



OASIS-E Part III

Karen Tibbs, RN, MS, HCS-D, COS-C, Director Quality Assurance, McBee

**Mary Carr, RN, Vice President, Regulatory Affairs, National Association
for Home Care & Hospice**

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Objectives

- Discuss OASIS collection of social determinants of health
- Learn definitions and data sources for new OASIS-E items
- Discuss preparation strategies for OASIS-E implementation and accuracy

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IMPACT Act and Social Risk Factors

- IMPACT Act directed the HHS to review evidence linking social risk with performance
- Social risk factors are used to inform payment for health care in UK, New Zealand

“By accounting for the increased resources (i.e., estimated costs) needed to care for socially at-risk populations, directly adjusting payments avoids unintentionally redistributing resources away from (i.e., underpaying) providers who serve patients with social risk factors and reduces incentives to avoid these patients. More favorable allocation of resources to these providers would increase their resources, which they could invest in reducing disparities and improving quality and efficiency.”

Final Report from National Academies of Sciences, Engineering, and Medicine

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PAC & Social Determinants of Health (SDoH)

- Need for PAC is not well defined
- Similar patients are treated in different PAC settings at widely varying costs to MCR
- Placement decisions often reflect local practice patterns
- MCR ideally would pay for PAC using one payment system with payments based on patient characteristics, not on site of service
- Clinical, psychosocial, and environmental factors are important when considering the discharge of patients to PAC facilities

Definition

SDoH – social risk factors, or health-related social needs, are the socioeconomic, cultural and environmental circumstances in which individuals live that impact their health

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Race/Ethnicity - Replacement

(M0140) Race/Ethnicity: (Mark all that apply.)

- 1 - American Indian or Alaska Native
- 2 - Black or African American
- 3 - Black or African American - Hispanic or Latino
- 4 - Hispanic or Latino
- 5 - Native Hawaiian or Pacific Islander
- 6 - White

- Collection of A1005, *Ethnicity* and A1010, *Race* provides data granularity
- Will conform with the 2011 HHS Data Standards to document and track health disparities
- **Intent:** A1005 identifies patient's self-reported ethnicity data

Timeframe: As close to the time of SOC as possible

SOC

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond



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SOC

Race/Ethnicity - Replacement

A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond
<input type="checkbox"/>	Z. None of the above



- **Intent:** Identifies patient's self-reported race

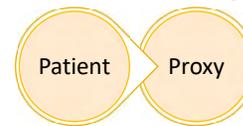
7

A1005. Ethnicity and A1010. Race

<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

- If a patient is unable to respond, a proxy response may be used
- If neither the patient nor a proxy is able to respond to this item use medical record documentation
- If the patient **declines** to respond, do not code based on a proxy response or medical record documentation

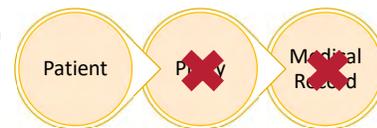
Patient Unable to Respond



Patient and Proxy Unable to Respond



Patient Declines to Respond



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Scenario

In collecting Mr. Hendricks' race, he is unable to respond due to dementia. His spouse responds that he is Filipino. The SOC clinician notes that in the medical record Mr. Hendricks is documented as Japanese. What is the most appropriate response for A1010?

Rationale: Check all that apply. Intent of this item is patient's self report. Medical information is a data resource only when the patient and proxy are unable to respond.

A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input checked="" type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input checked="" type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond
<input type="checkbox"/>	Z. None of the above

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Timeframe: As close to the time of SOC as possible

SOC

A1110. Language

A1110. Language	
Enter Code	A. What is your preferred language?
<input type="checkbox"/>	<input type="text"/>
	B. Do you need or want an interpreter to communicate with a doctor or health care staff?
	0. No
	1. Yes
	9. Unable to determine



- **Intent:** Identify the patient's self-reported preferred language and need for an interpreter
- Language barriers can lead to social isolation, depression, and patient safety issues
- Language barriers can interfere with accurate assessment

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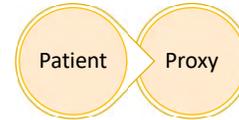
A1110A. Preferred Language

A. What is your preferred language?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Hierarchy for data sources
- **Dash** when patient or any available source cannot or does not identify preferred language
- ASL may be reported as the preferred language

Patient Unable to Respond



Patient and Proxy Unable to Respond

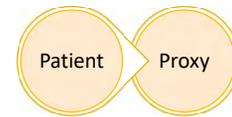


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A1110B. Language - Interpreter

- Hierarchy for data sources
- **Code 0**, No: if the patient indicates no want or need of an interpreter to communicate
- **Code 1**, Yes: if the patient indicates the need or want of an interpreter to communicate
- **Code 9**, Unable to determine: if no source can identify whether the patient needs or wants an interpreter
- **Dash** is **not** a valid response for this item

Patient Unable to Respond



Patient and Proxy Unable to Respond



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Timeframe: As close to the time of SOC/ROC and within three days of discharge
 Time period under consideration: Past six months

SOC/ROC

DC From Agency

A1250. Transportation

A1250. Transportation (NACHC ©)	
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
<input checked="" type="checkbox"/>	Check all that apply
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond



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- **Intent:** Identify access to transportation for ongoing health care and med access
- Assists identification of barriers to care and facilitate resources

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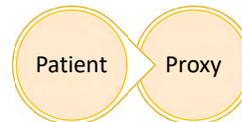
A1250. Transportation

Ask the patient, "In the past six months, has a lack of transportation kept you..."

- Hierarchy for response sources

<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

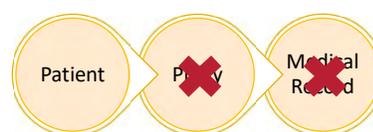
Patient Unable to Respond



Patient and Proxy Unable to Respond



Patient Declines to Respond



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Timeframe: As close to the time of SOC/ROC and within three days of discharge

SOC/ROC
DC From Agency

B1300. Health Literacy

B1300. Health Literacy (From Creative Commons @)
How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Enter Code	
<input type="checkbox"/>	0. Never
	1. Rarely
	2. Sometimes
	3. Often
	4. Always
	7. Patient declines to respond
	8. Patient unable to respond



SDoH

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- **Intent:** Identify the patient's self-reported health literacy

Patient

X

Medical Record

Definition

Health Literacy – degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions

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B1300. Health Literacy

- Low health literacy
 - Interferes with communication between provider and patient
 - Impacts ability to understand and follow treatment plans, including medication management
 - Linked to ↓ levels of knowledge of health, worse outcomes, and the receipt of fewer preventative services, ↑ medical costs and rates of ED use

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?"

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B1300. Health Literacy Coding Instructions

Code 0, Never, if the patient indicates never needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies

Code 1, Rarely, if the patient indicates rarely needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies

Code 2, Sometimes, if the patient indicates sometimes needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies

Code 3, Often, if the patient indicates often needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies

Code 4, Always, if the patient indicates always needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies

Code 7, Patient declines to respond, if the patient declines to respond

Code 8, Patient unable to respond, if the patient is unable to respond

Dash is not a valid response for this item

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Timeframe: As close to the time of SOC/ROC/DC

SOC/ROC
DC From Agency

D0700. Social Isolation

D0700. Social Isolation	
How often do you feel lonely or isolated from those around you?	
Enter Code	<ul style="list-style-type: none"> 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Patient declines to respond 8. Patient unable to respond



- Intent:** Identify the patient's actual or perceived lack of contact with other people, such as living alone or residing in a remote area

Definition

Social Isolation – an actual or perceived lack of contact with other people such as living alone or residing in a remote area



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D0700. Social Isolation

- Social isolation tends to ↑ with age, is a risk factor for physical and mental illness, and a predictor of mortality
- No other source should be used to identify the response

How often do you feel lonely or isolated from those around you?



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D0700. Social Isolation

Code 0, Never, if the patient indicates never feeling lonely or isolated from others

Code 1, Rarely, if the patient indicates rarely feeling lonely or isolated from others

Code 2, Sometimes, if the patient indicates sometimes feeling lonely or isolated from others

Code 3, Often, if the patient indicates often feeling lonely or isolated from others

Code 4, Always, if the patient indicates always feeling lonely or isolated from others

Code 7, Patient declines to respond, if the patient declines to respond

Code 8, Patient unable to respond, if the patient is unable to respond

Dash is not a valid response for this item

 Patient self-reported only

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Section B

Hearing, Speech, and Vision

21

Timeframe: As close to the time of SOC as possible

SOC

B0200. Hearing

B0200. Hearing	
Enter Code <input type="checkbox"/>	<p>Ability to hear (with hearing aid or hearing appliances if normally used)</p> <ol style="list-style-type: none"> 0. Adequate – no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty – difficulty in some environments (e.g., when person speaks softly, or setting is noisy) 2. Moderate difficulty – speaker has to increase volume and speak distinctly 3. Highly impaired – absence of useful hearing

- **Intent:** Identifies the patient's ability to hear (with assistive devices, if they are used)
- Problems with hearing can contribute to sensory deprivation, social isolation, and mood and behavior disorders
- Unaddressed communication problems related to hearing impairment can be mistaken for confusion or cognitive impairment

Estimated that 60% of adults with cognitive impairment also have a hearing impairment

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B0200. Response-Specific Instructions

- Have patient use normal hearing appliance, if they have one
 - Be aware that hearing devices may also include hearing amplifiers, microphone and headphones
 - Be sure hearing appliance is operational
- Inquire about hearing in different situations (e.g., hearing staff or family members, talking to visitors, using telephone, watching TV, participation in group discussion)
- Sources:
 - Observation during verbal interactions
 - Clinical record or other available documentation
 - Consult with family/CG, and/or speech or hearing specialists

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B0200. Coding Instructions

Code 0 Adequate

No difficulty hearing in normal conversation, social interaction, or listening to TV

The patient hears all normal conversational speech and telephone or group conversations

Code 1 Minimal Difficulty

Difficulty in some environments; Hearing is adequate after environmental adjustments are made

Hears speech at conversational levels but has difficulty hearing when not in quiet listening conditions or when not in one-on-one situations

Code 2 Moderate Difficulty

Speaker must increase volume and speak distinctly

Compensates when the speaker adjusts tonal quality and speaks distinctly; or the patient can hear only when the speaker's face is clearly visible

Code 3 Highly Impaired

Absences of useful hearing and fails to respond even when speaker adjusts tonal quality, speaks distinctly, or positioned face to face

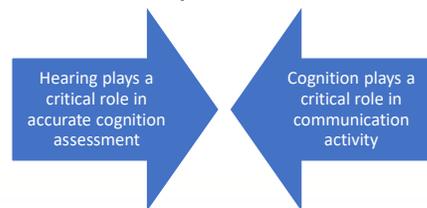
No comprehension of conversational speech, even with maximum adjustments by the speaker

Dash (-) is a valid response

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B0200. Hearing and Cognitive Impairment

- Alternate assessment methods may be necessary when cognitive impaired
 - Do they respond to noise at a normal level?
 - Do they seem to respond only to specific noise in a quiet environment?
 - Assess whether the patient responds only to loud noise or does not respond at all



Warning Signs of Hearing Loss

- Trouble hearing higher pitched sounds
 - Words containing “s” and “th” phonemes -- Instead of “Let’s sit,” say “grab a chair”
 - Increased difficulty hearing female voices versus male voices
- Tinnitus

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Timeframe: As close to the time of SOC as possible

SOC

B1000. Vision

B1000. Vision	
Enter Code	Ability to see in adequate light (with glasses or other visual appliances)
<input type="text"/>	<ol style="list-style-type: none"> 0. Adequate – sees fine detail, such as regular print in newspapers/books 1. Impaired – sees large print, but not regular print in newspapers/books 2. Moderately impaired – limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired – object identification in question, but eyes appear to follow objects 4. Severely impaired – no vision or sees only light, colors or shapes; eyes do not appear to follow objects

- A person’s reading vision often diminishes over time
- Uncorrected vision impairment can limit the enjoyment of everyday activities, maintaining and enjoying hobbies and ability to manage personal business
- Moderate, high, or severe impairment can contribute to sensory deprivation, social isolation, and depressed mood

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B1000. Vision vs M1200. Vision

OASIS-E B1000 Vision

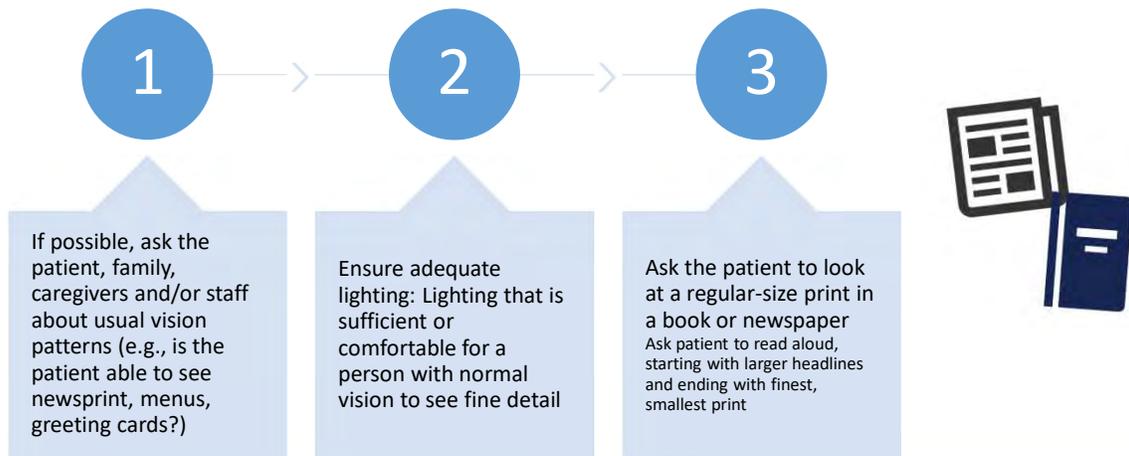
- **Intent:** Identifies the patient's *ability to see objects nearby in their environment, in adequate light*, and with glasses or *other visual appliances*
- Ensure that the patient's customary visual appliance for close vision is in place (e.g., eyeglasses, *magnifying glass*)

OASIS-D1 M1200 Vision

- Intent: Identifies the patient's ability to see *and visually manage (function) safely within his/her environment*, wearing corrective lenses if these are usually worn
- A magnifying glass (as might be used to read newsprint) is **not** an example of corrective lenses

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B1000. Vision Response-Specific Instructions



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B1000. Coding Instructions

Code 0 Adequate

Sees fine detail, including regular print in newspapers / books

Code 1 Impaired

Sees large print, but not regular print in newspapers / books

Code 2 Moderate Impaired

Has limited vision and is not able to see newspaper headlines but can identify objects nearby in their environment

Code 3 High Impaired

Questioned ability to identify objects nearby, but eye movements appear to be following objects (especially people walking by)

Code 4 Severe Impaired

Has no vision, sees only light, colors or shapes, or does not appear to follow objects with eyes

Dash (-) is a valid response

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B1000. Response-Specific Instructions/Tips

Unable to Read Newspaper

- Provide material with larger print, such as a flyer or large textbook

Unable to Read out Loud

- Test this by another means
- Substituting numbers or pictures for words that are displayed in the appropriate print size (regular-size print in a book or newspaper)

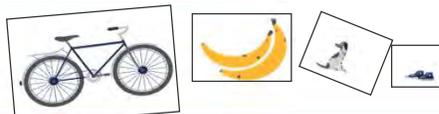
Unable to Communicate/Follow Movement and Objects

- Observe eye movements to see if eyes seem to follow movement and objects to assess if any visual ability
- Patients who follow movement, objects → **Code 3 Highly Impaired**

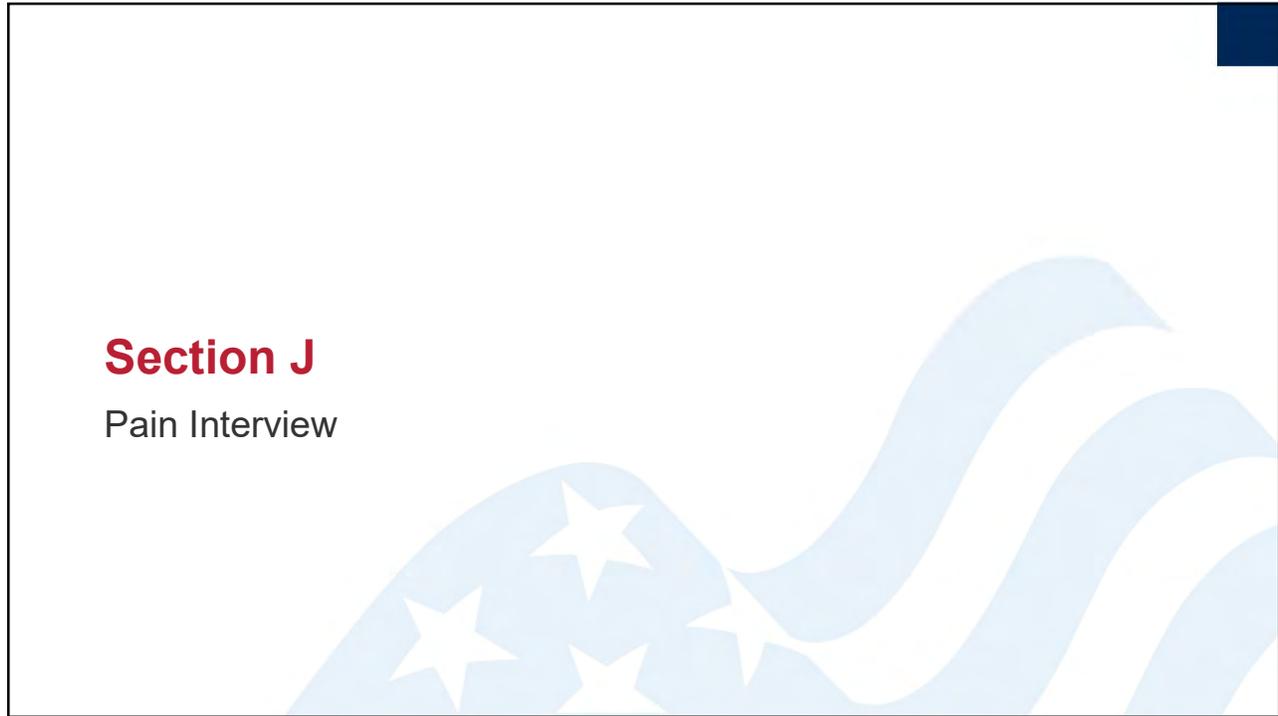
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Section J

Pain Interview

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Timeframe: As close to the time of SOC/ROC/DC
Time Period: 5-day Lookback

SOC/ROC
DC From Agency

J0510. J0520. J0530. Pain Interview

J0510. Pain Effect on Sleep	
Enter Code	Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"
<input type="checkbox"/>	0 Does not apply - I have not had any pain or hurting in the past 5 days → skip to A10400, Sorts of Breeds at SOC/ROC, Skip to I1000, Any Falls Since SOC/ROC or DC
1	Rarely or not at all
2	Occasionally
3	Frequently
4	Almost constantly
5	Unable to answer

J0520. Pain Interference with Therapy Activities	
Enter Code	Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"
<input type="checkbox"/>	0 Does not apply - I have not received rehabilitation therapy in the past 5 days
1	Rarely or not at all
2	Occasionally
3	Frequently
4	Almost constantly
5	Unable to answer

J0530. Pain Interference with Day-to-Day Activities	
Enter Code	Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"
<input type="checkbox"/>	1 Rarely or not at all
2	Occasionally
3	Frequently
4	Almost constantly
5	Unable to answer

(M1242) Frequency of Pain Interfering with patient's activity or movement:	
Enter Code	0 Patient has no pain
<input type="checkbox"/>	1 Patient has pain that does not interfere with activity or movement
2	Less often than daily
3	Daily, but not constantly
4	All of the time

- Replaces M1242
- Intent:** Assess the effect of pain on sleep, pain interference with therapy activities, and pain interference with day-to-day activities

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J0510. J0520. J0530. Pain Interview

- Not associated with any particular approach to pain management
- Non-pharmacologic and non-opioid

Pain Management Strategies	
Non-narcotic analgesics	PT
TENS	Nerve block
Supportive devices	Stretching/strengthening
Acupuncture	Chiropractic
Biofeedback	Electric Stimulation
Apply heat/cold	Radiotherapy
Massage	Ultrasound

Definition

Pain – any type of physical pain or discomfort in any part of the body. It may be localized to one area or may be more generalized. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. Pain is very subjective pain is whatever the experiencing person says it is and exists whenever they say it does

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J0510. J0520. J0530. Pain Interview

I'd like to ask you some questions about pain. The reason I am asking these questions is to understand how pain affects your sleep and activities. This will help us to develop the best plan of care to help manage your pain.

- Directly ask the patient each item in the order provided as written
- No pre-determined definitions are offered to patient
- Response should be based on the patient's interpretation of frequency response options
- Use other terms for pain or follow-up discussion if patient seems hesitant (e.g., hurt, aching, burning)
- If patient unsure about whether occurred in the 5-day time interval, prompt the patient to think about the most recent episode of pain and try to determine whether it occurred within the look-back period
- If the patient is unable to decide between 2 options, then the assessing clinician should code for the option with the higher frequency

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5-Day Lookback

Responses for J0510. J0520. J0530

J0510. Code 0, Does not apply, if the patient responds that they did not have any pain or hurting in the past 5 days Skip measure

J0520. Code 0, Does not apply, if the patient responds that they did not participate in rehabilitation therapy for reasons unrelated to pain (e.g., therapy not needed, unable to schedule) in the past 5 days

J0530. Code 0, Does not apply – No exclusions for this item

Code 1, Rarely or not at all, if the patient responds that pain has been present and the pain rarely...

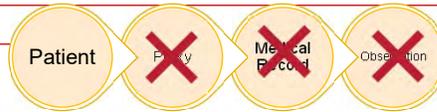
Code 2, Occasionally, if the patient responds that pain has occasionally ...

Code 3, Frequently, if the patient responds that pain has frequently ...

Code 4, Almost constantly, if the patient responds that pain has almost constantly ...

Code 8, Unable to answer, if the patient is unable to answer the question, does not respond or gives a nonsensical response

Dash is not a valid response for this item



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Timeframe: As close to the time of SOC/ROC/DC
Time Period: 5-day Lookback

SOC/ROC

DC From Agency

J0510. Effect on Sleep Coding Tips

J0510. Pain Effect on Sleep	
Enter Code	Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night"
<input type="checkbox"/>	0. Does not apply – I have not had any pain or hurting in the past 5 days ⇒ Skip to M1400, Short of Breath at SOC/ROC; Skip to J1800, Any Falls Since SOC/ROC at DC
	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly
	8. Unable to answer

Repeat the question and attempt to narrow focus if patient's answer does not lead to a clear answer

• Key difference: Code 0 vs Code 1

- **Code 0**, Does not apply = the patient reports no pain/hurting in the past 5 days
- **Code 1**, Rarely or not at all = patient reports pain/hurting HAS been present in the past 5-days, but has rarely or not at all impacted sleep
- **Code 1**, Rarely or not at all = patient reports they had pain in the past 5 days and the pain does not interfere with the patient's sleep (e.g., because the patient is using pain management strategies successfully)

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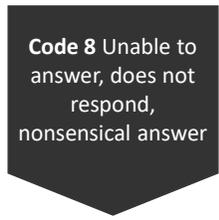
J0510. Effect on Sleep Coding Tips

Skip to M1400 @ SOC/ROC;
Skip to J1800 at DC

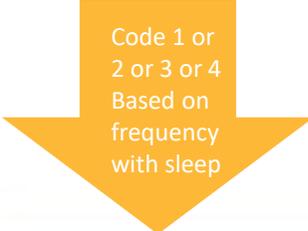


Code 0
Does not apply

Patient has had no pain in the last 5-days



Code 8 Unable to answer, does not respond, nonsensical answer



Code 1 or 2 or 3 or 4
Based on frequency with sleep

Patient has had pain in the last 5-days

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Timeframe: As close to the time of SOC/ROC/DC
Time Period: 5-day Lookback

SOC/ROC
DC From Agency

J0520. Pain Interference with Therapy Activities

J0520. Pain Interference with Therapy Activities

Enter Code Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"

- 0. Does not apply – I have not received rehabilitation therapy in the past 5 days
- 1. Rarely or not at all
- 2. Occasionally
- 3. Frequently
- 4. Almost constantly
- 8. Unable to answer

- Confirm patient has been offered rehab therapies within the reference time
- May include treatment supervised in person by a therapist or nurse or other staff, or the patient/family/caregivers carrying out a prescribed therapy program without agency staff present

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J0520. Therapy Definition



Definition

Rehab Therapy – special healthcare service or programs that help a person **regain** physical, mental, and or cognitive (thinking and learning) abilities that have been lost or impaired as a result of disease, injury or treatment. Can include, for example, **PT, OT, SP, and cardiac and pulmonary therapies**

40.2 - Skilled Therapy Services

...Coverage does not turn on the presence or absence of an individual's potential for improvement, but rather on the beneficiary's need for skilled care

40.2.1(d) - General Principles Governing Reasonable and Necessary Physical Therapy

1. Skills of a qualified therapist are needed to restore patient function
2. The patient's clinical condition requires the specialized skills, knowledge, and judgment of a qualified therapist to establish or design a maintenance program, related to the patient's illness or injury



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Timeframe: As close to the time of SOC/ROC/DC
Time Period: 5-day Lookback

SOC/ROC
DC From Agency

J0520: Interference with Day-to-Day Activities

J0530. Pain Interference with Day-to-Day Activities	
Enter Code	Ask patient: "Over the past 5 days, how often you have limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"
<input type="checkbox"/>	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly
	8. Unable to answer

- Excludes rehab therapy sessions
- Activity examples: Get out of bed, talking, reading, eating, taking walks, brushing teeth

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Pain Interview: Scenario One

Mr. Happ is admitted to home health s/p total knee joint replacement three days ago. Nurse Lilah asks the patient, *“Over the past 5-days, how much of the time has pain made it hard for you to sleep at night?”*

Mr. Happ responds he has been pain-free for the last 5-days. Mrs. Happ shakes her head no and rolls her eyes. Mr. Happ states to his spouse, *“You don’t know what I know”*

J0510. Pain Effect on Sleep	
Enter Code: <input type="text" value="0"/>	Ask patient: <i>“Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?”</i>
	0 Does not apply – I have not had any pain or hurting in the past 5 days → Skip to A1400, Short of Breath or SOB/RDC, Skip to I1800, Any Falls Since SOC/RDC or DC
	1 Rarely or not at all
	2 Occasionally
	3 Frequently
	4 Almost constantly
	5 Unable to answer
J0520. Pain Interference with Therapy Activities	
Enter Code: <input type="text" value="Skipped"/>	Ask patient: <i>“Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?”</i>
	0 Does not apply – I have not received rehabilitation therapy in the past 5 days
	1 Rarely or not at all
	2 Occasionally
	3 Frequently
	4 Almost constantly
	5 Unable to answer
J0530. Pain Interference with Day-to-Day Activities	
Enter Code: <input type="text" value="Skipped"/>	Ask patient: <i>“Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?”</i>
	1 Rarely or not at all
	2 Occasionally
	3 Frequently
	4 Almost constantly
	5 Unable to answer

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Pain Interview: Scenario Two

Mr. Contreras is admitted to home health s/p 7-day inpatient stay for an exacerbation of his COPD. It is also documented that patient has generalized osteoarthritis. Nurse Lilah asks the patient, *“Over the past 5-days, how much of the time has pain made it hard for you to sleep at night?”*

Mr. Contreras responds, *“I have some joint pain every day, but once I take my sleeping pill, I’m out like a light”*

J0510. Pain Effect on Sleep	
Enter Code: <input type="text" value="1"/>	Ask patient: <i>“Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?”</i>
	0 Does not apply – I have not had any pain or hurting in the past 5 days → Skip to A1400, Short of Breath or SOB/RDC, Skip to I1800, Any Falls Since SOC/RDC or DC
	1 Rarely or not at all
	2 Occasionally
	3 Frequently
	4 Almost constantly
	5 Unable to answer
J0520. Pain Interference with Therapy Activities	
Enter Code: <input type="text" value=""/>	Ask patient: <i>“Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?”</i>
	0 Does not apply – I have not received rehabilitation therapy in the past 5 days
	1 Rarely or not at all
	2 Occasionally
	3 Frequently
	4 Almost constantly
	5 Unable to answer
J0530. Pain Interference with Day-to-Day Activities	
Enter Code: <input type="text" value=""/>	Ask patient: <i>“Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?”</i>
	1 Rarely or not at all
	2 Occasionally
	3 Frequently
	4 Almost constantly
	5 Unable to answer

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Pain Interview: Scenario Two (cont.)

Mr. Contreras states he has been going to pulmonary rehab but hasn't been since he was admitted to inpatient care. Nurse Lilah asks the patient, *"Over the past 5 days, how often have you limited your day-to-day activities because of pain?"*

The patient responds, *"Occasionally or Frequently? It's hard for me to tell the difference between those two. I'll say somewhere between occasionally and frequently"*

J0510. Pain Effect on Sleep	
Enter Code: 1	Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 0: Does not apply - I have not had any pain or hurting in the past 5 days → Skip to A1400. Start of breath in SOC/RDC. Skip to I2000. Any Falls Since SOC/RDC or DC. 1: Rarely or not at all 2: Occasionally 3: Frequently 4: Almost constantly 5: Unable to answer
J0520. Pain Interference with Therapy Activities	
Enter Code: 0	Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0: Does not apply - I have not received rehabilitation therapy in the past 5 days 1: Rarely or not at all 2: Occasionally 3: Frequently 4: Almost constantly 5: Unable to answer
J0530. Pain Interference with Day-to-Day Activities	
Enter Code: 3	Ask patient: "Over the past 5 days, how often you have limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" 1: Rarely or not at all 2: Occasionally 3: Frequently 4: Almost constantly 5: Unable to answer

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Section K: Swallowing/Nutritional Status

Nutritional Approaches

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Timeframe: Admission timeframe, Last 7-days before DC, DC timeframe

SOC/ROC

DC From Agency

K0520. Nutritional Approaches

SOC/ROC	
K0520. Nutritional Approaches	
1. On Admission Check all of the nutritional approaches that apply on admission	1. On Admission Check all that apply ↓
A. Parenteral/IV feeding	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>

Discharge		
K0520. Nutritional Approaches		
4. Last 7 days Check all of the nutritional approaches that were received in the last 7 days	4. Last 7 days ↓	5. At discharge ↓
5. At discharge Check all of the nutritional approaches that were being received at discharge	Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

- **Intent:** To identify if any nutritional approaches listed are used by the patient
- Nutritional approaches such as mechanically altered food or those that rely on alternative methods can diminish an individual’s sense of dignity and self-worth as well as diminish pleasure from eating
- Condition may potentially benefit from various nutritional approaches

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K0520A. Nutritional Approaches: Parenteral/IV

Parenteral/IV Feeding

Introduction of a nutritive substance into the body by means other than the intestinal tract

Coding Tips

Includes parenteral or IV fluids provided for **nutrition or hydration**. Includes additional fluid intake specifically addressing a documented nutrition or hydration need.

Includes

- IV fluids or hyperalimentation, including TPN administered continuously or intermittently
- Hypodermoclysis and subcutaneous ports in hydration therapy
- IV fluids if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and hydration

Excluded:

- IV medications—Code these when appropriate in O0110H, IV Medications
- IV fluids used to reconstitute and/or dilute meds for IV admin
- Fluids provided solely to maintain access and patency
- IV fluids administered as a routine part of an operative or diagnostic procedure or recovery room stay
- IV fluids administered to flush the IV line
- Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis

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K0520B. Nutritional Approaches: Tube

Feeding Tube	Presence of any type of tube that can deliver food / nutritive substances / fluids / meds directly into the GI system
Coding Tips	Code only feeding tubes used to deliver nutritive substances and/or hydration during the time period under consideration
Includes	<ul style="list-style-type: none"> • NG tube, G tube, J tube, PEG tube

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K0520C. Nutritional Approaches: Altered

Mechanically Altered	A diet specifically prepared to alter texture or consistency of food to facilitate oral intake
Coding Tips	Should not automatically be considered a therapeutic diet
Includes	<ul style="list-style-type: none"> • Soft solids, pureed, ground meet, thickened liquids

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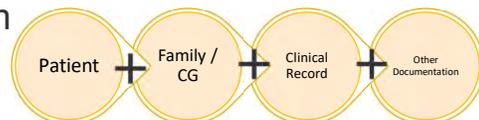
K0520D. Nutritional Approaches: Therapeutic

Therapeutic	}	Diet intervention prescribed by a physician or other authorized NPP that provides food or nutrients via oral, enteral, and parenteral routes as part of tx for a disease or clinical condition to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet
Coding Tips	}	A nutritional supplement given as part of the tx for a disease/clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet
Includes	}	<ul style="list-style-type: none"> •When enteral formula is altered to manage problematic health conditions, e.g. enteral formulas specific to diabetes •Food elimination diets related to food allergies (e.g. peanut allergy) can be coded as a therapeutic diet. •Supplements (whether taken with, in-between, or instead of meals) when they are being taken as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for protein-calorie malnutrition). •Prescribed: NAS for CHF, Renal diet for CKD/ESRD, NCS for DM

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K0520. Response-Specific/Coding Instructions

- SOC: Determine if any of the listed nutritional approaches apply during the time period under consideration for the SOC/ROC assessment
- DC: Determine if any of the listed nutritional approaches were received in the last 7 days (Column 1) and during the time period under consideration for the discharge assessment (Column 2).
- Check all that apply
- If none apply, check K0520Z, None of the above
- Dash is a valid response for this item



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Timeframe: Admission timeframe, Last 7-days before DC, DC timeframe

K0520 Coding Tips

- If a listed nutritional approach is ordered as a result of this SOC/ROC assessment, mark the applicable nutritional approach
 - Examples: IV hydration will be started at this visit or a specified subsequent visit; the physician is contacted for an enteral order, etc.
- Example for DC Rationale:
 - The patient requires both a mechanically altered diet (i.e., mechanical soft diet and honey-thick liquids) and a therapeutic diet (i.e., gluten free) for Celiac disease and they were administered in the last seven days as well as during the time period under consideration for the discharge assessment and are expected to continue after discharge
 - K0520C4 and K0520C5 are checked
 - K0520D4 and K0520D5 are checked



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Section N

Medications



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Time period: While a Patient of the HHA

SOC/ROC

DC From Agency

N0415. High-Risk Drug Classes: Use & Indication

- **Intent:** Identifies if the patient is taking any prescribed medications in the specified drug classes and whether the indication was noted for all medications in the drug class
- High-risk drug classes are at risk for side effects that can adversely affect health, safety, and quality of life
- Any route, any setting while a patient of the HHA

SOC/ROC and Discharge		
N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes	1. Is Taking ↓	2. Indication Noted ↓
2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	Check all that apply	
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the Above	<input type="checkbox"/>	<input type="checkbox"/>

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N0415. High-Risk Drug Classes

- Data sources:
 - Medical records received from facilities where the patient received healthcare
 - Most recent H&P
 - Transfer documents
 - DC summaries
 - Medication lists/records
 - Clinical progress notes
 - Other resources as available
 - Discussion may supplement or clarify info from medical records

Definition

Adverse Drug Reaction (ADR) – a form of an adverse consequence. It may be either a secondary effect of a med that is usually undesirable and different from the therapeutic effect of the medication or any response to a med that is noxious and unintended and occurs in the prophylaxis diagnosis, or treatment. The term side effect is often used interchangeably with ADR, however, side effects are but one of five ADR categories, the others being: hypersensitivity, idiosyncratic response, toxic reactions, and adverse medication interactions. A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence.

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N0415. High-Risk Drug Class Examples

Antipsychotics	• Haldol, Thorazine, Abilify, Clozapine
Anticoagulant	• Eliquis, Xarelto, Coumadin, Pradaxa
Antibiotic	• Cipro, PCN, Clindamycin, Doxycycline
Opioid	• Oxycodone, Vicodin, Fentanyl, Tramadol
Antiplatelets	• ASA, Plavix, Persantine, Aggrenox
Hypoglycemic	• Glyburide, Metformin, Insulin, Glucotrol

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N0415. Coding Instructions

- If Column 1 is checked, review patient documentation to determine if there is documented indication noted for all medication in the drug class (Column 2)
- **Dash** is a valid response



Admission and Discharge		
High-Risk Drug Classes: Use and Indication		
Is taking		
Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes		
Indication noted		
If Column 1 is checked, check if there is an indication noted for all medications in the drug class		
	1. Is Taking	
	2. Indication Noted	
	Check all that apply	
	<input type="checkbox"/>	<input type="checkbox"/>

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N0415. Coding Instructions

- Code according to therapeutic category and/or pharmacological classification regardless of why patient is taking
- Code a medication that is part of a patient's current drug regimen, even if it was not taken on the day of assessment
- Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel as N0415E, Anticoagulant
- Anticoagulants such as Target Specific Oral Anticoagulants (TSOACs), which may or may not require laboratory monitoring, should be coded in N0415E, Anticoagulant

Physiological change induced by the drug

Mechanism of action at the molecular level

Therapeutic Category	Pharmacologic Class
Analgesic	Opioid
Antibacterial	PCNs
Blood Products / Modifiers / Volume Expanders	Anticoagulants Platelet Aggregation Inhibitors

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N0415. Coding Tips

- Include:
 - Long-acting meds that are given every few weeks or monthly Newly prescribed meds even if the med is not yet in the home and/or first dose not taken
 - Transdermal patches
- Combination medications should be coded in all categories/pharmacologic classes that constitute the combination
- Medications that have more than one therapeutic category and/or pharmacological classification should be coded in all categories/classifications assigned to the med, regardless of how it is being used

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Examples

Risperidone

Category

- Bipolar Agent
- Antipsychotic

Risperidone is listed under as Bipolar Agent and Antipsychotic. Capture as Antipsychotic

1. In Taking	2. Indication Needed										
Check all that apply											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> A. Antipsychotic</td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> E. Anticoagulant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> F. Antibiotic</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> H. Opioid</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> I. Antiplatelet</td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/> A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/> E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/> F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/> H. Opioid	<input type="checkbox"/>	<input type="checkbox"/> I. Antiplatelet	<input type="checkbox"/>
<input type="checkbox"/> A. Antipsychotic	<input type="checkbox"/>										
<input type="checkbox"/> E. Anticoagulant	<input type="checkbox"/>										
<input type="checkbox"/> F. Antibiotic	<input type="checkbox"/>										
<input type="checkbox"/> H. Opioid	<input type="checkbox"/>										
<input type="checkbox"/> I. Antiplatelet	<input type="checkbox"/>										

Percodan

- ASA
- Hydrocodone

- Antiplatelet
- Opioid

Percodan is a combo drug that is classified as both Antiplatelet and Opioid

1. In Taking	2. Indication Needed										
Check all that apply											
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> A. Antipsychotic</td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> E. Anticoagulant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> F. Antibiotic</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> H. Opioid</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> I. Antiplatelet</td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/> A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/> E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/> F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/> H. Opioid	<input type="checkbox"/>	<input type="checkbox"/> I. Antiplatelet	<input type="checkbox"/>
<input type="checkbox"/> A. Antipsychotic	<input type="checkbox"/>										
<input type="checkbox"/> E. Anticoagulant	<input type="checkbox"/>										
<input type="checkbox"/> F. Antibiotic	<input type="checkbox"/>										
<input type="checkbox"/> H. Opioid	<input type="checkbox"/>										
<input type="checkbox"/> I. Antiplatelet	<input type="checkbox"/>										

Rizira

Category

- Opioid
- Decongestant

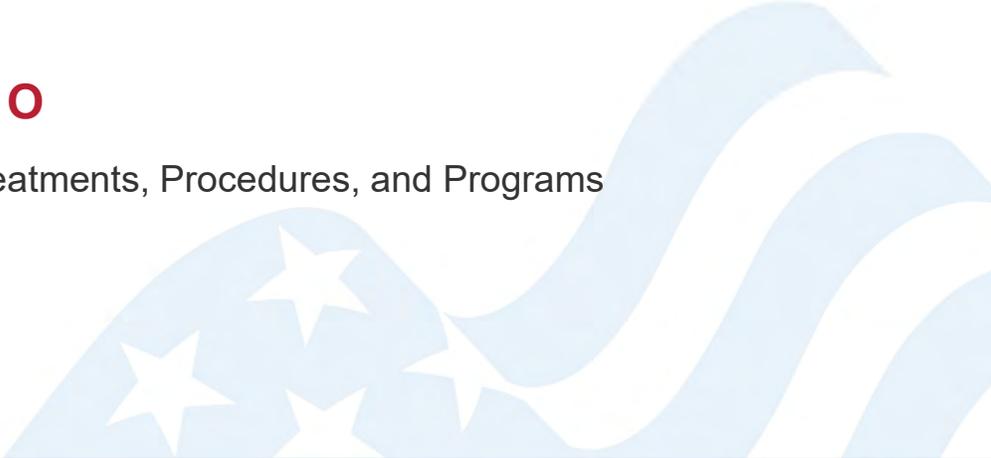
Rizira is a combo drug that is classified as both Opioid and Decongestant. Capture as Opioid

1. In Taking	2. Indication Needed								
Check all that apply									
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> A. Antipsychotic</td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> E. Anticoagulant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> F. Antibiotic</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> H. Opioid</td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/> A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/> E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/> F. Antibiotic	<input type="checkbox"/>	<input checked="" type="checkbox"/> H. Opioid	<input type="checkbox"/>
<input type="checkbox"/> A. Antipsychotic	<input type="checkbox"/>								
<input type="checkbox"/> E. Anticoagulant	<input type="checkbox"/>								
<input type="checkbox"/> F. Antibiotic	<input type="checkbox"/>								
<input checked="" type="checkbox"/> H. Opioid	<input type="checkbox"/>								

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Section O

Special Treatments, Procedures, and Programs



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O0110. Special Treatments, Procedures, & Programs

- **Intent** – To identify any special treatments, procedures, and programs that apply to the patient
- May have profound effect on an individual’s health status, self-image, dignity, and quality of life

Timeframe: Time period under consideration of SOC/ROC/DC

SOC/ROC
DC From Agency

SOC/ROC	On Admission Check all that apply
O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission.	
Cancer Treatments	
A1. Chemotherapy	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>
Respiratory Therapies	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>
D3. As Needed	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulation	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
D1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Mid-line	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	<input type="checkbox"/>
Z1. None of the Above	<input type="checkbox"/>

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O0110. Response-Specific Instructions

- Allowed sources:
 - Clinical record
 - Consultation with patient, family, CGs, and/or staff
- Check all that are part of the current care/treatment plan
- Include regardless if performed by others or patient – including agency staff and if only set-up is needed
- Include those performed in patient’s home or other settings
- Exclude those provided solely with a surgical procedure (including pre-op and post-op) or diagnostic procedure
- Check Chemo, Radiation, and dialysis if patient is undergoing treatment at the time of assessment

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00110. Cancer Treatments Coding Instructions

Cancer Treatments	
A1. Chemotherapy	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>

- A1 Any type of chemo med administered as an antineoplastic – any route
- A2 IV chemo
- A3 Oral chemo (includes enteral)
- A10 Chemo administered in a way other than IV or oral or enteral
- B1 Radiation – Intermittently or via radiation implant

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00110. Respiratory – Oxygen

Respiratory Therapies	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>

- C1 Continuous or intermittent used via mask, cannula, etc. Includes BiPAP/CPAP
- C2 Continuous for ≥ 14 hours per day
- C3 Intermittent (< 14 hours per day)

Exclude hyperbaric oxygen

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C4. High Concentration Delivery System

C4

High concentration delivery system that exceeds FiO₂ 40% (i.e., exceeding that of simple low-flow nasal cannula at a flow-rate of 4 liters per minute)

Simple Low-flow NC

Delivery Systems and Devices	
High or Low Flow Systems	
Simple face masks	Invasive mechanical ventilators
Partial and nonrebreather masks	Non-invasive mechanical ventilators
Face Tents	Trach masks
Venturi masks	Oxygen-conserving NC systems with reservoirs
Aerosol masks	
High-flow cannula or masks	

L/Min	FiO ₂ %
1	0.24
2	0.28
3	0.32
4	0.36
5	0.40
6	0.44



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00110: Respiratory – Suctioning & Trach

D1. Suctioning	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>
D3. As Needed	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>

D1

Tracheal and/or nasopharyngeal suctioning is performed – Does not include oral suction

D2

Scheduled suctioning – medical orders or agency standards

D3

As needed suctioning

E1

Cleansing of trach and/or cannula

Items are checked if performed by the patient/CG

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00110. Respiratory – Mechanical Ventilator

F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>

F1 Invasive Mechanical Ventilator (vent or respirator)

- Use of any type of electrically or pneumatically powered closed-system mechanical ventilator support device that ensures adequate ventilation in the patient who is or who may become (such as during weaning attempts) unable to support their own respiration

G1 Non-Invasive Mechanical Ventilator

- Use of any type of respiratory support device that prevents airways from closing by delivering slightly pressurized air through a mask or other device continuously or electronic cycling. The BiPAP/CPAP mask/device enables the individual to support their own spontaneous respiration. May be checked if the patient or family/CG places or removes BiPAP/CPAP mask/device

G2 & G3 BiPAP and CPAP

- BiPAP – Non-invasive support by BiPAP
- CPAP – Non-invasive support by CPAP

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00110. Other – IV Medications

H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulation	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>

H1 Includes:

- Any med or biological given by
 - IV push
 - Epidural pump
 - Drip thru central or peripheral port
 - Intrathecal and baclofen pumps

H1 Excludes:

- Flushes to keep IV access open
- IV fluids without medication
- Subcutaneous pumps
- IV meds of any kind admin during dialysis or chemotherapy
- D5 and/or LR given IV

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00110. Other – IV Medications

H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulation	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>

- H2

If at least one of IV medications is vasoactive
- H3

If at least one of IV medications is an antibiotic
- H4

If at least one of IV medications is an **IV** anticoagulant
- H10

If at least one IV med other than vasoactive, antibiotic, anticoagulant (e.g., morphine)

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00110. Transfusions and Dialysis

I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>

- I1

Any blood or any blood products administered directly into the bloodstream. Do not include if given during dialysis or chemotherapy
- J1

Peritoneal or renal dialysis occurs in the home or at a facility
- J2

Dialysis was hemodialysis
- J3

Dialysis was peritoneal dialysis

Dialysis items are checked if performed by the patient/CG

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O0110. IV Access

O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Mid-line	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>

- O1** Catheter is inserted into a vein for a variety of clinical reasons
- O2** IV access is peripheral access
- O3** IV access is midline access
- O4** IV access is centrally located

-  Examples of Clinical Reasons
- Long-term med admin
 - Hemodialysis
 - Large volumes of blood/fluid
 - Frequent blood draws
 - Admin IV fluids
 - TPN
 - CVP measurement

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O0110. None of the Above

None of the Above	
Z1. None of the Above	<input type="checkbox"/>

- **Z1** – None of the above treatments, procedures, or programs apply
- **Dash** is a valid response for these items

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OASIS-E Preparation and Care Planning

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Care Planning Strategies

- Gather resources for interventions that mitigate SDoH challenges
- Hearing impairment or suspected hearing impairment
 - Speech Therapy consult
 - Audiology referral
 - Promote hearing aid management strategies
 - Storing in consistent location
 - Checking charge/replacing batteries
 - Cleaning
 - Investing in pocket-talker
- Vision compensatory mechanisms
- Pain management strategies

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Preparation and Accuracy

- Conversation and expectations for EHR provider
- Education, education, education
 - Microlearning
 - Repetition
 - Utilize all delivery methods
 - Message as a means for better patient care
- Practice, practice, practice
 - Role playing
 - Begin completing on patients now

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OASIS-E Preparation and Accuracy

- Defining processes (e.g., Definitions for *Rarely, Sometimes, Often*)
- Assessment and guidance competency skill checks
 - Pain interview
 - Comprehensive pain assessment
- Add to the clinician toolkit

Toolkit Suggestions

- Newspaper or book
 - Headlines
 - Larger print
 - Smaller print
- Numbers and pictures in appropriate print size
Electronic version of above?
- Cheat sheet for
 - Social resources
 - Allowed sources for scoring, hierarchy of sources
 - Frequent high-risk med examples
 - Look back references
 - Nutritional Approaches definitions
 - Assessment/guideline specifics
 - OASIS E manual/definitions

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Questions?

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References

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- Outcome and Assessment Information Set OASIS-E Manual
<https://www.cms.gov/files/document/oasis-e-guidance-manual51622.pdf>
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