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
- 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
- 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

M2020 – Management of Oral Medication

(M2020) Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications.** **(NOTE: This refers to ability, not compliance or willingness.)**

0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.

1 - Able to take medication(s) at the correct times if:

(a) individual dosages are prepared in advance by another person; OR

(b) another person develops a drug diary or chart.

2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times

3 - Unable to take medication unless administered by another person.

NA - No oral medications prescribed.

January 2022 Q&A

- Consistent theme – medication(s) missing from the home at the time of the assessment
- Consistent response – “In situations where one or more medications that the patient is currently taking and are listed on the Plan of Care are not available to the patient, preventing the patient from being able to demonstrate their ability to manage oral or injectable medications, the assessing clinician could code using assessment strategies other than direct observation. The assessing clinician would rely on their assessment of the complexity of the patient’s overall drug regimen, as well as patient characteristics, including cognitive status, vision, strength, manual dexterity and general mobility, along with any other relevant barriers, and use clinical judgment to determine the patient’s current ability. In selecting a code, the clinician may use information gathered by report and/or observation, including details about when and how the patient accesses and administers their medications.”

WHAT DOES THIS MEAN FOR M2001???

Planning for OASIS E

Standardizing the Review Process

- A framework is needed to ensure consistency, reduce confusion and provide education to the clinicians.
- The ultimate goal = DECREASE ERRORS
- Critical Areas:
 - Focus of the review (coding, OASIS, both)
 - Error identification
 - Response to errors
 - Coding
 - OASIS

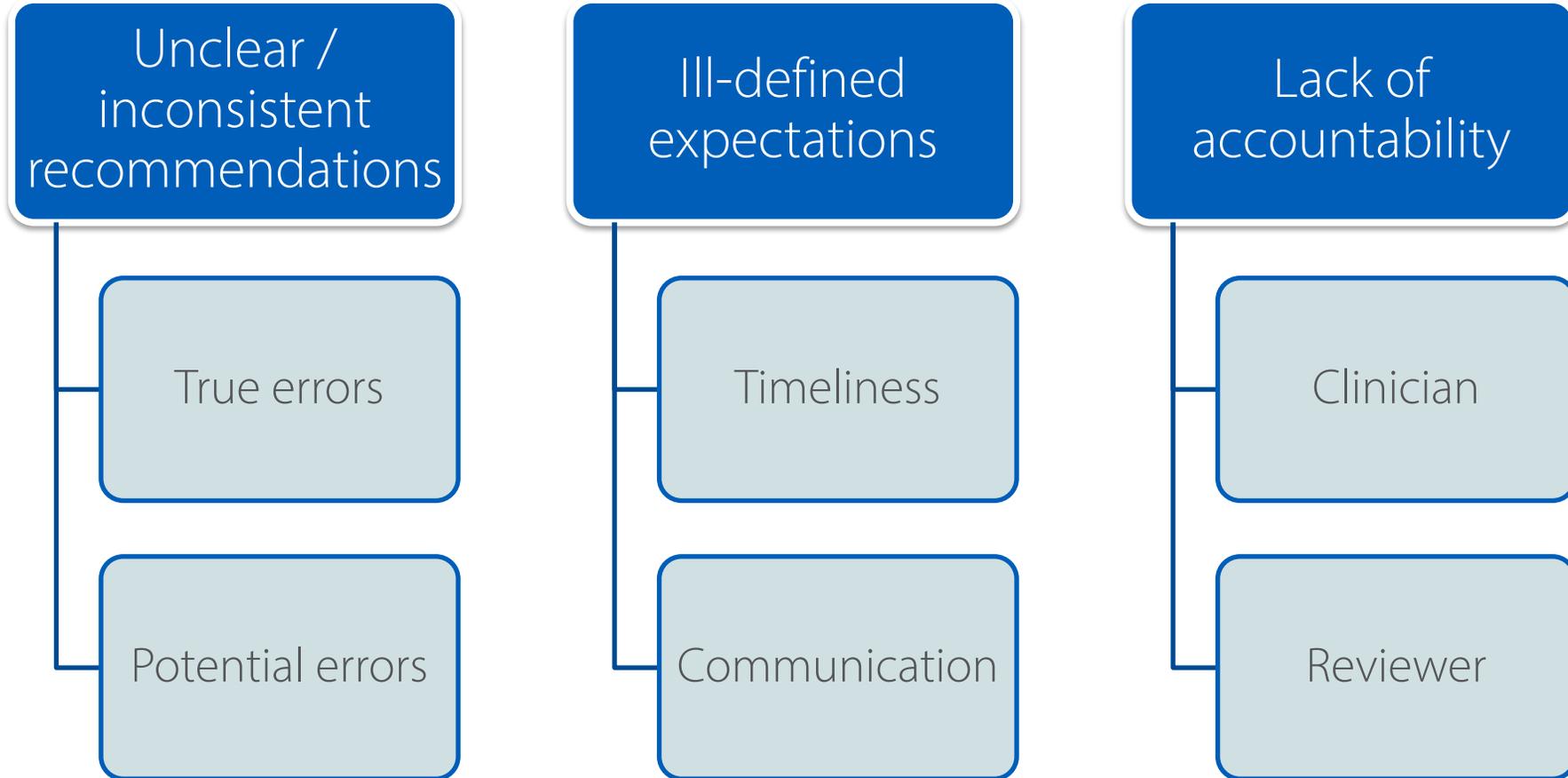
Tracking and Trending

Data driven decision making key areas for both errors and corrections:

- Number
- Type
- By Clinician
- By Discipline

*Don't only focus
on the "negative"*

What Contributes to Delays?



OASIS Education

Current OASIS

NOW

OASIS E Items

Q4 2022

MedBridge = Industry Best Practice for OASIS

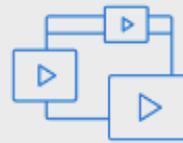
New! OASIS-E courses and refreshers are coming in October of 2022



Full Course Series Updates

Prepare your team with our refreshed full course series for OASIS-E, featuring new patient demonstrations.

6 hours



Boosters Updates

Keep skills sharp with targeted microlearning, focused on items impacting HHVBP and reimbursement.

5 - 8 minutes each



New Items Course

Provide experienced clinicians with this concise course focusing on items new to OASIS-E.

1 hour



Case Scenarios

Help clinicians apply their knowledge and practice scoring OASIS items with demonstrations and quizzes.

10 minutes each

Sept 1 launch

Login to the HCHB Customer Experience Portal to View the Rest of the Webinar

The remaining part of this webinar contains information
exclusively for HCHB customers.