CHAPTER 6

PLANNING FOR OASIS IMPLEMENTATION

A. INTRODUCTION

This chapter provides a planning guide for implementing the OASIS data collection and data transmission regulations. Included here is discussion of the activities to be accomplished and the assignment of responsibilities to achieve successful implementation. Throughout the chapter, agencies are encouraged to maintain an emphasis on the value and utility of uniform data for multiple purposes, but particularly for outcome measurement, as they proceed with the planning process. An attachment to the chapter, Attachment A, provides a checklist of those activities which the agency staff members must plan and oversee to implement OASIS data collection and reporting. Some of these activities are likely to require selection of other planning subgroups in the agency.

B. ENHANCING SUCCESS

1. Keeping the Big Picture Perspective

Those agencies likely to be most successful in their implementation efforts are the ones who look beyond the regulatory requirements to the value of uniform data for their agency. These data are relevant to the clinician for precise assessments, appropriate care planning, and effective care coordination. Administrative personnel will value reports of agency case mix, particularly when compared to reference groups or to their agency over time. And all agency staff, whether clinical or administrative, will find reports of their effectiveness in providing care (displayed in the form of outcome reports) to be of great importance in performance improvement activities. Maintaining such a “big picture” perspective facilitates the overall planning process as it keeps the goals of this effort in mind.

2. Leadership Buy-In is Critical

As with all quality improvement efforts, support from the top level of administration is vital to the success of the program. All management staff need to understand not only the CMS requirements, but also how the activities to be accomplished can benefit the agency. The key people responsible for providing resources to complete the activities must understand what is involved and its value if they are to promote acceptance and enthusiasm among the staff.

In small agencies, it is important to do an in-depth orientation for all management staff. In larger agencies, it is more appropriate to do a general briefing of the entire management group, with a more detailed orientation provided for the management staff responsible for overseeing the implementation of OASIS data

collection and transmission. It is critical that management staff understand what is involved and why so that adequate resources, both personnel and technical, are committed.

The agency management group most likely will be involved in selecting those individuals responsible for overseeing the overall implementation. This team will need to plan and coordinate the various steps required. The team will vary in size depending on the size of the agency, but even in a very small agency it should have at least two members. Large agencies are encouraged to try to limit the size of the team to five to seven members (i.e., small enough to work efficiently and effectively, yet large enough to adequately represent affected departments and to get the work done). Additional staff can be included as consultants for specific issues at any time.

Agency leadership also must realize that the components of data collection and transmission will evolve and change over time. OASIS items and outcome measures will change as home care patients and their care needs change. Data transmission approaches may change. Leadership must expect and plan for such evolution.

C. WHAT AN AGENCY NEEDS TO DO

1. Select an Implementation Team

a. Team Composition: The team may be appointed by administration or a management team, selected from volunteers, or a combination of these options. Members of the Implementation Team should be those who are regularly involved in or affected by the work processes of providing and documenting care. The team is more likely to function optimally when all members are interested and enthusiastic about implementing OASIS data collection in a way that optimizes the utility of the data to enhance performance improvement efforts. The team will need members who can address issues constructively and will accept and complete tasks on time, in addition to some who focus on tasks and some who focus on processes. The leader, whether chosen by management or by the team, should be a person who can effectively preside over meetings to accomplish tasks efficiently and within a short time frame.

Management representatives on the team should have intimate knowledge of the day-to-day activities and procedures that occur in their respective areas. It will be helpful to the overall effort if at least one person is thoroughly familiar with policies and procedures (written and implied) which govern the provision and documentation of care, as well as personnel policies. Optimally, at least one

member will have an interest in and knowledge of Continuous Quality Improvement (CQI), both theoretical and applied.

Clinical staff representatives (from any discipline) selected for the team could be chosen from peer leaders or from volunteers. The team's performance will be enhanced if some members have a global understanding of paper flow processes (or similar processes which apply to a point of service electronic documentation system, if applicable), the Medicare Conditions of Participation, and experience in the provision of home care.

Clerical or information systems representatives preferably will include at least one person with global knowledge of existing paper flow processes from intake to clinical to clerical to billing and into the medical records, including ICD coding. Someone familiar with existing procedures for data entry (including billing and CMS 485 production), tracking and processing of recertification documentation, and the processing of discharge documentation is also an asset to the team.

b. Defining the Team's Responsibilities: There should be clear guidelines and boundaries for the Implementation Team, preferably kept as simple as possible. When limitations become overly restrictive or too complex, they tend to inhibit a team's creativity. At the same time, all the most critical limitations should be defined to avoid nullifying a decision because management decided (after the fact) that the team should not move in that direction. The team members need to know what they are expected to do within what time frame. The group will function more effectively if members know the extent of their decision-making authority in defining the tasks to be accomplished and in assigning staff to complete those tasks. If there are budgetary and technical limitations, the team should be informed of these.

Several Implementation Team activities (i.e., documentation revision, policy review, etc.) are best accomplished by a specific subgroup. The team must convey clearly the responsibilities assigned to the subgroup and the time frame for completion. If an Implementation Team member serves as chairperson of the subgroup, the group work and timeline may be facilitated.

c. Orientation of Implementation Team Members: Once assembled, the team needs in-depth orientation to the regulations and guidelines, the context for uniform data collection, and the tasks needed to complete the implementation. The team will not be able to proceed appropriately and in the best interests of the agency if they do not understand what they are to do and why.

All members should have copies of the Conditions of Participation requiring the comprehensive assessment and the collecting and reporting of OASIS data, the OASIS data set, and the changes to OASIS activities (*Federal Register*, January

25, 1999; June 18, 1999; and July 3, 2000 respectively), which they might review prior to the first meeting. This can facilitate discussion at the meeting where particular attention will need to focus on the required time lines for data collection and data transmission, as well as the requirements to integrate OASIS into clinical assessment forms for the various data collection time points.

2. Plan for Information Dissemination

The Implementation Team will determine how they are going to disseminate information to staff for various purposes. Initially the information will be educational in nature, laying the groundwork for the specific changes that are to come (e.g., posting copies of the rules and the OASIS in conspicuous places). It will be helpful if information is spread in an enthusiastic and creative way, in an effort to create excitement and acceptance. As the time for training staff draws near, new approaches may be needed. After the staff has begun to collect OASIS data, it is advantageous to continue to provide information, questions and answers, copies of articles, etc., to increase understanding of the value of uniform data and outcome measurement and to build motivation for data accuracy and data integrity.

D. IMPLEMENTATION TEAM ACTIVITIES

1. Review Documentation Options, Make a Selection, and Develop Plan

Some agencies may have already determined how OASIS data will be documented, as a decision of this sort has some serious financial considerations. Others may refer this decision to the Implementation Team. As noted in Chapter 5, agencies may choose any of several ways to obtain and record the required data.

If the agency chooses a pen and paper documentation approach, the Implementation Team may recommend modifying its own current assessment forms, purchasing comprehensive assessment forms, or utilizing the assessment forms from the OASIS web site. Alternatively, a point of service electronic documentation approach may be selected.

If the agency chooses to revise previous assessment forms or to purchase commercially available forms, a team will need to do the revision (or to review the commercial forms for completeness). It is suggested that the Implementation Team appoint a special subgroup to perform this activity. (Additional discussion of this task is contained in Chapter 7.)

2. Evaluate Agency Policy for Transfers to Inpatient Facilities

The new assessment data collection and reporting regulations require agencies to monitor carefully the status of their patients transferred to any inpatient facility (i.e., hospital, nursing home, rehabilitation facility, etc.). Patients whose inpatient facility stay is 24 hours or longer and occurs for reasons other than diagnostic testing require data collection regarding the reason for transfer to the inpatient facility. When these patients return to home care, they must receive a comprehensive assessment.

The Implementation Team should evaluate the existing agency policy concerning transfer to an inpatient facility. Are patients automatically discharged upon such a transfer? Does the “automatic discharge” depend on the type of facility or the reason for admission? Are patients placed on “Hold” status at the point of inpatient facility admission, to be discharged if the inpatient stay reaches some predetermined length (e.g., 7 days, 10 days, 30 days, etc.)? Evaluation of the current policy should focus on its utility for monitoring inpatient facility admission and discharge, the related comprehensive assessment and OASIS data reporting requirements, and the PPS requirements. The time requirements for completing the comprehensive assessment upon return to home care must also be reviewed during this evaluation.

It should be noted that the OASIS data items required for the paired Transfer to Inpatient Facility and Start/Resumption of Care are identical, regardless of which approach is selected. The requirements for "follow-ups" are slightly different, however. If the Implementation Team is considering a change in current policy, it is critical that agency financial staff be involved. The team will need to consider the percentage of patients for whom the agency is reimbursed by Medicare (i.e., the agency submits claims to the Fiscal Intermediary). With the implementation of the PPS, agencies who discharge patients admitted to inpatient facilities must understand that this discharge to an inpatient facility during a 60-day payment episode will <u>not</u> be considered a discharge for payment purposes. These data (on the percentage of patients whose care is reimbursed under PPS) can assist in making a decision about any impact of changing current procedures. The Implementation Team must be involved in this policy decision because of its implications for documentation review and revision, related agency policies, staff education, and coordination of required assessments with Medicare billing requirements.

3. Plan Computerization Needs and Options

It is necessary to orient clerical and information systems management staff to the CMS requirements for data entry and submission, including the time frames and patient confidentiality. Depending on the level of computerization in the agency

at present, decisions are needed regarding how your agency will choose to implement data entry and submission requirements.

An agency may choose to use the HAVEN software, provided by CMS at no cost, or to use a vendor's software which meets CMS' specifications for data entry. In addition to data entry, editing, and validation, your agency will also need to have the capability of transmitting data to the State OASIS system via modem. Chapter 10 of this manual provides more detailed information on developing and implementing an OASIS computerization plan.

4. Address Staffing Needs for Data Entry and Transmission

The agency needs to plan staffing for data entry and data transmission in conjunction with planning for data flow within the agency. This plan must address time for running the edit check program (in the HAVEN software) after data are entered, making any necessary corrections (which can require return to clinicians for error correction, as well as data entry staff correcting their own errors), and rerunning the edit check program to ensure transmission of clean data.

5. Review and Revise Agency Policies and Procedures

The plan must allow time to review agency policies and procedures affected by the rules and by Implementation Team decisions and to make the necessary changes. Policies and procedures most likely to be affected include visit timing or scheduling, recertification assessments, assignment of staff responsible for completing comprehensive assessments, case management in multidiscipline cases, data error corrections (clinical record error corrections), time frame for submitting visit documentation, coordination of assessments with payment requirements, and quality improvement processes.

It is also wise to plan for the review of personnel policies pertaining to changes being implemented (e.g., comprehensive assessments, timing or scheduling of assessments, responsibility for data completeness, cross-discipline case management, and competency testing) and to make needed revisions. This policy and procedure review can be done by the Implementation Team or assigned to another group within the agency, with oversight from the Implementation Team.

6. Plan for Staff Orientation and Training

Whether orientation and training should occur in a phased manner as the Implementation Team proceeds, or whether the sessions should occur only after decisions and revisions are finalized, is an early part of the planning process. The Implementation Team might choose to retain the responsibilities for training

or might choose to involve other staff members in this activity. (See Chapter 11 for additional discussion of staff orientation and training.)

7. Plan and Schedule Pilot Testing of All Procedures and Processes

It is best if staff have some opportunities to test any new processes of data collection, data entry, and data correction prior to the implementation of total-agency data collection. This testing of procedures and processes is invaluable for Implementation Team members to evaluate the collection of clean data and the functioning of the various processes.

8. Add OASIS Data Quality Checks and Audits to Current Quality Monitoring Approaches

While most emphasis will be placed on the start-ups of data collection and data transmission, time also should be allotted to plan for ensuring the accuracy and quality of data over time. This includes planning for periodic (regularly scheduled) activities to assess data entry and clinical data accuracy. These activities and approaches can be written into the existing quality improvement plan. The Implementation Team may defer work on this portion of the plan until other decisions are made, but the group's responsibilities must also include this activity.

FREQUENTLY ASKED QUESTIONS

1. ***Do the new regulations require my agency to discharge any skilled care patients who are admitted to inpatient facilities for 24 hours or longer?***

   *No, you are not **required** to discharge these patients. You are required to submit OASIS data on the transfer to the inpatient facility. If you do not discharge the patient, you will mark Response 6 (transfer to inpatient facility--not discharged from agency) to M0100. When the patient resumes home care, you will complete the resumption of care comprehensive assessment and OASIS data collection. For Medicare PPS patients, a discharge to inpatient facility during a 60-day episode will not be considered a discharge for payment purposes.*

2. ***My agency prefers a policy that discharges all patients admitted to an inpatient facility. Must I wait until the patient has been hospitalized for 24 hours to discharge him/her from my agency, or can I discharge the patient as soon as they are admitted to an inpatient facility?***

   You may discharge the patient as soon as he/she is admitted to an inpatient facility. A policy that is more stringent than stated in the rules is permissible; a less stringent policy is not permissible. For Medicare PPS patients, a discharge to inpatient facility during a 60-day episode will not be considered a discharge for payment purposes.

3. ***Isn't there an advantage to not discharging patients admitted to an inpatient facility? Aren't there fewer data to collect and to report?***

   Whether the agency discharges the patient admitted to an inpatient facility or not, there is no difference in the number of comprehensive assessments or in the quantity of OASIS data to collect and report. In both instances, required data include the report on the transfer of the patient to an inpatient facility. Also in both instances, a comprehensive assessment with OASIS data collection is required when the patient returns to home care.

ATTACHMENT A TO CHAPTER 6

CHECKLIST TO PLAN IMPLEMENTATION OF OASIS DATA COLLECTION AND TRANSMISSION

ACTIVITY	Completed
1. Trainers orient agency management to new rules and to OASIS.	☐
2. Management group develops Implementation Team's charge and boundaries.	☐
3. Implementation Team selected.	☐
4. Implementation Team oriented by Trainers to new rules, OASIS, and the team charge and boundaries.	☐
5. Plan for information dissemination among staff developed.	☐
6. Documentation option selected.	☐
7. Evaluate agency policy for transfers to inpatient facilities.	☐
8. Plan for agency documentation review and revision (to include OASIS items for all disciplines for all time points).*	☐
9. Documentation review and revision completed.*	☐
10. Computerization needs evaluated, options selected.	☐
11. Staffing needs for data entry and transmission determined.	☐
12. Mini-pilot testing of all processes scheduled.	☐
13. Mini-pilot results reviewed; plans revised as indicated.	☐
14. Policies and procedures reviewed, and revisions planned to incorporate new requirements.*	☐
15. Clinical staff orientation planned.*	☐
16. Support staff orientation planned.*	☐
17. Full staff pilot test of procedures and processes scheduled.	☐
18. Pilot test results reviewed; process, form, and policy revisions completed.	☐
19. Data quality checks and audits added to current quality monitoring plan.*	☐

* Activity might be delegated to a subgroup for completion with Implementation Team oversight.