



Association for Home & Hospice Care of NC

Presents

OASIS-C

A Series of 90 minute teleconferences on
Process Measures and other Hot Topics

Ever since **OASIS C** became effective on January 1, 2010, there have been certain items that have been more problematic for HHAs than others. In particular, many questions still arise related to the proper completion and follow up for the multitude of process items in **OASIS C**.

These teleconferences are designed to provide an in-depth look at some of the most problematic **OASIS C** items. In each teleconference, we will look at one primary topic and review the CMS guidance in Chapter 3 of the **OASIS C** Guidance Manual, and pertinent Q&A's that have added additional information for the appropriate scoring and response. As always, we will team interpretive material with sample questions or mini scenarios to help your staff understand the intention and meaning of the items. Each teleconference will also provide an opportunity for you to share your successes and ask your specific question about the items.

Judy Adams, BSN, HCS-D, COS-C, Adams Home Care Consulting, Inc. is a well known health care consultant and speaker with over 30 years of healthcare experience and extensive experience in home care and home health management. Judy holds the Homecare Coding Specialist – Diagnosis (HCS-D) certification from the Board of Medical Specialty Coding and a Certificate for OASIS Specialist – Clinical from the OASIS Certificate and Competency Board.

Nurse Contact Hours: One and a half (1 ½) hours are available for each individual educational activity. A facilitator from each participating agency will be responsible for copying and distributing the materials, which will be attached to your confirmation, to the participants and ensuring that each participant requesting contact hours prints their name on the roster. Participants must remain on the teleconference until its conclusion. At the conclusion of the teleconference, the facilitator will be responsible for collecting the evaluations and rosters and returning them to this office. There must be an evaluation for each name on the roster. Certificates of completion will be emailed to each agency facilitator once the evaluations and rosters have been received.

AHHC is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

▶ **A-1 Fall Risk Assessment Process Measures and Follow up – October 5, 2010**

Responding to M1910, Fall Risk Assessment and responding to the fall risks in the Plan of Care Summary (M2250) and the Intervention Summary (M2400) have been the OASIS items that have generated the most frustration and questions since the introduction of OASIS C. If you or your staff are still plagued by this item, join us as we clarify the official guidance, what does and does not qualify as a “standardized” fall risk assessment and how you can get credit for your actions related to fall risk prevention activities. We will deal with questions such as what to do for your non-ambulatory patients and how you can get credit for interventions even when your agency may not do a “standardized” falls risk assessment.

▶ **A-2 Depression and Options for Follow up – October 26, 2010**

Whether you are using the PHQ-2 or another standardized assessment tool for M1730, Depression Screening, there is a wide variety of individual situations that make dealing with depression screening and its follow up a challenge for home health agencies. What is the impact on the response for follow up at M2250, Plan of Care Synopsis and M2400, Intervention Synopsis when the patient already has a diagnosis of depression, is on antidepressant medications and screens as either positive or negative for depression? Have you developed a standard plan for follow up options that meets your agency’s needs? Come join us to take the frustration out of screening and follow up for depression.

▶ **A-3 The Functional ADL Items – January 25, 2011**

Analysis of OASIS responses has repeatedly shown that the functional OASIS items (M1800-M1860) are the most challenging and difficult OASIS items for nurses to complete. In addition to looking at the individual items, we will discuss strategies your agency can use to improve the accuracy in scoring these items and build staff confidence. The functional items contribute significantly to both reimbursement calculations and outcome results. Do you ever find records where some of your patients decline in the functional items at discharge rather than improve or find assessments that have low scores for the functional items, but the plan of care includes a significant number of therapy visits?

▶ **A-4 Medication Items and Strategies to Master Them – February 8, 2011**

Many home health clinicians are still struggling with how to answer the five new Medication items (M2000-M2015). While some of these are completed at SOC/ROC, others are only completed at transfer and discharge. Is your staff confident in identifying “significant clinical issues” and defining “potential or actual risk to health and safety”? In this session, we will button down these definitions and offer some suggestions on tools to reduce and manage your patient’s medication issues. How are you answering the transfer/discharge items when the previous assessment was a recert? Come join your peers as we explore this area and strategies to minimize medication issues.

▶ **A-5 Dealing with the OASIS Wound Healing Items – April 19, 2011**

The changes in the wound items (M1300-M1350) are one of areas of most intensive changes in OASIS C. The biggest area of confusion, however, has been related to how to score the healing status. This session will pay special attention to the healing status questions for pressure ulcers, stasis ulcers and surgical wounds. How should you score those wounds with scabs and what about those pressure ulcers with skin grafts? Are your staff comfortable with changing to looking at all four options for healing status when a surgical wound dehisces and changes from healing by primary intention to secondary intention? These questions have been the target of more Q&A responses than almost any other section. But, have all of those Q&As cleared up the confusion or added more mudiness to the water? Come join us as we put all of the Q&As into perspective and look at many sample situations.

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Enjoy the convenience and cost-efficiency of a telephone workshop. There is **no travel time** involved and **no limit to the number of attendees from your agency** who may participate **at your site through one phone line**. All you need to participate is a speaker telephone and a room large enough for your staff. It is a controlled, radio-like environment where you will gather your staff, dial a toll free number, state your verbal password and you're connected. You will also be able to participate in a Q&A portion.

Each 90 minute teleconference will take place from 3:00 p.m. to 4:30 p.m EST. Due to the expense of using the teleconference hook-up, registrations may not be shared between agencies – the agency's registration covers the access of only one phone line into the teleconference. The handout and dial-in information will be emailed to you one week prior to the email address you provide.

Registration: AHHC & SCHCA Members:

- \$139.00 for each line reserved per teleconference **OR** audio cd of the presentation
- \$159.00 for each line reserved per teleconference **AND** audio cd of the presentation
- Potential Members:** \$259 per agency line reserved per teleconference

Cancellation Policy: Fees will be refunded, or invoices will be adjusted, only if **written** notice of cancellation is received by AHHC two weeks prior to the workshop. In the event of cancellation, AHHC will retain, or charge, \$40 of the initial registration fee, per registrant, to cover administrative overhead. Once written cancellation is received, an AHHC staff member will review for approval. If your cancellation is approved, we will email back a signed and dated copy of the cancellation that your agency should retain on file in case of questions.

Make your selection(s): **A-1** **A-2** **A-3** **A-4** **A-5** **All 5**

Agency Name: _____

Agency Address: _____

Contact Name: (Please add credentials) _____

E-mail Address (please print): _____ alt. Email _____

Phone (): _____ Fax (): _____

Payment Information:

Enclosed is my check in the amount of _____ (payable to AHHC)

Visa MasterCard Discover American Express

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Fax completed registrations to (919) 848-2355 or mail with payment to AHHC, 3101 Industrial Drive, Suite 204, Raleigh, NC 27609. Please contact Richard Fowlkes at 919-848-3450 or richardfowlkes@homeandhospicecare.org if you need assistance.