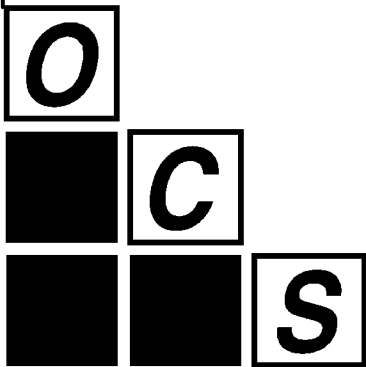


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Implementing OASIS Part I



OUTCOME CONCEPT SYSTEMS®, INC

IMPLEMENTING OASIS

Part I

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Introduction

Many home health administrators and clinicians view the implementation of the **Outcomes Assessment and Information Set (OASIS)** as a daunting task. The purpose of this document is to attempt to ameliorate some of these concerns and provide several useful tips for the successful incorporation of the OASIS dataset in documentation, reporting, and continuous quality improvement activities. In this two-part working paper series, we break OASIS implementation into three distinct phases - Startup, Data Collection, and Data Analysis. The emphasis of this first installment (Part 1) is on the startup phase and the activities that need to occur prior to actual data collection. The second installment (Part 2) focuses on issues related to actual data collection and ongoing analysis. Each phase is broken into three subcategories – Staffing, Training, and Forms. By segmenting the implementation and use of the OASIS, we believe that administrators can better manage the processes and avoid overwhelming themselves and their staff. Ultimately, our goal is to help move agencies through the implementation process as quickly and easily as possible and turn attention to tasks associated with the interpretation and use of the data for operational and financial improvements. This is where the true advantage of the OASIS data lies.

Phase 1 - Startup

Staffing

Designate an OASIS Coordinator to shepherd and oversee the implementation process. The OASIS Coordinator assumes the ultimate challenge of successfully integrating the data collection, documentation, and reporting systems into day-to-day operations. The Coordinator needs a strong working knowledge of clinical operations, the OASIS assessment items and pending regulatory requirements. The Coordinator also needs to have sufficient authority to acquire and manage the financial and human resources necessary to make the project a success.

Establish a task force to design and coordinate OASIS efforts and create commitment and sense of ownership among the members. Naturally, the OASIS Coordinator will not be able to foresee or plan

for every aspect of your operations that will be affected by OASIS implementation. It will be critical, therefore, to have a team to support him/her. A member should be selected from each department or area of your organization. This will ensure that the diverse perspectives and interests will be represented and that the staff in each area has a representative to turn to for information on the status of the project. Every project, and this one is no exception, needs "cheerleaders" and the task force members need to feel comfortable in such a role. Staff are likely to feel overwhelmed and overburdened when first introduced to the OASIS assessment forms and the accompanying activities related to their use. The task force members can ease some of these feelings by keeping as many people as possible informed.

Establish "buy-in" at all levels of the organization through continual instruction, communication, feedback, support, and supervision. Before distributing the OASIS assessment forms to clinicians in the field, one of the most important assignments will be to spend time educating your staff about the value of outcome measurement in home health care. This will also be a good time to begin positively reinforcing the value and utility that the OASIS dataset will bring to the organization with regard to solid, reliable outcomes. It will be important to stress from the very beginning the differences between objective versus subjective data and how important good data will be for this process. If possible, provide staff with sample reports (such as those included in the Attachment) during these first educational sessions to emphasize and visually demonstrate to clinicians the possibilities and the power of this information. This can be a very effective way to redirect clinicians' attention away from the length of the forms and toward collecting the best information possible for improving care processes.

The initial educational sessions should be followed by regular update meetings and/or other forms of communication to maintain the staff's commitment and sense of involvement. Staff will appreciate reminders of the critical role they play in the success of your organization's efforts in outcome measurement. They also need to understand the implications of outcome measurement on their jobs. Quite simply, in today's competitive environment, if they do not do it right, the agency is not likely to survive over the long-term. In essence, discussing what the terms the agency is up against from a regulatory and financial perspective becomes the stick, but demonstrating the value of the information, and how it is used, becomes the carrot.

Involve everyone from upper management to providers. All staff need the support of their superiors, especially during times of change at the organization. A supportive environment will go a long way towards making the field staff feel the burdens they face are “understood” by management. This implies that all executive staff need to understand, be interested in, empathetic, and enthusiastic of the journey upon which the organization is about to embark. Agency-wide meetings and ongoing individual recognition during the integration process, will be essential.

Training

Staff training must be approached with careful planning and accommodation of the clinicians' needs and schedule to the greatest extent possible. Since we already know that staff can often feel “put upon” by the volume of paperwork, it is especially important to continually approach OASIS training in a positive fashion. As discussed above, a good starting point is to focus on the benefits of outcome measurement first because regulatory and compliance issues become self-evident. Here are a few steps to consider during the training process:

- Review the purpose and intent of the OASIS items (indicators). Allow staff ample time to question and discuss the timing of the assessments as well as the meaning of the individual outcome indicators. Be sure to point out the skip patterns, which save them some time. Skip patterns were designed into the OASIS to avoid unnecessary work during the patient assessment. For example, if the clinician determines that the patient does not have a surgical wound and answers “No” to OASIS question M0482, she does not need to respond to the next three questions that pertain to the number and status of surgical wounds.
- Make training sessions compulsory wherever possible.
- Be creative about ways to make the training sessions fun. For example, you may wish to use brief quizzes at the beginning or end of each session and offer prizes to the participants who come up with the first correct, or most, unique response.
- Create or purchase an instruction manual that describes the purpose and guidelines for completion of the OASIS dataset. Make it readily available to all providers. This manual also needs to clearly outline your agency's policies and procedures related to OASIS.
- Stress that OASIS is intended to become an assessment/care planning tool, rather than solely a data collection instrument.
- Emphasize the benefits to your organization of using OASIS, which include:
 1. Consistency of outcome measurement across units/organizations. With the precisely defined OASIS scales and definitions, home care has for the first time a standardized

assessment tool to generate “apples-to-apples” comparisons across care providers, teams, and/or organizations. Nation-wide use of the OASIS tool brings a standard to home health care that can yield valid and precise information if it is used correctly by all.

2. Consistency in outcome measurement. Throughout the episode of care, the precise data-driven assessments allow clinicians to accurately record and examine the results of the care they provide. The information on both positive and the negative patient outcomes can then be put to use to examine care processes that contribute to improvements in the health status of patients. The ability to trend this information over time will become increasingly important to track the results of care processes and to continually review and improve.
3. Facilitation of multi-disciplinary team communication. The OASIS data can be a powerful conversation piece to pull the professionals from multi-disciplinary teams within your agency together. The providers, the agency, and the patients all stand to benefit tremendously as a result of these discussions about why certain outcomes were or were not achieved.
4. Demonstration of the value of home health services. Because it measures changes in patient status during the course of home health care, the OASIS dataset is a powerful way to communicate the value of the services clinicians provide. External organizations, such as accrediting bodies, managed care organizations, and other payor groups will become increasingly interested in the information. Later, as your organization is able to combine OASIS data with financial, discipline mix, and visit statistics, changes in patient health and functional status will become an exceptional tool for marketing and promotional activities.

Encourage feedback and incorporate good suggestions. In general, clinicians and staff probably need to have their voices heard. This will be especially true during the OASIS implementation. Whenever possible, allow everyone the opportunity to contribute their ideas and critiques. Encourage staff to speak up at meetings and training sessions. For the more shy members of the group, you may want to offer a more private way of participating, such as a Suggestion Box, so staff can share their thoughts one-on-one with an Administrator or the OASIS Coordinator. Be sure to continually solicit, recognize, and utilize the suggestions that your staff offer.

Forms

Several commercial options are now available for acquiring OASIS forms. Many versions already have common assessment and care-planning items built in to them. While it is only the OASIS items that will be mandated, the expectation during the Medicare survey process is that your

organization will incorporate the OASIS dataset into day-to-day operations, including care planning systems and paperwork. Your staff will find it easier to manage one (albeit, lengthy) assessment form rather than all of your organization's existing form(s) plus the separate OASIS questionnaire. Before making a final decision about whether to revise your forms or to purchase commercial versions, you may want to check with your state or national association to see if they have recommendations or if they have embarked upon an association-wide effort related to OASIS or OASIS forms. It is important, however, not to let forms issues become a barrier to getting started collecting and using the data. A lot of the form review can and will occur concurrently with OASIS data collection.

Review the internal assessment process as it relates to paper flow, and integrate the OASIS items with your current forms. As you integrate OASIS with your existing paper work system, the first step is to identify the items that are duplicated on your existing forms and on the OASIS assessments. The OASIS guidelines require that in these circumstances, the similar questions on your forms be replaced with the OASIS questions. For example, if you currently assess activities of daily living (ADLs) you will need to replace your existing ADL measurement scale and definitions with the OASIS ones. Although, this requires a bit of effort, in the end it will not only meet federal requirements, but avoid confusing staff. If your systems (for example, for assessing ADLs) have been in place for a long time, this may be cause for some consternation among staff, so be sure to involve them in the discussions about these changes as much as possible. In the end, most staff will agree that the greater precision offered by the use of the OASIS items will be easier and more valuable over time.

Pilot integrated forms with a small number of providers to test them before distributing agency-wide. This is a sensible step that will ensure that, after all the efforts to review and integrate forms, all your "ducks are in a row." This will allow you to uncover any obvious errors and glitches before implementing the new forms on a wide scale.

Plan to utilize a computerized tracking system to manage the information flow and identify patients due for follow-up assessments according to the OASIS timelines. If you have a computer system to input and track the OASIS data, be sure to use it to its full potential. The OCS-OASIS software tool, for example, generates a 60 Day Reminder Report that lists the patients who have not had a follow-up assessment completed, been discharged, transferred, or died within the last 50 days. Not only

will staff appreciate the automated reminder because as it will be one less thing for them to try to remember, it will help the agency remain in compliance with OASIS timelines.

Conclusion

There are a number of steps required to bring your agency and staff on board for full implementation of the OASIS dataset. Before your agency can begin collecting and utilizing the OASIS outcome information, you must first assess any duplications between your existing assessment forms and the OASIS items. More importantly, however, you must begin to educate and continually encourage staff to collect accurate and reliable data on their patients. By doing so, you and your staff can turn this legislative mandate into a powerful tool to generate reliable data for use in performance improvement, marketing, and strategic planning activities at your agency. For suggestions on how to collect and interpret OASIS data and put it to use at your agency, please refer to *Implementing OASIS Part 2* (OCS publication 98-002).

Resources

General OASIS Information

Additional information regarding the Conditions of Participation, the OASIS, and helpful hints on integrating OASIS into current home care practices is available in the following documents:

1. Federal Register, March 10, 1997 (Vol. 62, No. 46:11035-64).
2. Shaughnessy, Peter W. and Crisler, Kathryn S. 1995. *Outcomes-Based Quality Improvement: A Manual for Home Care Agencies on How to Use Outcomes*. Washington, DC: National Association for Home Care.
3. Crisler, Kathryn S, Campbell, Barbara M. and Shaughnessy, Peter W. 1997. *OASIS Basics*. Colorado: Center for Health Services and Policy Research.
4. HCFA's Proposed New Medicare Conditions of Participation & OASIS Requirements. (To order this handbook, call 1-888-287-2223 and ask for Pub. 303HHL).
5. Wilson, Alexis A. 1997. *Home Care Outcomes and OASIS*. Gig Harbor, WA: Wilson and Associates.

Forms Vendors

Healthcare Concepts, Memphis, TN (800) 442-4346

Center for Health Policy Research, Denver, CO

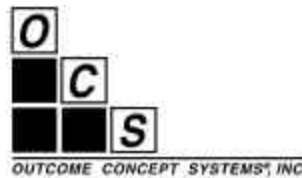
St. Anthony Publishing, Reston, VA (800) 632-0123

Homecare Association of Washington, Edmonds, WA (425) 775-8120

Briggs Corporation, West Des Moines, IA (800) 247-2343

About Outcome Concept Systems

Outcome Concept Systems, Inc. is the pioneer in home care outcomes and benchmarking. The company produces clinical documentation and software technologies to assess and quantify the effects, or outcomes, of home health services. OCS provides computer programs to capture and graph the outcome information and assess the costs associated with the outcomes achieved. OCS also has a national reference database and produces performance benchmarking reports for participating agencies. The OCS performance measurement systems have met all initial requirements for approval by the JCAHO.



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