

# CHAPTER 1

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## INTRODUCTION

### A. OASIS IN CONTEXT

#### 1. What Is OASIS?

The Outcome and Assessment Information Set (OASIS) is a group of standard data elements developed, tested, and refined over the past decade through a research and demonstration program funded primarily by the Centers for Medicare & Medicaid Services (CMS). The Robert Wood Johnson Foundation and New York State also supported the development effort. OASIS elements were designed to enable systematic measurement of home health care patient outcomes, with adjustment for patient characteristics affecting those outcomes. Outcomes, as used in OASIS, measure changes in a patient's health status between two time points. An example of an OASIS-based outcome measure is whether a patient improves in his or her ability to ambulate independently between home health start of care and discharge. (The OASIS ambulation data element measures the patient's ability on a scale of zero to five.)

Outcome measures are the basis of a related quality improvement process that home health agencies (HHAs) can implement to assess and improve the quality of care they provide. Under outcome-based quality improvement (OBQI), HHAs are provided with reports on a series of outcomes (presently numbering 41) for their patients in the current year compared to the prior year and the national average (i.e., benchmarking) values. Comparisons adjust for patient differences (both over time for the agency and between the agency and the reference group). OBQI requires uniform outcome measures that are composed of standardized data elements. OBQI is discussed in Chapter 3.

OASIS data elements include demographic, support system, health status, functional status, and health service utilization characteristics of the patient. The data are collected at start of care, 60-day follow-up intervals, transfer to an inpatient facility, and discharge.

These data elements should be part of a comprehensive patient assessment, but the OASIS elements do not constitute a complete comprehensive assessment instrument. Agencies will find it necessary to supplement the OASIS items in order to comprehensively assess the health status and care needs of patients. For example, OASIS does not include vital signs which are a common part of a patient assessment.

## **2. OASIS History**

OASIS began as a five-year national research program to develop outcome measures for home care (funded by CMS and the Robert Wood Johnson Foundation). One of the first products from this program was a 73-item data set required to measure outcomes, first published in 1994. This was expanded to a 79-item data set as a result of recommendations from a CMS-convened task force of home care experts (including representatives of all home health care disciplines).

The home health industry was involved throughout the development of OBQI and OASIS. Several clinical panels, comprised largely of experienced and expert home health clinicians, contributed to the development process through meetings and individual reviews. Nearly 200 HHAs around the country have tested OASIS and contributed to its refinement in demonstrations. Provider associations, such as the National Association for Home Care (NAHC), also supported the effort.

### **B. OVERVIEW OF REQUIRED HHA ACTIVITIES**

HHAs must take several important steps to meet the Conditions of Participation requirements of completing a standardized assessment and submitting OASIS data. The most important HHA activity is a commitment to the process of integrating OASIS and transmitting accurate data. Such a commitment will facilitate subsequent operational steps. The steps include reviewing the current clinical assessment forms and incorporating OASIS items (which will mean modifying some existing items and adding others), training agency personnel to use OASIS and in associated changes in policies and procedures, establishing the necessary data entry and transmission mechanisms, and developing and maintaining data quality monitoring activities. This manual provides assistance to HHAs in implementing and maintaining processes to support each of these steps.