

<b>OASIS ITEM</b>
<p><b>(M1500) Symptoms in Heart Failure Patients:</b> 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?</p> <p><input type="checkbox"/> 0 - No [<i>Go to M2004 at TRN; Go to M1600 at DC</i>]</p> <p><input type="checkbox"/> 1 - Yes</p> <p><input type="checkbox"/> 2 - Not assessed [<i>Go to M2004 at TRN; Go to M1600 at DC</i>]</p> <p><input type="checkbox"/> NA - Patient does not have diagnosis of heart failure [<i>Go to M2004 at TRN; Go to M1600 at DC</i>]</p>
<b>ITEM INTENT</b>
<p>Identifies whether a patient with a diagnosis of heart failure experienced one or more symptoms of heart failure at the time of or at any time since the previous OASIS assessment.</p> <p>This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices/assessments stated in the item are not necessarily required in the Conditions of Participation.</p>
<b>TIME POINTS ITEM(S) COMPLETED</b>
<p>Transfer to inpatient facility</p> <p>Discharge from agency – not to inpatient facility</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>• Select Response options 0, 1, or 2 if the patient has a diagnosis of heart failure, regardless of whether the diagnosis is documented elsewhere in the OASIS assessment.</li> <li>• Select "NA" if the patient does not have a diagnosis of heart failure.</li> <li>• If the patient has a diagnosis of heart failure, select Response 1 – Yes, to report symptoms associated with heart failure even if there are other co-morbidities that also could produce the symptom (for example, dyspnea in a patient with pneumonia and heart failure).</li> <li>• Consider any new or ongoing heart failure symptoms that occurred at the time of or at any time since the previous OASIS assessment</li> </ul>
<b>DATA SOURCES / RESOURCES</b>
<ul style="list-style-type: none"> <li>• Review of clinical record including physical assessment data, weight trends, and clinical notes using HHA systems put into place to accomplish such a review (for example, flow sheets, reports from electronic health record data) at the time of, or at any time since, the previous OASIS assessment.</li> <li>• A complete list of symptoms of heart failure can be found in clinical heart failure guidelines in Chapter 5 of this manual.</li> </ul>

OASIS ITEM
<p><b>(M1510) Heart Failure Follow-up:</b> 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? <b>(Mark all that apply.)</b></p> <p> <input type="checkbox"/> 0 - No action taken  <input type="checkbox"/> 1 - Patient's physician (or other primary care practitioner) contacted the same day  <input type="checkbox"/> 2 - Patient advised to get emergency treatment (for example, call 911 or go to emergency room)  <input type="checkbox"/> 3 - Implemented physician-ordered patient-specific established parameters for treatment  <input type="checkbox"/> 4 - Patient education or other clinical interventions  <input type="checkbox"/> 5 - Obtained change in care plan orders (for example, increased monitoring by agency, change in visit frequency, telehealth)         </p>
ITEM INTENT
<p>Identifies actions the home health care providers took in response to symptoms of heart failure that occurred at the time of or at any time since the previous OASIS assessment. This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.</p>
TIME POINTS ITEM(S) COMPLETED
<p>Transfer to an inpatient facility            Discharge from agency - not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> <li>• Include any actions that were taken <b>in response to Heart Failure symptoms</b> at least one time at the time of or at any time since the previous OASIS assessment.</li> <li>• If the interventions are not completed as outlined in this item, select Response 0 – No action taken. However, in this case, the care provider should document rationale in the clinical record.</li> <li>• If Response 0 is selected, none of the other responses should be selected.</li> <li>• Response 1 includes communication to the physician or primary care practitioner made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status. Response 1 is an appropriate response only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions on the <i>same day</i>. Same day means by the end of <i>this</i> calendar day. In many situations, other responses also will be marked that indicate the action taken as a result of the contact (that is, any of Responses 2-5).</li> <li>• Response 2 should be selected when the patient exhibits symptoms of heart failure that require immediate attention in an emergency room and is advised to do so. It is not selected when a patient is educated to go to the ER or call 911 based on pre-established parameters.</li> <li>• Response 3 would be the best response for a situation in which either the home care clinician reminds the patient to implement or is aware that the patient is following physician-established parameters for treatment.</li> <li>• Response 4 includes "Patient education," referring to the effective sharing of pertinent heart failure-related information to increase patient knowledge, skill, and responsibility. Simply providing a patient with printed materials regarding heart failure without assessment of their understanding of the content should not be considered patient education.</li> <li>• Interventions provided via the telephone or other telehealth methods utilized to address heart failure symptoms can be reported.</li> </ul>
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> <li>• Review of clinical record at the time of or at any time since the previous OASIS assessment.</li> <li>• Physician-ordered home health Plan of Care.</li> <li>• Examples of standard clinical guidelines can be found in Chapter 5 of this manual.</li> </ul>