PUBLIC SUBMISSION

Docket: CMS-2008-0141
Medicare and Medicaid Programs OASIS Collection Requirements as Part of the CoPs for HHAs and Supporting Regulations in 42 CFR, Sections 484.55, 484.205, 484.245, 484.250 (CMS-R-245)

Comment On: CMS-2008-0141-0001
Medicare and Medicaid Programs OASIS Collection Requirements as Part of the CoPs for HHAs and Supporting Regulations in 42 CFR, Sections 484.55, 484.205, 484.245, 484.250 (CMS-R-245)

Document: CMS-2008-0141-0091
AZ

Submitter Information

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  Scottsdale, AZ, 85258
Organization: Assisted Heathcare Services

General Comment

I believe that the OASIS-C proposal will increase the paperwork burden for home health nurse from 2-2.5 hours to a minimum of 3-3.5 hours. The increase in the number of questions and choices is to put it mildly, "mind-boggling".
M1040-M1055: The pneumococcal and influenza questions should be more brief, i.e., have you had it- yes or no. And, what was done about it, i.e., ref to MD office or Health Department. Home Health Care Agencies with no tie to a Pharmaceutical division will find it unrealistically burdensome to provide these vaccines.
M1350-M1365: With regard to the questions about Diabetic Foot Care, theses questions cannot be answered appropiately by Physical Therapists on the Therapy-only admissions, i.e., total joint patients.
M1730-M1736: With regard to these questions, most home health agencies do not routinely employ Psychiatric Nurses. Any of these questions answered positively, must be cared for by a Psych Nurse.
M2000-M2040: With regard to these questions, again, on the Therapy only admissions, this prevents the Physical Therapist from opening the case.
Overall, going from a 14 page document to a 19 page document is very labor intensive and somewhat unrealistic. I can truly envision home health care going away. What a shame.

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Document: CMS-2008-0141-0092
AZ

Submitter Information

Name: Susan Condon
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  Glendale, AZ, 85308
Organization: Assisted Health Care

General Comment

I find the proposed OASIS C very labor intensive and costly for agencies.There are many Questions on POC development and are not an Assessment to develp a POC but QI monitoring of the POC. I foresee at least 1 hour more time for the admitting nurse. A 2hour in home SOC will become a 3 hour. Patients are too compromised to answer and demonstrate in one visit. There will be questions unable to be answered until there is a response from the physician. Causing delay in time to meet the 5 day requirement for submission/data entry. Physical Therapists will not be able to answer some of the questions this will require Nursing to do the SOC on all patients resulting in many non billable but payable visits on Therapy only ordered clients. The education and re education time/expense of staff will be enormous.

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Comment On: CMS-2008-0141-0001
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Document: CMS-2008-0141-0093
AZ

Submitter Information

Name: Carol Leonard
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    Scottsdale, AZ, 85258

General Comment

As a Director of Patient Care for a home health agency I believe that the current Oasis takes approximately 2 to 2.5 hours to complete correctly. I believe that Oasis C to be correctly completed will take approximately 3 to 3.5 hours. We currently utilize physical therapists to open therapy only cases. Physical therapists are not trained to do the comprehensive assessments you are requesting. We expended time and energy orientating, training and retraining staff to answer the questions correctly. I can see where utilization of Oasis C can be used to guide and direct appropriate care. I see that duty as the responsibility of the agency and educational institutions. I do not feel the Oasis is the appropriate mechanism for education. Oasis C is going to be a hardship on staff (I envision a mass exodus of home care workers), a hardship on clients (in terms of how long staff will need to be in the home to complete the Oasis. Most elderly do NOT want someone in their home that long), a hardship on office staff(in terms of the massive amount of paperwork required, follow up to evaluation of how questions are answered, medical records....), a hardship on the agency in terms of cost (length of visit time, more staff needed to deal with amount of paperwork, sending RN's for opens instead of PT's or speech, actual amount of paper used, training, etc. I heard an RN in the community tell that because of the current punitive nature of the paperwork some staff in hospitals were now documenting stage one pressure ulcers when there was not a pressure ulcer present just so that they would not get dinged! The lack of professionalism being instigated by punitive measures is astonishing. Paperwork is just that...paperwork. Let us put the focus back on the patient not how well the staff answer the Oasis.

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Comment On: CMS-2008-0141-0001
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Document: CMS-2008-0141-0094
IA

Submitter Information

Name: Barb Kaldenberg
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　　Newton, IA, 50208

General Comment

M1012 Procedure Codes: Should be obtained from the inpatient facility and not duplicted on homecare admission.

M1034 Stability Prognosis: Difficult to determine at the Start of Care.

M1040 / M1045 Influenza: What difference does it make where the client received the influenza vaccne?

M1242 & M1730: the standarized assessments are agency specific and should not be required answer at the SOC.

M1880 Change in Mobility: How are we to know?

M2002 Medication Follow-up: Difficult to clarify with Dr. in one calendar day on holidays and weekends with on-call physicians.

Thanks-

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Comment On: CMS-2008-0141-0001
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Document: CMS-2008-0141-0095
MD

Submitter Information

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Organization: Johns Hopkins Home Care Group

General Comment

See attached comments about OASIS C

Attachments

CMS-2008-0141-0095.1: MD

Comments for CMS OASIS C:
These are comments from our management team and clinicians in the field.
Each individual studied OASIS C and brought their comments to a meeting in which we
discussed all of the questions. Included in the meeting were nursing and rehab managers,
WOCN nurse, clinical nurses, physical therapist and occupational therapist from the field.

M0102 – Is this the same as the locator #23 on the 485

M0104 – What to do with a range for SOC date??? What about if you are called for an
admission two weeks in advance for a scheduled surgery ??

M1012 – What is the time frame of these procedures?? Any procedure??

M1032 – Several questions
   1. Very Subjective
   2. What is recent?
   3. What is debilitating pain?
   4. What is unstable vital signs?
   5. What does "other" mean?

M0138 – Does this mean that Physical Therapist have to have vital sign parameters on
their POC?

M1045, M1050, M1055 – Cost, Billing Concern, Must have an anaphylactic kit to give
shot. M1045 – Guidelines – what guidelines are these? CDC guidelines

M1100 – Only one box checked for entire question?? What if the living arrangements
changes throughout the 24 hour period?

M1242 – What is the standardized pain assessment Tool? Is this 0-10, smiling faces??

M1244 – Should state and/or mitigate pain

M1246 – Should state and/or mitigate pain

M1302 – If we use a standardized tool like a Braden, what level do you consider to be a
risk. Must be defined.

M1312 – Since wounds can be measured several ways, will there be a consistent way to
measure. What about depth?? We currently measure length from head to toe. This
would cause us to measure two different ways.

M1322 – Would this including suspected deep tissue injury as stated in the WOCN
guidelines?

M1326 – Definition of what a moisture retentive dressing is
This section is very confusing. How can we hold a physician accountable????

M1350 – Other than those described above – Does this mean things like a skin tear, I & D, etc.

M1360 – This is two questions in one:
1. Monitor skin lesions
2. Patient education
What are you considering as monitoring?? What are the expectations for PT only cases?

M1500/M1510 – Are you going to give clinical heart failure guidelines??? What about these questions for the PT only cases?? Have you looked at the PT practice act for the ability for the PT to answer this type question.

M1700 – If this is baseline for the patient, we get marked down on OBQI for not making progress. Can a question be added that this is baseline cognitive functioning for this patient?

M1730 – Is there going to be one tool? The only person who is qualified to give a depression screening tool at our agency is the Medical Social Worker. Is this a new diagnosis of depression? What is the value if this tool? Just because you can administer does not mean that you can interpret the tool.

M1734 – Plan of care ??? This is a physician responsibility. We cannot make it happen and we cannot diagnosis.

M1810 – Add in a reasonable amount of time compared to a healthy individual
FIM (Functional Independent Modifiers) – Need to use these
Add an additional answer after 0:
Able to obtain, put on, and remove clothing and shoes without assistance but not in a timely manner
Dressing aids should matter. Should be part of the answer.

M1830 – Bathing – Should be washing entire body safely
The part about getting in and out of tub/shower should be a separate question.
There should be two separate questions a bathing and a transfer in and out of the tub/shower

M1840 – Add to the #1 answer – with or without a device

M1845 – add with or without assistive device

M1850 – Big different between #1 & #2

> Need to add another answer between 1 & 2 to show improvement
> Able to transfer self with moderate/maximum human assistance

M1880 & M1890 – Much better questions for prior status

M1940 – Falls Risk Intervention – What if the patient is at their baseline??? What if they refuse?? Need more N/A for times that they are not appropriate

M2002, M2204 – Cannot be 1 calendar day for physician to get back to you for reconciliation??? It could be 1 calendar day to contact the MD office but we have no way of making sure the MD gets back to us in one calendar day.
\
M2010/M2015 – What about PT for these questions?? It is against the PT practice act to teach medications. What are the guidelines going to be for a PT only case?
Define High risk meds/are you only including hypoglycemics and anticoagulants?

M2110 – Will the assessment validation show warnings if these questions are inconsistent with the functional questions.? Very complicated and should only be asking a simple question about the caregivers assistance.

Many interventions listed for questions M1038, M1244, M1304, M1326, M1360, M1940 do not require physician orders and do not need to be part of the Plan of Care. Will we have to defend ourselves if an intervention will not be implemented and what will the repercussions be. What is the value of having these questions when the MD writes the orders? I understand that this is best practice initiatives.

These are major changes to a document that is very time consuming. At present, the documentation requires a great deal of time to understand and is very inconsistent in how questions are answered. Each question needs to be looked at for the value it has and what one actually learns from the answer. The guidance for answering the questions should be consistent across the board. Please consider all the agencies input as we all want an improved tool and one that allows for true answers to be obtained.

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