March 26, 2009

OMB
Office of Information and Regulatory Affairs

Attention: CMS Desk Officer

To Whom It May Concern:

SUBJECT: COMMENTS AND RECOMMENDATIONS FOR THE PROPOSED INFORMATION COLLECTION

OASIS C was developed not only as a core standardized assessment data set that identifies each patient's needs for home care, but, also, to incorporate process items that support evidence based practices and guidance to agencies on how to improve care and avoid adverse events. Yet, some items in OASIS C are somewhat confusing, appear burdensome, and are questionable concerning standardization.

Several OASIS C items require tools for the assessment i.e. pain, depression, falls. A variety of tools may be appropriate for each item, but may, also, give slightly different ratings leading to inconsistencies in the selection of the OASIS responses. Inconsistencies in data collection skew results. Standardization of data collection is of utmost importance as the results are not only used for reimbursement, benchmarking, and public reporting by Medicare, but, also, performance improvement activities by Organizations.

M1100 (living situation) now indicates that a patient living in an ALF is considered living in congregate housing. Clinicians have always considered the patient who lives in an ALF as living alone, unless, of course, someone lives with the patient in the apartment. Additionally, the hours associated with the time frames are uncertain as well as the "availability" of assistance; someone may be available 12 hours a day, but unable to assist with some activities. The intent of this item would be clearer if the day/night time frame and the number of hours during the day/night i.e. 2 to 3 hours between 6AM and 6PM (Regular daytime) were defined.

In order to complete OASIS items M1307, M1308, M2004, M2015, M2400 the clinician needs to research the documentation. For M2015 the clinician must look back to find documentation of instruction to the patient or the caregiver related to not only effective therapy, but, also, any reactions, side effects, and reporting. For M2400 the clinician must identify the intervention on the plan of care and review the record to find documentation that supports implementation of the intervention. Medicare and Medicaid patients are apt to have several of the planned interventions listed in this item and looking for this documentation would be very time consuming for clinicians.

Some of the OASIS items are much clearer in meaning; thank you for listening to us.

Other OASIS items seem to create some confusion or loose meaning as the text is repetitious, is wordy, or will be misinterpreted:

- In M1306 OASIS has defined 'unhealed' as 'non-epithelialized'. Clinicians are apt to think the term

'unhealed' as synonymous with 'non-healing' (if it is unhealed then it must be not healing/non-healing), which is not Medicare's intent. By omitting "unhealed" and just using "non-epithelialized' in the pressure ulcer items much misinterpretation could be avoided.

- Items that are similar in nature should have similar responses. In M1810 and M1820 (dressing upper and lower body) OASIS describes the type of clothing for each of these MO items and then repeats the type of clothing in M1820 (selection 2) but not in M1810 (selection 2). OASIS does not need to repeat the item description in the response selection. The selections for each item are worded differently as well. Consistency in the wording of these items will promote the clarity of the items and alleviate any confusion.

- Appropriate placement of the word 'safely' will assure that <u>all</u> the activities/tasks associated with <u>each</u> ADL/IADL are performed in a safe manner i.e. not just "…get to and from the toilet or bedside commode safely and transfer …", but "…safely get to and from the toilet or bedside commode and transfer …"

- OASIS describes what a transfer activity is for the patient who is bedfast (M1850). "…turn and position self in bed…" Responses 4 and 5 could be simplified by omitting "…unable to transfer…" and just indicating that the patient is able or unable to turn etc. Additionally, clinicians know that a patient who is chairfast is "unable to ambulate" and a patient who is bedfast is "unable to ambulate or be up in a chair" (M1860). These items could be simplified as well by eliminating this text.

- Response 1 in toileting hygiene (M1845) refers to "supplies/implements" laid out which is confusing. Generally, perineal hygiene consists of using toilet paper, unless the patient has a particular routine he or she uses. If that is the case then M1845 would probably have to include the patient's "usual" method of hygiene. If OASIS is considering a wash cloth, soap, and towel for this item, then there will be concern that this item is including a bathing component (M1830). If OASIS is suggesting the patient uses a "device", then using this term will clarify the meaning.

- Prior status is considered in M1900 (ADL/IADL function) and M2040 (medication management). Previously, prior status was 14 days prior to the SOC and now it is prior to the current illness, etc. There are no parameters as to how far back 'prior to' the current illness is and this may lead to inconsistencies with response selection. Clinicians may consider the prior status a week before or months before the current illness at which times functional status may vary. Specification of the time period will assist in standardizing the item.

The following are concerns related to skip patterns:

- M1500 (symptoms in heart failure patients) refers to M1732 at transfer. M1732 was not found.

- M1308 - M1314 (pressure ulcers) is somewhat confusing in relation to the next MO item to answer if the patient has no pressure ulcers, M1308, and if the patient has no Stage III or IV pressure ulcers, M1310 - M1314. The addition of a skip item or two in this area would guide the clinician through this area easily.

Also, the "Directions for M1310 and M1312" do not include M1314, but M1314 is part of that section as it relates to "… the same pressure ulcer…"

- M1324 is collected at SOC/ROC/FU/DC. Response 1 indicates a skip pattern. This seems unnecessary as M1330 would be the logical sequence of the items for these time points.

The addition of items associated with best practices is an effective means to assess the patient's current status and needs. However, some OASIS items, particularly M2004, M2015 and M2400, hint toward a record audit. Since its inception, the OASIS has been intended to be a component of the patient's comprehensive assessment. OASIS is about the patient. OASIS C appears to be on the edge of moving further away from identifying patients' characteristics at various time points and closer to monitoring organizations' care and processes. The method for monitoring care and processes and improving those processes was identified as OBQI and was considered the responsibility of the Organization. If Medicare is suggesting OASIS C be used to audit and monitor the organization's processes associated with these items then OASIS will lose its function as part of the comprehensive patient assessment. Perhaps an alternative "tool" could be found/developed, one outside of the OASIS document itself. Let the clinicians utilize the OASIS C in assessing their patients and planning for their care and, thereby, maintain the integrity of the Outcome and ASsessment Information Set Cares.

Thank you for your consideration and this comment period.

Respectfully,

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