- Reduce staff turnover and rehospitalization
- Provide the best patient experience
- Meet regulatory requirements

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OASIS D Part 2: Are You Ready for the Changes?

New Items

Cindy Krafft PT, MS, HCS-O

MEDBRIDGE

Chapter One

Overview

OASIS D Guidance Manual

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html

OASIS D Additions

GG0100	Prior Functioning
GG0110	Prior Device Use
GG0130	Self Care
GG0170	Mobility
J1800	Any Falls
J1900	Number of Falls

Chapter Two

GG: Prior Status

GG0100: Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.		
Coding: **3. Independent** – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. **2. Needed Some Help** – Patient needed partial assistance from another person to complete activities. **1. Dependent** – A helper completed the activities for the patient. **8. Unknown** **9. Not Applicable**	↓ **Enter Codes in Boxes**	
	☐	**A. Self Care:** Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illnesss, exacerbation, or injury.
	☐	**B. Indoor Mobility (Ambulation):** Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
	☐	**C. Stairs:** Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	☐	**D. Functional Cognition:** Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100: Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.	
↓ **Check all that apply**	
☐	**A. Manual wheelchair**
☐	**B. Motorized wheelchair and/or scooter**
☐	**C. Mechanical lift**
☐	**D. Walker**
☐	**E. Orthotics/Prosthetics**
☐	**Z. None of the above**

Chapter Three

GG: Guiding Principles

RSI: Performance Assessment

- Licensed clinicians may assess the patient's performance based on direct observation (preferred) as well as reports from the patient, clinicians, care staff and/or family
- When possible, CMS invites a multidisciplinary approach to patient assessment
- Patients should be allowed to perform activities as independently as possible, as long as they are safe
  - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided
  - Activities may be completed with or without assistive device(s)
  - Use of assistive device(s) to complete an activity should not affect coding of the activity
- Patients with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity
  - Code based on the patient's need for assistance to perform the activity safely

RSI: Performance Assessment, Timing

- Code the patient's functional status based on a functional assessment that occurs at or soon after the patient's SOC/ROC
  - The SOC/ROC function scores are to reflect the patient's SOC/ROC baseline status and are to be based on observation of activities, to the extent possible
  - When possible, the assessment should occur prior to the start of therapy services to capture the patient's true baseline status
  - This is because therapy interventions can affect the patient's functional status
- The discharge time frame period under consideration includes the last five days of care
  - This includes the date of the discharge visits plus the four preceding calendar days
  - Code the patient's functional status based on a functional assessment that occurs at or close to the time of discharge

RSI: Performance Assessment, Ability

- A patient's functional ability can be impacted by the environment or situations encountered in the home
  - Observing the patient in different locations and circumstances within the home is important for a comprehensive understanding of the patient's functional status
- If the patient's ability varies during the assessment timeframe, record their usual ability to perform each activity
  - Do not record the patient's best performance and do not record the patient's worst performance, but rather the patient's usual performance: what is true greater than 50% of the assessment timeframe

RSI: Goals, HHQRP

For the Home Health (HH) Quality Reporting Program (QRP) a minimum of one self-care or mobility goal must be coded

- However, agencies may choose to complete more than one self-care or mobility discharge goal
- Code the patient's discharge goal(s) using the 6-point scale
  - Use of the activity not attempted codes (07, 09, 10 or 88) is permissible to code discharge goal(s)
- Use of a dash is permissible for any remaining self-care or mobility goals that were not coded

RSI: Goals

- Discharge goal(s) may be coded the same as SOC/ROC performance, higher than SOC/ROC performance or lower than SOC/ROC performance
- If the SOC/ROC performance of an activity was coded using one of the activity not attempted codes (07, 09, 10 or 88) a discharge goal may be submitted using the six-point scale if the patient is expected to be able to perform the activity by discharge
- Licensed clinicians can establish a patient's discharge goal(s) at the time of the SOC/ROC based on the patient's prior medical condition, SOC/ROC assessment, self-care and mobility status, discussions with the patient and family, professional judgment, the profession's practice standards, expected treatments, patient motivation to improve, anticipated length of stay, and the discharge plan
  - Goals should be established as part of the patient's care plan

“Not Attempted” Codes

- **Code 07:** Patient Refused
- **Code 09:** Not Applicable
  - If the patient did not attempt to perform the activity and did not perform this activity prior to the current illness, exacerbation, or injury
- **Code 10:** Not Attempted Due to Environmental Limitations
  - if the patient did not attempt this activity due to environmental limitations
  - Examples include lack of equipment, weather constraints, etc.
- **Code 88:** Not Attempted due to Medical Condition or Safety Concern
- **Code 01 Dependent:** two or more helpers
- **Dash:** no information (use should be “rare”)

“Not Attempted” Clarifications

If a patient does not attempt the activity and a helper does not complete the activity, and the patient’s usual status cannot be determined based on patient or caregiver report, code the reason the activity was not attempted

- **Code 07:** Refused
- **Code 10:** Environmental Limitations
- **Code 09:** If the patient could not perform an activity at the time of the assessment, and also could not perform the activity prior to the current illness, exacerbation or injury
- **Code 88:** If the patient could not perform an activity at the time of the assessment, and but could perform the activity prior to the current illness, exacerbation or injury
  - Physician restrictions require documentation to support

Chapter Four

GG: Self-Care and Mobility

GG0130: Self-Care

GG0130. Self-Care

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

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.

Activities 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 and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
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** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical conditions or safety concerns**

GG0130: Self-Care (cont.)

1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
☐☐	☐☐	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
☐☐	☐☐	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
☐☐	☐☐	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	☐☐	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
☐☐	☐☐	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
☐☐	☐☐	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
☐☐	☐☐	**H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0170: Mobility

GG0170. Mobility

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

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.

Activities 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 and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
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** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical conditions or safety concerns**

GG0170: Mobility (cont.)

1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
☐☐	☐☐	A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	☐☐	B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	☐☐	C. **Lying to sitting on side of bed:** The ability to 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.
☐☐	☐☐	D. **Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	☐☐	E. **Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	☐☐	F. **Toilet tranfer:** The ability to get on and off a toilet or commode.
☐☐	☐☐	G. **Car Transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
☐☐	☐☐	I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
☐☐	☐☐	J. **Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.

GG0170: Mobility (cont.)

☐☐	☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
☐☐	☐☐	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
☐☐	☐☐	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
☐☐	☐☐	**N. 4 steps:** The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
☐☐	☐☐	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.
☐☐	☐☐	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
	☐	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
☐☐	☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	☐	**RR1. Indicate the type of wheelchair or scooter used.** **1. Manual** **2. Motorized**
☐☐	☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	☐	**SS1. Indicate the type of wheelchair or scooter used.** **1. Manual** **2. Motorized**

Unpacking the Ambulation Assessment

- Assistive device(s) and adaptive equipment “should not affect coding” (but do impact with respect to retrieval and **Code 05:** Setup or Clean Up Assistance)
- Assessment starts from standing position
  - 10 feet
  - 50 feet with two turns
    - 90 degree turns in same or different directions
  - 150 feet (“or more”)
    - Based on environment can include “turns”
  - 10 feet uneven/1 step (curb)/4 steps/12 steps
    - “Not attempted” options need documentation

Chapter Five

J: Falls

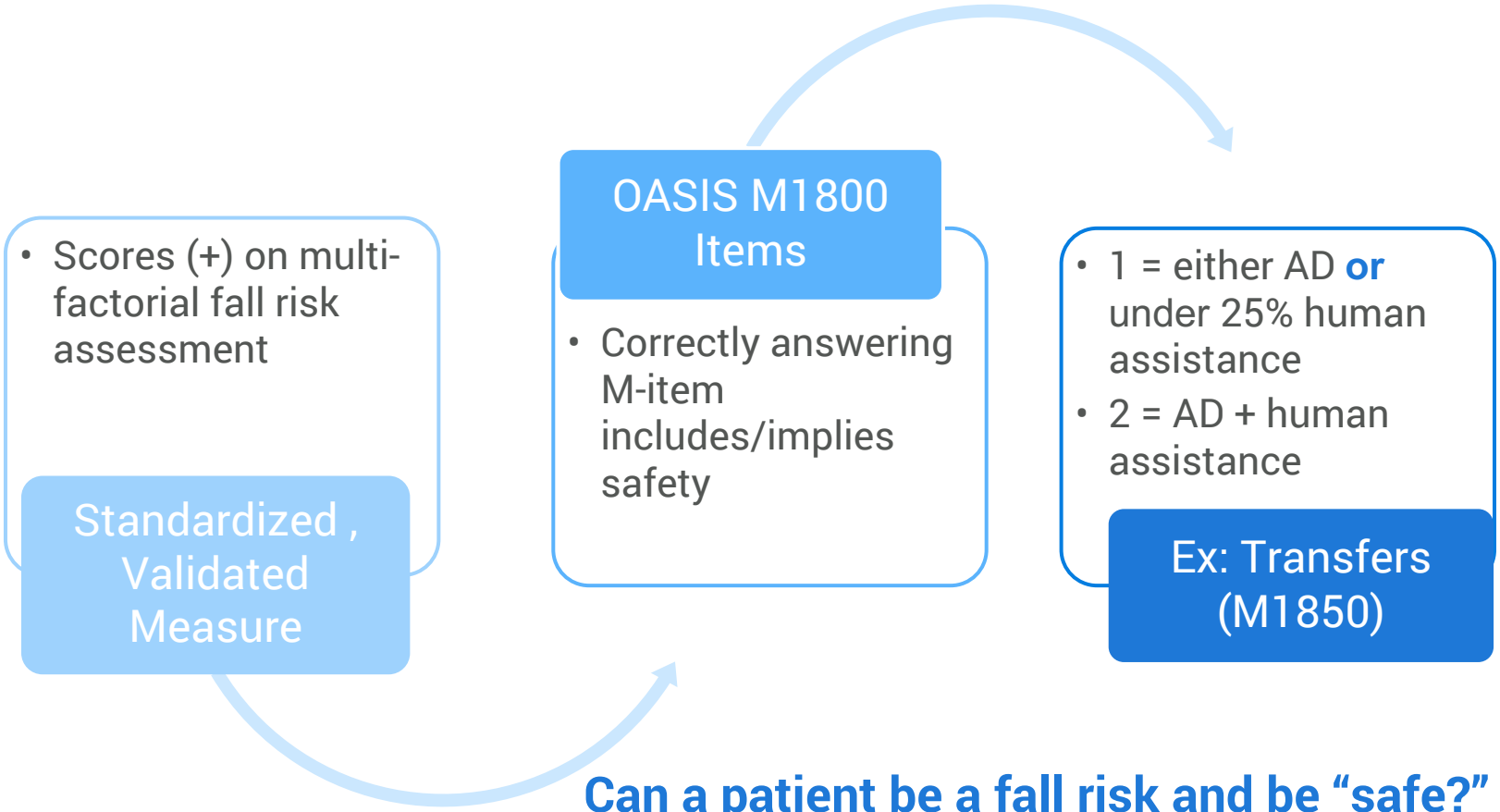
J1800/J1900: Falls (TF/DC)

J1800.	**Any Falls Since SOC/ROC,** whichever is more recent		
Enter Code ☐	Has the patient **had any falls since SOC/ROC,** whichever is more recent? 0. **No** → Skip J1900 1. **Yes** → Continue to J1900, Number of Falls Since SOC/ROC, whichever is more recent		
J1900.	**Number of Falls Since SOC/ROC,** whichever is more recent		
CODING: 0. None 1. One 2. Two or more	↓ **Enter Codes in Boxes**		
	☐	**A. No injury:** No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall	
	☐	**B. Injury (except major):** Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain	
	☐	**C. Major injury:** Bone **fractures**, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	

Fall Definitions

- Fall
  - Unintentional change is position coming to rest on the ground, floor or onto the next lower surface (such as a bed or chair)
  - The fall may be witnessed or unwitnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground
  - Falls are not a result of an overwhelming external force (such as, a person pushed a patient)
- Intercepted fall
  - Occurs when the patient would have fallen if he or she had not caught him/herself or had not been intercepted by another person: this is still considered a fall

Falls, “Safely” and the Functional Items



Strategies for New Items

- Focus on GG170c in OASIS C
- Emphasize foundation of instructions consistent for entire GG section
  - Assessment
  - Time frames
  - Goal setting
- Practice these specific activities NOW
  - Staff meetings
  - Skills labs
  - Patient assessments (consider co-visits)
- Drill in definitions of falls
  - Staff
  - Patients
  - Caregivers

Collaboration is critical for success

What's Next?

Recorded versions of Part 1 & 2 will post to the MedBridge website

Updated OASIS courses coming in 2019

For more on MedBridge for home care & hospice:
www.medbridgeeducation.com/homecare

Bibliography

MedBridge
OASIS D Part 2: Are You Ready for the Changes? New Items
Cindy Krafft PT, MS, HCS-O

- https://homehealthcarenews.com/2016/06/home-health-agencies-failing-to-master-oasis-skills/ Home Health Care News; Mary Kate Nelson; June 20, 2016.
- https://repository.usfca.edu/capstone/385 "Improvement of Outcome and Assessment Information Set (OASIS) Documentation in Home Care to Boost Medicare Star Rating" Jennifer Kernohan; 9/6/2016
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/draft-OASIS-D-Guidance-Manual-7-2-2018.pdf
- https://innovation.cms.gov/initiatives/home-health-value-based-purchasing-model
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014-and-Cross-Setting-Measures.html