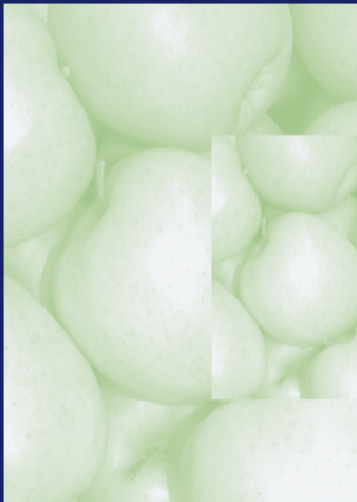




Oklahoma  
State  
Department  
of Health

INSIDE THIS ISSUE:

OASIS C-2..... 1  
Pressure Ulcers.....2  
Automation Tips..... 4



*Oklahoma State  
Department of Health*

***Quality Improvement  
& Evaluation Service***

*James Joslin,  
Service Director*

# OASIS

## News You Can Use

### OASIS C-2 Guidance Manual

CMS has revised the OASIS-C2 Guidance Manual and it is now available for download at <https://qtso.com>. This version of the manual is effective January 1, 2018. Significant changes include new items related to the IMPACT Act and Home Health Quality Reporting Program (HH QRP) requirements; and clarification on the One Clinician Rule.

CMS states the Conditions of Participation (CoPs) have not changed and the comprehensive

assessment will continue to be the responsibility of one clinician. However, effective January 1, 2018, the assessing clinician will be allowed to elicit feedback from other agency staff. If collaboration occurs, the agency and assessing clinician are responsible for: developing policies and practices related to the collaboration; ensuring clinicians who provide information on patient assessment items have had direct contact with the patient; and considering the information from other sources and selecting the appropriate response within the designated timeframe.

New items added include:

- M1028 — Active Diagnoses-Comorbidities and Co-existing Conditions
- M1060 — Height and Weight
- GG0170C — Mobility: Lying to sitting on side of bed

The following OASIS items have been revised and new numbering added:

- M1313— Worsening in Pressure Ulcer status
- M2001—Drug Regimen Review
- M2003—Medication Follow-Up
- M2005—Medication Intervention

Source: 2018- OASIS C-2 Guidance Manual, Chapter 1 and Appendix G

# Pressure Ulcer Risk

## **M1302**

The old saying “an ounce of prevention is worth a pound of cure,” certainly applies to pressure ulcers. In coding M1302, **Does this patient have a Risk of Developing Pressure Ulcers?**, excellent assessment skills are required.

Research shows there are several factors that will put an individual at risk. Here are some of the primary factors clinicians should review and consider when determining a patient’s risk of developing a pressure ulcer:

### **AGE**

Remember that skin is an organ. As an individual ages, the skin becomes more vulnerable to damage and slower to repair. This is where good clinical skills come into play. For example, does the patient have additional contributing factors, along with age, that increases their risk of developing skin related issues?

## **MOBILITY**

**How mobile or immobile is your patient?** When a person is immobile for a period of time pressure will be exerted on bony prominences. The longer the person is immobile, the greater the pressure will be. This immobility could be from injury, poor health, or any other cause. Pressure ulcers have the potential to develop very quickly. They may possibly occur within several hours without movement.

## **DEFICIT IN SENSORY PERCEPTION**

**Lack of sensory perception** results in the patient not feeling the sensation of a need to move or reposition. A spinal cord injury would cause such an issue. A CVA could also result in this type of sensory impairment.

## **SKIN COLOR**

**Change of skin color** is a sign of potential damage.

Blanching erythema over a bony prominence is a sign that damage is starting to occur. If the pressure is not relieved, the color will become darker, which indicates further damage has occurred.

## **COMMUNICATION IMPAIRMENT**

A patient who has challenges with communication, combined with impaired immobility, will need special attention. This person may not be able to alert caregivers when their weight needs to be shifted.



## **SHEAR**

**Shearing** may result in tissue damage. It is the combination of pressure and stretching, which decreases blood flow to the skin and damages vessels. Damage from shearing is often seen to the sacrum and heels.

**Does this patient have a Risk of Developing Pressure Ulcers?**

***Complications from pressure ulcers can be life threatening. Prevention is key. Carefully consider and assess when answering M1302 whether the patient is at risk for developing pressure ulcers. If you see something, say something, and do something!***

**Dr. Elizabeth Ayello**

## MOISTURE

**Moisture** can increase the damage to skin. Careful attention to issues regarding incontinence is critical.

## NUTRITION

**Poor nutrition and hydration** may result in increased risk for skin breakdown. A person needs energy provided through calories and nutrients to heal. Our bodies are made up of 80% water, and the elderly have decreased thirst receptors, so they don't realize they

are thirsty. Educate the family and caregiver to offer fluids, if not contraindicated.

## VASCULAR FLOW

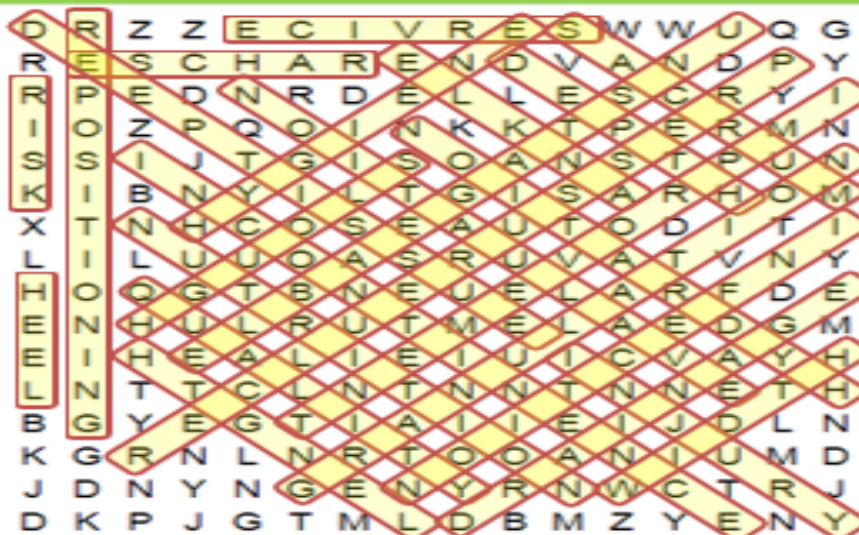
**Health conditions affecting vascular flow** such as diabetes and vascular disease, increase the risk of tissue damage and these patients should be monitored closely. Also consider that smoking decreases oxygenation and would increase the patient's risk of skin breakdown.

### Remember:

- Age
- Mobility
- Deficit In Sensory Perception
- Skin Color
- Communication Impairment
- Shear
- Moisture
- Nutrition
- Vascular Flow



## QIES HELP DESK Word Find Puzzle



**Ankle**  
**Deep Tissue**  
**Injury**  
**Depth**  
**Drainage**  
**Eschar**  
**Evaluation**  
**Granulation**  
**Heel**  
**Hydration**  
**Hygiene**  
**Incontinence**  
**Improvement**

**Infection**  
**Length**  
**Nutrition**  
**Pressure Ulcer**  
**Quality**  
**Repositioning**  
**Risk**  
**Sacrum**  
**Service**  
**Slough**  
**Unstageable**  
**Width**

Visit the [QIES Help Desk website](http://QIES Help Desk website) for solution to this puzzle at:

[OASIS.health.ok.gov](http://OASIS.health.ok.gov)

Choose **Educational Resources**, then scroll down to **Newsletters** for the current publication.

### Answer Key

## MARK YOUR CALENDAR



Use the QR code to check for our upcoming **2018 Training Calendar** to be published online at [oasis.health.ok.gov](http://oasis.health.ok.gov)

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# OASIS News



The Centers for Medicare & Medicaid Services (CMS) released a final rule (CMS-3819-F) that modernizes the Home Health Agency (HHA) Conditions of Participation (CoPs). The final rule will improve the quality of health care services for all home health patients and strengthen patient rights. The regulation reflects the most current home health agency practices by focusing on the care provided to patients and the impact of that care on patient outcomes. This regulation focuses on assuring the protection and promotion of patient rights; enhances the process for care planning, delivery, and coordination of services; and builds a foundation for ongoing, data-driven, agency-wide quality improvement. These changes are an integral part of CMS' overall effort to improve the quality of care furnished through the Medicare and Medicaid programs, while streamlining requirements for providers. HHA (CoPs) Final Rule (CMS-3819-F) at Federal Register. The new HHA CoPs are now effective on January 13, 2018.

## Start Planning

- CMS has released a new OASIS Version 2.21.0, which is scheduled for implementation on January 1, 2018. At present, this version is in draft form. It is recommended that you contact your software vendor to ensure they will be ready to go with the new version. Also, when the time comes, make sure that all user laptops are upgraded to the new version. (Source CMS OASIS Data Specs)
- The Assessment Submission and Processing (ASAP) system will be enhanced to accommodate the changes in the data specifications. The October 2017 Home Health Resource Grouper or HHRG, in effect January 1, 2018, will be incorporated into the ASAP system. (Source CMS OASIS C2 Software Developer/Vendor call 6-29-2017)
- As a reminder, Medicare payment changes begin in October and continue through early December. Try to keep up with your patient's payment options to avoid potential loss of money and additional work.
- The new Minimum System Requirements go into effect annually on October 1. In the event you are purchasing new computers, go to [qtso.com](http://qtso.com) to get the new specifications.

## Automation Tip

When you submit the OASIS assessment, make sure that your patient's Medicare number is correct, or you risk the possibility of claim denial and additional work.

Remember — if you need to correct the Medicare number, this is a non key field correction, and it is recommended that the correction occurs within 30 days of the M0090 date.

