OASIS-C Comments

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Item	Comment	Item/Response wording impact	Guidance document impact
M1330 Does this patient have a Stasis Ulcer? M1334 Status of Most Problematic (Observable) Stasis Ulcer	***In the OASIS-B1 "healed" stasis ulcers are not reported. Should clinicians now report healed stasis ulcers? This is inferred by the inclusion of response option "0-Re-epithelialized or healed"**	X	X
M1340 Does this patient have a Surgical Wound?	Need to clarify if peripheral IV sites and all ostomies, except bowel ostomies, are now considered surgical wounds. Clarification needed because the change in the order of the wound items has not set-up the exclusion of peripheral IV sites and ostomies as it did before in OASIS-B1.		X
M1340 Does this patient have a Surgical Wound? M1342 Status of Most Problematic (Observable) Surgical Wound	***In the OASIS-B1 "healed" surgical wounds are not reported. Should clinicians now report healed surgical wounds? This is inferred by the inclusion of response option "0-Re-epithelialized or healed"** **Will need to include definition for "re-epithelialized" as the WOCN guidance states "Fully granulating" is an incision that is completely epithelialized, making both response "0" and "1" correct.** **Consider including language that explains epithelialization as epithelial resurfacing, providing guidance that this typically occurs 72 hours post-op.**	X	X
M1350 Skin Lesion or Open Wound	Is a peripheral IV site included here? Are all ostomies (excluding bowel ostomies) now considered skin lesions? Consider providing this clarification in guidance.		X
M1360 Diabetic Foot Plan M1365 Diabetic Foot Plan Follow-up	*Consider providing objective parameters to define "regular" monitoring. Concern that an order that is requested but not provided would not be captured. Consider adding response option: "NA – order requested from MD but to date, not received"	X	X
M1365 Diabetic Foot Care Plan Follow-Up	Captured on Transfer and Discharge. Will require review of clinical plan/interventions to be able to be completed in 2 calendar days. May require assessing clinician to look back at previous assessment time points, which is in conflict with current guidance. Provide clarification if guidance regarding "look back" is changing. Consider process of post-episode review, separate from the patient assessment (and outside the 2-day assessment time frame) for the assessing clinician or other agency clinician to review the record to identify if relevant interventions were previously implemented.	X	X

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M1500 Symptoms of Heart Failure **M1510 Heart Failure Follow-up**	***How should the items be answered for multiple episodes of heart failure? Consider incorporating evidence-based scales into item (e.g. dyspnea scale, orthopnea scale, Goal weight met).**	X	X
M1510 Heart Failure Follow-up	***What defines "physician contact"? Leaving a message on a voice mail? Speaking with the MD's receptionist? Sending a fax? Does contact require that any action was taken or resolution achieved, or simply that contact was made? Can someone other than the assessing clinician make the physician contact (i.e., office RN in therapy-only case?)**		X
M1500 Symptoms of Heart Failure M1510 Heart Failure Follow-up	Captured on Transfer and Discharge. Will require review of clinical plan/interventions to be able to be completed in 2 calendar days. May require assessing clinician to look back at previous assessment time points, which is in conflict with current guidance. Provide clarification if guidance regarding "look back" is changing. Consider process of post-episode review, separate from the patient assessment (and outside the 2-day assessment time frame) for the assessing clinician or other agency clinician to review the record to identify if relevant interventions were previously implemented.	X	X
M1730 Depression Screening	Does this screen have to have been done by the home health agency? If not, can this information (depression screen results) be gathered from patient report?	X	X
M01730 Depression Screening	***Symptoms of depression may not be identified by clinician.** **Revise M1730 to indicate that more screening is needed.** **Or Delete M1730 and revise M1732 to be a more indepth assessment of depression symptoms (e.g. adding responses... "depressive mood >50% of time over past 2 weeks, other s/s – decreased appetite, sleep disturbances, loss of interest in previous pleasurable activities.**	X	
M1734 Depression Intervention Plan	*Concern that an order that is requested but not provided would not be captured. Consider adding response option: "NA – order requested from MD but to date, not received"	X	

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M1736 Depression Intervention Implementation	Captured on Transfer and Discharge. Will require review of clinical plan/interventions to be able to be completed in 2 calendar days. May require assessing clinician to look back at previous assessment time points, which is in conflict with current guidance. Provide clarification if guidance regarding "look back" is changing. Consider process of post-episode review, separate from the patient assessment (and outside the 2-day assessment time frame) for the assessing clinician or other agency clinician to review the record to identify if relevant interventions were previously implemented.	X	X
M1830 Bathing	*For responses 4 & 5, it is not clear if the patient has to be able to access the water (e.g., carry the basin to the bedside if they wash up there) Do they have to able to set up for the bath?		X
M1840 Toilet Transferring	What if the patient's ability to get to the toilet is different from their ability to transfer? (i.e. patient can get to the toilet independently in their w/c, but once there needs assist to transfer? Or needs help to get to the toilet, but once there can transfer?		X
M1840 Toileting Transferring	*No mention of the "transferring" task in responses 2 and 3. Consider changing the wording to include "transfer on and off toilet" and "use urinal". Clarify "assistance" in official guidance regarding assistance with the bedpan. Consider changing title of item from "toilet transferring" to "toilet accessibility" to highlight changing scope from current item. Define what "use" of the bedside commode means.	X	X
M1845 Toileting Hygiene	Response 2 says a patient needs help with hygiene or clothing. What if the patient needs help with both hygiene and clothing? Should they be a "3"?		X
M1860 Ambulation/Locomotion	*Concern that response "0" as written is an unrealistic response for many typical homebound home care patients. Consider modifying response options: "0" – add wording "with or without a one-handed device and patient is able to walk with no human assistance" "1" – uses a one-handed device and needs intermittent human assistance "2" – uses a two-handed device with or without human assistance	X	
M1890 Change in Self-care Activity	What if the patient is better (or worse) now in 2 of the 3 ADLs listed? Do we rely on the majority rule? What if they are better in grooming, the same in dressing and worse in bathing?		X

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M1920 Change In Ability to Perform Routine Household Tasks	What if the patient is better (or worse) now in 2 of the 3 ADLs listed? Do we rely on the majority rule? What if they are better in meal prep, the same in laundry and worse in shopping?		X
M1930 Falls Risk Assessment	Does this screen have to have been done by the home health agency? If not, can this information (fall risk results) be gathered from patient report? What is the time frame for the screening? How recent should it have been for the results to be considered? Recommend including timeframe as in other process measures.	X	X
M1930 Falls Risk Assessment	When captured on Transfer and Discharge, will require review of clinical plan/interventions to be able to be completed in 2 calendar days. May require assessing clinician to look back at previous assessment time points, which is in conflict with current guidance. Provide clarification if guidance regarding "look back" is changing. Consider process of post-episode review, separate from the patient assessment (and outside the 2-day assessment time frame) for the assessing clinician or other agency clinician to review the record to identify if relevant interventions were previously implemented.	X	X
M1940 Falls Risk Intervention	*Clarify if Plan of Care is the referring orders, or the POC that is developed by the agency and sent to the physician for signature/agreement. Consider revising the language used to increase comprehension of clinicians (whose primary language is not English, etc.) – considering changing "mitigate" to "decrease"	X	X
M1940 Falls Risk Intervention	*Concern that an order that is requested but not provided would not be captured. Consider adding response option: "NA – order requested from MD but to date, not received"	X	
M1945 Falls Risk Intervention	Captured on Transfer and Discharge. Will require review of clinical plan/interventions to be able to be completed in 2 calendar days. May require assessing clinician to look back at previous assessment time points, which is in conflict with current guidance. Provide clarification if guidance regarding "look back" is changing. Consider process of post-episode review, separate from the patient assessment (and outside the 2-day assessment time frame) for the assessing clinician or other agency clinician to review the record to identify if relevant interventions were previously implemented.	X	X

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M2000 Potential Adverse Effects/Reaction	* Consider changing language from "potentially clinically significant adverse effects…" to "clinically significant medication issues" (Contributing clinicians preferred this language, finding the current language to be more inclusive than situations indicating a need for same-day physician contact, also allows consistency with M2004)	X	
M2002 Medication Follow-up	*"Contact within one calendar day" of what?		X
M2002 Medication Follow-up	What defines "contacted"? Leaving a message on a voice mail? Speaking with the MD's receptionist? Sending a fax? Does a "yes" response require that the issue was resolved or just that the contact was made to attempt to resolve? If issues are discovered as a result of the comprehensive assessment, does the "date assessment completed" need to be delayed until physician contact is made, in order to answer M2002? If resolution is required, does resolution of the issue need to occur before the assessment can be completed? Can someone other than the assessing clinician make the physician contact (i.e., office RN in therapy-only case?)		X
M2004 Medication Intervention	Captured at Transfer and Discharge. Will require review of clinical plan/interventions to be able to be completed in 2 calendar days. May require assessing clinician to look back at previous assessment time points, which is in conflict with current guidance. Provide clarification if guidance regarding "look back" is changing. Consider process of post-episode review, separate from the patient assessment (and outside the 2-day assessment time frame) for the assessing clinician or other agency clinician to review the record to identify if relevant interventions were previously implemented.	X	X

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M2010 Patient/Caregiver Drug Education	This medication teaching goes beyond the regulatory language outlined in the Comprehensive Assessment CoPs for the Drug Regimen Review and moves into the realm of medication teaching/management. For therapy-only cases, strategies for compliance for this expansion will need to be addressed by providers. Is the expectation that med teaching is necessary for every patient? Inclusion of this item, as written, will pose a barrier related the discipline neutrality of OASIS, and a therapist's ability to complete the assessment without nursing involvement. Consider modifying the item to identify if patient/caregiver med education needs are present, and if so, has action been taken to resolve? Allow resolution actions to include having the nurse identify the need and provided the teaching, or that the therapist identified the need and requested nursing involvement (as the resolving action)	X	X
M2010 Patient/Caregiver Drug Education M2015 Patient/Caregiver Drug Education Intervention	* Does this education/intervention have to be provided by the HHA staff? If so, then a "No" response may be appropriate for a patient with previous met education needs, but contributing clinicians expressed hesitancy to mark "No"; stating it might appear like incomplete/incompetent care. Consider adding to the "N/A" responses for M2010 and M2015 "Patient not taking any (high risk) drugs, and/or ***no unmet education needs identified***."	X	
M2015 Patient/Caregiver Drug Education Intervention	Captured at Transfer and Discharge. Will require review of clinical plan/interventions to be able to be completed in 2 calendar days. May require assessing clinician to look back at previous assessment time points, which is in conflict with current guidance. Provide clarification if guidance regarding "look back" is changing. Consider process of post-episode review, separate from the patient assessment (and outside the 2-day assessment time frame) for the assessing clinician or other agency clinician to review the record to identify if relevant interventions were previously implemented.	X	X
M2020 Management of Oral Medications	* Difficult to assess and show improvement for patients residing in an assisted living facility where facility policy requires medication administration. Consider adding a response option: "Patient lives in a facility which mandates medication administration by facility staff, with plans to remain in this facility after home care d/c." – then exclude these patients from outcome calculation for improvement in medication outcome(s).	X	X

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M2020 Management of Oral Medications	Guidance needs to explain what to do if a patient requires both their doses prepared in advance by someone else AND a chart or drug diary created by someone else. What response would be selected for a patient who requires dose set up and reminders? (Response 1 and 2 would both apply) Consider adding an additional response option (between the current #2 and #3) that reads "Able to take medications at the correct times if med dosages are prepared in advance AND patient is given daily reminders")	X	X
M2020 Management of Oral Medications	What if oral meds are not daily, but the patient needs reminders? Recommend using same language as in M2030. ("given reminders based on the frequency of the administration")	X	
M2030 Management of Injectable Medications	What if someone has to create the med chart or calendar in order for the patient to safely administer? This level of assistance is not mentioned in the response options as it is in M2020.	X	
M2030 Management of Injectable Medications	* Difficult to assess and show improvement for patients residing in an assisted living facility where facility policy requires medication administration. Consider adding a response option: "Patient lives in a facility which mandates medication administration by facility staff, with plans to remain in this facility after home care d/c." – then exclude these patients from outcome calculation for improvement in medication outcome(s).		
M2040 Change in Ability to Manage Oral, Inhalant, or Injectable Medications	*Consider clarifying that oxygen is a medication, either directly in the item, or in the supporting guidance	X	X
M2110 Types and Sources of Assistance	What if caregiver provides the assistance but also needs training or assistance getting related equipment? What if the caregiver's assistance varies within a "row" (i.e., caregiver provides transfer and ambulation assistance, caregiver refuses to assist with bathing and toileting, and needs training to assist with feeding/eating). How would this scenario be scored?		X

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M2300 Emergent Care M2310 Reason for Emergent Care	Captured at Transfer and Discharge. Will require review of clinical plan/interventions to be able to be completed in 2 calendar days. May require assessing clinician to look back at previous assessment time points, which is in conflict with current guidance. Provide clarification if guidance regarding "look back" is changing. Consider process of post-episode review, separate from the patient assessment (and outside the 2-day assessment time frame) for the assessing clinician or other agency clinician to review the record to identify if relevant interventions were previously implemented.	X	X