

Comment Submission for CMS-R-74 (OBM#0938-0760) - OASIS C

M1010 thru M1022 – move these assessment questions to end of OASIS to provide more accurate clinical picture, assessment, and diagnoses codes.

M1030 – Patients are beginning to use Wound Vac devices to treat large wounds, requiring an increase in skilled nursing visits to a minimum of 3 times a week. Including such a device in therapies received at home and allowing for an increase in acuity when addressing case mix would allow home health agencies to be properly reimbursed for resources required to care for these patients.

M1032 – Add large infected to draining wounds and include in risk adjustment. Many home health patients already have infected wounds upon home health SOC and home health should not be penalized when these wounds require further care.

M1034 – Exactly at what age is death typical? – need clarification

M1040 thru M1055 – Flu and pneumococcal vaccinations are really more the physician's decision and responsibility.

M1312 and M1314 – Thank you for changing to WOCN standard of wound measurement.

M1600 – treatment of UTI in last 14 days – Home Care Agencies should not have this question included in OBQM Adverse Outcome Report – Many UTI's are discovered by skilled nurses and best practices followed by obtaining orders from MD obtained for UA/C&S, and PO ABT to treat the UTI which may or may not occur in last 14 days of care. Home Care Agencies are being docked for following best practices.

M1845 – Should not include stoma management in this question. Patient may be independent in urinating, but require assistance with stoma management.

M1860 – Add distances in separate question. Some patients use a walker, cane, etc, and will never improve in the use of a device, however, they may go from 10 feet to 100 feet and so on, thus showing an improvement in ambulation which is not captured in this question.

M1870 – take our 1 (c) a liquid, pureed or ground meat diet and split up 1 (a) and 1(b) into two separate answers.

M2004 – Clinically significant medication issues may have the potential for differences in clinical judgment and this issue is a physician related issue only.

M2020 Management of oral medications – should either include all medications all the time and not what they are able to take 50% of the time – taking only 50% correctly

could be detrimental to the patient especially if some of the medications they are having problems with are cardiac, antidepressants, diuretics, pain relievers, etc.

Suggest assessing if patient is knowledgeable in medication purpose, dose, side effects, and scheduling. Also suggest if patient is compliant with medication regimen and has the ability to improve in management of oral medications.

Also many patients are already at maximum level of ability upon SOC, addition of a question to assess ability to improve would be more beneficial and those who are unable to improve taken out of OBQI mix.

M2110 – Add answer patient requires assistance with all to include patients who are total care.

M2300 – Recommend adding mechanism for determining how and who recommended patient utilize Emergency Department for example:

- 1 – MD contacted and order to send patient to ER for evaluation obtained
- 2 – Independent decision by patient and/or caregiver to seek emergent care at ER
- 3 – Home Health agency contacted before patient accessed emergent care to provide advice and/or intervention

Explanation: First, many times a physician orders the home health staff to send patient to ER for evaluation which is beyond home health control. Secondly, many patients and/or caregivers make an independent decision to utilize emergent care services without contacting the home health agency first for advice or intervention. Home Health Agencies should not be penalized on OBQI or OBQM reports for utilization of emergent care which is out of their control.

OTHER THOUGHTS

Continuity of documentation is important in any health care situation. Home health agencies are using a standardized data collection set as a result of CMS ability to track outcomes. Overall the OASIS collection system works very well. We have often thought 'why not have a standard assessment to go along with oasis and eventually have a standard assessment for each visit.' If CMS would develop such forms, home health agencies would all complete the same information, giving CMS a better picture of the care provided and the assessment data that is not picked up in OASIS questions. A standard assessment would also improve an agency's ability to comply with State surveyors and make their job more streamline. Just a thought.

Respectfully submitted,

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