

We Help Home-based Care Teams Improve Lives

Deliver quality at a lower cost with a solution that combines powerful staff and patient engagement tools.

www.medbridgeed.com/home-care



OASIS-E Education: Setting Your Teams Up for Success

Cindy Krafft, PT, MS, HCS-O

Sherry Teague, MESS, ATC, PTA, HCS-D, HCS-O



MEDBRIDGE

Learning Goals

1. Understand which OASIS items allow for a proxy to respond
2. Examine the new items related to medication, and what agencies need to do to prepare
3. Explore an option to improve accuracy of the functional assessment
4. Establish key steps of preparation for OASIS-E implementation

Chapter 1

What Is New

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 and Patient Tracking

- A1005. Ethnicity
- A1010. Race
- A1110. Language
- A1250. Transportation
- A2120. Provision of Current Reconciled Medication List to Subsequent Provider at Transfer
- A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge
- A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider
- A2123. Provision of Current Reconciled Medication List to Patient at Discharge
- A2124. Route of Current Reconciled Medication List Transmission to Patient

Section B: Hearing, Speech, and Vision

- B0200. Hearing
- B1000. Vision
- B1300. Health Literacy

Section C: Cognitive Patterns

- C0100. Should BIMS be Conducted?
- C0200. Repetition of Three Words
- C0300. Temporal Orientation
- C0400. Recall
- C0500. BIMS Summary Score
- C1310. Signs and Symptoms of Delirium

Section D: Mood

- D0150. Patient Mood Interview
- D0160. Total Severity Score
- D0700. Social Isolation

New OASIS Items Continued

Section J: Health Conditions	Section K: Swallowing and Nutritional Status	Section N: Medications	Section O: Special Treatments, Procedures, and Programs
<ul style="list-style-type: none">• J0510. Pain Effect on Sleep• J0520. Pain Interference with Therapy Activities• J0530. Pain Interference with Day-to-Day Activities	<ul style="list-style-type: none">• K0520. Nutritional Approaches	<ul style="list-style-type: none">• N0415. High-Risk Drug Classes: Use and Indication	<ul style="list-style-type: none">• O0110. Special Treatments, Procedures, and Programs

A1005. Ethnicity

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

B1300. Health Literacy

B1300. Health Literacy (From Creative Commons ©)

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Enter Code

- 0. **Never**
- 1. **Rarely**
- 2. **Sometimes**
- 3. **Often**
- 4. **Always**
- 7. **Patient declines to respond**
- 8. **Patient unable to respond**

The Single Item Literacy Screener is licensed under a Creative Commons Attribution Noncommercial 4.0 International License.

BIMS

**C0100.
BIMS**

**C0200.
Repetition
of Three
Words**

**C0300.
Temporal
Orientation**

**C0400.
Recall**

**C0500.
BIMS
Summary
Score**

N0415. High-Risk Drug Classes: Use and Indication

SOC/ROC and Discharge		
N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes 2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is Taking	2. Indication Noted
	↓	↓
	Check all that apply	↓
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the Above	<input type="checkbox"/>	

D0150. Patient Mood Interview (PHQ-2 to 9)



D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
If yes in column 1, then ask the patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day	↓ Enter Scores in ↓ Boxes	
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank).	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>	<input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>	<input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>	<input type="checkbox"/>
F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down		<input type="checkbox"/>	<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>	<input type="checkbox"/>
H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual		<input type="checkbox"/>	<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input type="checkbox"/>	<input type="checkbox"/>

Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.

Chapter 2

Functional Assessment

How Many Times???

- “The reviewer should just change the response.”
- “Different reviewers tell me different things, so who is telling me the truth?”
- “You want me to pick that response just to increase payment/Home Health Compare scores.”
- “The patient lives alone, so I can’t put they need help.”
- “What is my liability if I score that they need help and don’t have it?”
- “I don’t have time to have the patient demonstrate all these tasks.”

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

Chapter 3

Planning for OASIS-E

OASIS Education

Current OASIS

NOW

OASIS-E Items

Q4 2022

MedBridge OASIS Solution

Prepare your staff for OASIS-E implementation with best-in-class OASIS education

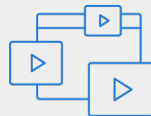
New! OASIS-E courses and refreshers are coming in October of 2022



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.

1 hour



Available now!

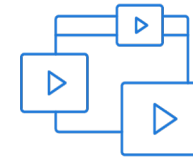
MedBridge OASIS Boosters

Targeted microlearning: 5–8 minutes each

Keep OASIS skills sharp and remediate errors with short, targeted boosters recently updated to include items impacting PDGM and HHVBP

OASIS-E Items

- M1033. Risk for Hospitalization
- M1800. Grooming
- M1810. Upper Body Dressing
- M1820. Lower Body Dressing
- M1830. Bathing
- M1840. Toilet Transferring
- M1850. Transferring
- M1860. Ambulation
- M1400. Dyspnea
- M2020. Management of Oral Medications
- M2420. Discharge Disposition
- M1845. Toileting Hygiene
- M1870. Feeding or Eating



OASIS and PDGM - M1860: Ambulation

presented by [Diana \(Dee\) Kornetti, PT, MA, HCS-D, HCS-C](#) and [Cindy Krafft, PT, MS, HCS-O](#)

(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code <input type="checkbox"/>	0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
	1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	3 Able to walk only with the supervision or assistance of another person at all times.
	4 Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	5 Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	6 Bedfast, unable to ambulate or be up in a chair.

- Variety of surfaces refers to typical surfaces that the patient would routinely encounter in his/her environment.
- Regardless of the need for an assistive device, if the patient requires human assistance (hands on, supervision and/or verbal cueing) to safely ambulate, select Response 2 or Response 3, depending on whether the assistance required is intermittent ("2") or continuous ("3").
- If the patient is safely able to ambulate without a device on a level surface, but requires minimal assistance on stairs, steps and uneven surfaces, then Response 2 is the best response (requires human supervision or assistance to negotiate stairs or steps or uneven surfaces).



MedBridge OASIS-E Case Scenarios

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

- 15 patient demonstrations across
 - Cognition, mood, hearing
 - Assessment of function
 - Assessment of pain, medication management, falls
- 50 questions that test learner ability to accurately score patients based on the demonstrations presented



C1310. Signs and Symptoms of Delirium (from CAM®)	
Code after completing Brief Interview for Mental Status and reviewing medical record.	
A. Acute Onset of Mental Status Change	
Enter Code	Is there evidence of an acute change in mental status from the patient's baseline?
<input type="checkbox"/>	0. No 1. Yes
↓ Enter Codes in Boxes	
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> B. Inattention – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	<input type="checkbox"/> C. Disorganized thinking – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/> D. Altered level of consciousness – Did the patient have altered level of consciousness, as indicated by any of the following criteria? <ul style="list-style-type: none"> ▪ vigilant – startled easily to any sound or touch ▪ lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch ▪ stuporous – very difficult to arouse and keep aroused for the interview ▪ comatose – could not be aroused

Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.

Everest Home Health OASIS Customer Story

- **Problem**

- Everest understood their areas of OASIS inaccuracy but lacked the staff hours and change management infrastructure to make the improvements needed to fix the inaccuracies

- **Solution**

- Partnered with MedBridge to deliver OASIS Boosters content to clinicians focused on specific OASIS items with common inaccuracies

- **Results**

- Recommended OASIS corrections decreased by as much as 28% for each of the targeted M-items
- Under HHVBP, these results could help to improve reimbursement by 5 percent, resulting in \$150 per patient episode or \$30K per year, per provider

We CAN Do This!



MEDBRIDGE

HOME HEALTH

OASIS Training Solution

Reduce errors and optimize reimbursements by providing your staff with expert-led onboarding and refresher OASIS training.

www.medbridgeed.com/home-care-oasis

