



Thriving with OASIS-E: What's Changed and How to Best Train Your Staff

By MedBridge

Overview

The OASIS assessment undergoes periodic revisions to reduce collection time and enhance validity—and a new revision, OASIS-E, was released. This release was previously delayed to give home health agencies more time to respond to COVID-19, and the updated release date aligned with the start of the official comparison data collection for the [Home Health Value-Based Purchasing \(HHVBP\) Model](#).

With OASIS-E in full swing, it's important to have a good plan in place for training your staff. To help your agency prepare, we've put together this guide detailing what's different in OASIS-E and how to create an effective training program.

MedBridge wants to help. In this guide, we'll provide:

- Key information about what changed in OASIS-E
- A convenient list of the new items that were added
- Strategies for thriving with OASIS-E
- Tips for creating an effective OASIS-E training program

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What's New in OASIS-E

The latest OASIS revision is significant, with 25 percent of the assessment tool revised. The changes include new assessment items and removals, updated guidance for current items, and a complete restructuring of sections and item numbers to match data assessments in other post-acute care settings.

According to CMS, the main reason for such a significant revision is to increase consistency across post-acute care settings as a way to uniformly collect social determinants of health data and enable calculation of standardized, cross-setting quality measures.

Some of the new items in OASIS-E include:

- Assessments that will help facilitate the transfer of health information between post-acute providers
- Social determinants of health
- Increased behavioral assessments
- Expanded questions on pain and infusion

Some of the items CMS has retired include M1200 Vision, M1242 Interfering Pain, and M2016 Drug Education.



NEW GUIDELINES

[Read the latest version of OASIS-E here.](#)

OASIS-E New Items

OASIS-E includes 27 new items. Here they are at a glance:

Section A: Administrative Information + Patient Tracking	Section B: Hearing, Speech, + Vision	Section C: Cognitive Patterns	Section D: Mood
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	B0200: Hearing B1000: Vision B1300: Health Literacy	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	D0150: Patient Mood Interview D0160: Total Severity Score D0700: Social Isolation

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

Note: OASIS-E also includes the following sections that don't contain new items: Section E: Behavior; Section M: Skin Conditions; Section F: Preferences for Customary Routine Activities; Section H: Bowel and Bladder; Section G: Functional Status; Section GG: Functional Status: Functional Abilities and Goals; and Section Q: Participation in Assessment and Goal Setting.



Thriving with OASIS-E

Even though OASIS-E might seem daunting to clinicians, remind them that while the revision does include some substantive changes, 75 percent of the assessment tool has stayed the same.

With that in mind, **your agency should always ensure that your data collection and review process is as effective as possible**, with the primary goal of reducing errors. Evaluate whether you have a standardized framework in place that promotes consistency, reduces confusion, and educates clinicians.

The four biggest problem areas for agencies tend to be Functional Assessment, Cognitive Behavioral Issues, Wounds, and Medications, so take a close look at your performance in these areas and make adjustments as necessary.



\$500

Improving OASIS accuracy can increase net revenue by an average of \$500 per episode¹

1 (2019, March 21). Understanding PDGM: What You Need to Know, What You Need to Do. ThornberryLtd.com.



How to Create an Effective OASIS Training Program

Training your team on OASIS-E should begin immediately, as some of the new items—such as mental health assessments—could take some practice.

These tips will help you structure an effective training program to help your staff succeed with OASIS-E:

✓ Re-train staff on any ongoing problem areas

Are any previous OASIS items that didn't change in the new revision still problem areas for your agency? If so, consider addressing those first. For example, if your staff struggles in the area of Functional Assessment, continue to work to reduce errors in this area.

✓ Set a strong foundation with high-quality OASIS-E onboarding

We recommend incorporating effective, expert-led OASIS training into your organization's onboarding program. **The sample five-week onboarding schedule on the following page** is a good frame of reference for onboarding content timing.

✓ Train all staff members on the new elements in OASIS-E

Look for high-quality, engaging, expert-led course content targeted directly at the staff members who use OASIS, and avoid using a “train-the-trainer” model that can result in lost information.

✓ Monitor and remediate errors on an ongoing basis

Errors in OASIS can significantly reduce reimbursement, affect patient outcomes, and bog down your QA process. Without proper training, your clinicians might be replicating errors without realizing it. By incorporating effective monitoring along with refresher courses, you can reinforce knowledge, encourage practice, and improve accuracy.

Sample Onboarding Schedule

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
Internal	HR/IT/EMR Onboarding				
Compliance	Federal/ACHC/CHAP Required Training				
Welcome to Home Care	Welcome to Home Care Part 1	Welcome to Home Care Part 2		Welcome to Home Care Part 3	
OASIS Package			OASIS Training (10 courses)		
Clinical In-Services				Disease-Specific Training (as needed)	
Clinical Skills		Targeted Clinical Skills (based on discipline)		Targeted Clinical Skills (based on discipline)	
Competency Management*	Initial Competency Assessment*	Competency Checklist			
	From Organization	From MedBridge	In-Service (MedBridge or in person)	Live/In person	

*Competency Assessment and Checklist can be managed by MedBridge with new Skills and Competency Manager product offering.

Two key best practices for OASIS training



Perform home visits to observe OASIS data collection in action. You can do this during orientation to confirm clinical competency as well as on a routine basis. These visits can help you better understand where your clinicians lack clarity and need more training.



Maintain a positive focus! When clinicians only hear about errors that they make, their accuracy and morale tend to be impacted. Focus instead on helping them clearly interpret the information, gain confidence, and understand the benefits (the why) of accurate data collection.



How MedBridge Can Help

The [MedBridge OASIS Training Solution](#) includes a comprehensive series of integrated, effective OASIS course packages that are designed to provide your clinicians with everything they need to know about OASIS-E, while keeping their skills sharp over time. By providing education directly to staff rather than trainers, our solution elevates efficiency and accuracy.

Developed in partnership with two of the leading experts in home health compliance and regulatory education—Diana “Dee” Kornetti and Cindy Krafft—our solution allows organizations to provide the right level of training for their staff, from onboarding to refreshers, which has led to reduced errors. And because it’s integrated with our Learning Management System, it allows you to easily create, administer, customize, and scale automated training programs and view completion status.

MedBridge OASIS-E courses



Full 10-Course Series (approximately 6 hours)

Prepare your team with our refreshed full course series covering sections A-Q of OASIS-E and featuring new hands-on patient demonstrations.

- OASIS-E: Introduction to Key Concepts
- OASIS-E: Section A
- OASIS-E: Sections B and C
- OASIS-E: Sections D, E, and F
- OASIS-E: Section G
- OASIS-E: Section GG
- OASIS-E: Sections H, I, J, and K
- OASIS-E: Section M
- OASIS-E: Sections N and O
- OASIS-E: Transfer and/or Discharge Specific Items



Efficiently onboard
with full-scope
OASIS training



Reinforce training
with short booster
courses



Optimize outcomes
by streamlining
assignment, tracking,
and reporting

MedBridge OASIS-E courses



Boosters (approximately 2 to 7 minutes each)

Keep skills sharp with targeted boosters recently updated to include items impacting PDGM and HHVBP.

OASIS-E: M1033. Risk for Hospitalization
OASIS-E: M1400. Improvement in Dyspnea
OASIS-E: M1800. Grooming
OASIS-E: M1810. Upper Body Dressing
OASIS-E: M1820. Lower Body Dressing
OASIS-E: M1830. Bathing
OASIS-E: M1840. Toilet Transferring
OASIS-E: M1845. Toileting/Hygiene
OASIS-E: M1850. Transferring
OASIS-E: M1860. Ambulation
OASIS-E: M1870. Feeding/Eating
OASIS-E: M2020. Management of Oral Medication
OASIS-E: M2420. Discharge to Community



New Items Course (approximately 45 minutes)

Provide experienced clinicians with this concise course focusing on the 27 items new to OASIS-E.



Case Scenarios (approximately 1 hour)

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



OASIS-E Certificate Program (approximately 8 hours)

Help your staff members distinguish themselves, expand their expertise, and gain confidence with our OASIS-E Certificate Program.



Streamline Delivery & Reporting

With our all-in-one content delivery platform, you can:

- ✓ Easily assign targeted education
- ✓ Track and support completion
- ✓ Centralize reporting information



ABOUT MEDBRIDGE

Founded in 2011, MedBridge is an innovator at the intersection of healthcare technology, education, and patient engagement. We have helped more than 2,500 healthcare organizations grow their business, elevate their workforce, and deliver exceptional patient experiences. For more information, visit [medbridgeeducation.com](https://www.medbridgeeducation.com).

See how MedBridge can help your organization.

[Contact us to request a demo.](#)

Meet K&K Health Care Solutions

Longtime trusted MedBridge partners Diana 'Dee' Kornetti, PT, MA, HCS-D, HCS-C, and Cindy Krafft, PT, MS, HCS-O, are the owners and founders of K&K Health Care Solutions, a premier healthcare consulting company with proven expertise in interdisciplinary, patient-centered care management. They served as expert collaborators on this guide and are also co-developers of our OASIS courses.

As two of the foremost experts in home health compliance and regulation, with a combined fifty years of experience in the field, Dee and Cindy provide a wealth of information on a host of critical topics, including defensible documentation, the OASIS tool, ICD-10 coding, PDGM, maintenance therapy, and many more.

Visit the [K&K Health Care Solutions](#) website.