

## *Introducing...* **OASIS-C1/ICD-9**

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Division of Quality Assurance  
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## **Why Change?**

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- Some change required by Affordable Care Act, so all changes made at once
  - OASIS-C has missing and misleading words
  - Revisions will enhance accuracy and understanding through simplification and clarity of questions and responses
  - Updates include all new Q&A guidance since the October '12 Q&A's
- Most changes are minor; there are a few 'notable' changes



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## OASIS-C1/ICD-9 Dataset: What's changed?

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- OASIS-C has been with us since 2010
- **CHANGES MADE to C1 Dataset:**
  - Five M-items deleted
  - Some M-items dropped at certain time points
  - Majority of M-items: language was revised for clarity in questions and/or responses
  - Some M-items replaced with a newly-numbered 'C1' question
  - One M-Item split into 2 questions
  - Skip patterns revised and grammar improved



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## C1/ICD-9 Guidance Manual: What changed?

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### CHANGES MADE:

- New C1-Items added
- Revised: Item Intent, Time points Collected, Response-Specific Instructions, and Data sources/Resources were updated from Quarterly Q+A's
- Resource URLs validated
- Standardized capitalization, terminology, language, grammar, and punctuation



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## OASIS Q&A's: What changed?

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- Reviewed existing Q&As, Categories 1-4:
  - Added new guidance from Quarterly Q&As (Jan. '13 through April '14)
  - Retired outdated Q&As
  - Revised language to clarify guidance, correct typos, and standardize capitalization, etc.
  - Web links tested and updated
- Both versions of Q&As (C+C1) will be available until 12-31-14; **the OASIS-C Q+A's will be archived after 1-1-15**
- Process for Quarterly Q+A's will not change



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## OASIS-C1 WOCN Guidance: What changed?

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- Updated to correspond to the OASIS-C1 dataset
  - Removed deleted wound items
  - Added one new pressure ulcer question
  - Revised definitions
  - Defined stage IV pressure ulcer structures that may be visible
  - Included clarifications from Q&A's



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## OASIS Web-training Modules

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- Modules currently include only OASIS-C instructions in all 'Domains'
- Since only a few 'notable' changes to C1, existing modules will still be valuable when new staff learn about OASIS, conventions, collection rules, etc.
- PLAN: Revise and update existing modules to C1 beginning in early 2015



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## Deleted Items:

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- M1012 - Inpatient Procedures
- M1310 - Pressure Ulcer Length
- M1312 - Pressure Ulcer Width
- M1314 - Pressure Ulcer Depth
- M2440 - Nursing Home Admission Reason



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## Most Frequent Changes

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- The 'convention' of "e.g."
  - Eliminated all "e.g." abbreviations
  - Replaced with "for example" for clarity
  - Also removed "etc." that followed most 'e.g.' items
- The 'convention' of "i.e."
  - Eliminated all "i.e." abbreviations
  - Replaced with "specifically" for clarity



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## Most Frequent Changes

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- "e.g." and/or "i.e." is the only change:
  - M0150: Current Payment Sources
  - M1230: Speech and Oral Expression
  - M1400: Dyspneic or Noticeably Short of Breath
  - M1610: Urinary Incontinence or Catheter
  - M1700: Cognitive Functioning
  - M1740: Cognitive, Behavioral, and Psychiatric Symptoms
  - M1800: Grooming
  - M1860: Ambulation and Locomotion
  - M1880: Ability to Prepare Light Meals
  - M1890: Telephone Use



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## Most Frequent Changes

Change limited to Punctuation, grammar, or 'capitalization' of letters:

- M0060: Patient ZIP Code
- M1210: Ability to Hear
- M1350: Skin Lesion or Open Wound
- M1630: Ostomy for Bowel Elimination

Changed only collection time-points:

- M1350: Dropped at Follow-up & Discharge
- M1410: Dropped at Discharge



## M0100: Reason for Assessment

(M0100) This Assessment is Currently Being Completed for the Following Reason:

Start/Resumption of Care

- 1-Start of care—further visits planned
- 3-Resumption of care (after inpatient stay)

Follow-Up

- 4-Recertification (follow-up) reassessment [Go to M0110]
- 5-Other follow-up [Go to M0110]

Transfer to an Inpatient Facility

- 6-Transferred to an inpatient facility—patient not discharged from agency [Go to M1041]
- 7-Transferred to an inpatient facility—patient discharged from agency [Go to M1041]

Discharge from Agency — Not to an Inpatient Facility

- 8-Death at home [Go to M0903]
- 9-Discharge from agency [Go to M1041]

New 'skip'  
directions due to  
changes in M-item  
numbering



## M1000: Inpatient Facility Discharge

(M1000) From which of the following Inpatient Facilities was the patient discharged **within the past 14 days**? (Mark all that apply.)

- 1-Long-term nursing facility (NF)
- 2-Skilled nursing facility (SNF/TCU)
- 3-Short-stay acute hospital (IPP S)
- 4-Long-term care hospital (LTCH)
- 5-Inpatient rehabilitation hospital or unit (IRF)
- 6-Psychiatric hospital or unit
- 7-Other (specify) \_\_\_\_\_
- NA-Patient was not discharged from an inpatient facility [Go to M1016]

"During the past 14 days" changed to "within the past 14 days" and underlining removed



## M1018: Conditions Prior to Regimen Change or Inpatient Stay Within Past 14 Days

(M1018) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions **that** existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.)

- 1-Urinary incontinence
- 2-Indwelling/suprapubic catheter
- 3-Intractable pain
- 4-Impaired decision-making
- 5-Disruptive or socially inappropriate behavior
- 6-Memory loss to the extent that supervision required
- 7-None of the above
- NA-No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
- UK-Unknown

"which" changed to "that"







## M1046: Reason Influenza Vaccine not Received

**M1046** Influenza Vaccine Received: Did the patient receive the influenza vaccine for this year's flu season?

- 1 - **Yes**; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
- 2 - **Yes**; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
- 3 - **Yes**; received from another health care provider (for example, physician, pharmacist)
- 4 - **No**; patient offered and declined
- 5 - **No**; patient assessed and determined to have medical contraindication(s)
- 6 - **No**; not indicated - patient does not meet age/condition guidelines for influenza vaccine
- 7 - **No**; inability to obtain vaccine due to declared shortage
- 8 - **No**; patient did not receive the vaccine due to reasons other than those listed in responses 4-7

- Simplified to report: 1) did patient receive influenza vaccine, and 2) from what source.
- Eliminated unnecessary language in the question.
- "Yes" Answers #1, 2, 3 can still be used even if CDC made vaccine available before October 1<sup>st</sup>.



## M1051: Pneumococcal Vaccine

**(M1051)** Pneumococcal Vaccine: Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?

- 0 - No
- 1 - Yes [Go to M1500 at TRN; Go to M1230 at DC]

- Now **ONLY** asks if patient has ever received pneumococcal vaccine *from anyone*.
- Serves as 'gateway question' to M1056 which looks at **WHY** the patient hasn't received the pneumococcal vaccine.
- Changed "PPV" to "pneumococcal vaccine"





## M1100: Patient Living Situation

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)

Living Arrangement	Availability of Assistance				
	Around the clock	Regular daytime	Regular nighttime	Occasional / short-term assistance	No assistance available
a. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
c. Patient lives in congregate situation (for example, assisted living, residential care home)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

- "e.g." replaced in row 'c'.  
 - Added "residential care home" to row 'c' as an example.



## M1240: Pain Assessment

(M1240) Has this patient had a formal Pain Assessment using a standardized, validated pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?

- 0 - No standardized, validated assessment conducted
- 1 - Yes, and it does not indicate severe pain
- 2 - Yes, and it indicates severe pain

Added "validated" question and Response '0' since both "standardized" and "validated" are required in the Guidance Manual.



## M1300: Pressure Ulcer Assessment

(M1300) Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers?

- 0 - No assessment conducted [*Go to M1306*]
- 1 - Yes, based on an evaluation of clinical factors (for example, mobility, incontinence, nutrition) without use of standardized tool.
- 2 - Yes, using a standardized, validated tool (for example, Braden Scale, Norton Scale)

- Eliminated "e.g." and "etc." and added punctuation in response 1  
- Added "validated" & "Scale" and punctuation in response 2



## M1306: Unhealed Pressure Ulcers

(M1306) Does this patient have at least one Unhealed Pressure Ulcer at Stage II or Higher or designated as Unstageable? (Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)

- 0 - No [*Go to M1322*]
- 1 - Yes

- Wording change to question.  
- Added clarification to question to exclude Stage I and healed Stage II ulcers  
- "Unstageable" capitalized in all pressure ulcer questions.











## M1309: Ch. 3 Guidance

**Instructions for d:** For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.

	Enter Number (Enter "0" if there are no Unstageable pressure ulcers at discharge OR if all current Unstageable pressure ulcers were Stage III or IV or were Unstageable at most recent SOC/ROC)
d. Unstageable due to coverage of wound bed by slough or eschar	

### Response-Specific Instructions:

**Row d:** For pressure ulcers that are currently Unstageable due to coverage of wound bed by slough or eschar.

- Pressure ulcers that are Unstageable due to slough or eschar are those in which the wound bed is not visible due to some degree of necrotic tissue or scabbing that the clinician believes may be obscuring the visualization of bone, muscle, tendon or joint capsule (Stage IV structures).
- If a Stage IV structure is visible, the pressure ulcer is not considered "Unstageable" - then it is a Stage IV even if slough/eschar is present.



## M1309: Ch. 3 Guidance

**Instructions for d:** For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.

	Enter Number (Enter "0" if there are no Unstageable pressure ulcers at discharge OR if all current Unstageable pressure ulcers were Stage III or IV or were Unstageable at most recent SOC/ROC)
d. Unstageable due to coverage of wound bed by slough or eschar	

### Response-Specific Instructions:

**Row d:** For pressure ulcers that are currently Unstageable due to slough/eschar, "worsening" refers to a pressure ulcer that was either **not present, or was a Stage I or II** at the most recent SOC/ROC, but is now Unstageable due to slough/eschar.

- Pressure ulcers (currently) Unstageable due to presence of slough/eschar and that were Stage III or IV at the most recent SOC/ROC *are not considered worsened*.



## M1309: Ch. 3 Guidance

**Instructions for d:** For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.

	Enter Number (Enter "0" if there are no Unstageable pressure ulcers at discharge OR if all current Unstageable pressure ulcers were Stage III or IV or were Unstageable at most recent SOC/ROC)
d. Unstageable due to coverage of wound bed by slough or eschar	

### Response-Specific Instructions: Row d:

Enter "0" if:

- there are no pressure ulcers Unstageable due to slough/eschar.
- all current Unstageable pressure ulcers were Stage III or IV, or were Unstageable at most recent SOC/ROC.

Pressure ulcers that are not reported as new or worsened at DC:

- was Unstageable for any reason at most recent SOC/ROC
- was covered with non-removable dressing/device at DC
- was Suspected deep tissue injury in evolution at SOC/ROC or DC



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## M1309: Reporting Algorithm

CURRENT STAGE at Discharge	Look back to most recent SOC/ROC.	PRIOR STAGE at most recent SOC/ROC		REPORT AS NEW OR WORSENE?
a. Stage II at discharge	If same pressure ulcer at most recent SOC/ROC was:	Not present	➡	YES
		Stage I	➡	NO
		Stage II	➡	NO
		Stage III	➡	NA (reverse staging not allowed)
		Stage IV	➡	NO
b. Stage III at discharge	If same pressure ulcer at most recent SOC/ROC was:	Not present	➡	YES
		Stage I	➡	NO
		Stage II	➡	NO
		Stage III	➡	NO
		Stage IV	➡	NA (reverse staging not allowed)
c. Stage IV at discharge	If same pressure ulcer at most recent SOC/ROC was:	Not present	➡	YES
		Stage I	➡	NO
		Stage II	➡	NO
		Stage III	➡	NO
		Stage IV	➡	NO
d. Unstageable due to slough or eschar at discharge	If same pressure ulcer at most recent SOC/ROC was:	Not present	➡	YES
		Stage I	➡	NO
		Stage II	➡	NO
		Stage III	➡	NO
		Stage IV	➡	NO
		Unstageable	➡	NO

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## M1320: Pressure Ulcer Healing Status

**(M1320)** Status of Most Problematic Pressure Ulcer that is Observable:  
(Excludes pressure ulcer that cannot be observed due to a non-removable dressing/device.)

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing
- NA- No observable pressure ulcer

- Wording changes in question to identify exclusion of non-observable ulcer(s), and added WOCN guidance from C1 Guidance Manual.



## M1324: Pressure Ulcer Stage

**(M1324)** Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable:  
(Excludes pressure ulcer that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or suspected deep tissue injury.)

- 1 - Stage I
- 2 - Stage II
- 3 - Stage II
- 4 - Stage IV
- NA - Patient has no pressure ulcers or no stageable pressure ulcers

- Added wording to question, and changed wording in 'NA' response to distinguish "observable", "stageable", and "unhealed".



## M1330: Does patient have a Stasis Ulcer?

**(M1330)** Does this patient have a Stasis Ulcer?

- 0 - No [Go to M1340]
- 1 - Yes, patient has BOTH observable and unobservable stasis ulcers
- 2 - Yes, patient has observable stasis ulcers ONLY
- 3 - Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/**device**) [Go to M1340]

Added the word "device" in Response 3 to make it consistent with C1 Guidance Manual.



## M1332: Number of Stasis Ulcers

**(M1332)** Current Number of Stasis Ulcer(s) that are Observable:

- 1 - One
- 2 - Two
- 3 - Three
- 4 - Four or more

Revised question for improved clarity.



## M1334: Stasis Ulcer Healing Status

(M1334) Status of Most Problematic Stasis Ulcer that is Observable:

- 1 - Fully granulating  
 2 - Early/partial granulation  
 3 - Not healing

- Revised question for improved clarity.  
- Eliminated "Response 0-Newly epithelialized"; no longer reported as a current stasis ulcer after complete epithelialization occurs.



## M1340: Does patient have a Surgical Wound?

(M1340) Does this patient have a Surgical Wound?

- 0 - No [At SOC/ROC, go to M1350; At FU/DC, go to M1400]  
 1 - Yes, patient has at least one observable surgical wound  
 2 - Surgical wound known but not observable due to non-removable dressing/**device** [At SOC/ROC, go to M1350; At FU/DC, go to M1400]

- Punctuation changed.  
- Added the word "**device**" to Response 2 for consistency with C1 Guidance Manual.  
- New skip pattern due to deletion of M1350 at FU and DC.



## M1342: Surgical Wound Healing Status

(M1342) Status of Most Problematic Surgical Wound that is Observable

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing

- Improved 'word order'  
in question for clarity.



## M1500: Symptoms in Heart Failure Patients

(M1500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the previous OASIS assessment?

- 0 - No [Go to M2004 at TRN; Go to M1600 at DC]
- 1 - Yes
- 2 - Not assessed [Go to M2004 at TRN; Go to M1600 at DC]
- NA - Patient does not have diagnosis of heart failure [Go to M2004 at TRN; Go to M1600 at DC]

Wording in question revised to clarify that reporting period *includes* the time of the last assessment visit.



## M1510: Heart Failure Follow-up

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure at the time of or at any time since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)

- 0 - No action taken
- 1 - Patient's physician (or other primary care practitioner) contacted the same day
- 2 - Patient advised to get emergency treatment (for example, call 911 or go to emergency room)
- 3 - Implemented physician-ordered patient-specific established parameters for treatment
- 4 - Patient education or other clinical interventions
- 5 - Obtained change in care plan orders (for example, increased monitoring by agency, change in visit frequency, telehealth)

- Wording in question revised to clarify reporting period includes the time of the previous assessment visit.  
 - Eliminated "e.g." and "etc." abbreviations.



## M1730: Depression Screening

(M1730) Depression Screening: Has the patient been screened for depression, using a standardized, validated depression screening tool?

- 0 - No
- 1 - Yes, patient was screened using the PHQ-2® scale.

Instructions for this two-question tool: Ask patient: "Over the last two weeks, how often have you been bothered by any of the following problems?"

PHQ-2®	Not at all 0 - 1 day	Several days 2 - 6 days	More than half of the days 7 - 11 days	Nearly every day 12 - 14 days	NA Unable to respond
a) Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NA
b) Feeling down, depressed, or hopeless?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NA

- 2 - Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression.
- 3 - Yes, patient was screened with a different standardized, validated assessment and the patient does not meet criteria for further evaluation for depression.

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- Added "validated" to question and Responses 2 and 3 since both "standardized" and "validated" are specified in the C1 Guidance Manual.  
 - Moved instructions into box above the PHQ-2.  
 - Added phrase 'patient was screened' to Response 2.  
 - Capitalization of NA for consistency throughout document.





## M1830: Bathing

- (M1830) Bathing: ~~Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).~~
- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
  - 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
  - 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
    - (a) for intermittent supervision or encouragement or reminders, OR
    - (b) to get in and out of the shower or tub, OR
    - (c) for washing difficult to reach areas.
  - 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
  - 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
  - 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
  - 6 - Unable to participate effectively in bathing and is bathed totally by another person.

In Response 5, deleted the phrase "throughout the bath." Now includes patients who need **intermittent assistance** bathing self in bed, at the sink, in bedside chair, or on the commode.



## M1900: Prior Functioning ADL/IADL

(M1900) Prior Functioning ADL/IADL: Indicate the patient's usual ability with everyday activities prior to his/her most recent illness, exacerbation, or injury. Check only one box in each row.

Functional Area	Independent	Needed Some Help	Dependent
a. Self-Care (specifically: grooming, dressing, bathing, and toileting hygiene)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Ambulation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Transfer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Household tasks (specifically: light meal preparation, laundry, shopping, and phone use)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

- Words changed in question to be consistent with M2040 Prior Medication Management.
- Responses changed to include all relevant ADLs/IADLs.
- "e.g." replaced with "specifically".





## M2000: Drug Regimen Review

**(M2000)** Drug Regimen Review: Does a complete drug regimen review indicate potential clinically significant medication issues (for example, adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?

- 0 - Not assessed/reviewed [Go to M2010]
- 1 - No problems found during review [Go to M2010]
- 2 - Problems found during review
- NA - Patient is not taking any medications [Go to M2040]

- Wording in question revised to reflect Guidance Manual.  
- "e.g." replaced with "for example".  
- Words "Adverse" and "significant" added to describe side effects; and "non-adherence" added to "noncompliance".



## M2004: Medication Intervention

**(M2004)** Medication Intervention: If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?

- 0 - No
- 1 - Yes
- NA - No clinically significant medication issues identified at the time or or at any time since the previous OASIS assessment

- Wording in question and 'NA' response revised to clarify reporting period, a few words deleted from question.  
- M2004 refers to physician contact only for identified significant medication issues.



## M2015: Patient/Caregiver Drug Education Intervention

(M2015) Patient/Caregiver Drug Education Intervention: At the time of, or at any time since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy adverse drug reactions, and significant side effects, and how and when to report problems that may occur?

0 - No  
 1 - Yes  
 NA - Patient not taking any drugs

- Wording in question revised to clarify that reporting period includes the time of the assessment visit.

- "Significant" added to question, and "adverse" added to drug reactions to describe side effects



## M2040: Prior Medication Management

(M2040) Prior Medication Management: Indicate the patient's usual ability with managing oral and injectable medications prior to his/her most recent illness, exacerbation or injury. Check only one box in each row.

Functional Area	Independent	Needed Some Help	Dependent	Not Applicable
a. Oral medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA
b. Injectable medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA

- Data collection period clarified in question to be "prior to his/her **most recent** illness"

- NA capitalized.



## M2102 Types and Sources of Assistance

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.)

Type of Assistance	No assistance needed—patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/ supportive services to provide assistance	Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
a. ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. IADL assistance (for example, meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Revised question and column headings clarifying 'caregiver' refers ONLY to non-agency persons.
- Column heading 'No assistance needed from Caregiver in this area' means that the patient is independent or does not have needs in this area.
- Combined 2 columns (#3+4) to become "Non-agency caregivers not likely to provide assistance OR it is unclear if they will provide assistance."
- "e.g." replaced with "for example)".

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## M2102 Types and Sources of Assistance (Cont.)

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.)

c. Medication administration (for example oral, inhaled or injectable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Medical procedures/ treatments (for example changing wound dressing, home exercise program)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Management of Equipment (for example oxygen, IV/infusion equipment, enteral/ parenteral nutrition, ventilator therapy equipment or supplies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

- Response 'd' added the example of "home exercise program".
- "e.g." replaced with "for example".



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## M2102 Types and Sources of Assistance (Cont.)

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.)

f. <b>Supervision and safety</b> (for example due to cognitive impairment)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. <b>Advocacy or facilitation</b> of patient's participation in appropriate medical care (for example transportation to or from appointments)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Only "e.g." replaced with "for example".



## M2102 Ch. 3 Guidance: What's changed?

(M2102) Types and Sources of Assistance: Determine the **ability and willingness** of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.)

Type of Assistance	No assistance needed – patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/supportive services to provide assistance	Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
a. <b>ADL assistance</b> (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

OASIS Item Guidance

**OASIS ITEM**

(M0000) XXXXXXXX

XXXXXXXX

XXXXXXXX

XXXXXXXX

**ITEM INTENT**

XX

XX

**TIME POINTS ITEM(S) COMPLETED**

XXXXX

XXXXXXXXXX

XXX

**RESPONSE—SPECIFIC INSTRUCTIONS**

- XXXXXXXXXXXXXXXX
- XX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**DATA SOURCES / RESOURCES**

- XXXXX
- XX
- XXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXX

### Response-Specific Instructions

The words "availability and ability" of caregivers was changed to "ability and willingness" in BOTH the question and instructions



## M2110 How Often Does the Patient Receive ADL or IADL assistance

**(M2110)** How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)?

- 1 - At least daily
- 2 - Three or more times per week
- 3 - One to two times per week
- 4 - Received, but less often than weekly
- 5 - No assistance received
- UK- Unknown

- No longer collected at DC.  
 - Deleted "Omit "UK" option on DC" from Response UK, since this item is no longer collected at discharge.



Collected at SOC, ROC & ~~DC~~

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## M2250: Plan of Care Synopsis

**(M2250)** Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable	
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference.
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
c. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Falls risk assessment indicates patient has no risk for falls.
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment and/or physician notified that patient screened positive for depression	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Patient has no diagnosis of depression AND depression screening indicates patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Pain assessment indicates patient has no pain.
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Pressure ulcer risk assessment (clinical or formal) indicates patient is not at risk of developing pressure ulcers.
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.



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## M2300: Emergent Care

(M2300) Emergent Care: At the time of or at any time since the previous OASIS assessment has the patient utilized a hospital emergency department (includes holding/observation status)?

- 0 - No [Go to M2400]
- 1 - Yes, used hospital emergency department WITHOUT hospital admission
- 2 - Yes, used hospital emergency department WITH hospital admission
- UK - Unknown [Go to M2400]

- Wording in question revised to clarify reporting period includes the time of the assessment.  
- Added the word "status" to "holding/observation" to align with C1 Guidance Manual.



## M2310: Reason for Emergent Care

(M2310) Reason for Emergent Care: For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? (Mark all that apply.)

- 1 - Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3 - Respiratory infection (for example, pneumonia, bronchitis)
- 4 - Other respiratory problem
- 5 - Heart failure (for example, fluid overload)
- 6 - Cardiac dysrhythmia (irregular heartbeat)
- 7 - Myocardial infarction or chest pain
- 8 - Other heart disease
- 9 - Stroke (CVA) or TIA
- 10 - Hypo/Hyperglycemia, diabetes out of control
- 11 - GI bleeding, obstruction, constipation, impaction
- 12 - Dehydration, malnutrition
- 13 - Urinary tract infection
- 14 - IV catheter-related infection or complication
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Other than above reasons
- UK - Reason unknown

- Wording in question changed to "seek and/or receive"  
- Response 1 revised to include "adverse drug reactions".  
- Responses 3 and 5: "e.g." replaced with "for example".





## M2410: To which Inpatient Facility has the patient been admitted?

(M2410) To which Inpatient Facility has the patient been admitted?

- 1 - Hospital [Go to M2430]
- 2 - Rehabilitation facility [Go to M0903]
- 3 - Nursing home [Go to M0903]
- 4 - Hospice [Go to M0903]
- NA - No inpatient facility admission [Omit "NA" option on TRN]

Response 3: New skip directions due to deletion of M2440, Nursing Home Admission Reason.



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## M2430: Reason for Hospitalization

(M2430) Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.)

- 1 - Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3 - Respiratory infection (for example pneumonia, bronchitis)
- 4 - Other respiratory problem
- 5 - Heart failure (for example, fluid overload)
- 6 - Cardiac dysrhythmia (irregular heartbeat)
- 7 - Myocardial infarction or chest pain
- 8 - Other heart disease
- 9 - Stroke (CVA) or TIA
- 10 - Hypo/Hyperglycemia, diabetes out of control
- 11 - GI bleeding, obstruction, constipation, impaction
- 12 - Dehydration, malnutrition
- 13 - Urinary tract infection
- 14 - IV catheter-related infection or complication
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Other than above reasons
- UK - Reason unknown

- Response 1: Added "adverse drug reactions" to be consistent with M2310.  
- Responses 3+5: "e.g." replaced with "for example".



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## OASIS-C1 Resources -

### Begin using all C1 resources on 1-1-2015:

- OASIS-C1/ICD-9 Data set (has OMB#)
- OASIS-C1/ICD-9 Guidance Manual (dated 6-14)
- OASIS Category 1-4 Q&As (dated 6-14)
- OASIS Quarterly Q&As (from 7-14 forward)
- WOCN C1-Guidance on Integumentary Items (dated 2-14)
- Can continue using CMS OASIS Web Modules (will update to 'C1' sometime after 1-1-15)



## Questions?



For C1 or other OASIS questions following today's broadcast, send an e-mail to [MaryJo.Sutton@wi.gov](mailto:MaryJo.Sutton@wi.gov)



## Final words -

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**Thank you for participating  
in today's presentation!  
GOOD LUCK with your C1  
implementation! 😊**



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