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Understanding the OASIS-C:
An Overview for SLPs

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Objectives

- As a result of this presentation, participants will be able to:
    - define the OASIS and it's purpose
    - state and define the sections of the OASIS
    - describe how and why are SLPs are qualified to assess patients using the OASIS

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Home Health Statistics

- Home Care is in the top five industries for Speech Language Pathology

- Home Care offers the highest wage for SLP's

- Home Care has the highest concentration of SLP's

(U.S. Department of Labor – Bureau of Labor and Statistics; 2014)

Home Health Statistics

- Primary diagnosis treated by SLP's: CVA (63%)

- Top age range of patients: 80+ years (35%)

- Top 5 Functional Communication Measures for SLP's in Home Care:
  - Swallowing 54%
  - Memory 15%
  - Spoken language expression   37%
  - Motor speech 29%

(American Speech and Hearing Association; 2015)

What is OASIS-C/C1?

- Outcome and Assessment Information Set
  - Data collection that is discipline neutral
  - Head to toe observation of patient including physical, social, mental, emotional, environmental and socioeconomic barriers.
  - Data is used to determine level of care
  - Level of care determines reimbursement
  - If there are nursing orders, RN must do a start of care OASIS (SOC)
  - If there are no nursing orders, PT or ST can do SOC
  - Under Medicare regulations, OT can not stand alone
  - Discharge OASIS can be completed by RN, PT, OT, SLP

(2015 OASIS C1/ICD9 Guidance Manual; Ch 1-3)

What is the OASIS-C1/ICD-10?

- The OASIS-C1 ICD-10 version incorporates diagnosis items consistent with ICD-10-CM.

- Techniques for collecting data for the OASIS-C1 ICD-10 are the same techniques that were used for the previous version.

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Which Patients are Assessed using OASIS-C1?

- "Medicare and Medicaid patients, 18 years and older, receiving skilled services, with the exception of patients receiving services for pre- or postnatal conditions. Patients receiving only personal care, homemaker, or chore services are excluded since these are not considered skilled services."

- Patients must be established as being homebound according to CMS's definition prior to receiving services

  - CMS, 2015 (2)

Who Can Conduct an OASIS Assessment?

- According to Centers for Medicare & Medicaid Services (CMS) (1):
  - Collection should be conducted by a registered nurse (RN) or any of the therapies (PT, SLP/ST, OT). An LPN/LVN, PTA, OTA, MSW, or Aide may not complete OASIS assessments.
  - In cases involving nursing, the RN completes the comprehensive assessment at SOC.
  - The comprehensive assessment and OASIS data collection should be conducted by a registered nurse (RN) or any of the therapies (PT, SLP/ST, OT). An LPN/LVN, PTA, OTA, MSW, or Aide may not complete OASIS assessments.
  - For a therapy-only case, the therapist usually conducts the comprehensive assessment. It is acceptable for a PT or SLP to conduct and complete the comprehensive assessment at SOC.

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Who Can Conduct an OASIS Assessment?

- What About OT?

- "An OT may conduct and complete the assessment when the need for occupational therapy establishes program eligibility.
  - Note: Occupational therapy alone does not establish eligibility for the Medicare home health benefit at the start of care; however, occupational therapy may establish eligibility under other programs, such as Medicaid.
  - The Medicare home health patient who is receiving services from multiple disciplines (that is, skilled nursing, physical therapy, and occupational therapy) during the episode of care, can retain eligibility if, over time, occupational therapy is the only remaining skilled discipline providing care. At that time, an OT can conduct OASIS assessments."

CMS, 2015 (1)

Scope of Practice

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Whether providing professional level services or basic patient-care skills, certified SLPs are ethically bound to "...provide all services competently." (ASHA Code of Ethics, Principle I, Rule A). SLPs must be adequately trained so that they can demonstrate competence in performing the activity.

(American Speech Language Hearing Association; 2008)

continued

Scope of Practice

- "Cross-training of basic patient care skills (routine, frequently provided, easily trainable, low-risk procedures such as suctioning patients, monitoring vital signs, and transferring and positioning patients) professional nonclinical skills, and/or administrative skills is a reasonable option that clinical practitioners may need to consider depending on the service delivery setting, geographic location, patient/client population, and clinical workforce resources.''

(ASHA Scope of Practice in Speech Language Pathology; 2007)

Is the SLP qualified?

- YES!

- OASIS is data collection NOT diagnosis

- Use observational skills

- Follow the guidelines given by CMS

- Use your resources

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Why should the SLP complete an OASIS?

- Changes in home health care funding

- Value Based Reimbursement vs. Fee for Service

- Star ratings (Home Health Compare – CMS)

- ALL clinicians should work at the top of their license

OASIS Sections

- The OASIS is not designed to be a comprehensive, stand-alone assessment. OASIS items are expected to be incorporated into HHA's comprehensive assessment documentation.

- Home Health Agencies are free to rearrange OASIS item sequence in a way that permits logical ordering within their own forms, as long as the actual item content, skip patterns, and OASIS number remain the same.

- OASIS data items encompass sociodemographic, environmental, support system, health status, and functional status attributes of adult (nonmaternity) patients.
  - CMS, 2015 (1)

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When is OASIS Data Collected?

- Start of care

- Resumption of care following inpatient facility stay

- Recertification within the last five days of each 60-day recertification period

- Other follow-up during the home health episode of care

- Transfer to inpatient facility

- Discharge from home care

- Death at home

All information collected at these time points (except for Transfers and Death at Home) must be done via an in home, in person encounter.

2015 (1)   **CMS,**

How is OASIS Data Collected?

- OASIS data are collected using a variety of strategies, including observation, interview, review of pertinent documentation (for example, hospital discharge summaries) discussions with other care team members where relevant (for example, phone calls to the physician to verify diagnoses), and measurement (for example, intensity of pain).

- Some items have designated time periods indicated to consider when answering the item. In general, report what is assessed/observed on the day of assessment

CMS, 2015 (1)

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OASIS Sections

- Assessment Data includes the following (list is not exhaustive but to provide examples):
  - Clinical Record Items
    - Start of Care Date, Discipline Completing Assessment, Date Assessment Completed, Payor Sources, etc.
  - Demographics and Patient History
    - From where was the patient recently discharged (if applicable), date of discharge, inpatient diagnoses, inpatient procedures, diagnoses requiring treatment change, Primary & Other Diagnoses, Symptom Control, & Payment Diagnoses, Therapies received in home, Hospital Risk, Overall Status, Risk Factors
  - Living Arrangements
    - With whom/where is patient living and with what level of assistance
  - Sensory Status
    - Vision, Hearing, Understanding of Verbal Content, Speech and Oral Expression
  - Pain Assessment

OASIS Sections

- Integumentary Status
  - Condition of Skin (Wounds, Pressure Ulcers, Stasis Ulcers, Surgical Wounds, Skin Lesions
- Respiratory Status
  - Shortness of Breath, Respiratory Treatments
- Cardiac Status
  - Symptoms in Heart Failure Patients
- Urinary Status
  - Urinary Tract Infection History, Urinary Incontinence and when it occurs, Catheter Use
- GI Status
  - Bowel Incontinence, Ostomy Use

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OASIS Sections (continued)

- Neuro/Emotional/Behavioral Status
  - Cognitive Functioning, Confusion, Anxiety, Depression, Cognitive, Behavioral & Psychiatric Symptoms, Presence of Disruptive Behaviors
- ADLs/IADLs
  - Grooming, Dressing of Upper and Lower Body, Bathing, Toilet Transferring, Tolieting Hygiene, Transferring, Ambulation, Eating, Planning Meals, Use of Telephone, Previous Level of Functioning in these areas, Fall Risk
- Medications
  - Management of Medications, Medication Review and Education
- Care Management
  - If pt. requires assistance in areas such as managing medications, performance of ADLs, etc. what is the caregivers ability/willingness to provide such assistance
- Therapy Need/Plan of Care
  - Total Number of Therapy Visits Needed for All Disciplines involved in case, Plan of Care Synopsis (Intervention for areas such as Fall Prevention, Diabetic Foot Care, Depression, Pain, Pressure ulcers)

OASIS Sections (continued)

Additional Areas (not collected as OASIS Data but may require completion by HHA)

- Nutritional Screening
- DME/Supplies
- Orders for Frequency/Duration of Services
- Skilled Services/Significant Clinical Findings

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Yes, you do all of this PLUS your speech therapy assessment!!!

Focus of speech therapy assessment driven by reasons for orders, pertinent diagnoses, etc.

**Dysphagia diagnosis necessitated speech being ordered, assessment may primarily focus on swallowing but other areas such as cognition, speech, and language may require evaluation as well

Speech Assessment

- Focus on primary reason for referral as a starting point
  - Dysphagia diagnosis=perform bedside swallowing examination as primary assessment
  - Assess additional domains such as cognition, language, speech through screenings (SLUMS, MoCA) or subtests of comprehensive assessments (RIPA-G, CLQT)
  - Use information gleaned throughout collection of OASIS data to assess additional domains:
    - Following directions
    - Speech clarity
    - Reading abilities
    - Voice
    - Writing Skills
    - Pragmatics

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Recertifications, Resumptions of Care, & Discharges

- OASIS data is collected at different time points.

- Some information collected at Recertification and Discharge mirrors that which is collected at Start of Care and some are different
  - Need for emergent care since Start of Care, Reason for Discharge

Tips for Success:

- Review the medical record in advance and take notes
- Be organized
- Use your resources (colleagues, OASIS-C guidance manual, WOCN society guidance manual for OASIS-C data collection)
- Get training for confidence and competence
- Don't cut corners
- Take your time to ensure accuracy (Allowed 5 days to gather data)

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Tips for Success

- Describe speech pathology as a discipline and include pertinent areas regarding scope of practice to patient when setting up visit and when you arrive

- Utilize an electronic blood pressure monitor or temporal-scanner thermometer if your agency allows

- Be as observant as possible to look for discrepancies in patient report
  - Patient says they aren't incontinent but bathroom has adult incontinency items in it

- Find opportunities to assess skills in functional context:
  - Reviewing medications with patient, see if they can read pill bottles, physician recommendations.
  - Tell patient about yourself and see if they can recall certain details you mentioned throughout visit to assess memory skills

Tips for Success

- Bring blank paper and a dark pen/marker to write down recommendations, results of assessment so patient can recall what you're teaching, when you'll return, etc.

- For ADL items, have patient show you to their bathroom, kitchen, if they are able
  - Allows you to assess transfers, ambulation, obtain TUG score while looking for safety risks etc.

- If you notice something in your assessment that warrants another discipline's expertise in order for you to accurately score, notify your agency and get an order for that discipline
  - See a wound, get a nursing order to allow for a full assessment

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Tips For Success

- Remember that assessment is an ongoing process
  - If time doesn't allow for you to full assess a certain domain, assess in a subsequent session and update your goals.

- Understand your value and how you can assist in treatment of areas beyond the traditional speech therapy areas
  - SLP's have expertise in teaching patients how to recall and manage medications, can provide compensatory strategies to help improve patient safety, follow through with daily sequences, and can provide valuable education and communication strategies for caregivers to use when interacting with patients.

Thank You!

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References

- Center for Medicare and Medicaid Services (2015) OASIS C1/ICD9 Guidance Manual; Ch 1-3.

- Center for Medicare and Medicaid Services (2015) (2). "Main Components and General Application". Accessed at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/Downloads/maincomponentsandgeneralapplication.pdf on December 2, 2015.

- American Speech Language and Hearing Association-Ethics http://www.asha.org/policy/ET2008-00285.htm

- American Speech Language and Hearing Association-Scope of Practice   https://www.asha.org/policy/SP2007-00283.htm

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