OASIS ITEM

(M2400) Intervention Synopsis: (Check only **one** box in each row.) Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?

Plan / Intervention	No	Yes	Not Applicable	
a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	☐	☐	☐	Patient is not diabetic or is bilateral amputee
b. Falls prevention interventions	☐	☐	☐	Formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment
c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	☐	☐	☐	Formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression since the last OASIS assessment
d. Intervention(s) to monitor and mitigate pain	☐	☐	☐	Formal assessment did not indicate pain since the last OASIS assessment
e. Intervention(s) to prevent pressure ulcers	☐	☐	☐	Formal assessment indicates the patient was not at risk of pressure ulcers since the last OASIS assessment
f. Pressure ulcer treatment based on principles of moist wound healing	☐	☐	☐	Dressings that support the principles of moist wound healing not indicated for this patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing

ITEM INTENT

Identifies if specific interventions focused on specific problems were both included on the physician-ordered home health plan of care AND implemented as part of care provided during the home health care episode (at the time of the previous OASIS assessment or since that time). The physician-ordered plan of care means that the patient condition was discussed and there was agreement as to the plan of care between the home health agency staff and the patient's physician.

This item is used to calculate process measures to capture the use of best practices. The problem-specific interventions referenced in the item may or may not directly correlate to stated requirements in the Conditions of Participation.

The formal assessment that is referred to in the last column for rows b – e refers to the assessment defined in OASIS items for M1240, M1300, M1730, and M1910.

TIME POINTS ITEM(S) COMPLETED

Transfer to inpatient facility - with or without agency discharge

Discharge from agency - not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2400)

- For response "Yes" to be selected, the clinical intervention must have been included in the plan of care AND implemented at the time of the previous OASIS assessment or since that time. If the intervention was on the plan of care but not implemented, or if the intervention was implemented but not on the plan of care, select "No."
- If the interventions are not on the plan of care or if the interventions were not implemented by the time the assessment was completed, select Response 0 – No. In this case, the care provider should document rationale in the clinical record.
- Interventions provided by home health agency staff, including the assessing clinician, may be reported by the assessing clinician in M2400. For example, if the RN finds a patient to be at risk for falls, and the physical therapist implements fall prevention interventions included on the plan of care prior to the end of the allowed assessment time frame, the RN may select "Yes" for row b of M2400. The M0090 Date Assessment Completed should report the date the last information was gathered to complete the Comprehensive Assessment.
- For each row a-f, select one response.
- For rows b, c, e, and f, the intervention specified in the first column must be both on the physician-ordered plan of care AND implemented for "Yes" to be selected.
- For rows a and d, both of the interventions specified in the first column must be both on the physician-ordered plan of care AND implemented for "Yes" to be selected.
- For rows b-e, a formal assessment (as defined in the relevant OASIS item M1240, M1300, M1730, and M1910) must have been performed to select "Not Applicable."
- Row a: If the physician-ordered plan of care contains both orders for a) monitoring the skin of the patient's lower extremities for evidence of skin lesions AND b) patient education on proper foot care and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." If the physician-ordered plan of care contains orders for only one of the interventions and/or only one type of intervention (monitoring or education) or no intervention is documented in the clinical record, select "No." Select "NA" if the patient does not have a diagnosis of diabetes or is a bilateral amputee.
- Row b: If the physician-ordered plan of care contains specific interventions to reduce the risk of falls and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Environmental changes, strengthening exercises, and consultation with the physician regarding medication concerns are examples of possible falls prevention interventions. If the plan of care does not include interventions for fall prevention, and/or the there is no documentation in the clinical record that these interventions were performed at the time of the previous OASIS assessment or since that time, mark "No," whether or not an assessment for falls risk was conducted. Select "NA" if a formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment.
- Row c: If the physician-ordered plan of care contains interventions for treating depression and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Interventions for depression may include new medications, adjustments to already-prescribed medications, or referrals to agency resources (e.g., social worker). If the patient is already under MD care for a diagnosis of depression, interventions may include monitoring medication effectiveness, teaching regarding the need to take prescribed medications, etc. If the plan of care does not include interventions for treating depression and/or if no interventions related to depression are documented in the clinical record at the time of the previous OASIS assessment or since that time, select "No," whether or not a formal assessment for depression was conducted. Select "NA" if formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression.

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2400)

- Row d: If the physician-ordered plan of care contains interventions to monitor AND mitigate pain and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Medication, massage, visualization, biofeedback, and other intervention approaches have successfully been used to mitigate pain severity. If the physician-ordered plan of care contains orders for only one of the interventions (e.g., pain medications but no monitoring plan) and/or only one type of intervention (i.e., administering pain medications but no pain monitoring) or no interventions were documented at the time of the previous OASIS assessment or since that time, select "No," whether or not a formal pain assessment was conducted. Select "NA" if formal assessment did not indicate pain.
- Row e: If the physician-ordered plan of care includes planned clinical interventions to reduce pressure on bony prominences or other areas of skin at risk for breakdown and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." Planned interventions can include teaching on frequent position changes, proper positioning to relieve pressure, careful skin assessment and hygiene, use of pressure-relieving devices such as enhanced mattresses, etc. If the plan of care does not include interventions to prevent pressure ulcers and/or no interventions were documented in the clinical record at the time of the previous OASIS assessment or since that time, select "No," whether or not a formal pressure ulcer risk assessment was conducted. Select "NA " if formal assessment indicates the patient was not at risk of pressure ulcers.
- Row f: If the physician-ordered plan of care contains orders for pressure ulcer treatments based on principles of moist wound healing (e.g., moisture retentive dressings) and the clinical record contains documentation that these interventions were performed at the time of the previous OASIS assessment or since that time, select "Yes." If the plan of care does not contain orders for pressure ulcer treatments based on principles of moist wound healing and/or no pressure ulcer treatments based on principles of moist wound healing were documented in the at the time of the previous OASIS assessment or since that time, select "No," whether or not an assessment identified a pressure ulcer that needed moist wound healing treatment. Select "NA" if dressings that support the principles of moist wound healing were not indicated for this patient's pressure ulcers OR patient has no pressure ulcers with need for moist wound healing.

DATA SOURCES / RESOURCES

- Plan of care
- Physician's orders
- Clinical record
- Clinical assessment
- Communication notes
- Home Health Conditions of Participation
- Guidance on each particular item for the plan of care and intervention can be found in other item-by-item tips within this document.

OASIS ITEM

(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 M2440*** **]**
☐ 4 - Hospice **[** ***Go to M0903*** **]**
☐ NA - No inpatient facility admission

ITEM INTENT

Identifies the type of inpatient facility to which the patient was admitted.

TIME POINTS ITEM(S) COMPLETED

Transfer to inpatient facility - with or without agency discharge

Discharge from agency - not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- If the patient was admitted to more than one facility, indicate the facility to which the patient was admitted first (e.g. the facility type that they were transferred to from their home).
- When a patient dies in a hospital emergency department, the Transfer to an Inpatient Facility OASIS is completed. In this unique situation, clinicians are directed to select Response 1 – Hospital for M2410, even though the patient was not admitted to the inpatient facility.
- Admission to a freestanding rehabilitation hospital, a certified distinct rehabilitation unit of a nursing home, or a distinct rehabilitation unit that is part of a short-stay acute hospital is considered a rehabilitation facility admission.
- Admission to a skilled nursing facility (SNF), an intermediate care facility for the mentally retarded (ICF/MR), or a nursing facility (NF) is a nursing home admission.
- When completing a Transfer, select Response 1, 2, 3, or 4. NA should be omitted from this item for transfer.
- When completing a Discharge from agency – not to an inpatient facility, select Response "NA."

DATA SOURCES / RESOURCES

- Patient family interview (for agency discharge)
- Telephone contact with caregiver or family if patient was transferred
- Facility

OASIS ITEM

(M2420) Discharge Disposition: Where is the patient after discharge from your agency? **(Choose only one answer.)**

☐ 1 - Patient remained in the community (without formal assistive services)
☐ 2 - Patient remained in the community (with formal assistive services)
☐ 3 - Patient transferred to a non-institutional hospice
☐ 4 - Unknown because patient moved to a geographic location not served by this agency
☐ UK - Other unknown

[*Go to M0903* **]**

ITEM INTENT

Identifies where the patient resides after discharge from the home health agency.

TIME POINTS ITEM(S) COMPLETED

Discharge from agency - not to an inpatient facility

RESPONSE—SPECIFIC INSTRUCTIONS

- Patients who are in assisted living or board and care housing are considered to be living in the community with formal assistive services.
- Formal assistive services include community-based services like homemaking services under Medicaid waiver programs, home-delivered meals, home care or private duty care from another agency, and other types of community-based services.
- Noninstitutional hospice is defined as the patient receiving hospice care at home or a caregiver's home, not in an inpatient hospice facility.

DATA SOURCES / RESOURCES

- Patient/caregiver/family interview
- Physician
- Community resources

OASIS ITEM

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

- ☐ 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- ☐ 2 - Injury caused by fall
- ☐ 3 - Respiratory infection (e.g., pneumonia, bronchitis)
- ☐ 4 - Other respiratory problem
- ☐ 5 - Heart failure (e.g., 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 - Scheduled treatment or procedure
- ☐ 20 - Other than above reasons
- ☐ UK - Reason unknown

[*Go to M0903* **]**

ITEM INTENT

Identifies the specific condition(s) necessitating hospitalization.

TIME POINTS ITEM(S) COMPLETED

Transfer to inpatient facility - with or without agency discharge

RESPONSE—SPECIFIC INSTRUCTIONS

- Mark all that apply. For example, if a psychotic episode results from an untoward medication side effect, both Response 1 and Response 17 would be marked. As another example, if a patient requires hospitalization for both heart failure and pneumonia, both Response 3 and Response 5 would be marked.

DATA SOURCES / RESOURCES

- Telephone contact with patient/caregiver/family
- Facility discharge planner or case manager
- Physician
- Insurance case manager

OASIS ITEM

(M2440) For what **Reason(s)** was the patient **Admitted** to a **Nursing Home**? **(Mark all that apply.)**

- ☐ 1 - Therapy services
- ☐ 2 - Respite care
- ☐ 3 - Hospice care
- ☐ 4 - Permanent placement
- ☐ 5 - Unsafe for care at home
- ☐ 6 - Other
- ☐ UK - Unknown

[*Go to M0903* **]**

ITEM INTENT

Identifies the reason(s) the patient was admitted to a nursing home.

TIME POINTS ITEM(S) COMPLETED

Transfer to inpatient facility - with or without agency discharge

RESPONSE—SPECIFIC INSTRUCTIONS

- This item excludes acute care facility and rehabilitation facility admissions, which are defined as admissions to a freestanding rehabilitation hospital, a certified distinct rehabilitation unit of a nursing home, or part of a general acute care hospital.
- Mark all that apply. For example, if a patient has dementia and is unsafe for care at home and there is no plan for the patient to leave the facility, both Response 4 and Response 5 would be marked.

DATA SOURCES / RESOURCES

- Telephone contact with caregiver or family
- Insurance case manager
- Physician
- Nursing home facility

OASIS ITEM

(M0903) Date of Last (Most Recent) Home Visit:

__ __ /__ __ / __ __ __ __
month / day / year

ITEM INTENT

Identifies the last or most recent home visit by any agency provider that is included on the Plan of Care.

TIME POINTS ITEM(S) COMPLETED

Transfer to an inpatient facility - with or without agency discharge

Death at home

Discharge from agency

RESPONSE—SPECIFIC INSTRUCTIONS

- If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits of the year.
- If the agency policy is to have an RN complete the comprehensive assessment in a therapy-only case, the RN can perform the discharge assessment after the last visit by the therapist.

DATA SOURCES / RESOURCES

- Clinical record

OASIS ITEM

(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.

__ __ /__ __ / __ __ __ __
month / day / year

ITEM INTENT

Identifies the actual date of discharge, transfer, or death (at home), depending on the reason for assessment.

TIME POINTS ITEM(S) COMPLETED

Transfer to an inpatient facility - with or without agency discharge

Death at home

Discharge from agency

RESPONSE—SPECIFIC INSTRUCTIONS

- If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits for the year.
- The date of discharge is determined by agency policy or physician order.
- The transfer date is the actual date the patient was admitted to an inpatient facility.
- The death date is the actual date of the patient's death at home. Exclude death occurring in an inpatient facility or in an emergency department, as both situations would result in Transfer OASIS collection and would report the date of transfer. Include death that occurs while a patient is being transported to an emergency department or inpatient facility (before being seen in the emergency department or admitted to the inpatient facility).

DATA SOURCES / RESOURCES

- Agency policy or physician order
- Telephone contact with the family or medical service provider may be required to verify the date of transfer to an inpatient facility or death at home.