

CHAPTER 5

STEPS IN IMPLEMENTING OASIS DATA COLLECTION

A. INTRODUCTION

This chapter provides a brief summary of the steps needed to implement OASIS data collection in an agency. Each major step will be addressed in more detail in subsequent chapters, including checklists and other aids to HHA implementation whenever possible.

B. PLANNING THE IMPLEMENTATION OF OASIS DATA COLLECTION

An essential first step is to establish or revise a plan for completing the activities required for OASIS data collection and data reporting implementation. At a smaller agency the responsibility for planning and implementation may rest with an individual or two, while larger agencies will find it more effective to establish an implementation team and divide the responsibilities for different aspects of the process. In any case it will be necessary to establish or revise the activities to be completed, assign responsibilities, set timelines, allocate staff and other resources, and monitor progress. The planning and implementation process may be enhanced by the use of tools such as checklists of activities. (Such a checklist is found in Chapter 6.) Agencies that maintain an emphasis on implementing outcome measurement for the purpose of performance improvement will be particularly well served during this planning phase. In addition to agency clinical staff and management, staff members responsible for current data-related activities (e.g., plan of care data entry, agency information systems, etc.) should be included in planning activities.

C. INFORMATION AVAILABLE ON THE CMS OASIS WEB SITE

The agency planning group should become acquainted with the CMS OASIS web site, which is a valuable information resource. The Centers for Medicare & Medicaid Services (CMS) use the World Wide Web to disseminate a wide variety of informational materials regarding implementation of OASIS data collection as well as regulatory developments. Information on the web site is organized as shown in Table 5.1. Most documents can be viewed on line or downloaded for viewing and printing, although some large documents or programs (such as the data specifications and HAVEN software) must be downloaded to be used. The CMS web sites are valuable resources for your agency, enabling you to obtain timely information about regulations, updates to the OASIS data set or data specifications, HAVEN software and documentation, CMS' responses to frequently asked questions, and training materials.

TABLE 5.1: Roadmap to CMS' OASIS Home Page.**OASIS Home Page <http://www.cms.hhs.gov/oasis>**

links on the left side of the page provide access to:

OASIS Background

Includes general OASIS background information, main components and general application, using OASIS items in assessment and care planning, and compliance requirements.

OASIS Regulations

Contains a link to all available OASIS regulations to date.

OASIS Data Set

Most current OASIS data set

HAVEN Data Entry Software

HAVEN Data entry software for downloading.

OASIS Data Specifications

Most current data submission specifications for OASIS data.

OASIS User's Manual

Contains the updated OASIS Implementation Manual, and links to the HHA System User's Guide and Haven System Reference Manual.

State OASIS Education Coordinators

A listing of current state OASIS Education Coordinators.

State OASIS Automation Coordinators

A listing of current state OASIS Automation Coordinators.

Home Health Agency Questions and Answers

Frequently asked questions and CMS' responses. This web site is updated as needed. This page includes contact information for submitting questions to the OASIS Team.

Training

Provides announcements on upcoming or recent training activities.

Under the OASIS Background, you will be able to find general background information about the development and purposes of OASIS, the regulatory context, and general implementation topics. The OASIS Regulations area allows access to the full text of all relevant regulations as published in the *Federal Register*. The OASIS Data Set section includes the full text of the current OASIS data set as well as other relevant links. The HAVEN Data Entry Software page contains the most current version of HAVEN data entry software in a form suitable for downloading. The most current OASIS Data Specifications are available with explanations on the page of the same name. The OASIS User's Manual (this document) is available for downloading from the OASIS User's Manual page. The OASIS Questions and Answers section consists of CMS'

responses to frequently asked questions submitted by e-mail or to OASIS Education Coordinators.

Two additional web sites are valuable resources for home health agencies collecting and transmitting OASIS data or working with the reports produced from these data. These sites are:

- OASIS Web-Based Training at <http://www.oasistraining.org>. This site provides standardized CMS-sponsored training in the details of the OASIS data set for assessing patients. Additional reference materials are available for individual clinician self-monitoring or agency-level staff development.
- CMS' Home Health Quality Initiatives at <http://www.cms.hhs.gov/HomeHealthQualityInits>. At this site are found the manuals for interpreting and using the Outcome-Based Quality Improvement (OBQI) and Outcome-Based Quality Monitoring (OBQM) Reports, the Technical Documentation of the OBQI Measure Calculation, and links to *Home Health Compare* (the publicly-reported outcome measures for certified home health agencies).

D. DOCUMENTATION REVIEW AND REVISION

Implementing the OASIS data set as part of an agency's comprehensive assessment requires more than just duplicating the published OASIS document and distributing it to agency staff for use as another government-required form to be completed. It is necessary that OASIS items be incorporated into an agency's standard home care assessment forms. This approach has been shown to increase the accuracy of assessment as well as decreasing the abstraction (e.g., data entry) burden and minimizing the documentation/paperwork burden for agency staff.

Incorporation means that items on an agency's current assessment that are substantive duplicates of OASIS items are eliminated. It also means that OASIS items are not simply added on to the beginning or end of an existing assessment form, but that OASIS and other items are interspersed in a manner that creates a logical and clinically appropriate flow to the assessment as well as facilitating efficient data entry.

An agency may adopt any of several approaches to OASIS incorporation and integration. Sample clinical record forms incorporating OASIS items are included in Appendix C of this manual. They are also available for download from the CMS web site at the OASIS User's Manual link (noted above). Assessment forms incorporating OASIS also are available for purchase from a variety of

vendors. These forms should have the most recent version of OASIS integrated. Agencies may also use their own existing forms, modifying them to incorporate the latest version of OASIS. An agency may also choose to purchase one of the many systems available for recording clinical data electronically (using laptop or handheld computer devices) at the point of service. Whichever approach is adopted, certain principles should be followed to ensure that incorporation of OASIS into an agency's documentation system is done in an efficient and effective manner. Guidelines for OASIS integration, which can be used by an agency modifying its own forms or evaluating commercial forms for purchase, are provided in Chapter 7 of this training manual. Checklists to verify accuracy of forms are included in Appendix D.

E. REVIEW AND REVISION OF POLICIES AND PROCEDURES

In addition to revising clinical documentation forms, HHAs will need to review internal policies and procedures to determine the extent to which they conform to the comprehensive assessment and OASIS data collection requirements and to evaluate changes that may be required. These may include policies and procedures for admitting a patient or for patient reassessment and protocols regarding data entry and data management, the handling and security of patient assessment information in hard copy and electronic form, and clinical record retention and storage, among others. In addition to review of policies for conformance with regulations, it will be advantageous to each agency to focus on assuring that procedures address these requirements as efficiently as possible, with minimal duplication of effort. Policy and procedure impacts are addressed in Chapter 9.

F. REVIEW OF AND PLANNING FOR SYSTEMWIDE IMPACTS

The implementation of OASIS data collection and other aspects of the comprehensive assessment requirement may have unexpected impacts on agency operations (in positive as well as negative ways). It is important to avoid an overly narrow approach to OASIS implementation, to anticipate impacts on a wide variety of agency systems, and to be creative in finding opportunities for system improvements that will not only minimize the burden of OASIS implementation but also maximize the value returned to the agency from the data collection effort. In evaluating and planning for systemwide impacts, it may be helpful to examine current processes for tracking Medicare billing data, patient certification and recertification (plan of care) information, and agency certification or licensure requirements. Agencies participating in the CMS and New York State OBQI demonstrations learned that implementing OBQI and OASIS data

collection provided an opportunity to examine and simplify procedures determined to be cumbersome and inefficient.

G. DATA ENTRY, EDITING, AND TRANSMISSION

The concepts of data entry, data editing and quality control, and transmission of data to a centralized agency are not foreign to home care agencies. Virtually all agencies already have automated billing, payroll, and accounting systems, either on their premises or through an external service provider. While the requirement to collect, encode, and transmit OASIS data will increase the resources required for these activities, the essential procedures that need to be followed will not differ substantially from those already in place. If your agency already has an automated clinical documentation system or machine-scannable forms, then you will need to verify with your vendor that the system incorporates the latest version of OASIS and conforms to CMS standards and expectations. However, the agencies who currently use conventional pen and paper forms will need to make choices concerning data entry and editing software and will need to make organizational decisions regarding the assignment of responsibility for the data entry, data monitoring and quality control, and data transmission functions. These activities are addressed in more detail in Chapter 10 of this document and in the separate manuals covering the HAVEN data entry software and the OASIS system user's manual, which addresses submission of data to the States. These manuals are available at from the OASIS web site by following the links to the User's Manual.

H. TRAINING

Your agency's clinical staff, regardless of level of experience, should already have a reasonable understanding of how to conduct a comprehensive patient assessment. They will, however, require training in the use of any new assessment forms and in any new protocols for reporting of assessment data. How the initial training is conducted can make a huge difference in determining whether the OASIS comprehensive assessment becomes a burden for your agency or a useful tool. Chapter 11 of this manual describes the essential steps in completing training at your agency and provides suggestions for organizing and conducting this training.

While certain guidelines are provided in Chapter 11, the content of training will require tailoring to the specific needs of your agency. If, for example, your agency's current start of care assessment includes all or most of the topic areas covered in the OASIS, training can focus on how specific items differ from those you currently use. If your current assessments are less comprehensive, training

may need to begin with more basic assessment skills. Materials for training must be developed (or adapted from the content provided in Chapter 11). You must decide, based on your knowledge of your agency and staff, what type of training approach best suits your agency. Finally, there must be a means for evaluating knowledge and a program for reinforcing learning through ongoing training programs.

The OASIS Web-Based Training (WBT) is particularly valuable for training new and current staff. The WBT addresses OASIS data collection occurring within the context of the comprehensive patient assessment, which is an efficient and effective approach for individual clinicians to acquire. Suggestions for group learning activities also are incorporated in a Staff Development Guide included as a resource in the WBT.

I. ASSURING DATA ACCURACY

Data quality is extremely important for several reasons. First and most importantly, your agency's OASIS data comprise a useful information asset for your agency to track patient characteristics and trends, to monitor and improve patient outcomes, and a variety of other uses. Your data can be extremely valuable to your agency, but only to the extent that accuracy and data integrity are maintained. Threats to data quality are many. Errors or bias can be introduced in the assessment process, in the recording of the assessment in the field, or in the data entry process. Data quality must be a concern in the design of assessment forms and assessment protocols as well as in the establishment of data entry and data monitoring procedures.

A number of different data accuracy checks are designed into the HAVEN software provided to agencies by CMS. In addition, the system used by States will produce reports for home care agencies describing errors or problems found in the data submitted. A large part of data quality monitoring will consist of responding to and correcting exceptions that are found by HAVEN or the State system. In addition, agencies should be attuned to patterns of exceptions that may require alteration of protocols or retraining of staff, or potential data problems that may not manifest themselves in errors that the software can detect. Chapter 12 includes guidelines for identifying and responding to data quality problems and suggestions for cost-effectively maintaining data accuracy.

FREQUENTLY ASKED QUESTIONS

- 1. *I don't have Internet access in my agency. How can I obtain the information that is posted on CMS' web site in a printed version?***

Much of the material that is in a training manual form will also be available from the National Technical Information Service. However, we strongly encourage you to use the CMS web sites as your source for current information on OASIS, the regulations, and frequently asked questions. The web sites are updated regularly and include the most current information -- long before the same content might be available in printed form. If you do not have Internet access in your agency, you might designate a staff member to check the web sites from home on a weekly basis for new information.

- 2. *It appears there are many internal agency process changes needed to fully implement OASIS data collection. Am I required to make these changes in my agency?***

Other than the requirements stated in the regulations, no agency is required to make changes to their internal processes. From the experiences of many agencies in implementing OASIS data collection, the review and simplification of agency procedures has been an extremely beneficial "side-effect" of OASIS data collection.

- 3. *These steps appear to take at least six months to accomplish. Is it at all feasible to accomplish them in a relatively brief time period?***

For agencies that have not taken any steps at all toward OASIS implementation, we concur that there are a number of activities to be accomplished. It is possible to conduct all these activities within a six-to-eight-week period, duplicating the time interval that agencies participating in the national and New York State OBQI demonstrations had for similar implementation. The effort required to do this is intensive (as these agencies will attest) but it can be accomplished. Following the steps outlined in this manual, including the use of teams and the involvement of staff in the planning and implementation process will facilitate the achievement of the required tasks.

Agencies who have begun OASIS implementation can assess their own progress toward full-agency start-up. Review of the information included in the manual can indicate where supplementary activities are indicated or where the progress toward full start-up is exemplary.