



Oklahoma State
Department of Health

OASIS NEWS YOU CAN USE

Oklahoma State Department of Health
Quality Improvement & Evaluation Service (405) 271-5278
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Special points of interest:

- OASIS Q &A
- Using Process Quality Measures
- Automation Tips, Reminders & Updates

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Seasonal Allergies

As most people who live in Oklahoma know nasal allergy season (seasonal allergic rhinitis) is fast approaching. The Asthma and Allergy Foundation of America ranked Oklahoma City number 3 on their Spring 2015 Allergy Capitals.

Allergic rhinitis is prevalent among people 65 years and older. Allergy sufferers often have the following symptoms: a runny nose, watery eyes, sneezing, coughing, itchy eyes/nose, and other symptoms that come with spring allergies.

Pollen and mold are frequent triggers for allergy symptoms. Pollen is found in grass, tree, and weeds commonly. Mold can grow in numerous places where you live making it difficult to avoid exposure. Allergy symptoms from pollen tend to be worse on breezy days because the wind carries the allergens in the air. Rainy days cause a drop in pollen counts, because the rain washes the allergens away.

The best preventive treatment for allergies is to avoid the substances which trigger allergic reactions. This however is frequently difficult to achieve. Treatment for allergy symptoms is based on the individual's history. Treatment may include three

different strategies: avoidance of allergens, medications options, or immunotherapy.

Individuals with allergies should be carefully assessed and treated to possibly prevent further illness and discomfort.



Some medications available for the treatment of allergies are:

Antihistamines reduce sneezing, sniffing, and itching by lowering the amount of histamine (the substance produced during an allergic reaction) in the body.

Decongestants shrink the blood vessels in the nasal passageways to relieve congestion and swelling.

Antihistamine/decongestants combine the effects of both drugs.

Nasal spray decongestants relieve congestion and may clear clogged nasal passages faster than oral decongestants without some of the side effects.

Steroid nasal sprays reduce inflammation and are the preferred initial treatment. Only two, Nasacort and Flonase, are currently available over the counter. Cromolyn sodium nasal spray can help prevent hay fever by stopping the release of histamine before it can trigger allergy symptoms.

Eye drops relieve itchy, watery eyes. Ketotifen is available over-the-counter.

Allergy Shots (Immunotherapy) injections received at regular intervals over a period of approximately three to five years to stop or reduce allergy attacks.

If receiving antihistamines and decongestants some common side effects could be: drowsiness, dizziness, dry mouth/nose/throat, headache, upset stomach, constipation, or trouble sleeping may occur. The individual may require additional assistance with ambulation and ADL's to prevent falls or injuries.

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Seasonal Allergies (continued from page 1)

The majority of side effects from topical steroids occur within the nose at the site of local application. These side effects commonly include nasal irritation and nose bleeds.

Individuals may experience reactions to allergy shots, local allergic reactions which are considered to be mild, or they may experience systemic reactions which are more serious. Local reactions occur more frequently than systemic reactions and involve pain, redness, and swelling where the allergen vaccine was injected.

Reactions can appear with any medication in a more serious form known as anaphylaxis (severe allergic reaction). In anaphylaxis, life threatening events can occur such as swelling of the throat and tightness of the

chest. These reactions usually occur within a short period of time after receiving the medications and they require immediate medical intervention.

To reduce individual's exposure to the things that trigger their allergy signs and symptoms (allergens) encourage the following:

Stay indoors on dry, windy days. The best time to go outside is after a good rain, which helps clear pollen from the air.

For Severe Allergy sufferers consider:

- Placing clothes that have been worn outside in the laundry and shower to rinse pollen from the skin and hair.
- Don't use laundry that has been dried outside — pollen can stick to sheets and towels.
- Use a pollen mask for outside activities.

It is important to know if an individual is having allergy issues when assessing hearing, speech, and vision for the OASIS. Allergies can cause congestion which can make an individual's speech more difficult to understand. The resident's hearing can also be affected. Both of these are important considerations during interviews. If the individual is suffering from allergic conjunctivitis, vision can be affected possibly increasing falls and affecting safety.

1. *Asthma and Allergy Foundation of America*. (2016, January 29). Retrieved <http://www.aafa.org/page/allergy-capitals.aspx>
2. MD More, D (September 16, 2015) *Seasonal Allergies How to Treat Seasonal Allergies*. Retrieved from <http://allergies.about.com/od/allergies101/a/seasonalallergy.htm?>
3. Mayo Clinic Staff (2016, January 29) *Seasonal allergies: Nip them in the bud*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/hay-fever/in-depth/seasonal-allergies/art-20048343>



How to Use the Process Quality Measure Reports

The Process Quality Measure Report can be a valuable tool for HHAs to use for performance/ quality improvement efforts. The reports call attention to the rate of adherence to the evidence-based practices measured and provide national comparisons. After the first reporting period, a comparison of the adherence rate to the previous reporting period also will be reported. Agencies may consider each measure individually (e.g., a potential problem with clinicians not following agency policy) or con-

sider the measure as it potentially affects specific related outcomes (e.g., the process quality measure may shed light on related outcome results).

Consider the example of a low rate of adherence for the process measure "Multifactor Fall Risk Assessment Conducted for Patients 65 and Over" for an HHA with a policy that states a multifactor fall risk assessment be performed at admission for all patients 65 and older. The HHA should investigate reasons for the low adherence rate as a stand-alone concern. In addition, if the HHA

also had a high rate of emergency care due to falls, the relationship between these two measures should be evaluated as part of an outcome-based quality improvement (OBQI) initiative. In this example, a potential reason for the high rate of emergency care use (outcome) is the low percentage of patients receiving a falls risk assessment (process).

By measuring care processes you can evaluate the use of best care practices on patient outcomes.

Excerpt from the Process -Based Quality Improvement Manual



Antihistamines and the Elderly

Allergies can lead to vision problems and increase the risk of falls.



Antihistamines used to treat allergies fall into two classes: first generation (sedating) and second generation (non-sedating). As people age they become increasingly sensitive to the side effects of antihistamines. The reasons for this include reduced hepatic and renal function, and increased blood-brain permeability. This leads to significant central nervous system side effects, including drowsiness, fatigue, cognitive decline, psychomotor effects, and loss of coordination. Moreover, delirium and hallucinations can result from using first

generation antihistamines which could put someone at risk for being prescribed antipsychotic medication.

As a home health nurse you can advocate for patients by working with their families and prescribers to discourage using the first-generation antihistamines (some of which are: brompheniramine, chlorpheniramine, clemastine, dexbrom-pheniramine, diphenhydramine).

Along with the possibility of causing significant harm, using these anticholinergic medications in home health patients could have a nega-

tive impact on the agency's Outcome Measures and Process Measures. Some areas that could be impacted are: confusion problems, taking prescribed medications, fall risk, and need to use emergency room related to medication side effects.

Using second generation antihistamines should be used for allergy treatment before considering the use of the first generation antihistamines.

1.Coggins, M. D. (n.d.). Antihistamine Risks. Retrieved February 12, 2016, from <http://www.todaygeriatricmedicine.com/archive/0313p6.shtml>
2.Tietze, K. J. (2012, December 01). Nonprescription antihistamines: Geriatric considerations. Retrieved February 12, 2016, from <https://www.pharmacist.com/nonprescription-antihistamines-geriatric-considerations>

OASIS Q & A

Q. Does the medication list need to be reviewed by an RN if the patient is only receiving therapy services?

A. The standard for the drug regimen review is not new; it was included in the previous Conditions of Participation (CoP) under the plan of care requirements. The comprehensive assessment must include a review of all medications the patient is using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects and drug interactions, duplicate drug therapy, and noncompliance with drug therapy. The scope of the drug regimen review has thus been narrowed from the previ-

ous CoP. Each agency must determine the capabilities of current staff members to perform comprehensive assessments, taking into account professional standards or practice

Q. When scoring M1850, Transferring, the assessment revealed difficulty with transfers. The patient was toe-touch, weight bearing on the left lower extremity and had pain in the opposite weight bearing hip. The patient had a history of falls and remained at risk due to medication side effects, balance problems, impaired judgment, weakness, unsteady use of device and required assistance to transfer. The concern is the safety of the transfers considering all of the above. Would

"2" or "3" be the appropriate response?

A. Safety is integral to ability, if your patient requires more than minimal human assistance or they need minimal assistance and an assistive device to safely transfer, and can bear weight and pivot safely, Response 2 should be reported. If you determine the bearing weight and pivoting component of the transfer is not safe even with assistance, then the patient is not able to bear weight or pivot and the appropriate selection would be Response 3 – Unable to transfer self and is unable to bear weight or pivot when transferred by another person.

Excerpt from: Category 4 – OASIS Data Set – Forms and Items 09/09



OASIS Automation Tips

Recent Q&A to our OASIS Help Desk

Manual Deletion Request Form In certain infrequent situations, inactivation is not sufficient to correct assessment errors since inactivation alone does not remove the assessment record from the QIES ASAP system. I have listed two situations that require deletion of an erroneous assessment, rather than inactivation. The HHA checks Response 1, 2, 3, and/or 4 in the Current Payment Source (M0150 field) for that assessment record and it should not have. The record is transmitted to the QIES ASAP system and accepted. The HHA determines that the response for M0150 is in error. The patient was not a Medicare or Medicaid patient; therefore, this data should not be stored on the QIES ASAP system.

The HHA submits an incorrect birth date on a patient who is a year old, which was accepted because the birth year identified the patient as being over 18. The patient was actually under 18 and the assessment should be deleted. Other scenarios exist for late face to face interviews beginning with Q&A62 Cat 2. Note these deletion request forms must be sent USPS (certified mail) Contact QIES Help Desk for additional assistance.

Strongly recommended Casper Provider Reports to review

HHA Error Summary Report lists the detail and percentage of errors with that particular error message, which summarizes validation reports for a user defined selection criteria.

The HHA Roster Report details active patients of the agency

HHA Submission Statistics by Agency lists percentage of records that are accepted and rejected for a user defined time frame.

HHA Final Validation Report list individual OASIS records transmitted and received or rejected with individual detail as to the disposition of each record.

All these reports reside in CASPER under the Provider category and should be reviewed for discrepancies. Some reports can give early warnings for non-compliance and accuracy. The QIES Help Desk is available to assist in requesting the above reports, that Providers often overlook.

Contact Us!

Oklahoma State
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QIES Help Desk

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MARK YOUR CALENDAR!

Upcoming OASIS Training (Tentative)

August 18, 2016
OASIS Automation
Shawnee

OASIS Clinical
November 17, 2016



OIES Team:

Stephanie Sandlin, RN
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<http://oasis.health.ok.gov>

Automation Tip:

Ensure that there is no gap with your OASIS submissions by making sure you have 2 people with user id's and passwords. This will ensure you have a better handle on the continuity of operations in the event that one employee has a prolonged absence. This is a also a great opportunity for cross training.

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