Five keys to OASIS-C success

Developing effective OASIS-C practices in your agency
In the next five minutes, learn five keys to OASIS-C success.

Since 100 percent of Medicare revenue is generated from the Outcome and Assessment Information Set (OASIS), and with reimbursement cuts looming, your agency’s survival depends on its ability to report the proper OASIS-C data items to CMS. The revised OASIS provides ample opportunities to make a fresh start within your agency. Set enhanced practice standards for your staff for ongoing education, communication and integrated care delivery based on the new guidelines.

The following five key tactics from OASIS-C experts will save you hours of time as you utilize the revised assessment:

**WALK A MILE IN YOUR CLINICIANS’ SHOES**

Are you leaving your staff out in the field alone with OASIS-C? Consider walking a mile in your clinicians’ shoes to experience the challenges of OASIS-C data collection firsthand, and use your expertise to help them with ideas and tactics to make their jobs easier.

“Home health agency leaders should go out in the field, work alongside their staff, create a supportive relationship between clinicians and show their staff that leadership is committed to helping them no matter what the challenge,” said Rhonda Will, RN, BS, COS-C, HCS-D, Senior Clinical Consultant and an Assistant Director of Home Care Quality Institute for Fazzi Associates, Inc.

“If leadership completes a discharge or transfer assessment, they would be able to get a sense of what is actually happening within the organization and experience firsthand the challenges and roadblocks the clinicians endure as they accurately complete the process measures. It would allow them to better create or tweak existing operational processes so the clinician has the needed ‘look back’ information as efficiently as possible at those time points.”

**IMPLEMENT FOCUSED AND MANAGEABLE TRAINING STRATEGIES**

Basic training provides the foundation for accuracy

Education on OASIS-C’s item guidance is crucial to ensuring both accurate reflection of clinical outcomes and the proper calculation of episode payment.

“Although many of the M items appear familiar, the addition and revision of these items creates a need for new OASIS-C guidance on how to respond properly,” said Kristi R. Wheeler, RN, HCS-D, COS-C.

“Agency leaders should make educating administrative and clinical staff on OASIS-C requirements a top priority; clinical staff will also benefit from early exposure to the integrated comprehensive assessment supporting these OASIS-C requirements.”

Ongoing training is critical to your success

True athletes never stop training for the big game, so why should your agency? Create a plan to address OASIS-C training as part of regularly scheduled meetings. Instill effective OASIS-C habits into your staff’s routine by committing to education as an ongoing process.

Follow up with your administrative and clinical staff after the initial OASIS-C training by conducting a survey or focus group to receive feedback and to monitor training effectiveness. Even a simple three-question survey will likely yield great ideas for further training. Develop further training in conjunction with your QA staff to address repeated OASIS-C errors, as well as, to reduce common mistakes and ensure more accurate reimbursement.


**Targeted training deepens assessment knowledge**

Following your initial OASIS-C overview training, focus on specific areas of the OASIS-C rather than the complete assessment so that your staff can deepen their knowledge of each section of the OASIS-C document.
Consider the following ideas for breaking down OASIS-C training into manageable pieces of information:

- Most challenging sections: According to Ms. Will, many clinicians may be most challenged by the wound care section and changes in the ADL assessment. Be proactive and address these sections early, before they become a problem for your agency.
- Costliest errors: Administrators, DONs and QA staff should work together to rank the most challenging and costly OASIS-C errors encountered in the data collection process. Then, set up brief, focused trainings on these salient issues affecting patient care and proper reimbursement. As with clinical wound care – attend to the most serious problems first. Then, once these issues are under control, you can work through additional trainings on smaller issues.
- Body systems: Target training on one body system at a time; for example, your agency could cover mental health OASIS-C items in one training session by concentrating specifically on the assessment and interventions for that body system. This creates a focused learning opportunity for the clinician.

**Encourage proficiency with an OASIS-C tip of the week**

After breaking down the OASIS-C by section, approach each section with an OASIS-C item-by-item tip of the week.

“Make it the focus for the week in your office by putting up posters or signs in your restrooms, on the door, in the supply closet and in the break room – all the places the clinicians frequent when coming into the office,” said Ms. Wheeler. “Current Kinnser users can even save the week’s OASIS-C sections as an attachment and send it in a k-mail to their agency’s OASIS staff.”

Integrate a mixture of techniques to yield the best results. For example, Web-based meeting services, such as GoToMeeting or Fuze Meeting cost under $50 per month, and can significantly reduce travel time for face-to-face meetings with your staff while still providing quality training opportunities. A Web-based meeting system will allow you to conduct your own internal webinars, receive instant feedback, track attendance and conduct tests at the end of each training session.

Finally, take advantage of other online resources including:

- State-based industry organizations, such as the Home Care Association of Florida at www.ahhif.org and the Texas Association of Home Care at www.tahc.org
- Fazzi Associates offers continuing education on OASIS-C available at www.fazzi.com
- Kinnser Software offers subscribing agencies free training on Agency Manager’s revised integrated comprehensive assessment in OASIS-C. To enroll in one of these free sessions, please visit www.kinnser.com/develop/

**HELP YOUR TEAM UNDERSTAND HOW ACCURATE DATA COLLECTION IS IN YOUR AGENCY’S BEST INTEREST**

**Nothing speaks like data.**

Agency marketers frequently make the claim, “You take better care of your patients,” but can they prove it? Physicians and hospital staff are trained to respond to facts and data.

In order to communicate with your physician and hospital clients you must collect the data necessary to demonstrate results. Ask yourself:

- How effective are we at caring for our patients?
- What health status improvements are we delivering to our patients?
- What are our hospital readmission rates for specific conditions?

Clinicians are critical to your agency’s success. Accurate data collection ensures the agency is getting the resources it needs to run its operations and provide quality care. Create more incentive for physicians to send patients to your agency by demonstrating, with data, your agency’s ability to provide quality care for its patients.

**What is CMS measuring?**

Many clinicians are so overwhelmed with the revision of the OASIS data set that the meaning behind all the collected data becomes obscure. Everyone who utilizes OASIS-C should understand how CMS interprets the data elements. For example, OASIS-C provides data items necessary for risk adjustment. Risk adjustment compensates, or controls, for the potential influence of case mix variables, e.g., risk factors, which may affect clinical outcomes. Clinicians must score OASIS-C items accurately to gain proper risk adjustment for the patient population they service.

OASIS data items are also the means to achieve outcome measurement and Outcome-Based Quality Improvement (OBQI), by which CMS seeks to understand:

- Agency best practices
- End-result outcomes – changes in patient health status such as physiologic, functional, cognitive, emotional, or behavioral health, between two or more time points
- Utilization outcomes – an analysis of health care utilization such as hospital admission and ER visits/admissions

For more information on OBQI and patient outcomes, you can download the CMS Outcome-based Quality Improvement Manual at http://www.cms.hhs.gov/HomeHealthQualityInits/16_HHQIOASISOBQI.asp
**IMPROVE INTERDISCIPLINARY COMMUNICATION**

Communicating key points of clinical data, such as diagnosis and changes to the clinical plan of care, is more essential than ever for accurate completion of the OASIS-C data elements. Often communication may breakdown during distribution, e.g., clinical information is provided by the physician to one clinician, but not effectively shared with other clinicians on the team. This sort of communication breakdown, typically a result of busy schedules and poorly understood documentation processes, can result in inaccurate discharge information.

Many items in the OASIS-C data set require clinicians to refer to documentation in the clinical record for accurate completion. If your agency is not using a software solution to support clinical collaboration, now is the time to consider automating your processes by implementing an electronic interdisciplinary communication process within your agency.

Kinnser users are able to share essential information through Kinnser’s k-mail service; a HIPAA-compliant messaging service easily accessible by any discipline involved in the patient’s plan of treatment. Implementing a process that supports the ability to share information in real-time, and archive communication for review, follow-up, and accurate reporting is key to improving communication within your organization.

**MAKE YOUR LIFE EASIER WITH A STREAMLINED DATA COLLECTION PROCESS**

Are you spending most of your time gathering and recording data on paper, or spending time caring for your patients? Arm your staff with the best tools available to capture data easily. The right software should include a full range of services that can meet your needs today, as well as grow with you in the future.

When evaluating software options, ask yourself, does this software:

- Unburden my staff by reducing data entry time?
- Provide an efficient plan of care development process?
- Streamline QA?
- Improve communication with all points of the care continuum by providing integrated HIPAA-compliant messaging?

Kinnser Software is helping Medicare-certified home health agencies implement and improve their OASIS-C processes.

“We want to enable you to thrive in an environment where you are learning the new measures, regardless of your experience,” said Christopher Hester, Kinnser Software’s Chief Executive Officer.

“Kinnser acts as a partner with our subscribing agencies, fostering a seamless OASIS-C utilization process. This partnership model speaks to our overall mission — improving collaboration, reducing costs and increasing revenue for home health agencies nationwide.”

To discuss your agency’s specific software needs, contact Kinnser at sales@kinnser.com or (877)399.6538. To schedule a demo, visit www.kinnser.com/demo

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**ABOUT KINNSER SOFTWARE INC.**

Kinnser Software, Inc. is the complete online point of care, administrative and billing home health software solution that delivers clinical and business results for its clients. Hundreds of home health agencies and therapy companies nationwide use Kinnser’s SaaS (Software as a Service) solutions every day to increase revenues, decrease costs and improve care collaboration.

For more information about the complete home health software solution, visit [www.kinnser.com](http://www.kinnser.com)